



**Town of Burlington Highway Division
25 Center Street
Burlington, MA 01803
Phone 781-270-1677 Fax 781-238-4698
www.Burlington.org**

Attention Snow & Ice Contractors

Town of Burlington has some exciting news about bonuses and 2% rate increase for the upcoming snow plowing season!

Sign up early with perfect attendance bonus: If you sign up with completed paperwork and insurance packet by November 21, 2025, and maintain perfect attendance throughout the season, you'll earn a \$1,000 bonus at end of the season.

Miss One Event: If you sign up with completed paperwork and insurance by November 21, 2025, but miss just one storm event, you will still be eligible for a bonus of \$500 bonus at end of the season.

Enclosed, please find a copy of the new rates for the 2025-2026 season.

Paperwork includes-Availability Form, Agreement for Contracted Services, Indemnification and Hold Harmless for Snow Plow Contractors, Tax Compliance, Certificate of Non-Collusion, Workers' Compensation Insurance Affidavit, and W9 Form and return to:

**Town Of Burlington
25 CENTER STREET
BURLINGTON, MA 01803
ATTN: HIGHWAY DIVISION**

Or email DMANNING@BURLINGTON.ORG

If you have any questions you may contact the Highway Division at 781-270-1677



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SNOW REMOVAL AND EMERGENCY EQUIPMENT
NOTICE TO CONTRACTORS

The Town of Burlington is soliciting commitments from contractors to provide snow removal for public ways for the winter of 2025-2026. Applications may be obtained at the Department of Public Works, Town Hall Annex, 25 Center Street Burlington, MA 01803. **Please fill out the attached Availability Form, Agreement for Contracted Services, Idemnification and Hold Harmless for Snow Plow Contractors, Tax Compliance, Certificate of Non-Collusion, Workers Compensation Insurance Affidavit and the W9 Form.** Return to the Department of Public Works prior to November 21, 2025 so that we can match your equipment with our needs. You will be notified by phone or email.

ALL PAPERWORK MUST BE ON FILE PRIOR TO November 21, 2025.

INSURANCE FORMS MAY BE FAXED TO 781-238-4698 ATTN: HIGHWAY OR EMAIL dmanning@burlington.org

MANDATORY

A PICTURE OF ALL VEHICLES MUST ACCOMPANY ALL APPLICATIONS

DEFINITIONS

Committed- Equipment which is under actual contract to the Town of Burlington and is used as a regular part of the DPW Snow Removal Plan. Contractor plows must report to the location as determined by the town, within one (1) hour after call. Each vehicle is guaranteed a minimum of four (4) hours pay for each mobilization.

2025-2026

TERMS & CONDITIONS

1. All contracted equipment must be ready and available for call no later than November 21, 2025.
2. **All Contactors will be notified by an Automated Call System. Contractors must provide a prioritized list of contact phone numbers to be used by the automated system. A minimum of 2 numbers must be provided. Every driver must have a cell phone available at all times to receive directions from the DPW Snow Supervisors.**
3. All equipment must be inspected and approved by the Director of Public Works or the Superintendent of Highway, before a contract is offered.
4. All equipment must report to their designated area in good condition, fueled, with vehicle identifications and ready for assignment. After reporting to the Town and clocking in to begin work, it is required that you report directly to the area assigned to you. **IF THE TOWN OF BURLINGTON SUPERVISOR IS UNABLE TO LOCATE YOUR VEHICLE IN THE AREA ASSIGNED DURING ANY PERIOD OF THE SNOWSTORM, YOU MAY BE CLOCKED OUT AND ASKED NOT TO RETURN TO PLOW AT THE TOWN'S DISCRETION. ALL TRUCKS MUST HAVE CHAINS AVAILABLE.**
5. Route assignments, relief and time recording shall be under the direction of the Director of Public Works or his authorized agent. Hours for payment shall commence upon punching of a time card and departure from the Highway Garage on Great Meadow Road, and shall cease when so directed by the Director of Public Works or his authorized agent, whereupon the time card shall be appropriately punched in and out. Contractors will be credited with time for payment to the nearest quarter hour.
6. Payment will be made at the established contract rates (see attached schedule). No premium or over-time will be authorized and payment will not be made for breakdown time.
7. Contractors are expected to maintain their own equipment and make arrangements for fueling, relief drivers, meals, etc.
8. All plows must travel to and from assigned routes with blades down, unless bare pavement is visible.
9. All Drivers must show a valid driver's license when requested by a supervisor.

10. Contractors are obligated to comply with all provisions of Chapter 149, MGL, in accordance with ruling by the Attorney General.
11. Conflict of Interest- Town employees are not eligible for hire under contracted services because of Conflict of Interest Laws.
12. Snow rates provided on the attached Vehicle Rates are the maximum prices paid for equipment listed.
13. ***Insurance Requirements and Workers' Compensation Information are as follows:***



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SNOW AND ICE CONTROL
RATES FOR 2025-2026
CONTRACTOR VEHICLE RATES

SNOW PLOWS

PER HOUR

3/4 Ton	8 ft blade minimum	\$ 117.00
1 Ton	Pick Up Truck	122.00
6 Wheeler	1 Ton Dump Truck	138.00
6 Wheeler	5 Ton Dump Truck	148.00
10 Wheeler	11 ft blade minimum	168.00

SANDERS

6 CY to 8 CY Sander	138.00
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LOADERS

Backhoe (Case 480B/Ford 5550 or equal)	168.00
Loader (6 to 8 CY bucket)	179.00
Loader (14ft pusher)	214.00

