



THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION



50
Beauregard

Victoria F. Sheehan
Commissioner

William Cass, P.E.
Assistant Commissioner

Bureau of Bridge Maintenance
May 4, 2017

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Transportation to enter into a contract based on a single hourly rate bid with Northeast Integration, LLC (Vendor 259289) Portsmouth, NH in the amount of \$75,000 to provide all labor, materials, equipment and transportation necessary to perform programmable logic controller services, for the State of New Hampshire, Department of Transportation for work that includes maintenance, repairs, and system upgrades to control systems for the Sarah Mildred Long Bridge, the Memorial Bridge, and Various Bridges statewide from July 1, 2017 through June 30, 2020. 73% Highway Funds and 27% Other funds.

Funding is contingent upon availability and continued appropriation of funds for FY 2018, FY 2019 and FY 2020.

Table with 4 columns: Item, FY 2018, FY 2019, FY 2020. Row 1: 04-096-096-960515-5034 Lift Bridge Operations. Row 2: 024-500225 Programmable Logic Controller Services \$25,000 \$25,000 \$25,000

EXPLANATION

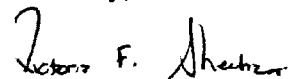
This contract is necessary for programmable logic controller (PLC) maintenance, repairs and system upgrades for lift bridges, which are required by Federal law to lift on demand for marine traffic. Failure to raise the bridges expeditiously can result in Coast Guard penalties for up to \$25,000 per day. The primary feature of the contract is the ability to respond quickly to the lift bridges when breakdowns occur.

The Department advertised the work on the Department of Administrative Services web page and in the Portsmouth Herald on March 23, 2017. One sealed bid was received and opened on April 4, 2017. The bidder's price is considered reasonable for the work involved. Northeast Integration, LLC has the highly specialized technical expertise to efficiently respond to emergency repairs on these complex computerized, electro-mechanical systems that operate our moveable bridges.

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 Services' Office, and subsequent to Governor and Council approval will be on file at the Department of Transportation.

Your approval of this resolution is respectfully requested.

Sincerely,

A handwritten signature in black ink, appearing to read "Victoria F. Sheehan". The signature is written in a cursive style with a large initial "V".

Victoria F. Sheehan
Commissioner

Attachments




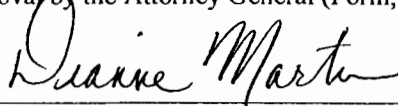
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Transportation - Bridge Maintenance		1.2 State Agency Address 7 Hazen Drive PO BOX 483, Concord NH 03302	
1.3 Contractor Name <i>Northeast Integration LLC</i>		1.4 Contractor Address <i>195B West Rd Portsmouth NH 03801</i>	
1.5 Contractor Phone Number <i>603 294 5988</i>	1.6 Account Number <i>04 096 096 960515 5034 024-500225</i>	1.7 Completion Date June 30, 2020	1.8 Price Limitation \$75,000
1.9 Contracting Officer for State Agency Douglas Gosling, Administrator		1.10 State Agency Telephone Number 603-271-3667	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory <i>Dylan Kimmel, Principal</i>	
1.13 Acknowledgement: State of <i>NH</i> , County of <i>Rockingham</i> On <i>May 2, 2017</i> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace [Seal]  <i>EXP 4/10/20</i>			
1.13.2 Name and Title of Notary or Justice of the Peace <i>Lynn McCarty, Justice of Peace, Office Manager</i>			
1.14 State Agency Signature  Date: <i>5/12/17</i>		1.15 Name and Title of State Agency Signatory David Rodrigue Director of Operations	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By:  On: <i>5/19/17</i>			
1.18 Approval by the Governor and Executive Council (if applicable) By: _____ On: _____			

2. EMPLOYMENT OF CONTRACTOR/SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT A which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.18, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.14 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. This may include the requirement to utilize auxiliary aids and services to ensure that persons with communication disabilities, including vision, hearing and speech, can communicate with, receive information from, and convey information to the Contractor. In addition, the Contractor shall comply with all applicable copyright laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this

Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

10. **TERMINATION.** In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT A.

11. **CONTRACTOR'S RELATION TO THE STATE.** In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. **ASSIGNMENT/DELEGATION/SUBCONTRACTS.** The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice and consent of the State. None of the Services shall be subcontracted by the Contractor without the prior written notice and consent of the State.

13. **INDEMNIFICATION.** The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than thirty (30) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than thirty (30) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("*Workers' Compensation*").

