



THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION

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WILLIAM CASS, P.E.
ASSISTANT COMMISSIONER

Bureau of Construction
May 28, 2015

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 single bid of \$476,583.47 for addressing signing needs along Turnpike facilities at seven locations Statewide, from the date of Governor and Council approval through November 13, 2015 unless extended by the Department in accordance with the Standard Specifications. 100% Turnpike Funds.

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

	<u>FY 2016</u>
04-96-96-961017-7025	
Turnpike Renewal & Replacement	
400-500870 Highway Contract Payments	\$476,583.47

EXPLANATION

This project is part of the annual Turnpike Renewal and Replacement Program. This project addresses the needed replacement of signs to enhance safety, conform to the current MUTCD design standards, improve retroreflectivity and provide better guidance for the motoring public.

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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. Re-advertising 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.

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,



William Cass, P.E.
Assistant Commissioner

WJC/md

Department Estimate:	\$486,708.76
Contract Amount:	<u>\$476,583.47</u>
Under Estimate:	\$ 10,125.29

Attachments

April 14, 2015

SUPPLEMENTAL PROJECT INFORMATION SHEET

DESCRIPTION: This project consists of addressing signing needs along Turnpike facilities at seven (7) locations, as follows:

1. Spaulding Tpk Portsmouth—Replacement of guide signs at the Exit 1 interchange
2. FEET & Ramps Nashua—Replacement of mile marker signs from mile marker 0.0-8.0
3. FEET Manchester—Replacement of attraction signs at Exits 4, 5, and 6
4. Spaulding & FEET several locations—Placement of bridge mounted street name signs
5. I-95 Toll Plaza Hampton—Placement of ORT signage
6. I-95 at Exit 7—Replacement of bridge mounted signs over Market Street
7. I-93 at Exit 12—Installation of ground mounted guide sign in Concord just prior to Exit 12

FEDERAL FUNDING: 0% (100% Turnpike Funded)

PROJECT INITIATED: Under the Bureau of Turnpikes Renewal & Replacement Program.

PROJECT EXPLANATION: This project addresses the needed replacement of signs to enhance safety, conform to the current MUTCD design standards, improve retroreflectivity and provide better guidance for the motoring public.

