



THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION

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Becker



CHRISTOPHER D. CLEMENT, SR.
COMMISSIONER

JEFF BRILLHART, P.E.
ASSISTANT COMMISSIONER

Bureau of Construction
April 22, 2013

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

REQUESTED ACTION

Authorize the Department of Transportation to enter into a contract with A.J. Cameron Sod Farm, Inc. (Vendor #154277) of Farmington, NH on the basis of a low bid of \$73,192.00 for establishing lilac beds along roadways throughout the State, from the date of Governor and Council approval through October 31, 2014 unless extended by the Department in accordance with the Standard Specifications. 100% Agency Income (Conservation Plate Fund).

Funding is available contingent upon the availability of funds as follows:

Funding is available as follows:	<u>FY 2013</u>
04-96-96-962015-3025	
Highway Design Bureau-Lilac Program	
405-500881 Lilac Program	\$73,192.00

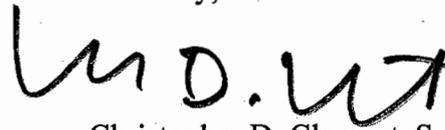
EXPLANATION

This project is part of the State's Wildflower Program. The program utilizes funds through the Moose Plate Program in accordance with RSA 261:97-b. The intent of this project is to enhance roadway aesthetics and minimize maintenance through reduced mowing. The project involves installing lilac planting beds at ten (10) locations distributed throughout the entire state in each District of the Department of Transportation.

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. 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.

A copy of the Tabulation of Bids received for this project is attached along with the Contract Supplemental Sheet and a map indicating the location of the project.

Sincerely,



Christopher D. Clement, Sr.
Commissioner

CDC/md

Department Estimate: \$84,000.00
Contract Amount: \$73,192.00
Under Estimate: \$10,808.00

**STATEWIDE LILAC PLANTINGS
13763D**

March 6, 2013

SUPPLEMENTAL PROJECT INFORMATION SHEET

DESCRIPTION: This project establishes Lilac beds along road ways throughout the State utilizing funds through the Moose Plate Program in accordance with R.S.A. 261:97-b. The project will enhance New Hampshire's roadsides with the establishment of these sites. It will assist to inform and educate the public on planting, care and identification of lilacs the State Flower, and will help foster a positive attitude towards the State of New Hampshire and the Department of Transportation.

FEDERAL FUNDING: 0%

CONTINGENCY: 0%

PROJECT INITIATED: State's Wildflower Program.

PROJECT EXPLANATION: The intent of this project is to enhance roadway aesthetics and minimize maintenance through reduced mowing. The lilac planting beds will be distributed throughout the entire state in each District of the Department of Transportation.

TRAFFIC IMPLICATIONS: Minimal traffic implications are anticipated. Work performed on this project will occur off the roadway and should not affect the flow of traffic.

