



THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION



20 v JDR

VICTORIA F. SHEEHAN
COMMISSIONER

WILLIAM CASS, P.E.
ASSISTANT COMMISSIONER

Bureau of Construction
June 15, 2016

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

REQUESTED ACTION

1. Authorize the Department of Transportation to enter into a contract with Nicom Coatings, Corporation (Vendor 160434) of Barre, VT on the basis of a low bid of \$456,888.95 for crack seal treatment of twelve roadway segments/locations in the counties of Belknap, Carroll, Coos, Grafton and Sullivan, from the date of Governor and Council approval through September 30, 2016 unless extended by the Department in accordance with the Standard Specifications. 100% Federal Funds.

Funding is available as follows:	<u>FY 2017</u>
04-96-96-963515-3054	
Consolidated Federal Aid	
400-500870 Highway Contract Payments	\$456,888.95

2. Further authorize that a contingency in the amount of \$22,844.45 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 2017</u>
04-96-96-963515-3054	
Consolidated Federal Aid	
400-500870 Highway Contract Payments	\$22,844.45

EXPLANATION

This project is part of the State's Ten Year Transportation Improvement Plan, under the Pavement Resurfacing, Rehabilitation & Crackseal Program (PRRCS). The project consists of crack seal treatment of twelve (12) roadway segments/locations in the Counties of Belknap, Carroll, Coos, Grafton, and Sullivan as follows:

- District 1:** Harts Location (US 302): 4.4 miles
- Columbia-Colebrook (US 3): 10.6 miles
- Stratford (US 3): 2.4 miles
- Littleton-Bethlehem (NH 116): 4.0 miles
- Franconia-Bethlehem (US 3): 4.5 miles

Page 2

Bethlehem-Carroll (US 302): 5.1 miles
Randolph (US 2): 2.1 miles
Shelburne (US 2): 4.6 miles

District 2: Newport (NH 11): 3.1 miles
Rumney-Plymouth (NH 25): 7.9 miles

District 3: Wolfeboro (NH 28): 4.6 miles
Alton Traffic Circle (NH 28/NH 11): 1.0 mile

The purpose of this project is to preserve and extend the life of existing pavement placed under recent Construction, Rehabilitation, and Resurfacing projects. The above sections were last paved between 2009 and 2013. Crack seal will be full width for all of the proposed sections.

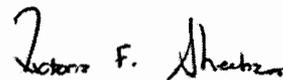
The contingency requested is 5% of the contract amount, and is necessary to account for the variability in the number, length and severity of cracks. In addition, the winter of 2016 may have increased the number and severity of cracks.

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 that the bid reasonably conforms to the engineer's estimate in accordance with State procedure. Copies of the fully executed contract are on file at the Secretary of State's Office and the Department of Administrative Service's Office, and subsequent to Governor and Council approval will be on file at the Department of Transportation.

This project funding is 80% federal funds with 20% state match. Turnpike toll credit is being utilized for match requirements, 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.

Sincerely,



Victoria F. Sheehan
Commissioner

VFS/md

Department Estimate: \$516,060.00
Contract Amount: \$456,888.95
Under Estimate: \$ 59,171.05

Attachments

April 5, 2016

SUPPLEMENTAL PROJECT INFORMATION SHEET

DESCRIPTION: The project consists of crack seal treatment of twelve (12) roadway segments/locations in the Counties of Belknap, Carroll, Coos, Grafton, and Sullivan as follows:

- District 1:** Harts Location (US 302): 4.4 miles
Columbia-Colebrook (US 3): 10.6 miles
Stratford (US 3): 2.4 miles
Littleton-Bethlehem (NH 116): 4.0 miles
Franconia-Bethlehem (US 3): 4.5 miles
Bethlehem-Carroll (US 302): 5.1 miles
Randolph (US 2): 2.1 miles
Shelburne (US 2): 4.6 miles
- District 2:** Newport (NH 11): 3.1 miles
Rumney-Plymouth (NH 25): 7.9 miles
- District 3:** Wolfboro (NH 28): 4.6 miles
Alton Traffic Circle (NH 28/NH 11): 1.0 mile

FEDERAL FUNDING: 80% (Federal Resurfacing) with anticipated utilization of Turnpike Toll Credits for the State's 20% match.

