



THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION



Belmont
27

CHRISTOPHER D. CLEMENT, SR.
COMMISSIONER

JEFF BRILLHART, P.E.
ASSISTANT COMMISSIONER

Bureau of Construction
June 20, 2014

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 Pike Industries, Inc. of Belmont, NH (Vendor 177300) on the basis of a low bid of \$2,124,495.00 for resurfacing of approximately 32 miles in District II and in Grafton, Merrimack and Sullivan Counties, from the date of Governor and Council approval through October 3, 2014 unless extended by the Department in accordance with the Standard Specifications. 100% Agency Income Funds.

Funding is available as follows:	<u>FY 2015</u>
04-96-96-963015-8910	
SB 367 Capital Investment	
400-500870 Highway Contract Payments	\$2,124,495.00

EXPLANATION

This project is part of the additional funding through SB 367, Proposed Road Toll Increase. This project involves pavement resurfacing of approximately 32 miles of state highways in the District Two region. The resurfacing will preserve and extend the life of the highway riding surface and protect the subsurface base course materials. All of the proposed work will remain within the right-of-way.

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,


for Christopher D. Clement, Sr.
Commissioner

CDC/md

Department Estimate: \$2,198,462.50
Contract Amount: \$2,124,495.00
Under Estimate: \$ 73,967.50

Attachments

**DISTRICT 2 RESURFACING
29217**

May 5, 2014

SUPPLEMENTAL PROJECT INFORMATION SHEET

DESCRIPTION: Resurfacing of 32 miles of roadways in District 2 and in Merrimack, Grafton and Sullivan Counties. Sections of resurfacing are along Croydon Turnpike (Croydon), NH 3A (Plymouth), Dorchester Rd (Lyme), High St (Lyme), NH 103A (Newbury-New London), Stage Rd (Plainfield), NH 11 (Andover-Franklin), NH 25 (Warren), NH 11 (Newport-Claremont) and NH 4A (Lebanon).

FEDERAL FUNDING: 0%

CONTINGENCY: None

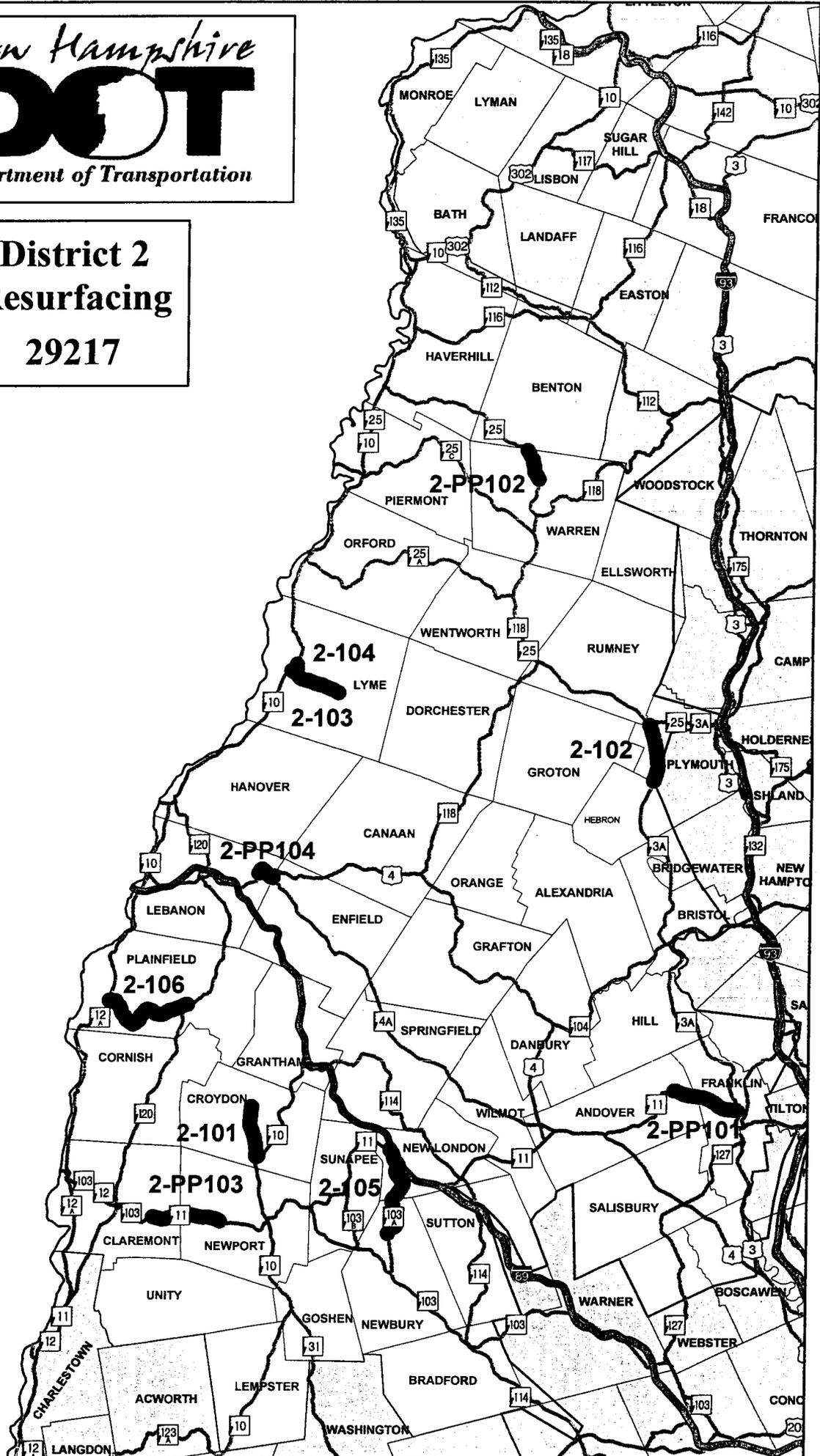
PROJECT INITIATED: SB 367, Proposed Road Toll Increase.

