



**THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION**



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**CHRISTOPHER D. CLEMENT, SR.
COMMISSIONER**

**JEFF BRILLHART, P.E.
ASSISTANT COMMISSIONER**

Bureau of Construction
March 4, 2013

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Transportation to enter into a contract with Continental Paving, Inc. of Londonderry, NH (Vendor #155350) on the basis of a low bid of \$1,604,537.50 for resurfacing of approximately 19 miles in District IV and in Cheshire and Hillsborough Counties, from the date of Governor and Council approval through August 23, 2013 unless extended by the Department in accordance with the Standard Specifications. 100% Betterment Funds.

Funding is available as follows:	<u>FY 2013</u>
04-96-96-963015-3039	
Highway Betterment Aid	
400-500870 Highway Contract Payments	\$1,604,537.50

EXPLANATION

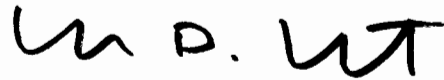
This project is part of the annual Maintenance District resurfacing program and the Betterment Secondary Rehabilitation Program. This project involves pavement resurfacing of approximately 19 miles of state highways in the District Four region. This project also involves rehabilitation of a section of Cathedral Road in Rindge. The resurfacing will preserve and extend the life of the highway riding surface and protect the subsurface base course materials. All of the proposed work will remain within the right-of-way.

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The Contractor has been prequalified by this Department. The Contract has been approved by the Attorney General as to form and execution, and the Department has certified that the necessary funds are available. Copies of the fully executed contract are on file at the Secretary of State's Office and the Department of Administrative Service's Office, and subsequent to Governor and Council approval will be on file at the Department of Transportation.

A copy of the Tabulation of Bids received for this project is attached along with the Contract Supplemental Sheet and a map indicating the location of the project.

Sincerely,



Christopher D. Clement, Sr.
Commissioner

CDC/md

Department Estimate: \$1,675,850.00
Contract Amount: \$1,604,537.50
Under Estimate: \$ 71,312.50

Attachments

**RESURFACING DSITRICT 4 16164B
RINDGE 24944**

January 4, 2013

SUPPLEMENTAL PROJECT INFORMATION SHEET

DESCRIPTION: This project involves resurfacing approximately 19 miles of roadways in District 4 and in the Counties of Hillsborough and Cheshire. Sections of resurfacing are along NH 101 (Temple), NH 10 (Gilsum), NH 12 (Westmoreland), Cathedral Rd (Rindge), NH 10 (Swanzy) and US 202 (Peterborough).

FEDERAL FUNDING: None

CONTINGENCY: None

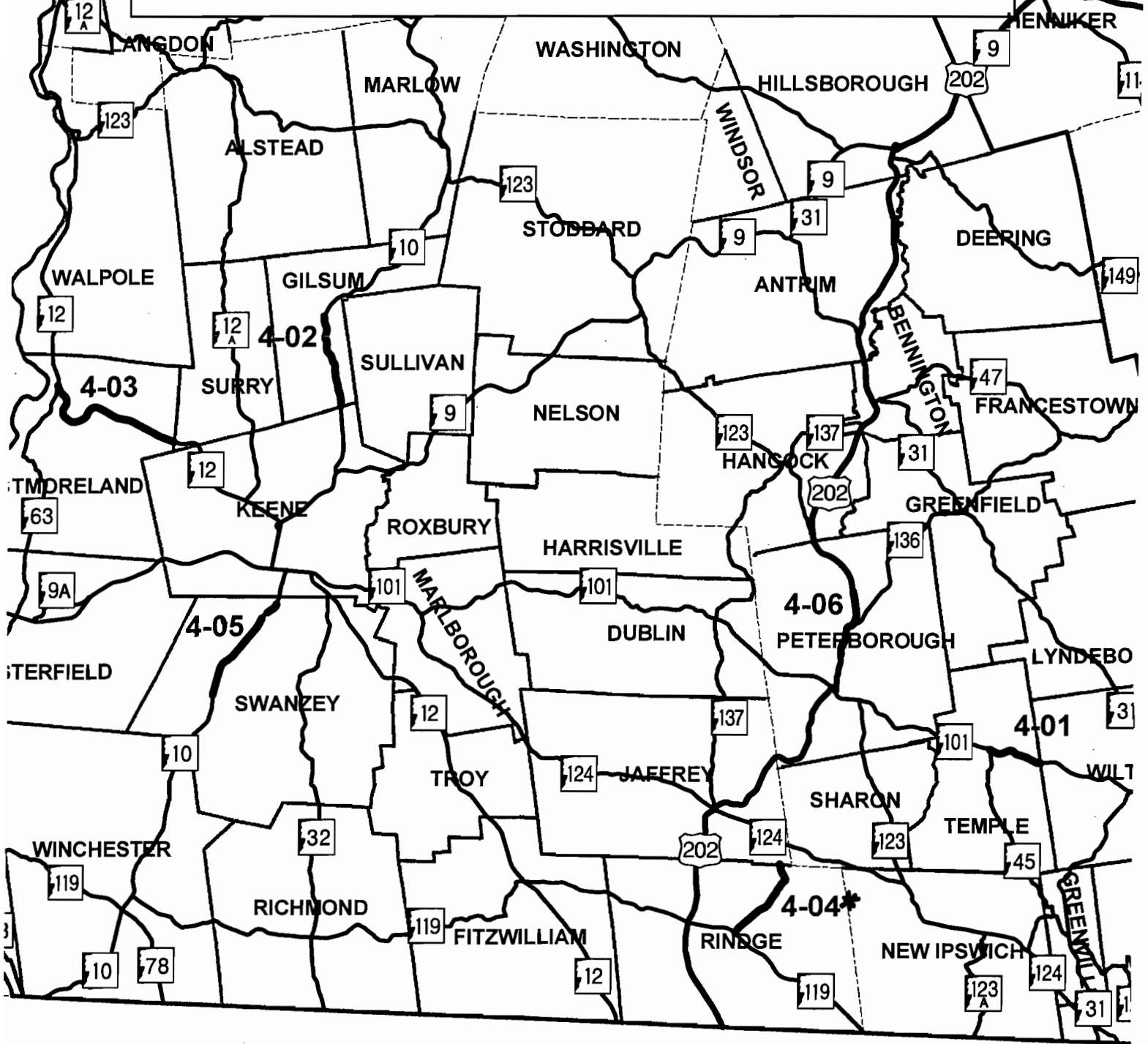
PROJECT INITIATED: State's 10-Year Transportation Improvement Program under the "parent" project BRES # 581 (District Betterment Resurfacing Program).

