City of Somerville

Snow Plowing Vendor Intake Package

Request for Application (RFA)#27-08

Return completed package by Thursday September 17, 2026, by 3:00 pm

Deliver To:

Department of Procurement & Contracting Services
1st floor, Somerville City Hall
91 Highland Ave.
Somerville, MA 02143

ATTN: Logan Carroll

OR via email
Lcarroll@somervillema.gov
procurement@somervillema.gov

Dear Prospective Vendor,

The City of Somerville (the City) is actively seeking contractors to provide snow plowing services on an "as-needed" basis. While contractors are not guaranteed that they will be called in to work during snow events, during a typical New England winter, the City needs contractors who have experience with plowing and clearing snow.

The scope of services and standard rates for all snow plow contractors are detailed in the attached documents.

If you are interested in offering snow plowing services to the City of Somerville, the following forms and information must be provided:

1) Equipment List: please fill out the vehicle and registration information for all vehicles that will be used for snow plowing.
2) Provide a W-9 (2026 version) for your organization.
3) Certificate of Insurance that includes the City as "additional insured" and proof of worker's compensation policy.
    - *Each Contractor must provide evidence of automobile liability insurance covering all registered vehicles. Commercial liability insurance "mobile equipment" and for injury due to an accident caused by snow plowers' work (bobcats, backhoes, front end loaders, etc.) and worker's compensation if applicable; if worker's compensation is not applicable, contractor must sign affidavit provided by the City.*
4) Completed and signed Side Guard Ordinance acknowledgment form.
5) Completed and signed Living Wage Ordinance acknowledgment form.
    - *The City of Somerville has a Living Wage Requirement that establishes minimum hourly rates for all covered employees that perform work on a City contract. The City of Somerville living wage as of July 1, 2026, is $18.85 per hour.*
6) Contract offers of over $25,000 will require completion of our Campaign Contribution Ordinance.

Estimated contract period: 10/15/2026 to 06/30/2028

A contract with the City for these services does not guarantee that the services will be utilized. Contractors will be called depending on the needs of the City.

If you have questions, please contact the Procurement & Contracting Services (PCS) department:
procurement@somervillema.gov

Please return the completed forms to:
Lcarroll@somervillema.gov

Thank you,
Ben Waldrip
Director of Operations
City of Somerville
Department of Public Works
1 Franey Rd, Somerville, MA 02145

SCOPE OF WORK
SNOW PLOWING SERVICES

CONTRACT RATES FOR SERVICE

The Contractor will be paid a pre-determined hourly rate, set by the City of Somerville (the City). Please refer to City of Somerville rates set by the Commissioner of Public Works. **The City DOES NOT pay overtime rates.**

SCOPE OF SERVICES

The work to be performed under this contract shall consist of furnishing labor and equipment for any of the following on an as-needed basis, as directed by the Commissioner of Public Works or DPW Designee:

1. Plowing of snow from City streets, parking lots, and any other public ways as directed by the Commissioner or DPW Designee.
2. Plowing of snow from bus stop shelters, ADA Ramps, and sidewalks.
3. Snow-clearing treatment of public ways including sanding and salt spreading. Public ways include, but are not limited to, City streets, parking lots, designated bus stop shelters, ADA ramps, and sidewalks.
4. Clearing snow from areas that cannot be reached with snow equipment.
5. Attend and participate in snow event simulations and trainings as deemed necessary by the Commissioner of Public Works. The Commissioner will stipulate which vehicles are to attend simulations and trainings. Vendors will be paid according to the City's established rates.

A snow event is determined by a minimum of 2"- 4" of accumulated snow on sidewalks.

EQUIPMENT

Contractors shall furnish trucks and vehicles engaged in snow clearing operation with plows, frames, chains, and drivers.

Dump trucks for snow removal to local sites shall be complete with tailgate. Minimum body size: 5 cubic yards.

Trucks used for sanding and spreading shall be self-spreading. Minimum body size: 2 cubic yards.

SPECIFICATIONS

The work to be performed shall be in accordance with the following specifications and conditions.

1. All equipment furnished shall be in good mechanical order and capable of performing work without breakdown.
2. In the event of breakdown, payment shall be allowed only up to the conclusion of the hour in which breakdown occurred.
3. Plowing or sanding time will be computed and credited in the following manner:
    - Plowing or sanding time will be computed from the time when hired vehicles have checked in at the Department of Public Works Yard, Highway Division, One Franey Road, Somerville, MA.
    - Contractor to receive one hour set-up time per engagement per vehicle presented at the yard. In order to receive the one hour set-up time, all equipment must be installed and ready to go. Contractors that report without their assigned GPS device are not eligible to be paid for set-up time.
    - All Contractors with more than one (1) vehicle must provide a contact phone number for a field supervisor to the Superintendent of Streets & Sidewalks, Director of Operations, and Commissioner of Public Works.

- Plowing or sanding time will terminate when hired vehicles have checked out at the Department of Public Works Yard after dumping ballast at a DPW-designated site within City limits.

