

TOWN OF ARLINGTON DEPARTMENT OF PUBLIC WORKS SNOW & ICE OPERATIONS

The Town of Arlington Department of Public Works is in the process of hiring contractors for snow plowing & snow removal services for the upcoming 2020/2021 winter season. If you are interested in applying to become a contractor for the Town, please complete & return the attached application form by October 15th 2020 to:

Town of Arlington Department of Public Works
ATTN: Highway Division
Attn: Jeff Rikeman, Supervisor
51 Grove Street,
Arlington, MA 02476

Upon receipt of your completed application, the Town will inspect & approve all equipment listed on your application. Additionally at that time, all approved applicants/contractors must provide an insurance certificate that meets the following minimum requirements:

- All Vehicles/Equipment must be individually listed on the Insurance Certificate by VIN number;
- The Town of Arlington must be listed as an additionally insured party while in its employ between the dates of November 1, 2020 and April 1, 2021.
- \$100,000.00 to \$300,000.00 Bodily Injury Coverage Minimum;
- \$100,000.00 Property Damage Coverage Minimum.

The Department of Public Works has adopted an early call-in commitment policy with respect to outside contractors. Whenever practical, we will attempt to contact contractors in advance or at the start of forecasted storm events. Contractors must be available by cell phone during all work hours. We have included a second application feel free to pass on to a contractor that may be interested.

If you have further questions, please contact at <u>jrikeman@town.arlington.ma.us</u> or 781-589-0772.



TOWN OF ARLINGTON DEPARTMENT OF PUBLIC WORKS SNOW & ICE CONTRACTOR APPLICATION

Please complete the following Application and return it by October 15th 2020 to:

Town of Arlington Department of Public Works ATTN: Jeff Rikeman, Highway Division 51 Grove Street, Arlington, MA 02476

| Contractor/Company Name: | | | | | | |
|---|-----------|--------------|------------|----------------|-----------------|--|
| Street/Mailing Address: | | | | | | |
| | | City/Town: | | State: | Zip: | |
| | | Phone: | | Fax: | | |
| | Year | | Make/Model | | Plow/Blade Size | |
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| 9 | | | | | | |
| *** ATTACH ADDITIONAL SHEETS IF NECESSARY *** | | | | | | |
| Primary Contact: | | | | | | |
| Phone 1: | | | | Cell (y | Cell (yes/no): | |
| Phone 2: | | | | Cell (yes/no): | | |
| | | | | | | |
| Acc | epted & A | Approved By: | | Date: | | |
| Highway Supervisor /or designee | | | | | | |