



**THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION**



Beards
117

**CHRISTOPHER D. CLEMENT, SR.
COMMISSIONER**

**JEFF BRILLHART, P.E.
ASSISTANT COMMISSIONER**

Bureau of Construction
April 4, 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 Evroks Corporation (Vendor 155652) of Winnisquam, NH on the basis of a low bid of \$2,317,938.40 for bridge rehabilitation work on three bridges in the City of Keene, from the date of Governor and Council approval through October 31, 2014 unless extended by the Department in accordance with the Standard Specifications. 100% Federal Funds.

Funding is available as follows: FY 2013
04-96-96-963515-3054
Consolidated Federal Aid
400-500870 Highway Contract Payments \$2,317,938.40

2. Further authorize that a contingency in the amount of \$231,793.84 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.

Funding is available as follows: FY 2013
04-96-96-963515-3054
Consolidated Federal Aid
400-500870 Highway Contract Payments \$231,793.84

EXPLANATION

This project is part of the annual Bridge Rehabilitation, Painting and Preservation Program (BRPP). The work involves replacement of bridge deck pavement and membrane, partial and full depth deck repair, replacement of expansion joints and bridge rail, and painting structural steel on 3 bridges on NH 9/NH 10 over West Street, NH 12, and the Ashuelot River. The existing bridge over West Street was built in 1967. The bridges on NH 9/NH 10 were built in 1978. The bridge over Ashuelot River was added to the State's red list in 2012 and is currently #138 on the 2012 bridge priority list. The concrete decks are showing signs of deterioration. The expansion joints are leaking on the abutments. The existing bridge rail is substandard. This preservation project will address and fix these issues to extend the life of the structure and keep it off the State's red list.

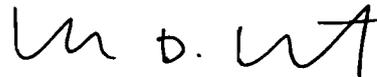
The contingency amount is proposed to be 10% of the contract amount. This work includes the rehabilitation of the bridge, which typically has higher risks of costs, and quantity overruns due to the nature of the rehabilitation work and the inability to accurately quantify the extent of deck repairs. Until the existing pavement and membrane on the deck is removed, the true extent of the repair work is only an estimate.

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.

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,



Christopher D. Clement, Sr.
Commissioner

CDC/md

Department Estimate: \$2,789,643.75
Contract Amount: \$2,317,938.40
Under Estimate: \$ 471,705.35

Attachments

February 13, 2013

SUPPLEMENTAL PROJECT INFORMATION SHEET

DESCRIPTION: This project consists of bridge rehabilitation work on three bridges in the City of Keene: NH 9, NH 10 and NH 12 over West Street (Br. No. 120/076); NH 9 and NH 10 over NH 12 (Br. No. 115/089); and NH 9 and NH 10 over Ashuelot River (Br. No. 121/093). The work on Br. No. 120/076 begins approximately 200 feet south of the bridge and continues 400 feet to the north across the bridge. The work on Br. Nos. 115/089 and 121/093 begins approximately 150 feet west of Br. No. 115/089 and continues 1600 feet east across both bridges. The scope of work includes replacement of the bridge deck pavement and membrane, partial and full depth deck repair, replacement of expansion joints at abutments, replacing bridge rail and bridge approach rail, and painting structural steel.

FEDERAL FUNDING: 80% Federal Funding, with an anticipated 20% Turnpike Toll Credit match.

CONTINGENCY: The Contingency amount is proposed to be 10%. This work includes the rehabilitation of the bridges which typically have higher risks of costs and quantity overruns due to the nature of the rehabilitation work and the inability to accurately quantify the extent of deck repairs. Until the existing pavement and membrane on the deck is removed, the true extent of the repair work is only an estimate.

