



Victoria F. Sheehan  
Commissioner

THE STATE OF NEW HAMPSHIRE  
DEPARTMENT OF TRANSPORTATION



William Cass, P.E.  
Assistant Commissioner

42  
HAM

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

Bureau of Construction  
May 17, 2019

**REQUESTED ACTION**

1. Authorize the Department of Transportation to enter into a contract with Annseal, Inc. (Vendor 160681) of Johnson City, NY on the basis of a low bid of \$802,944.60 for crack sealing of nine Tier 2 roadway segments in 15 towns totaling approximately 43 centerline miles, from the date of Governor and Council approval through September 13, 2019, unless extended by the Department in accordance with the Standard Specifications. 100% Federal Funds.

Funding is contingent upon the availability and continued appropriation of funds in Fiscal Year 2020 as follows:

Funding is available as follows:	<u>FY 2020</u>
04-96-96-963515-3054	
Consolidated Federal Aid	
400-500870 Highway Contract Payments	\$802,944.60

2. Further authorize that a contingency in the amount of \$40,147.23 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>
04-96-96-963515-3054	
Consolidated Federal Aid	
400-500870 Highway Contract Payments	\$40,147.23

**EXPLANATION**

This project is part of the State's Ten Year Transportation Improvement Plan under the Pave-Tier 2-Resurfacing Program. The project consists of crack sealing of nine Tier 2 roadway segments in fifteen towns in the southern portion of the state totaling approximately 43 centerline miles, including:

- 19235 - Andover-Franklin, NH 11, Full-width crack seal, 2.8 miles
- 19334 - Tilton, US 3, Full-width crack seal, 2.3 miles
- 19336 - Milton-Wakefield, NH 16, Full-width crack seal, 6.7 miles
- 19438 - Stoddard-Antrim-Hillsborough, NH 9, Full-width crack seal, 14.0 miles
- 19530 - Bedford-Manchester-Londonderry, Raymond Wiczorek Drive, Full-width crack seal, 5.5 miles
- 19533 - Hooksett, US 3/NH 28, Full-width crack seal, 1.0 miles
- 19535 - Milford-Amherst, NH 101, Full-width crack seal, 4.7 miles
- 19537 - Bedford-Goffstown, NH 114, Full-width crack seal, 3.7 miles
- 19628 - Milton, NH 125, Full-width crack seal, 2.0 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 extend the time before resurfacing is required.

The proposed contingency amount is 5% of the contract amount. This project has limited survey and therefore items have been quantified based on field observations. Field observations were obtained in the winter and cracking conditions may have changed since. Field adjustments may be required due to varying field conditions.

Although the bid costs exceeded the Department's estimate by 20.29%, the low bid of 2 bids received, is felt to be reasonable for the work involved. One item, Hot Poured Crack Sealant, accounted for 93% of the overage. This contract utilized a new specification for this item which likely influenced the pricing received. The Department's estimate did not adequately account for this change. 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.

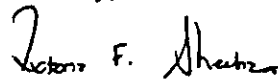
The Contractor has been prequalified by this Department. The Contract has been approved by the Attorney General as to form and execution, and the Department has certified that the necessary funds are available and the bid reasonably conforms to the engineer's estimate in accordance with State procedure. 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% (Pave-Tier 2-Resurfacing Programmatic) 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: \$667,520.00  
Contract Amount: \$802,944.60  
Over Estimate: \$135,424.60  
Attachments



# ABC Bid Data

STATEWIDE CRACK SEAL T2 (S)  
42317A  
X-A004(845)

PROJECT: STATEWIDE CRACK SEAL T2 (S)  
STATE PROJECT NUMBER: 42317A  
FED. PROJECT NUMBER: X-A004(845)  
DATE BIDS OPEN: May 09, 2019, 2:00 PM  
SCOPE OF WORK: Crack sealing of Tier 2 roadways  
COMPLETION DATE: September 13, 2019  
LOCATION:

Awarded To: ANNSEAL, INC.  
130 MAIN STREET, STE 3  
JOHNSON CITY, NY 13790

Amount: \$802,944.60  
Award Date:

