



State of New Hampshire  
DEPARTMENT OF ADMINISTRATIVE SERVICES  
OFFICE OF THE COMMISSIONER  
25 Capitol Street – Room 120  
Concord, New Hampshire 03301

VICKI V. QUIRAM  
Commissioner  
(603)-271-3201

JOSEPH B. BOUCHARD  
Assistant Commissioner  
(603)-271-3204

Division of Public Works  
Design and Construction  
Project No. 80870 – Contract A

March 31, 2016

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

**REQUESTED ACTION**

1). Authorize the Division of Public Works Design and Construction to enter into a contract with GMI Asphalt, LLC (VC# 172481) Belmont, NH, for a total price not to exceed \$512,834, for the Reclaim and Repave the Flume Parking Lot – Franconia Notch Park Daniel Webster Highway, Lincoln, NH. This contract is effective upon Governor and Council approval through September 30, 2016, unless extended in accordance with the contract terms. **100% General – Capital Funds.**

2). Further authorize pursuant to 220:13, Laws of 2015, the amount of \$4,000 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC# 177875), Capital Clerk for oversight and engineering services provided, bringing the total to \$516,834. **100% General – Capital Funds.**

Funding is available in account titled Department of Resources and Economic Development as follows:

03-35-35-350030-52900000	Flume Parking	<u>SFY16</u>
034-500157	– Land Improvements	\$ 512,834
034-500162	– Interagency Fees - DPW	<u>4,000</u>
	<b>Grand Total</b>	<b>\$ 516,834</b>

**EXPLANATION**

Per Chapter 220:1, XIII, G, Laws of 2015, for Flume Parking Lot, this project will rehabilitate all of the Flume Visitor Center parking areas. The work will include reclaiming and reshaping the existing asphalt and gravel, and compacting and repaving the parking areas. The project will also include work to repair some sections of the existing drainage system.

The contractor has been pre-qualified by the Department of Transportation. The contract has been approved by the Attorney General as to form and execution, and the Department of Resources and Economic Development 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, Division of Public Works Design and Construction.

Attached please find a copy of the tabulation of bids for this project along with the contract supplemental information sheet.

Respectfully submitted,



Vicki V. Quiram  
Commissioner

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80870 Contract A – Flume Parking Lot Reclaim and Repaving project.

DESCRIPTION: The project will rehabilitate all of the Flume Visitor Center parking areas. The work will include reclaiming, and reshaping the existing asphalt and gravels, and then compacting and repaving the parking areas. The project will also include work to repair some sections of the existing drainage system.

EXPLANATION: The paved parking areas at the Flume Visitor Center have deteriorated over time and as a result there is extensive cracking throughout the surface of the parking areas. Reclaiming and repaving the parking areas will restore the parking areas to original condition.

UNDER  
ESTIMATE

EXPLANATION: The difference in DPW's estimate and the low bid received for the project is that GMI Asphalt LLC., is able to provide all three major scopes of work (reclaiming, paving and drainage) using their own forces and equipment. Another factor is that DPW's estimate included the price of asphalt at a higher cost than the current market value.

DEPARTMENT

ESTIMATE: \$565,000  
LOW BID: \$512,834

# BIDDER SUMMARY

**PROJECT NAME:** RECLAIM & REPAVE THE FLUME PARKING LOT NON-FEDERAL 80870-A  
**PROJECT NUMBER:** 80870-A  
**COUNTY:** GRAFTON COUNTY 009  
**BID OPENING DATE:** 03/02/2016  
**SCOPE OF WORK:** RECLAIMING AND REPAVING APPROXIMATELY 200,000SF OF THE FLUME PARKING LOT. THERE WILL BE SOME SMALL DRAINAGE WORK INCLUDED TO REPAIR AND IMPROVE THE DRAINAGE AT THE SITE  
**LOCATION:** FRANCONIA NOTCH STATE PARK DANIEL WEBSTER HIGHWAY LINCOLN, NH  
**COMPLETION DATE:** 09/30/2016

