Applying to become a Commission Approved Contractor these are the requirements to apply: The process will take approximately (4) weeks providing all documents and references are submitted and reviewed by the Approval Team.

Application Fee Is Needed In Order For Application To Be Processed. If Application Fee Is Not Received, We Cannot Move To The Next Process.

- Application
- Owner Authorization From If You Are Not The Owner
- Federal Tax ID
- Surety Bond (License Permit Bond) \$10,000 Obligee Information Springfield Water and Sewer Commission
- Certificate of Liability Made Out To Springfield Water and Sewer Commission As The Certificate Holder (Workmen's Compensation, General and Automobile)
- Provide Name of Insurance Company and Bonding Agent
- Must be a Licensed Contractor With The City of Springfield DPW
- Application Fee Fees Will Be Collected After Documents are Submitted and Reviewed

Please do not submit documents from Phones. Documents need to be a in a PDF format. Please submit all documents at email wafs@waterandsewer.org Attn: Gloria Hope this information helps you in deciding on becoming a Commission Approved Contractor.

If you have any other questions, please feel free to contact me.

Thank you and have a great day.



Commission Approved Contractor - Application Form

| 1. | 1. Date Application Submitted: | | | |
|------|---|--|--|--|
| 2. | 2. Type of Work to be Performed by Applicant: ☐ Water ☐ Sewer ☐ Both | | | |
| 3. | 3. Application Fee must be submitted with this completed application. This fee is Non-Refundable. | | | |
| Ap | oplication Fee: \$250.00 Payment Confirmation #: | | | |
| | | | | |
| 4. 4 | Applicant's Company Name: | | | |
| | Owner: | | | |
| | Business Address: | | | |
| | | | | |
| | Office Contact: | | | |
| | Telephone Number: | | | |
| | Fax Number: | | | |
| | Email Address: | | | |
| 5. A | Applicant's Responsible Supervisors: | | | |
| | Name <u>Cellular Phone Number</u> | | | |
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6. Please provide a narrative description of the following: A brief company history indicating the Applicant has been in business for three (3) years installing and repairing water and/or sewer facilities. Include the company's overall capabilities, scope and nature of work accomplished. Describe the company's expertise in water distribution system and/or sewer construction. List the major items of equipment that would be used on SWSC water/sewer projects. Submit a resume for the supervisor(s) who will be in on-site charge of the water/sewer system work. Include training, experience, and licenses. B. Briefly, discuss the Applicant's procedure and equipment for pressure testing water and sewer mains that indicate the Applicant's company has the proper equipment and method of work to successfully pressure test said mains and services in projects. Hiring of a subcontractor to perform the pressure test is allowed provided specific information about the subcontractor, such as Name, Company's core business, address, phone number, name of responsible supervisor is submitted.



| C. | mains and servi and method of Hiring of a sub information ab- business, addre | s the Applicant's procedure and equipment for disinfecting water ices that indicate the Applicant's company has the proper equipment work to successfully disinfect said mains and services in projects. Icontractor to perform the disinfecting is allowed provided specific out the subcontractor, such as Name, Company, Company's core ess, phone number, name of responsible supervisor is submitted. | | | |
|----|---|--|--|--|--|
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| D. | | able licenses (MA Master or Journeyman Plumber or Drinking – Distribution 2 or higher License) | | | |
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| | | | | | |
| | | | | | |
| E. | Proof of Required Bonding | | | | |
| | Bonding Company | | | | |
| | Telephone Number | | | | |
| | Contact Person | | | | |
| | | If the Applicant does not have MA Master/Journeyman Plumber License or a Drinking Water Operator – Distribution 2 or higher License the Bond Amount shall be \$10,000,00 | | | |



| | | If the Applicant does have MA Master/Journeyman Plumber License or a Drinking Water Operator – Distribution 2 or higher License the Bond Amount shall be \$7,500.00 | | | |
|---|----------------------------------|---|--|--|---|
| | | If the Applicant does have both a MA Master/Journeyman Plumber License and a Drinking Water Operator – Distribution 2 or higher License the Bond Amount shall be \$5,000.00 | | | |
| F. Proof of Required Insurance Insurance Company Telephone Number Contact Person | | | | | |
| | | | | | Workmen's Compensation, Employer's Liability Insurance, and Occupational Disease Insurance: |
| | | | | | Comprehensive General Liability Insurance: in an amount of not less than \$250,000.00 for bodily injury insurance and accidental death insurance for each occurrence and not less than \$100,000.00 for property damage insurance |
| | | | | | Automobile Public Liability Insurance in an amount of not less than \$250,000.00 for bodily injury insurance and accidental death insurance for each occurrence and not less than \$100,000.00 for property damage insurance. |
| G. | Sign and date the Guidelines and | ne form titled "Indemnity" attached in the Form Section of these Policies. | | | |