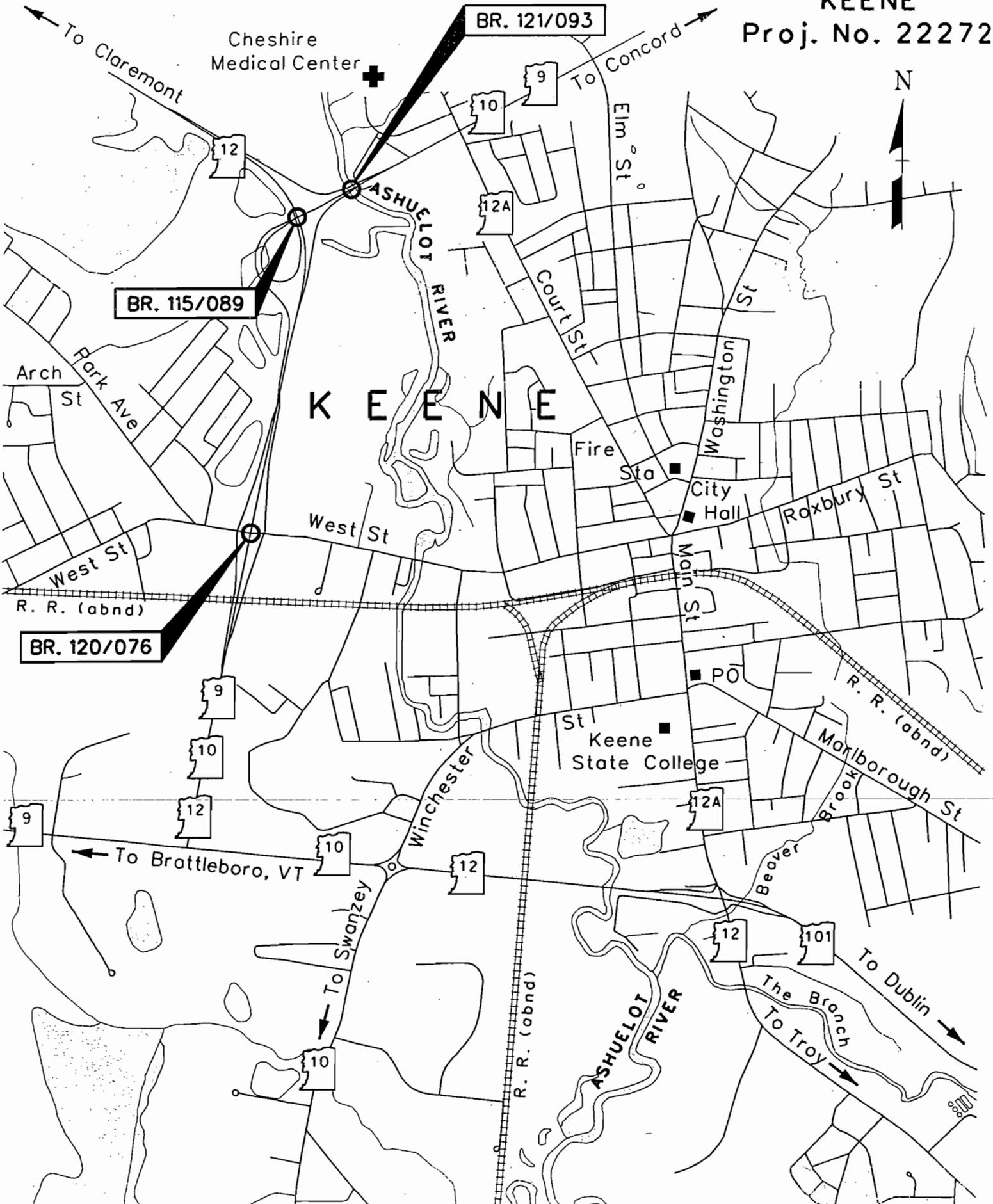
PROJECT INITIATED: State's 10-Year Transportation Improvement Program.

PROJECT EXPLANATION: The existing bridge over West Street was built in 1967. The bridges on NH 9 and NH 10 were built in 1978. Br. No. 121/093 was added to the State's Redlist in 2012 and is currently at #138 on the 2012 bridge priority list. The concrete decks are showing signs of deterioration. The expansion joints are leaking on the abutments. The existing bridge rail is substandard. This preservation project will address and fix these issues to extend the life of the structures and keep them off the State's red list.

TRAFFIC IMPLICATION: Phased construction on the West Street bridge will require three phases while maintaining two-way traffic on two lanes (12' minimum lane width). Phased construction on the NH 9 and NH 10 bridges will require two phases while maintaining two-way traffic on two lanes. Bridge rehabilitation work will be allowed between the hours of 7 AM and 7 PM. Due to the high volume of traffic on West Street, bridge painting activities will take place between 9 PM and 7 AM. No work shall occur on Sundays or Holidays.

