



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



127 Beaul

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

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

Bureau of Construction
October 2, 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 Liddell Brothers, Inc. (Vendor 162607) of Halifax, MA on the basis of a low bid of \$707,070.70 for replacement of various signs of poor condition and retroreflectivity on Interstate 93 between exits 17 and 23, from the date of Governor and Council approval through September 5, 2014 unless extended by the Department in accordance with the Standard Specifications. 100% Federal Funds.

Funding is available as follows: FY 2014
04-96-96-963515-3054
Consolidated Federal Aid
400-500870 Highway Contract Payments \$707,070.70

EXPLANATION

This project is part of the annual programmatic project to Upgrade Signs on the State System (USSS). This work is part of a systematic approach to replace outdated signs to meet current standards. The existing signage has been in place as early as 1988; they do not meet retroreflectivity requirements and do not meet current MUTCD and AASHTO standards. The new signs and revised layouts will address these deficiencies.

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: \$741,474.50
Contract Amount: \$707,070.70
Under Estimate: \$ 34,403.80

Attachments

August 8, 2013

SUPPLEMENTAL PROJECT INFORMATION SHEET

DESCRIPTION: This project consists of replacing various signs of poor retroreflectivity on Interstate 93 between exits 17 and 23 including all on-ramps, off-ramps and interchanges, with the limits being between the "Junction I-93" signs.

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

PROJECT INITIATED: State 10-Year Transportation Improvement Program

PROJECT EXPLANATION: The existing signage has been in place as early as 1988; they do not meet retroreflectivity requirements and do not meet current MUTCD and AASHTO Standards. The new signs and revised layouts will address these deficiencies.

TRAFFIC IMPLICATIONS: Work on shoulders may require closure of the adjacent travel lane unless otherwise directed. Lane closures will be allowed on I-93 with the use of Uniformed Officers with Vehicle, Item 618.61, and the approval of the Engineer. Only one (1) northbound and southbound lane or shoulder closure on the Interstate will be allowed at any one time unless otherwise directed by the Engineer.

1. Only one (1) northbound or southbound lane or shoulder closure on I-93 will be allowed at any one time unless otherwise directed by the Engineer.
2. No lane or shoulder closures on I-93 NB or SB will be allowed within the following times:
 - Monday through Thursday from 3:00 pm to 7:00 pm.
 - Friday from 11:00 am to 9:00 pm.
 - Saturday and Sunday from 10:00 am to 7:00 pm.
 - Monday, May 26, 2014 (Memorial Day).
 - Friday, July 4, 2014 (4th of July).
 - "Motorcycle Week" in June (the Contractor shall verify this date with the Contract Administrator).
 - "Sprint Cup" race week in July (the Contractor shall verify this date with Contract Administrator).
3. The lane 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: AUGUST 27, 2013

