

Town of Lakeville

Department of Public Works

*346 Bedford Street
Lakeville, Massachusetts 02347
(508) 947-9521*

Memo

Date: October 16, 2023
To: Private Snow Plow Contractors
From: Franklin Moniz, DPW Director
RE: 2023-2024 Snow Plow Season

Contractors:

Attached you will find the snow plow package for the 2023-2024 season. At the October 10, 2023 meeting, the Select Board approved a rate increase for most of our hired contractors. Also approved at this time was an increase in the plow truck meeting/inspection incentive. The new rates can be found in the Snow Plow Regulations.

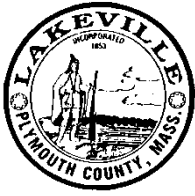
The Department of Public Works will not host the annual contractor's meeting this year. However, we have designated two evenings for plow truck inspections. The garage and office will be open on **Tuesday, November 7th and Wednesday, November 8th from 5:30 – 7:30 p.m.**

Contractors will be eligible for the meeting incentive by attending either one of these inspections. The office will be open and plow packets will be accepted; however, in order to qualify for the bonus all paperwork must be submitted and verified as complete at or prior to the inspection. It will also be an opportunity to order a cutting edge if needed.

We will be looking for additional contractors so please provide me with the contact information of any interested persons. I can be reached at 508-947-9521 or via email at fmoniz@lakevillema.org. I look forward to working with you this winter.

Thank You,

Franklin Moniz
DPW Director



Town of Lakeville

Department of Public Works

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2023-2024

APPLICATION FOR SNOW CONTRACTORS

PLEASE PRINT

VEHICLE OWNER INFORMATION

NAME: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

SS#: _____

PLOW DRIVER INFORMATION

VEHICLE INFO

MAKE: _____

MODEL: _____

YEAR: _____ **PLOW SIZE:** _____ ft. **REG. #:** _____

GROSS VEHICLE WEIGHT: _____

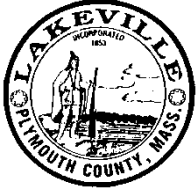
ALSO INCLUDE:

- COPY OF DRIVER'S LICENSE
- COMPLETED W-9
- COMPLETED WORKER'S COMP INSURANCE AFFIDAVIT
- COPY OF CERTIFICATE OF INSURANCE/COVERAGE PAGE
- COPY OF VEHICLE REGISTRATION

PLEASE NOTE:

**ALL DOCUMENTS MUST BE COMPLETE AND
SUBMITTED TO THE OFFICE BEFORE PAYMENT
CAN BE ISSUED.**

Paperwork may be submitted via email to jjewell@lakevillema.org



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TOWN OF LAKEVILLE – DEPARTMENT OF PUBLIC WORKS

SNOW PLOWING AGREEMENT FOR HIRED EQUIPMENT SERVICES

FOR THE WINTER SEASON NOVEMBER 19, 2023 THROUGH APRIL 15, 2024.

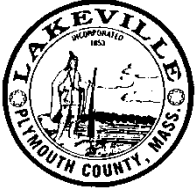
Contractor is herewith retained to supply equipment and operators for snow removal services, and agrees to provide same upon the following terms and conditions:

1. CONTRACTOR acknowledges and warrants that he/she is a self-employed Independent Contractor and is solely responsible for providing equipment and personnel for snow removal purposes. Maintenance, insurance, and operation of equipment as well as payment, supervision, and insurance of vehicle operators shall be at the owner's sole expense and responsibility. Contractor must provide proof of insurance.
2. All hired equipment must be in good operating condition and meet all rules, regulations, registration requirements, and inspection requirements of the Commonwealth of Massachusetts. All vehicles must be equipped with approved 360 degree amber warning rotating or strobe lights.
3. CONTRACTOR must provide a telephone number on a twenty-four hour basis and respond to calls for service promptly. Compensated time will commence at the time a contractor arrives on route. If more than one hour passes after the call, compensated time will commence only upon arrival of the equipment.
4. TIME CARDS will be provided and operators must record their arrival and release times in order to be compensated. The name on the time card must match the name on the W-9. Contractor must have a valid driver's license in his/her possession while driving for the Town and have it available to show the DPW Director or his designated emergency incident supervisor.
5. A copy of the APPLICATION FOR SNOW PLOWING is attached hereto and is incorporated into this Agreement for reference. Compensation to the Contractor will be according to the attached rate sheet in the regulations, dated October 10, 2023. Equipment the Contractor provides for plowing must be as stated in the APPLICATION FOR SNOW PLOWING. Information on replacement vehicles can be found in #8 – Plow Regulations.
6. The Town of Lakeville - Department of Public Works, reserves the right to terminate this Agreement at any time.
7. The Contractor agrees to accept the rate of \$_____ per hour as agreed as full and fair compensation.