Certified by: PETER E. STAMNAS  
Director of Project Development

## Summary of Bidders

Contractor	Bid Amount	Rank
ANNSEAL, INC. 130 MAIN STREET, STE 3, JOHNSON CITY, NY 13790	\$802,944.60	A
NICOM COATINGS CORPORATION 140 INDUSTRIAL LANE-BERLIN, BARRE VT 05641-0727	\$1,024,938.00	B

Item No.	Description	Unit	Quantity	PS&E		ANNSEAL, INC. 130 MAIN STREET, STE 3 JOHNSON CITY, NY 13790		MICOM COATINGS CORPORATION 140 INDUSTRIAL LANE, BERLIN BARRE, VT 05641-0727	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

**Items**

413.1	HOT-POURED CRACK SEALANT	LB	219,280.00	\$1.50	\$328,920.00	\$2.07	\$453,909.60	\$3.35	\$734,588.00
618.61	UNIFORMED OFFICERS WITH VEHICLE	\$	50,800.00	\$1.00	\$50,600.00	\$1.00	\$50,600.00	\$1.00	\$50,600.00
618.7	FLAGGERS	HR	2,040.00	\$32.50	\$66,300.00	\$24.00	\$48,960.00	\$25.00	\$51,000.00
619.1	MAINTENANCE OF TRAFFIC	U	1.00	\$175,000.00	\$175,000.00	\$212,975.00	\$212,975.00	\$138,750.00	\$138,750.00
619.25	PORTABLE CHANGEABLE MESSAGE SIGN	U	2.00	\$3,350.00	\$6,700.00	\$2,000.00	\$4,000.00	\$2,500.00	\$5,000.00
692.	MOBILIZATION	U	1.00	\$30,000.00	\$30,000.00	\$22,500.00	\$22,500.00	\$35,000.00	\$35,000.00
1010.15	FUEL ADJUSTMENT	\$	10,000.00	\$1.00	\$10,000.00	\$1.00	\$10,000.00	\$1.00	\$10,000.00
<b>Totals:</b>					<b>\$667,620.00</b>		<b>\$802,944.60</b>		<b>\$1,024,938.00</b>
<b>Alt. Totals:</b>									
<b>Totals:</b>					<b>\$667,620.00</b>		<b>\$802,944.60</b>		<b>\$1,024,938.00</b>



# PS&E Comparison

STATEWIDE CRACK SEAL T2 (S)

42317A

X-A004(845)

Item No.	Description	Unit	Quantity	A-Bidder		PS&E		A-PS&E Difference
				Unit Price	Total	Unit Price	Total	
<b>Items</b>								
413.1	HOT-POURED CRACK SEALANT	LB	219,280.00	\$2.07	\$453,909.60	\$1.50	\$328,920.00	\$124,989.60
618.61	UNIFORMED OFFICERS WITH VEHICLE	\$	50,600.00	\$1.00	\$50,600.00	\$1.00	\$50,600.00	\$0.00
618.7	FLAGGERS	HR	2,040.00	\$24.00	\$48,960.00	\$32.50	\$66,300.00	(\$17,340.00)
619.1	MAINTENANCE OF TRAFFIC	U	1.00	\$212,975.00	\$212,975.00	\$175,000.00	\$175,000.00	\$37,975.00
619.25	PORTABLE CHANGEABLE MESSAGE SIGN	U	2.00	\$2,000.00	\$4,000.00	\$3,350.00	\$6,700.00	(\$2,700.00)
692.	MOBILIZATION	U	1.00	\$22,500.00	\$22,500.00	\$30,000.00	\$30,000.00	(\$7,500.00)
1010.15	FUEL ADJUSTMENT	\$	10,000.00	\$1.00	\$10,000.00	\$1.00	\$10,000.00	\$0.00
<b>Total:</b>					\$802,944.60		\$667,520.00	\$135,424.60

**STATEWIDE CRACK SEAL T2 (S)****X-A004(845)****42317A**

April 4, 2019

**SUPPLEMENTAL PROJECT INFORMATION SHEET**

**DESCRIPTION:** This 42.7 centerline mile project consists of crack sealing of nine Tier 2 roadway segments in fifteen towns in the southern portion of the state, including:

Segment ID	Town/City	Road	Proposed Work	Length
19235	Andover-Franklin	NH 11	Full-width crack seal	2.8 miles
19334	Tilton	US 3	Full-width crack seal	2.3 miles
19336	Milton-Wakefield	NH 16	Full-width crack seal	6.7 miles
19438	Stoddard-Antrim-Hillsborough	NH 9	Full-width crack seal	14.0 miles
19530	Bedford-Manchester-Londonderry	Raymond Wieczorek Drive	Full-width crack seal	5.5 miles
19533	Hooksett	US 3/NH 28	Full-width crack seal	1.0 miles
19535	Milford-Amherst	NH 101	Full-width crack seal	4.7 miles
19537	Bedford-Goffstown	NH 114	Full-width crack seal	3.7 miles
19628	Milton	NH 125	Full-width crack seal	2.0 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 project has limited survey and therefor items have been quantified based on field observations. Field observations were obtained in the winter and cracking conditions may have changed since. Field adjustments may be required due to varying field conditions.

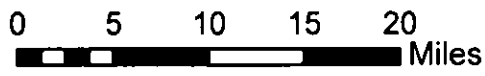
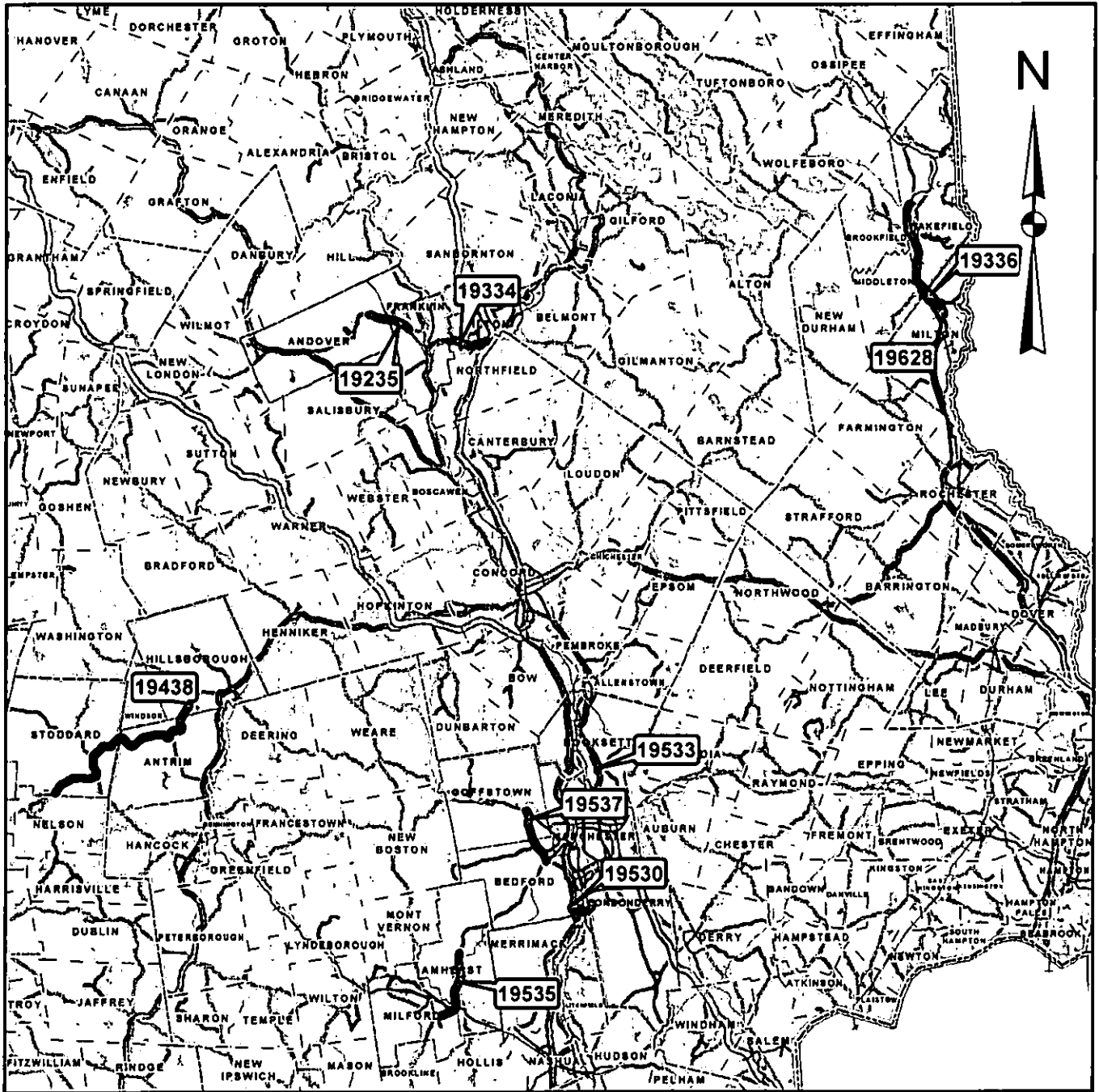
**PROJECT INITIATED:** State's Ten-Year Transportation Improvement Program, Pave-Tier 2-Resurfacing Programmatic.

