

TOWN OF PLYMOUTH

DEPT. OF PUBLIC WORKS

HIGHWAY DEPARTMENT

159 Camelot Drive

Plymouth, Massachusetts 02360

TEL (508)830-4162 FAX (508)830-4165

October 16, 2025

Dear Snow Contractor:

On behalf of the Plymouth Highway Department, I want to thank you for your interest in working with us this winter season. I'm pleased to inform you that our rates have increased by 3% this year.

Everyone who plows this year will need to register their vehicles in person (vehicle with plow) at the Highway Office and have their vehicle inspected.

Registrations may be done Monday through Friday between 8:00 am and 3:00 pm. .
Please call ahead to make an appointment.

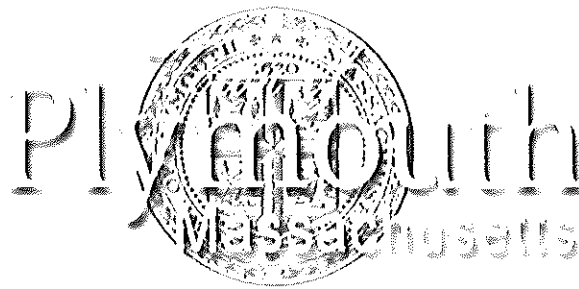
The following documents are required for each vehicle: Signed copy of Plowing/Sanding Regulations and Application, copy of Vehicle Registration, Certificate of Insurance (please see attached - 2 options), W-9 and a copy of the Operator's Driver's License assigned to the vehicle as well as the Workers' Comp. Insurance Affidavit. Please make copies before coming to your appointment. All sign-up information and inspections will need to be completed by **Monday, December 1, 2025 to qualify for the early incentive pay rates.**

All invoices for each vehicle are required to be submitted within 24 hours of the completion of each storm event. Failure to do so will result in payment delays. Invoices may be submitted in person, through email to : lcleveland@Plymouth-ma.gov, or in our building box at 159 Camelot Drive.

If you have any questions, do not hesitate to call the office at (508) 830-4162 x12101.

Sincerely,

Antone Lopes
Highway Manager
Plymouth DPW



**TOWN OF PLYMOUTH HIGHWAY DEPT
PLOWING/SANDING REGULATIONS & APPLICATION
WINTER 2025-2026**

These regulations apply to any snow/ice event. Failure to comply with these regulations may result in loss of pay for the storm as well as loss of the 4-hour minimum.

1. All Snow and Ice Vehicles (**with plow**) are subject to inspection and approval for use at the Camelot Facility prior to being hired by the Town of Plymouth.
2. Please be prepared to plow snow before a plowing event begins. This includes having a full tank of gas as well as having the appropriate ballast and all equipment in good working order. If ballast has been received by the Town, it must be returned immediately after the contractor has been released.
3. When a contractor is called onto their assigned route, it is important that they begin plowing/sanding as soon as possible. It is expected that the contractor will be on the assigned route and plowing within 45 minutes to 1 hr. maximum from the call out time. The Highway Manager will make the determination when call-outs will be made, depending on varying weather conditions and forecasts.
4. If your vehicle or plow is disabled, please inform your District Foreman immediately. The Town will pay for one-hour breakdown if required. If a vehicle breaks down completely, please notify us as soon as possible so that we may find an alternate means of plowing/sanding that route. **Highway Barn: (508) 830-4162 x-12101.**
5. You will be expected to remain on your assigned plow route until you are released or reassigned by your District Foreman. If you need to leave your route for any reason, contact your District Foreman. Reasonable absences will be acceptable for certain instances such as meals or bathroom breaks.
6. The use of drugs or alcohol prior to or during a snow event when working for the Town **will not** be tolerated and will result in loss of 4 hr. minimum, loss of pay for that storm and a report to the local authorities. We reserve the right to require a drug test or breathalyzer for any hired driver in the event of an accident or reasonable suspicion.
7. If any contractor has a residential snow removal service, we request that you do not plow "customers" while on a call-out from the Town. Once your designated route is clear and you are no longer on a call-out from the Town, you may continue providing your residential services. **Anyone violating this policy will be terminated.**
8. The Highway Dept. will be paying a four-hour minimum per storm to all contractors who are called, respond quickly and do not break down for the first 3 hours of the event. **Please do a survey ride over your route before the first storm. Look for any obstacles and variations in the roads that may cause you to use caution during a storm. You will be paid one hour for this survey as part of your payment for the first storm.**
9. Communication between snow contractors and the Highway staff is important. Cell phone communication is mandatory.
10. If you or one of your drivers are involved in an accident with damage to personal property, excluding mailboxes, contact the Highway Barn immediately. Do not engage in verbal or physical altercations with any motorist or resident.
11. All contractors **MUST** call the District Foreman or Highway Barn with their start & finish time. **Calls must be made immediately upon completion of work.** All bills must be filled out completely to include all information. Date of event and time IN/OUT approved for each storm are necessary for the Town of Plymouth to be eligible for re-imbursement by the State. **BILLS MUST BE SUBMITTED WITHIN 24 HOURS OF END TIME.** PLEASE EMAIL TO LCLEVELAND@PLYMOUTH-MA.GOV or use the drop off box attached to the office.



