



THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION



Victoria F. Sheehan
Commissioner

William Cass, P.E.
Assistant Commissioner

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

Bureau of Construction
October 23, 2019

REQUESTED ACTION

1. Authorize the Department of Transportation to enter into a contract with Nicom Coatings Corporation (Vendor 160434) of Barre, VT on the basis of a low bid of \$440,309.15 for crack sealing of six Tier 2 roadway segments in eight towns in the northern portion of the state totaling approximately 18 centerline miles, from the date of Governor and Council approval through August 28, 2020, unless extended by the Department in accordance with the Standard Specifications. 100% Federal Funds.

Funding is available in State Fiscal Year 2020 and Fiscal Year 2021 as follows, with the ability to adjust encumbrances through the Budget Office between State Fiscal Years if needed and justified:

Funding is available as follows:	<u>FY 2020</u>	<u>FY 2021</u>
04-96-96-963515-3054 Consolidated Federal Aid 400-500870 Highway Contract Payments	\$368,258.63	\$72,050.52

2. Further authorize that a contingency in the amount of \$22,015.46 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:	<u>FY 2020</u>	<u>FY 2021</u>
04-96-96-963515-3054 Consolidated Federal Aid 400-500870 Highway Contract Payments		\$22,015.46

EXPLANATION

This project is part of the State's Ten Year Transportation Improvement Plan under the Pave-Tier 2-Resurfacing Programmatic. The project consists of approximately 18 centerline miles of crack sealing six Tier 2 roadway segments in eight towns in the northern portion of the state, including:

- 19149 – Lancaster, US 3, Full-width crack seal, 3.0 miles
- 19150 – Colebrook, US 3, Full-width crack seal, 1.4 miles
- 19151 – Bethlehem-Carroll, US 3, Full-width crack seal, 5.4 miles
- 19236 – Lebanon, US 4A, Full-width crack seal, 1.1 miles
- 20204A – Warren-Wentworth, NH 25, Full-width crack seal, 3.0 miles
- 20204C – Wentworth-Rumney, NH 25, Full-width crack seal, 4.5 miles

This project consists of crack sealing only and does not include any incidental work.

The purpose of this project is to extend the life of the existing pavement infrastructure at a low cost and to extend the time before resurfacing is required.

The proposed contingency amount is 5% of the contract amount. This is to account for the use of aerial imagery to calculate quantities instead of surveyed data, changes in pavement condition due to the winter of 2019-2020, and escalating asphalt prices.

Although the bid costs exceeded the Department's estimate by 1.71%, the low bid of 2 bids received is felt to be reasonable for the work involved. Re-advertising this project would result, in our opinion, in higher prices and prevent the completion of the work in a timely manner. The Department considers it to be in the best interest of the State to accept this bid to accomplish these needed repairs.

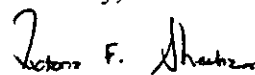
The Contractor has been prequalified by this Department. The Contract has been approved by the Attorney General as to form and execution, and the Department has certified that the necessary funds are available and the bid reasonably conforms to the engineer's estimate in accordance with State procedure. 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 (Pave-Tier 2-Resurfacing) utilizing Turnpike Toll credits as the State's 20% match, 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.

Your approval of this resolution is respectfully requested.

Sincerely,



Victoria F. Sheehan
Commissioner

VFS/pcj

Department Estimate: \$432,893.65

Contract Amount: \$440,309.15

Over Estimate: \$ 7,415.50

Attachments



ABC Bid Data

STATEWIDE TIER 2 CRACK SEAL

42317B

X-A004(815)

PROJECT: STATEWIDE TIER 2 CRACK SEAL
 STATE PROJECT NUMBER: 42317B
 FED. PROJECT NUMBER: X-A004(815)
 DATE BIDS OPEN: October 10, 2019, 2:00
 SCOPE OF WORK: Crack sealing of Tier 2 roadways
 COMPLETION DATE: August 28, 2020
 LOCATION:

Awarded To: NICOM COATINGS CORPORATION
 140 INDUSTRIAL LANE- BERLIN
 BARRE, VT 05641-0727
 Amount: \$440,309.15
 Award Date:

Certified by: PETER.E.STAMNAS
 Director of Project Development

Summary of Bidders

Contractor	Bid Amount	Rank
NICOM COATINGS CORPORATION 140 INDUSTRIAL LANE BERLIN BARRE VT 05641-0727	\$440,309.15	A
ANNSEAL, INC. 130 MAIN STREET, STE 3, JOHNSON CITY NY 13790	\$445,819.21	B

