



THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION



CHRISTOPHER D. CLEMENT, SR.
COMMISSIONER

JEFF BRILLHART, P.E.
ASSISTANT COMMISSIONER

Bureau of Construction
November 20, 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 East Coast Signals, Inc. of Deerfield, NH (Vendor 162234) on the basis of a low bid of \$93,000.00 for replacing traffic signal hardware at the South Willow Street intersection with the I-293 Exit 1 ramps in Manchester, NH, from the date of Governor and Council approval through June 27, 2014 unless extended by the Department in accordance with the Standard Specifications. 100% State Betterment Funds.

Funding is available as follows:

FY 2014

04-96-96-963015-3039

Highway Betterment Aid

400-500870 Highway Contract Payments

\$93,000.00

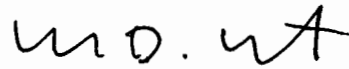
EXPLANATION

This Betterment project is part of the Statewide Traffic Signal Equipment Replacement program. This project addresses the needed replacement of existing (old/outdated equipment) signal heads/mounting brackets/wiring. The work involves replacing all existing signal heads, including mounting brackets and wiring; installing new meter pedestal; and upgrading to video vehicle detection at the I-293 Exit 1 ramp intersections with South Willow Street. The new video cameras for vehicle detection will provide an overall improvement to the existing coordinated system along South Willow Street with the I-293 on/off ramps.

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,

A handwritten signature in black ink, appearing to read "C.D. Clement, Sr.", with a stylized flourish at the end.

Christopher D. Clement, Sr.
Commissioner

CDC/md

Department Estimate: \$97,500.00
Contract Amount: \$93,000.00
Under Estimate: \$ 4,500.00

Attachments

September 26, 2013

SUPPLEMENTAL PROJECT INFORMATION SHEET

DESCRIPTION: This project consists of replacing all existing signal heads including mounting brackets and associated wiring (via existing conduit). Upgrade vehicle detection for all approaches with video cameras and installation of a new meter pedestal with new foundation at the Exit 1 interchange of I-293 NB/SB Ramps and South Willow Street, in Manchester, New Hampshire.

FEDERAL FUNDING: 0% (100% Betterment)

CONTINGENCY: None

PROJECT INITIATED: States 10 Year Transportation Improvement Plan.

PROJECT EXPLANATION: This project addresses the needed replacement of existing (old/outdated equipment) Signal Heads/Mounting Brackets/Wiring and provide video detection upgrade. The new video cameras for vehicle detection will provide an overall improvement to the existing coordinated system along South Willow Street with the I-293 On/Off Ramps.

TRAFFIC IMPLICATIONS: The associated work mentioned above shall be done at night during low traffic volume/non-peak hours. A portion of the work involving signal heads/mounting brackets, video cameras and wiring shall be within the roadway of South Willow Street and the I-293 NB/SB On/Off Ramps. The other associated work shall be outside of the roadway shoulder. The Contractor shall utilize Item 618.61 – Uniformed Officer with Vehicle for Traffic Control when the signal operations are down. No work will be allowed on Friday afternoons after 12 noon, weekends, and holidays, unless otherwise directed. In any event the shoulder closures shall be discontinued whenever the Engineer determines that backups may contribute to either unsafe conditions or result in delays for the traveling public.

