

# THE STATE OF NEW HAMPSHIRE DEPARTMENT OF TRANSPORTATION



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:

FY 2013

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.

#### Page 2

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,

MP. WT

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 (Swanzey) and US 202 (Peterborough).

FEDERAL FUNDING: None

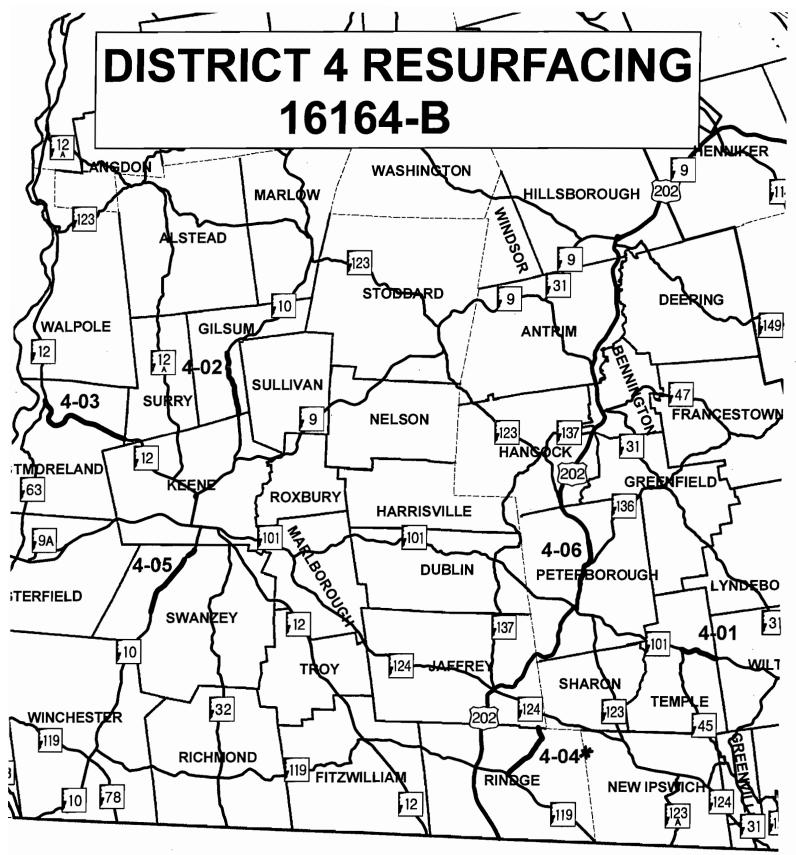
**CONTINGENCY:** None

**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



\* This Section Includes
RINDGE 24944

THE STATE OF NEW HAMPSHIRE DEPARTMENT OF TRANSPORTATION

|  |                              |                   |                     |                             |                  |  |                       |                     |   |              | TOTAL       | 17,000.00    | 25,000.00                                   | 11,700.00                             | 18,800.00                           | 627,800.00  | 9,375.00                      | 742,600.00            | 46,350.00                         | 5,000.00                           | 1,500.00   | 5,000.00             |
|--|------------------------------|-------------------|---------------------|-----------------------------|------------------|--|-----------------------|---------------------|---|--------------|-------------|--------------|---|---------------------------------------|-------------------------------------|---|-------------------------------|-----------------------|-----------------------------------|------------------------------------|--|----------------------|
|  |                              |                   |                     |                             |                  |  |                       |                     |   |              | UNIT PRICE  | 17,000.00    | 5.00 2                                      | . 65                                  | 8.00                                | 73.00 62  | 125.00                        | 79.00                 | 1.50                              | 5,000.00                           | 250.00   | 2,000.00             |
|  |                              |                   |                     |                             |                  |  |                       |                     |   |              | B<br>TOTAL  | 00.000,61    | 00.000,69                                   | 15,840.00                             | 38,540.00                           | 562,440.00  | 13,500.00<br>13,860.00        | 00.098,860            | 60,255.00                         | 5,000.00                           | 7,200.00   | 2,000.00             |
|  |                              |                   |                     |                             |                  | 1,604,537.50   | 1,723,445.00          | 1,725,700.00        | 1,726,362.50  | 1,954,465.00 | UNIT PRICE  | 19,000.00    | 13.80                                       | 88.                                   | 16.40                               | 65.40   | 180.00                        | 74.40                 | 1.95                              | 5,000.00                           | 1,200.00   | 5,000.00             |
| 1B   |                              |                   |                     |                             |                  | \$ 1,60  | \$ 1,72               | \$ 1,72             | \$ 1,72   | \$ 1,95      | A TOTAL     | 9,000.00     | 25,000.00                                   | 18,000.00                             | 31,137.50                           | 593,400.00  | 7,875.00                      | 672,100.00            | 46,350.00                         | 5,000.00                           | 1,200.00   | 5,000.00             |
| TRICT IV 16164<br>4                                | 011                          | 13                | CING                | TION OF WORK                |                  | 03053  | WALPOLE, NH 03608     | 9                   | 03220   | 06410        | UNIT PRICE  | 00.000,6     | 5.00  | 1.00                                  | 13.25                               | 69.00   | 105.00                        | 71.50                 | 1.50                              | 5,000.00                           | 200.00   | 5,000.00             |
