



THE STATE OF NEW HAMPSHIRE  
DEPARTMENT OF TRANSPORTATION



83 *sent*

CHRISTOPHER D. CLEMENT, SR.  
COMMISSIONER

JEFF BRILLHART, P.E.  
ASSISTANT COMMISSIONER

Bureau of Construction  
June 19, 2013

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 Pike Industries, Inc. of Belmont, NH (Vendor #177300) on the basis of a low bid of \$294,540.30 for pavement rehabilitation on NH Route 126 to the north of John Tasker Road in Barnstead, from the date of Governor and Council approval through October 18, 2013 unless extended by the Department in accordance with the Standard Specifications. 100% Betterment Funds.

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

|                                      |                |
|--------------------------------------|----------------|
| Funding is available as follows:     | <u>FY 2014</u> |
| 04-96-96-963015-3039                 |                |
| Highway Betterment Aid               |                |
| 400-500870 Highway Contract Payments | \$294,540.30   |

2. Further authorize that a contingency in the amount of \$29,454.03 be approved for payment of latent conditions, which may appear during the construction of the project. The contingency requested is 10% of the contract amount.

|  |                |
|--|----------------|
| Contingency Funding is available as follows: | <u>FY 2014</u> |
| 04-96-96-963015-3039                         |                |
| Highway Betterment Aid                       |                |
| 400-500870 Highway Contract Payments         | \$29,454.03    |

**EXPLANATION**

This project is part of the State's Highway Betterment, Rehabilitation of Secondary Routes Program. The work involves reclaiming approximately 1.1 miles of NH 126 with a 4" pavement overlay. Route 126 was constructed between the late 1940's to mid 1950's. The highway was not designed or constructed to handle the traffic volume to which it is currently subjected. Base course materials and wearing course asphalt is substandard and is prevalent with the frost heaving and delaminated pavement. The lack of adequate drainage is a large contributing factor in destruction of the roadway. This work will restore and extend the service life of the paving surface.

The contingency amount is proposed to be 10% of the contract amount. This project is a Betterment funded project. Construction quantities were calculated from field measurements and not engineered plans.

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: \$356,285.00  
Contract Amount: \$294,540.30  
Under Estimate: \$ 61,744.70

Attachments

**March 20, 2013**

**SUPPLEMENTAL PROJECT INFORMATION SHEET**

**DESCRIPTION:** On NH Route 126 beginning 500' north of John Tasker Road reclaim 6,200 linear feet twelve inches (12") deep 24 feet wide. Place 4 inches (4") of Hot Bituminous Pavement consisting of **2-1/2" binder course and a 1-1/2" wearing course** ending approximately 200' beyond the intersection of Bow Lake Road.

**FEDERAL FUNDING:** 0%

**CONTINGENCY:** 10% Contingency is requested for this project. This project is a Betterment funded program. Construction quantities were calculated from field measurements and not engineered plans.

**PROJECT INITIATED:** State's Betterment Program

**PROJECT EXPLANATION:** Route 126 was constructed was between the late 1940's to mid 1950's. The highway was not designed or constructed to handle the traffic volume to which it is currently subjected. Base course materials and wearing course asphalt is substandard and is prevalent with the frost heaving and delaminated pavement. The lack of adequate drainage is a large contributing factor in destruction of roadway.

**TRAFFIC IMPLICATIONS:** One way alternating traffic will be allowed on this project.

**COMPLETION DATE:** OCTOBER 18, 2013



THE STATE OF NEW HAMPSHIRE  
DEPARTMENT OF TRANSPORTATION

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PROJECT: BARNSTEAD  
26203

COUNTIES AND CODES: BELKNAP 001

DATE BIDS OPEN: JUNE 6, 2013

SCOPE OF WORK: PAVEMENT REHABILITATION

LOCATION: NH 126 AND JOHN TASKER ROAD

COMPLETION DATE: OCTOBER 18, 2013

A PIKE INDUSTRIES, INC.