Item No.	Description	Unit	Quantity	PS&E		NICOM COATINGS CORPORATION 140 INDUSTRIAL LANE-BERLIN BARRÉ, VT 05841-6727		ANNSEAL, INC. 130 MAIN STREET, STE 3 JOHNSON CITY, NY 13790	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items

413.1	HOT-POURED CRACK SEALANT	LB	128,406.37	\$1.75	\$224,711.15	\$2.30	\$295,334.65	\$1.76	\$225,995.21
618.61	UNIFORMED OFFICERS WITH VEHICLE	\$	2,000.00	\$1.00	\$2,000.00	\$1.00	\$2,000.00	\$1.00	\$2,000.00
618.7	FLAGGERS	HR	1,101.00	\$32.50	\$35,782.50	\$24.50	\$26,974.50	\$24.00	\$26,424.00
619.1	MAINTENANCE OF TRAFFIC	U	1.00	\$140,000.00	\$140,000.00	\$71,500.00	\$71,500.00	\$183,900.00	\$183,900.00
619.25	PORTABLE CHANGEABLE MESSAGE SIGN	U	4.00	\$3,350.00	\$13,400.00	\$2,250.00	\$9,000.00	\$2,000.00	\$8,000.00
692.	MOBILIZATION	U	1.00	\$15,000.00	\$15,000.00	\$33,500.00	\$33,500.00	\$17,500.00	\$17,500.00
1010.15	FUEL ADJUSTMENT	\$	2,000.00	\$1.00	\$2,000.00	\$1.00	\$2,000.00	\$1.00	\$2,000.00
Totals:					\$432,893.85		\$440,309.15		\$445,819.21
Alt. Totals:									
Totals:					\$432,893.85		\$440,309.15		\$445,819.21



PS&E Comparison

STATEWIDE TIER 2 CRACK SEAL

42317B

X-A004(815)

Item No.	Description	Unit	Quantity	A-Bidder		PS&E		A-PS&E Difference
				Unit Price	Total	Unit Price	Total	
Items								
413.1	HOT-POURED CRACK SEALANT	LB	128,406.37	\$2.30	\$295,334.65	\$1.75	\$224,711.15	\$70,623.50
618.61	UNIFORMED OFFICERS WITH VEHICLE	\$	2,000.00	\$1.00	\$2,000.00	\$1.00	\$2,000.00	\$0.00
618.7	FLAGGERS	HR	1,101.00	\$24.50	\$26,974.50	\$32.50	\$35,782.50	(\$8,808.00)
619.1	MAINTENANCE OF TRAFFIC	U	1.00	\$71,500.00	\$71,500.00	\$140,000.00	\$140,000.00	(\$68,500.00)
619.25	PORTABLE CHANGEABLE MESSAGE SIGN	U	4.00	\$2,250.00	\$9,000.00	\$3,350.00	\$13,400.00	(\$4,400.00)
692.	MOBILIZATION	U	1.00	\$33,500.00	\$33,500.00	\$15,000.00	\$15,000.00	\$18,500.00
1010.15	FUEL ADJUSTMENT	\$	2,000.00	\$1.00	\$2,000.00	\$1.00	\$2,000.00	\$0.00
Total:					\$440,309.15		\$432,893.65	\$7,415.50

STATEWIDE TIER 2 CRACK SEAL**X-A004(815)****42317B**

August 27, 2019

SUPPLEMENTAL PROJECT INFORMATION SHEET

DESCRIPTION: This 18.4 centerline mile project consists of crack sealing six Tier 2 roadway segments in eight towns in the northern portion of the state, including:

Segment ID	Town/City	Road	Proposed Work	Length
19149	Lancaster	US 3	Full-width crack seal	3.0 miles
19150	Colebrook	US 3	Full-width crack seal	1.4 miles
19151	Bethlehem-Carroll	US 3	Full-width crack seal	5.4 miles
19236	Lebanon	US 4A	Full-width crack seal	1.1 miles
20204A	Warren-Wentworth	NH 25	Full-width crack seal	3.0 miles
20204C	Wentworth-Rumney	NH 25	Full-width crack seal	4.5 miles

This project consists of crack sealing only and does not include any incidental work.

FEDERAL FUNDING: 80% (Pave-Tier 2-Resurfacing) utilizing Turnpike Toll credits as the State's 20% match.

CONTINGENCY: The Contingency amount is proposed to be 5%. This is to account for the use of aerial imagery to calculate quantities instead of surveyed data, changes in pavement condition due to the winter of 2019-2020, and escalating asphalt prices.

