

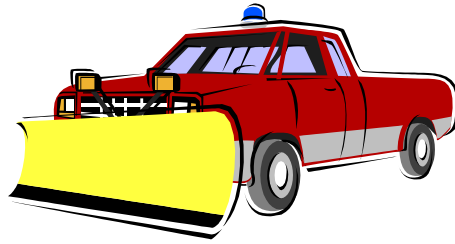
# 2018 - 2019

**OUR FAX# 597-6604**

**Attn: Jessica**

**Identification #:** \_\_\_\_\_

**Insurance Expires:** \_\_\_\_\_



**CITY OF WOONSOCKET  
RHODE ISLAND**

**FINANCE DEPARTMENT  
OFFICE OF THE PURCHASING CLERK**

**JESSICA (401) 767-9269**  
Ordinance 15 O 76

## **SNOWPLOWING SERVICES 2018 - 2019**

Dear Vendor:

Please be advised that the City of Woonsocket will pay the following new rates for vendors who provide snowplowing services:

Pickup trucks/4WD vehicles	<b><i>\$80.00 per hour</i></b>
Dump trucks	<b><i>\$110.00 per hour</i></b>

If there are any questions regarding the snowplowing contract, contact the Highway Superintendent, Rick Lambert, at 767-9286, or the Office of the Purchasing Clerk for clarification.

**CONTRACTORS MUST BE CURRENT ON ALL REAL ESTATE, TANGIBLE, and MOTOR VEHICLE TAXES OWED TO THE CITY OF WOONSOCKET AT THE TIME OF THE EXECUTION OF THIS CONTRACT TO BE ELIGIBLE FOR HIRE AS INDEPENDENT CONTRACTORS**

**NOTE:** A *Certificate of Insurance* must be submitted with your contract agreement as noted on page three (3) of the contract documents showing the **EXPIRATION DATE** on your vehicle(s). **ALSO RHODE ISLAND STATE FORM and W-9 FORM MUST BE SIGNED!!**

Sincerely,

Christine Chamberland  
Finance Director

## **SNOW PLOWING AGREEMENT**

This **AGREEMENT** made and entered into this     day of \_\_\_\_\_ 2018, between the CITY OF WOONSOCKET, a municipal corporation created by Act of the General Assembly, hereinafter referred to as the "CITY", and the undersigned, hereinafter referred to as the "OWNER".

### **WITNESSETH**

The City does hereby agree to hire snow-plowing services, including equipment and personnel from the undersigned OWNER to be used for the express and sole purposes of snow plowing, as hereinafter set forth in this AGREEMENT. The terms and conditions of said hiring shall be as follows:

1. This contract shall cover the period from **November 1, 2018 to May 1, 2019.**
2. The OWNER will be notified to report by the Director of Public Works or his designee. The OWNER will be paid from the time of notification provided that the driver and equipment arrive at the Highway Division yard at 1117 River Street or assigned area within the 1/2 hour of notification. If the owner does not arrive within the 1/2 hour, he will be paid at the time of his arrival. He will be paid a minimum of 4 1/2 hours for each vehicle whenever notified, providing he reports within 1/2 hour after notification.
3. The OWNER will provide the Department of Public Works with the names and telephone numbers of his personnel authorized to receive notification whether during or after normal working hours.
4. The OWNER will supply a driver for each piece of hired equipment.
5. The OWNER will supply, in writing, to the Department of Public Works, the identifying number of his equipment together with the current applicable registration numbers.
6. The OWNER will be responsible for maintenance and repairs to his equipment and will supply his own fuel and the OWNER can obtain ballast when required by the Department of Public Works, either at the Highway Depot or at other designated depots, if not able to furnish same. OWNER will return ballast to the designated depots, if not able to furnish same. OWNER will return ballast to the designated depots at the conclusion of plowing.
7. **The drivers of the trucks shall at all times be deemed to be the agents and servants of the respective OWNER, but shall comply with the lawful and reasonable directions of the authorized representative of the CITY.**
8. **The owner acknowledges that all personnel used or retained in connection with this contract are not employees of the City of Woonsocket.**
9. **The OWNER agrees to indemnify and hold harmless the CITY from and against all loss or damage arising from the use of said trucks, including all claims for personal injury, death, or damage to property sustained by any person or entity.**
10. **The OWNER agrees to procure and maintain proper and comprehensive general liability insurance in amounts satisfactory to the CITY as set forth in number 13 with all necessary**

endorsements on said policies of insurance to include the City as an additional insured while operating or performing any obligation under the terms of this AGREEMENT.