CONTINGENCY: The contingency requested is 5% of the contract amount, and is necessary to account for the variability in the number, length and severity of cracks. In addition, the winter of 2016 may have increased the number and severity of cracks.

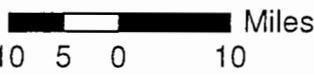
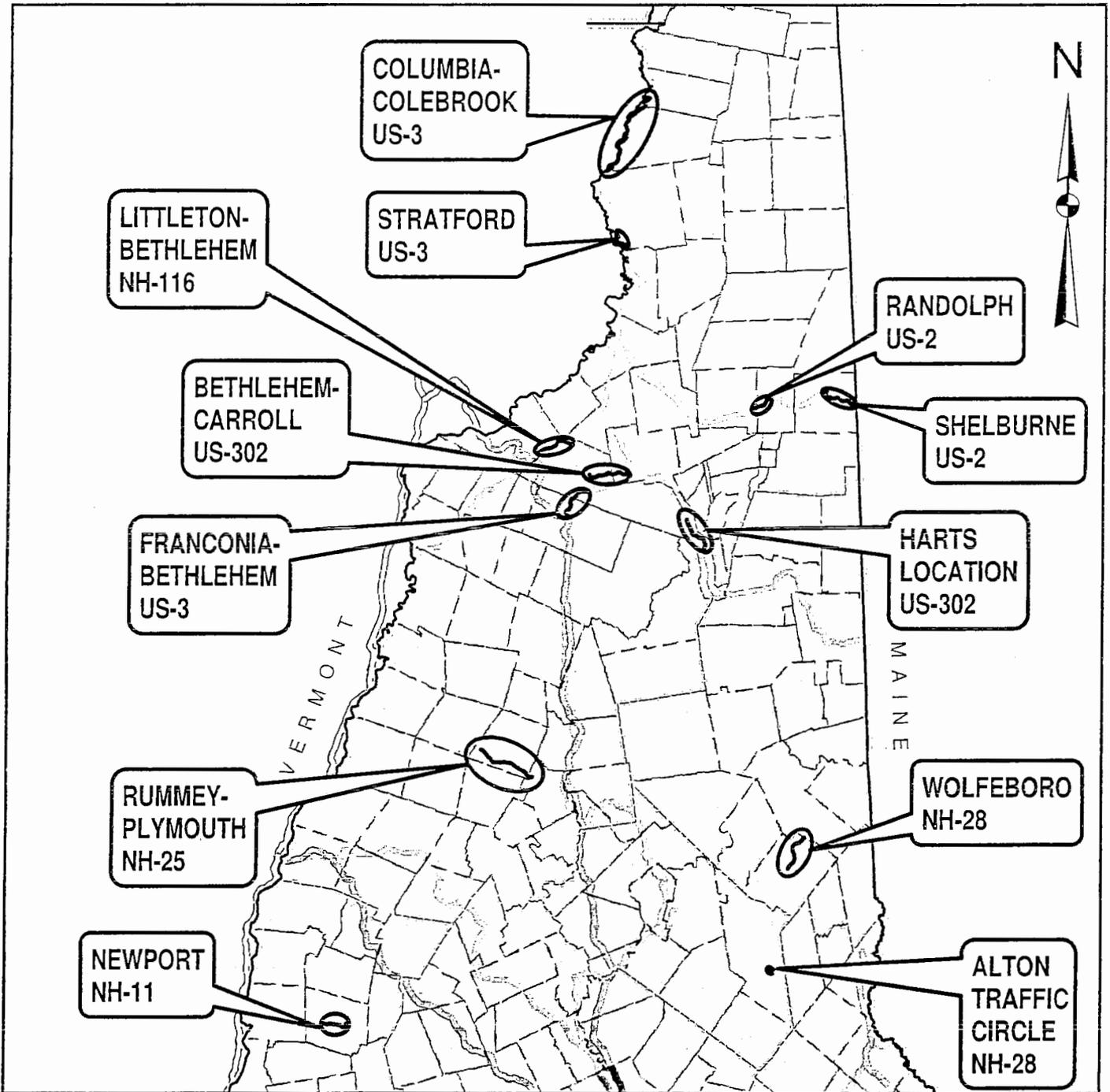
PROJECT INITIATED: State's Ten-Year Plan, under the PRRCS Program.