7. The Applicant shall provide references which shall list a minimum of three (3) Projects that the Applicant has performed on Public Water Systems and/or Public Sewer, in the last three (3) years. The intent is to permit the Commission to contact parties for whom the Applicant has done Water System and/or Sewer System work in the immediate past. Start with your last or current project; detailing the immediate past three (3) projects. The reference is to include:

| A. | Most recent or curr | rent project: |
|----|---------------------|----------------------------|
| | Job Reference: | |
| | Point of Contact: | Telephone: |
| | Contact's Address: | |
| | Customer: | |
| | Address: | |
| | Description and Da | ates of services provided: |
| | | |
| | | |
| | | |
| | | |



| B. | Next recent or current project: | | |
|----|---|------------|--|
| | Job Reference: | | |
| | Point of Contact: | Telephone: | |
| | Contact's Address: | | |
| | Customer: | | |
| | Address: | | |
| | Description and Dates of services provided: | | |
| | | | |
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| | | | |
| 0 | None | | |
| C. | Next recent or current project: | | |
| | Job Reference: | | |
| | Point of Contact: | Telephone: | |
| | Contact's Address: | | |
| | Customer: | | |
| | Address: | | |
| | Description and Dates of services provided: | | |
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Indemnity Form

The Commission Approved Contractor (Installer) shall save and hold harmless, indemnify and defend the Springfield Water & Sewer Commission, its directors, officers, agents and employees from and against the following:

- 1. Any Liability, claim, suit, cost, loss, expense, fine, or damage of any kind allegedly suffered, incurred or threatened, either directly or through a third party, arising from the construction or installation of the Work including personal injury; death; property damage; inverse condemnation; patent and/or copyright infringement; damages arising from disputes as to licensing fees or the ownership of any land associated with the matters covered by this Agreement, any and all damages arising from the imposition of regulatory fines imposed for the violation of local ordinances, administrative regulations, or the like, in connection with the Work; or any combination of these, and regardless of whether or not such liability, claim, suit, cost, loss, expense, fine, or damage was unforeseeable at any time before acceptance of the improvements as completed, and including the defense of any suit(s), or other proceeding(s) concerning same.
- 2. The indemnification shall extend to and include any act or omission (negligent or no negligent) in connection with the matters covered by this Permit and attributable to the Owner, contractor, subcontractor, material supplier, or any officer, agent or employee of one or more of them, including, but not limited to, actions related to the construction, testing and connection of the Work and the ownership or use of real property.
- 3. Non-conditions: The covenants set forth in this Section are not conditioned or dependent on whether or not the Springfield Water & Sewer Commission has prepared, supplied, accepted, or approved any plan(s) or specification(s) in connection with this Work or has insurance or other indemnification covering any of these matters.

| Print Owner/Contractor's Name |
|-------------------------------|
| Owner/Contractor's Signature |
| Date |



Springfield Water and Sewer Commission Approved Contractor Safety Assurance Form

By signing this form, your company agrees to the following:

- 1. Abide by all applicable SWSC Standard Details and Specifications.
- 2. Abide by The Town of Ludlow Regulations for Construction Within the Public Way when applicable.
- 3. Abide by City of Springfield Engineering Details and Occupancy Manual when applicable.
- 4. To abide by MGL chapter 82 sections 40 thru 40D also known as the Dig Safe Law.
- 5. State Law requires you to give Dig Safe 72 Hour advance notice
- 6. To abide by MGL Ch. 82A sec. 1 also known as "Jackies Law".
- 7. To have all equipment operators licensed by the MA Department of Public Safety.
- 8. To ensure that ALL employees of the Company engaged in excavations have read and are familiar with Federal Safety Standards promulgated by OSHA on excavations: 29 CFR 1926, Subpart P "Excavations".

Failure to comply with the above requirements may result in the removal from the SWSC Approved Contractor List.

| Company Name: | |
|-------------------------|--|
| Contractor's Signature: | |
| Date: | |