

APPLICATION FOR CONTRACTED SNOW & ICE REMOVAL EQUIPMENT

In Case of Emergency Notify:_____ Phone #:_____

YEAR,MAKE,MODEL	TARE WEIGHT	PLOW SIZE	Pwr. Ang.	Stationary

[illegible]

Town of Holliston HIGHWAY DEPARTMENT
2022 - 2023 SNOW & ICE REMOVAL OPERATIONS
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Have you ever filed a previous application or ever worked for the Holliston Highway Department in the past? YES _____ NO _____ WHEN _____

Have you or your operator/s ever been convicted for violating any law including traffic violations? YES _____ NO _____

If yes, please give details. _____

Anyone who possesses a CDL driver's license must be enrolled in a Drug & Alcohol Testing Program. Proof of enrollment is necessary. Are you and any operator who possesses such a license enrolled in a testing program? YES _____ NO _____
EXPLAIN _____

Are you and any operator employed by you in good general health? YES _____ NO _____
If no, explain _____

Are you and any operator employed by you under treatment for a mental health disorder? YES _____ NO _____
If yes, explain _____

Are you or anyone employed by you a registered sex offender? YES _____ NO _____
If yes, who & where _____

You must be available for work from November 1, 2022 through April 30, 2023, twenty- four hours per day, seven days per week, including all holidays. Any exemptions will require the approval of the Highway Superintendent. Failure to comply will void this contract agreement.
PLEASE INITIAL _____

Contractors with large vehicles need to be aware that in situations where there is less than 4 inches of snow predicted, their vehicles may not be needed and therefore not contacted to come in to plow. **PLEASE INITIAL** _____

After notification you must report to work within thirty (30) minutes. If there are any delays the Highway Superintendent must be notified. Failure to comply will void this contract agreement.
PLEASE INITIAL _____

Failure in attempts to contact you or your operator/s or to respond without notification to the Highway Superintendent will void this contract agreement.
PLEASE INITIAL _____

Minimum age for a driver is eighteen (18) years of age, by Wednesday, November 1, 2022 and they must possess a valid license as required to operate said vehicle by the Mass. Motor Vehicle Operator's Licensing Authority. **PLEASE INITIAL** _____

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SCOPE OF WORK

The work shall consist of the furnishing of such materials as may be ordered by the Highway Superintendent or his authorized agent. The work shall be conducted in accordance with the Town of Holliston Highway Department schedule. Said work may be, at the discretion of the Town, and scheduled anytime during Fiscal Year 2023.

CONTRACT PERIOD

Contract price for services shall be in effect for the period of November 1, 2022 through June 30, 2023.

PROTECTION

The Contractor will be held responsible for the protection of all property, public and private. Care shall be exercised to ensure that personal and real property are not damaged. The Contractor shall be responsible for restoration and/or replacement of property so damaged.

INSURANCE

The Contractor shall furnish evidence that he carries the following insurance:

Public Liability: \$100,000/\$300,000

Property Damage Liability: \$100,000/\$300,000

Any Contractor who has a Workman's Compensation Insurance policy for his own business must also provide documentation to show this coverage.

The Contractor shall carry and maintain this insurance until the work has been accepted by the Highway Superintendent or his representative.

TELEPHONE NUMBERS

The following two telephone numbers are available to receive calls at the garage between the hours of 7:00 a.m. and 3:30 p.m. daily and also after these hours during winter storms:

(508) 429 - 0615 and (508) 429 - 0616.

RADIO CONTROL

A working cellular phone or pager is required in all vehicles for the 2022/2023 winter season. If you have any problems whatsoever during a storm, make an effort to first contact the Highway Foreman who can immediately contact the garage by radio and probably secure the help or assistance you need.

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I, the undersigned, understand that I will be paid the rate as approved by the Town of Holliston for my equipment, which will include a qualified and properly licensed operator, as a Contractor for Snow and Ice Removal Operations for the 2022 - 2023 season. All rates will be paid as straight time and under no circumstances are they to include a rate of time and one half or greater.

I, the undersigned have read and understand all performance requirements, obligations and any laws that govern this action as stated in this contract and in the Specifications for Snow & Ice Removal Operations.

COMPANY NAME: _____

SIGNATURE OF OWNER: _____

DATE: _____

(FOR OFFICE USE ONLY)

HIGHWAY SUPERINTENDENT: _____

DATE: _____

ACCEPTED EQUIPMENT:

YEAR,MAKE,MODEL	TARE WEIGHT	PLOW SIZE	Pwr. Ang.	Stationary

ACCEPTED OPERATOR/S:

NAME	TEL# DAYS	TEL# EVES	CELL#	OTHER#