COMPLETION DATE: October 31, 2014

NATIONAL HIGHWAY SYSTEM



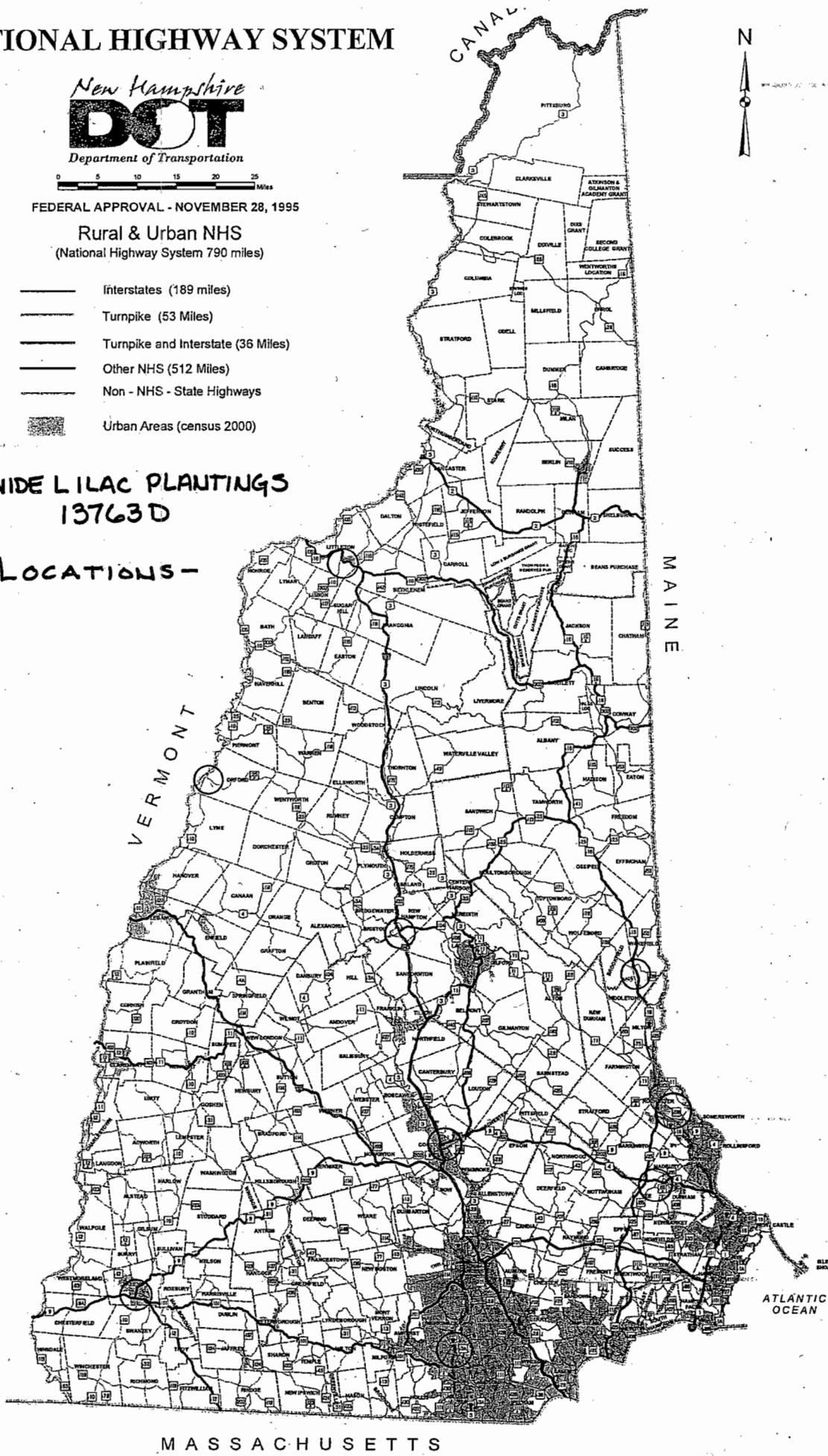
FEDERAL APPROVAL - NOVEMBER 28, 1995

Rural & Urban NHS
(National Highway System 790 miles)

- Interstates (189 miles)
- Turnpike (53 Miles)
- Turnpike and Interstate (36 Miles)
- Other NHS (512 Miles)
- Non - NHS - State Highways
- Urban Areas (census 2000)

STATEWIDE LILAC PLANTINGS
137630

- LOCATIONS -



STATEWIDE LILAC PLANTINGS
13763D

March 6, 2013

LILAC ESTABLISHMENT LOCATIONS

Description	Lilac Bed Size*
Interstate 93 SB ON Ramp @ Exit 42 in Littleton: 1 site adjacent to the on ramp. There are existing lilacs in this area to be saved and maintained.	100' X 20'
NH 25A Orford: 2 sites adjacent to NH 25A along fence line abutting the Rivendell Academy and the Town of Orford Park area.	2 Beds 50' X 20'
Interstate 93 New Hampton NB Exit 23 off ramp: 1 site adjacent to the off ramp in the Gore area.	60' X 20'
NH 16 in Wakefield: 1 site adjacent to NH 16 located in the vicinity of the Welcome to Wakefield Sign.	60' X 30'
NH 9/10/12 Keene: 1 site adjacent to the ramp area at the junction of NH 9/10/12.	100' X 30'
Interstate 393 Concord Exit 2 EB and WB off ramps: 2 sites adjacent to the ramp areas (gore area).	2 Beds 50' X 20'
NH 4 in Lee EB Exit to NH Route 155: 1 site adjacent to the ramp area (gore area).	40' X 20'
NH 108 NB (near SKYHAVEN Airport) in Rochester: One site just north of the "Welcome to Rochester" sign along NH 108.	30' X 10'
NH 108 NB (near SKYHAVEN Airport) in Rochester: 1 large site approx 2000', along NH 108 north of the "Welcome to Rochester" sign, a large hedge of lilacs requiring pruning, fertilizing, liming, mulching and replacement plantings.	Entire hedge area 80 lilacs to be planted in open areas
F.E. Everett Turnpike (US 3) SB Exit 11 Merrimack: 1 site adjacent to the ramp areas.	100' X 30'

* Approximate

PROJECT: STATEWIDE LILAC PLANTINGS
13763D

COUNTIES AND CODES: VARIES
DATE BIDS OPEN: APRIL 11, 2014
SCOPE OF WORK: ESTABLISH LILAC BEDS
LOCATION: SEE THE PROSECUTION OF WORK
COMPLETION DATE: OCTOBER 31, 2014