FINAL COMPLETION DATE: Friday, October 31, 2014.

KEENE
Proj. No. 22272



PROJECT: KEENE
X-A002(310), 22272

COUNTIES AND CODES: CHESHIRE 005

DATE BIDS OPEN: MARCH 28, 2013

SCOPE OF WORK: BRIDGE REHABILITATION

LOCATION: CITY OF KEENE

COMPLETION DATE: OCTOBER 31, 2014

A EVROKS CORP.
PO BOX 669, WINNISQUAM, NH 03289 \$ 2,317,938.40

B COLD RIVER BRIDGES, LLC
PO BOX 1076, WALPOLE, NH 03608 \$ 2,588,116.00

C R.M. PIPER, INC.
PO BOX 490, PLYMOUTH, NH 03264 \$ 2,670,918.70

D THE LANE CONSTRUCTION CORPORATION
90 FIELDSTONE COURT, CHESHIRE, CT 06410 \$ 2,795,738.40

E R.S. AUDLEY, INC.
609 ROUTE 3A, BOW, NH 03304 \$ 2,874,116.00

F J.A. McDONALD, INC.
PO BOX 132, 585 GILMAN RD., LYNDON CENTER, VT 05850 \$ 2,974,936.90

G NEW ENGLAND INFRASTRUCTURE, INC.
13 BRENT DRIVE, HUDSON, MA 01749 \$ 3,021,790.00

H NORTHERN CONSTRUCTION SERVICE, LLC
775 PLEASANT STREET, UNIT 11, WEYMOUTH, MA 02189 \$ 3,175,484.00

I CPM CONSTRUCTORS
PO BOX B, FREEPORT, ME 04032 \$ 3,257,137.00

J TBUCK CONSTRUCTION, INC.
249 MERROW RD., AUBURN, ME 04210 \$ 3,260,840.00

ITEM NO.	DESCRIPTION	UNIT	QUANTITY	A		B		C	
				UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
202.341	REMOVAL AND HANDLING/ SEGREGATING SOLID WASTE (<1% ASBESTOS)	CY	21.	1,420.00	29,820.00	300.00	6,300.00	1,550.00	32,550.00
202.7	REMOVAL OF GUARDRAIL	LF	50.	2.00	100.00	25.00	1,250.00	2.10	105.00
304.301	CRUSHED GRAVEL	CY	25.	60.00	1,500.00	125.00	3,125.00	40.00	1,000.00
403.11	HOT BITUMINOUS PAVEMENT, MACHINE METHOD	TON	1,010.	85.00	85,850.00	105.00	106,050.00	90.00	90,900.00
403.12	HOT BITUMINOUS PAVEMENT, HAND METHOD	TON	8.	200.00	1,600.00	300.00	2,400.00	210.00	1,680.00
403.6	PAVEMENT JOINT ADHESIVE	LF	17,000.	.50	8,500.00	.80	13,600.00	.42	7,140.00
403.911	HOT BITUMINOUS BRIDGE PAVEMENT, 1" BASE	TON	189.	150.00	28,350.00	185.00	34,965.00	160.00	30,240.00
403.99	COURSE (F) TEMPORARY BITUMINOUS PAVEMENT	TON	295.	150.00	44,250.00	125.00	36,875.00	160.00	47,200.00
417.	COLD PLANING BITUMINOUS SURFACES	SY	11,340.	2.00	22,680.00	3.00	34,020.00	2.10	23,814.00