4. Minor repairs on hired equipment will be performed with the consent of the Contractor by the Department of Public Works if, in the opinion of the Superintendent of Streets & Sidewalks or DPW Designee, such repairs are in the best interest of the City. In the event that the City provides emergency repair services to Contractor's vehicles and/or equipment, the charges for such repairs shall be deducted from the Contractor's invoice.
5. The Contractor's vehicles and applicable equipment must have insurance coverage as required by Massachusetts General Law.
6. Equipment must comply with the requirements of the Registrar of Motor Vehicles in all respects.
7. The Contractor shall report to the DPW Yard within one (1) hour of being notified by phone, email or text message that their services have been requested.
8. The City reserves the right to place City personnel in hired equipment. These personnel shall have the responsibility for supervising activities of hired equipment during snow plowing, snow removal, or sanding. City personnel will not operate the hired equipment.
9. **The City will host a simulated snow event in mid-November of each contract year at the discretion of the Commissioner. All Contractors must attend the event. The event will include simulated plowing of routes, as well as equipment calibration and inspection.**
10. It is expressly understood and agreed that this Agreement gives the Contractor no exclusive right to perform all or any of the City of Somerville's snow plowing services. It is also expressly understood that the City of Somerville may contract with others and/or rely on City employees to do such work.
11. Each Contractor may be issued a GPS smartphone app or other telemetry device for the duration of the snow season. It is the Contractor's responsibility to have the device on for the duration of each snow removal engagement.
12. Each vehicle will be required to have proper registration in the cab and to exhibit it upon request during plowing and related snow clearing operations.
13. For streets, contracted plowing operations shall be performed as close to bare pavement as possible and all streets shall be widened to maximum width. All intersections shall be cleaned to their full widths. Care will be made not to pile snow on sidewalk corners but pushed beyond the radii and equally distributed along the curb line.
14. City officials will instruct Contractors when to raise and lower plow blades, when to stop and start spreading salt, etc. Failure to follow these instructions will result in liquidated damages as outlined below.
15. Contractors may not leave the City without permission of the DPW Commissioner, Operations Director or Superintendent of Streets & Sidewalks. Leaving the City without permission of the Commissioner will incur liquidated damages as outlined below.
16. Once operations are underway, Contractors may not provide plowing services for any entity other than the City. Failure to follow this specification will incur liquidated damages as outlined below.

CLEARING OF BUS STOPS AND ADA RAMPS

There are **235 bus stop shelters** and approximately **3,060 ADA ramps** located within the City of Somerville. The City may require Contractors to clear bus shelters and ADA ramps of snow after snow events on an on-call, as-needed basis. If needed, the Highway Superintendent, Director of Operations, and/or Commissioner of Public Works will notify Contractors of which ramps and shelters the City needs them to clear. Once notified, Contractors will start no less than twelve hours after a snow event and finish no more than 48 hours after a snow event, unless City provides guidance otherwise.

All ADA ramps will be cleared to a minimum of 45" wide.

Contractors will clear the bus stops to the standards of the MBTA:

- **Landing pad:** Clear a 6 ft x 8 ft space for safe ramp deployment
- **Snow berms:** Remove berms at least 3 ft wide, ideally up to 8 ft, next to the boarding pad
- **Connections:** Ensure a 5 ft wide path to sidewalks, curb ramps, or entrances

Snow must be trucked away to a site within the City, as directed by the Superintendent of Streets & Sidewalks, the Director of Operations, or the Commissioner of Public Works.

CLEARING OF SIDEWALKS OUTSIDE OF PRIVATE BUSINESSES/HOMES

As part of the City's *Sidewalk Snow Clearing Pilot*, Contractors may be requested to provide on-call sidewalk clearing services after snow events. Contractors may be assigned certain sidewalks, including ramps, by the Superintendent of Streets & Sidewalks, Director of Operations, or the Commissioner of Public Works. All snow and ice must be cleared entirely for each requested address.

CLEARING OF SCHOOL APPROACHES

If needed, Contractors may be requested to provide on-call school approach clearing services after snow events. Contractors may be assigned certain sidewalks, ramps, and other arrival/drop-off facilities by the Superintendent of Streets & Sidewalks, Director of Operations, or the Commissioner of Public Works. All snow and ice must be cleared entirely for each requested location.

SNOW HAULING

Determined by the City of Somerville DPW Commissioner or Designee, the City may require snow hauling services. Vendors may be asked to haul snow to the DPW designated snow storage space. The storage space will be located within the City of Somerville. The service will include the pickup and trucking of snow from within the City, hauling to the designated storage area and dumping as directed.

LIQUIDATED DAMAGES

The City shall be entitled to assess liquidated damages against the Contractor for its failure to perform the Work as specified above. Liquidated Damages are not penalties but represent a fair measure of damages which will be sustained by the City if the Contractor fails to perform its specified obligations.

The City shall have the right to withhold the amount of liquidated damages assessed from any payment owed to Contractor as a credit or offset of such amount, provided the City notifies the Contractor of the specific assessment before the deduction.