3 EASTGATE PARK RD., BELMONT, NH 03220 \$ 294,540.30

B BUSBY CONSTRUCTION CO., INC.

71 ROUTE 111, ATKINSON, NH 03811 \$ 312,213.00

C CONTINENTAL PAVING, INC.

1 CONTINENTAL DRIVE, LONDONDERRY, NH 03053 \$ 319,615.00

| ITEM NO. | DESCRIPTION  | UNIT | QUANTITY | A          |              |            | B            |            |              | C          |              |  |
|----------|--|------|----------|------------|--------------|------------|--------------|------------|--------------|------------|--------------|--|
|          |  |      |          | UNIT PRICE | TOTAL        | UNIT PRICE | TOTAL        | UNIT PRICE | TOTAL        |            |              |  |
| 214.     | FINE GRADING   | U    | 1.       | 8,000.00   | 8,000.00     | 9,930.00   | 9,930.00     | 10,000.00  | 10,000.00    | 10,000.00  | 10,000.00    |  |
| 306.112  | RECLAIMED STABILIZED BASE PROCESSED IN PLACE, 12 IN DEEP (F) | SY   | 16,550.  | .64        | 10,592.00    | .90        | 14,895.00    | .90        | 14,895.00    | 14,895.00  | 14,895.00    |  |
| 403.11   | HOT BITUMINOUS PAVEMENT, MACHINE METHOD                      | TON  | 4,198.   | 60.85      | 255,448.30   | 64.25      | 269,721.50   | 65.00      | 272,870.00   | 272,870.00 | 272,870.00   |  |
| 403.12   | HOT BITUMINOUS PAVEMENT, HAND METHOD                         | TON  | 25.      | 85.00      | 2,125.00     | 90.00      | 2,250.00     | 94.00      | 2,350.00     | 2,350.00   | 2,350.00     |  |
| 417.     | COLD PLANING BITUMINOUS SURFACES                             | SY   | 75.      | 5.00       | 375.00       | 11.00      | 825.00       | 20.00      | 1,500.00     | 1,500.00   | 1,500.00     |  |
| 692.     | MOBILIZATION   | U    | 1.       | 6,000.00   | 6,000.00     | 2,591.50   | 2,591.50     | 6,000.00   | 6,000.00     | 6,000.00   | 6,000.00     |  |
| 1010.15  | FUEL ADJUSTMENT  | \$   | 1.       | 2,000.00   | 2,000.00     | 2,000.00   | 2,000.00     | 2,000.00   | 2,000.00     | 2,000.00   | 2,000.00     |  |
| 1010.2   | ASPHALT CEMENT ADJUSTMENT                                    | \$   | 1.       | 10,000.00  | 10,000.00    | 10,000.00  | 10,000.00    | 10,000.00  | 10,000.00    | 10,000.00  | 10,000.00    |  |
|          |  |      |          |            | \$294,540.30 |            | \$312,213.00 |            | \$319,615.00 |            | \$319,615.00 |  |



