



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
June 6, 2013

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

REQUESTED ACTION

1. Authorize the Department of Transportation to enter into a contract with All States Asphalt, Inc. (Vendor 161291) of Belmont, NH on the basis of a low bid of \$941,077.50 for pavement resurfacing along NH Route 125 between Lee and Barrington, from the date of Governor and Council approval through September 27, 2013 unless extended by the Department in accordance with the Standard Specifications. 100% Federal Funds.

Funding is available as follows and is contingent upon the availability and continued appropriation of funds:

FY 2014

04-96-96-963515-3054
Consolidated Federal Aid
400-500870 Highway Contract Payments \$941,077.50

2. Further authorize that a contingency in the amount of \$47,053.88 be approved for payment of latent conditions, which may appear during the construction of the project. The contingency requested is 5% of the contract amount.

FY 2014

04-96-96-963515-3054
Consolidated Federal Aid
400-500870 Highway Contract Payments \$47,053.88

EXPLANATION

This project is part of the Federal Resurfacing Program. The work involves crack sealing and pavement preservation treatments with sections of bonded wearing course and rubber modified bonded wearing course. The NH 125/NH 9 intersection area in Barrington will receive a more substantial inlay and overlay pavement treatment. This section of NH 125 was constructed over the existing Railroad right-of-way in 1936. The most recent pavement work was a level and 1 1/2 inch overlay in 2004. The pavement and guardrail is in good condition. Guardrail terminals need to be upgraded to current

standards. This project is a good candidate for a thin lift pavement preservation type of overlay. All of the proposed work will remain within the right-of-way.

The contingency amount is proposed to be 5% of the contract amount. This is a one-season duration contract, with fixed limits, being constructed during a time of rising fuel and asphalt cement prices. Adjusting limits to offset quantity overruns is not practical and potential fuel and asphalt adjustments need to be considered. Construction under high traffic volumes, maintaining two-lane traffic during certain hours, lane closure operations and night work also increase the risk of overruns for traffic control operations.

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.

This project funding is 80% federal funds with 20% state match. Turnpike toll credit is being utilized for match requirements, effectively using 100% federal funds.

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: \$977,565.50
Contract Amount: \$941,077.50
Under Estimate: \$ 36,488.00

Attachments

LEE-BARRINGTON

X-A002 (996)

24901

April 17, 2013

SUPPLEMENTAL PROJECT INFORMATION SHEET

DESCRIPTION: This project involves pavement resurfacing along NH Route 125 beginning at a pavement joint at Pinkham Rd in Lee, proceeding north approximately 4.0 miles to the intersection of Century Pines Drive in Barrington. The work involves crack sealing and paving a bonded wearing course and a rubber modified bonded wearing course pavement preservation treatment. Work at the NH 9 intersection involves cold planing to a depth of 2 inches, pave a 2-inch binder course, and pave a full width 1½-inch wearing course pavement. Miscellaneous work includes repairing/replacing guardrail and minor drainage work.

FEDERAL FUNDING: 80% from Federal Resurfacing Program (PRRCS #452), with anticipated utilization of Turnpike Toll credits as the State's 20% match.

CONTINGENCY: The contingency amount is proposed to be 5% for this contract. This is a one-season duration contract, with fixed limits, being constructed during a time of rising fuel and asphalt cement prices. Adjusting limits to offset quantity overruns is not practical and potential fuel and asphalt adjustments need to be considered. Construction under high traffic volumes, maintaining two-lane traffic during certain hours, lane closure operations and night work also increase the risk of overruns for traffic control operations.