Contractor's Name: _____ Date: _____

Contractor's Signature: _____

DPW Director Approval: _____ Date: _____



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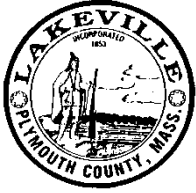
SPECIFICATIONS FOR SNOW PLOW CONTRACTORS

(REVISED 10/6/22)

1. All equipment must be in good working condition and must be visually inspected by the Department of Public Works staff before acceptance as a plowing contractor.
2. All vehicles must be properly registered and have a valid inspection sticker. Valid registration and inspection are the responsibility of the vehicle owner.
3. All vehicles are subject to periodic inspections throughout the season. The Town reserves the right, to reject at any time, any equipment not in safe working condition.
4. **A copy of the current vehicle registration must be provided.**
5. **A Certificate of Insurance listing the Town of Lakeville as the Certificate Holder. The Certificate of Insurance must also list the vehicle and VIN number.** If you are not able to obtain the Certificate through your insurance company the Town will accept a copy of the Coverage Selection page showing your policy meets the minimum coverage required by the Town. Proof of insurance coverage must be provided for:

Bodily Injury:	\$100,000 Per Person/\$300,000 Per Accident
Property Damage:	\$100,000
6. **Worker's Compensation Insurance as required by law. Include Employer's Liability Part B.** A copy of Workers' Compensation coverage must be provided for drivers who are not the vehicle owners.
7. **A copy of the operator's driver's license is required.** This includes any special license to operate heavy equipment. (CDL, hoisting, etc.) Proof of CDL will be required on any equipment over 26,000 GVW.
8. **A completed W-9 Form. The name on the timesheet must match the name on the W-9.**
9. Compensated time will begin only when the equipment arrives at the operating specified site and will end or break at the time of release by the DPW Director or his designated scheduler. All down time must be reported.

The DPW Director (or designated employee) assigns and schedules plowing routes. The routes are subject to change at the discretion of the scheduler as weather conditions or equipment requirements warrant.



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REGULATIONS FOR SNOW PLOWING 2023 - 2024

1.0 NOTIFICATION

Notification will be made by the DPW personnel. Upon notification all vehicles are to report immediately to their respected routes. Each contractor/individual has the obligation to notify the DPW of telephone number changes as to where they can be reached for call-in.

2.0 SIGN IN

Time sheets are available at the DPW garage. Plowing time will start at the time of the contractor/individual's arrival at their route. A maximum of one hour will be allowed from the time of call to the time of reporting to the route. All plow drivers must have a valid Driver's license in their possession when reporting to plow. Licenses will be spot checked by the DPW Director or his designee. Those without a valid license in their possession will not be allowed to plow. *The name on the time sheet must match the name on the W-9 form.*

3.0 ALCOHOL AND CONTROLLED SUBSTANCES

The use of alcohol and/or controlled substances by contractor/operators during snow plow operations is strictly forbidden. Any contractor/operator suspected of such use by Town Supervisors will be relieved of duty immediately, and may result in termination of contract with the Town.

4.0 SNOW PLOWING

All vehicles will report with full tanks of gas. Equipment will arrive ready for operation and no compensation will be provided for time involved in the attachment or detachment of plowing equipment.

Each vehicle will be provided with a street listing of the designated route assigned. Each driver must acquaint him/herself with the route and check for new streets and/or deleted streets from the prior year's route. All vehicles shall plow only the route assigned to them. If any vehicle is found outside the limits of its assigned route without justifiable reason the contractor/individual may be terminated. Contract plow drivers may not do private plowing while actively on the clock of the Town.

The vehicle will go immediately to the assigned route and commence plowing in the following manner:

A.) Open every street on the route with at least one pass in each direction.

- B.) After every street on the route is open, widening out to the edge of pavement or curb shall be done.
- C.) At cul-de-sacs, whenever possible, the contractor/individual shall plow to the middle of the cul-de-sac and not towards driveways.
- D.) At intersections, where possible, plowing should be to the right to minimize the snow remaining in the intersection.
- E.) Intersections will be cleaned of snow only after each street has been widened to its maximum width.
- F.) When the contractor/individual feels that the route has been properly cleared of snow, he/she will contact the DPW Director or his designee to make sure the route is complete.
- G.) All contractor/individual plow drivers will be expected to remain on their routes for the duration of the plowing segment.

5.0 STOP TIME

Plow drivers must return to the DPW Garage after their route has been satisfactorily cleaned up. If the contractor/individual is not needed on another route, this will be the stop time. Time sheets are due upon completion of route.

6.0 DOWN TIME REPAIRS

Each contractor/individual must make provisions for emergency repairs to the vehicle as necessary. If the vehicle is down for repairs, time will be deducted for the amount of time lost if it is for more than one hour.