Infraction	Liquidated Damage
Blade not up/down	$100 per incident
Salting not specification	$100 per incident
Unauthorized breaks	$100 per incident
Leaving the City during removal operations	$500 per incident
Leaving the City without spinning out	$500 per incident
Observed serving an entity other than City while on the clock	$1,000 per incident

CONTRACTOR: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

2026–2028 SCHEDULE OF PLOW TRUCKS & EQUIPMENT FOR HOURLY SNOW PLOWING SERVICES

No. 1

Manufacturer: _____

Model/Type: _____ Year: _____

VIN: _____

GVWR: _____ # of Wheels: _____

Bucket/Dump Size (cu yd): _____

Plow Size (ft.): _____

Spreader Size (cu yd): _____

Other Attachment(s): _____

Office Use Only – Hourly Rate: _____

No. 3

Manufacturer: _____

Model/Type: _____ Year: _____

VIN: _____

GVWR: _____ # of Wheels: _____

Bucket/Dump Size (cu yd): _____

Plow Size (ft.): _____

Spreader Size (cu yd): _____

Other Attachment(s): _____

Office Use Only – Hourly Rate: _____

No. 2

Manufacturer: _____

Model/Type: _____ Year: _____

VIN: _____

GVWR: _____ # of Wheels: _____

Bucket/Dump Size (cu yd): _____

Plow Size (ft.): _____

Spreader Size (cu yd): _____

Other Attachment(s): _____

Office Use Only – Hourly Rate: _____

No. 4

Manufacturer: _____

Model/Type: _____ Year: _____

VIN: _____

GVWR: _____ # of Wheels: _____

Bucket/Dump Size (cu yd): _____

Plow Size (ft.): _____

Spreader Size (cu yd): _____

Other Attachment(s): _____

Office Use Only – Hourly Rate: _____

CONTRACTOR: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

2026–2028 SCHEDULE OF PLOW TRUCKS & EQUIPMENT FOR HOURLY SNOW PLOWING SERVICES

No. 5

Manufacturer: _____

Model/Type: _____ Year: _____

VIN: _____

GVWR: _____ # of Wheels: _____

Bucket/Dump Size (cu yd): _____

Plow Size (ft.): _____

Spreader Size (cu yd): _____

Other Attachment(s): _____

Office Use Only – Hourly Rate: _____

No. 7

Manufacturer: _____

Model/Type: _____ Year: _____

VIN: _____

GVWR: _____ # of Wheels: _____

Bucket/Dump Size (cu yd): _____

Plow Size (ft.): _____

Spreader Size (cu yd): _____

Other Attachment(s): _____

Office Use Only – Hourly Rate: _____

No. 6

Manufacturer: _____

Model/Type: _____ Year: _____

VIN: _____

GVWR: _____ # of Wheels: _____

Bucket/Dump Size (cu yd): _____

Plow Size (ft.): _____

Spreader Size (cu yd): _____

Other Attachment(s): _____

Office Use Only – Hourly Rate: _____

No. 8

Manufacturer: _____

Model/Type: _____ Year: _____

VIN: _____

GVWR: _____ # of Wheels: _____

Bucket/Dump Size (cu yd): _____

Plow Size (ft.): _____

Spreader Size (cu yd): _____

Other Attachment(s): _____

Office Use Only – Hourly Rate: _____

CONTRACTOR: ______________________________________ PHONE: _________________________

ADDRESS: ____ EMAIL: __________________________

2026–2028 SCHEDULE OF PLOW TRUCKS & EQUIPMENT FOR HOURLY SNOW PLOWING SERVICES

No. ___
Manufacturer: ____________________________

Model/Type: ______________ Year: ________

VIN: ___________________________________

GVWR: ___________ # of Wheels: ________

Bucket/Dump Size (cu yd): ________________

Plow Size (ft.): ___________________________

Spreader Size (cu yd): _____________________

Other Attachment(s): ______________________

Office Use Only – Hourly Rate: ____________

No. ___
Manufacturer: ____________________________

Model/Type: ______________ Year: ________

VIN: ___________________________________

GVWR: ___________ # of Wheels: ________

Bucket/Dump Size (cu yd): ________________

Plow Size (ft.): ___________________________

Spreader Size (cu yd): _____________________

Other Attachment(s): ______________________

Office Use Only – Hourly Rate: ____________

No. ___
Manufacturer: ____________________________

Model/Type: ______________ Year: ________

VIN: ___________________________________

GVWR: ___________ # of Wheels: ________

Bucket/Dump Size (cu yd): ________________

Plow Size (ft.): ___________________________

Spreader Size (cu yd): _____________________

Other Attachment(s): ______________________

Office Use Only – Hourly Rate: ____________

No. ___
Manufacturer: ____________________________

Model/Type: ______________ Year: ________

VIN: ___________________________________

GVWR: ___________ # of Wheels: ________

Bucket/Dump Size (cu yd): ________________

Plow Size (ft.): ___________________________

Spreader Size (cu yd): _____________________

Other Attachment(s): ______________________

Office Use Only – Hourly Rate: ____________

PRICE SHEET

Prices are fixed (hourly or per unit rates), depending on the vehicle and service performed, as stipulated below. **The City DOES NOT pay overtime rates.**