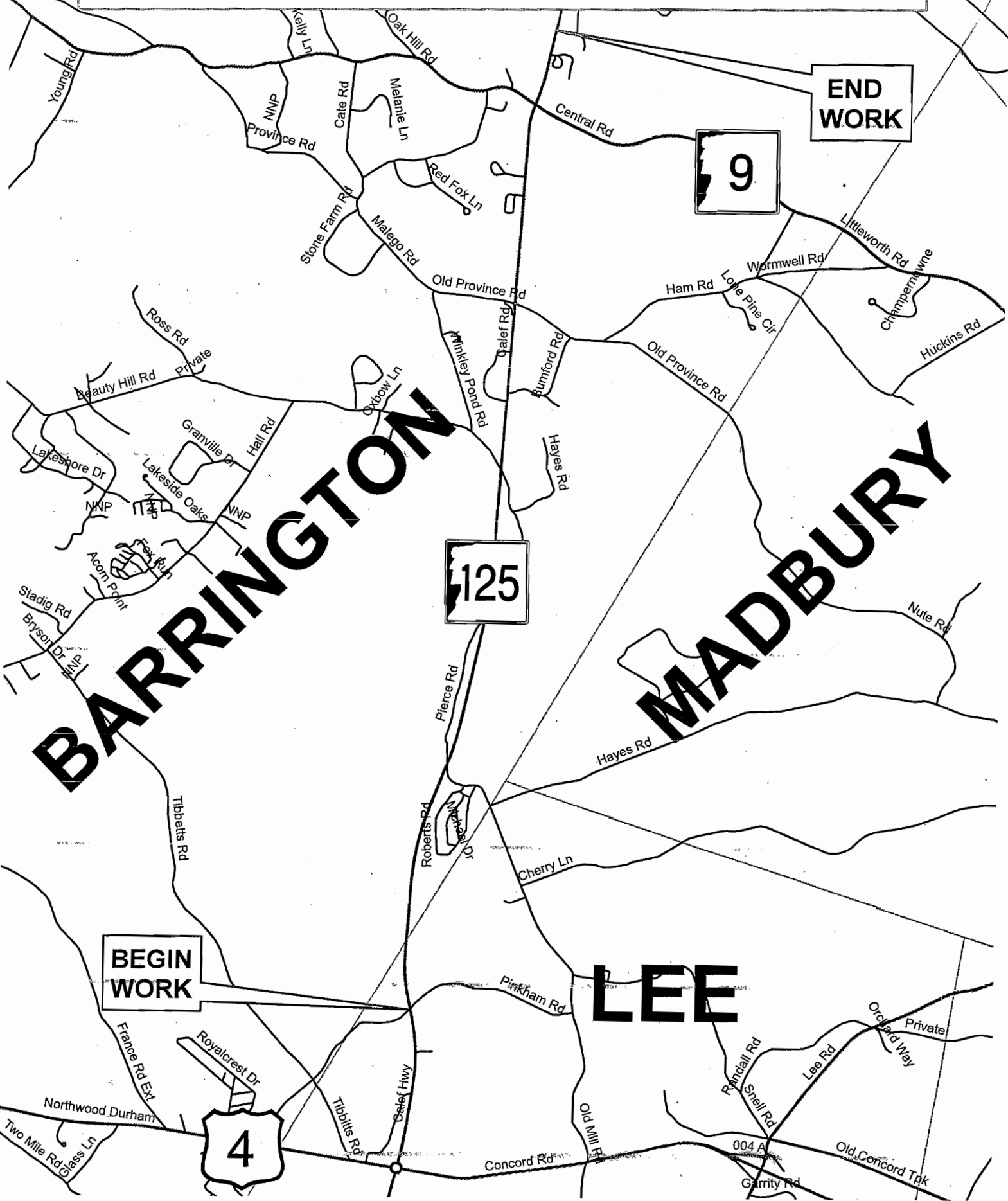
PROJECT INITIATED: State's 10-Year Transportation Improvement Program under the "parent" project PRRCS (Statewide Federal Resurfacing Program).

PROJECT EXPLANATION: This section of NH 125 was constructed over the existing Railroad right-of-way in 1936. The most recent pavement work was a level and 1½ inch overlay in 2004. The pavement and guardrail is in good condition. Guardrail terminals need to be upgraded to current standards. This project is a good candidate for a thin lift pavement preservation type of overlay. All of the proposed work will remain within the right-of-way.

