



THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION



A
Beard

CHRISTOPHER D. CLEMENT, SR.
COMMISSIONER

JEFF BRILLHART, P.E.
ASSISTANT COMMISSIONER

Bureau of Construction
July 23, 2014

AUG 05 2014

1-3

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 Pike Industries, Inc. (Vendor 177300) of Belmont, NH on the basis of a single bid of \$507,712.40 for 4.1 miles of pavement overlay on NH 16 in Wakefield and Ossipee, from the date of Governor and Council approval through May 29, 2015 unless extended by the Department in accordance with the Standard Specifications. 100% Federal Funds.

Funding is available as follows: FY 2015
04-96-96-963515-3054
Consolidated Federal Aid
400-500870 Highway Contract Payments \$507,712.40

2. Further authorize that a contingency in the amount of \$25,385.62 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.

Funding is available as follows: FY 2015
04-96-96-963515-3054
Consolidated Federal Aid
400-500870 Highway Contract Payments \$25,385.62

EXPLANATION

This project is part of the annual Federal Resurfacing Program. The work involves a pavement overlay consisting of a 3/4" pavement shim at two locations along NH 16. The pavement is in poor condition containing thermal cracks, fatigue cracking, pot holes and the ride is very rough. The rehabilitation work will 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.

The contingency amount is proposed to be 5% of the contract amount. This a one year duration contract, with fixed limits, being constructed during a time of rising and falling fuel prices. Adjusting limits to offset quantity overruns is not practical and potential fuel and asphalt adjustments need to be considered.

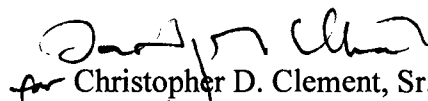
Although there was only one bid submitted for this project, it is the opinion of the Department that the bid is reasonable for the work involved. Readvertising this project would result, in our opinion, in higher prices and prevent the completion of the work this year. The Department considers it to be in the best interest of the State of New Hampshire to accept this bid to accomplish these needed pavement repairs before additional deterioration occurs.

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 and that the bid reasonably conforms to the engineer's estimate in accordance with State procedure. 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,


for Christopher D. Clement, Sr.
Commissioner

CDC/md

Department Estimate: \$559,072.00
Contract Amount: \$507,712.40
Under Estimate: \$ 51,359.60

Attachments

JUNE 13, 2014

SUPPLEMENTAL PROJECT INFORMATION SHEET

DESCRIPTION OF WORK This project involves 4.1 miles of ¾" Paver Shim resurfacing on NH 16 at two locations. Beginning 800' south of Crew Road in the Town of Wakefield and continuing 0.9 miles to the Wakefield/Ossipee town line and 900' north of NH 28 north 3.2 miles to 1,100' south of Pine River Road/NH 16B in the Town of Ossipee. Also included is crushed gravel for shoulder leveling. There is no anticipated bridge work, guardrail or drainage work involved on this project. Also, included is paving work approximately 500' north of River Road at the railroad crossing on NH 16 in the Town of Conway for the Conway 26383 Force Account project.

FEDERAL FUNDING: The improvements for the project are funded from the Department's Federal Resurfacing Program with 80% Federal Funding and the 20% match being Turnpike Toll Credits.

CONTINGENCY: The Contingency amount is proposed to be 5% of the contract amount. This is a one year duration contract, with fixed limits, being constructed during a time of rising and falling fuel prices. Adjusting limits to offset quantity overruns is not practical and potential fuel and asphalt adjustments need to be considered.

