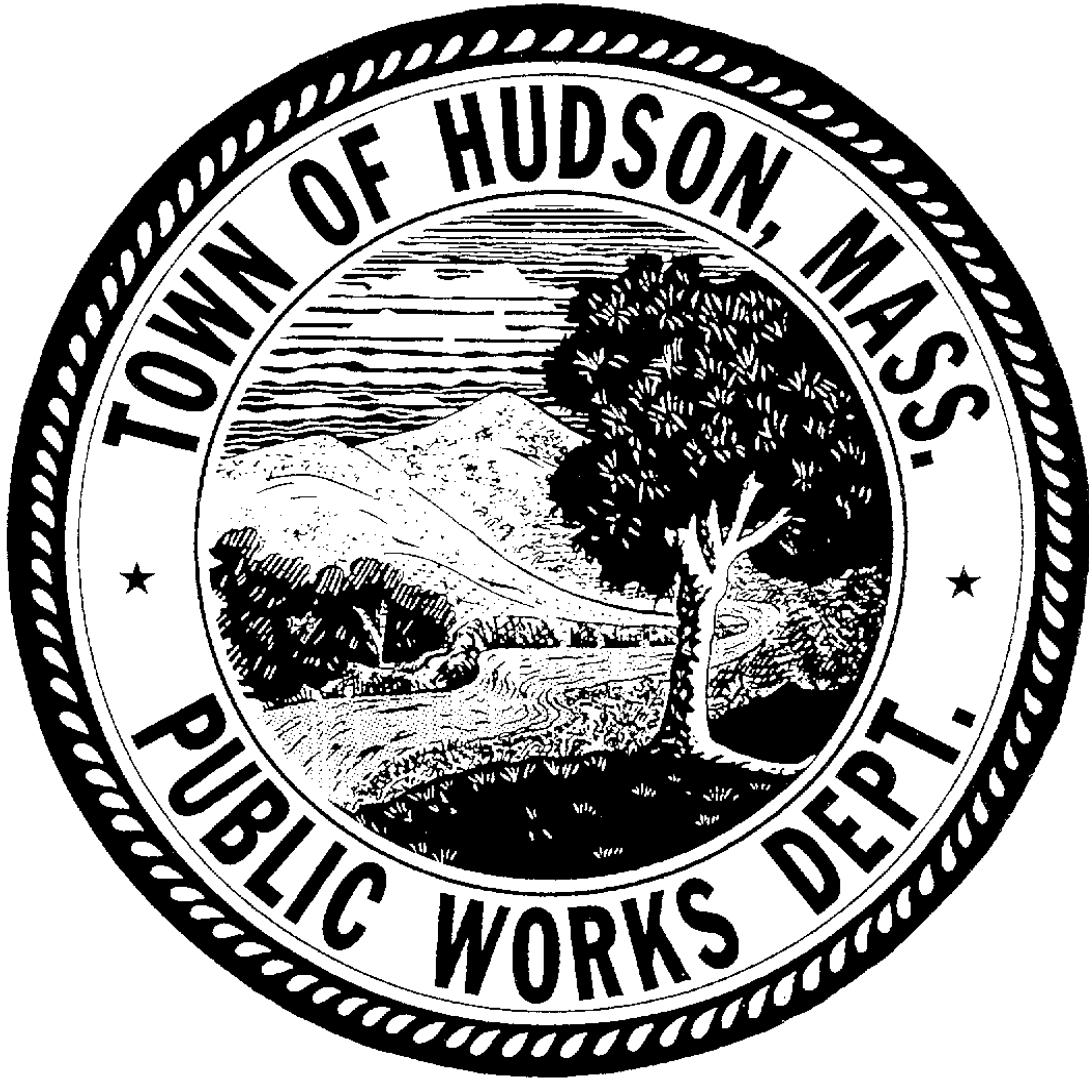


FY '23
CONTRACT DOCUMENTS
FOR

2022 - 2023
SNOW PLOWING



ERIC M RYDER
DIRECTOR

RAJITHA PURIMETLA
ASSISTANT DIRECTOR

TOWN OF HUDSON
DEPARTMENT OF PUBLIC WORKS
1 MUNICIPAL DRIVE
HUDSON MA 01749



TOWN OF HUDSON
DEPARTMENT OF PUBLIC WORKS
1 MUNICIPAL DRIVE
HUDSON MA 01749
TEL. 978 562 9333
FAX. 978 568 9612

September 20, 2022

Believe it or not, it's almost that time again. Enclosed, please find the documents for Snow Plowing and Hauling for the 2022-2023 Winter Season.

The following documents are **required** as part of your bid submission:

Each bidder shall supply with his bid the following:

1. A copy of each vehicle registration.
2. A copy of the insurance coverage for each vehicle.
3. A signed Statement of Non-collusion, signed under the penalties of perjury.
State antitrust laws forbid collusion among bidders to fix prices. (Included in bid document)
4. A signed Revenue Enforcement Affidavit. (Included in bid document)
5. A signed Corporate Vote, if applicable. (included in bid document)
6. Documentation for DOT, Drug and Alcohol Testing Program.
7. A copy of license of driver.
8. A valid Massachusetts inspection sticker.
9. All hired equipment may be required to be inspected by a DPW representative.