*BASE B.I.D*

## BID RESULTS

A	GMI ASPHALT LLC (B001) - 288 LACONIA ROAD BELMONT, NH 03220	\$	535,734.00	ACCEPTED	512,834
B	KINGSBURY COMPANIES, LLC - 264 MAD RIVER PARK WAITSFIELD, VT 05673	\$	612,900.00	ACCEPTED	528,900
C	CAULDER CONSTRUCTION LLC (B001) - 5 MACAUL DR NORTH WOODSTOCK, NH 03262	\$	603,647.00	ACCEPTED	506,147
D	PIKE INDUSTRIES, INC. - 3 EASTGATE PARK RD BELMONT, NH 03220	\$	595,500.00	ACCEPTED	587,000
E	L&M SERVICE CONTRACTORS LLC (B001) - 126 NH RTE 10 ORFORD, NH 03777	\$	657,500.00	ACCEPTED	595,000
F	BUSBY CONSTRUCTION CO., INC. - 71 NH ROUTE 111 ATKINSON, NH 03811	\$	662,956.00	ACCEPTED	623,456
G	ANDREWS CONSTRUCTION CO INC (B001) - PO BOX 720 CAMPTON, NH 03223	\$	698,322.36	ACCEPTED	632,607.36

901 = \$611,085.  
 902 = \$108,457.  
 903 = \$135,119.  
 904 = \$110,360.  
 905 = \$271,000.  
 906 = \$401,000.  
 907 = \$301,000.  
 907 = \$517,834.

**BUREAU OF PUBLIC WORKS**

Award to GMI ASPHALT, LLC  
 Hold for Negotiation  
 Cancel Contract

User Agency BREP  
 Authorized by [Signature]  
 Date 03/09/16

ITEM NO.	DESCRIPTION	UNIT	QUANTITY	PS&E		A	
				UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
901.00	BID ITEM AREA 1 PER PLAN SHEET C-1 & SPECIFICATIONS	EA	1.00	\$ 67,000.00	\$ 67,000.00	\$ 61,085.00	\$ 61,085.00
902.00	BID ITEM AREA 2 PER PLAN SHEET C-1 & SPECIFICATIONS	EA	1.00	\$ 118,000.00	\$ 118,000.00	\$ 108,452.00	\$ 108,452.00
903.00	BID ITEM AREA 3 PER PLAN SHEET C-1 & SPECIFICATIONS	EA	1.00	\$ 167,000.00	\$ 167,000.00	\$ 135,818.00	\$ 135,818.00
904.00	BID ITEM AREA 4 PER PLAN SHEET C-1 & SPECIFICATIONS	EA	1.00	\$ 121,000.00	\$ 121,000.00	\$ 110,119.00	\$ 110,119.00
905.00	REMOVE & REPLACE EXSTG SIGNS PER PLAN SHEET C-1 & SPEC	EA	1.00	\$ 22,000.00	\$ 22,000.00	\$ 27,360.00	\$ 27,360.00
906.00	ALLOWANCE FOR ADDITIONS AND MODIFICATIONS TO THE CONTRACT	\$	40,000.00	\$ 1.00	\$ 40,000.00	\$ 1.00	\$ 40,000.00
907.00	ALLOWANCE FOR EROSION REPAIRS	\$	30,000.00	\$ 1.00	\$ 30,000.00	\$ 1.00	\$ 30,000.00
991.00	ALT#1: RESET CURB WITH SIDEWALK PER DETAIL 18 ON PLAN SHEET C-4 & SPEC	LF	500.00	\$ 50.00	\$ 25,000.00	\$ 33.55	\$ 16,775.00
992.00	ALT#2: RESET CURB WITHOUT SIDEWALK PER DETAIL 19 PLAN SHEET C-4 & SPEC	LF	500.00	\$ 20.00	\$ 10,000.00	\$ 12.25	\$ 6,125.00
					\$ 600,000.00		\$ 535,734.00