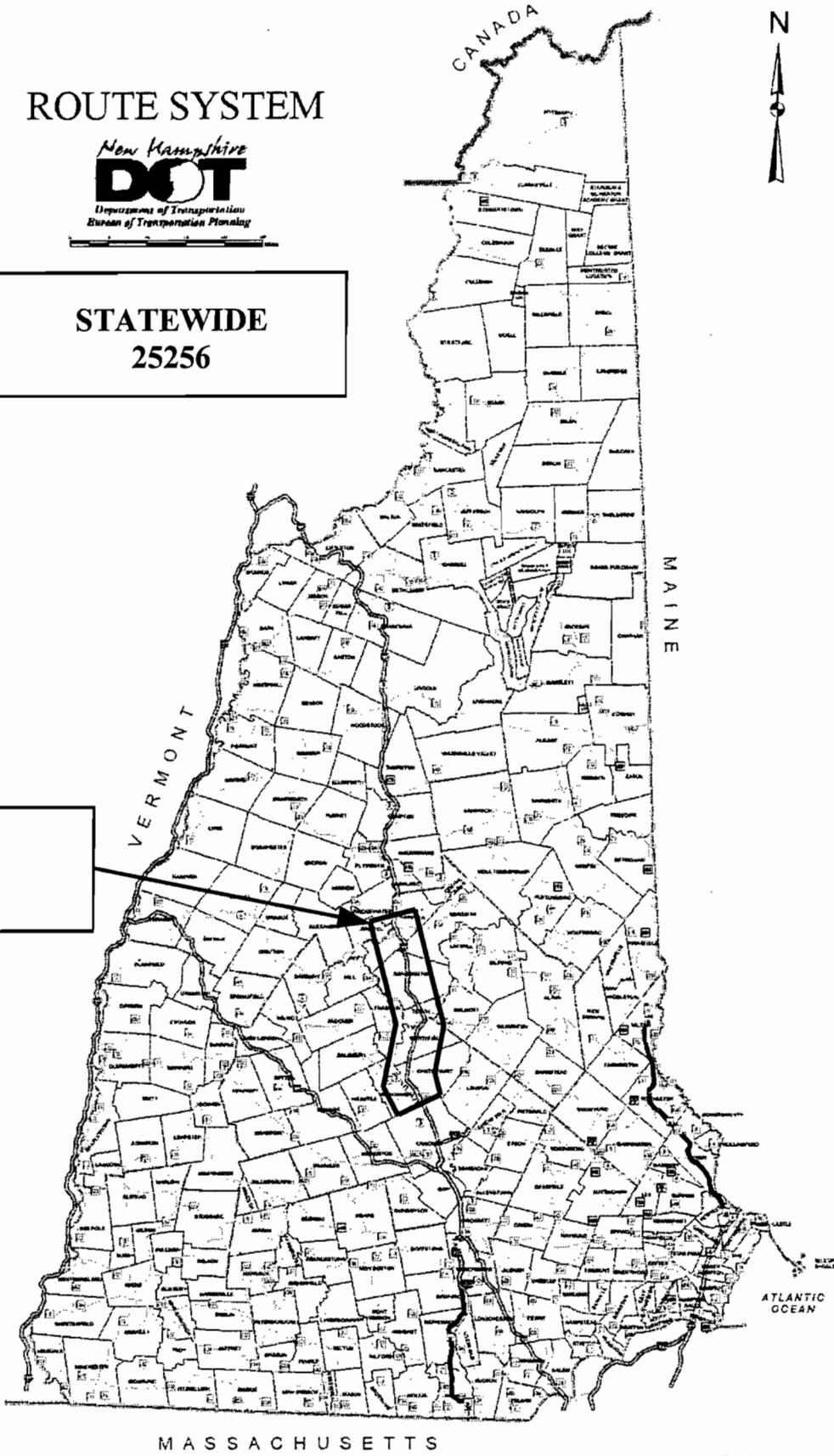
COMPLETION DATE: SEPTEMBER 5, 2014

ROUTE SYSTEM



STATEWIDE
25256

I-93
EXIT 17-23



**State of New Hampshire
Department of Transportation**

Project: STATEWIDE X-A003(082) 25256
County and Code: VARIES
Date Bids Open: September 19, 2013
Scope of Work: SIGN REMOVAL AND REPLACEMENT
Location: SEE THE PROSECUTION OF WORK
Completion Date: September 5, 2014