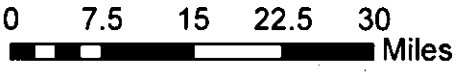
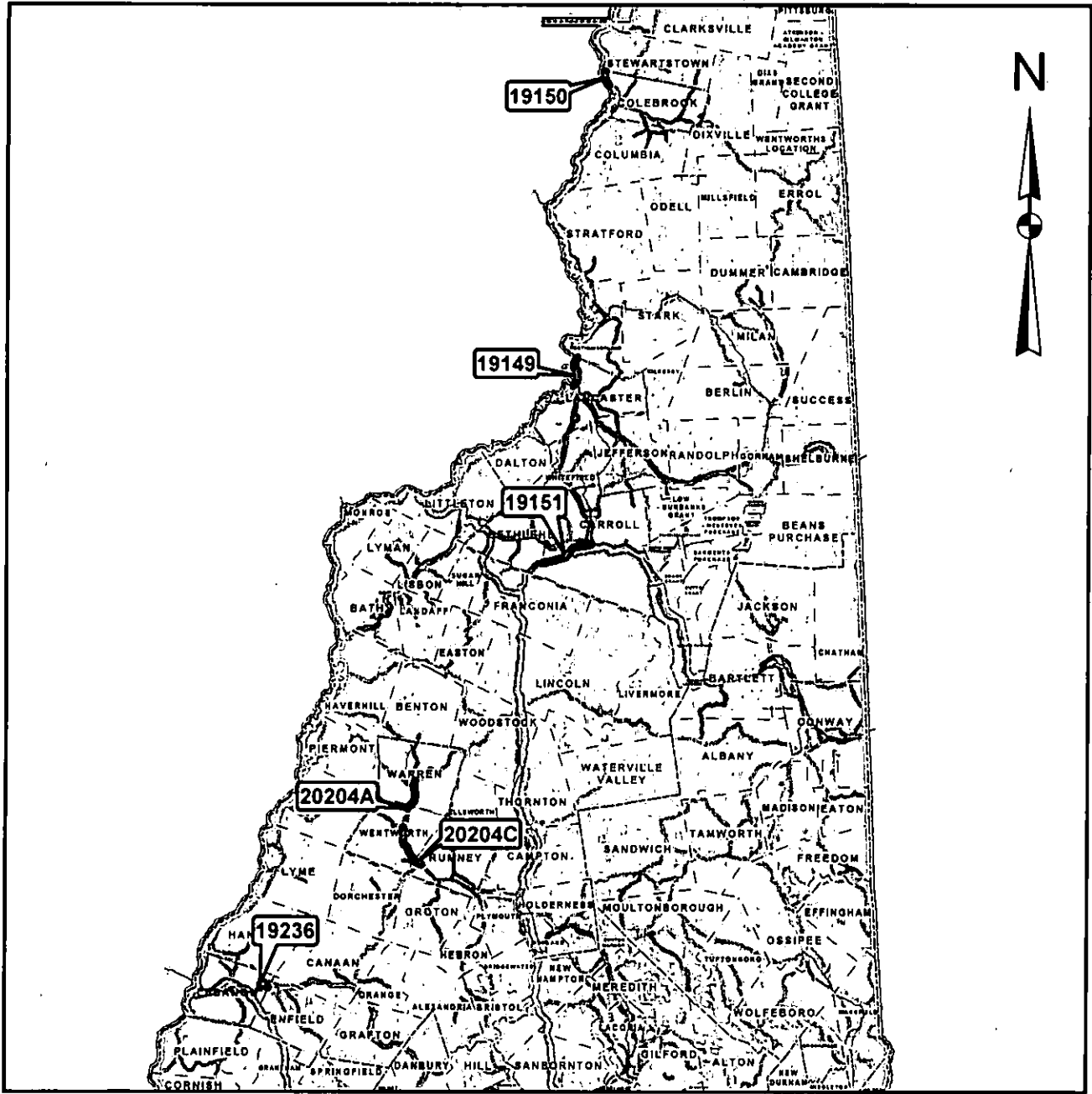
PROJECT INITIATED: State's Ten-Year Transportation Improvement Program, Pave-Tier 2-Resurfacing Programmatic.

PROJECT EXPLANATION: The purpose of this project is to extend the life of the existing pavement infrastructure at a low cost and to extend the time before resurfacing is required.

TRAFFIC IMPLICATIONS: One-lane, alternating two-way traffic control will be implemented for all sections. No nighttime work will be required.