Somerville, MA Snow Plowing Rates

Service Period 11/01/2026 - 06/30/2028

PLOWING EQUIPMENT	RATE PER HOUR
¾ ton pickup (8,600 – 10,999 GVWR), Minimum 8’ plow	$125.00
1 ton pickup (11,000 – 11,999 GVWR), Minimum 9’ plow	$130.00
1½ ton pickup (12,000 – 15,999 GVWR), Minimum 9’ plow	$155.00
Truck (16,000 – 25,799 GVWR), Minimum 10’ plow	$180.00
Truck (25,800 – 32,999 GVWR), Minimum 10’ plow	$190.00
Truck (33,000 – 50,000 GVWR), Minimum 10’ plow	$210.00
SPREADER/SANDER SUPPLEMENTS	
1–3.99 cu yd Salt Spreader	$45.00
4–5.99 cu yd Salt Spreader	$60.00
6–9.99 cu yd Salt Spreader	$80.00
10+ cu yd Salt Spreader	$90.00
SNOW CLEARING EQUIPMENT	
Loader: 1.5–2.99 cubic yard bucket	$195.00
Loader: 3-5 cubic yard bucket	$215.00
Backhoe with or without Plow	$235.00
Excavator	$245.00
Skid-Steer (base rate)	$135.00
Skid-Steer with Snow Attachment	$145.00
Tractor equipped with Plow or Blower	$195.00
Sidewalk Machine (Trackless or equivalent)	$200.00
Shovel and Shoveler	$62.00
SNOW/SALT HAULING	
6-wheeler dump truck	$130.00
10-wheeler/Tri-Axel dump truck	$160.00
Tractor with dump trailer	$175.00
SIDEWALK CLEARING	
Regular property sidewalk (non-corner lot)	$85.00
Corner lot property sidewalk	$155.00

The City of Somerville has set a specific invoicing format that must be adhered to for quick and easy processing of vendor payments. A sample can be provided on request.

Per the DPW Commissioner

Name of Company: _____

Submitted By: _____

Signature: _____

Date:_____

Address: _____

_____

Phone:_____

EMAIL: _____

Required Forms with your Bid

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See **Specific Instructions** on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

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.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____

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.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

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** ►

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-INT (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.*

Certificate of Authority
(Limited Liability Companies Only)

Instructions: Complete this form and sign and date where indicated below.

1. I, the undersigned, being a member or manager of

_____,
(Complete Name of Limited Liability Company)

a limited liability company (LLC) hereby certify as to the contents of this form for the purpose of contracting with the City of Somerville.

2. The LLC is organized under the laws of the state of: _____.

3. The LLC is managed by **(check one)** a ☐ Manager or by its ☐ Members.

4. I hereby certify that each of the following individual(s) is:
   - a member/manager of the LLC;
   - duly authorized to execute and deliver this contract, agreement, and/or other legally binding documents relating to any contract and/or agreement on behalf of the LLC;
   - duly authorized to do and perform all acts and things necessary or appropriate to carry out the terms of this contract or agreement on behalf of the LLC; and
   - that no resolution, vote, or other document or action is necessary to establish such authority.

Name	Title

5. **Signature**:_____

Printed Name: _____

Printed Title:_____

Date: _____

Print

Certificate of Authority
(Corporations Only)

Instructions: Complete this form and sign and date where indicated below.

1. I hereby certify that I, the undersigned, am the duly elected Clerk/Secretary of

_____.
(Insert Full Name of Corporation)

2. I hereby certify that the following individual _____
(Insert the Name of Officer who Signed the Contract and Bonds)

is the duly elected_____ of said Corporation.
(Insert the Title of the Officer in Line 2)

3. I hereby certify that on _____
(Insert Date: Must be *on or before* Date Officer Signed Contract/Bonds)

at a duly authorized meeting of the Board of Directors of said corporation, at which a quorum was present, it was voted that

_____ _____
(Insert Name of Officer from Line 2) (Insert Title of Officer from Line 2)

of this corporation be and hereby is authorized to make, enter into, execute, and deliver contracts and bonds in the name and on behalf of said corporation, and affix its Corporate Seal thereto, and such execution of any contract of obligation in this corporation's name and on its behalf, with or without the Corporate Seal, shall be valid and binding upon this corporation; and that the above vote has not been amended or rescinded and remains in full force and effect as of the date set forth below.

4. **ATTEST**:
Signature: _____ ***AFFIX CORPORATE SEAL HERE***
(**Clerk or Secretary)**
Printed Name: _____

Printed Title:_____

Date: _____
(Date Must Be *on or after* Date Officer Signed Contract/Bonds)

Print

City of Somerville Department of Public Works
Communication Form

Name/Business Name of Contact for Service During Business Hours (M-F 7am -3pm)

_____

Please Print

Direct phone number to request service During Business Hours (M-F 7am-3pm)

(_____)_____

- **Emergency, on call service contact (if applicable)**

  Phone number after business hours, holidays, and weekends

  (_____)_____

Accounts Payable/Receivable Information

Name of Contact: Accounts processing

Name:_____

Phone:_(_____)_____

E-mail:_____

Please Print

THE FOLLOWING DOCUMENTS WILL BE REQUIRED IF A CONTRACT OFFER IS MADE

- Certificate of Insurance
- Side Guard Ordinance
- Living Wage Ordinance
- Campaign Contribution Ordinance (for contracts over $25k)

INSURANCE SPECIFICATIONS
INSURANCE REQUIREMENTS FOR AWARDED VENDOR ONLY:

