

Documentation required for Snow Contractors

- Certificate of Liability Insurance with coverage listed in the "Insurance Requirements"
- W9
- Plow Application Form
- Copy of valid registration for each vehicle/piece of equipment
- Copy of valid driver's license for each operator
- Signed policy for each operator

Insurance Requirements

Contractors must supply and maintain current a certificate of insurance naming the Town of Harwich as “**Additional Insured for snow plowing operations.**” Minimum certificates of insurance for vehicle liability coverage must meet or exceed the coverage as shown below: (All vehicles must be listed on the insurance certificates).

- Bodily injury: Minimum \$100,000 per person and \$300,000 each occurrence
- Property damage: Minimum \$100,000 for each occurrence
- Town of Harwich additional named as “Additional Insured for snow plowing operations.”
- Workers Compensation coverage for all employees in accordance with Massachusetts General Laws

PLOW APPLICATION

First Name _____ Last Name _____

Business Name _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone (CELL) _____ (DAYS) _____ (NIGHTS) _____

Check Payable To: _____

SSN/EIN _____ Email _____

CONTACT INFORMATION

Who do you want us to contact when we need your plow(s)?

1. NAME _____ CELL _____ DAYS _____ NIGHTS _____

2. NAME _____ CELL _____ DAYS _____ NIGHTS _____

VEHICLE #1 INFORMATION

Year _____ Make _____ Model _____ Color _____

Dual _____ Registration _____
GVW _____ Whls? _____ Plow Size _____ Expires _____

Driver _____ CELL _____

License _____ Expires _____ Signed Policy? _____

VEHICLE #2 INFORMATION

Year _____ Make _____ Model _____ Color _____

Dual _____ Registration _____
GVW _____ Whls? _____ Plow Size _____ Expires _____

Driver _____ CELL _____

License _____ Expires _____ Signed Policy? _____

VEHICLE #3 INFORMATION

Year _____ Make _____ Model _____ Color _____

Dual _____ Registration _____
GVW _____ Whls? _____ Plow Size _____ Expires _____

Driver _____ CELL _____

License _____ Expires _____ Signed Policy? _____



TOWN OF HARWICH

DEPARTMENT OF PUBLIC WORKS

273 Queen Anne Road • P.O. Box 1543 • Harwich, MA 02645

Telephone (508) 430-7555

Fax (508) 430-7598

Hired Equipment Snow Removal Policy

THE FOLLOWING MUST BE STRICTLY ADHERED TO:

1. Calling In:

If you are called in to plow you are expected to arrive within forty-five (45) minutes, **equipped and ready to plow.** In the event you cannot respond or need more time to get ready, you must call the Highway Department at (508) 430-7555.

2. Address & Telephone:

Please be sure that the office has your correct and current address, telephone number, and cell phone number.

3. Checking in for work:

You are expected to arrive ready to work, with plow attached and operational.

Do not punch your time card until you are ready to work. When you are ready to work you must check in at the dispatch counter, get your time card, and punch in.

You will be given your route slip or any changes to it at this time.

4. Private Work:

Private jobs **will not** be allowed on the Highway Department's time.

5. Alcohol and/or Drug Use: Zero Tolerance

The use of either alcohol or illegal drugs will not be tolerated. Anyone found to be under the influence of either alcohol or drugs will be terminated. Anyone suspected to be operating under the influence of drugs or alcohol will be reported to the proper authorities.

6. Accidents:

All accidents, whether involving vehicles, people, or property, are to be reported to the office immediately.

7. Confrontations:

If you are confronted by a citizen for any reason involving your operation, please refer them to the office at 508-430-7555. Please do not speak for, or on the Town's behalf.

8. Breakdowns:

All breakdowns are to be reported to the office as soon as possible. If you expect to be out of service for more than 30 minutes you must notify the office so we can cover your route. If you are out of service for more than 1 hour you must punch out. If you are unable to return to the Highway Barn, you must notify the office to punch you out.

9. Route checks:

The Highway Department will periodically check all routes to ensure that you are progressing as expected and that you are not in need of anything. Absence from your assigned route without permission will not be tolerated and will serve as grounds for termination. If for any reason you must leave your route, call the office first.

10. Communications:

You are required to carry a cellular phone at all times. Please be sure to report any telephone number changes to the office.

11. Paperwork

We must have a copy of your driver's license, registration, certificate of insurance, and an updated W-9 on file. You will not be paid until this information is provided.

My signature below indicates that I have received, read, and understand the Town of Harwich Snow Removal Hired Contractor Policy.

Printed Name: _____

Signature: _____

Date: _____

TOWN OF HARWICH
SNOW REMOVAL HOURLY RATES 2018-2019

PLOWS

<u>CATEGORY</u>	<u>DESCRIPTION</u>	<u>RATE</u>
A	1/2 - 3/4 TON WITH 8' PLOW	\$ 78.00
B	ONE TON WITH 8' PLOW	\$ 80.00
C	ONE TON WITH 9' PLOW	\$ 90.00
D	F600/F800 OR EQUAL WITH 10' PLOW	\$ 97.00
E	F800 OR EQUAL WITH 11' PLOW	\$ 111.00
F	TEN WHEELER	\$ 122.00

HAULING/LOADERS

<u>CATEGORY</u>	<u>DESCRIPTION</u>	<u>RATE</u>
I	BOBCAT/UNILOADER	\$ 86.00
J	LOADER 1.5 YD	\$ 110.00
K	LOADER 2.5 YD	\$ 130.00
L	LOADER 3 YD	\$ 140.00
M	LOADER 4 YD	\$ 145.00
N	LOADER 5 YD	\$ 150.00
O	LOADER 6 YD	\$ 190.00

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

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

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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-			-				
or											
Employer identification number											
				-							

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 for Part II, later.

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. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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-DIV (dividends or 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, later.