



THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION



100
Beaver

CHRISTOPHER D. CLEMENT, SR.
COMMISSIONER

JEFF BRILLHART, P.E.
ASSISTANT COMMISSIONER

Bureau of Construction
April 16, 2014

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 All States Asphalt, Inc. (Vendor 161291) of Sunderland, MA on the basis of a single bid of \$2,222,727.50 for 15.6 miles of pavement preservation at three separate locations throughout the State, from the date of Governor and Council approval through August 15, 2014 unless extended by the Department in accordance with the Standard Specifications. 100% Federal Funds.

Funding is available as follows:	<u>FY 2014</u>
04-96-96-963515-3054	
Consolidated Federal Aid	
400-500870 Highway Contract Payments	\$2,222,727.50

2. Further authorize that a contingency in the amount of \$111,136.38 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 2014</u>
04-96-96-963515-3054	
Consolidated Federal Aid	
400-500870 Highway Contract Payments	\$111,136.38

EXPLANATION

This project is part of the annual Federal Resurfacing Program. The work involves placing an asphalt rubber chip seal pavement preservation treatment along three roadway segments. NH 25 (Ossipee/Freedom) was rehabilitated in 2004 and crack sealed in 2009. NH 11 (Alton) was rehabilitated in 2005 and crack sealed in 2010. US 202 (Northwood-Barrington) has a recent paving history of placing a ¾ inch pave shim in 1996, 2002 and 2009. The pavement on these sections is in good condition and they are good candidates for pavement preservation. No other work is expected. The intent of this project is to extend the pavement life.

The contingency amount is proposed to be 5% of the contract amount. This is a one-season duration contract, with fixed limits, being constructed during a time of rising fuel prices. Adjusting limits to offset quantity overruns is not practical and potential fuel and asphalt adjustments need to be considered. Construction under high traffic volumes, maintaining two-lane traffic during certain hours and lane closure operations also increase the risk of overruns for traffic control operations.

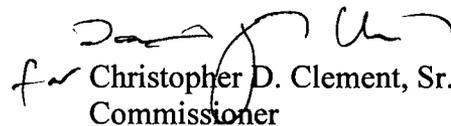
Although there was only one bid submitted for this project, it is the opinion of the Department that the bid is reasonable for the work involved. Readvertising this project would result, in our opinion, in higher prices and prevent the completion of the work this year. The Department considers it to be in the best interest of the State of New Hampshire to accept this bid to accomplish these needed pavement repairs before additional deterioration occurs.

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,


for Christopher D. Clement, Sr.
Commissioner

CDC/md

Department Estimate: \$2,267,962.50
Contract Amount: \$2,222,727.50
Under Estimate: \$ 45,235.00

Attachments

SUPPLEMENTAL PROJECT INFORMATION SHEET

DESCRIPTION: This project involves 15.6 miles of pavement preservation (AR Chip Seal) at three separate locations. The first section is on NH 25 (Ossipee-Freedom-Effingham), from the intersection of Hodson Shore Road easterly to a pavement joint at the intersection of Loon Lake Road. The second section is on NH 11 (Alton), from a pavement joint at the intersection of Minge Cove Road easterly to a pavement joint at the intersection of Butler Drive. The third section is on US 202 (Northwood-Barrington), from a pavement joint just east of US 4 easterly to just west of the intersection of NH 9. The work includes Chip Seal and re-striping.

FEDERAL FUNDS: 80% from Federal Resurfacing Program (PRRCS), with anticipated utilization of Turnpike Toll credits as the State's 20% match.

CONTINGENCY: The contingency amount is proposed to be 5% for this contract. This is a one-season duration contract, with fixed limits, being constructed during a time of rising fuel prices. Adjusting limits to offset quantity overruns is not practical and potential fuel and asphalt adjustments need to be considered. Construction under high traffic volumes, maintaining two-lane traffic during certain hours and lane closure operations also increase the risk of overruns for traffic control operations.

PROJECT INITIATED: State's 10-Year Transportation Improvement Program under the "parent" project PRRCS (Statewide Federal Resurfacing Program).

PROJECT EXPLANATION: NH 25 (Ossipee-Freedom) was rehabilitated (leveling & 1½" overlay) in 2004 and crack sealed in 2009. NH 11 (Alton) was rehabilitated (2" inlay & 1½" overlay) in 2005 and crack sealed in 2010. US 202 (Northwood-Barrington) has a recent paving history of placing a ¾ inch paver shim in 1996, 2002 & 2009. The pavement is in good condition and is a good candidate for pavement preservation. No other work is expected. The intent of this project is to extend the pavement life.

