



SMITHSONS | 2026-2027

MOA on-call snow haul qualification packet

2026-2027 SUBCONTRACTOR APPLICATION

Apply to haul snow with SmithSons

Municipality of Anchorage snow haul | 2026-2027 season

Apply and upload documents through our website. SmithSons will review your submission in Smartsheet. Applying does not authorize work or guarantee selection.

IMPORTANT: CHECK YOUR COI BEFORE SUBMITTING

Your Certificate of Insurance (COI) must name **BOTH Municipality of Anchorage AND SmithSons as additional insureds** on general and auto liability coverage.

Missing either name delays review. Ask your insurance agent to correct the COI before uploading it.

HOW TO APPLY - WEBSITE SUBMISSION

- ☐ Visit **smithak.com** and select **Snow Haul Subcontractors**
- ☐ Complete the company application; upload your business license, corrected COI and supporting policies. Submit one record per truck and per assigned driver.
- ☐ Use your company name and assigned subcontractor ID when provided. Complete corrections and onboarding through the website or a SmithSons update link.

COMPANY INFORMATION

Company legal name / business name

Mailing address

Primary contact name / title

Contact phone / contact email

Billing contact name / billing email

Insurance carrier

W-9 collection uses a separate restricted onboarding form. Do not enter tax identification numbers in the public application.



SMITHSONS | 2026-2027

MOA on-call snow haul qualification packet

2026-2027 SUBCONTRACTOR APPLICATION

Availability, safety & references

Company name / subcontractor ID (if assigned)

Number of trucks available / typical days and hours available

Seasonal restrictions or unavailable dates

RESPONSE TIME AND SHIFTS

Able to respond within six (6) hours of dispatch? ☐ Yes ☐ No

Able to work day shift: 7:00 a.m. to 5:00 p.m.? ☐ Yes ☐ No

Able to work night shift: 8:00 p.m. to 6:00 a.m.? ☐ Yes ☐ No

Able to work 12-hour shifts during heavy snow response? ☐ Yes ☐ No

SAFETY AND COMPLIANCE

Written safety program in place? Attach a copy if available. ☐ Yes ☐ No

Drug and alcohol policy in place? Attach a copy if available. ☐ Yes ☐ No

Any safety violations in the past three years? Explain any Yes response. ☐ Yes ☐ No

Safety violation explanation / additional safety information

THREE REFERENCES FOR SIMILAR MUNICIPAL OR COMMERCIAL WORK

For each reference: name, organization, phone, email and brief description of work.

Reference 1

Reference 2

Reference 3



SMITHSONS | 2026-2027

MOA on-call snow haul qualification packet

2026-2027 SUBCONTRACTOR APPLICATION

Truck qualification record

Complete a separate truck record for every truck offered for this season.

Company name / subcontractor ID (if assigned)

Truck ID painted on both sides / plate number

Year / make / model / VIN (for tracking)

Bed capacity (cubic yards) / axle configuration

Sideboard length: driver side (feet) / passenger side (feet)

TRUCK CONFIRMATIONS

At least 20 cubic yards of capacity and tandem axles? ☐ Yes ☐ No

CB radio installed and operational on Administrator-designated frequency? ☐ Yes ☐ No

Driver has a cellular-compatible navigation device? ☐ Yes ☐ No

Alaska DMV registration / inspection requirements met? ☐ Yes ☐ No

Clean dumping of the dump body can be maintained? ☐ Yes ☐ No

Truck numbered on both sides? ☐ Yes ☐ No

UPLOAD WITH THIS TRUCK RECORD

☐ Current registration and clear truck photos showing the truck ID on both sides.

Sideboard review needed: The supplied qualification form lists 9 feet on the driver side and 11 feet on the passenger side. The equipment sheet ends mid-sentence at "measured." SmithSons must confirm the full measurement requirement against the current contract before publication.



SMITHSONS | 2026-2027

MOA on-call snow haul qualification packet

2026-2027 SUBCONTRACTOR APPLICATION

Driver record & company certification

Complete a separate driver record for each assigned driver.

Company name / subcontractor ID (if assigned)

Driver full name / assigned truck ID(s)

Years driving trucks or heavy equipment

CDL class / endorsements / license expiration (for tracking)

DOT medical certificate expiration (for tracking)

Background check completed? Attach supporting record if required. ☐ Yes ☐ No

☐ Upload a legible driver license copy and DOT medical card copy using the designated driver document form.

Equipment must meet pertinent federal and state safety standards. The supplied qualification form requires operators to comply with Federal Motor Carrier Safety Regulations Part 395.3.

AUTHORIZED COMPANY CERTIFICATION

By signing below, I certify that the information provided is true and that I can meet the requirements stated in the approved qualification packet. Selection and authorization to work remain subject to SmithSons review and the executed subcontract.