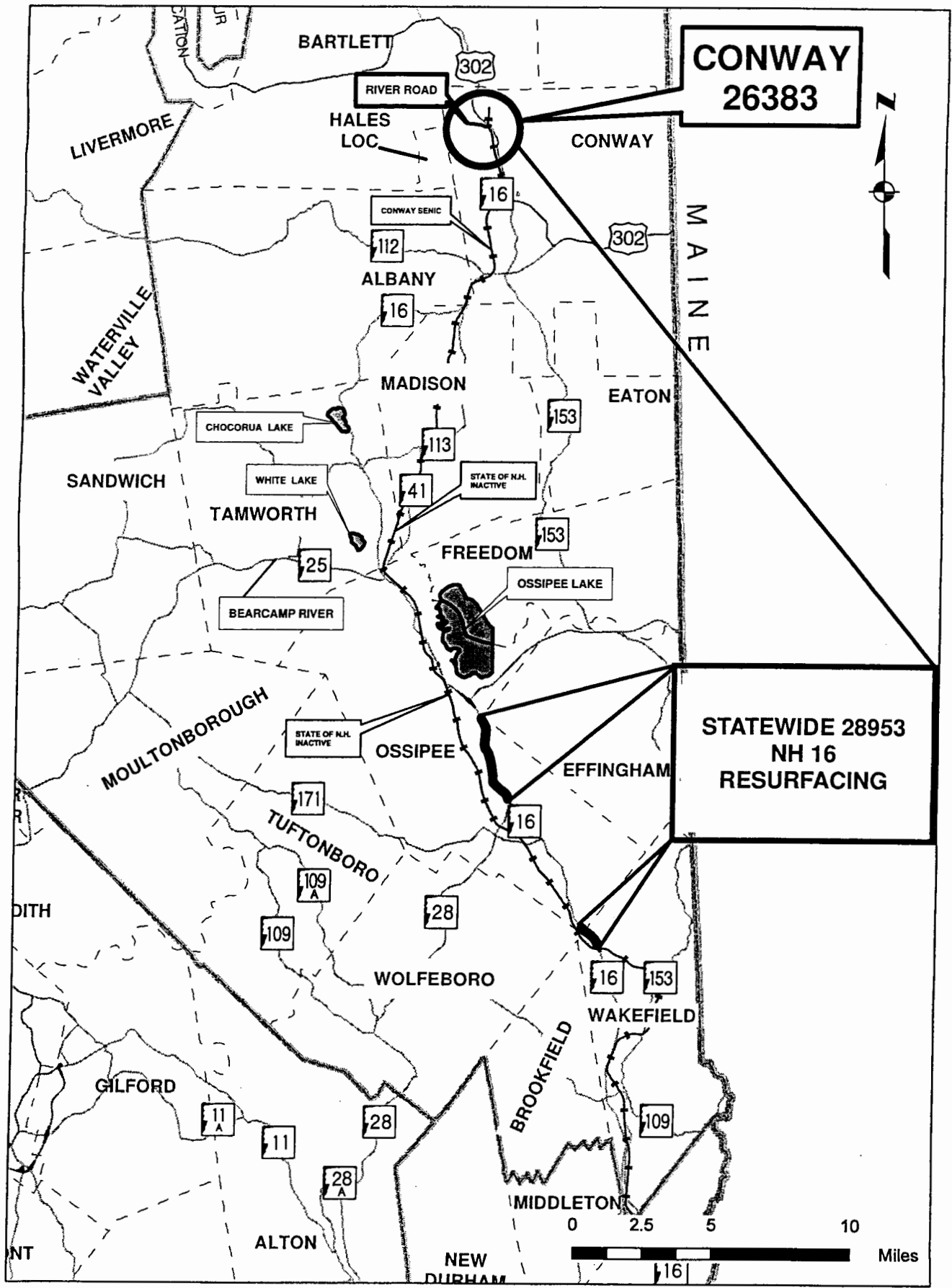
PROJECT INITIATED: State's Ten-Year Transportation Improvement Plan

PROJECT EXPLANATION: The project is part of the Department's Federal Resurfacing Program. The pavement is in poor condition containing thermal cracks, fatigue cracking, pot holes and the ride is very rough.

TRAFFIC IMPLICATIONS: One-lane, alternating two-way traffic will be utilized during non-holiday daytime hours, with the use of Flaggers and Uniform Officers. The minimum lane width will be 11' with 2' shoulders. Two-way traffic will be maintained during non-work hours. Emergency vehicles will be allowed to safely pass through the work zone. Some pavement work will require night paving.

INTERMEDIATE COMPLETION DATE: The Intermediate Completion Date is September 19, 2014. Complete all the Wakefield and Ossipee work by the Intermediate Completion Date. No allowance will be given for unfavorable weather or ground conditions or for delays in materials.

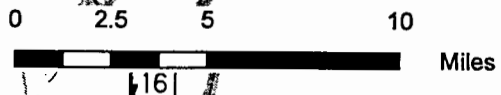
COMPLETION DATE: May 29, 2015



CONWAY
26383

MAINE

STATEWIDE 28953
NH 16
RESURFACING



**State of New Hampshire
Department of Transportation**

28953.01

Project: STATEWIDE X-A003(869) 28953
County and Code: CARROLL COUNTY 003
Date Bids Open: July 10, 2014
Scope of Work: ROADWAY RESURFACING AND SHOULDER LEVELING
Location: TWO LOCATIONS ON NH 16
Completion Date: May 29, 2015