TOWN OF PLYMOUTH
HIGHWAY DEPT.
159 CAMELOT DRIVE
PLYMOUTH, MA 02360

SNOW & ICE CONTRACTORS REGULATIONS & APPLICATION Page 2 of 2

Recommended Coverage: General Liability of at least \$1,000,000 Bodily Injury and Property Damage Liability, Combined Single Limit, with a \$2,000,000 Annual Aggregate Limit. The Minimum Coverage accepted must include \$500,000 Bodily Injury (per person), \$1,000,000 Bodily injury (Per Accident), and \$500,000 Property Damage (Per Accident). Please provide a Certificate of Insurance naming the Town of Plymouth as an additional insured with respect to snow and ice removal operations. Proof of Workers' Compensation Insurance, in accordance with Massachusetts Law, is also required.

CONTRACTOR

Name: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

#1 Contact Number to Call for Plow _____ #2 Contact Number _____

Are you a Town Employee? YES NO PLEASE CIRCLE E-Mail Address _____

VEHICLE INFORMATION

Registration of Snow Plow Vehicle: _____ Condition of Vehicle: _____

Year: _____ Make/Model: _____ Body Style/Type: _____

Number of Wheels: _____ Exterior Color: _____ Drive: 2WD 4WD 6WD Please Circle

Manufacturer's GVW: _____ Sander Capacity if Applicable _____

Snow Plow Make/Model: _____ Snow Plow Size: _____

Please provide the following: (Application not valid until all exhibits are in place)

- ☐ Exhibit A – A copy of the Operator's Driver's License
- ☐ Exhibit B – A copy of the current Vehicle Registration
- ☐ Exhibit C – A Certificate of Insurance, naming the Town of Plymouth as an Additional Insured for snow & ice removal
- ☐ Exhibit D – A completed Workers' Compensation Insurance Affidavit

The undersigned contractor hereby agrees to maintain vehicle liability insurance while contracted by the Town of Plymouth and agrees to defend, indemnify, and hold harmless the Town of Plymouth and all of its agents and employees from any liability, causes, actions, costs and expenses resulting from and arising out of any injury, death, loss, or damage to any person or property caused by the contractor, or caused as a result of the work done by the contractor, in the course of the work performed under this contract.

The undersigned contractor hereby understands, acknowledges, and agrees to comply with the Town's Plymouth's rules, regulations, and requirements for the 2025-2026 Snow and Ice Removal Season.

Contractor's Signature: _____ Date: _____

**TOWN OF PLYMOUTH
D.P.W. HIGHWAY DIVISION
SNOW & ICE CONTRACTOR INVOICE FORM
PLOW AND SANDING RATES 2025-2026**

159 Camelot Dr, Plymouth, MA 02360
Phone 508-830-4162, Fax 508-830-4165

Name:		Vendor#:		BEGIN STORM DATE:		
Address:						
Town:		State:	Zip:	TIME WORKED: AM / PM		
Phone:		Plate#		END-STORM DATE:		
DISTRICT:		ROUTE:				
DESCRIPTION	TIME IN	TIME OUT	HOURS	E-RATE HR	RATE HR**	TOTAL
Pick Up Truck 4WD Plow				\$102.00	\$96.00	
6 Wheel P/Up Dump/4WD				\$113.00	\$107.00	
6 Wheel Truck (26,000 or Greater GVW)-10' Plow				\$132.00	\$126.00	
6 Wheel Truck (26,000 or Greater GVW) 6-10 CY w/Sander & Auto Flow Control				\$156.00	\$143.00	
10 Wheel Truck - 10' Plow				\$149.00	\$143.00	
10 Wheel Truck - 10' Plow w/Sander & Auto Flow Control				\$173.00	\$161.00	
Skid Steer Loader w/Plow				\$113.00	\$107.00	
Backhoe w/Plow				\$143.00	\$132.00	
Front End Loader (2-3 yard) w/Plow				\$161.00	\$149.00	
Front End Loader (3-6 yard) w/Plow				\$173.00	\$161.00	
Road Grader w/Plow				\$191.00	\$179.00	
OPTIONS: (AS AUTHORIZED ONLY)						
Wing Plow - Add 20.00 per hour				\$20.00		
Sander more than 10 Yards - Add 10.00 per hour				\$10.00		
2-4 Yd Sander on Small Truck - Add 7.50 per hour				\$7.50		
Snow blower for skid steer - Add \$25.00				\$25.00		
Snow blower for loader (275 HP) - Add \$75.00				\$75.00		
PLEASE SUBMIT YOUR BILL FOR EACH STORM WORKED WITHIN 24 HOURS OF STORM COMPLETION. EMAILS ALLOWED TO: LCLEVELAND@PLYMOUTH-MA.GOV						
			INVOICE TOTAL			

****Does not include early signup incentive (sign up and inspection deadlines must be met by December 1, 2025 otherwise lowest rates apply**

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

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; check only one of the following seven boxes:

- ☐ Individual/sole proprietor or single-member LLC
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) *
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) *
- ☐ C Corporation
☐ S Corporation
☐ Partnership
☐ Trust/estate

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.)