PROJECT EXPLANATION: The purpose of this project is to preserve and extend the life of existing pavement placed under recent Construction, Rehabilitation, and Resurfacing projects. The above sections were last paved between 2009 and 2013. Crack seal will be full width for all of the proposed sections.

TRAFFIC IMPLICATION: One lane, alternating two-way traffic will be required. Lane closures will not be allowed during high volume periods. Lane closure lengths will be restricted to 1/2 mile or less. Due to high traffic volumes, night work is proposed for a portion of the NH 11 section in Newport. Traffic circles in Alton and Plymouth will be completed at night, due to the limited available pavement width. Short term traffic stoppages (10 minutes max) will be allowed within the circles and on approaches where pavement is not wide enough to pass large vehicles through the work zone.

FINAL COMPLETION DATE: Friday, September 30, 2016.

STATEWIDE - 40473 - CRACKSEAL

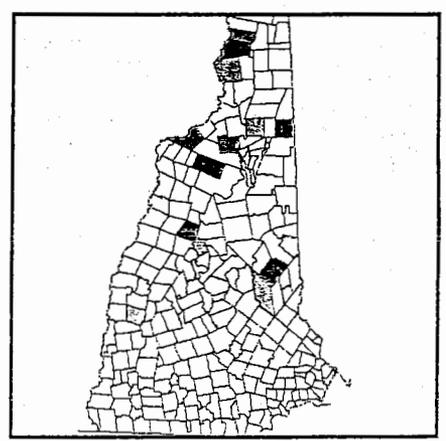


LEGEND

- Streams
- Water Bodies
- US Routes
- State Routes
- Interstates
- Local Roads
- Town Boundary



State #: 40473
Federal #: X-A004 (414)
LOCATION MAP



PROJECT: STATEWIDE
 STATE PROJECT NUMBER: 40473
 FED. PROJECT NUMBER: X-A004(414)
 DATE BIDS OPEN: May 19, 2016, 2:00 PM
 SCOPE OF WORK: Statewide Crackseal Tier 2A Preservation
 COMPLETION DATE: September 30, 2016
 LOCATION:

Awarded To: NICOM COATINGS
 CORPORATION
 140 INDUSTRIAL LANE-
 BERLIN
 BARRE, VT 05641-0727
 Amount: \$456,888.95
 Award Date:

Certified by: _____

Director of Project Development

Summary of Bidders

Contractor	Bid Amount	Rank
NICOM COATINGS CORPORATION 140 INDUSTRIAL LANE-BERLIN, BARRE VT 05641-0727 ANNSEAL, INC. 130 MAIN STREET, STE 3, JOHNSON CITY NY 13790	\$456,888.95	A
	\$513,450.19	B

Item No.	Description	Unit	Quantity	PS&E		NICOM COATINGS CORPORATION 140 W. MAIN STREET BARRE, VT 05641-0727		ANNISEAL, INC. 130 MAIN STREET, STE 3 JOHNSON CITY, NY 13790	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items

413.1	HOT-POURED CRACK SEALANT	LB	209,175.000	\$1.25	\$261,468.75	\$1.15	\$240,551.25	\$1.50	\$313,762.50
413.19	HOT-POURED CRACK SEALANT (NIGHT)	LB	8,675.000	\$1.75	\$15,181.25	\$1.30	\$11,277.50	\$2.91	\$25,244.25
413.6	CRACK FILL PRIOR TO THIN LIFT OVERLAY	LB	22,724.000	\$2.50	\$56,810.00	\$1.05	\$23,860.20	\$1.31	\$29,768.44
618.61	UNIFORMED OFFICERS WITH VEHICLE	\$	20,000.000	\$1.00	\$20,000.00	\$1.00	\$20,000.00	\$1.00	\$20,000.00
618.7	FLAGGERS	HR	1,800.000	\$22.00	\$39,600.00	\$22.00	\$39,600.00	\$16.00	\$28,800.00
619.1	MAINTENANCE OF TRAFFIC	U	1.000	\$65,000.00	\$65,000.00	\$62,000.00	\$62,000.00	\$67,250.00	\$67,250.00
619.25	PORTABLE CHANGEABLE MESSAGE SIGN	U	4.000	\$2,000.00	\$8,000.00	\$400.00	\$1,600.00	\$2,000.00	\$8,000.00
692.	MOBILIZATION	U	1.000	\$20,000.00	\$20,000.00	\$48,000.00	\$48,000.00	\$10,625.00	\$10,625.00
1010.15	FUEL ADJUSTMENT	\$	10,000.000	\$1.00	\$10,000.00	\$1.00	\$10,000.00	\$1.00	\$10,000.00