ADVERTISING DATE: October 15, 2013

COMPLETION DATE: June 27, 2014



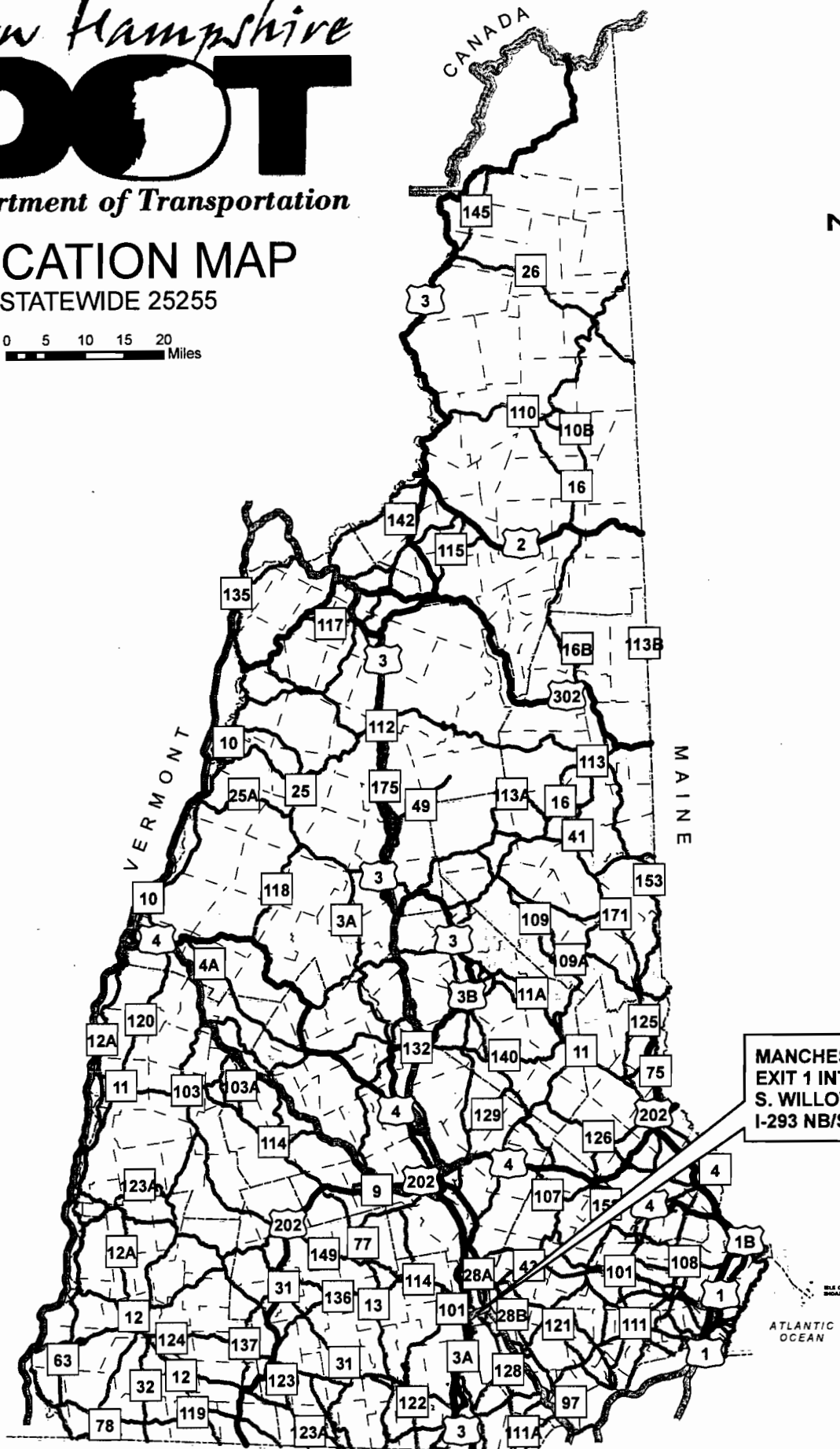
Department of Transportation

LOCATION MAP

STATEWIDE 25255

0 5 10 15 20
Miles

N



MANCHESTER NH:
EXIT 1 INTERCHANGE
S. WILLOW ST. &
I-293 NB/SB RAMPS

MASSACHUSETTS

State of New Hampshire Department of Transportation

25255.01

Project: STATEWIDE N/A 25255
County and Code: HILLSBOROUGH COUNTY 011
Date Bids Open: November 7, 2013
Scope of Work: SIGNAL UPGRADES
Location: SEE THE PROSECUTION OF WORK
Completion Date: June 27, 2014

A EAST COAST SIGNALS, INC.
 69 NORTH ROAD, DEERFIELD, NH 03037 \$93,000.00
 B NEW ENGLAND SIGNAL SYSTEMS, INC.
 PO BOX 326, NORTHWOOD, NH 03261 \$103,200.40

Item No:	Description	Unit	Quantity	A			B		
				Unit Price	Total	Unit Price	Total	Unit Price	Total
616.191	ALTERATIONS TO TRAFFIC SIGNALS	U	1.00	\$79,500.00	\$79,500.00	\$78,300.40	\$78,300.40		
618.61	UNIFORMED OFFICERS WITH VEHICLE	\$	7,500.00	\$1.00	\$7,500.00	\$1.00	\$7,500.00		
619.1	MAINTENANCE OF TRAFFIC	U	1.00	\$2,500.00	\$2,500.00	\$10,000.00	\$10,000.00		
619.253	PORTABLE CHANGEABLE MESSAGE SIGN (UNIT WEEK)	UWK	2.00	\$500.00	\$1,000.00	\$450.00	\$900.00		
692	MOBILIZATION	U	1.00	\$1,000.00	\$1,000.00	\$5,000.00	\$5,000.00		
1008.11	ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK	\$	1,500.00	\$1.00	\$1,500.00	\$1.00	\$1,500.00		
					\$93,000.00		\$103,200.40		

A - PS&E Comparison

PS&E = NHDOT Cost Estimate

Item No:	Description	Unit	Quantity	A-Bidder		PS&E		A-PS&E Difference
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					\$93,000.00		\$97,500.00	(\$4,500.00)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/13/2013