ITEM NO.	DESCRIPTION	PS&E			B		
		UNIT	QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
901.00	BID ITEM AREA 1 PER PLAN SHEET C-1 & SPECIFICATIONS	EA	1.00	\$ 67,000.00	\$ 67,000.00	\$ 100,000.00	\$ 100,000.00
902.00	BID ITEM AREA 2 PER PLAN SHEET C-1 & SPECIFICATIONS	EA	1.00	\$ 118,000.00	\$ 118,000.00	\$ 121,500.00	\$ 121,500.00
903.00	BID ITEM AREA 3 PER PLAN SHEET C-1 & SPECIFICATIONS	EA	1.00	\$ 167,000.00	\$ 167,000.00	\$ 135,000.00	\$ 135,000.00
904.00	BID ITEM AREA 4 PER PLAN SHEET C-1 & SPECIFICATIONS	EA	1.00	\$ 121,000.00	\$ 121,000.00	\$ 103,400.00	\$ 103,400.00
905.00	REMOVE & REPLACE EXSTG SIGNS PER PLAN SHEET C-1 & SPEC	EA	1.00	\$ 22,000.00	\$ 22,000.00	\$ 29,000.00	\$ 29,000.00
906.00	ALLOWANCE FOR ADDITIONS AND MODIFICATIONS TO THE CONTRACT	\$	40,000.00	\$ 1.00	\$ 40,000.00	\$ 1.00	\$ 40,000.00
907.00	ALLOWANCE FOR EROSION REPAIRS	\$	30,000.00	\$ 1.00	\$ 30,000.00	\$ 1.00	\$ 30,000.00
991.00	ALT#1: RESET CURB WITH SIDEWALK PER DETAIL 18 ON PLAN SHEET C-4 & SPEC	LF	500.00	\$ 50.00	\$ 25,000.00	\$ 70.00	\$ 35,000.00
992.00	ALT#2: RESET CURB WITHOUT SIDEWALK PER DETAIL 19 PLAN SHEET C-4 & SPEC	LF	500.00	\$ 20.00	\$ 10,000.00	\$ 38.00	\$ 19,000.00
					\$ 600,000.00		\$ 612,900.00

528,900  
B

ITEM NO.	DESCRIPTION	PS&E			C		
		UNIT	QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
901.00	BID ITEM AREA 1 PER PLAN SHEET C-1 & SPECIFICATIONS	EA	1.00	\$ 67,000.00	\$ 67,000.00	\$ 72,800.00	\$ 72,800.00
902.00	BID ITEM AREA 2 PER PLAN SHEET C-1 & SPECIFICATIONS	EA	1.00	\$ 118,000.00	\$ 118,000.00	\$ 123,000.00	\$ 123,000.00
903.00	BID ITEM AREA 3 PER PLAN SHEET C-1 & SPECIFICATIONS	EA	1.00	\$ 167,000.00	\$ 167,000.00	\$ 157,983.00	\$ 157,983.00
904.00	BID ITEM AREA 4 PER PLAN SHEET C-1 & SPECIFICATIONS	EA	1.00	\$ 121,000.00	\$ 121,000.00	\$ 119,986.00	\$ 119,986.00
905.00	REMOVE & REPLACE EXSTG SIGNS PER PLAN SHEET C-1 & SPEC	EA	1.00	\$ 22,000.00	\$ 22,000.00	\$ 22,378.00	\$ 22,378.00
906.00	ALLOWANCE FOR ADDITIONS AND MODIFICATIONS TO THE CONTRACT	\$	40,000.00	\$ 1.00	\$ 40,000.00	\$ 1.00	\$ 40,000.00
907.00	ALLOWANCE FOR EROSION REPAIRS	\$	30,000.00	\$ 1.00	\$ 30,000.00	\$ 1.00	\$ 30,000.00
991.00	ALT#1: RESET CURB WITH SIDEWALK PER DETAIL 18 ON PLAN SHEET C-4 & SPEC	LF	500.00	\$ 50.00	\$ 25,000.00	\$ 45.00	\$ 22,500.00
992.00	ALT#2: RESET CURB WITHOUT SIDEWALK PER DETAIL 19 PLAN SHEET C-4 & SPEC	LF	500.00	\$ 20.00	\$ 10,000.00	\$ 30.00	\$ 15,000.00
					\$ 600,000.00		\$ 603,647.00