Authorized signatory name / title

Signature / date

For online intake, use a required truthfulness acknowledgment, typed name, title and date. Execute the separate subcontract through the selected signature process; a typed application acknowledgment does not replace that subcontract.



SMITHSONS | 2026-2027

MOA on-call snow haul qualification packet

2026-2027 SUBCONTRACTOR APPLICATION

Insurance requirements

Carried forward from the supplied 2025 insurance specifications; confirm against the 2026-2027 contract before release.

Coverage	Minimum limit
General liability - products / completed operations	\$2,000,000
General liability - personal / advertising injury	\$1,000,000
General liability - each occurrence	\$1,000,000
General liability - general aggregate	\$2,000,000
General liability - medical payments	\$5,000
Commercial auto - combined bodily injury / property damage	\$1,000,000
Workers compensation	Per Alaska statutes
Employers liability	\$500,000

Before work: Provide SmithSons a certificate of liability insurance before starting any work. No subcontractor may begin before the required insurance is obtained. Maintain coverage for the contract term, including applicable maintenance, guarantee and warranty periods; obtain separate certificates for each contract.

Additional insured: Municipality of Anchorage and SmithSons must be additional insureds on general and auto liability policies. MOA must also be shown as certificate holder. Required policies must include waiver of subrogation against MOA, except professional liability.

Auto: Include owned, hired and non-owned vehicles. General liability must protect the owner and contractor against covered bodily injury, death and property damage arising from the contractor, subcontractors and persons working for them.

Workers compensation: Cover employees working on the project and require similar coverage for sublet work. Include the waiver against MOA. Out-of-state contractors must show Alaska coverage or an applicable other-states endorsement including Alaska before contract execution, or if approved, before performance.

Cancellation: Required policies must call for advance notice to MOA / Contract Administrator and SmithSons. If the insurer does not provide notice, the contractor is responsible for notifying MOA or SmithSons.

Unspecified limits: The supplied document does not specify professional liability, umbrella or self-insured retention limits. Professional liability and umbrella are not required there unless limits are specified. Verify the current contract before finalizing.



SMITHSONS | 2026-2027

MOA on-call snow haul qualification packet

2026-2027 SUBCONTRACTOR APPLICATION

Equipment, billing & upload checklist

EQUIPMENT AND FIELD OPERATIONS

Minimum 20 cubic yard capacity with tandem axles; comply with State of Alaska DMV requirements.

Provide a clean dump body to prevent snow buildup, an operational CB on the Administrator-designated frequency, navigation device and truck numbers on both sides.

Supplied equipment sheet states Anchorage can load provided trucks to maximum capacity. Confirm the applicable contractual and lawful capacity with SmithSons before dispatch.

Provide a designated representative as liaison with municipal supervision at all times during each shift.

Sideboard dimensions remain subject to the measurement confirmation noted on the truck record.

BILLING LANGUAGE FROM THE SUPPLIED QUALIFICATION FORM

Rates start when the equipment leaves the designated area it was assigned to and end when the last load is dumped at the dump site. Confirm the intended designated area and final payable-time terms in the executed subcontract. No rates or guaranteed hours are established by this packet.

Invoices are processed twice monthly: first for chargeable callouts from the 1st through the 15th; second for the 16th through month end. Each invoice must show the date, number of trucks called out and number actually reporting on time.

DOCUMENT CHECKLIST - CHECK EACH BOX BEFORE UPLOADING



1. COMPANY DOCUMENTS



Business license. Safety program and drug/alcohol policy where available. Use the company application.



2. CHECK THE COI



BOTH Municipality of Anchorage AND SmithSons must be additional insureds on general and auto liability. Missing either name delays review.



3. ONE RECORD PER TRUCK



Upload registration and clear photos showing IDs on both sides. Include capacity and all qualification responses.



4. ONE RECORD PER DRIVER



Upload the license and DOT medical card. Include background-check documents if required. Use the driver form.

ONBOARDING: Submit the completed official W-9 through restricted collection, execute the subcontract and provide any other documents required by the final contract.

FINAL CHECK: Check legibility. Label files: company + document type + truck ID or driver name. No SSNs or EINs in filenames. Submit at **smithak.com** and follow any SmithSons update instructions.

CONFIDENTIAL SUBMISSION: SmithSons handles submitted documents and personal information with care, limits access to authorized personnel for review and administration, and manages, retains and disposes of records in accordance with applicable law. Information may be disclosed as legally required or authorized.

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate ☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. ☐ Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions ☐	
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 for Part II, later.

Sign Here	Signature of U.S. person	Date
------------------	--------------------------	------

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they