Totals:

\$516,060.00	\$456,888.95	\$513,450.19
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PS&E Comparison

Item No.	Description	Unit	Quantity	A-Bidder		PS&E		A-PS&E Difference
				Unit Price	Total	Unit Price	Total	
413.1	HOT-POURED CRACK SEALANT	LB	209,175.000	\$1.15	\$240,551.25	\$1.25	\$261,468.75	(\$20,917.50)
413.19	HOT-POURED CRACK SEALANT (NIGHT)	LB	8,675.000	\$1.30	\$11,277.50	\$1.75	\$15,181.25	(\$3,903.75)
413.6	CRACK FILL PRIOR TO THIN LIFT OVERLAY	LB	22,724.000	\$1.05	\$23,860.20	\$2.50	\$56,810.00	(\$32,949.80)
618.61	UNIFORMED OFFICERS WITH VEHICLE	\$	20,000.000	\$1.00	\$20,000.00	\$1.00	\$20,000.00	\$0.00
618.7	FLAGGERS	HR	1,800.000	\$22.00	\$39,600.00	\$22.00	\$39,600.00	\$0.00
619.1	MAINTENANCE OF TRAFFIC	U	1.000	\$62,000.00	\$62,000.00	\$85,000.00	\$85,000.00	(\$23,000.00)
619.25	PORTABLE CHANGEABLE MESSAGE SIGN	U	4.000	\$400.00	\$1,600.00	\$2,000.00	\$8,000.00	(\$6,400.00)
692.	MOBILIZATION	U	1.000	\$48,000.00	\$48,000.00	\$20,000.00	\$20,000.00	\$28,000.00
1010.15	FUEL ADJUSTMENT	\$	10,000.000	\$1.00	\$10,000.00	\$1.00	\$10,000.00	\$0.00
Total:					\$456,888.95		\$516,060.00	(\$59,171.05)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/21/2016

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 Noyle W Johnson Insurance 119 River Street P.O. Box 279 Montpelier VT 05601-0279	CONTACT NAME: Holly French PHONE (A/C No. Ext): (802) 223-7735 FAX (A/C. No): (802) 223-7515 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE INSURER A :Cincinnati INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	NAIC # 10677

COVERAGES CERTIFICATE NUMBER:CL161526211 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X	Y	CPP/CPA1059538	1/1/2016	1/1/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X	Y	CPP/CPA1059538	1/1/2016	1/1/2017	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 RETENTIONS \$	X	Y	CPP/CPA1059538	1/1/2016	1/1/2017	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WC1923069	1/1/2016	1/1/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Project - Statewide Crack Sealing X-A004(414) 40473

New Hampshire DOT where required by written contract are named as Additionally Insured in regards to General Liability and Business Auto Liability. Umbrella follows form. Waiver of Subrogation applies where required by written contract and allowed by state laws. 30 Day cancellation applies.

CERTIFICATE HOLDER

CANCELLATION

New Hampshire Department of Transportatio 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 Holly French/HOLLY <i>Holly French</i>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/18/2016

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 Noyle W Johnson Insurance 119 River Street P.O. Box 279 Montpelier VT 05601-0279	CONTACT NAME: Holly French	
	PHONE (A/C, No, Ext): (802) 223-7735	FAX (A/C, No): (802) 223-9649
E-MAIL ADDRESS: hfrench@nwjinsurance.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Cincinnati Casualty Ins		10677
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** CL1671827885 **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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners Protective			CAP5245966	7/6/2016	9/30/2016	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 \$	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:							
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						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 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	

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

X-A004(414) 40473

Contract Start Date 7/6/2016, Contract Amount \$496,888, Crack Sealing - Various Towns

CERTIFICATE HOLDER New Hampshire Department of Transportation 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 A Macie CISR, CPIA/AU <i>Audrey L. Macie</i>

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