TRAFFIC IMPLICATIONS: Alternating one-way traffic will be allowed only on roads with pavement widths less than forty-eight feet. Normal traffic patterns will be re-established prior to the beginning of non-work hours. No work will be permitted from May 23 to May 27, July 3 to July 7 and from August 29 to September 2, 2014. No work on Section 3-PP2, NH 11 (Alton) will take place Wednesday, June 11 to June 16 (Bike week), 2014 and Wednesday, July 9 to Monday, July 14 (NASCAR Race), 2014. No work on Section 6-PP1, US 202 (Northwood-Barrington) will take place from 6:00 am to 8:00 am and 4:00 pm to 6:00 pm.

COMPLETION DATE: August 15, 2014

**State of New Hampshire
Department of Transportation**

28897.01

Project: STATEWIDE X-A003(837) 28897
County and Code: BELKNAP COUNTY 001, CARROLL 003, ROCKINGHAM
015 AND STRAFFORD 017
Date Bids Open: April 10, 2014
Scope of Work: ROADWAY REHABILITATION
Location: SEE THE PROSECUTION OF WORK
Completion Date: August 15, 2014

A ALL STATES ASPHALT, INC.
325 AMHERST ROAD, PO BOX 91 SUNDERLAND, MA 01375 \$2,222,727.50

Item No:	Description	Unit	Quantity	Unit Price	A	Total	Unit Price	Total	Unit Price	Total
403.11	HOT BITUMINOUS PAVEMENT, MACHINE METHOD	TON	1,900.00	\$82.00	\$155,800.00					
403.12	HOT BITUMINOUS PAVEMENT, HAND METHOD	TON	150.00	\$125.00	\$18,750.00					
410.72	CHIP SEAL SURFACE TREATMENT, RUBBER POLYMERIZED (F)	SY	341,000.00	\$4.49	\$1,531,090.00					
413.6	CRACK FILL PRIOR TO THIN OVERLAY	LB	10,000.00	\$2.75	\$27,500.00					
417	COLD PLANING BITUMINOUS SURFACES	SY	21,000.00	\$1.95	\$40,950.00					
618.61	UNIFORMED OFFICERS WITH VEHICLE	\$	25,000.00	\$1.00	\$25,000.00					
618.7	FLAGGERS	HR	700.00	\$37.00	\$25,900.00					
619.1	MAINTENANCE OF TRAFFIC	U	1.00	\$78,500.00	\$78,500.00					
619.25	PORTABLE CHANGEABLE MESSAGE SIGN	U	2.00	\$1,200.00	\$2,400.00					
632.0104	RETROREFLECTIVE PAINT PAVE. MARKING, 4" LINE	LF	595,000.00	\$0.06	\$35,700.00					
632.01049	SHORT TERM PAVEMENT MARKINGS 4" LINE	LF	330,000.00	\$0.07	\$23,100.00					
632.3104	RETROREFLECT. THERMOPLAS. PAVE. MARKING, 4" LINE	LF	250.00	\$2.50	\$625.00					
632.3108	RETROREFLECT. THERMOPLAS. PAVE. MARKING, 8" LINE	LF	500.00	\$3.50	\$1,750.00					
632.3118	RETROREFLECT. THERMOPLAS. PAVE. MARKING, 18" LINE	LF	200.00	\$20.00	\$4,000.00					
632.32	RETROREFLECT. THERMOPLAS. PAVEMENT MARKING, SYMBOL OR WORD	SF	100.00	\$5.00	\$500.00					
632.911	OBLITERATE PAVE. MARKING LINE, 12" WIDE & UNDER	LF	297,250.00	\$0.45	\$133,762.50					