**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®**

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<br><input type="checkbox"/> CONTINUOUS<br><input type="checkbox"/> EXTENDED<br><input checked="" type="checkbox"/> POLICY TERM | POLICY NUMBER                            | LIMIT OF LIABILITY   |   |
|--|---|--|--|---|
|  |   |  |  |   |
| <b>WORKERS COMPENSATION</b>  | 9/1/2013  | WA7-C8D-004095-022<br>WC7-C81-004095-012 | COVERAGE AFFORDED UNDER WC LAW OF THE FOLLOWING STATES: ALL STATES EXCLUDING MONOPOLISTICS STATES AND NY<br><br>WI | <b>EMPLOYERS LIABILITY</b>  |
|  |   |  |  | Bodily Injury by Accident<br><b>\$1,000,000</b> Each Accident                 |
|  |   |  |  | Bodily Injury By Disease<br><b>\$1,000,000</b> Policy Limit                   |
|  |   |  |  | Bodily Injury By Disease<br><b>\$1,000,000</b> Each Person                    |
| <b>COMMERCIAL GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> OCCURRENCE<br><input type="checkbox"/> CLAIMS MADE  | 9/1/2013  | TB2-C81-004095-112                       | General Aggregate  | <b>\$2,000,000</b>  |
|  |   |  |  | Products / Completed Operations Aggregate<br><b>\$2,000,000</b>               |
|  |   |  |  | Each Occurrence<br><b>\$2,000,000</b>   |
|  |   |  |  | Personal & Advertising Injury<br><b>\$2,000,000</b> Per Person / Organization |
|  |   |  |  | Other FIRE DAMAGE \$100,000   |
|  |   |  |  | Other PER PROJECT AGGREGATE   |
| <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> OWNED<br><input checked="" type="checkbox"/> NON-OWNED<br><input checked="" type="checkbox"/> HIRED | 9/1/2013  | AS2-C81-004095-122                       |  | Each Accident—Single Limit<br><b>\$2,000,000</b> B.I. And P.D. Combined       |
|  |   |  |  | Each Person   |
|  |   |  |  | Each Accident or Occurrence   |
|  |   |  |  | Each Accident or Occurrence   |
|  |   |  |  |   |
| <b>OTHER</b>   |   |  |  | Auto: Comp Ded \$10,000/Coll Ded \$10,000                                     |
| <b>EVIDENCE OF COVERAGE</b>  |   |  |  |   |

**ADDITIONAL COMMENTS**

**Barnstead, 26203  
State of New Hampshire - D.O.T. is additional insured when 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:

**Liberty Mutual  
Insurance Group**

Certificate Holder

**State of New Hampshire - D.O.T.  
PO Box 483  
Concord, NH 03302**

*J. Balazentis*

**Judith Balazentis**

Pittsburgh / 0387 AUTHORIZED REPRESENTATIVE  
12 Federal Street, Ste. 310  
Pittsburgh PA 15212-5706 412-231-1331 **6/14/13**  
OFFICE PHONE DATE ISSUED

**JD**

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

LDI COI 268896 02 11



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/11/2013

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).

|  |                                      |                                |
|--|--------------------------------------|--------------------------------|
| <b>PRODUCER</b><br>MARSH USA, INC.<br>TWO ALLIANCE CENTER<br>3560 LENOX ROAD, SUITE 2400<br>ATLANTA, GA 30326<br><br>J34420...EX-12-13 | <b>CONTACT NAME:</b><br>_____        |                                |
|  | <b>PHONE (A/C No, Ext):</b><br>_____ | <b>FAX (A/C, No):</b><br>_____ |
| <b>E-MAIL ADDRESS:</b><br>_____  |                                      |                                |
| <b>INSURER(S) AFFORDING COVERAGE</b>   |                                      | <b>NAIC #</b>                  |
| <b>INSURER A:</b> American Guarantee & Liability Ins Co  |                                      | 26247                          |
| <b>INSURER B:</b> _____  |                                      |                                |
| <b>INSURER C:</b> _____  |                                      |                                |
| <b>INSURER D:</b> _____  |                                      |                                |
| <b>INSURER E:</b> _____  |                                      |                                |
| <b>INSURER F:</b> _____  |                                      |                                |

**COVERAGES**                      **CERTIFICATE NUMBER:** ATL-003190703-01                      **REVISION NUMBER:** 7

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   |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|--|
|          | <b>GENERAL LIABILITY</b><br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GENL AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$ |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS  |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                    |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED    RETENTION \$   |           |          | AUC655102503  | 09/01/2012              | 09/01/2013              | EACH OCCURRENCE \$ 10,000,000<br>AGGREGATE \$ 10,000,000<br>\$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |           |          | N/A           |                         |                         | WC STATU-TORY LIMITS    OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
 RE: BARNSTEAD, 26203  
 STATE OF NEW HAMPSHIRE - D.O.T. IS INCLUDED AS ADDITIONAL INSURED(S) PER WRITTEN CONTRACT.