*Sub, 147*

ITEM NO.	DESCRIPTION	UNIT	PS&E		D		
			QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
901.00	BID ITEM AREA 1 PER PLAN SHEET C-1 & SPECIFICATIONS	EA	1.00	\$ 67,000.00	\$ 67,000.00	\$ 85,000.00	\$ 85,000.00
902.00	BID ITEM AREA 2 PER PLAN SHEET C-1 & SPECIFICATIONS	EA	1.00	\$ 118,000.00	\$ 118,000.00	\$ 120,000.00	\$ 120,000.00
903.00	BID ITEM AREA 3 PER PLAN SHEET C-1 & SPECIFICATIONS	EA	1.00	\$ 167,000.00	\$ 167,000.00	\$ 145,000.00	\$ 145,000.00
904.00	BID ITEM AREA 4 PER PLAN SHEET C-1 & SPECIFICATIONS	EA	1.00	\$ 121,000.00	\$ 121,000.00	\$ 150,000.00	\$ 150,000.00
905.00	REMOVE & REPLACE EXSTG SIGNS PER PLAN SHEET C-1 & SPEC	EA	1.00	\$ 22,000.00	\$ 22,000.00	\$ 17,000.00	\$ 17,000.00
906.00	ALLOWANCE FOR ADDITIONS AND MODIFICATIONS TO THE CONTRACT	\$	40,000.00	\$ 1.00	\$ 40,000.00	\$	\$ 40,000.00
907.00	ALLOWANCE FOR EROSION REPAIRS	\$	30,000.00	\$ 1.00	\$ 30,000.00	\$	\$ 30,000.00
991.00	ALT#1: RESET CURB WITH SIDEWALK PER DETAIL 18 ON PLAN SHEET C-4 & SPEC	LF	500.00	\$ 50.00	\$ 25,000.00	\$	\$ 4,250.00
992.00	ALT#2: RESET CURB WITHOUT SIDEWALK PER DETAIL 19 PLAN SHEET C-4 & SPEC	LF	500.00	\$ 20.00	\$ 10,000.00	\$	\$ 4,250.00
					\$ 600,000.00		\$ 595,500.00

*587,000*

ITEM NO.	DESCRIPTION	UNIT	PS&E			E		
			QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	
901.00	BID ITEM AREA 1 PER PLAN SHEET C-1 & SPECIFICATIONS	EA	1.00	\$ 67,000.00	\$ 67,000.00	\$ 100,000.00	\$ 100,000.00	
902.00	BID ITEM AREA 2 PER PLAN SHEET C-1 & SPECIFICATIONS	EA	1.00	\$ 118,000.00	\$ 118,000.00	\$ 125,000.00	\$ 125,000.00	
903.00	BID ITEM AREA 3 PER PLAN SHEET C-1 & SPECIFICATIONS	EA	1.00	\$ 167,000.00	\$ 167,000.00	\$ 140,000.00	\$ 140,000.00	
904.00	BID ITEM AREA 4 PER PLAN SHEET C-1 & SPECIFICATIONS	EA	1.00	\$ 121,000.00	\$ 121,000.00	\$ 110,000.00	\$ 110,000.00	
905.00	REMOVE & REPLACE EXSTG SIGNS PER PLAN SHEET C-1 & SPEC	EA	1.00	\$ 22,000.00	\$ 22,000.00	\$ 50,000.00	\$ 50,000.00	
906.00	ALLOWANCE FOR ADDITIONS AND MODIFICATIONS TO THE CONTRACT	\$	40,000.00	\$ 1.00	\$ 40,000.00	\$ 1.00	\$ 40,000.00	
907.00	ALLOWANCE FOR EROSION REPAIRS	\$	30,000.00	\$ 1.00	\$ 30,000.00	\$ 1.00	\$ 30,000.00	
991.00	ALT#1: RESET CURB WITH SIDEWALK PER DETAIL 18 ON PLAN SHEET C-4 & SPEC	LF	500.00	\$ 50.00	\$ 25,000.00	\$ 75.00	\$ 37,500.00	
992.00	ALT#2: RESET CURB WITHOUT SIDEWALK PER DETAIL 19 PLAN SHEET C-4 & SPEC	LF	500.00	\$ 20.00	\$ 10,000.00	\$ 50.00	\$ 25,000.00	
					\$ 600,000.00		\$ 657,500.00	