TRAFFIC IMPLICATIONS: The Department is requiring that the guardrail, striping and cold planing work be done during the day using lane shifts. No lane closures will be allowed on Monday through Friday from 6:00 am to 6:00 pm and on Saturdays from 9:00 am to 6:00 pm. Paving work shall be done at night (6:00 pm to 6:00 am). Two-way traffic shall be restored prior to non-work hours.

COMPLETION DATE: September 27, 2013

LEE-BARRINGTON 24901



END WORK



BEGIN WORK



BARRINGTON

MADBURY

LEE

PROJECT: LEE-BARRINGTON
X-A002(996), 24901

COUNTIES AND CODES: STRAFFORD 017

DATE BIDS OPEN: MAY 30, 2013

SCOPE OF WORK: PAVEMENT RESURFACING

LOCATION: ALONG NH ROUTE 125

COMPLETION DATE: SEPTEMBER 27, 2013

A ALL STATES ASPHALT INC
325 AMHERST ROAD, PO BOX 91, SUNDERLAND, MA 01375 \$ 941,077.50
B BROX INDUSTRIES INC
1471 METHUEN STREET, DRACUT, MA 01826 \$ 1,111,985.00

ITEM NO.	DESCRIPTION	UNIT	QUANTITY	A		B	
				UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
202.7	REMOVAL OF GUARDRAIL	LF	200.	1.00	200.00	.55	110.00
403.1109	HOT BITUMINOUS PAVEMENT, MACHINE METHOD, HIGH STRENGTH	TON	2,000.	90.00	180,000.00	95.00	190,000.00
403.12	HOT BITUMINOUS PAVEMENT, HAND METHOD	TON	50.	150.00	7,500.00	135.00	6,750.00
403.6	PAVEMENT JOINT ADHESIVE	LF	12,000.	.25	3,000.00	.45	5,400.00
413.1	HOT-POURED CRACK SEALANT	LB	3,600.	3.85	13,860.00	4.25	15,300.00
417.	COLD PLANING BITUMINOUS SURFACES	SY	5,750.	4.75	27,312.50	3.00	17,250.00
417.118	COLD PLANING BITUMINOUS SURFACES 18" WIDE	LF	40,500.	.50	20,250.00	2.50	101,250.00
419.1	0.5" DEEP BONDED WEARING COURSE	SY	17,500.	4.95	86,625.00	6.25	109,375.00
419.2	AR BONDED WEARING COURSE	SY	44,500.	6.25	278,125.00	7.25	322,625.00
604.4	RECONSTRUCTING/ADJUSTING CATCH BASIN & DROP INLET	LF	5.	400.00	2,000.00	500.00	2,500.00
604.5	RECONSTRUCTING/ADJUSTING MANHOLES	LF	1.	400.00	400.00	500.00	500.00
606.000	STEEL BEAM FOR BEAM GUARDRAIL	LF	75.	8.00	600.00	7.50	562.50
606.014	6"X8" WOOD POST REPLACEMENTS FOR BEAM GUARDRAIL	EA	8.	55.00	440.00	55.00	440.00
606.0142	6"X8" WOOD POST ASSEMBLIES FOR BEAM GUARDRAIL	EA	8.	15.00	120.00	20.00	160.00
606.1454	BEAM GUARDRAIL (TERM.)	U	5.	1,850.00	9,250.00	2,000.00	10,000.00
606.915	UNIT TYPE EAGRT 50 FT.) RESETTING GUARDRAIL BLOCK AND RAIL ONLY	LF	1,250.	5.00	6,250.00	5.50	6,875.00