Requester's name and address (optional)

Requested by: Town of Plymouth, MA
Please provide remittance address on separate sheet if different from legal address.

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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

				-							
--	--	--	--	---	--	--	--	--	--	--	--

OR

Employer identification number

				-							
--	--	--	--	---	--	--	--	--	--	--	--

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 on page 3.

Sign
Here

Signature of
U.S. person *

Date *

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/ny9.

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?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Information and Instructions

Massachusetts General Laws 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

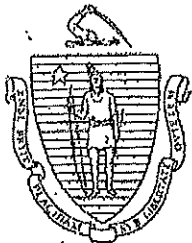
Office of Investigations

Lafayette City Center
2 Avenue de Lafayette,
Boston, MA 02111-1750

Tel. (857) 321-7406 or 1-877-MASSAFE

Fax (617) 727-7749

www.mass.gov/dia



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center
2 Avenue de Lafayette, Boston, MA 02111-1750
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 a employer with _____ employees (full and/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 § 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 (check one):

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

Contact Person: _____ Phone #: _____

CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)

MIA PROPERTY AND CASUALTY GROUP, INC.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY BELOW.

INSURED:

ABC Landscaping Co., Inc.
10 Main Street -- SAMPLE
Plymouth, MA --

A -- Insurance Company

THIS IS THE MINIMUM COVERAGE ACCEPTED

COVERAGES

THIS POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OF 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, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY X COMPREHENSIVE FORM <input type="checkbox"/> <input type="checkbox"/>				EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS-COMP/OP AGG	
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS <input type="checkbox"/> PHYSICAL DAMAGE	123456789	07/01/2021	07/01/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (per person) BODILY INJURY (per accident) PROPERTY DAMAGE (per accident)	 \$500,000 \$1,000,000 \$500,000
	PROPERTY COVERAGE <input type="checkbox"/> <input type="checkbox"/>				LIMIT DEDUCTIBLE	 \$ \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION				EACH OCCURRENCE AGGREGATE \$ \$	 \$ \$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	 \$100,000 \$100,000 \$500,000
	other				LIMIT DEDUCTIBLE	 \$ \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

TOWN OF PLYMOUTH IS NAMED AS AN ADDITIONAL INSURED WITH RESPECTS TO SNOW PLOWING OPERATIONS.

Workers Compensation Insurance for employees as required by MA General Law -- when applicable

CERTIFICATE HOLDER

Town of Plymouth
 26 Court Street
 Plymouth, MA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVE.

AUTHORIZED REPRESENTATIVE

CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)

MIA PROPERTY AND CASUALTY GROUP, INC.

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INSURED:

ABC Landscaping Co., Inc.
10 Main Street -- SAMPLE
Plymouth, MA --

A – Insurance Company

Recommended Insurance Requirements

COVERAGES

THIS POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OF CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIAY 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, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
X	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY X COMPREHENSIVE FORM <input type="checkbox"/> <input type="checkbox"/>				EACH OCCURRENCE	\$1,000,000
					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
					MED EXP (Any one person)	\$10,000
					PERSONAL & ADV INJURY	\$1,000,000
					GENERAL AGGREGATE	\$2,000,000
					PRODUCTS-COMP/OP AGG	\$2,000,000
X	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS <input type="checkbox"/> PHYSICAL DAMAGE	123456789	07/01/2021	07/01/2022	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
					COMPREHENSIVE DEDUCTIBLE	
					COLLISION DEDUCTIBLE	
	PROPERTY COVERAGE <input type="checkbox"/> <input type="checkbox"/>				LIMIT	\$
					DEDUCTIBLE	\$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> OTHER	
					E.L. EACH ACCIDENT	\$100,000
					E.L. DISEASE-EA EMPLOYEE	\$100,000
					E.L. DISEASE-POLICY LIMIT	\$500,000
	other				LIMIT	\$
					DEDUCTIBLE	\$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

TOWN OF PLYMOUTH IS NAMED AS AN ADDITIONAL INSURED WITH RESPECT TO SNOW PLOWING OPERATIONS.

Workers Compensation Insurance for employees as required by MA General Law – when applicable

CERTIFICATE HOLDER

Town of Plymouth
26 Court Street
Plymouth, MA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVE.
AUTHORIZED REPRESENTATIVE