Town of Burlington
Snow Plow Contractors
Insurance Requirements

The Town of Burlington requests the following coverage:

- a. *Commercial General Liability* – Coverage shall have minimum limits of \$1M per Occurrence/\$2M Aggregate per project, combined single limit for bodily injury and property damage liability. The policy shall include Premises and Operations; Independent Contractors; Products and Completed Operations; Contractual Liability; and Collapse, Explosion and Underground Hazard coverage. The Aggregate Limit of \$2M shall apply per project or per location.
- b. *Business Automobile* – Coverage shall have a minimum limit of \$1M per occurrence, combined single limits for bodily injury liability and property damage liability. This policy shall include Owned Vehicles, Hired and Non-Owned Vehicles Liability.
- c. *Workers' Compensation* – Must meet statutory limits in compliance with Massachusetts and Federal Laws. The coverage must include Employer Liability limits of \$500,000/\$500,000/\$500,000.

If the aforementioned “insurance provisions for minor contracts” become a hardship for an individual who has no other contracting type operation, the Town will offer to the contractor alternative guidelines.

- a. *Personal Auto policy* \$250,000 per person/\$500,000 per accident
- b. *Business Auto policy* \$300,000 per accident Bodily Injury/Property
* Contractor shall provide a certificate of insurance with the Town of Burlington as an Additional Insured

All employers in Massachusetts are required to carry Workers' Compensation Insurance.

Contractor must provide driver license numbers of all drivers. The Town reserves the right to deny a contract to anyone with more than two moving violations on record or with one violation of driving to endanger.

Contractors shall sign the Contractor's Hold Harmless / Indemnification Agreement.

Information and Instructions

Massachusetts General Law's chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that **"every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."**

Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
1 Congress Street, Suite ---
Boston, MA 02114-201
Tel. # 617-727-4900 ext. 406 or 1-877-MASSAF
Fax # 617-727-774
www.mass.gov/d

1. Contractor's Name _____

2. Address

3. Home Phone _____

4. Name of Insurance Company

5. Address _____ Telephone Number _____

6. Kindly attach a copy of your certificate of insurance to this application. Payment for services rendered will not be honored without proof of insurance. You may fax proof of insurance to 781-238-4698

7. _____
Signature of Contractor

[illegible]

AGREEMENT FOR CONTRACTED SERVICES

Description of Equipment-Please Print

Make & Model

Driver's Name

License#

1.

2.

3.

4.

5.

6.

The undersigned Contractor, declares that the only person or parties interested in the proposal as principals are those named herein, that this proposal is made without collusion with any other person, firm or corporation, that he has carefully examined the specifications and instructions relative to this proposal: and he proposed and agrees that he will furnish to the Town of Burlington the equipment indicated above, and that he will take in full payment therefore the unit prices indicated, and will comply with the terms and conditions for Snow Removal Equipment.

SIGNATURE OF CONTRACTOR:_____

PRINT NAME & TITLE:_____

ADDRESS:_____

DATE:_____

Brian White, DIRECTOR OF PUBLIC WORKS
2025-2026



Town of Burlington Highway Division
25 Center Street
Burlington, MA 01803
Phone 781-270-1677 Fax 781-238-4698
www.burlington.org

WINTER OF 2025-2026

Indemnification and Hold Harmless for Snow Plow Contractors

To the maximum extent permitted by law, {Contractor} agrees to indemnify or pay on behalf of, defend and hold harmless the Town of Burlington and all departments, agents and employees from and against any and all liability (incl. Employer's Liability) whatsoever arising from {the Contractor's} operations or the operations of its agents, representatives and sub-contractors including completed operations. This agreement includes all claims, demands, suits, actions, costs, expenses, judgments, penalties and attorney's fees which may be imposed upon, incurred by, or asserted against the Town of Burlington and by reason of (a) any failure on the part of _____ to comply with any provision or term required to be performed or complied with by _____ under this Agreement; or (b) for the death, injury (personal or bodily), property damage or loss property suffered by any person on account of or based upon the act, omission, fault, negligence or misconduct of Contractor or any person hired by, contracted by or otherwise working with _____.

This indemnity and hold harmless agreement shall include indemnify against all cost, expenses, judgments, settlements, penalties, and liabilities (including, without limitation, attorney's fees) incurred or in connection with any claims or proceedings brought thereon and the defense thereof with counsel acceptable to the Town of Burlington or counsel selected by an insurance company which as accepted liability any such claim.

Safety

_____ shall be responsible for providing adequate safety measures for all persons and all property upon the permit site.

(Name of Contractor)

(Address of Contractor)

(Signature)

(Date)

The duties under this section shall survive termination of this agreement.

TAX COMPLIANCE

Pursuant to Massachusetts General Law Chapter 62C, Section 49A I,
_____ of _____
and a officer authorized to do so, certify under the penalties of perjury that
said corporation has complied with all the laws of the Commonwealth of
Massachusetts related to taxes and have filed all state tax returns and paid all
state taxes required under law.

SOCIAL SECURITY NUMBER OR
FEDERAL ID NUMBER

SIGNATURE OF INDIVIDUAL OR
CORPORATE NAME

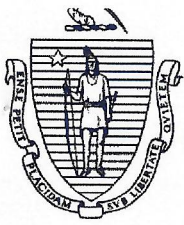
By: _____
CORPORATION OFFICER
(if applicable)

CERTIFICATE OF NON-COLLUSION

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

(Name of person signing bid or proposal)

(Name of Business)



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

1. ☐ I am an employer _____ employees (full and/with or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person: _____ Phone #: _____