ITEM NO.	DESCRIPTION	UNIT	QUANTITY	A		B		C	
				UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
502.101	REMOVAL OF EXISTING BRIDGE STRUCTURE	U	1.	114,000.00	114,000.00	88,000.00	88,000.00	120,000.00	120,000.00
502.102	REMOVAL OF EXISTING BRIDGE STRUCTURE	U	1.	103,500.00	103,500.00	150,000.00	150,000.00	110,000.00	110,000.00
502.103	REMOVAL OF EXISTING BRIDGE STRUCTURE	U	1.	132,000.00	132,000.00	175,000.00	175,000.00	160,000.00	160,000.00
504.101	COMMON BRIDGE EXCAVATION	CY	27.	65.00	1,755.00	150.00	4,050.00	45.00	1,215.00
511.0001	CONCRETE BRIDGE DECK PAVEMENT REMOVAL (F)	SY	428.	12.60	5,392.80	15.00	6,420.00	12.00	5,136.00
511.0002	CONCRETE BRIDGE DECK PAVEMENT REMOVAL (F)	SY	1,230.	12.50	15,375.00	15.00	18,450.00	12.00	14,760.00
511.0003	CONCRETE BRIDGE DECK PAVEMENT REMOVAL (F)	SY	1,261.	12.50	15,762.50	15.00	18,915.00	12.00	15,132.00
511.01	PREPARATION FOR CONCRETE BRIDGE DECK OVERLAY (F)	SY	2,732.	10.60	28,959.20	15.00	40,980.00	10.60	28,959.20
511.02	PREPARATION FOR PARTIAL DEPTH CONCRETE BRIDGE DECK REPAIRS	SY	320.	100.00	32,000.00	250.00	80,000.00	275.00	88,000.00
511.03	PREPARATION FOR FULL DEPTH CONCRETE BRIDGE DECK REPAIRS	SY	160.	200.00	32,000.00	500.00	80,000.00	425.00	68,000.00
512.0201	PREPARATION FOR CONCRETE REPAIRS, CLASS II	SY	20.	400.00	8,000.00	500.00	10,000.00	500.00	10,000.00
520.01	CONCRETE CLASS AA	CY	37.	325.00	12,025.00	800.00	29,600.00	650.00	24,050.00
520.0201	CONCRETE CLASS AA, ABOVE FOOTINGS	CY	234.	795.00	186,030.00	900.00	210,600.00	800.00	187,200.00
520.85	CONCRETE FOR BRIDGE DECK OVERLAY WITH HIGH-RANGE WATER REDUC. ADMIX. (F)	CY	115.	502.00	57,730.00	800.00	92,000.00	650.00	74,750.00
534.3	WATER REPELLENT (SILANE/SILOXANE)	GAL	50.	75.00	3,750.00	75.00	3,750.00	100.00	5,000.00
538.2	BARRIER MEMBRANE, PEEL AN STICK - VERTICAL SURFACE (F)	SY	41.	50.00	2,050.00	75.00	3,075.00	25.00	1,025.00
538.5	BARRIER MEMBRANE, HEAT WELDED (F)	SY	420.	25.00	10,500.00	30.00	12,600.00	30.00	12,600.00
538.6	BARRIER MEMBRANE, HEAT WELDED -	SY	41.	50.00	2,050.00	75.00	3,075.00	25.00	1,025.00
544.2	MACHINE METHOD (F) REINFORCING STEEL, EPOXY COATED (F)	LB	12,500.	1.94	24,250.00	3.00	37,500.00	1.10	13,750.00
556.01	PAINTING EXISTING STRUCTURAL STEEL	U	1.	272,000.00	272,000.00	275,000.00	275,000.00	300,000.00	300,000.00
556.02	PAINTING EXISTING STRUCTURAL STEEL	U	1.	105,000.00	105,000.00	75,000.00	75,000.00	110,000.00	110,000.00
559.41	MODIFIED ELASTOMERIC PLUG TYPE FLEXIBLE JOINT (6" WIDE) (F)	LF	170.	80.00	13,600.00	100.00	17,000.00	85.00	14,450.00
560.101	PREFABRICATED COMPRESSION SEAL EXPANSION JOINT (F) LF	LF	50.	410.00	20,500.00	500.00	25,000.00	650.00	32,500.00