A - PS&E Comparison

PS&E = NHDOT Cost Estimate

Item No.	Description	Unit	Quantity	A-Bidder		PS&E		Difference
				Unit Price	Total	Unit Price	Total	
403.11	HOT BITUMINOUS PAVEMENT, MACHINE METHOD	TON	1,900.00	\$82.00	\$155,800.00	\$75.00	\$142,500.00	\$13,300.00
403.12	HOT BITUMINOUS PAVEMENT, HAND METHOD	TON	150.00	\$125.00	\$18,750.00	\$150.00	\$22,500.00	(\$3,750.00)
410.72	CHIP SEAL SURFACE TREATMENT, RUBBER POLYMERIZED (F)	SY	341,000.00	\$4.49	\$1,531,090.00	\$4.50	\$1,534,500.00	(\$3,410.00)
413.6	CRACK FILL PRIOR TO THIN OVERLAY	LB	10,000.00	\$2.75	\$27,500.00	\$2.80	\$28,000.00	(\$500.00)
417	COLD PLANING BITUMINOUS SURFACES	SY	21,000.00	\$1.95	\$40,950.00	\$5.00	\$105,000.00	(\$64,050.00)
618.61	UNIFORMED OFFICERS WITH VEHICLE	\$	25,000.00	\$1.00	\$25,000.00	\$1.00	\$25,000.00	\$0.00
618.7	FLAGGERS	HR	700.00	\$37.00	\$25,900.00	\$37.00	\$25,900.00	\$0.00
619.1	MAINTENANCE OF TRAFFIC	U	1.00	\$78,500.00	\$78,500.00	\$30,000.00	\$30,000.00	\$48,500.00
619.25	PORTABLE CHANGEABLE MESSAGE SIGN	U	2.00	\$1,200.00	\$2,400.00	\$2,000.00	\$4,000.00	(\$1,600.00)
632.0104	RETROREFLECTIVE PAINT PAVE. MARKING, 4" LINE	LF	595,000.00	\$0.06	\$35,700.00	\$0.13	\$77,350.00	(\$41,650.00)
632.01049	SHORT TERM PAVEMENT MARKINGS 4" LINE	LF	330,000.00	\$0.07	\$23,100.00	\$0.11	\$36,300.00	(\$13,200.00)
632.3104	RETROREFLECT. THERMOPLAS. PAVE. MARKING, 4" LINE	LF	250.00	\$2.50	\$625.00	\$1.00	\$250.00	\$375.00
632.3108	RETROREFLECT. THERMOPLAS. PAVE. MARKING, 8" LINE	LF	500.00	\$3.50	\$1,750.00	\$2.20	\$1,100.00	\$650.00
632.3118	RETROREFLECT. THERMOPLAS. PAVE. MARKING, 18" LINE	LF	200.00	\$20.00	\$4,000.00	\$5.00	\$1,000.00	\$3,000.00
632.32	RETROREFLECT. THERMOPLAS. PAVEMENT MARKING, SYMBOL OR WORD	SF	100.00	\$5.00	\$500.00	\$8.00	\$800.00	(\$300.00)

A - PS&E Comparison

PS&E = NHDOT Cost Estimate

Item No.	Description	Unit	Quantity	A-Bidder		PS&E		A-PS&E Difference
				Unit Price	Total	Unit Price	Total	
632.911	OBLITERATE PAVE. MARKING LINE, 12" WIDE & UNDER	LF	297,250.00	\$0.45	\$133,762.50	\$0.45	\$133,762.50	\$0.00
692	MOBILIZATION	U	1.00	\$62,400.00	\$62,400.00	\$45,000.00	\$45,000.00	\$17,400.00
699	MISCELLANEOUS TEMPORARY EROSION AND SEDIMENT CONTROL	\$	5,000.00	\$1.00	\$5,000.00	\$1.00	\$5,000.00	\$0.00
1008.31	ALTERATIONS AND ADDITIONS AS NEEDED - DRAINAGE ADJUSTMENTS	\$	5,000.00	\$1.00	\$5,000.00	\$1.00	\$5,000.00	\$0.00
1010.15	FUEL ADJUSTMENT	\$	20,000.00	\$1.00	\$20,000.00	\$1.00	\$20,000.00	\$0.00
1010.2	ASPHALT CEMENT ADJUSTMENT	\$	25,000.00	\$1.00	\$25,000.00	\$1.00	\$25,000.00	\$0.00
					\$2,222,727.50		\$2,267,962.50	(\$45,235.00)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/17/2014

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 Reagan Insurance 8 E Main Street P O Box 191 Marcellus NY 13108		CONTACT NAME: PHONE (A/C No. Ext): 315-673-2094 FAX (A/C No.): 315-673-1121 E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : Old Republic Insurance Company	24147
		INSURER B : Hanover Insurance Companies	22292
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

INSURED ALLSTA
All States Asphalt, Inc. & Subsidiaries
325 Amherst Rd., P.O. Box 91
Sunderland MA 01375

