



TOWN OF HUNTINGTON HIGHWAY OFFICE

30 Rofay Dr., Huntington, NY 11743
Tele. 631-499-0444 Fax 631-499-3512

Andre Sorrentino
Superintendent of Highways

FALL 2024

TO: ALL SNOW/ICE CONTROL CONTRACTORS

FROM: ANDRE SORRENTINO, SUPERINTENDENT OF HIGHWAYS

I would like to thank you for being a snow and ice control contractor with the Town of Huntington Highway Office. The 2023-2024 Snow Season may have been one of our slower snow seasons, nonetheless, I am always grateful for our Snow Vendors' long hours and hard work.

All requirements to be eligible for plowing are outlined in the attached packet; **please review the "Town of Huntington Office Equipment Rental" section carefully in order to make sure that your submission will be complete as incomplete applications will be returned by mail**. Once again, for your convenience, we are including a checklist of the necessary documents that need to be submitted. **Kindly complete all paperwork and return it in original form to the Highway Office at the address above prior to November 1, 2024.**

This year the GPS portable units will be distributed by your area foreman at the first "call in". In order to accommodate the 150+ Snow Vendors that we hire each year, we ask that you submit your **completed application and all applicable paperwork** (e.g. copies of driver's license, truck registration, Certificate of Liability Insurance and Worker's Comp Insurance if applicable, etc.) via postal mail or drop it into the black "Snow Vendor" mailbox at our front steps **prior to November 1st**. **We regret that we cannot hire on the eve or day of a projected snow storm unless your application was received prior to November 1, 2024.**

Please be advised that our office is open by appointment only; therefore, all completed paperwork (including copies of requested documents) must be submitted via mail or dropped in the "Snow Vendor" designated box on the left side of the steps leading to our offices at 30 Rofay Drive, Huntington.

Should you need assistance or have any questions, please contact Valerie, who coordinates the Snow Vendor program at 631-446-3601.

Sincerely,

Andre Sorrentino
SUPERINTENDENT OF HIGHWAYS

Town of Huntington
Highway Machinery & Equipment
Rental and Hire Rates
SNOW

Pickup Trucks	Adopted Rates per Hour 2021	Adopted Rates per Hour 2022
SUV & Pickup with Plow	\$100.00	\$122.00
SUV & Pickup with Sander and Plow	\$110.00	\$134.00
Pickup (4x4) Dually	\$105.00	\$128.00
Pickup (4x4) Dually with Sander	\$115.00	\$140.00

Trucks (Diesel, Gas) Plowing Over 10,000 lbs and:

up to 26,000 lbs	\$110.00	\$134.00
up to 26,000 lbs WITH SANDER	\$122.00	\$149.00
over 26,000 lbs	\$115.00	\$140.00
over 26,000 lbs WITH SANDER	\$127.00	\$155.00
Truck 10 Wheel Tandem Axel and Plow	\$125.00	\$152.00
Truck 10 Wheel Tandem Axel and Plow WITH SANDER	\$140.00	\$171.00

Tractor/ Loader/ Backhoe/ Payloader

Backhoe	\$150.00	\$150.00
Backhoe (4x4) with Snow Box	\$150.00	\$150.00
Payloader up to 2 yd Bucket	\$150.00	\$150.00
Self Propelled Graders (Bobcat / Skid Steer)	\$150.00	\$150.00
Tractor Trailer / Dump Truck 30-40 yds with Tractor	\$110.00	\$160.00
Payloader between 2 yd and 3 yd Bucket	\$160.00	\$160.00
Payloader between 3 yd and 4 yd Bucket	\$200.00	\$200.00
Payloader between 4 yd and 5 yd	\$200.00	\$200.00
Payloader between 5yd and 7yd	\$225.00	\$225.00

TOWN OF HUNTINGTON SNOW VENDOR CHECK LIST

Vendor Name – as appears on Registration

Please include this checklist with your submitted paperwork

- Copy of Current License – for all drivers *
- Copy of Registration *
- Certificate of Liability Insurance (Workers Comp needed if more than 1 Vehicle) *
- Affidavit Form – notarized (Hold Harmless Agreement)
- Vendor Information Form – Please indicate in the Financial Information section if you are already enrolled in the Direct Deposit program with Town of Huntington (let us know if your bank information has changed since last year). Complete that section if you are not already enrolled but would like to be.
- GPS Form
- Same Truck (returning vendor) New Truck – **MUST BE INSPECTED BY OUR SHOP – Please call 631-499-0444 Ext. 152 to schedule an appointment.**
- W 9 form (New Vendor Only)

****You are responsible to provide updated Driver's License, Registration and Certificate of Liability Insurance (including Worker's Comp if applicable) prior to expiration dates during the time that you are working with us as a vendor. Failure to do so will result in loss of work.***

TOWN OF HUNTINGTON HIGHWAY OFFICE EQUIPMENT RENTAL

Paper Work Requirements

All paperwork must be resubmitted each year. The paperwork requirements are as follows.