PROJECT EXPLANATION: These roadways are located throughout District 4 and serve various functions. These pavements are in fair to poor condition. The intent of this project is to maintain and improve the riding surface and to extend the life of the existing roadways. All of the proposed work will remain within the right-of-way.

TRAFFIC IMPLICATIONS: Minimal traffic implications are anticipated. Alternating one-way traffic will be allowed only on roads with pavement widths less than forty-four feet. Normal traffic patterns will be re-established prior to the beginning of non-work hours. No work will be permitted from May 24 through May 28, July 3 through July 8 and from August 30 through September 3, 2013. Two-way traffic shall be maintained on Section 4-01, NH 101 (Temple) between the hours of 7:00 am to 9:00 am and 3:00 pm to 6:00 pm. No work will be allowed on Section 4-06, US 202 (Peterborough) until after the beginning of summer break for Conval High School.

COMPLETION DATE: August 23, 2013

DISTRICT 4 RESURFACING 16164-B



* THIS SECTION INCLUDES
RINDGE 24944

ITEM NO.	DESCRIPTION	UNIT	QUANTITY	A		B		C	
				UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
1008.11	ALTERATIONS AND ADDITIONS AS NEEDED -								
	UNANTICIPATED WORK	\$	1.	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00
1010.15	FUEL ADJUSTMENT	\$	1.	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00
1010.2	ASPHALT CEMENT ADJUSTMENT	\$	1.	85,000.00	85,000.00	85,000.00	85,000.00	85,000.00	85,000.00
				\$1,604,537.50		\$1,695,845.00		\$1,725,700.00	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/14/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER CROSS INSURANCE - LACONIA 155 Court Street Laconia NH 03246	CONTACT NAME: Linda Tikkanen, CISR PHONE (A/C No. Ext): (603) 524-2425 E-MAIL ADDRESS: ltikkanen@crossagency.com	FAX (A/C No): (603) 524-3666
	INSURER(S) AFFORDING COVERAGE	
INSURED Continental Paving, Inc. One Continental Drive Londonderry NH 03053	INSURER A: Fireman's Ins. Co. of	
	INSURER B: Liberty Mutual Ins Co	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL1331481383 REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			CPP001380429	3/31/2013	3/31/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 15,000
	GENL AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COM/POP AGG \$ 2,000,000
							\$
A	AUTOMOBILE LIABILITY			CAA001380129	3/31/2013	3/31/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> MCS90						\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			TH7611259719013	3/31/2013	3/31/2014	EACH OCCURRENCE \$ 10,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 10,000,000
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$					\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WPA001379730	3/31/2013	3/31/2014	WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 RE: Resurfacing District IV, #16164B and Rindge 24944
 When required by written contract, The State of NH, Dept of Transportation is listed as additional insured but only with respects to liability arising out of work performed by or on behalf of Continental Paving, Inc.

CERTIFICATE HOLDER State of New Hampshire Department of Transportation 7 Hazen Drive Concord, NH 03302	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE L Tikkanen, CISR/LXT <i>Linda Tikkanen</i>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/8/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER CROSS INSURANCE - LACONIA 155 Court Street Laconia NH 03246	CONTACT NAME: Linda Tikkanen, CISR
	PHONE (A/C No. Ext): (603) 524-2425 FAX (A/C No.): (603) 524-3666 E-MAIL ADDRESS: ltikkanen@crossagency.com
INSURED State of NH, Department of Transportation c/o Continental Paving, Inc. One Continental Drive Londonderry NH 03053	INSURER(S) AFFORDING COVERAGE
	INSURER A: Acadia Ins Co.
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: CL133180727 REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			OCP5090377-10	3/8/2013	3/8/2014	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners & Contractors						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	AUTOMOBILE LIABILITY						GENERAL AGGREGATE \$ 3,000,000
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						PRODUCTS - COMP/OP AGG \$
	UMBRELLA LIAB						\$
	EXCESS LIAB						\$
	DED						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			OTHER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
RE: Resurfacing District IV #16164B

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	AUTHORIZED REPRESENTATIVE L Tikkanen, CISR/TA5