PROJECT EXPLANATION: These roadways are located throughout District 2 and serve various functions. These pavements are in fair to poor condition. The intent of this project is to maintain and improve the riding surface and to extend the life of the existing roadways. All of the proposed work will remain within the right-of-way.

TRAFFIC IMPLICATIONS: Minimal traffic implications are anticipated. Alternating one-way traffic will be allowed only on roads with pavement widths less than forty-eight feet. Normal traffic patterns will be re-established prior to the beginning of non-work hours. No work will be permitted from July 3 through July 7 and from August 29 through September 2, 2014. No work on sections 2-PP102, NH 25 (Warren) shall take place between July 10 and July 14 due to the Prouty bike race. No work on section 2-PP104, NH 4A (Lebanon) shall take place prior to July 30.

COMPLETION DATE: October 3, 2014.

**District 2
Resurfacing
29217**



**State of New Hampshire
Department of Transportation**

29217.01

Project: DISTRICT 2 RESURFACING
NONE 29217

County and Code: GRAFTON 009, MERRIMACK 013 & SULLIVAN 019

Date Bids Open: June 12, 2014

Scope of Work: ROADWAY RESURFACING

Location: SEE THE PROSECUTION OF WORK

Completion Date: October 3, 2014

A PIKE INDUSTRIES, INC.
3 EASTGATE PARK RD BELMONT, NH 03220

\$2,124,495.00

B FRANK W. WHITCOMB CONST. CORP.
BOX 1000 WALPOLE, N.H. 03608

\$2,392,435.00

Item No:	Description	Unit	Quantity	A		B	
				Unit Price	Total	Unit Price	Total
304.32	CRUSHED GRAVEL FOR SHOULDER LEVELING	TON	10,750.00	\$8.00	\$86,000.00	\$16.38	\$176,085.00
403.11	HOT BITUMINOUS PAVEMENT, MACHINE METHOD	TON	7,000.00	\$67.75	\$474,250.00	\$77.00	\$539,000.00
403.12	HOT BITUMINOUS PAVEMENT, HAND METHOD	TON	50.00	\$115.00	\$5,750.00	\$191.00	\$9,550.00
403.6	PAVEMENT JOINT ADHESIVE	LF	36,500.00	\$0.28	\$10,220.00	\$0.30	\$10,950.00
411.3	PLANT MIX SURFACE TREAT- MENT (AC), PAVER SHIM	TON	14,500.00	\$70.00	\$1,015,000.00	\$76.50	\$1,109,250.00
411.473	PLANT MIX SURFACE TREATMENT (MODIFIED ASPHALT CEMENT) NO. 4	TON	3,500.00	\$88.00	\$308,000.00	\$97.00	\$339,500.00
417	COLD PLANING BITUMINOUS SURFACES	SY	4,500.00	\$6.75	\$30,375.00	\$5.00	\$22,500.00
618.61	UNIFORMED OFFICERS WITH VEHICLE	\$	20,000.00	\$1.00	\$20,000.00	\$1.00	\$20,000.00
618.7	FLAGGERS	HR	1,200.00	\$24.50	\$29,400.00	\$19.50	\$23,400.00
619.253	PORTABLE CHANGEABLE MESSAGE SIGN (UNIT WEEK)	UWK	6.00	\$250.00	\$1,500.00	\$1,200.00	\$7,200.00