1. **Certificate of Insurance** may be submitted directly by your Insurance Agent, Broker or Insurer, showing at least:

Auto Bodily Injury Liability per Person: \$ 300,000

Auto Bodily Injury Liability per Occurrence: \$ 300,000

Auto Property Damage Liability per Person \$ 300,000

If the insurer shows the bodily injury and property damage coverage combined the amount of coverage must be at least: \$500,000

Insurance coverage *should* extend through the following March. The certificate should reference snow plowing / sanding.

All Commercial Contractors must have insurance certificates that have the Town of Huntington, 30 Rofay Dr., Huntington, NY 11743 names as an additional insured and certificate holder.

Non-Commercial Contractors or contractors without commercial insurance must have the Town of Huntington, 30 Rofay Dr., Huntington, NY 11743 named as an additional interested party or certificate holder on their insurance policy.

It is the obligation of the contractor to **immediately** notify the Town of Huntington Highway Office of any insurance coverage changes or cancellations. Failure to properly notify this office of any changes could result in the revocation of this contractual agreement with the town. All contractors shall be responsible to pay all premiums and deductibles applied to these insurances.

2. **Certificate of Workers Compensation** submitted directly by Insurance Agent, Broker or Insurer, showing Compensation Insurance Coverage of at least statutory minimum.
 - Required of individual contractors **IF** registering more than one vehicle.
 - Required of corporate contractors **UNLESS** corporate contractor consists solely of a single employee who is also an owner/officer of the corporation and registering only one vehicle.
 - Required of corporate contractors consisting solely of a single employee who is also an owner/officer of the corporation who **ALSO** registers a personal vehicle.
3. All forms must be executed and returned to the Highway Office.
4. The name appearing on policies and/or affidavits must be identical to the name registered with the Town and the New York State Department of Motor Vehicles, except as permitted in the affidavit form.
5. **Provide a copy** of current motor vehicle registration for the vehicle. **Must also provide a copy of all drivers licenses for all owners and drivers.**

Work Tickets

Your area foreman will give you a work ticket(s) each time you work. The ticket shows the type of work performed, time started, and time stopped, and total hours to be paid. The ticket **must** be signed by the area foreman and driver. Be sure tickets are correctly filled out. Incorrect or incomplete tickets will delay payment. Make sure to keep a copy.

Vehicle Inspection

All new vehicles, or previously inspected vehicles with equipment changes, must be inspected by our shop at the **Elwood Garage prior to work**. At the time of inspection, vehicle registration will also be checked.

If your **Auto Insurance**, or your **Workers' Compensation Insurance** expires, you will not be able to plow for the Town until we have an Original Certificate(s) of Insurance. There will be no exceptions.

Payment: Unless you have arranged for direct deposit, a check from the Comptroller's Office will be mailed to you within a reasonable time after you have worked on a snowstorm.

WORK RULES FOR OUTSIDE PLOW AND SAND CONTRACTORS

Highway Phone # Elwood 631-351-3082, Oakwood 631-351-3084, E. Northport 631-351-3087

1. When called to work for the Town Of Huntington Highway Office you must report to work within one hour with a full tank of fuel and your equipment in working order.
2. Your foreman may ask you to report to a designated area within the Town by a particular time.
3. You **MUST** also pick up a GPS unit from your foreman. You are responsible for the GPS unit, if you damage it or fail to return it, you will be charged \$300.00 for the cost of replacing the unit.
4. If you leave your assigned area you must notify your foreman immediately.
5. If you break down you must notify your foreman immediately.
6. If you change drivers they must meet you in your assigned area. You may not leave to pick them up.
7. If you perform any work which is not for the Town of Huntington while being paid by the Town of Huntington you will be dismissed and not paid for work done.
8. If you are unclear on any rules you must contact your area foreman.
9. If you are involved in an accident involving damage to property or persons you must stop, notify your Area Foreman and complete an accident report.