ITEM NO.	DESCRIPTION	UNIT	QUANTITY	A			B			C		
				UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	
560.102	PREFABRICATED COMPRESSION SEAL EXPANSION JOINT (F)	LF	79.	405.00	31,995.00	500.00	39,500.00	650.00	51,350.00			
561.110	PREFABRICATED EXPANSION JOINT, TYPE A (F)	LF	65.	487.00	31,655.00	500.00	32,500.00	650.00	42,250.00			
562.1	SILICONE JOINT SEALANT (F)	LF	75.	10.00	750.00	10.00	750.00	15.00	1,125.00			
563.22	BRIDGE RAIL T2	LF	510.5	94.00	47,987.00	90.00	45,945.00	95.00	48,497.50			
563.223	BRIDGE RAIL T2 WITH SNOW SCREENING	LF	290.2	152.00	44,110.40	130.00	37,726.00	155.00	44,981.00			
563.23	BRIDGE RAIL T3	LF	118.	119.00	14,042.00	115.00	13,570.00	120.00	14,160.00			
563.233	BRIDGE RAIL T3 WITH SNOW SCREENING	LF	208.	143.00	29,744.00	140.00	29,120.00	150.00	31,200.00			
565.222	BRIDGE APPROACH RAIL T2	LF	208.	143.00	29,744.00	140.00	29,120.00	150.00	31,200.00			
565.232	BRIDGE APPROACH RAIL (STEEL POSTS)	U	6.	3,750.00	22,500.00	4,000.00	24,000.00	4,000.00	24,000.00			
570.91	T3 (STEEL POSTS)	U	4.	4,435.00	17,740.00	4,500.00	18,000.00	4,700.00	18,800.00			
606.417	RESETTING STONE MASONRY PORTABLE CONCRETE BARRIER FOR TRAFFIC CONTROL	SY	25.	200.00	5,000.00	100.00	2,500.00	325.00	8,125.00			
606.91	FOR TRAFFIC CONTROL RESETTING OR SETTING GUARDRAIL	LF	1,550.	20.00	31,000.00	30.00	46,500.00	25.00	38,750.00			
606.9523	TEMP. IMPACT ATTENUATION DEVICE (NON-REDIRECTIVE)	LF	250.	10.00	2,500.00	20.00	5,000.00	10.00	2,500.00			
607.9304	TEST LEVEL 3 RESETTING CHAIN LINK FENC WITH VINYL COATED FABRIC 4' HIGH	U	4.	2,550.00	10,200.00	2,500.00	10,000.00	2,500.00	10,000.00			
615.04	TRAFFIC SIGN TYPE AA (F)	LF	20.	25.00	500.00	40.00	800.00	25.00	500.00			
615.30801	RESET BRIDGE MOUNTED TRAFFIC SIGN STRUCTURE UNIFORMED OFFICERS WITH VEHICLE	SF	117.	22.00	2,574.00	40.00	4,680.00	42.00	4,914.00			
618.61	UNIFORMED OFFICERS WITH VEHICLE	U	3.	2,150.00	6,450.00	500.00	1,500.00	4,000.00	12,000.00			
618.7	VEHICLE	\$	1.	22,000.00	22,000.00	22,000.00	22,000.00	22,000.00	22,000.00			
619.1	FLAGGERS	HR	3,300.	10.00	33,000.00	22.50	74,250.00	23.00	75,900.00			
619.25	MAINTENANCE OF TRAFFIC PORTABLE CHANGEABLE MESSAGE SIGN	U	1.	67,000.00	67,000.00	10,000.00	10,000.00	95,000.00	95,000.00			
621.2	RETROREFLECTIVE BEAM GUARDRAIL DELINEATOR	U	3.	2,800.00	8,400.00	7,500.00	22,500.00	8,500.00	25,500.00			
621.31	SINGLE DELINEATOR WITH POST	EA	20.	5.00	100.00	5.00	100.00	4.25	85.00			
628.2	SAWED BITUMINOUS PAVEMENT	EA	20.	35.00	700.00	40.00	800.00	50.00	1,000.00			
628.22	SAWED BITUMINOUS PAVEMENT (BRIDGE)	LF	775.	2.00	1,550.00	5.00	3,875.00	1.00	775.00			
632.0104	RETROREFLECTIVE PAINT PAVE. MARKING, 4" LINE	LF	340.	2.00	680.00	5.00	1,700.00	2.00	680.00			
632.3106	RETROREFLECT. THERMOPLAS. PAVE. MARKING, 6" LINE	LF	52,500.	.11	5,775.00	.25	13,125.00	.12	6,300.00			
632.3112	RETROREFLECT. THERMOPLAS. PAVE. MARKING, 12" LINE	LF	200.	1.50	300.00	1.00	200.00	1.60	320.00			
632.911	OBLITERATE PAVE. MARKING LINE, 12" WIDE & UNDER	LF	1,100.	2.00	2,200.00	2.00	2,200.00	2.10	2,310.00			
		LF	29,000.	.30	8,700.00	.25	7,250.00	.32	9,280.00			