692	MOBILIZATION	U	1.00	\$64,000.00	\$64,000.00	\$55,000.00	\$55,000.00
699	MISCELLANEOUS TEMPORARY EROSION AND SEDIMENT CONTROL	\$	5,000.00	\$1.00	\$5,000.00	\$1.00	\$5,000.00
1008.11	ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK	\$	5,000.00	\$1.00	\$5,000.00	\$1.00	\$5,000.00
1010.15	FUEL ADJUSTMENT	\$	20,000.00	\$1.00	\$20,000.00	\$1.00	\$20,000.00
1010.2	ASPHALT CEMENT ADJUSTMENT	\$	50,000.00	\$1.00	\$50,000.00	\$1.00	\$50,000.00
					\$2,124,495.00		\$2,392,435.00

A - PS&E Comparison

Item No:	Description	Unit	Quantity	Unit Price	A-Bidder Total	Unit Price	PS&E Total	Total	A-PS&E Difference
304.32	CRUSHED GRAVEL FOR SHOULDER LEVELING	TON	10,750.00	\$8.00	\$86,000.00	\$14.25	\$153,187.50	\$86,000.00	(\$67,187.50)
403.11	HOT BITUMINOUS PAVEMENT, MACHINE METHOD	TON	7,000.00	\$67.75	\$474,250.00	\$75.00	\$525,000.00	\$474,250.00	(\$50,750.00)
403.12	HOT BITUMINOUS PAVEMENT, HAND METHOD	TON	50.00	\$115.00	\$5,750.00	\$125.00	\$6,250.00	\$5,750.00	(\$500.00)
403.6	PAVEMENT JOINT ADHESIVE	LF	36,500.00	\$0.28	\$10,220.00	\$0.25	\$9,125.00	\$10,220.00	\$1,095.00
411.3	PLANT MIX SURFACE TREAT-MENT (AC), PAVER SHIM	TON	14,500.00	\$70.00	\$1,015,000.00	\$71.00	\$1,029,500.00	\$1,015,000.00	(\$14,500.00)
411.473	PLANT MIX SURFACE TREATMENT (MODIFIED ASPHALT CEMENT) NO. 4	TON	3,500.00	\$88.00	\$308,000.00	\$80.00	\$280,000.00	\$308,000.00	\$28,000.00
417	COLD PLANING BITUMINOUS SURFACES	SY	4,500.00	\$6.75	\$30,375.00	\$5.00	\$22,500.00	\$30,375.00	\$7,875.00
618.61	UNIFORMED OFFICERS WITH VEHICLE	\$	20,000.00	\$1.00	\$20,000.00	\$1.00	\$20,000.00	\$20,000.00	\$0.00
618.7	FLAGGERS	HR	1,200.00	\$24.50	\$29,400.00	\$22.00	\$26,400.00	\$29,400.00	\$3,000.00
619.253	PORTABLE CHANGEABLE MESSAGE SIGN (UNIT WEEK)	UWK	6.00	\$250.00	\$1,500.00	\$250.00	\$1,500.00	\$1,500.00	\$0.00
692	MOBILIZATION	U	1.00	\$64,000.00	\$64,000.00	\$45,000.00	\$45,000.00	\$64,000.00	\$19,000.00
699	MISCELLANEOUS TEMPORARY EROSION AND SEDIMENT CONTROL	\$	5,000.00	\$1.00	\$5,000.00	\$1.00	\$5,000.00	\$5,000.00	\$0.00
1008.11	ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK	\$	5,000.00	\$1.00	\$5,000.00	\$1.00	\$5,000.00	\$5,000.00	\$0.00
1010.15	FUEL ADJUSTMENT	\$	20,000.00	\$1.00	\$20,000.00	\$1.00	\$20,000.00	\$20,000.00	\$0.00
1010.2	ASPHALT CEMENT ADJUSTMENT	\$	50,000.00	\$1.00	\$50,000.00	\$1.00	\$50,000.00	\$50,000.00	\$0.00
					\$2,124,495.00		\$2,198,462.50	\$2,124,495.00	(\$73,967.50)