A LIDDELL BROTHERS, INC.
600 INDUSTRIAL DRIVE HALIFAX, MA 02338 \$707,070.70

B VISI-FLASH RENTALS EASTERN INC.
31 PLEASANT ST., WEST BRIDGEWATER, MA 02379 \$717,867.00

C ROADS SAFE TRAFFIC SYSTEMS, INC.
55 BODWELL ST. AVON, MA 02322 \$773,467.75

Item No:	Description	Unit	Quantity	A		B		C	
				Unit Price	Total	Unit Price	Total	Unit Price	Total
201.52	TRIMMING OF TREES	HR	50.00	\$50.00	\$2,500.00	\$50.00	\$2,500.00	\$50.00	\$2,500.00
615.0101	TRAFFIC SIGNS TYPE A	SF	2,023.00	\$50.00	\$101,150.00	\$35.00	\$70,805.00	\$43.50	\$88,000.50
615.01201	TRAFFIC SIGN TYPE A, BREAKAWAY MOUNTS	SF	3,467.00	\$51.00	\$176,817.00	\$45.00	\$156,015.00	\$57.25	\$198,485.75
615.0201	TRAFFIC SIGN TYPE B	SF	557.00	\$50.00	\$27,850.00	\$49.00	\$27,293.00	\$67.50	\$37,597.50
615.02201	TRAFFIC SIGN TYPE B, BREAKAWAY MOUNTS	SF	1,572.00	\$85.00	\$133,620.00	\$93.00	\$146,196.00	\$94.00	\$147,768.00
615.0301	TRAFFIC SIGN TYPE C	SF	1,878.00	\$36.00	\$67,608.00	\$42.00	\$78,876.00	\$34.00	\$63,852.00
615.03201	TRAFFIC SIGN TYPE C, BREAKAWAY MOUNTS	SF	700.00	\$90.00	\$63,000.00	\$108.00	\$75,600.00	\$107.00	\$74,900.00
615.0401	TRAFFIC SIGN TYPE AA	SF	4,432.00	\$15.90	\$70,468.80	\$15.00	\$66,480.00	\$16.00	\$70,912.00
615.0501	TRAFFIC SIGN TYPE BB	SF	356.00	\$9.00	\$3,204.00	\$29.00	\$10,324.00	\$12.00	\$4,272.00
615.0601	TRAFFIC SIGN TYPE CC	SF	698.00	\$7.00	\$4,886.00	\$11.00	\$7,678.00	\$10.00	\$6,980.00
618.61	UNIFORMED OFFICERS WITH VEHICLE	\$	40,000.00	\$1.00	\$40,000.00	\$1.00	\$40,000.00	\$1.00	\$40,000.00
618.7	FLAGGERS	HR	200.00	\$1.00	\$200.00	\$27.00	\$5,400.00	\$1.00	\$200.00
619.1	MAINTENANCE OF TRAFFIC	U	1.00	\$5,000.00	\$5,000.00	\$20,000.00	\$20,000.00	\$4,500.00	\$4,500.00
645.531	SILT FENCE	LF	300.00	\$5.00	\$1,500.00	\$4.00	\$1,200.00	\$5.00	\$1,500.00
692	MOBILIZATION	U	1.00	\$4,766.90	\$4,766.90	\$5,000.00	\$5,000.00	\$27,500.00	\$27,500.00
699	MISCELLANEOUS TEMPORARY EROSION AND SEDIMENT CONTROL	\$	2,000.00	\$1.00	\$2,000.00	\$1.00	\$2,000.00	\$1.00	\$2,000.00
1010.15	FUEL ADJUSTMENT	\$	2,500.00	\$1.00	\$2,500.00	\$1.00	\$2,500.00	\$1.00	\$2,500.00
					\$707,070.70		\$717,867.00		\$773,467.75

