



# City of Cambridge

PURCHASING DEPARTMENT

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**TO: All Bidders**

**FROM: City of Cambridge**

**DATE: October 5, 2023**

**RE: File No. 11211 Towing of Motor Vehicles for the City of Cambridge FY24-26 -  
Addendum No. 2**

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**This addendum is comprised of:**

- Questions & Answers
- Revised Qualification form

### QUESTIONS & ANSWERS

1. **Q:** I see the addendum no.1 stating that the bis has been postponed until further notice, also noticed that the opening bid has changed until October 15, 2023 instead of the 12 of October 2023. Is it postponed or is the opening on October 19,.2023

**A:** The bid opening date is October 12, 2023.

2. **Q:** Page 3, there is a set of requirements, and on page 15, there is a different set of requirements. Can you clarify which set do we need

**A:** Please refer to Page 3 for general insurance requirements. Please also see revised Qualification form attached.

### REVISED QUALIFICATION FORM

Please see attached.

**All other details remain the same.**

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**Elizabeth Unger**  
Purchasing Agent

**Addendum No. 2**



# REVISED QUALIFICATION FORM



**QUALIFICATION FORM**

1. Name of company: \_\_\_\_\_ Tel. No. \_\_\_\_\_

2. Mailing address: \_\_\_\_\_

\_\_\_\_\_  
City \_\_\_\_\_ zip code \_\_\_\_\_

3. Business form: sole proprietor ( ) partnership ( ) corporation ( )

4. Ownership: (1) for sole proprietors, please enter name and address of owner here:

\_\_\_\_\_  
Name \_\_\_\_\_

\_\_\_\_\_  
Street \_\_\_\_\_

\_\_\_\_\_  
City \_\_\_\_\_ zip code \_\_\_\_\_

For partnerships and corporations, please attach a list with the names and address of each stockholder owning more than 1% interest in the business.

5. Business address (if different from mailing address)

\_\_\_\_\_  
Street \_\_\_\_\_ city \_\_\_\_\_ zip code \_\_\_\_\_

6. Address where tow trucks are housed (if different from mailing address).

\_\_\_\_\_  
Street \_\_\_\_\_ city \_\_\_\_\_ zip code \_\_\_\_\_

7. Address where towed vehicles will be stored (if different from mailing address)

\_\_\_\_\_  
Street \_\_\_\_\_ city \_\_\_\_\_ zip code \_\_\_\_\_

8. How long has company been in the towing business? \_\_\_\_\_

9. Name of supervisor(s) who will be in charge of company's day to day activities in this towing program:

Name: \_\_\_\_\_ business tel. \_\_\_\_\_

Name: \_\_\_\_\_ business tel. \_\_\_\_\_

10. Massachusetts D.P.U. Certificate number: \_\_\_\_\_  
(please attach a photocopy of the certificate)

11. Has certification of the company by the Massachusetts D.P.U. ever been suspended or revoked?  
Yes ( ) No ( )

If yes, please submit a brief account of citing dates, reasons for this action by the D.P.U. and any corrective actions taken by your company.



12. Please indicate all additional equipment owned by the company to be used for opening and/or towing (i.e., dollies.) locked vehicles.

13. If the company is able to offer other storage facilities during periods when their lots are filled to capacity, please indicate so by completing the following description. If the company plans to use more than one storage facility, describe each one on a **separate attached sheet**.

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Street

city

zip code

14. Employees of the company must be under bond to cover theft of property contained on or within the towed vehicle. Please attach a photocopy of the bonding agreement.

**Please attach photocopies of the appropriate insurance policies.**