| RESURFACING DISTRICT IV 16164B<br>AND RINDGE 24944 | CHESHIRE 005<br>HILLSBOROUGH | FEBRUARY 27, 2013 | ROADWAY RESURFACING | SEE THE PROSECUTION OF WORK | AUGUST 23, 2013  | INC.<br>LONDONDERRY, NH  | BOX 1000, WALPC       | ACUT, MA 01826      | BELMONT, NH 03<br>CORPORATION   |              | QUANTITY    | 1.           | 5,000.                                      | 18,000.                               | 2,350.                              | 8,600.  | 75.                           | 9,400.                | 30,900.                           | 1,050.                             | 6.   | ;                    |
| 27 24  |                              | H                 | ਲੋ                  | ίΩ                          | A                | IG, INC<br>:VE, LO   | ), PO B               | INC.<br>SET, DR     |   |              | UNIT        | U            | TON   | SY                                    | TON                                 | TON   | TON                           | TON                   | SY                                | \$<br>HR                           | UWK  | <b>⇔</b>             |
| PROJECT:   | COUNTIES AND CODES:          | DATE BIDS OPEN:   | SCOPE OF WORK:      | LOCATION:                   | COMPLETION DATE: | A CONTINENTAL PAVING, INC.  1 CONTINENTAL DRIVE, LONDONDERRY, NH 0305: | 187 WHITCOMB ROAD, PO | 1471 METHURES, INC. | D FIKE INDUSTRIES, INC. 3 EASTGATE PARK ROAD, E THE LANE CONSTRUCTION |              | DESCRIPTION | FINE GRADING | SHOULDER LEVELING RECLAIMED STABILIZED BASE | PROCESSED IN PLACE,<br>12 IN DEEP (F) | SIONE FOR KECLAIMED STABILIZED BASE | HOI BIIUMINOUS FAVEMENI, MACHINE METHOD HOT BITIMINOUS DAVEMENT | HAND METHOD PAVEMENT ADHESIVE | MENT (AC), PAVER SHIM | SURFACES INTEGRATED OFFICERS WITH | VEHICLE FLAGGERS FORMALE GUANGAREE | FORTHARDS CHANGERSIE MESSAGE SIGN (UNIT WEEK) MOBILIZATION MISCELLANFORS TEMPORARY | EROSION AND SEDIMENT |
|  |                              |                   |                     |                             |                  |  |                       |                     |   |              | ITEM<br>NO. | 214.         | 306.112                                     | 26 206                                | 11 200                              | 403.11  | 403.6                         | 411.3                 | 618.61                            | 618.7                              | 692.   |                      |

16164B

| PAGE 2 | TINU        | ASTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK \$ 1. 5,000.00 5,000.00 5,000.00 5,000.00 5,000.00 FUGE. 000.00 20,000.00 20,000.00 20,000.00 20,000.00 ASPHALT CHARNT ADJUSTMENT \$ 1. 85,000.00 85,000.00 85,000.00 85,000.00 85,000.00 |
|--------|-------------|--|
|        | DESCRIPTION | ALTERATIONS AND ADD: AS NEEDED - UNANTICIPATED WORK FUBL ADJUSTWENT ASPHALT CENERY ADJU  |
|        | ITEM<br>NO. | 1008.11  |

\$1,725,700.00

\$1,695,845.00

\$1,604,537.50



## 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).

| CONTINUED NOTICE IN HOU OF CUCH |                              |  |        |
|---------------------------------|------------------------------|--|--------|
| PRODUCER                        |                              | CONTACT Linda Tikkanen, CISR                                 |        |
| CROSS INSURANCE - LACO          | NIA                          | PHONE (A/C, No, Ext): (603) 524-2425 FAX (A/C, No): (603) 52 | 4-3666 |
| 155 Court Street                |                              | E-MAIL<br>ADDRESS: ltikkanen@crossagency.com                 |        |
|                                 |                              | INSURER(S) AFFORDING COVERAGE                                | NAIC # |
| Laconia NF                      | 03246                        | INSURER A :Fireman's Ins. Co. of                             |        |
| INSURED                         |                              | INSURER B :Liberty Mutual Ins Co                             |        |
| Continental Paving, In          | c.                           | INSURER C:   |        |
| One Continental Drive           |                              | INSURER D:   |        |
|                                 |                              | INSURER E:   |        |
| Londonderry NH                  | 03053_                       | INSURER F:   |        |
| COVERAGES                       | CERTIFICATE NUMBER:CL1331481 | 383 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.