ITEM NO.	DESCRIPTION	UNIT	QUANTITY	A		B		TOTAL	UNIT PRICE	TOTAL
				UNIT PRICE	TOTAL	UNIT PRICE	TOTAL			
609.811	BITUMINOUS CURB, TYPE B (4" REVEAL)	LF	200.	25.00	5,000.00	30.00	6,000.00			
616.650	TRAFFIC SIGNAL DETECTOR LOOP 6 FT X 50 FT	EA	6.	800.00	4,800.00	700.00	4,200.00			
618.61	UNIFORMED OFFICERS WITH VEHICLE	\$	1.	120,000.00	120,000.00	120,000.00	120,000.00			
618.7	FLAGGERS	HR	450.	24.50	11,025.00	30.00	13,500.00			
619.1	MAINTENANCE OF TRAFFIC	U	1.	41,500.00	41,500.00	50,000.00	50,000.00			
619.25	PORTABLE CHANGEABLE MESSAGE SIGN	U	2.	2,000.00	4,000.00	2,200.00	4,400.00			
619.253	PORTABLE CHANGEABLE MESSAGE SIGN (UNIT WEEK)	UWK	4.	500.00	2,000.00	225.00	900.00			
632.0104	RETROREFLECTIVE PAINT	LF	91,500.	.20	18,300.00	.20	18,300.00			
632.1118	PREFORMED RETROREFLECTIVE TAPE, TYPE I (REMOVABLE) 18" LINE	LF	75.	5.00	375.00	2.00	150.00			
632.3104	RETROREFLECT. THERMOPLAS. PAVE. MARKING, 4" LINE	LF	2,000.	2.50	5,000.00	.80	1,600.00			
632.3118	RETROREFLECT. THERMOPLAS. PAVE. MARKING, 18" LINE	LF	75.	5.00	375.00	3.00	225.00			
632.32	RETROREFLECT. THERMOPLAS. PAVEMENT MARKING, SYMBOL OR WORD	SF	700.	3.00	2,100.00	8.00	5,600.00			
632.911	OBLITERATE PAVE. MARKING LINE, 12" WIDE & UNDER	LF	34,000.	.48	16,320.00	.50	17,000.00			
632.92	OBLITERATE PAVEMENT MARKING, SYMBOL OR WORD	SF	450.	3.00	1,350.00	2.25	1,012.50			
692.	MOBILIZATION	U	1.	38,000.00	38,000.00	45,000.00	45,000.00			
699.	MISCELLANEOUS TEMPORARY EROSION AND SEDIMENT CONTROL	\$	1.	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			
1010.2	ASPHALT CEMENT ADJUSTMENT	\$	1.	10,000.00	10,000.00	10,000.00	10,000.00			
					\$941,077.50		\$1,111,985.00			



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/5/2013

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 Reagan Insurance 8 E Main Street P O Box 191 Marcellus NY 13108	CONTACT NAME: PHONE (A/C, No, Ext): 315-673-2094		FAX (A/C, No): 315-673-1121
	E-MAIL ADDRESS:		
INSURED ALLSTA All States Asphalt, Inc. & Subsidiaries 325 Amherst Rd., P.O. Box 91 Sunderland MA 01375	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Old Republic Insurance Company		24147
	INSURER B: Hanover Insurance Companies		22292
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES

CERTIFICATE NUMBER: 1554441215

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 SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	Y	Y	MWZY59881	2/1/2013	2/1/2014	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	MWTB21735	2/1/2013	2/1/2014	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Hired Phys Dmg \$145,000
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						OCCUR CLAIMS-MADE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y	MWC1178900	2/1/2013	2/1/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
B	Leased/Rented Equip. & Installation Coverage			RHS875076308	2/1/2013	2/1/2014	\$850,000 Ded. \$2,500 \$1,000,000 Ded. \$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Additional Insured and Waiver of Subrogation are applicable only if required by contract
 *MCS90 endorsement applies/**Auto Hired Physical Damage Deductibles \$250 Comp/\$500 Collision
 *Workers Compensation: NY,CT,NH,VT,RI,ME,NJ,DE,MA

(All States)Project: Pavement Resurfacing (Bonded Wearing Course) on NH 125 in Lee-Barrington Project #X-A002(996), 24901
 30 day notice of cancellation or material change included