A PIKE INDUSTRIES, INC.
3 EASTGATE PARK RD BELMONT, NH 03220

\$507,712.40

Item No.	Description	Unit	Quantity	Unit Price	Total	Unit Price	Total	Unit Price	Total
201.881	INVASIVE SPECIES CONTROL TYPE I	SY	500.00	\$2.00	\$1,000.00				
304.32	CRUSHED GRAVEL FOR SHOULDER LEVELING	TON	1,050.00	\$20.00	\$21,000.00				
403.1109	HOT BITUMINOUS PAVEMENT, MACHINE METHOD, HIGH STRENGTH	TON	74.00	\$150.00	\$11,100.00				
403.12	HOT BITUMINOUS PAVEMENT, HAND METHOD	TON	36.00	\$150.00	\$5,400.00				
411.3	PLANT MIX SURFACE TREAT- MENT (AC), PAVEMENT SHIM	TON	4,250.00	\$81.50	\$346,375.00				
417	COLD PLANING BITUMINOUS SURFACES	SY	2,826.00	\$3.40	\$9,608.40				
604.0007	POLYETHYLENE LINER	EA	5.00	\$165.00	\$825.00				
604.4	RECONSTRUCTING/ADJUSTING CATCH BASIN & DROP INLET	LF	5.00	\$350.00	\$1,750.00				
618.61	UNIFORMED OFFICERS WITH VEHICLE	\$	4,000.00	\$1.00	\$4,000.00				
618.7	FLAGGERS	HR	250.00	\$25.00	\$6,250.00				
619.1	MAINTENANCE OF TRAFFIC	U	1.00	\$19,000.00	\$19,000.00				
619.25	PORTABLE CHANGEABLE MESSAGE SIGN	U	2.00	\$750.00	\$1,500.00				
619.27	TRAILER-MOUNTED SPEED LIMIT SIGN	U	2.00	\$350.00	\$700.00				
628.2	SAWED BITUMINOUS PAVEMENT	LF	1,700.00	\$1.00	\$1,700.00				
632.0104	RETROREFLECTIVE PAINT PAVE. MARKING, 4" LINE	LF	85,300.00	\$0.18	\$15,354.00				
632.32	RETROREFLECT. THERMOPLAS. PAVEMENT MARKING, SYMBOL OR WORD	SF	190.00	\$2.00	\$380.00				
632.92	OBLITERATE PAVEMENT MARKING, SYMBOL OR WORD	SF	190.00	\$3.00	\$570.00				

Item No:	Description	Unit	Quantity	Unit Price	Total	Unit Price	Total
692	MOBILIZATION	U	1.00	\$40,000.00	\$40,000.00		
697.11	INVASIVE SPECIES CONTROL AND MANAGEMENT PLAN	U	1.00	\$1,200.00	\$1,200.00		
1010.15	FUEL ADJUSTMENT	\$	10,000.00	\$1.00	\$10,000.00		
1010.2	ASPHALT CEMENT ADJUSTMENT	\$	10,000.00	\$1.00	\$10,000.00		
					\$507,712.40		