595,000

ITEM NO.	DESCRIPTION	PS&E			F		
		UNIT	QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
901.00	BID ITEM AREA 1 PER PLAN SHEET C-1 & SPECIFICATIONS	EA	1.00	\$ 67,000.00	\$ 67,000.00	\$ 79,000.00	\$ 79,000.00
902.00	BID ITEM AREA 2 PER PLAN SHEET C-1 & SPECIFICATIONS	EA	1.00	\$ 118,000.00	\$ 118,000.00	\$ 136,000.00	\$ 136,000.00
903.00	BID ITEM AREA 3 PER PLAN SHEET C-1 & SPECIFICATIONS	EA	1.00	\$ 167,000.00	\$ 167,000.00	\$ 179,000.00	\$ 179,000.00
904.00	BID ITEM AREA 4 PER PLAN SHEET C-1 & SPECIFICATIONS	EA	1.00	\$ 121,000.00	\$ 121,000.00	\$ 136,000.00	\$ 136,000.00
905.00	REMOVE & REPLACE EXSTG SIGNS PER PLAN SHEET C-1 & SPEC	EA	1.00	\$ 22,000.00	\$ 22,000.00	\$ 23,456.00	\$ 23,456.00
906.00	ALLOWANCE FOR ADDITIONS AND MODIFICATIONS TO THE CONTRACT	\$	40,000.00	\$ 1.00	\$ 40,000.00	\$ 1.00	\$ 40,000.00
907.00	ALLOWANCE FOR EROSION REPAIRS	\$	30,000.00	\$ 1.00	\$ 30,000.00	\$ 1.00	\$ 30,000.00
991.00	ALT#1: RESET CURB WITH SIDEWALK PER DETAIL 18 ON PLAN SHEET C-4 & SPEC	LF	500.00	\$ 50.00	\$ 25,000.00	\$ 56.00	\$ 28,000.00
992.00	ALT#2: RESET CURB WITHOUT SIDEWALK PER DETAIL 19 PLAN SHEET C-4 & SPEC	LF	500.00	\$ 20.00	\$ 10,000.00	\$ 23.00	\$ 11,500.00
					\$ 600,000.00		\$ 662,956.00

*673,456*

ITEM NO.	DESCRIPTION	PS&E			G		
		UNIT	QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
901.00	BID ITEM AREA 1 PER PLAN SHEET C-1 & SPECIFICATIONS	EA	1.00	\$ 67,000.00	\$ 67,000.00	\$ 73,324.38	\$ 73,324.38
902.00	BID ITEM AREA 2 PER PLAN SHEET C-1 & SPECIFICATIONS	EA	1.00	\$ 118,000.00	\$ 118,000.00	\$ 134,641.52	\$ 134,641.52
903.00	BID ITEM AREA 3 PER PLAN SHEET C-1 & SPECIFICATIONS	EA	1.00	\$ 167,000.00	\$ 167,000.00	\$ 176,725.32	\$ 176,725.32
904.00	BID ITEM AREA 4 PER PLAN SHEET C-1 & SPECIFICATIONS	EA	1.00	\$ 121,000.00	\$ 121,000.00	\$ 150,022.76	\$ 150,022.76
905.00	REMOVE & REPLACE EXSTG SIGNS PER PLAN SHEET C-1 & SPEC	EA	1.00	\$ 22,000.00	\$ 22,000.00	\$ 27,953.38	\$ 27,953.38
906.00	ALLOWANCE FOR ADDITIONS AND MODIFICATIONS	\$	40,000.00	\$ 1.00	\$ 40,000.00	\$ 1.00	\$ 40,000.00
907.00	ALLOWANCE FOR EROSION REPAIRS	\$	30,000.00	\$ 1.00	\$ 30,000.00	\$ 1.00	\$ 30,000.00
991.00	ALT#1: RESET CURB WITH SIDEWALK PER DETAIL 18 PLAN SHEET C-4 & SPEC	LF	500.00	\$ 50.00	\$ 25,000.00	\$ 72.85	\$ 36,425.00
992.00	ALT#2: RESET CURB WITHOUT SIDEWALK PER DETAIL 19 PLAN SHEET C-4 & SPEC	LF	500.00	\$ 20.00	\$ 10,000.00	\$ 58.46	\$ 29,230.00
				\$	\$ 600,000.00	\$	\$ 698,322.36

632,667.3

# 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 GMI Asphalt, LLC is a New Hampshire limited liability company formed on September 24, 2004. I further certify that it is in good standing as far as this office is concerned, having filed the annual report(s) and paid the fees required by law; and that a certificate of cancellation has not been filed.