11. The CITY agrees to pay OWNER for the performance of the work required hereunder as provided attached hereto and incorporated herein by reference and payment by the CITY shall constitute full compensation for all equipment, personnel and other incidental costs to OWNER.
12. The OWNER agrees to procure and maintain proper and comprehensive general liability insurance in amounts satisfactory to the CITY as set forth below with all necessary endorsements on said policies of insurance to include the City as an additional insured while operating or performing any obligation under the terms of this AGREEMENT for the ENTIRE TERM OF THIS AGREEMENT. (November 1, 2018 to May 1, 2019).
13. **INSURANCE REQUIREMENT:**

\$ 250,000.00	COMBINED SINGLE LIMITS OR
\$ 100,000.00/250,000.00	BODILY INJURY PER PERSON, PER ACCIDENT
\$ 250,000.00	PROPERTY DAMAGE
14. **OWNER SHOULD HAVE ON VEHICLE, BEACON LIGHT AND/OR PORTABLE FLASHING LIGHT ON TOP OF VEHICLE IN PLOWING OPERATION.**
15. **OWNER SHALL ENSURE THAT ANY AND ALL REAL ESTATE, VEHICLE, AND TANGIBLE TAXES ARE CURRENT WITH THE CITY OF WOONSOCKET AT THE TIME OF EXECUTION OF THIS AGREEMENT. THE CITY RESERVES THE RIGHT TO WITHHOLD PAYMENT FOR SERVICES IF TAXES ARE DUE FROM THE PROCEEDS OF ANY PAYMENT.**
16. **REQUIRED BY THE STATE AS AN INDEPENDENT CONTRACTOR YOU MUST DO THE FOLLOWING:**

See RI Department of Labor & Training for law at <http://www.dlt.ri.gov/wc/icmain.htm>  
Two copies of the form are attached for your convenience as "Exhibit A". Keep (1) copy attached to this contract and mail (1) copy to RI Department of Labor & Training, P.O. Box 20190, Cranston, RI 02920-0942. The original form will be kept by the City of Woonsocket attached to your contract. The independent contractor and hiring entity will receive by mail a "Notice of Designation" as evidence of the filing. The notice will contain the names of the independent contractor, the hiring entity, and the date the form was received by the Department. If this is not done, you will not be on the City's snow list.
17. **PLEASE NOTE: (2) CONSECUTIVE "NO'S" WILL AUTOMATICALLY BE TAKEN OFF THE LIST.**

**OWNER'S EQUIPMENT SHALL BE IN GOOD OPERATING CONDITION AND MUST BE APPROVED BY OUR HIGHWAY SUPERINTENDENT, RICK LAMBERT, AT 401-767-9286.**

## **PROPOSALS FOR SNOW PLOWING SERVICES**

We, the undersigned, herewith submit proposal for snow plowing services including equipment and personnel as required by the City of Woonsocket, R.I., for snow removal for the period of November 1, 2018 to May 1, 2019. The undersigned owner represents that he is familiar with terms of the agreement and when proposal is accepted by the City, will comply with said terms.

<b><u>ITEM#</u></b>	<b><u>BRIEF DESCRIPTION</u></b>	<b><u>HOURLY RATE</u></b>	<b><u># OF TRUCKS</u></b> <b><u>AVAILABLE</u></b>
1.	30,000 GVW truck or tractor including plow & frame	not to exceed \$ <b>110.00</b> per hour	_____
2.	¾ ton truck, 4WD including plow	not to exceed \$ <b>80.00</b> per hour	_____
3.	Bobcat or Skid steer	not to exceed \$ <b>100.00</b> per hour	_____
4.	up to 3 cubic yard front end loader	not to exceed \$ <b>150.00</b> per hour	_____
5.	3 to 6 cubic yard front end loader	not to exceed \$ <b>200.00</b> per hour	_____
6.	Backhoe	not to exceed \$ <b>110.00</b> per hour	_____

### **INSURANCE COMPANY:**

**NAME OF COMPANY:** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**COVERAGE AMOUNT:** \_\_\_\_\_

### **VEHICLE DESCRIPTION:**

<b><u>YEAR</u></b>	<b><u>MAKE/MODEL</u></b>	<b><u>SIZE PLOW</u></b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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OWNER agrees to check “**Time In**” and “**Time Out**” with a duly authorized official of Department of Public Works and to comply with all instructions or orders of the route supervisor assigned to his area. OWNER agrees to submit timecards for signature after each shift for approval of time worked.

OWNER agrees to return to the Highway Department, all plow equipment supplied to him in good condition.