A

A - PS&E Comparison

PS&E = NHDOT Cost Estimate

Item No.	Description	Unit	Quantity	A-Bidder		PS&E		A-PS&E Difference
				Unit Price	Total	Unit Price	Total	
201.881	INVASIVE SPECIES CONTROL TYPE I	SY	500.00	\$2.00	\$1,000.00	\$2.00	\$1,000.00	\$0.00
304.32	CRUSHED GRAVEL FOR SHOULDER LEVELING	TON	1,050.00	\$20.00	\$21,000.00	\$15.00	\$15,750.00	\$5,250.00
403.1109	HOT BITUMINOUS PAVEMENT, MACHINE METHOD, HIGH STRENGTH	TON	74.00	\$150.00	\$11,100.00	\$100.00	\$7,400.00	\$3,700.00
403.12	HOT BITUMINOUS PAVEMENT, HAND METHOD	TON	36.00	\$150.00	\$5,400.00	\$150.00	\$5,400.00	\$0.00
411.3	PLANT MIX SURFACE TREAT- MENT (AC), PAVER SHIM	TON	4,250.00	\$81.50	\$346,375.00	\$90.00	\$382,500.00	(\$36,125.00)
417	COLD PLANING BITUMINOUS SURFACES	SY	2,826.00	\$3.40	\$9,608.40	\$2.00	\$5,652.00	\$3,956.40
604.0007	POLYETHYLENE LINER	EA	5.00	\$165.00	\$825.00	\$131.00	\$655.00	\$170.00
604.4	RECONSTRUCTING/ADJUSTING CATCH BASIN & DROP INLET	LF	5.00	\$350.00	\$1,750.00	\$380.00	\$1,900.00	(\$150.00)
618.61	UNIFORMED OFFICERS WITH VEHICLE	\$	4,000.00	\$1.00	\$4,000.00	\$1.00	\$4,000.00	\$0.00
618.7	FLAGGERS	HR	250.00	\$25.00	\$6,250.00	\$21.00	\$5,250.00	\$1,000.00
619.1	MAINTENANCE OF TRAFFIC	U	1.00	\$19,000.00	\$19,000.00	\$30,000.00	\$30,000.00	(\$11,000.00)
619.25	PORTABLE CHANGEABLE MESSAGE SIGN	U	2.00	\$750.00	\$1,500.00	\$5,500.00	\$11,000.00	(\$9,500.00)
619.27	TRAILER-MOUNTED SPEED LIMIT SIGN	U	2.00	\$350.00	\$700.00	\$2,500.00	\$5,000.00	(\$4,300.00)
628.2	SAVED BITUMINOUS PAVEMENT	LF	1,700.00	\$1.00	\$1,700.00	\$2.50	\$4,250.00	(\$2,550.00)
632.0104	RETROREFLECTIVE PAINT PAVE. MARKING, 4" LINE	LF	85,300.00	\$0.18	\$15,354.00	\$0.15	\$12,795.00	\$2,559.00
632.32	RETROREFLECT. THERMOPLAS. PAVEMENT MARKING, SYMBOL OR WORD	SF	190.00	\$2.00	\$380.00	\$6.00	\$1,140.00	(\$760.00)
632.92	OBLITERATE PAVEMENT MARKING, SYMBOL OR WORD	SF	190.00	\$3.00	\$570.00	\$2.00	\$380.00	\$190.00

A - PS&E Comparison

PS&E = NHDOT Cost Estimate

Item No.	Description	Unit	Quantity	A-Bidder		PS&E		A-PS&E Difference
				Unit Price	Total	Unit Price	Total	
692	MOBILIZATION	U	1.00	\$40,000.00	\$40,000.00	\$40,000.00	\$40,000.00	\$0.00
697.11	INVASIVE SPECIES CONTROL AND MANAGEMENT PLAN	U	1.00	\$1,200.00	\$1,200.00	\$5,000.00	\$5,000.00	(\$3,800.00)
1010.15	FUEL ADJUSTMENT	\$	10,000.00	\$1.00	\$10,000.00	\$1.00	\$10,000.00	\$0.00
1010.2	ASPHALT CEMENT ADJUSTMENT	\$	10,000.00	\$1.00	\$10,000.00	\$1.00	\$10,000.00	\$0.00
					\$507,712.40		\$559,072.00	(\$51,359.60)

Certificate of Insurance

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON YOU THE CERTIFICATE HOLDER. THIS CERTIFICATE IS NOT AN INSURANCE POLICY AND DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED BELOW. POLICY LIMITS ARE NO LESS THAN THOSE LISTED. ALTHOUGH POLICIES MAY INCLUDE ADDITIONAL SUBLIMIT/LIMITS NOT LISTED BELOW.

This is to Certify that

Pike Industries, Inc.
3 Eastgate Park Road
Belmont NH 03220

NAME AND
ADDRESS
OF INSURED



Liberty Mutual
INSURANCE

is, at the issue date of this certificate, insured by the Company under the policy(ies) listed below. The insurance afforded by the listed policy(ies) is subject to all their terms, exclusions and Conditions and is not altered by any requirement, term or condition of any contract or other document with respect to which this certificate may be issued.

TYPE OF POLICY	EXP DATE <input type="checkbox"/> CONTINUOUS <input type="checkbox"/> EXTENDED <input checked="" type="checkbox"/> POLICY TERM	POLICY NUMBER	LIMIT OF LIABILITY	
WORKERS COMPENSATION	9/1/2014	WA7-C8D-004095-023 WC7-C81-004095-013	COVERAGE AFFORDED UNDER WC LAW OF THE FOLLOWING STATES: ALL STATES EXCLUDING MONOPOLISTIC STATES AND NY WI	EMPLOYERS LIABILITY
				Bodily Injury by Accident \$1,000,000 Each Accident
				Bodily Injury By Disease \$1,000,000 Policy Limit
				Bodily Injury By Disease \$1,000,000 Each Person
COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> CLAIMS MADE	9/1/2014	TB2-C81-004095-113 -Per Project Aggregate included.	General Aggregate	\$2,000,000
			Products / Completed Operations Aggregate	\$2,000,000
			Each Occurrence	\$2,000,000
			Personal & Advertising Injury	\$2,000,000 Per Person / Organization
			Other FIRE DAMAGE \$100,000	Other Medical Exp-\$5,000
			RETRO DATE	
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> OWNED <input checked="" type="checkbox"/> NON-OWNED <input checked="" type="checkbox"/> HIRED	9/1/2014	AS2-C81-004095-123 Comp Ded \$10,000 Coll Ded \$10,000	\$2,000,000 Each Accident—Single Limit B.I. And P.D. Combined	
			Each Person	
			Each Accident or Occurrence	
			Each Accident or Occurrence	
			OTHER	
ADDITIONAL COMMENTS RE: Statewide X-A003(869), 28953 State of NH - D.O.T. is listed as additional insured, where required by written contract.				