CERTIFICATE HOLDER**CANCELLATION**

State of New Hampshire - DOT
 John O. Morton Building
 7 Hazen Dr., PO Box 483
 Concord NH 03302-048

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

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CERTIFICATE OF LIABILITY INSURANCE

ALLSTAT-01 SDESMOND

DATE (MM/DD/YYYY)

1/29/2013

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 H.J. Knight International 30 Braintree Hill Office Park Braintree, MA 02184	CONTACT NAME: David Greenaway
	PHONE (A/C, No., Ext.): (781) 966-3705 FAX (A/C, No.): (781) 966-3715 E-MAIL ADDRESS:
INSURED All States Asphalt, Inc and Subsidiaries 325 Amherst Road P.O. Box 91 Sunderland, MA 01375	INSURER(S) AFFORDING COVERAGE
	INSURER A: C.V. Starr & Company
	INSURER B: Zurich-American
	INSURER C:
	INSURER D:
	INSURER E:

COVERAGES **CERTIFICATE NUMBER:** **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
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			SISCSEL01751113	2/1/2013	2/1/2014	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Commercial Umbrella			AEC464737802	2/1/2013	2/1/2014	ES \$5,000,000 4,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

If included on the underlying general liability policy as an additional insured, the certificate holder is included as additional insured's on a primary and non-contributory basis per written contract agreement for work performed by the named insured.

Pavement Resurfacing (Bonded Wearing Course) on NH 125 in Lee-Barrington
 Project No. X-A002(996), 24901

CERTIFICATE HOLDER**CANCELLATION**

State of New Hampshire
 Department of Transportation
 John O. Morton Building
 7 Hazen Dr., PO Box 483
 Concord, NH 03302-0483

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

Samantha Desmond

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/5/2013

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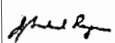
PRODUCER James P Reagan Agency 8 E Main Street P O Box 191 Marcellus NY 13108	CONTACT NAME: _____
	PHONE (A/C No, Ext): 315-673-2094 FAX (A/C, No): 315-673-1121 E-MAIL ADDRESS: _____
INSURED ALLSTA State of New Hampshire Department of Transportation John O. Morton Building 7 Hazen Dr., PO Box 483 Concord NH 03302-0483	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A : Old Republic Insurance Company 24147
	INSURER B : _____
	INSURER C : _____
	INSURER D : _____
	INSURER E : _____

COVERAGES **CERTIFICATE NUMBER:** 2082165887 **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 <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> OCP GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			259554	6/7/2013	2/1/2014	EACH OCCURRENCE \$1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$2000000 PRODUCTS - COM/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			WC STATUTORY LIMITS 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)
 Contractor: All States Asphalt, Inc.
 OCP: (All States) Project: Pavement Resurfacing (Bonded Wearing Course) on NH 125 in Lee-Barrington Project #X-A002(996), 24901

CERTIFICATE HOLDER State of New Hampshire - DOT John O. Morton Building 7 Hazen Dr., PO Box 483 Concord NH 03302-048	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 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/5/2013

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PRODUCER James P Reagan Agency 8 E Main Street P O Box 191 Marcellus NY 13108	CONTACT NAME: PHONE (A/C, No, Ext): 315-673-2094 FAX (A/C, No): 315-673-1121 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Arch Ins Co (AmWINS) 11150 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	
INSURED State of New Hampshire Department of Transportation John O. Morton Building 7 Hazen Dr., PO Box 483 Concord NH 03302-0483	ALLSTA	

COVERAGES **CERTIFICATE NUMBER: 641324160** **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.

INSTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Excess OCP GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC			259555	6/7/2013	6/7/2014	EACH OCCURRENCE \$1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$2000000 PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS 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)

Contractor: All States Asphalt, Inc.
Excess OCP: (All States) Project: Pavement Resurfacing (Bonded Wearing Course) on NH 125 in Lee-Barrington Project #X-A002(996), 24901

CERTIFICATE HOLDER State of New Hampshire - DOT John O. Morton Building 7 Hazen Dr., PO Box 483 Concord NH 03302-048	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
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