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. WAIVER OF BREACH. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

17. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no

such approval is required under the circumstances pursuant to State law, rule or policy.

19. CONSTRUCTION OF AGREEMENT AND TERMS.

This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

20. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional provisions set forth in the attached EXHIBIT C are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire Agreement and understanding between the parties, and supersedes all prior Agreements and understandings relating hereto.


Contractor Initials 
Date 5/2/17

EXHIBIT "A" – SCOPE OF SERVICESGENERAL DESCRIPTION

The proposed work includes maintenance, repairs, and system upgrades to control systems for the Sarah Mildred Long Bridge, the Memorial Bridge, and Various Bridges statewide.

The contractor shall be available to perform emergency repairs (critical deficiencies) on a 24-hour, 7-day a week basis, as ordered by the New Hampshire Department of Transportation.

- A. Upon notification of a critical deficiency, the contractor will respond to the effected site **within (4) four hours** and complete the repairs within (48) forty-eight hours of notification.
- B Should the contractor be unable to complete the critical repair within the 48 hour time period, the contractor must request/notify, in writing, the Administrator of Bureau of Bridge Maintenance, New Hampshire Department of Transportation. Examples of valid reasons are:
1. Parts unavailable with explanation why.
 2. Repair is ongoing and require additional time to complete.
 3. Parts exceed \$2000.00 and appropriate Department of Transportation personnel were unavailable to authorize.

Written notification must include all pertinent information regarding the delayed repair which include:

1. Specified time period until repair can be completed.
2. Devices affected and how it affects overall bridge system.
3. Reasons for delay of repair.
4. And any other information to justify the request for non-compliance of the 48 hour provision.

Parts necessary for repairs that do not exceed \$2000.00 per Bridge are authorized without written approval. Parts necessary for repair that exceed \$2000.00 per repair require written approval from the Administrator of the Bureau of Bridge Maintenance, New Hampshire Department of Transportation.

The contractor shall obtain any materials or equipment required and furnish qualified workers to execute said approved work in a complete and professional like manner, observing any and all rules of power companies furnishing electric service and any and all rules of the Board of Underwriters, as may apply. The contractor is responsible for compliance with the Federal Construction Safety Standards that apply to all employers subject to the regulations promulgated by OSHA.

A more detailed scope of services for each bridge is shown below:

MEMORIAL AND SARAH M. LONG BRIDGE - SCOPE OF SERVICES

1. Perform maintenance and repair of control systems of the Memorial and Sarah Mildred Long Bridge from the Portsmouth, New Hampshire abutment to the Kittery, Maine abutment. Control systems include but are not necessarily limited to:
 - A. Allen Bradley Controllogix controllers
 - B. Allen Bradley Ethernet networks
 - C. Cimplicity SCADA systems
 - D. Intellect HMI software
 - E. Position encoders and limits switches
 - F. Controllogix driver software
2. Perform promptly any maintenance work to the systems cited above, including the replacement of defective equipment, upon authorization of the New Hampshire Department of Transportation.
3. Perform promptly any changes or new work, which are improvements to the existing systems upon authorization of the New Hampshire Department of Transportation.

VARIOUS BRIDGES AND BRIDGE MAINTENANCE FACILITIES - STATEWIDE

1. Perform promptly any maintenance or new work to the control systems on various bridges statewide upon authorization of the New Hampshire Department of Transportation.

EXHIBIT "B" – COMPENSATIONCOMPENSATION

In full compensation for the work performed under this agreement, the contractor shall be reimbursed as follows:

1. Labor will be reimbursed based on the hours worked on-site at the standard hourly rates charged by the contractor for similar work for each employee, subject to the Maximum Hourly Rates attached. The rate shall be a total rate including health and welfare benefits, taxes, insurances, retirement, union benefits, overhead, and profit. Only itemized invoices showing each employee who worked with hour details will be paid.

Work outside regular hours on "Critical Deficiencies" will be reimbursed at a maximum of 1-1/2 times the standard hourly rate (this includes, nights weekends, and holidays). Work on items other than critical deficiencies outside regular hours will be reimbursed at standard hourly rates unless the contractor is specifically requested to work outside regular hours.