COVERAGES CERTIFICATE NUMBER: 1460011007 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
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"/> PROJECT <input type="checkbox"/> LOC	Y	Y	MWZY300418	2/1/2014	2/1/2015	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 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	MWTB300419	2/1/2014	2/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Hired Phys Dmg \$145,000
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
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/A	MWC30041700	2/1/2014	2/1/2015	<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
B	Leased/Rented Equip. & Installation Coverage			RHS875076309	2/1/2014	2/1/2015	\$850,000 \$1,000,000 Ded. \$2,500 Ded. \$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Additional Insured and Waiver of Subrogation are applicable only if required by contract
General Liability policy is on a primary & non-contributory basis & includes completed operations/Auto policy is on a primary basis/Auto Hired Physical Damage Deds \$250 Comp/\$500 Coll
MCS90 endorsement applies/Workers Compensation: NY,CT,NH,VT,RI,ME,NJ,DE,MA
(All States)Project: Roadway Resurfacing (AR Chip Seal) Statewide Project No. X-A003(837), 28897

CERTIFICATE HOLDER State of New Hampshire - DOT John O. Morton Building 7 Hazen Dr., PO Box 483 Concord NH 03302-048	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
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/31/2014

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 H.J. Knight International 30 Braintree Hill Office Park Braintree, MA 02184	CONTACT NAME: PHONE (A/C, No, Ext): (781) 966-3700 FAX (A/C, No): (781) 966-3701	
	E-MAIL ADDRESS:	
INSURED All States Asphalt, Inc and Subsidiaries 325 Amherst Road P.O. Box 91 Sunderland, MA 01375	INSURER(S) AFFORDING COVERAGE NAIC #	
	INSURER A : National Fire and Marine Insurance Company	
	INSURER B : Zurich-American 16535	
	INSURER C :	
	INSURER D :	
	INSURER E :	
INSURER F :		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

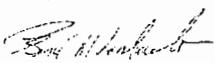
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	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 OTHER:						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMPI/OP AGG	\$
								\$
	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)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			42-UMO-100149-01	02/01/2014	02/01/2015	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						PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
B	Commercial Umbrella			AEC 4647378-03	02/01/2014	02/01/2015	ES 5,000,000	10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If included on the underlying general liability policy as an additional insured, the certificate holder is included as additional insured's on a primary and non-contributory basis per written contract agreement for work performed by the named insured.

Project: Roadway Resurfacing (AR Chip Seal) Statewide, Project No. X-A003(837), 28897

CERTIFICATE HOLDER CANCELLATION

State of New Hampshire Department of Transportation John O. Morton Building 7 Hazen Dr., 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 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/21/2014

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.

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PRODUCER James P Reagan Agency 8 E Main Street P O Box 191 Marcellus NY 13108	CONTACT NAME: PHONE (A/C, No, Ext): 315-673-2094 FAX (A/C, No): 315-673-1121 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED ALLSTA State of New Hampshire Department of Transportation John O. Morton Building 7 Hazen Dr., PO Box 483 Concord NH 03302-0483	INSURER A : Old Republic Insurance Company 24147	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER: 508695808** **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
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> OCP GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC			268021	4/21/2014	2/1/2015	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/OP AGG \$ \$
	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) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR 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) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 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)
Contractor: All States Asphalt, Inc.
OCP: (All States)Project: Roadway Resurfacing (AR Chip Seal) Statewide Project No. X-A003(837), 28897

CERTIFICATE HOLDER State of New Hampshire - DOT John O. Morton Building 7 Hazen Dr., PO Box 483 Concord NH 03302-048	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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/21/2014

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 James P Reagan Agency 8 E Main Street P O Box 191 Marcellus NY 13108		CONTACT NAME: PHONE (A/C No., Ext): 315-673-2094 FAX (A/C No.): 315-673-1121 E-MAIL ADDRESS:	
INSURED State of New Hampshire Department of Transportation John O. Morton Building 7 Hazen Dr., PO Box 483 Concord NH 03302-0483		INSURER(S) AFFORDING COVERAGE	
ALLSTA		INSURER A: Arch Ins Co (AmWINS)	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 2138015487 **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
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Excess OCP GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			268022	4/21/2014	4/21/2015	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$ \$
	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"/> EXCESS LIAB DED \$ RETENTION \$ <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						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			N/A			<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 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)
Contractor: All States Asphalt, Inc.
Excess OCP: (All States)Project: Roadway Resurfacing (AR Chip Seal) Statewide Proj.No. X-A003(837), 28897

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