Received By:

_____ X _____
Print Signature

Date: _____

AFFIDAVIT

THE UNDERSIGNED _____ **HEREBY CERTIFIES AS FOLLOWS:**

1. That I own and operate truck(s) bearing New York License No(s) _____ and that I am an independent contractor, and as such is in sole control of said truck(s) as to the manner of operating, loading and discharging of material conveyed, except as to the designation of the place pick-up, and delivery.
2. That I sublet the use of said truck(s) together with my services as chauffeur on a per diem basis to Town of Huntington and to such other who desire my truck and services from time to time.
3. That such sub-leasing and the daily rate, thereof, is a gross charge based on the market rate for truck hire, including the furnishing of fuel, labor and maintenance for such truck operation.
4. In consideration of the aforesaid, I hereby releases and discharges, for myself, my heirs, executors, and administrators the said Town of Huntington its successors and assigns, from all claims or for compensation thereof, for any injuries that may arise out of the performance of this agreement, whether to myself or to any and all other, and to hold and save the Town of Huntington harmless for any liability, loss or damage, arising out of my acts or omissions. I further agree to defend, indemnify and hold the Town of Huntington, its agents, servants and/or employees harmless from and against all claims, including reasonable attorney fees and liability arising out of or in connection with snow and ice control activities of the contractor and/or subletting of vehicles(s) listed herein. Further, **IT IS EXPRESSLY UNDERSTOOD** that such indemnity of the Town of Huntington shall not be limited by reason of enumeration of any insurance coverage herein provided
5. The undersigned represents that if the vehicle above described is owned by a partnership, corporation or by an individual conducting a business under an assumed name, that such partnership, corporation or individual has duly filed the necessary certificate of doing business under a partnership with the Clerk of the County of Suffolk, State of New York, and that I have expressed authority from the principal of such an entity or person to engage in the work to be performed herein and have expressed authority from such entity or person to enter into the within agreement.
6. The undersigned represents that the vehicle above described may be owned by an individual other than the undersigned and that I have the consent of the owner to operate the vehicle, and to use it for the purposes intended, as well as the authority of such owner to sign the within document, and that all persons operating the above mentioned vehicle likewise have such consent, and if other than the owner or undersigned, so operate the vehicle with the expressed consent of the owner and with full knowledge that he shall be bound by the terms of this agreement.

Contracted Entity Third-Party Certification Statement – Stormwater Management Program:

THIS CERTIFICATION APPLIES TO ALL CONTRACTS WITH THE TOWN OF HUNTINGTON WHERE THE CONTRACTOR IS PERFORMING WORK THAT MAY DIRECTLY OR INDIRECTLY CAUSE OR CONTRIBUTE TO POLLUTANT DISCHARGES INTO MUNICIPAL SEPARATE STORM SEWER SYSTEMS LOCATED THROUGHOUT THE TOWN OF HUNTINGTON

I certify under penalty of law that I understand and agree to comply with the terms and conditions of the Town of Huntington s Stormwater Management Program (SWMP)* and Stormwater Management Program Plan (SWMPP)** and agree to implement any corrective actions identified by the Town of Huntington and/or its designated representative(s)

I also understand that the Town of Huntington must by law comply with the terms and conditions of the State of New York's State Pollutant Discharge Elimination System (SPDES) GP-0-15-003 "Municipal Separate Storm Sewer Systems (MS4) Permit"*** and that it is unlawful for any person employed by or under contract to the Town of Huntington to directly or indirectly cause or contribute to a violation of surface water and/or groundwater quality standards

Further, I understand that my own responsibility and/or liability to comply with the terms and conditions of the Huntington SWMP and Huntington SWMPP as a condition of performing and being paid for the work pursuant to the subject contract shall be neither diminished eliminated nor lessened by any MS4 program non-compliance by the Town of Huntington with respect to said contract or any other element of the Town s MS4 Program

* - <http://www.huntingtonny.gov/content/13749/16439/16577/16591/default.aspx>

** - [http://www.huntingtonny.gov/filestorage/13749/16439/16577/16591/26387/Town of Huntington SWMP Plan 031413 Rev3.pdf](http://www.huntingtonny.gov/filestorage/13749/16439/16577/16591/26387/Town%20of%20Huntington%20SWMP%20Plan%20031413%20Rev3.pdf)

*** - http://dec.ny.gov/docs/water_pdf/ms4permit.pdf

(Name of Contractor) (Signed By) Business/Firm Name

Address: _____ Telephone Number: _____

STATE OF NEW YORK)
: SS.:
COUNTY OF SUFFOLK)

On this ____ day of _____, 20 , before me personally came _____, to me known, who being by me duly sworn, did depose and say that he/she resides at _____ that he/she is _____ of the corporation described herein and which executed the foregoing instrument and that he/she signed his/her name thereto by order of the Board of Directors of said corporation.

