

ARLMONT TRANSPORTATION CO. INC

P.O. BOX 79068

61 WHITE STREET

BELMONT, MA 02479

781-643-7600 FASCMIILE 617-484-1620

arlbetrans@aol.com

Town of Arlington
Office of the Purchasing Agent
730 Massachusetts Avenue
Arlington, MA 02476

Re: Bid # 21-29

Attention: Adam W. Chapdelaine
Town Manager

Good Day,

Please see enclosed bid information.

We at Arlmont Transportation have been transporting Arlington residents as well as Arlington Seniors since 1977. We are familiar with the rules in regards to passenger pickups and drop-offs, round trips, etc.

We are also familiar with the billing practices and the administrative process.

Through the years we have become very familiar with clients and their addresses.

Drivers: Are certified (drug & alcohol , etc.). We also provide transportation for Arlington Public Schools (Special Education).

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Driver information is available at the Arlington Police Department, per Taxi Driver License issue.

Insurance: Pg.3 Section 2.5 (Please see Certificate of Ins attached)

References: Pg.3 Section 3.2 (See Below)

PRICE PROPOSAL FORM

**TOWN OF ARLINGTON
PURCHASING DEPARTMENT**

TRANSPORTATION FOR SENIORS AND DISABLED RESIDENTS

DEADLINE: Wednesday June 2, 2021 @ 10:00 A.M.

Mr. Adam W. Chapdelaine
Town Manager
Arlington, MA 02476

We, the undersigned, herewith submit proposal for furnishing and delivering Transportation for Older Adults and Disabled Residents to the Town of Arlington, Massachusetts all in accordance with the Invitation for Bid furnished to us for the period of JULY 1, 2021 THRU JUNE 30, 2022.

AWARD BASED ON FIRST YEAR ONLY.

YEAR 1: JULY 1, 2021 THRU JUNE 30, 2022

TAXI DIAL-A-RIDE

Unit cost per ride: \$ 10.50

Option Year 1 at the sole discretion of the Town of Arlington.

JULY 1, 2022 THRU JUNE 30, 2023

Unit cost per ride: \$ 10.75

Option Year 2 at the sole discretion of the Town of Arlington.

JULY 1, 2023 THRU JUNE 30, 2024

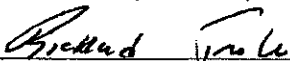
Unit cost per ride: \$ 11.00

COMPANY NAME: Arlmont Transportation Co. Inc.

ADDRESS: P.O. 79068

61 White St., Belmont, MA 02479

SIGNED BY: Richard Truscello
(PRINTED)

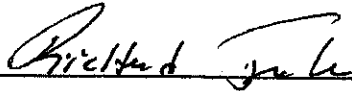

(SIGNATURE)

DATE: June 2, 2021

PHONE: 781-643-7600 FAX: 617-484-1620

CERTIFICATE OF NON-COLLUSION

The undersigned certifies under penalties of perjury that this bid or proposal has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club or other organization, entity, or group of individuals.



(Signature of individual submitting bid or proposal)

Richard Truscello

(Name of individual submitting bid or proposal)

Richard Truscello

Name of Business

Arlmont Transportation Co. Inc.

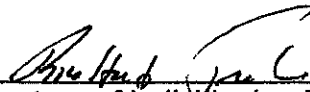
Date

June 2, 2021

Pursuant to M.G.L. Chapter 62C, Section 49A, I certify under the penalties of perjury that I have complied with all laws of the commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

04-269-8485

Social Security Number or
Federal Identification Number



Signature of Individual or Responsible
Corporate Officer and Title

NON-COLLUSION FORM

MUST BE SIGNED AND SUBMITTED WITH BID



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/31/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER R. D. Murphy Insurance Agency, Inc. 75 Hancock St. Ste 201 PO Box 850268 Braintree, MA 02185-0268	CONTACT NAME: ROBERT MURPHY PHONE (A/C, No. Ext): 781-356-4141 FAX (A/C, No): 781-356-4242 E-MAIL ADDRESS: rdmurphy@beld.net	
	INSURER(S) AFFORDING COVERAGE	
INSURED Arlmont Trans Co., Inc. 61 White Street (rear) P.O. Box 79068 Belmont MA 02479	INSURER A: COMMERCE INSURANCE COMPANY NAIC #	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY		20MMBBCN15 21MMBBCN15	06/29/20 06/29/21	06/29/21 06/29/22	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ ----- BODILY INJURY (Per accident) \$ ----- PROPERTY DAMAGE (Per accident) \$ ----- \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER Town of Arlington 730 Massachusetts Ave Arlington, MA 02476	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Robert Murphy



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/31/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER R D MURPHY INSURANCE AGENCY INC 75 HANCOCK ST BRAINTREE MA 02185		CONTACT NAME: Robert Murphy PHONE (A/C, No, Ext): (781) 356-4141 E-MAIL ADDRESS: rdmurphy@beld.net		FAX (A/C, No):
INSURED ARLMONT TRANS CO INC P O BOX 79068 BELMONT MA 02479		INSURER(S) AFFORDING COVERAGE INSURER A: AIM MUTUAL INS CO INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		NAIC # 33758

COVERAGES**CERTIFICATE NUMBER:** 660646**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			N/A			EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			N/A			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			N/A			EACH OCCURRENCE \$ AGGREGATE \$ \$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	N/A	VWC10060029032020A	12/09/2020	12/09/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
				N/A				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Workers' Compensation benefits will be paid to Massachusetts employees only. Pursuant to Endorsement WC 20 03 06 B, no authorization is given to pay claims for benefits to employees in states other than Massachusetts if the insured hires, or has hired those employees outside of Massachusetts.

This certificate of insurance shows the policy in force on the date that this certificate was issued (unless the expiration date on the above policy precedes the issue date of this certificate of insurance). The status of this coverage can be monitored daily by accessing the Proof of Coverage - Coverage Verification Search tool at www.mass.gov/lwd/workers-compensation/investigations/.

CERTIFICATE HOLDER**CANCELLATION**

Town of Arlington
730 Massachusetts Ave

Arlington

MA 02476

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Daniel M. Crowley
Daniel M. Crowley, CPCU, Vice President - Residual Market - WCRIBMA