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 THE ROWLEY AGENCY INC. 139 Loudon Road P.O. Box 511 Concord NH 03302-0511		CONTACT NAME: Peggy Johnson PHONE (A/C No. Ext): (603) 224-2562 E-MAIL ADDRESS: pjohnson@rowleyagency.com FAX (A/C No.): (603) 224-8012	
INSURED East Coast Signals, Inc. 69 North Road Deerfield NH 03037		INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Indemnity Co 25658 INSURER B: 25615 INSURER C: Travelers Prop Cas Co of Amer INSURER D: Phoenix Insurance Co. 25623 INSURER E: INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		DTCO299M4108IND13 Per Project Aggregate Applies Only if Required By Written Contract	10/30/2013	5/1/2014	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
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS		DT810380M6763TIL13	10/30/2013	5/1/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$
	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		DTSMCUP380M6867TIL13	10/30/2013	5/1/2014	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N N/A		3A States: NH, MA, NY, VT DTNUB303M322713	10/30/2013	5/1/2014	<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)

Statewide Signal Upgrades (25255).

State of NH DOT is an additional insured under all liability policies except work comp if required by written contract.

CERTIFICATE HOLDER**CANCELLATION**State of NH DOT
POB 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

Peggy Johnson/PAJ



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/13/2013

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INSURED State of NH DOT c/o East Coast Signals, Inc. 69 North Road Deerfield NH 03037	<table border="1"><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Travelers</td><td>28188</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: Travelers	28188	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Statewide Signal Upgrades (25255).

CERTIFICATE HOLDERState of NH DOT
POB 483
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

Danielle Rice/DJR



THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION



CHRISTOPHER D. CLEMENT, SR.
COMMISSIONER

JEFF BRILLHART, P.E.
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Bureau of Construction
November 20, 2013

Her Excellency, Governor Margaret Wood Hassan
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Funding is available as follows:	<u>FY 2014</u>
04-96-963015-3039	
Highway Betterment Aid	
400-500870 Highway Contract Payments	\$93,000.00

EXPLANATION

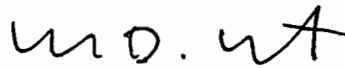
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Page 2

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.

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Sincerely,

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Christopher D. Clement, Sr.
Commissioner

CDC/md

Department Estimate: \$97,500.00
Contract Amount: \$93,000.00
Under Estimate: \$ 4,500.00

Attachments

September 26, 2013

SUPPLEMENTAL PROJECT INFORMATION SHEET

DESCRIPTION: This project consists of replacing all existing signal heads including mounting brackets and associated wiring (via existing conduit). Upgrade vehicle detection for all approaches with video cameras and installation of a new meter pedestal with new foundation at the Exit 1 interchange of I-293 NB/SB Ramps and South Willow Street, in Manchester, New Hampshire.

FEDERAL FUNDING: 0% (100% Betterment)

CONTINGENCY: None

PROJECT INITIATED: States 10 Year Transportation Improvement Plan.

PROJECT EXPLANATION: This project addresses the needed replacement of existing (old/outdated equipment) Signal Heads/Mounting Brackets/Wiring and provide video detection upgrade. The new video cameras for vehicle detection will provide an overall improvement to the existing coordinated system along South Willow Street with the I-293 On/Off Ramps.