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

**TRAFFIC IMPLICATIONS:** One-lane, alternating two-way traffic control will be implemented for all segments. Nighttime work will be required for the 19334 (Tilton), 19336 (Milton-Wakefield), 19530 (Bedford-Manchester-Londonderry), 19533 (Hooksett), 19535 (Milford-Amherst), and 19537 (Bedford-Goffstown) sections. Coordination is required with the District 4 42314 and Statewide Tier 2 (S) 42293 projects.

**COMPLETION DATE:** September 13, 2019

# STATEWIDE - 42317A

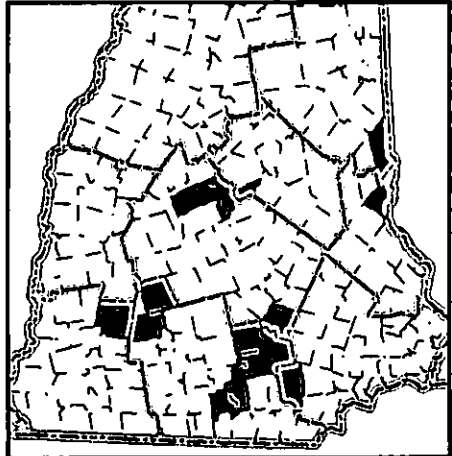


**LEGEND**

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

*New Hampshire*  
**DOT**  
 Department of Transportation

**State #: 42317A**  
**Federal #: X-A004 (845)**  
**LOCATION MAP**





ANNSINC-01

VSHARA

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/30/2019

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 Mirabito-Gresham Insurance & Bonds Agency, LLC 423 Commerce Road Vestal, NY 13850	CONTACT NAME: Valerie Shara
	PHONE (A/C, No, Ext): (607) 217-4610 102 FAX (A/C, No): (607) 237-0279
	E-MAIL ADDRESS: Valerie.Shara@mirabito-gresham.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: The Travelers Indemnity Company of Connecticut	NAIC # 25682
INSURER B: The Travelers Indemnity Company	25668
INSURER C: Travelers Indemnity Company of America	25666
INSURER D: Guardian Life Insurance Company of America	64246
INSURER E:	
INSURER F:	

INSURED  
Annsaal Inc  
130 Main Street Ste 3  
Johnson City, NY 13790

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL 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			DTC07F264337TCT19	4/1/2019	4/1/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPPOP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BA8M8899581926G	4/1/2019	4/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUP2J2644271926	4/1/2019	4/1/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	UB3K1641071926G	4/1/2019	4/1/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D	Disability			00956195W	4/1/2019	4/1/2020	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Project: Statewide Crack Seal T2 (S) X-A004(845), 42317A

## CERTIFICATE HOLDER

## CANCELLATION

New Hampshire Department of Transportation  
7 Hazen Drive  
PO Box 483  
Concord, NH 03302-0483

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Signature*





ANNSINC-01

VSHARA

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/31/2019

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<b>PRODUCER</b> Mirabito-Gresham Insurance & Bonds Agency, LLC 423 Commerce Road Vestal, NY 13850	<b>CONTACT NAME:</b> Valerie Shara	
	<b>PHONE (A/C, No, Ext):</b> (607) 217-4610 102	<b>FAX (A/C, No):</b> (607) 237-0279
<b>E-MAIL ADDRESS:</b> Valerie.Shara@mirabito-gresham.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> The Travelers Indemnity Company		<b>25658</b>
<b>INSURER B:</b>		
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**INSURED**  
 New Hampshire Department of Transportation  
 7 Hazen Drive  
 PO Box 483  
 Concord, NH 03302-0483