2. **Travel** to locations will be reimbursed at labor hourly rates above plus mileage using the applicable the IRS standard mileage rate.
3. **Materials:** Materials will be paid for at actual cost, including transportation charges paid, to which 15 percent will be added. Only itemized invoices showing a breakdown for parts and costs will be paid.
4. **Equipment:** Actual hours of equipment used at rates established in the latest edition of the "Rental Rate Blue Book for Construction Equipment" published by Dataquest, Inc.
5. **Subcontractor:** Work done by subcontractor enlisted by the party of the second part will be reimbursed at the subcontractor invoice cost plus a 10% markup.

ESCALATION

The CONTRACTOR may request to increases to the Maximum Hourly Rates to the account for inflation on an annual basis for the life of the contract. The CONTRACTOR's request for revision of the maximum hourly rate shall be submitted at least 3 months prior to the effective date of the changes and the effective date of the change shall not be sooner than one year from the approval of this contract by the G&C. This agreement may be terminated at the end of the 3 month period if an agreement on an increase to the Maximum Hourly Rates cannot be reached.

TIME AND METHOD OF PAYMENT

Payment will be made within thirty (30) days from the date of receipt of invoice. Invoices shall be rendered as work is completed, or monthly.

The maximum contract amount is \$75,000 (\$25,000 per fiscal year). Exact contract amount cannot be determined but will be based on the actual contract usage.

MAXIMUM HOURLY RATE SHEET

Insert the company's Position Description and maximum hourly rate.

For bid comparison purposes, insert the typical percent of the time that the position will be involved in trouble-shooting lift bridge control problems and multiply the percentage by the hourly rate to obtain the weighted hourly rate. The percentages of all positions should add to 100%. Sum the weighted hourly rates to obtain the Total Weighted Hourly Rate.

It is anticipated that most work involves troubleshooting and, therefore, would be at a senior level. Obviously inflated percentages at lower hourly rates will be considered non-compliant.

<u>Position Description</u>	<u>Hourly Rate</u>		<u>Percent time</u>		<u>Weighted Hourly Rate</u>
<u>Control System Engineer</u>	\$ <u>125</u> per hour	x	<u>100</u> %		\$ _____ per hour
_____	\$ _____ per hour	x	_____ %		\$ _____ per hour
_____	\$ _____ per hour	x	_____ %		\$ _____ per hour
_____	\$ _____ per hour	x	_____ %		\$ _____ per hour
_____	\$ _____ per hour	x	_____ %		\$ _____ per hour
Total Weighted Hourly Rate					\$ _____ per hour

Weighted hourly rates are for bid basis only; actual hours and rates will be invoiced as indicated in the Compensation section.

Example			
<u>Position Description</u>	<u>Hourly Rate</u>		<u>Weighted Hourly Rate</u>
<u>Manager</u>	\$ <u>140</u> per hour	x	<u>10</u> %
<u>Sr Engineer</u>	\$ <u>120</u> per hour	x	<u>70</u> %
<u>Technician</u>	\$ <u>80</u> per hour	x	<u>20</u> %
Total Weighted Hourly Rate			\$ <u>114</u> per hour

END BID PROPOSAL FORM

Contractor's Initials NY
Date 5/2/17

EXHIBIT "C" – SPECIAL PROVISIONS

1. Upon agreement of both parties additional equipment and/or other facilities belonging to the Department of Transportation may be added to the contract.
2. Any failure of the contractor to meet the requirements of this contract shall constitute an event of default and provide justification for the contracting agency to immediately terminate the contract.
3. Failure to meet the requirements of this contract by the contractor, will automatically grant the approval for the New Hampshire Department of Transportation to hire another contractor to complete repairs at the contractors expense.
4. Bidders need to have a minimum of 5 years relevant programmable logic controller lift bridge related work experience. The experience must include troubleshooting problems remotely and physically at lift bridges and the bidder shall provide references for that work.
5. This contract requires performing duties in potentially adverse working environments, which may include exposure to all types of weather and work at extreme heights.
6. Work requires an understanding and ability to comply with of United States Coast Guard requirements.
7. All work shall be conducted so as to interfere as little as possible with the Department of Transportation business and to limit inconvenience to the traveling public. Except for critical deficiencies, the work shall occur during normal Department working hours 7:00 am to 3:30 pm on non-weekend, non-holiday dates unless otherwise approved by the Department.
8. The Bureau of Bridge Maintenance operates in accordance with the Department of Transportation's Environmental Policy, which seeks to minimize or eliminate negative impacts to the environment. The contractor shall conduct their work in a manner consistent with this policy.
9. The contractor shall conduct his work activities in a safe manner so as to protect Bureau of Bridge Maintenance personnel as well as the public. The contractor, at their own expense, shall furnish safety devices and take other precautions whenever required to protect life and property. In certain instances, additional safety measures may be required due to a lift bridge's unique characteristics.
10. This form contract (Form P-37, attached), shall be completed by incorporating the service requirements and price conditions established by the contractor's proposal and shall be promptly executed by the successful bidder and the State of New Hampshire following notification of award. This contract form shall be part of all proposals and may not be omitted, waived, or modified.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/13/2017