|               | XCLUSIONS AND CONDITIONS OF SUCH                          |       |      |                 |              |            |  |    |
|---------------|---|-------|------|-----------------|--------------|------------|--|----|
| INSR          |   | INSR  | SUBR | POLICY NUMBER   | (MM/DD/YYYY) | POLICY EXP | LIMITS   |    |
|               | GENERAL LIABILITY   |       | T    |                 |              |            | EACH OCCURRENCE \$ 1,000,0                     | 00 |
|               | X COMMERCIAL GENERAL LIABILITY                            | ĺ     |      |                 |              |            | DAMAGE TO RENTED S 250,0                       | 00 |
| A             | CLAIMS-MADE X OCCUR                                       |       | ľ    | CPP001380429    | 3/31/2013    | 3/31/2014  | MED EXP (Any one person) \$ 15,0               | 00 |
|               |   |       |      |                 |              | ł          | PERSONAL & ADV INJURY \$ 1,000,0               | 00 |
| 1             |   | ł     |      |                 |              |            | GENERAL AGGREGATE \$ 2,000,0                   | 00 |
| ľ             | GEN'L AGGREGATE LIMIT APPLIES PER:                        |       |      |                 |              |            | PRODUCTS - COMPIOP AGG \$ 2,000,0              | 00 |
|               | POLICY X PRO-   |       |      |                 |              |            | \$   |    |
| $\overline{}$ | AUTOMOBILE LIABILITY                                      |       | 1    |                 |              |            | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,0 | 00 |
| A             | ANY AUTO ALL OWNED SCHEDULED AUTOS AUTOS                  |       |      |                 | 1            |            | BODILY INJURY (Per person) \$                  |    |
| ^             |   |       |      | CAA001380129    | 3/31/2013    | 3/31/2014  | BODILY INJURY (Per accident) \$                |    |
|               | X HIRED AUTOS X NON-OWNED AUTOS                           |       |      |                 |              |            | PROPERTY DAMAGE (Per accident)                 |    |
|               | X MCS90   |       |      |                 |              |            | \$   |    |
| $\sqcap$      | X UMBRELLA LIAB X OCCUR                                   |       |      |                 |              |            | EACH OCCURRENCE \$ 10,000,0                    | 00 |
| В             | EXCESS LIAB CLAIMS-MADE                                   |       |      |                 |              | [          | AGGREGATE \$ 10,000,0                          | 00 |
|               | DED RETENTION\$   |       |      | TH7611259719013 | 3/31/2013    | 3/31/2014  | s  |    |
| A             | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY             |       |      |                 | _            |            | WC STATU- OTH-<br>TORY LIMITS ER               | Щ  |
|               | ANY PROPRIETOR/PARTNER/EXECUTIVE                          | N/A   |      |                 |              |            | E.L. EACH ACCIDENT \$ 500,00                   | 00 |
|               | (Mandatory in NH)   | JDED? |      | WPA001379730    | 3/31/2013    | 3/31/2014  | E.L. DISEASE - EA EMPLOYEE \$ 500,00           | 00 |
|               | If yes, describe under<br>DESCRIPTION OF OPERATIONS below |       |      |                 |              |            | E.L. DISEASE - POLICY LIMIT \$ 500,00          | 00 |
|               |   |       |      |                 |              |            |  | ſ  |
|               |   |       |      |                 |              |            |  |    |
|               |   |       |      |                 |              | 1          |  |    |

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

ACORD 25 (2010/05)

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## CERTIFICATE OF LIABILITY INSURANCE

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.