|  |   |
|--|---|
| <b>CERTIFICATE HOLDER</b><br><br>STATE OF NEW HAMPSHIRE - D.O.T.<br>PO BOX 483<br>CONCORD, NH 03302-0483 | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br>of Marsh USA Inc.<br>Manashi Mukherjee <i>Manashi Mukherjee</i> |
|--|---|

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Liberty Mutual  
Fire Insurance Company



OWNERS' AND CONTRACTORS'  
PROTECTIVE LIABILITY  
DECLARATIONS

|                                  |                      |                                       |              |                                 |              |          |  |
|----------------------------------|----------------------|---------------------------------------|--------------|---------------------------------|--------------|----------|--|
| ACCOUNT<br>03 67 71              | SUB-ACCT NO.<br>0000 | Liberty Mutual Insurance Group/Boston |              |                                 |              |          |  |
| POLICY NO.<br>TF2-681-036802-743 | TD/CD<br>02/7        | SALES OFFICE<br>Bala Cynwyd, PA       | CODE<br>0390 | SALES REPRESENTATIVE<br>BLICKLE | CODE<br>9931 | N/R<br>1 | 1 <sup>ST</sup> YR LIAB<br>POL<br>2013 |

Item 1. Named Insured State of New Hampshire - D.O.T.

Address PO Box 483  
Concord, NH 03302-0483

The named insured is: Other  
Business of named insured is: Governmental Authority

|                       |      |           |           |              |    |           |           |              |
|-----------------------|------|-----------|-----------|--------------|----|-----------|-----------|--------------|
| Item 2. Policy Period | From | Mo.<br>06 | Day<br>14 | Year<br>2013 | to | Mo.<br>06 | Day<br>14 | Year<br>2014 |
|-----------------------|------|-----------|-----------|--------------|----|-----------|-----------|--------------|

12:01 A.M., standard time at the address of the named insured as stated herein.

Item 3. In return for the payment of the premium, and subject to all of 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 |

Item 4. Designated Contractor Pike Industries, Inc.  
Mailing Address 3 Eastgate Park Rd.  
Belmont, NH 03220

Location of Covered Operations Barnstead 26203 - NH Route 126 North of John Tasker Road Barnstead, NH

Check here if the following provision is applicable:

The person or organization designated above as the Contractor has undertaken to pay the premium for this policy and shall be entitled to receive any return premiums and dividends, if any, which may become payable under the terms of this policy.

Item 5. Computation of Premium

| Classifications                      | Code No. | Premium Base | Rate        | Advance Premium |
|--------------------------------------|----------|--------------|-------------|-----------------|
|                                      |          | Cost         |             | Code 317        |
| Construction Operations - Contractor | 16291    | 294,540      | Flat Charge | 400             |
| M = Minimum Premium                  |          |              |             |                 |
| TERRORISM RISK INSURANCE ACT         |          |              |             | \$ 0            |
| TOTAL ADVANCE PREMIUM                |          |              |             | \$ 400          |

Audit Basis: 0 - Flat Charge

These declarations, together with the Common Policy Conditions and Coverage Form(s) and any endorsement(s) complete the above numbered policy.

Forms and endorsements attached to this policy: See attached forms and endorsements schedule

This policy, including all endorsements issued herewith, is hereby countersigned by \_\_\_\_\_

|           |                |                  |              |             |            |                             |                           |  |
|-----------|----------------|------------------|--------------|-------------|------------|-----------------------------|---------------------------|--|
| *N*9N00*  |                |                  |              |             |            |                             | Authorized Representative |  |
| Loc. Code | Typed          | Periodic Payment | Rating Basis | Audit Basis | Home State | Pct. H. G.                  | Renewal of                |  |
|           | KDG 06/10/2013 | \$               | NR           | 0           | NH         | S- <input type="checkbox"/> | New                       |  |

