**Contractor Rate Submittal to Public Works for 2019-2020**

**Town of Suffield, CT**

The Public Works Department is requesting local Contractors to indicate equipment and labor rates for work on road, drainage, grading, restoration, utility repair or other general contractor work (as requested by the Highway Foremen) for the period of 2019-2020 by filling in the schedule listed below. The contractor with the lowest rates will get the first request from the Highway Foreman. If the work cannot be started in a timely manner, the next lowest rate contractor will be contacted. The Highway Foremen, at his discretion, may also employ more than one contractor (on the basis of rates) to work on two or more projects occurring at the same time. For questions, call Chris Matejek at 860-668-3280 **Please mail completed forms to the** **Suffield Public Works Dept. 230C Mountain Road Suffield,CT 06078 by September 10, 2019.**

**Contractor Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RATE SCHEDULE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Description** | **Rate** | **Per** | **Comments(Equivalent Equipment)** |
| 1 | Excavator – 20 ton |  | Hour |  |
| 2 | Excavator – 18 ton |  | Hour |  |
| 3 | Excavator – 16 ton |  | Hour |  |
| 4 | Bulldozer – 22 ton |  | Hour |  |
| 5 | Bulldozer – 18 ton |  | Hour |  |
| 6 | Bulldozer – 10 ton |  | Hour |  |
| 7 | Loader – 3 yard |  | Hour |  |
| 8 | Track Loader |  | Hour |  |
| 9 | Backhoe – 1-1/2 yard |  | Hour |  |
| 10 | Dump truck - triaxle |  | Hour |  |
| 11 | Dump truck – 10 yard |  | Hour |  |
| 12 | Trailer dump truck – 30 yard |  | Hour |  |
| 13 | Roller – 10 ton |  | Hour |  |
| 14 | Vibratory roller – 6 ton |  | Hour |  |
| 15 | Lowboy trailer – 42 ton |  | Hour |  |
| 16 | Labor |  | Hour |  |
| 17 | Labor over 8 hours/day |  | Hour |  |
| 18 | Compressor |  | Hour |  |
| 19 | Screener |  | CY |  |
| 20 | Trench box |  | Day |  |
| 21 | Road plates |  | Day |  |
| 22 | Cement mixer |  | Day |  |
| 23 | Mortar mixer |  | Day |  |
| 24 | Pavement saw cutting |  | LF |  |
| 25 |  |  |  |  |
| 26 |  |  |  |  |
| 27 |  |  |  |  |
| 28 |  |  |  |  |

Note: All equipment rates include operators

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**Town of Suffield, CT (Continued)**

Each contractor shall indicate rates for the company’s equipment which most closely matches the listed equipment, resulting in some of the rate spaces remaining blank. The “Comments” portion of the rate schedule can be used to describe equipment equivalent to that indicated.

**Insurance** – Each Contractor working for the Town shall obtain and maintain insurance as required herein with ACORD forms submitted to indicate proof of insurance coverage.

**All policies shall hold harmless the Town of Suffield and the Town and its agents shall be named additional insured.** Each insurance certificate shall contain a statement by the insurance carrier not to cancel the policy except upon thirty (30) days’ notice to the Town.

**Schedule of Insurance:**

* **Manufacturer’s and Contractor’s Liability:**

|  |  |
| --- | --- |
| Personal Injury Liability | $ 500,000 per person |
|  | $1,000,000 per occurrence |
| Property Damage Liability | $ 500,000 per occurrence |

* **Automotive Liability:**

|  |  |
| --- | --- |
| Personal Injury Liability | $ 500,000 per person |
|  | $1,000,000 per occurrence |
| Property Damage Liability | $ 500,000 per occurrence |

* **Town’s Protective Liability:**

|  |  |
| --- | --- |
| Personal Injury Liability | $ 500,000 per person |
|  | $1,000,000 per occurrence |
| P Property Damage Liability | $ $ 500,000 per occurrence |

The Contractor shall also carry Worker’s Compensation Insurance as required by the State of Connecticut and any other applicable laws and regulations for all employees engaged in work under the Contract.

**Contractor Rates Submitted By:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Contractor |  |  |  |
| Mailing Address |  |  |  |
| Phone Number |  | Email Address |  |
| Signature of Contractor |  | Title |  |
| Name (Printed) |  |  |  |