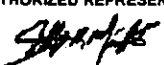
**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>Owner's &amp; Contractor</b>  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			DTPRS7E071753IND19	5/29/2019	5/29/2020	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	\$
								\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO 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)	\$
								\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE	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 Crack Seal T2 (S) X-A004(845), 42317A

Designated Contractor: AnnSeal Inc. 130 Main Street Ste 3 Johnson City, NY 13790

<b>CERTIFICATE HOLDER</b>  New Hampshire Department of Transportation 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 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/31/2019

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<b>PRODUCER</b> Mirabito-Gresham Insurance & Bonds Agency, LLC 423 Commerce Road Vestal, NY 13850	<b>CONTACT NAME:</b> Valerie Shara <b>PHONE (A/C, No, Ext):</b> (607) 217-4610 102 <b>FAX (A/C, No):</b> (607) 237-0279 <b>E-MAIL ADDRESS:</b> Valerie.Shara@mirabito-gresham.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b> <b>INSURER A:</b> The Travelers Indemnity Company      25658 <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**INSURED**  
  
New England Southern Railroad  
157 West Road  
Canterbury, NH 03224


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

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A	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>Railroad Protective</b>  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			SPS8J953023IND19	5/29/2019	5/29/2020	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO 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) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE    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 Crack Seal T2 (S) X-A004(846); 42317A

**Designated Contractor:** AnnSeal Inc. 130 Main Street Ste 3 Johnson City, NY 13780

<b>CERTIFICATE HOLDER</b>  New England Southern Railroad 157 West Road Canterbury, NH 03224	<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.
	<b>AUTHORIZED REPRESENTATIVE</b> 



ANNSINC-01

VSHARA

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/6/2019

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).

<b>PRODUCER</b> Mirabito-Gresham Insurance & Bonds Agency, LLC 423 Commerce Road Vestal, NY 13850	<b>CONTACT NAME:</b> Valerie Shara <b>PHONE (A/C, No, Ext):</b> (607) 217-4610 102 <b>FAX (A/C, No):</b> (607) 237-0279 <b>E-MAIL ADDRESS:</b> Valerie.Shara@mirablitogresham.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>	
<b>INSURED</b>  State of New Hampshire Railroad 7 Hazen Drive Concord, NH 03302	<b>INSURER A:</b> The Travelers Indemnity Company      25658	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

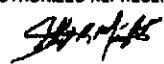
**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Railroad Protective  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			DTSPS8J953023IND19	5/29/2019	5/29/2020	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea. occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - COMPI/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO 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) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N 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 Crack Seal T2 (S) X-A004(845), 42317A

Designated Contractor: AnnSeal Inc. 130 Main Street Ste 3 Johnson City, NY 13790

<b>CERTIFICATE HOLDER</b>  State of New Hampshire Railroad 7 Hazen Drive Concord, NH 03302	<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 



ANNSINC-01

VSHARA

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/6/2019

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**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).

<b>PRODUCER</b> Mirabito-Gresham Insurance & Bonds Agency, LLC 423 Commerce Road Vestal, NY 13850	<b>CONTACT NAME:</b> Valerie Shara <b>PHONE (A/C, No, Ext):</b> (607) 217-4610 102 <b>FAX (A/C, No):</b> (607) 237-0279 <b>E-MAIL ADDRESS:</b> Valerie.Shara@mirablitogresham.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>  Pam Am Railways 30 Centre Rd Unit 8 Somersworth, NH 03878	<b>INSURER A:</b> The Travelers Indemnity Company <b>NAIC #</b> 25658	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

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

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	BUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>Railroad Protective</b>  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			DTSPS8J953023IND19	5/29/2019	5/29/2020	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea. occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$ 6,000,000
							PRODUCTS - COM/POP AGG	\$
								\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO 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)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH)    Y / N <input type="checkbox"/> N / A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	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 Crack Seal T2 (S) X-A004(845), 42317A

Designated Contractor: AnnSeal Inc. 130 Main Street Ste 3 Johnson City, NY 13790

**CERTIFICATE HOLDER**      **CANCELLATION**

Pan Am Railways 30 Centre Rd Unit 8 Somersworth, NH 03878	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 