* If the certificate expiration date is continuous or extended term, you will be notified if coverage is terminated or reduced before the certificate expiration date.

NOTICE OF CANCELLATION: (NOT APPLICABLE UNLESS A NUMBER OF DAYS IS ENTERED BELOW.) BEFORE THE STATED EXPIRATION DATE THE COMPANY WILL NOT CANCEL OR REDUCE THE INSURANCE AFFORDED UNDER THE ABOVE POLICIES UNTIL AT LEAST 30 DAYS NOTICE OF SUCH CANCELLATION HAS BEEN MAILED TO:

Statewide X-A003(869), 28953

**Liberty Mutual
Insurance Group**

Certificate Holder

State of NH - D.O.T.
PO Box 483
Concord NH 03302

Stanley S. Esposito, Jr.

Stan Esposito

AUTHORIZED REPRESENTATIVE

Pittsburgh / 0387
12 Federal Street, Ste. 310
Pittsburgh PA 15212-5706

412-231-1331

7/17/2014

OFFICE

PHONE

DATE ISSUED

This certificate is executed by LIBERTY MUTUAL INSURANCE GROUP as respects such insurance as is afforded by those Companies NM 772 07-10



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/16/2014

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 MARSH USA, INC. TWO ALLIANCE CENTER 3560 LENOX ROAD, SUITE 2400 ATLANTA, GA 30326 J34420...EX-13-14	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: American Guarantee & Liability Ins Co		26247
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** ATL-003278169-01 **REVISION NUMBER:** 1

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
	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 - COMP/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) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		AUC655102504	09/01/2013	09/01/2014	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A			<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> 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: STATEWIDE X-A003(869), 28953
 STATE OF NEW HAMPSHIRE - D.O.T. IS INCLUDED AS ADDITIONAL INSURED(S) PER WRITTEN CONTRACT.

CERTIFICATE HOLDER**CANCELLATION**

STATE OF NEW HAMPSHIRE - D.O.T. 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 of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
---	--

© 1988-2010 ACORD CORPORATION. All rights reserved.

OWNERS AND CONTRACTORS PROTECTIVE
LIABILITY DECLARATIONS



Issued by Liberty Mutual Fire Insurance Company

Policy Number TF2-681-054459-704 Issuing Office Bala Cynwyd, PA
Renewal of New Issue Date 2014-07-17
Account Number 8-036771 Sub Account 0000

Named Insured and Mailing Address
State of New Hampshire - D.O.T.
P.O. Box 483
Concord, NH 03302-0483

Form of Business Governmental Authority

Policy Period: The policy period is from 07/22/2014 to 07/22/2015 12:01 A.M. standard time at the Insured's mailing address.

Designated Contractor: Pike Industries, Inc.

Mailing Address: 3 Eastgae Park Rd.
Belmont, NH 03220

Location of Coverage Operations: Statewide X-A003(869), 28953 Project. 4.1 Miles on NH Rt. 16 in Wakefield, Ossipee and Conway New Hampshire

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

LIMITS OF INSURANCE

Each Occurrence Limit \$ 2,000,000
Aggregate Limit \$ 3,000,000

SCHEDULE

The declarations are completed on the accompanying "Declarations Extension Schedule(s)".

Owners and Contractors Protective Liability Coverage Part Premium \$ 600
Endorsement Premium \$
Total Estimated Premium \$ 600
Other Charges(s) \$
Policywriting Minimum Premium \$

Forms Applicable: See Attached Inventory

Producer 0002 008060
Marsh Casualty Advisory Representative
3560 Lenox Rd., Ste 2400
Atlanta, GA 30326

Countersigned By:

Producer
Blickle K 9931
Bala Cynwyd, PA 390

Authorized Representative