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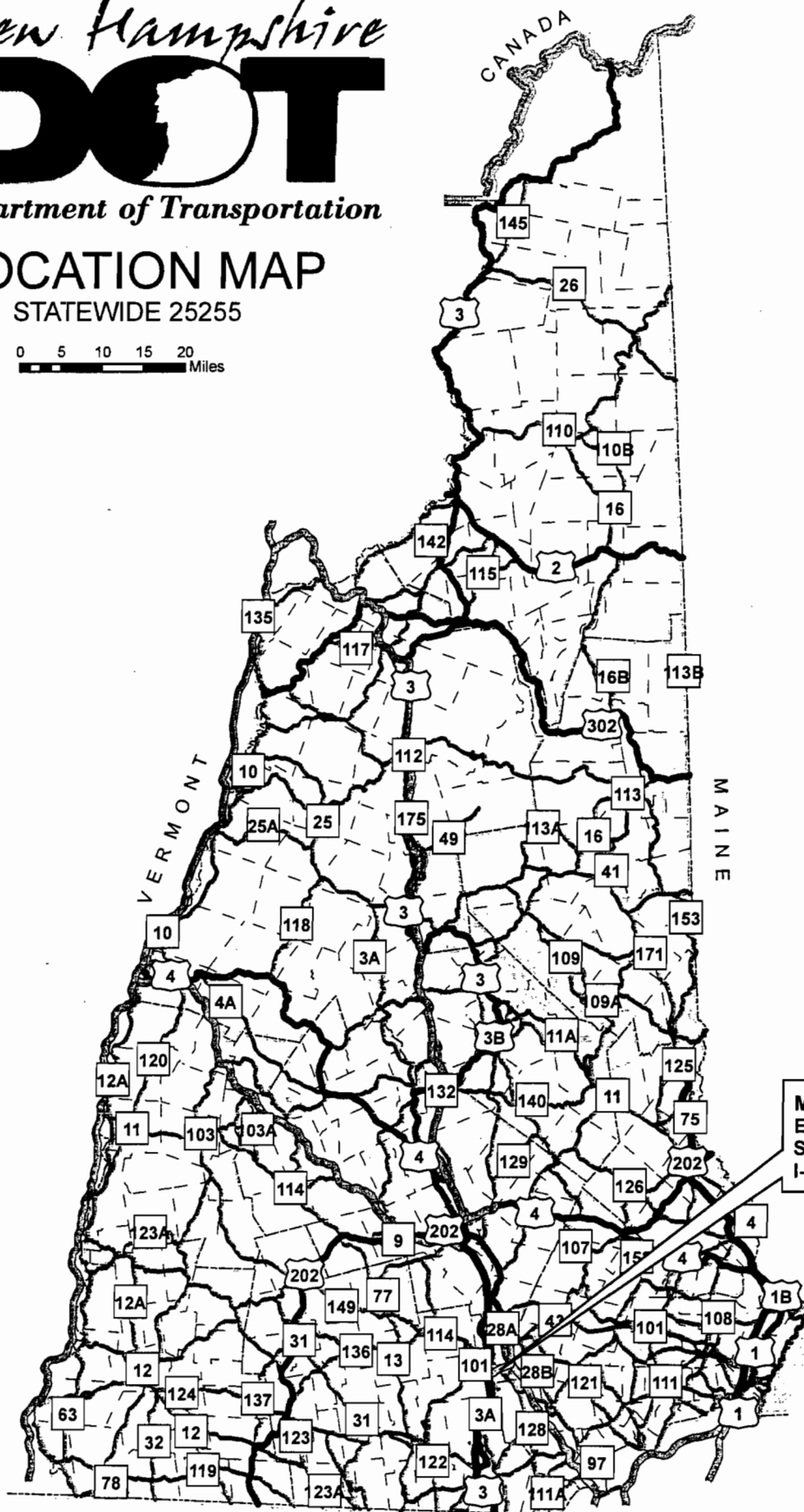


Department of Transportation

LOCATION MAP

STATEWIDE 25255

0 5 10 15 20
Miles



MANCHESTER NH:
EXIT 1 INTERCHANGE
S. WILLOW ST. &
I-293 NB/SB RAMPS

ATLANTIC OCEAN

MASSACHUSETTS

State of New Hampshire Department of Transportation

25255.01

Project: STATEWIDE N/A 25255
County and Code: HILLSBOROUGH COUNTY 011
Date Bids Open: November 7, 2013
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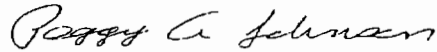
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THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS 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 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		DTCO299M4108IND13 Per Project Aggregate Applies Only if Required By Written Contract	10/30/2013	5/1/2014	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 checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS					
	DT810380M6763TIL13 10/30/2013 5/1/2014 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$					
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		DTSMCUP380M6867TIL13	10/30/2013	5/1/2014	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000					
D	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	3A States: NH, MA, NY, VT DTNUB303M322713	10/30/2013	5/1/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> 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)					
	Statewide Signal Upgrades (25255).					
	State of NH DOT is an additional insured under all liability policies except work comp if required by written contract.					

CERTIFICATE HOLDER

CANCELLATION

State of NH DOT POB 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 Peggy Johnson/PAJ 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/13/2013

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 THE ROWLEY AGENCY INC. 139 Loudon Road P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Peggy Johnson	
	PHONE (A/C, No, Ext): (603) 224-2562 FAX (A/C, No): (603) 224-8012 E-MAIL: pjohnson@rowleyagency.com ADDRESS:	
INSURED State of NH DOT c/o East Coast Signals, Inc. 69 North Road Deerfield NH 03037	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Travelers	28188
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 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		PRS-1D648994-IND	12/20/2013	12/20/2014	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					MED EXP (Any one person) \$
	<input checked="" type="checkbox"/> Owners & Contractors					PERSONAL & ADV INJURY \$
	<input type="checkbox"/> Protective Liability					GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$
	<input checked="" type="checkbox"/> POLICY <input 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) \$
						\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N				WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> 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)
Statewide Signal Upgrades (25255).

CERTIFICATE HOLDER

CANCELLATION

State of NH DOT
POB 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

Danielle Rice/DJR