Prior to commencing performance of any work or supplying materials or equipment covered by these specifications, the contractor shall furnish to the Office of the Purchasing Director a Certificate of Insurance evidencing the following:

A. GENERAL LIABILITY - Comprehensive Form

Bodily Injury Liability.....….....$ One Million

Property Damage Liability.....$ One Million

B. COVERAGE FOR PAYMENT OF WORKER'S COMPENSATION BENEFIT PURSUANT TO CHAPTER 152 OF THE MASSACHUSETTS GENERAL LAWS IN THE AMOUNT AS LISTED BELOW:

WORKER'S COMPENSATION.….....$Statutory

EMPLOYERS' LIABILITY..….....…….$ Statutory

C. AUTOMOBILE LIABILITY INSURANCE AS LISTED BELOW:

BODILY INJURY LIABILITY.....$ STATUTORY

l. A contract will not be executed unless a certificate (s) of insurance evidencing above-described coverage is attached.

2. Failure to have the above-described coverage in effect during the entire period of the contract shall be deemed to be a breach of the contract.

3. All applicable insurance policies shall read:

"CITY OF SOMERVILLE" as a certificate holder and as an additional insured for general liability only along with a description of operation in the space provided on the certificate.

Certificate Should Be Made Out To:
City Of Somerville
c/o Purchasing Department
93 Highland Avenue
Somerville, Ma. 02143

Note: If your insurance expires during the life of this contract, you shall be responsible to submit a new certificate(s) covering the period of the contract. No payment will be made on a contract with an expired insurance certificate.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 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	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	INSURER A :	
	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	☐ CLAIMS-MADE ☐ OCCUR						MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$
	☐ POLICY ☐ PRO-JECT ☐ LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ☐ NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	☐ **UMBRELLA LIAB** ☐ OCCUR						EACH OCCURRENCE	$
	☐ **EXCESS LIAB** ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ WC STATU-TORY LIMITS ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ **(Mandatory in NH)**	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

ADD "X" HERETO CERTIFY THAT THE CITY OF SOMERVILLE IS AN ADDITIONAL INSURED

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

DESCRIPTION OF PROJECT, SOLICITATION NUMBER AND THAT THE CITY OF SOMERVILLE IS A CERTIFICATE HOLDER AND ADDITIONAL INSURED

CERTIFICATE HOLDER

CERTIFICATES SHOULD BE MADE OUT TO:

CITY OF SOMERVILLE
c/o PURCHASING DEPARTMENT
93 HIGHLAND AVE
SOMERVILLE, MA 02143

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

SOMERVILLE ORDNINANCE TO SAFEGUARD VULNERABLE ROAD USERS
CITY OF SOMERVILLE CODE OF ORDINANCES ARTICLE VIII, SEC. 12-117 et seq.

Prospective contractors must familiarize themselves with the City of Somerville's Ordinance to Protect Vulnerable Road Users. The full text of this local law can be found here.

1. **Request for Inspection:** Inspections are conducted on Thursdays from 4pm-7pm at the Somerville Department of Public Works, located at 1 Franey Road. Each inspection takes approximately 20 minutes.
a. Any vendor covered by this Ordinance shall complete an inspection request form and email it to fleetinspections@somervillema.gov.
b. Please submit request form no later than 3pm on the Tuesday before the requested inspection date.
2. **Fee:** The fee for the initial inspection is $100. The fee for a renewal inspection (every two years) is $50.
a. Payment of the fee is due upon scheduling of the inspection. The fee can be paid via check or credit card. Checks should be made out to the City of Somerville and include the vendor's phone number.
3. **Approval:** Vehicles inspected and approved by the Fleet Division will have an inspection approval sticker affixed to the windshield of the vehicle. A copy of the inspection report and certificate of inspection shall be issued to the vendor.
a. Inspection stickers are not transferable.
b. Any major overhaul of safe guard equipment shall be required to be re-inspected.
4. **Rejection:** If a vehicle is rejected for failing to comply with any of the technical specifications outlined in the ordinance, it shall be corrected and henceforth re-inspected within 30 days at no additional fee.
a. If a second inspection results in a rejection, a fee of $50 will be required for any subsequent inspections.
b. Any vendor who fails to comply within 60 days of their first inspection may be subject to having their contract cancelled.
5. **Questions:** Please direct questions about vehicle inspections to Department of Public Works, at: fleetinspections@somervillema.gov or call 617-625-6600 ext. 5100

Acknowledgement

In accordance with Sec. 12-119 "Requirements" in the Ordinance, bidders must sign the following:
Unless certified that the Ordinance is not applicable to this contract or otherwise waived by the City, I acknowledge that my company has installed (or will install prior to commencing work for the contract) side guards, cross-over mirrors or equivalent blind spot countermeasures, convex mirrors or equivalent blind spot countermeasures, side-visible turn signals, and appropriate warning signage, in accordance with SCO Chapter 12, Article VII on all large vehicles it uses or will use within the City of Somerville in connection with any contract.