In TESTIMONY WHEREOF, I hereto  
set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 5<sup>th</sup> day of April, A.D. 2016

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

William M. Gardner  
Secretary of State



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/1/2016

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).

<b>PRODUCER</b> FIAI/Cross Insurance 1100 Elm Street  Manchester NH 03101		<b>CONTACT NAME:</b> Carrie Morgan <b>PHONE (A/C, No, Ext):</b> (603) 669-3218 <b>E-MAIL ADDRESS:</b> cmorgan@crossagency.com <b>FAX (A/C, No):</b> (603) 645-4331	
<b>INSURED</b> GMI ASPHALT, LLC c/o Warren Colby 288 LACONIA ROAD BELMONT NH 03220		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Fireman's Ins. Co. of Washington INSURER B: Granite State WC Manufacturer's INSURER C: INSURER D: INSURER E: INSURER F:	

**COVERAGES**                      **CERTIFICATE NUMBER:** 15-16 All w/16-17 NH WC                      **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
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 <input type="checkbox"/> OTHER			CPA5199142-10	4/1/2015	4/1/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 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	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CAA5199143-10	4/1/2015	4/1/2016	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 \$			CJA5199144-10	4/1/2015	4/1/2016	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC0120150000554 (3a.) NH Warren Colby & Marc Bourgeois excluded	1/1/2016	1/1/2017	<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: Reclaim and Repave the Flume Parking Lot Project Number 80870, Contract A. State of New Hampshire is included as additional insured with respects to the CGL as per written contract.

**CERTIFICATE HOLDER****CANCELLATION**

State of New Hampshire Department of Administrative Services Division of Public Works - Design & Const PO Box 483 7 Hazen Drive Concord, NH 03302	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  Laura Perrin/JSC
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/23/2016

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 <b>THE ROWLEY AGENCY INC.</b> 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: <b>Laureen Hilton</b>	
	PHONE (A/C, No, Ext): <b>(603) 224-2562</b> FAX (A/C, No): <b>(603) 224-8012</b> E-MAIL ADDRESS: <b>lhilton@rowleyagency.com</b>	
INSURED <b>GMI Asphalt, LLC</b> 288 Laconia Road Belmont NH 03220	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: <b>Firemen's Ins Co of Wash. DC</b>	<b>21784</b>
	INSURER B: <b>Acadia Insurance Company</b>	<b>31325</b>
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: **16-17 GL, Auto, UMB** 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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liability per CG0001 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			CPA5250602-10	4/1/2016	4/1/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits \$ 1,000,000
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			CAA5250603-10	4/1/2016	4/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist combined \$ 1,000,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUA5250604-10	4/1/2016	4/1/2017	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ PER STATUTE OTH-ER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						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: #80870, Contract A. Reclaim & Repave the Flume Parking Lot, Lincoln, NH. The state of New Hampshire is included as additional insured on the auto, general and umbrella liability policies are required by written contract.

<b>CERTIFICATE HOLDER</b>  State of New Hampshire Department of Administrative Services Division of Public Works - Design & Const 7 Hazen Drive PO Box 483 Concord, NH 03302-0483	<b>CANCELLATION</b>  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  Laureen Hilton/LPH <i>Laureen Hilton</i>

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/24/2016

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).