ITEM NO.	DESCRIPTION	A			B			C		
		UNIT	QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	
645.531	SILT FENCE	LF	850.	2.50	2,125.00	1.00	850.00	2.50	2,125.00	
646.31	TURF ESTABLISHMENT WITH MULCH AND TACKIFIERS	SY	100.	10.00	1,000.00	10.00	1,000.00	1.75	175.00	
647.1	HUMUS	CY	10.	50.00	500.00	100.00	1,000.00	12.00	120.00	
670.104	TEMPORARY PORTABLE LIGHTING	U	4.	7,000.00	28,000.00	7,500.00	30,000.00	4,000.00	16,000.00	
670.95	TEMPORARY SAFETY FENCE	LF	600.	2.50	1,500.00	4.00	2,400.00	6.00	3,600.00	
692.	MOBILIZATION	U	1.	159,000.00	159,000.00	125,000.00	125,000.00	160,000.00	160,000.00	
697.41	CRITICAL PATH METHOD (CPM) ELECTRONIC SCHEDULE	U	1.	100.00	100.00	10.00	10.00	1,200.00	1,200.00	
698.13	FIELD OFFICE TYPE C	MON	20.	1,025.00	20,500.00	1,200.00	24,000.00	1,100.00	22,000.00	
699.	MISCELLANEOUS TEMPORARY EROSION AND SEDIMENT CONTROL	\$	1.	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00	
1002.1	REPAIRS OR REPLACEMENTS AS NEEDED - BRIDGE STRUCTURES	\$	1.	100,000.00	100,000.00	100,000.00	100,000.00	100,000.00	100,000.00	
1008.53	ALTERATIONS AND ADDITIONS AS NEEDED - SOLID WASTE DISPOSAL	\$	1.	50,000.00	50,000.00	50,000.00	50,000.00	50,000.00	50,000.00	
1010.15	FUEL ADJUSTMENT	\$	1.	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00	
1010.2	ASPHALT CEMENT ADJUSTMENT	\$	1.	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	
				\$2,317,938.40		\$2,588,116.00		\$2,670,918.70		



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/4/2013

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 - LACONIA 155 Court Street Laconia NH 03246	CONTACT NAME: Tracy Andriski, CISR
	PHONE (A/C No. Ext): (603) 524-2425 FAX (A/C No.): (603) 524-3666 E-MAIL ADDRESS: tandriski@crossagency.com
INSURED Evroks Corporation PO Box 669 Winnisquam NH 03289-0669	INSURER(S) AFFORDING COVERAGE
	INSURER A: Travelers Ins. Co.
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: **CL1332982341** 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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DTC05594N950COF12	6/30/2012	6/30/2013	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 - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS		DT8107371N344TIA12	6/30/2012	6/30/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		DTSMCUP7371N368TIL12	6/30/2012	6/30/2013	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
	DED RETENTION \$					
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 <input checked="" type="checkbox"/> N	DTHUB1589R87212	6/30/2012	6/30/2013	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)					

RE: Keene X-A002(310), 22272

When required by written contract, State of New Hampshire, DOT is added as an additional insured, but only with respect to liability arising out of work performed by or on behalf of Evroks Corporation.

CERTIFICATE HOLDER

CANCELLATION

State of New Hampshire
Department of Transportation
PO Box 483
Concord, NH 03302

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

T Andriski, CISR/TA5

Tracy Andriski



CERTIFICATE OF LIABILITY INSURANCE

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

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 - LACONIA 155 Court Street Laconia NH 03246	CONTACT NAME: Tracy Andriski, CISR PHONE (A/C No. Ext): (603) 524-2425 E-MAIL ADDRESS: tandriski@crossagency.com	FAX (A/C No.): (603) 524-3666
	INSURER(S) AFFORDING COVERAGE	
INSURED State of NH - Department of Transportation c/o Evroks Corporation P.O. Box 669 Winnisquam NH 03289-0669	INSURER A: Travelers Ins. Co.	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES	CERTIFICATE NUMBER: CL1332982339	REVISION NUMBER:
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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			PRS-3C486085-IND	4/4/2013	4/4/2014	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$
	<input checked="" type="checkbox"/> Owners & Contractors						PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	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) \$
							\$
	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 OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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: Keene X-A002 (310), 22272

CERTIFICATE HOLDER State of New Hampshire Department of Transportation 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 T Andriski, CISR/TA5 <i>Tracy Andriski</i>