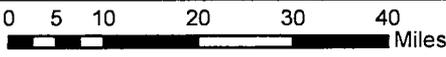
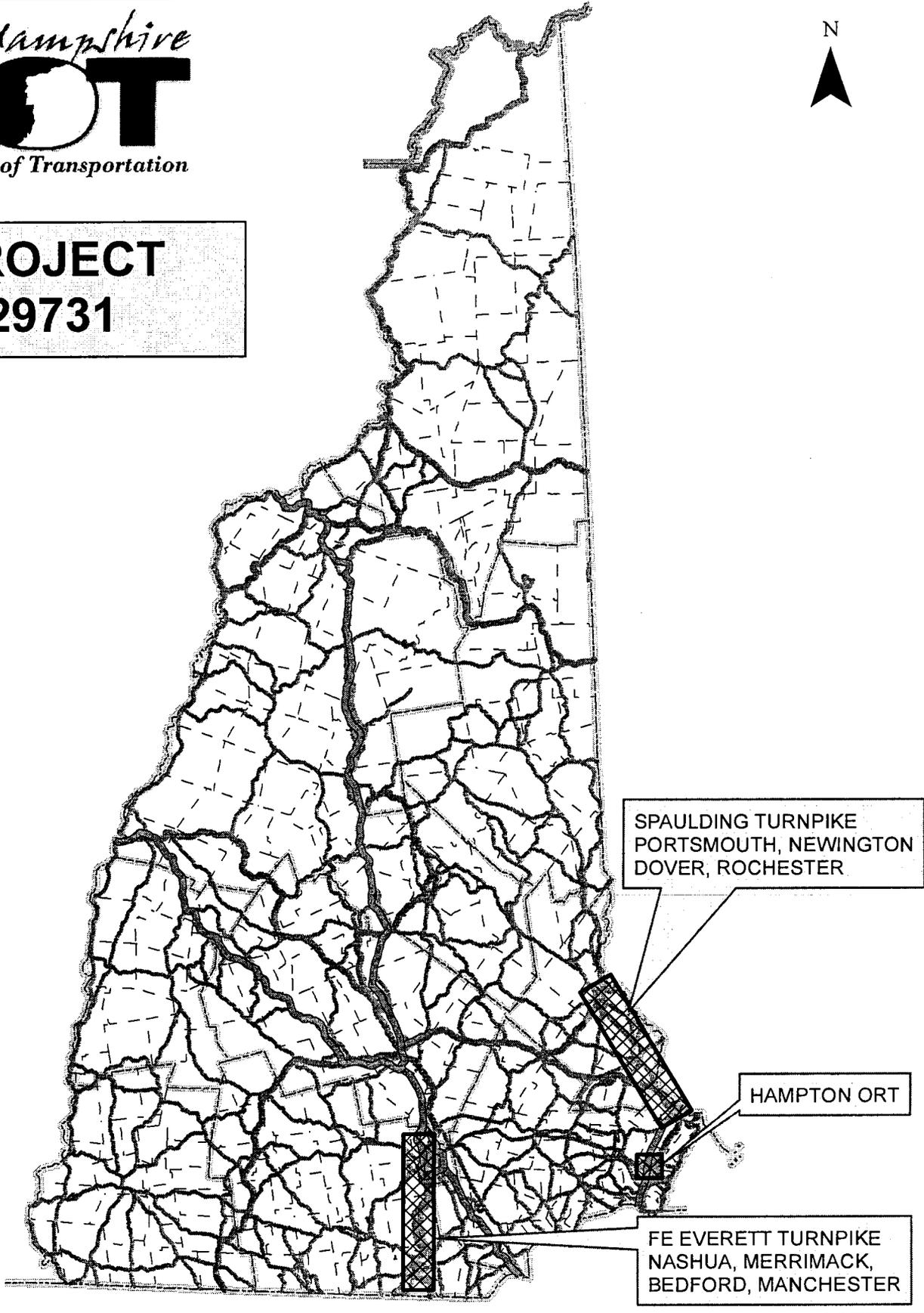
TRAFFIC IMPLICATIONS: Lane closures, shoulder closures and night work are anticipated on this contract. Lane closures will be used to allow for the removal and installation of overhead signs (bridge or sign structure mounted) and will be restricted to night time operations. Shoulder closures will be permitted during daytime operations where the work is outside the traveled way. Uniformed officers will be required for both lane and shoulder closures due to the high-speed and high-volume nature of the facilities.

ADVERTISING DATE: April 28, 2015

COMPLETION DATE: November 13, 2015



**PROJECT
 29731**



NOTE:
 LOCATIONS OF ALL SIGNS ARE APPROXIMATE. ALL LOCATIONS SHALL BE FIELD VERIFIED BY THE ENGINEER AND SHALL BE IN CONFORMANCE WITH NHDOT STANDARDS AND THE CURRENT EDITION OF THE MUTCD.

STATE OF NEW HAMPSHIRE	
DEPARTMENT OF TRANSPORTATION BUREAU OF TRAFFIC	
PROJECT: STATEWIDE	STATE NO: 29731
LOCATION: VARIOUS	SHEET:

**State of New Hampshire
Department of Transportation**

29731.01

Project: STATEWIDE SIGNING
NON-FEDERAL 29731

County and Code: VARIES

Date Bids Open: May 21, 2015

Scope of Work: SIGN REPLACEMENT

Location: SEE THE PROSECUTION OF WORK

Completion Date: November 13, 2015

A LIDDELL BROTHERS, INC.
600 INDUSTRIAL DRIVE HALIFAX, MA 02338

\$476,583.47

Item No:	Description	Unit	Quantity	Unit Price	Total	Unit Price	Total
201.712	SELECTIVE CLEARING AND THINNING	SY	1,200.00	\$5.00	\$6,000.00		
615.0101	TRAFFIC SIGN TYPE A	SF	263.50	\$60.00	\$15,810.00		
615.01201	TRAFFIC SIGN TYPE A, BREAKAWAY MOUNTS	SF	1,233.50	\$70.00	\$86,345.00		
615.0201	TRAFFIC SIGN TYPE B	SF	756.58	\$73.00	\$55,230.34		
615.02201	TRAFFIC SIGN TYPE B, BREAKAWAY MOUNTS	SF	146.00	\$125.00	\$18,250.00		
615.0301	TRAFFIC SIGN TYPE C	SF	244.50	\$50.00	\$12,225.00		
615.03201	TRAFFIC SIGN TYPE C, BREAKAWAY MOUNTS	SF	236.00	\$115.00	\$27,140.00		
615.033	REMOVING TRAFFIC SIGN, TYPE C	U	3.00	\$400.00	\$1,200.00		
615.0401	TRAFFIC SIGN TYPE AA	SF	3,277.00	\$18.50	\$60,624.50		
615.043	REMOVING TRAFFIC SIGN TYPE AA	U	4.00	\$200.00	\$800.00		
615.0501	TRAFFIC SIGN TYPE BB	SF	1,789.33	\$18.00	\$32,207.94		
615.0601	TRAFFIC SIGN TYPE CC	SF	103.57	\$17.00	\$1,760.69		
615.30001	BRIDGE MOUNTED TRAFFIC SIGN STRUCTURE	U	8.00	\$12,500.00	\$100,000.00		
615.303	REMOVING BRIDGE MOUNTED TRAFFIC SIGN STRUCTURE	U	6.00	\$1,400.00	\$8,400.00		
618.61	UNIFORMED OFFICERS WITH VEHICLE	\$	25,000.00	\$1.00	\$25,000.00		
618.7	FLAGGERS	HR	90.00	\$1.00	\$90.00		
619.1	MAINTENANCE OF TRAFFIC	U	1.00	\$5,000.00	\$5,000.00		
692	MOBILIZATION	U	1.00	\$5,000.00	\$5,000.00		
1008.11	ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK	\$	13,500.00	\$1.00	\$13,500.00		
1010.15	FUEL ADJUSTMENT	\$	2,000.00	\$1.00	\$2,000.00		\$476,583.47

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	
201.712	SELECTIVE CLEARING AND THINNING	SY	1,200.00	\$5.00	\$6,000.00	\$2.50	\$3,000.00	\$3,000.00
615.0101	TRAFFIC SIGN TYPE A	SF	263.50	\$50.00	\$15,810.00	\$55.00	\$14,492.50	\$1,317.50
615.01201	TRAFFIC SIGN TYPE A, BREAKAWAY MOUNTS	SF	1,233.50	\$70.00	\$86,345.00	\$72.00	\$88,812.00	(\$2,467.00)
615.0201	TRAFFIC SIGN TYPE B	SF	756.58	\$73.00	\$55,230.34	\$45.00	\$34,046.10	\$21,184.24
615.02201	TRAFFIC SIGN TYPE B, BREAKAWAY MOUNTS	SF	146.00	\$125.00	\$18,250.00	\$116.00	\$16,936.00	\$1,314.00
615.0301	TRAFFIC SIGN TYPE C	SF	244.50	\$50.00	\$12,225.00	\$35.00	\$8,557.50	\$3,667.50
615.03201	TRAFFIC SIGN TYPE C, BREAKAWAY MOUNTS	SF	236.00	\$115.00	\$27,140.00	\$150.00	\$35,400.00	(\$8,260.00)
615.033	REMOVING TRAFFIC SIGN, TYPE C	U	3.00	\$400.00	\$1,200.00	\$15.00	\$45.00	\$1,155.00
615.0401	TRAFFIC SIGN TYPE AA	SF	3,277.00	\$18.50	\$60,624.50	\$16.00	\$52,432.00	\$8,192.50
615.043	REMOVING TRAFFIC SIGN TYPE AA	U	4.00	\$200.00	\$800.00	\$500.00	\$2,000.00	(\$1,200.00)
615.0501	TRAFFIC SIGN TYPE BB	SF	1,789.33	\$18.00	\$32,207.94	\$12.00	\$21,471.96	\$10,735.98
615.0601	TRAFFIC SIGN TYPE CC	SF	103.57	\$17.00	\$1,760.69	\$10.00	\$1,035.70	\$724.99
615.30001	BRIDGE MOUNTED TRAFFIC SIGN STRUCTURE	U	8.00	\$12,500.00	\$100,000.00	\$10,000.00	\$80,000.00	\$20,000.00
615.303	REMOVING BRIDGE MOUNTED TRAFFIC SIGN STRUCTURE	U	6.00	\$1,400.00	\$8,400.00	\$1,000.00	\$6,000.00	\$2,400.00
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	90.00	\$1.00	\$90.00	\$22.00	\$1,980.00	(\$1,890.00)
619.1	MAINTENANCE OF TRAFFIC	U	1.00	\$5,000.00	\$5,000.00	\$40,000.00	\$40,000.00	(\$35,000.00)
692	MOBILIZATION	U	1.00	\$5,000.00	\$5,000.00	\$40,000.00	\$40,000.00	(\$35,000.00)
1008.11	ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK	\$	13,500.00	\$1.00	\$13,500.00	\$1.00	\$13,500.00	\$0.00
1010.15	FUEL ADJUSTMENT	\$	2,000.00	\$1.00	\$2,000.00	\$1.00	\$2,000.00	\$0.00
					\$476,583.47		\$486,708.76	(\$10,125.29)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/01/2015