We intend to ask the Board of Selectmen to award contracts at their **October 17, 2022** meeting. Failure to submit all required documents could result in delays to the awarding of some contracts.

Please return your bids by 10:00 a.m. on **WEDNESDAY, OCTOBER 12TH, 2022**. If you have decided that you will not be plowing for the town this year, please call this office and let us know. If you have an additional vehicle that you would like to add this year, please let us know so that we can send you additional bid documents. Each vehicle whether primary or backup needs to have its own set of bid documents. **DO NOT LIST TWO VEHICLES ON THE SAME BID SHEET.** The sooner we know how many vehicles will be available, the sooner we can set this year's plow routes.

If you have any questions, please don't hesitate to call us at 978-562-9333.

Thank you.

Shaye Klotz
Administrative Manager

TOWN OF HUDSON
DEPARTMENT OF PUBLIC WORKS
SNOW & ICE CONTROL
2022-2023
PLOWING
REQUEST FOR WRITTEN QUOTES

The following types of insurance shall be provided by the successful bidder(s):

- A. Workers' Compensation in accordance with the General Laws of the Commonwealth of Massachusetts.
- B. General Liability in the amount of \$500,000 for contracts less than \$10,000.
- C. Automobile Liability in the amounts of the following:
 - 1. Bodily Injury \$ 500,000 each occurrence
 \$1,000,000 aggregate
 - 2. Property Damages \$ 500,000 each occurrence
 \$1,000,000 aggregate

All policies shall be written so that the Town of Hudson is named as an additional insured and that the Town of Hudson shall be notified in writing of cancellations or restrictive amendments at least thirty (30) days prior to the effective date of such cancellation of amendments.

TOWN OF HUDSON
DEPARTMENT OF PUBLIC WORKS
SNOW & ICE CONTROL
2022-2023
PLOWING
REQUEST FOR WRITTEN QUOTES

BID FORM

In pursuance to the guidelines established by the Town of Hudson in their request for written quotes, I submit the following:

VEHICLE MANUFACTURER _____ YEAR _____

REGISTRATION:

STATE _____ PLATE _____ EXPIRATION DATE: _____

TARE WEIGHT _____ (SIGNED TARE WEIGHT SLIP ATTACHED)

INSURANCE COMPANY: _____

CERTIFICATE OF INSURANCE

ISSUE DATE: _____ EXPIRATION DATE: _____

FEDERAL I.D. OR SOCIAL SECURITY NUMBER: _____

I HEREBY SUBMIT THE FOLLOWING QUOTE: _____

COMPANY NAME: _____

STREET ADDRESS: _____

CITY STATE ZIP _____

TELEPHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

OWNER OPERATED: YES _____ NO: _____

SIGNATURE: _____ DATE: _____

CERTIFICATE OF NON-COLLUSION

Chapter 30B, § 10

"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."

INDIVIDUAL OR CORPORATE OF PROPOSER

SIGNATURE OF AUTHORIZED AGENT

PRINTED NAME OF AUTHORIZED AGENT

DATE

CERTIFICATE OF TAX COMPLIANCE

Pursuant to Massachusetts General Law Chapter 62C, § 49A, I hereby certify under penalties of perjury that I have, to the best of my knowledge and belief, filed all state tax returns and paid all state taxes required under law.

SOCIAL SECURITY OR FEDERAL I.D. NUMBER

SIGNATURE: INDIVIDUAL OR CORPORATE OFFICER DATE

PLEASE PRINT:

CORPORATE NAME:

ADDRESS:

P.O. BOX:

CITY, STATE, ZIP CODE:

- Your Social Security Number or Federal Identification Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Proposers who fail to correct their non-filing or delinquency will not have a contract or other agreement issued, renewed or extended. This request is made under the authority of M.G.L. Ch. 62C, §48A.

**CERTIFICATE OF AUTHORITY
MEETING OF BOARD OF DIRECTORS**

At a meeting of the Directors of the _____ duly called
(Corporation)

and held at _____ on the _____ day of

_____, in the year _____ at which a quorum was present and acting,

it was voted, that _____ the _____ of this
(Name) (Title/Position)

is hereby authorized and empowered to submit a bid, make, enter into, sign, seal and deliver, on behalf of this Corporation a Contract for SNOW PLOWING .

(Brief Description)

with the Town of Hudson, and to issue any bid, performance, or payment bonds if required in connection with such Contract.

I hereby certify that the above is a true and correct copy of the record, that said vote has not been amended or repealed and is in full force and effect as of this date, and that

_____ is duly elected _____
of this Corporation.

Clerk or Secretary of the Corporation