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 Key Insurance & Benefits Services 777 Canal View Blvd, Suite 100 Rochester NY 14623	CONTACT NAME: Louise Cook
	PHONE (A/C, No, Ext): (585) 546-3747 FAX (A/C, No): (585) 424-2798
INSURED Northeast Integration, LLC 195B West Rd. Portsmouth NH 03801	E-MAIL ADDRESS: Louise.cook@key.insurance
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Underwriters at Lloyd's London NAIC # 085202
	INSURER B: Evanston Insurance Co 35378
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: 17-18 Liability REVISION NUMBER: 2 4/11/17 1c

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.

INSURER	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<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"/> PROJECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:			ESF02250017	4/10/2017	4/10/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 Pollution Liability \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			ESF02250017	4/10/2017	4/10/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			MKLV1EUL100696	4/10/2017	4/10/2018	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	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/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability			ESF02250017	4/10/2017	4/10/2018	Each Claim \$1,000,000 Aggregate \$1,000,000

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

CERTIFICATE HOLDER

NHDOT Bridge Maintenance
7 Hazen Drive
PO Box 483
Concord, NH 03302-0483

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

Bruce Rogers/LCOOK



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/13/2017

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 have ADDITIONAL INSURED provisions or 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 DataRisk A Risk Strategies Company 1 New Hampshire Avenue, Suite 340 Portsmouth, NH 03801	CONTACT NAME:	
	PHONE (A/C, No, Ext):	(603) 778-8985
	FAX (A/C, No):	(603) 778-8987
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Hartford Accident and Indemnity Company	22357
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

INSURED
Northeast Integration, LLC
195B West Road
Portsmouth NH 03801

COVERAGES CERTIFICATE NUMBER: 35112819 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ OTHER \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION S						EACH OCCURRENCE \$ AGGREGATE \$ OTHER \$
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/N N	N/A	04WECEL0089	1/10/2017	1/10/2018	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER USL&H Included E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER

NHDOT Bridge Maintenance
PO Box 483
Hazen Drive
ncord NH 03302-0483

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

Michael S. Daigle

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NORTHEAST INTEGRATION, LLC

RESOLUTION OF MEMBERS

I, the undersigned, do hereby certify that I am the sole Member of NORTHEAST INTEGRATION, LLC (the "Company"), a New Hampshire limited liability company, and that effective on the date noted below, the following resolutions were adopted:

RESOLVED: That the Company be and hereby is authorized to enter into one or more certain contracts with the New Hampshire Department of Transportation.

RESOLVED: That Dylan M. Kimmel, Managing Member of the Company, be and hereby is, authorized to execute any and all contracts and documents, and to take any and all actions necessary to facilitate and carry out the intent of the foregoing resolutions in the name and on behalf of the Company.

RESOLVED: That any and all actions heretofore or hereafter taken by such Managing Member of the Company within the meaning of the foregoing resolutions be and hereby are ratified and confirmed as the acts and deeds of the Company.

There being no further business to come before the Members, it was

VOTED: To adjourn

A True Record, Attest:

NORTHEAST INTEGRATION, LLC

The vote remains in full effect/has not been revoked as of 05/02/2017

By: _____

Dylan M. Kimmel
Managing Member

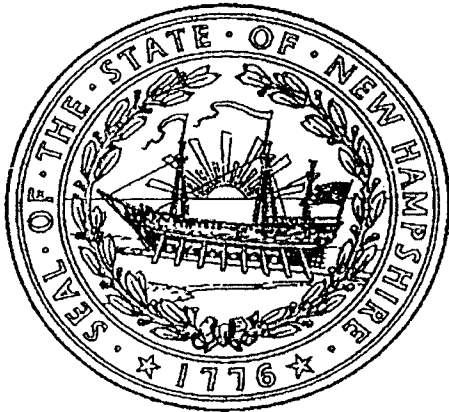
State of New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that NORTHEAST INTEGRATION LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on January 30, 2007. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 571495



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 14th day of April A.D. 2017.

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State