_____
Authorized Signatory's Name Date

_____
Company Name

I certify that the Ordinance does not apply to this contract for the following reason:

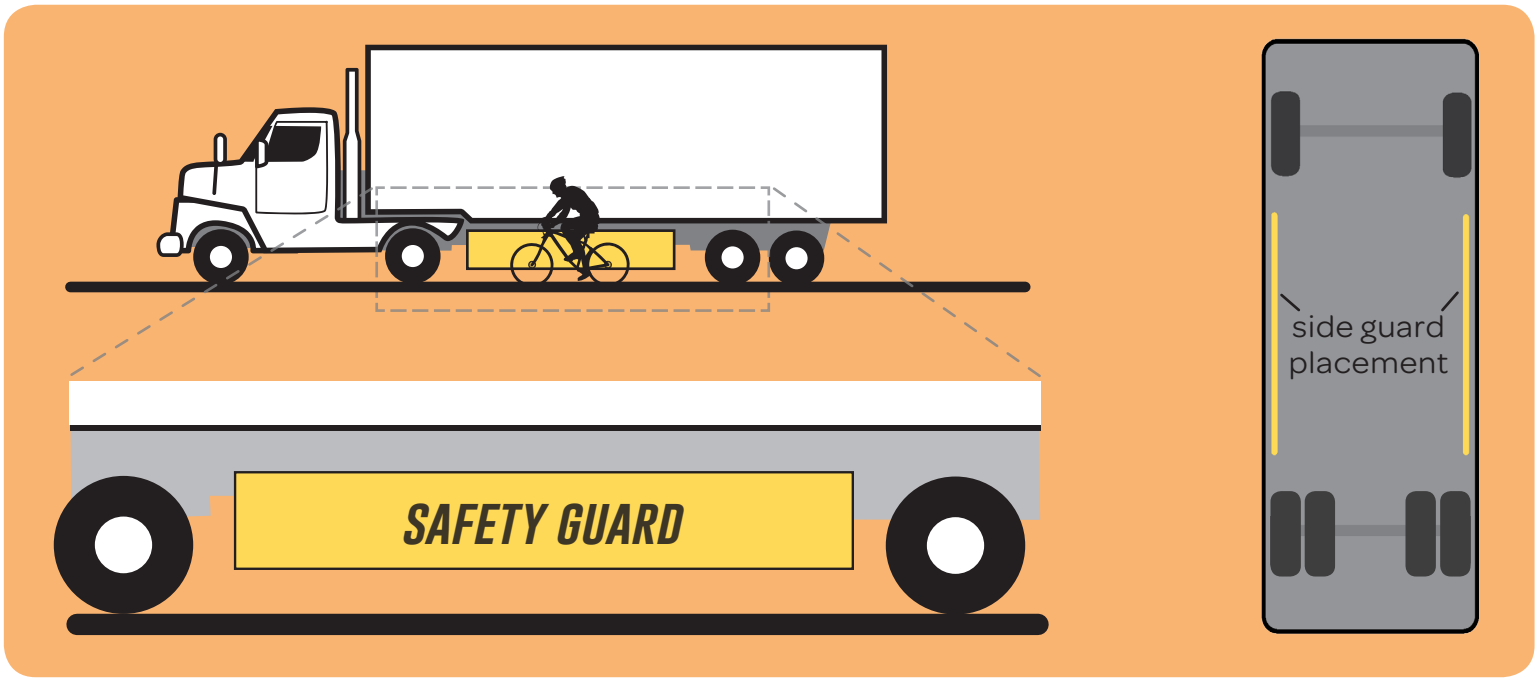
- ☐ Vehicles do not meet or exceed Class 3 GVWR
- ☐ Vehicles do not exceed 15 MPH
- ☐ No vehicles on project
- ☐ Other: _____

_____

CITY OF SOMERVILLE
TRUCK SIDE GUARD ORDINANCE

Collisions with large vehicles are disproportionately likely to result in cyclist and pedestrian fatalities. The City of Somerville's Ordinance to Safeguard Vulnerable Road Users aims to prevent cyclists and pedestrians from the risk of being struck by a large vehicle because of limited driver visibility and lack of side-visible turn signals, as well as falling under the sides of large vehicles and being caught under the wheels.

The ordinance applies to large motor vehicles that are Class 3 or above with a gross vehicle weight rating (GVWR) exceeding 10,000 pounds, except for an ambulance, fire apparatus, low-speed vehicle with a maximum speed under 15 mph, or an agricultural tractor.



ORDINANCE REQUIREMENTS

LATERAL PROTECTIVE DEVICES (SIDE GUARDS)

- Vehicles must have device installed between the front & rear wheels to help prevent injuries to vulnerable road users, particularly from falling underneath the vehicle.

SIDE-VISIBLE TURN SIGNALS

- Vehicles must have at least one turn signal lamp on each side of the vehicle that is visible from any point to the left and right side along the full length of the vehicle.

CONVEX MIRRORS

- Vehicles must have mirrors which enable the driver to see anything that is three feet above the road and one foot in front of or alongside of the vehicle.

CROSS-OVER MIRRORS

- Vehicles must have mirrors that enable the driver to see anything at least three feet tall passing one foot in front of the vehicle and the area in front of the bumper where direct vision is not possible.

SAFETY DECALS

- Vehicles must have a minimum of three reflective decals on the rear and sides.
- The decals must be "safety yellow" in color and include language or images that warn of blind spots.