A A.J. CAMERON'S SOD FARMS, INC.
16 FLAGSTONE AVE, FARMINGTON, NH 03835 \$ 73,192.00
B L.A. BROCHU, INC.
12 COMMERCIAL STREET, CONCORD, NH 03301 \$ 167,192.00
C SALMON FALLS NURSERY, INC.
511 PORTLAND ST., BERWICK, ME 03901 \$ 168,500.00

ITEM NO.	DESCRIPTION	UNIT	QUANTITY	UNIT PRICE	A TOTAL	UNIT PRICE	B TOTAL	UNIT PRICE	C TOTAL
618.61	UNIFORMED OFFICERS WITH VEHICLE	\$	1.	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00
619.1	MAINTENANCE OF TRAFFIC	U	1.	300.00	300.00	3,000.00	3,000.00	5,850.00	5,850.00
656.50062	SYRINGA VULGARIS "ALBA" COMMON WHITE LILAC	EA	123.	113.00	13,899.00	298.00	36,654.00	172.00	21,156.00
656.66062	SYRINGA VUL. 'CHAR. JOLY' CHARLES JOLY LILAC	EA	40.	113.00	4,520.00	298.00	11,920.00	324.00	12,960.00
656.67062	SYRINGA VULGARIS COMMON PURPLE LILAC	EA	145.	113.00	16,385.00	298.00	43,210.00	254.00	36,830.00
656.91062	SYRINGA VULGARIS "WEDGE" WEDGEWOOD BLUE LILAC	EA	125.	118.00	14,750.00	298.00	37,250.00	324.00	40,500.00
656.96062	SYRINGA VULGARIS "LUDSPA" LUDWIG SPEATH LILAC	EA	61.	118.00	7,198.00	298.00	18,178.00	324.00	19,764.00
656.97062	SYRINGA VULGARIS "SENSAT" SENSATION LILAC	EA	10.	114.00	1,140.00	298.00	2,980.00	144.00	1,440.00
659.401	LANDSCAPE ESTABLISHMENT CREW (4 MEN- 8 HR DAY)	DAY	10.	900.00	9,000.00	800.00	8,000.00	2,400.00	24,000.00
1007.1	MISCELLANEOUS LANDSCAPE TREATMENT	\$	1.	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00
					\$73,192.00		\$167,192.00		\$168,500.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/1/2013

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 Cross Agency P. O. Box 919 17 Bay Street Wolfeboro NH 03894	CONTACT NAME: Lisa Lee
	PHONE (A/C No. Ext): (603) 569-5696 FAX (A/C No.): (603) 569-5798 E-MAIL ADDRESS: llee@crossagency.com
INSURED AJ Cameron Sod Farm Inc PO Box 536 Farmington NH 03835	INSURER(S) AFFORDING COVERAGE
	INSURER A: Peerless Insurance Co.
	INSURER B: Renaissance Insurance Agency
	INSURER C:
	INSURER D:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: CL1212776198 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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		CBP8346334	10/1/2012	10/1/2013	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS HIRED AUTOS	SCHEDULED AUTOS NON-OWNED AUTOS	BA8341835	10/1/2012	10/1/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Underinsured motorist \$ 1,000,000
	<input checked="" type="checkbox"/> UMBRELLA LIAB EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	OCCUR CLAIMS-MADE	CU8342239	10/1/2012	10/1/2013	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	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 <input type="checkbox"/> N/A	WC0745824	10/1/2012	10/1/2013	WC STATUTORY LIMITS OTHER 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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Refer to policy for exclusionary endorsements and special provisions. Alfred Cameron is excluded from WC. Statewide Lilac Plantings 13763D. State of NH is listed as additional insured

CERTIFICATE HOLDER State of NH DOT 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 Lisa Lee/LL



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/18/2013

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 Cross Insurance P. O. Box 919 17 Bay Street Wolfeboro NH 03894	CONTACT NAME: Lisa Lee
	PHONE (A/C No. Ext): (603) 569-5696 FAX (A/C No.): (603) 569-5798
	E-MAIL ADDRESS: llee@crossagency.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Peerless Insurance Co. NAIC #
INSURED State of NH Department of Transportation 7 Hazen Dr PO Box 483 Concord NH 03301	INSURER B: 18023
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: CL1342283795 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	GENERAL LIABILITY			GL8944085	4/1/2013	4/1/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> Owners Contractors						PERSONAL & ADV INJURY \$ 1,000,000
	Protector Policy						GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMPOP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
	AUTOMOBILE LIABILITY						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) \$
							Hired/borrowed \$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	DED	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N	N/A				OTHER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$ 0
A	Builders' Risk/ Installation Floater			CBP8346334	10012012	10012013	\$84,000 with \$250 ded.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Refer to policy for exclusionary endorsements and special provisions. Policy will automatically renew 4/1/14 to cover additional time of project. For Statewide Lilac Planting 13763D. State of NH is listed as additional named insured

CERTIFICATE HOLDER State of NH DOT 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 Lisa Lee/LL