**CONTRACTOR NAME:** \_\_\_\_\_

**OR BUSINESS NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY/ZIP** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_ **CELLPHONE#** \_\_\_\_\_

**SOCIAL SECURITY#: (MANDATORY)** \_\_\_\_\_ **OR FED ID#** \_\_\_\_\_

1. **MULTIPLE DRIVERS: MUST BE INSURED**

Driver 1: \_\_\_\_\_

Driver 4: \_\_\_\_\_

Driver 2: \_\_\_\_\_

Driver 5: \_\_\_\_\_

Driver 3: \_\_\_\_\_

Driver 6: \_\_\_\_\_

The OWNER may list any other available equipment and his respective hourly rate on page 3 under item numbers.

If you are providing additional drivers, you must show worker’s comp insurance for those drivers.

**NOTICE OF DESIGNATION AS INDEPENDENT CONTRACTOR PURSUANT TO RIGL §28-29-17.1**

PLEASE READ OTHER SIDE

**WARNING**

**No one can force you to sign this form. When you sign this form you are stating that you are an independent contractor and in the event of injury, are not entitled to workers' compensation benefits.**

\* (Name) \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
\* Business Name \_\_\_\_\_ FEIN \_\_\_\_\_  
\_\_\_\_\_ Business License No. \_\_\_\_\_  
Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
\_\_\_\_\_

I declare that I am an independent contractor pursuant to RIGL §28-29-17.1 and, therefore, I am not eligible for nor entitled to Workers' Compensation benefits pursuant to Title 28, Chapters 29-38, of the Workers' Compensation Act of the State of Rhode Island for injuries sustained while working as an independent contractor for the hiring entity named below. This designation will remain in effect while performing services for the named hiring entity or until a withdrawal of designation as independent contractor form is filed with the Department of Labor and Training.

\* Hiring Entity Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
\_\_\_\_\_ FEIN \_\_\_\_\_  
\* Address \_\_\_\_\_ Business License No. \_\_\_\_\_  
\_\_\_\_\_

**Warning! This form is for purposes of Workers' Compensation only and completion of this form does not mean that you are an Independent Contractor under the rules, regulations or statutes of the Internal Revenue Service or the RI Division of Taxation. Information on this form will be shared within the Dept. of Labor and Training, the RI Division of Taxation and the Internal Revenue Service.**

Independent Contractor:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

A hiring entity that knowingly assists, aids and abets, solicits, conspires with or coerces an employee to misrepresent the employee's status as an independent contractor may be subject to criminal prosecution under RIGL §28-33-17.3.

**\* This information is available to the public including the Hiring Entity's Workers' Compensation Insurance Carrier.**

**The Department will mail a confirmation of this filing to the independent contractor within five business days. If you have any questions, call 462-8100, option 5.**

## **DWC-11-IC Reverse Side**

This is a form DWC11-IC, Designation of Independent Contractor. This means that you have stated that you are an independent contractor NOT an employee and are NOT eligible for Workers' Compensation benefits.

Many factors are considered when determining whether someone is an employee or an independent contractor. Some of those factors are: independent contractors set their own work hours, have their own tools and work when and for whom they choose.

An employer generally does not have to withhold or pay any taxes on payment to independent contractors, such as social security, Medicare, unemployment and Temporary Disability Insurance (TDI).

This form is for purposes of Workers' Compensation, and completion of this form does not mean that you are considered an Independent Contractor under the rules, regulations or statutes of the Internal Revenue Service or the R.I. Division of Taxation.

SHOULD YOU HAVE ANY QUESTIONS ABOUT WHETHER YOU ARE AN INDEPENDENT CONTRACTOR OR AN EMPLOYEE, PLEASE CONTACT THE RI DIVISION OF TAXATION AT (401) 222-3682, OR THE US GOVERNMENT INTERNAL REVENUE SERVICE AT 800-829-1040.

IF YOU FEEL YOU HAVE BEEN COERCED OR FORCED TO SIGN THE INDEPENDENT CONTRACTOR FORM, REPORT THIS TO THE WORKERS' COMPENSATION FRAUD AND COMPLIANCE UNIT AT (401) 462-8100, option 7.

When your work as an independent contractor ends with this employer, complete and return the form titled Notice of Withdrawal of Designation as Independent Contractor, DWC-11-ICR, to the Dept. of Labor and Training, Division of Workers' Compensation.

If you have a question, contact the Division of Workers' Compensation at (401) 462-8100, option 5. For further information, contact the Workers' Compensation Information Line at (401) 462-8100, option 1.

# Request for Taxpayer Identification Number and Certification

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

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> 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.  <input type="checkbox"/> 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) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
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](http://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.