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).

| certificate floider in he  | eu or such er | 10013ethent(3).               |  |                        |       |       |  |  |  |
|--|---------------|-------------------------------|--|------------------------|-------|-------|--|--|--|
| PRODUCER   |               |                               | CONTACT Linda Tikk   | anen, CISR             |       |       |  |  |  |
| CROSS INSURANCE  | - LACON       | IA                            | PHONE (A/C, No, Ext): (603) 524-2425 FAX (A/C, No): (603) 524-3666 |                        |       |       |  |  |  |
| 155 Court Stree  | t             |                               | E-MAIL ADDRESS: 1tikkanen@crossagency.com                          |                        |       |       |  |  |  |
|  |               |                               | INSURER  | (S) AFFORDING COVERAGE |       | NAIC# |  |  |  |
| Laconia  | NH            | 03246                         | INSURER A : Acadia II  | ns Co.                 |       |       |  |  |  |
| INSURED  |               | ·                             | INSURER B:   |                        |       |       |  |  |  |
| State of NH, De  | partment      | of Transportation             | INSURER C :  |                        |       |       |  |  |  |
| c/o Continental  | Paving,       | Inc.                          | INSURER D :  |                        |       |       |  |  |  |
| One Continental  | Drive         |                               | INSURER E :  |                        |       |       |  |  |  |
| Londonderry  | NH            | 03053                         | INSURER F:   |                        |       |       |  |  |  |
| COVERAGES  | (             | CERTIFICATE NUMBER:CL13318072 | 27   | REVISION NUM           | IBER: |       |  |  |  |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD |               |                               |  |                        |       |       |  |  |  |

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 SLICH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

|      |               | ISIONS AND CONDITIONS OF SUCH                 |     | SUBR |               |                            |                            |   |      |           |
|------|---------------|---|-----|------|---------------|----------------------------|----------------------------|---|------|-----------|
| INSF |               |   |     |      | POLICY NUMBER | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) | LIMIT   | rs   |           |
|      | $\overline{}$ | IERAL LIABILITY  COMMERCIAL GENERAL LIABILITY |     |      |               |                            |                            | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) | s    | 2,000,000 |
| A    |               | CLAIMS-MADE X OCCUR                           |     |      | OCP5090377-10 | 3/8/2013                   | 3/8/2014                   | MED EXP (Any one person)                                  | \$   | _         |
| ĺ    | x             | Owners & Contractors                          | l   |      | _             |                            | J                          | PERSONAL & ADV INJURY                                     | \$   |           |
|      |               |   |     |      |               | 1                          |                            | GENERAL AGGREGATE   | \$   | 3,000,000 |
|      | GEN           | 'L AGGREGATE LIMIT APPLIES PER:               |     |      |               |                            |                            | PRODUCTS - COMP/OP AGG                                    | \$   |           |
|      | $\Box$        | POLICY PRO-                                   |     |      |               |                            |                            |   | \$   |           |
|      | AUT           | OMOBILE LIABILITY                             |     |      |               |                            |                            | COMBINED SINGLE LIMIT<br>(Ea accident)                    | \$   |           |
|      |               | ANY AUTO                                      |     |      |               | 1                          |                            | BODILY INJURY (Per person)                                | \$   |           |
|      |               | ALL OWNED SCHEDULED AUTOS AUTOS               |     |      |               |                            |                            | BODILY INJURY (Per accident)                              | \$   |           |
|      |               | HIRED AUTOS NON-OWNED AUTOS                   |     |      |               |                            | . ]                        | PROPERTY DAMAGE<br>(Per accident)                         | \$ · |           |
|      |               |   |     |      |               |                            |                            |   | \$   |           |
|      |               | UMBRELLA LIAB OCCUR                           |     |      |               |                            |                            | EACH OCCURRENCE   | \$   |           |
|      |               | EXCESS LIAB CLAIMS-MADE                       | 1   |      |               |                            |                            | AGGREGATE   | \$   |           |
|      |               | DED RETENTION \$                              |     |      |               |                            | İ                          |   | \$   |           |
|      |               | KERS COMPENSATION EMPLOYERS' LIABILITY        |     |      |               |                            |                            | WC STATU- OTH-<br>TORY LIMITS ER                          |      |           |
|      | ANY           | PROPRIETOR/PARTNER/EXECUTIVE                  | N/A | - 1  |               | [ ]                        | L                          | E.L. EACH ACCIDENT  | \$ · |           |
|      |               | CER/MEMBER EXCLUDED?                          | W/A |      |               |                            |                            | E.L. DISEASE - EA EMPLOYEE                                | \$   |           |
|      | If yes        | describe under RIPTION OF OPERATIONS below    |     |      |               |                            |                            | E.L. DISEASE - POLICY LIMIT                               | \$   |           |
|      |               |   |     |      |               | 1                          |                            |   |      |           |
|      |               | 1   | - 1 |      |               |                            |                            |   |      |           |
|      |               |   |     |      |               |                            |                            |   |      |           |

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

| ERTIFICATE HOLDER | CANCELLATION   |
|-------------------|--|
| <del></del>       | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |

State of New Hampshire Department of Transportation 7 Hazen Drive Concord, NH 03302

AUTHORIZED REPRESENTATIVE

L Tikkanen, CISR/TA5

CORD 25 (2010/05)

VS025 (201005).01

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