COMMON QUESTIONS

WHAT TYPES OF VEHICLES DOES THIS ORDINANCE APPLY TO? This ordinance applies to Class 3 or above vehicles with a gross vehicle weight rating exceeding 10,000 lbs., except for an ambulance, fire apparatus, low-speed vehicle with max speed under 15 mph, or agricultural tractors.

CAN TOOL BOXES BE USED AS SIDE GUARDS? Yes, as long as the tool box meets all of the required measurements in the ordinance.

IF I RENT TRUCKS FOR A JOB, DO THOSE VEHICLES NEED TO BE INSPECTED AND PERMITTED? Yes.

DO SUBCONTRACTORS' TRUCKS WORKING ON A CITY CONTRACT NEED TO BE INSPECTED & PERMITTED? Yes.

WILL THE CITY DO AN OFF-SITE INSPECTION FOR LARGER FLEETS? Yes, depending on the availability of inspectors and the distance to the site.

REGISTER FOR AN INSPECTION

Email inspection forms to: FleetInspections@SomervilleMA.gov

SOMERVILLE LIVING WAGE ORDINANCE CERTIFICATION FORM

CITY OF SOMERVILLE CODE OF ORDINANCES SECTION 2-397 et seq*.

Instructions: This form shall be included in all Invitations for Bids and Requests for Proposals which involve the furnishing of labor, time or effort (with no end product other than reports) by vendors contracting or subcontracting with the City of Somerville, where the contract price meets or exceeds the following dollar threshold: $10,000. If the undersigned is selected, this form will be attached to the contract or subcontract and the certifications made herein shall be incorporated as part of such contract or subcontract. **Complete this form and sign and date where indicated below on page 2.**

Purpose: The purpose of this form is to ensure that such vendors pay a "Living Wage" (defined below) to all covered employees (i.e., all employees except individuals in a city, state or federally funded youth program). In the case of bids, the City will award the contract to the lowest responsive and responsible bidder paying a Living Wage. In the case of RFP's, the City will select the most advantageous proposal from a responsive and responsible offeror paying a Living Wage. In neither case, however, shall the City be under any obligation to select a bid or proposal that exceeds the funds available for the contract.

Definition of "Living Wage": For this contract or subcontract, as of **7/1/2026** "Living Wage" shall be deemed to be an hourly wage of no less than **$18.85** per hour. From time to time, the Living Wage may be upwardly adjusted and amendments, if any, to the contract or subcontract may require the payment of a higher hourly rate if a higher rate is then in effect.

CERTIFICATIONS

1. The undersigned shall pay no less than the Living Wage to all covered employees who directly expend their time on the contract or subcontract with the City of Somerville.

2. The undersigned shall post a notice, (copy enclosed), to be furnished by the contracting City Department, informing covered employees of the protections and obligations provided for in the Somerville Living Wage Ordinance, and that for assistance and information, including copies of the Ordinance, employees should contact the contracting City Department. Such notice shall be posted in each location where services are performed by covered employees, in a conspicuous place where notices to employees are customarily posted.

3. The undersigned shall maintain payrolls for all covered employees and basic records relating hereto and shall preserve them for a period of three years. The records shall contain the name and address of each employee, the number of hours worked, the gross wages, a copy of the social

*Copies of the Ordinance are available upon request to the Procurement & Contracting Services Department.

Online at: https://www.somervillema.gov/departments/finance/procurement-and-contracting-services

security returns, and evidence of payment thereof and such other data as may be required by the contracting City Department from time to time.

4. The undersigned shall submit payroll records to the City upon request and, if the City receives information of possible noncompliance with the provisions the Somerville Living Wage Ordinance, the undersigned shall permit City representatives to observe work being performed at the work site, to interview employees, and to examine the books and records relating to the payrolls being investigated to determine payment of wages.

5. The undersigned shall not fund wage increases required by the Somerville Living Wage Ordinance by reducing the health insurance benefits of any of its employees.

6. The undersigned agrees that the penalties and relief set forth in the Somerville Living Wage Ordinance shall be in addition to the rights and remedies set forth in the contract and/or subcontract.

CERTIFIED BY:

Signature: _____
(Duly Authorized Representative of Vendor)

Title: _____

Name of Vendor:_____

Date: _____

INSTRUCTIONS: PLEASE POST

NOTICE TO ALL EMPLOYEES REGARDING PAYMENT OF LIVING WAGE

Under the Somerville, Massachusetts' Living Wage Ordinance (Ordinance No. 1999-1), any person or entity who has entered into a contract with the City of Somerville is required to pay its employees who are involved in providing services to the City of Somerville no less than a "Living Wage".

The Living Wage as of **7/1/2026** is **$18.85** per hour.

For assistance and information regarding the protections and obligations provided for in the Living Wage Ordinance and/or a copy of the Living Wage Ordinance, all employees should contact the City of Somerville's Procurement & Contracting Services Department directly.

CITY OF SOMERVILLE CAMPAIGN CONTRIBUTION ORDINANCE SEC. 15-72*
MANDATORY DISCLOSURE AND CERTIFICATION FORM

INSTRUCTIONS: APPLICANTS, PLEASE COMPLETE THE ENTIRE FORM AND FILE WITH THE SAME CITY OFFICE OR AGENCY WITH WHOM YOU FILED OR WILL FILE BELOW APPLICATION.