7.0 BALLAST

Ballast provided by the Town must be returned to the Town.

8.0 REGISTRATION AND INSURANCE

The vehicle owner is responsible for properly registering and insuring the vehicle. Safe lighting on all vehicles must conform to all state requirements. The Town of Lakeville reserves the right to inspect all vehicles for equipment requirements and to insure all permitted accessories are as represented. Only the vehicle for which the Town is in receipt of documentation for registration and insurance may be used for snow plow operations. Changes to plow equipment must be done in advance, with the approval of the DPW Director and will require a revised contract. All paperwork for replacement vehicles must be submitted to the office prior to the issuance of any payment.

9.0 PROPER OPERATION

Each contractor/individual is responsible to see that the vehicle is operated in accordance with all applicable laws, rules and regulations. Vehicle speed shall not exceed 20 miles per hour. All vehicles must have all required equipment and while plowing must have a yellow rotating warning light or strobe lights visible for 360 degrees; or an adequate warning light system built into the vehicle. Any driver involved in an accident which causes personal injury and/or damage to other vehicles and/or property shall immediately report the incident to the DPW supervisors and the police.

10.0 PROPERTY DAMAGE

Each contractor/individual is responsible for the prevention or loss or damage to the property of the town and all adjacent property. Any damage, injury or loss resulting from the operation of the contractor/individual under the contract signed for snow plowing for the Town Lakeville shall be the responsibility of the contractor/individual.

11.0 PAYMENTS

Each contractor/individual shall be paid at the contract rate for his/her vehicle(s). The contractor/individual shall be paid for the actual number of hours worked. Payments may be processed on the next available warrant and are not guaranteed for the week that plowing takes place. Invoices received by Thursday are usually scheduled to be paid on the following weeks warrant; however, the Town reserves the right to pay within thirty days from submittal of time sheet.

12.0 RATES- EFFECTIVE OCTOBER 10, 2023

3/4 Ton and 8-foot PRP	\$100.00
11,000 - 16,000 GVW, with minimum 9-foot PRP	\$103.92
16,001- 25,800 GVW, with minimum 10- PRP plow	\$115.41
25,801- 33,000 GVW, with minimum 10-foot plow	\$123.61
33,001- 50,000 GVW, with minimum 10-foot plow	\$145.71
50,001or greater GVW with minimum 11-foot plow	\$158.38
6.00 - 9.99 CY spreader body	\$ 34.10
Loader less than 2 CY, wi103.92+4.16th AWD	\$104.29
Loader 2.00 - 3.99 CY, with AWD	\$122.78
Loader 4.00 - 5.99 CY, with AWD	\$151.65
Loader 6.00 CY or greater, with AWD (Roadway Only)	\$192.07
10 Wheel Dump - Hauling	\$95.79
Tri-Axle Dump - Hauling	\$103.11
Trailer Dump - Hauling	\$113.44

Guarantees & Bonuses:

3 Hour Minimum for all Call-Ins

1 Cutting Edge Per Truck Per Season

2 Hour Bonus if completed paperwork submitted during or prior to November Plow Truck Inspection*

2 Hour Bonus for attendance at November Plow Truck Inspection with truck/plow equipment installed and ready for approval by mechanic*

*Bonuses to be paid upon submitted timesheet for the first storm

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number	
-	
-	

or

Employer identification number	
-	

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- | | |
|--|---|
| <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p> |
|--|---|

Type of project (required):

6. New construction
7. Remodeling
8. Demolition
9. Building addition
10. Electrical repairs or additions
11. Plumbing repairs or additions
12. Roof repairs
13. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
 6. Other _____

Contact Person: _____ Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**" Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in _____(city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia

SNOW PLOW CONTRACTOR TIME SHEET

(2023-2024)

PLEASE PRINT and COMPLETE ENTIRE FORM

NAME MUST MATCH W-9 FORM
ALL CONTRACT PAPERWORK MUST BE UP TO DATE

Name: _____

Address: _____

VEHICLE:

YEAR: _____ MAKE: _____ MODEL: _____

HOURS WORKED - COMPLETE ENTIRE SECTION

Hours after midnight should be listed as the next day's work

DATE: _____

DATE: _____

START TIME: _____

START TIME: _____

END TIME: _____

END TIME: _____

TOTAL # HOURS: _____

TOTAL # HOURS: _____

@ \$_____ PER HOUR

@ \$_____ PER HOUR

DATE SUBTOTAL: \$_____

DATE SUBTOTAL: \$_____

TOTAL \$_____

Office Use Only:

Account: 01423200 531000

Vendor Number: _____

Date: _____ Hours: _____

Payment: _____

Date: _____ Hours: _____

Payment: _____

Total: _____

APPROVED: _____