Notary Public

STATE OF NEW YORK)
: SS.:
COUNTY OF SUFFOLK)

On this ____ day of _____, 20 , before me came _____, to me known, and known to me to be the individual described in and who executed the foregoing instrument and acknowledged that he/she executed the same.

Notary Public



Andre Sorrentino
Superintendent of Highways

TOWN OF HUNTINGTON HIGHWAY OFFICE

30 Rofay Drive
Huntington, New York 11743



George Schwertl
Deputy Superintendent of Highways

SNOW VENDOR GPS RECEIPT AND CONDITION OF EMPLOYMENT

This is to certify that I, _____ operating under the business
name of _____ residing at Home/Business
address: _____ working as a

Snow Vendor for the Town of Huntington, have been given a Portable GPS System to be used at all times when plowing for the Town of Huntington. I will be responsible for the GPS System from _____ to **April 12, 2025**. I understand that I am responsible to return the unit to the Elwood Highway Office **no later than April 15, 2025**. I also understand that if the portable GPS System is lost, stolen, broken, etc., I will reimburse the Town of Huntington Highway Department **Three Hundred Dollars (\$300.00)** for the cost of the unit.

For Office Use Only:

Snow Foreman: _____
Truck #: _____ Area: _____
SV #: _____ Date Received: _____

Signature

Date

Unit Assigned

Date Returned

Received By



**Town Hall • 100 Main Street
Huntington, NY 11743-6991**

**Phone: (631) 351-3038
Fax: (631) 351-2898
Audit@HuntingtonNY.gov**

AUDIT & CONTROL

**Peggy Karayianakis
Interim Director**

Dear Sir/Madame:

The Internal Revenue Service requires the Town of Huntington to obtain a Taxpayer Identification Number (T.I.N) and/or Social Security Number from all vendors with whom it does business. This number is needed for the timely processing of payments and to keep accurate records with the Internal Revenue Service. *Failure to provide the Town with the applicable T.I.N. or Social Security Number could result in a \$50.00 penalty under Section 6723 of the Internal Revenue Service Code.*

Therefore, the Town of Huntington would appreciate it if you could insert either your T.I.N. Number or Social Security number (whichever is applicable to your business) on the attached W-9 Form. In addition, to help streamline the payment process, please fill out the enclosed Vendor Information Form completely and return both forms by mail, e-mail, or fax as per the information below:

Town of Huntington
Comptroller's Office
100 Main Street, Huntington, NY 11743
fax: 631-351-2898
e-mail: accts_payable@huntingtonNY.gov

No payments will be issued until these forms are received and processed by the Department of Audit & Control. Please be sure to fill out the accompanying forms completely. If you would like your payment done via direct deposit, please be sure to include an email address, so that a notification can be sent to you once the payment has been processed.

Thanking you in advance for your cooperation.

Yours truly,
Comptroller's Office
Town of Huntington



The Town of Huntington
VENDOR INFORMATION FORM

Please fill in all information completely and legibly.

Vendor Legal Name (Per W-9):	_____
Vendor Federal ID or Social Security Number:	_____
Type:	<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
Primary Vendor Address	_____
City, State and Zip Code:	_____
Remit to Address if different:	_____
City, State and Zip Code:	_____

Contact Name:	_____
Contact Title:	_____
Cell #:	_____ Home /Office #: _____
Contact Email Address for Purchase Orders:	_____
Contact Email Address for EFT*:	_____
<small>*Required for Direct Deposit notifications</small>	_____

Complete Financial Information ONLY if you want to receive payments via Direct Deposit

Financial Information –	
<small>ALL BANK INFORMATION NEEDS TO BE FILLED IN CORRECTLY FOR ACH PAYMENTS TO BE MADE</small>	
Bank Account Name:	_____
Bank Account Number:	_____
Bank Name:	_____
Bank Branch Address:	_____

City, State and Zip Code:	_____
Routing Transit Number: (9 digits required)	_____ Account Type (check one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Department of Audit & Control
100 Main St
Huntington, NY 11743
(631) 351-3038 Fax (631) 351-2898
e-mail: accts_payable@HuntingtonNY.gov