PART I. APPLICATION FOR ITEM

Describe the item you have, or will apply for, relating to this disclosure:

ITEM:	
TYPE (X):	☐ Contract ☐ Zoning Relief ☐ Real Estate ☐ Financial Assistance
CITY DEPT. OR AGENCY:	

PART II. APPLICANT INFORMATION

Provide the following information for the Applicant:

NAME:	
ADDRESS:	
TELEPHONE NO.:	
E-MAIL:	

On Schedule A, you must also provide the same information for the Applicant's principals, chief executive officer, president, chief financial officer, treasurer, chief operating officer, chief procurement officer, directors, or persons performing similar functions, or shareholders in excess of ten percent and managing agent to the extent applicable. **Please complete Schedule A.** If sole proprietor, Schedule A is not required.

PART III. CAMPAIGN CONTRIBUTION DISCLOSURE

On Schedule B, Applicants must disclose all contributions made by the applicant during the 12 months prior to the application (identified in Part I), to any person who was a candidate for elective office of the City of Somerville (mayor, board of aldermen, and school committee). The attribution rules in Section 15-73 of the Somerville Code of Ordinances shall apply to the contributions that must be disclosed. **On Schedule B,** applicants must also disclose such contributions made by persons attributed to the applicant under the ordinance. If the applicant is an individual, any such contributions made by the individual, any spouse of the individual, and any children of the individual must be disclosed. If the applicant is not an individual but a corporation, partnership or limited liability corporation, then any contributions made by any of its chief executive officer, president, chief financial officer, treasurer, chief operating officer, chief procurement officer, directors, members, managers, principals, or persons performing similar functions, or shareholders in excess of ten percent, and their spouses and children, must be disclosed. **Please complete Schedule B. If disclosure is not required, please check N/A on Schedule B.** *Note: Contributions made before January 1, 2017 are not required to be disclosed.*

* Please see the Pay to Play and Campaign Contribution Ordinance for definitions and all requirements.

PART IV. SUBCONTRACTOR INFORMATION

Have you applied for a Contract and intend to use a subcontractor on this Contract? ☐Yes ☐No

If "Yes", complete **Schedule C.** If "No"**, proceed to Part V.**

PART V. SIGNATURE, CERTIFICATION, AND ATTESTATION:

I, the undersigned applicant, hereby further certify as follows: If awarded the item that is applied for (as identified above) under subsections (a), (b), (c), or (d) in Section 15-72 of the Somerville Code of Ordinances, the Applicant, and anyone attributed to the Applicant, and if the application is for a contract any subcontractor used on the contract, will not make any contribution in any calendar year in an amount in excess of $500.00 to any individual incumbent or to any individual candidate for elective office of the City of Somerville for the next four (4) calendar years following the award of the item, or for the duration of the term of the contract, whichever is longer.

Signed under the pains and penalties of perjury:

Signature of Affiant:_____Title:_____

Printed Name of Affiant:_____ Date:_____

Subscribed and sworn before me this ___ day of _____, 2___.

(Witnessed or attested by)

(Seal)

My Commission expires:

THIS FORM SHALL BE OPEN TO PUBLIC INSPECTION

SCHEDULE A – APPLICANT INFORMATION

INSTRUCTIONS: FOR EACH OF APPLICANT'S PRINCIPALS, CHIEF EXECUTIVE OFFICER, PRESIDENT, CHIEF FINANCIAL OFFICER, TREASURER, CHIEF OPERATING OFFICER, CHIEF PROCUREMENT OFFICER, DIRECTORS, OR PERSONS PERFORMING SIMILAR FUNCTIONS, OR SHAREHOLDERS IN EXCESS OF TEN PERCENT AND MANAGING AGENT TO THE EXTENT APPLICABLE, COMPLETE THE FOLLOWING. ATTACH ADDITIONAL PAGES IF REQUIRED.

Check box only if sole proprietor: ☐

NAME	POSITION	E-MAIL ADDRESS	PHONE NO.	ADDRESS

SCHEDULE B– CONTRIBUTION DISCLOSURE INFORMATION

INSTRUCTIONS: FOR EACH CONTRIBUTION, YOU MUST DISCLOSE THE FOLLOWING INFORMATION. ATTACH ADDITIONAL PAGES IF REQUIRED.

Note: Contributions made before January 1, 2017 are not required to be disclosed.

IF NOT APPLICABLE, CHECK HERE: ☐.

NAME OF CONTRIBUTOR	**RELATIONSHIP TO APPLICANT**	**NAME OF RECIPIENT**	**DATE OF CONTRIBUTION (MM/DD/YYYY)**	**AMOUNT OF CONTRIBUTION ($.$$)**

SCHEDULE C – SUBCONTRACTOR INFORMATION

INSTRUCTIONS: LIST THE NAME, BUSINESS ADDRESS, AND PHONE NUMBER OF EACH SUBCONTRACTOR AND THE AMOUNT OR PERCENTAGE TO BE PAID TO EACH SUBCONTRACTOR. ATTACH ADDITIONAL PAGES IF REQUIRED.

NAME	**AMOUNT OR % PAID**	**PHONE NO.**	**BUSINESS ADDRESS**