<b>PRODUCER</b> THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	<b>CONTACT NAME:</b> Laureen Hilton <b>PHONE (A/C, No, Ext):</b> (603) 224-2562 <b>FAX (A/C, No):</b> (603) 224-8012 <b>E-MAIL ADDRESS:</b> lhilton@rowleyagency.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Acadia Insurance Company</td> <td>31325</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Acadia Insurance Company	31325	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #													
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INSURER B:														
INSURER C:														
INSURER D:														
INSURER E:														
INSURER F:														
<b>INSURED</b> State of New Hampshire Department of Administrative Services PO Box 483 Concord NH 03302-0483														

COVERAGES      CERTIFICATE NUMBER: OCP State of NH      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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			OCP040616	4/6/2016	4/6/2017	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input checked="" type="checkbox"/> Owners & Contractors Protective Liability						MED EXP (Any one person) \$
	GENL AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 3,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b>	<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	<b>EXCESS LIAB</b>	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	DED	RETENTION \$					\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						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: #80870, Contract A. Reclaim & repave The Flume Parking Lot, Franconia Notch State Park. (Contract A) (#80870).

<b>CERTIFICATE HOLDER</b>  State of New Hampshire Department of Administrative Services Bureau of Public Works Po Box 483 Concord, NH 03302-0483	<b>CANCELLATION</b>  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  Laureen Hilton/LPH 
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# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

3/24/2016

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

<b>PRODUCER</b> THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	<b>CONTACT NAME:</b> Laureen Hilton															
	<b>PHONE (A/C No. Ext):</b> (603) 224-2562	<b>FAX (A/C, No):</b> (603) 224-8012														
<b>E-MAIL ADDRESS:</b> lhilton@rowleyagency.com																
<b>PRODUCER CUSTOMER ID:</b> 00006474																
<b>INSURED</b> GMI Asphalt, LLC; State of NH Dept of Administrative Services; Any & All Subcontractors 288 Laconia Road Belmont NH 03220		<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Liberty Mutual Ins. Co.</td> <td>23043</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Liberty Mutual Ins. Co.	23043	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #															
INSURER A: Liberty Mutual Ins. Co.	23043															
INSURER B:																
INSURER C:																
INSURER D:																
INSURER E:																
INSURER F:																

**COVERAGES**      **CERTIFICATE NUMBER: BR State of NH**      **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Loc#: 00001, Daniel Webster Highway, Lincoln, NH, 03251

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
	<input type="checkbox"/> PROPERTY <input type="checkbox"/> CAUSES OF LOSS <input type="checkbox"/> DEDUCTIBLES <input type="checkbox"/> BASIC BUILDING <input type="checkbox"/> BROAD CONTENTS <input type="checkbox"/> SPECIAL <input type="checkbox"/> EARTHQUAKE <input type="checkbox"/> WIND <input type="checkbox"/> FLOOD				<input type="checkbox"/> BUILDING <input type="checkbox"/> PERSONAL PROPERTY <input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> EXTRA EXPENSE <input type="checkbox"/> RENTAL VALUE <input type="checkbox"/> BLANKET BUILDING <input type="checkbox"/> BLANKET PERS PROP <input type="checkbox"/> BLANKET BLDG & PP	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$
A	<input checked="" type="checkbox"/> INLAND MARINE <input type="checkbox"/> CAUSES OF LOSS <input type="checkbox"/> NAMED PERILS <input checked="" type="checkbox"/> Builders Risk New	TYPE OF POLICY <b>Builder Risk</b> POLICY NUMBER <b>IM040616</b>	Deductible <b>4/6/2016</b>	<b>\$1000</b> <b>4/6/2017</b>	<input checked="" type="checkbox"/> Builders Risk New <input checked="" type="checkbox"/> Transit <input checked="" type="checkbox"/> Temp Storage Loc <input checked="" type="checkbox"/> Soft Cost	<b>\$ 512,834</b> <b>\$ 250,000</b> <b>\$ 250,000</b> <b>\$ 250,000</b>
	<input type="checkbox"/> CRIME TYPE OF POLICY					\$ \$ \$
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$ \$ \$

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Project: #80870, Contract A. Reclaim & repave the Flume Parking Lot Franconia Notch State Park.

**CERTIFICATE HOLDER**

State of New Hampshire  
 Department of Administrative Services  
 Bureau of Public Works  
 PO Box 483  
 Concord, NH 03301

**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

Laureen Hilton/LPH *Laureen Hilton*