Certificate of Insurance

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON YOU THE CERTIFICATE HOLDER. THIS CERTIFICATE IS NOT AN INSURANCE POLICY AND DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED BELOW. POLICY LIMITS ARE NO LESS THAN THOSE LISTED, ALTHOUGH POLICIES MAY INCLUDE ADDITIONAL SUBLIMIT/LIMITS NOT LISTED BELOW.

This is to Certify that

Pike Industries, Inc.
3 Eastgate Park Road
Belmont NH 03220

NAME AND
ADDRESS
OF INSURED



Liberty Mutual
INSURANCE

is, at the issue date of this certificate, insured by the Company under the policy(ies) listed below. The insurance afforded by the listed policy(ies) is subject to all their terms, exclusions and Conditions and is not altered by any requirement, term or condition of any contract or other document with respect to which this certificate may be issued.

TYPE OF POLICY	EXP DATE	POLICY NUMBER	LIMIT OF LIABILITY	
	<input type="checkbox"/> CONTINUOUS <input type="checkbox"/> EXTENDED <input checked="" type="checkbox"/> POLICY TERM			
WORKERS COMPENSATION	9/1/2014	WA7-C8D-004095-023 WC7-C81-004095-013	COVERAGE AFFORDED UNDER WC LAW OF THE FOLLOWING STATES: ALL STATES EXCLUDING MONOPOLISTIC STATES AND NY WI	EMPLOYERS LIABILITY
				Bodily Injury by Accident \$1,000,000 Each Accident
				Bodily Injury By Disease \$1,000,000 Policy Limit
				Bodily Injury By Disease \$1,000,000 Each Person
COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> CLAIMS MADE	9/1/2014	TB2-C81-004095-113 -Per Project Aggregate included.	General Aggregate	\$2,000,000
			Products / Completed Operations Aggregate	\$2,000,000
			Each Occurrence	\$2,000,000
			Personal & Advertising Injury	\$2,000,000 Per Person / Organization
			Other FIRE DAMAGE \$100,000	Other Medical Exp-\$5,000
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> OWNED <input checked="" type="checkbox"/> NON-OWNED <input checked="" type="checkbox"/> HIRED	9/1/2014	AS2-C81-004095-123 Comp Ded \$10,000 Coll Ded \$10,000	\$2,000,000	Each Accident—Single Limit B.I. And P.D. Combined
				Each Person
				Each Accident or Occurrence
				Each Accident or Occurrence
OTHER				

ADDITIONAL COMMENTS
RE: Resurfacing District II, Project No. 29217.
State of NH - D.O.T. is listed as additional insured with regards to the general liability policy, where required by written contract.

* If the certificate expiration date is continuous or extended term, you will be notified if coverage is terminated or reduced before the certificate expiration date.