A - PS&E Comparison

Item No.	Description	Unit	Quantity	A-Bidder		PS&E		A-PS&E Difference
				Unit Price	Total	Unit Price	Total	
201.52	TRIMMING OF TREES	HR	50.00	\$50.00	\$2,500.00	\$50.00	\$2,500.00	\$0.00
615.0101	TRAFFIC SIGNS TYPE A	SF	2,023.00	\$50.00	\$101,150.00	\$45.00	\$91,035.00	\$10,115.00
615.01201	TRAFFIC SIGN TYPE A, BREAKAWAY MOUNTS	SF	3,467.00	\$51.00	\$176,817.00	\$54.00	\$187,218.00	(\$10,401.00)
615.0201	TRAFFIC SIGN TYPE B	SF	557.00	\$50.00	\$27,850.00	\$47.50	\$26,457.50	\$1,392.50
615.02201	TRAFFIC SIGN TYPE B, BREAKAWAY MOUNTS	SF	1,572.00	\$85.00	\$133,620.00	\$86.00	\$135,192.00	(\$1,572.00)
615.0301	TRAFFIC SIGN TYPE C	SF	1,878.00	\$36.00	\$67,608.00	\$40.00	\$75,120.00	(\$7,512.00)
615.03201	TRAFFIC SIGN TYPE C, BREAKAWAY MOUNTS	SF	700.00	\$90.00	\$63,000.00	\$100.00	\$70,000.00	(\$7,000.00)
615.0401	TRAFFIC SIGN TYPE AA	SF	4,432.00	\$15.90	\$70,468.80	\$16.00	\$70,912.00	(\$443.20)
615.0501	TRAFFIC SIGN TYPE BB	SF	356.00	\$9.00	\$3,204.00	\$14.50	\$5,162.00	(\$1,958.00)
615.0601	TRAFFIC SIGN TYPE CC	SF	698.00	\$7.00	\$4,886.00	\$11.00	\$7,678.00	(\$2,792.00)
618.61	UNIFORMED OFFICERS WITH VEHICLE	\$	40,000.00	\$1.00	\$40,000.00	\$1.00	\$40,000.00	\$0.00
618.7	FLAGGERS	HR	200.00	\$1.00	\$200.00	\$21.00	\$4,200.00	(\$4,000.00)
619.1	MAINTENANCE OF TRAFFIC	U	1.00	\$5,000.00	\$5,000.00	\$10,000.00	\$10,000.00	(\$5,000.00)
645.531	SILT FENCE	LF	300.00	\$5.00	\$1,500.00	\$5.00	\$1,500.00	\$0.00
692	MOBILIZATION	U	1.00	\$4,766.90	\$4,766.90	\$10,000.00	\$10,000.00	(\$5,233.10)
699	MISCELLANEOUS TEMPORARY EROSION AND SEDIMENT CONTROL	\$	2,000.00	\$1.00	\$2,000.00	\$1.00	\$2,000.00	\$0.00
1010.15	FUEL ADJUSTMENT	\$	2,500.00	\$1.00	\$2,500.00	\$1.00	\$2,500.00	\$0.00
					\$707,070.70		\$741,474.50	(\$34,403.80)

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 Dowling & O'Neil Insurance Agency 973 Iyannough Rd., PO Box 1990 Hyannis, MA 02601	CONTACT NAME:	
	PHONE (A/C, No, Ext): 508 775-1620	FAX (A/C, No): 508 778-1218
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : CNA	
	INSURER B : Continental Indemnity Company	
INSURED Liddell Brothers, Inc. 600 Industrial Drive Halifax, MA 02338	INSURER C : National Fire Insurance Co. of	
	INSURER D :	
	INSURER E :	
	INSURER F :	
	INSURER G :	
	INSURER H :	

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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		2097323567	02/28/2013	02/28/2014	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 \$
C	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Drive Oth Car		SAP2092220608	02/28/2013	02/28/2014	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10000		2094615238	02/28/2013	02/28/2014	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	738392770104	05/15/2013	05/15/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
RE: Project # 25256-Statewide Sign Replacement. Operations performed by the named insured subject to policy terms and conditions. The NH Department of Transportation has been named as an additional insured.

CERTIFICATE HOLDER New Hampshire Department of Transportation Contract Section, Room 130, 7 Hazen Drive 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 

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 Dowling & O'Neil Insurance Agency 973 Iyannough Rd., PO Box 1990 Hyannis, MA 02601	CONTACT NAME: PHONE (A/C, No, Ext): 508 775-1620		FAX (A/C, No): 5087781218
	E-MAIL ADDRESS:		
INSURED NH Department of Transportation C/O Liddell Brothers, Inc. 600 Industrial Drive Halifax, MA 02338	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : CNA Insurance Companies		
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		

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 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 - COMP/OP 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) \$
	<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"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	OCP policy			OCP5096048774	09/24/2013	02/28/2014	\$2,000,000 \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
RE: Project # 25256-Statewide Sign Replacement. Operations performed by the named insured subject to policy terms and conditions.

CERTIFICATE HOLDER New Hampshire Department of Transportation Contract Section, Room 130, 7 Hazen Drive 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 <i>Robert W. Miller</i>
---	---