COMPLETION DATE: August 28, 2020

STATEWIDE - 42317B

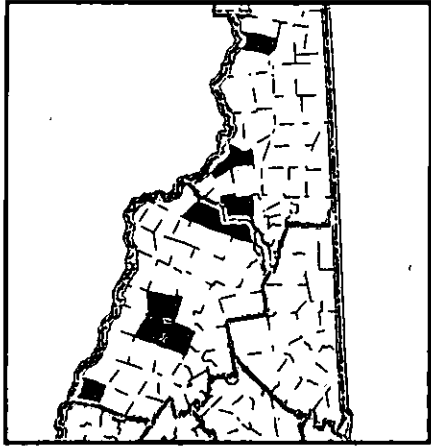


LEGEND

- 42317
- Interstates
- US Routes
- State Routes
- Unnumbered Routes
- Urban Compacts



State #: 42317B
Federal #: X-A004 (957)
LOCATION MAP





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/28/2019

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 Noyle W Johnson Insurance 119 River Street P.O. Box 279 Montpelier VT 05601-0279		CONTACT NAME: Amanda Hamilton, CISR PHONE (A/C, No, Ext): (802) 684-8096 E-MAIL ADDRESS: ahamilton@nwjinsurance.com FAX (A/C, No): (802) 684-3929	
INSURED Nicom Coatings Corp, AD Rossi, Services 140 Industrial Lane-Berlin Barre VT 05641		INSURER(S) AFFORDING COVERAGE INSURER A: Cincinnati Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 10677	

COVERAGES **CERTIFICATE NUMBER:** CL191235924 **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 INSD 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 type="checkbox"/> LOC OTHER:	Y	CPP1059538	01/01/2019	01/01/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY	Y	EBA0472369	01/01/2019	01/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		CPP1059538	01/01/2019	01/01/2020	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
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	EWC0461575-01	01/01/2019	01/01/2020	<input checked="" type="checkbox"/> PER STATUTE <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

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

Project: Statewide Tier 2 Crackseal, X-A004(815), 42317B

The State of New Hampshire Department of Transportation is Additional Insured under the General Liability and Auto Liability policies where required by written contract.

CERTIFICATE HOLDER**CANCELLATION**State of New Hampshire Department of Transportation
Office of Federal Compliance
7 Hazen Drive
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

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/29/2019

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

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PRODUCER Sawyer & Ritchie Agency P.O. Box 196 198 Route 2 West Danville VT 05828	CONTACT NAME: Amanda Hamilton, CISR, AFIS PHONE (A/C, No, Ext): (802) 884-3411 FAX (A/C, No): (802) 884-3929 E-MAIL ADDRESS: ahamilton@nwjinsurance.com																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Cincinnati</td> <td>10677</td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Cincinnati	10677	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:	
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INSURED State of New Hampshire Dept of Transportation Nicom Coatings Corp, C/O 140 Industrial Lane-Berlin Barre VT 05641																					

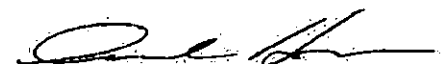
COVERAGES **CERTIFICATE NUMBER:** CL19103038733 **REVISION NUMBER:**

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	ADDD	SUBR	INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners & Contractors Protective GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					CAP5255689	10/29/2019	10/29/2020	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY								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								<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Project: Statewide Tier 2 Crackseal, X-A004(815), 42317B

New Hampshire DOT is named insured on the OCP policy.

CERTIFICATE HOLDER State of New Hampshire Department of Transportation Office of Federal Compliance 7 Hazen Drive 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 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
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PRODUCER Sawyer & Ritchie Agency P.O. Box 196 198 Route 2 West Danville VT 05828	CONTACT NAME: Amanda Hamilton, CISR PHONE (A/C No, Ext): (802) 684-3411 FAX (A/C, No): (802) 684-3929 E-MAIL ADDRESS: ahamilton@nwjnsurance.com																				
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INSURER(S) AFFORDING COVERAGE		NAIC #																			
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INSURER B:																					
INSURER C:																					
INSURER D:																					
INSURER E:																					
INSURER F:																					
INSURED State of New Hampshire Railroad & New Hampshire Central Railroad and their affiliates, successors and assigns c/o Nicom Coatings, Corp., 140 Industrial Lane-Berlin Barre VT 05641																					

COVERAGES **CERTIFICATE NUMBER:** NH Central RR **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 INSD WVO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Railroad Protective Liability		SPS-3P399986-IND	10/29/2019	10/29/2020	EACH OCCURRENCE \$ 2,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:								
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY								
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	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			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$			

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

Project: Statewide Tier 2 Crackseal - X-A004(815), 42317B

Named Insured on the Railroad Protective Policy is State of New Hampshire Railroad and New Hampshire Central Railroad and their affiliates, successors and assigns.
New Hampshire DOT is Additional Insured where required by written contract.

CERTIFICATE HOLDER

State of NH Railroad, JOM Building,
 PO Box 483, 7 Hazen Drive
 Concord, NH 03302-0483

And

New Hampshire Central Railroad
 2292 Trooper Scott E. Phillips Highway
 North Stratford, NH 03590

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

Audrey L. Macie

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