NOTICE OF CANCELLATION: (NOT APPLICABLE UNLESS A NUMBER OF DAYS IS ENTERED BELOW.)
BEFORE THE STATED EXPIRATION DATE THE COMPANY WILL NOT CANCEL OR REDUCE THE
INSURANCE AFFORDED UNDER THE ABOVE POLICIES UNTIL AT LEAST 30 DAYS NOTICE
OF SUCH CANCELLATION HAS BEEN MAILED TO:

RE: Resurfacing District II, Project No. 29217.

**Liberty Mutual
Insurance Group**

Certificate
Holder

State of NH - D.O.T.
PO Box 483
Concord NH 03302

Stanley S. Esposito, Jr.

Stan Esposito

AUTHORIZED REPRESENTATIVE

Pittsburgh / 0387
12 Federal Street, Ste. 310
Pittsburgh PA 15212-5706

412-231-1331 6/16/2014

OFFICE

PHONE

DATE ISSUED

This certificate is executed by LIBERTY MUTUAL INSURANCE GROUP as respects such insurance as is afforded by those Companies NM 772 07-10



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/13/2014

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 MARSH USA, INC. TWO ALLIANCE CENTER 3560 LENOX ROAD, SUITE 2400 ATLANTA, GA 30326 J34420...-EX-13-14	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : American Guarantee & Liability Ins Co</td> <td>26247</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 : American Guarantee & Liability Ins Co	26247	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 :														
INSURED PIKE INDUSTRIES, INC. (BELMONT) 3 EASTGATE PARK ROAD BELMONT, NH 03220														

COVERAGES **CERTIFICATE NUMBER:** ATL-003271251-01 **REVISION NUMBER:** 1

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								
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPOP AGG \$ \$								
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$								
A X	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			AUC655102504	09/01/2013	09/01/2014	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATUTORY LIMITS	OTHER														
E.L. EACH ACCIDENT	\$														
E.L. DISEASE - EA EMPLOYEE	\$														
E.L. DISEASE - POLICY LIMIT	\$														

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
RE: RESURFACING DISTRICT II, 29217
STATE OF NH - D.O.T. IS INCLUDED AS ADDITIONAL INSURED(S) PER WRITTEN CONTRACT.

CERTIFICATE HOLDER STATE OF NH - D.O.T. PO BOX 483 CONCORD, NH 03302	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 of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
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OWNERS AND CONTRACTORS PROTECTIVE
LIABILITY DECLARATIONS



Issued by LIBERTY MUTUAL FIRE INSURANCE COMPANY

Policy Number	TF2-681-054459-314	Issuing Office	BALA CYNWYD, PA
Renewal of	NEW	Issue Date	2014-06-13
Account Number	8-036771	Sub Account	0000

Named Insured and Mailing Address	Franchise
State of New Hampshire – D.O.T	
P.O. Box 483	
Concord, NH 03302-0483	

Form of Business Other

Policy Period: The policy period is from 06/16/2014 to 06/16/2015 12:01 A.M. standard time at the Insured's mailing address.

Designated Contractor: Pike Industries, Inc.

Mailing Address: 3 Eastgate Park Rd
Belmont, NH 03220

Location of Coverage Operations: Various location in Grafton, Merrimack and Sullivan Counties, New Hampshire: Resurfacing District II, 29217

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

LIMITS OF INSURANCE

Each Occurrence Limit	\$ 2,000,000
Aggregate Limit	\$ 3,000,000

SCHEDULE

The declarations are completed on the accompanying "Declarations Extension Schedule(s)".

Owners and Contractors Protective Liability Coverage Part Premium	\$ 600
Endorsement Premium	\$
Total Estimated Premium	\$ 600
Other Charges(s)	\$

Policywriting Minimum Premium \$

Forms Applicable: See Attached Inventory

Producer 0002008060
MARSH USA INC.
3560 LENOX RD, STE 2400
ATLANTA, GA 30326

Producer BLICKLE, K 9931
BALA CYNWYD, PA