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).

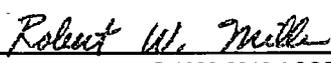
PRODUCER Dowling & O'Neil Insurance Agency 973 Iyannough Rd., PO Box 1990 Hyannis, MA 02601	CONTACT NAME: PHONE (A/C, No, Ext): 508 775-1620 FAX (A/C, No): 5087781218 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED Liddell Brothers, Inc. 600 Industrial Drive Halifax, MA 02338	INSURER A : CNA	
	INSURER B : Zurich Insurance Company	
	INSURER C : Liberty Mutual	
	INSURER D : Valley Forge Insurance Company	
	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"/> PROJ-JECT <input type="checkbox"/> LOC		U2097323567	02/28/2015	02/28/2016	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 \$
D	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Drive Oth Car		U2092220608	02/28/2015	02/28/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<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		AUC011176800	02/28/2015	02/28/2016	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
C	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	WC531S602471015	03/01/2015	03/01/2016	<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
A	Leased/Rented Equipment		U2092220592	02/28/2015	02/28/2016	\$300,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Workers Compensation coverage is provided for the state in which the job is performed.
RE: Statewide Sign Replacement- Contract # 29731 NH DOT has been named as an additional insured for general liability, auto liability and umbrella as required by written contact.

CERTIFICATE HOLDER NHDOT Contract Office 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 

INSURER'S AFFIDAVIT AS TO WORKERS' COMPENSATION INSURANCE

I, Joanne Sullivan, Licensed Producer of the Dowling & O'Neil Insurance Agency - 973 Iyannough Road, Hyannis, MA 02601

- an authorized representative of _____, Insurance Company
[Company Name]
(a producer* in the voluntary market)†
- an authorized agent of _____ (an agent
in the voluntary market, authorized to sign on behalf of a producer)†
- an authorized signatory of the Liberty Mutual, the Prime Contractor
[Company Name]
(an insured of a producer in the involuntary market pool)‡
- an authorized signatory of _____, the Sub-Contractor (an insured of
[Company Name]
a producer in the involuntary market pool, group, or otherwise insured)‡

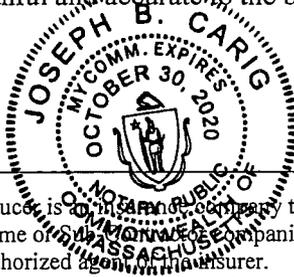
and do hereby aver that effective June 1, 2015, Liddell Brothers, Inc., the Prime or Sub-Contractor, is insured for Workers' Compensation insurance with Liberty Mutual under Policy No[s]. _____ WC531S602471015, pursuant to the attached Certificate of Insurance, and in accordance with Massachusetts General Laws, Chapter 152 and Subsection 7.05A of the Standard Specifications for Highways and Bridges of the Highway Division of the Massachusetts Department of Transportation.

Joanne R Sullivan
Signature

Title Licensed Producer

COMMONWEALTH OF MASSACHUSETTS

On this 2nd day of June before me, the undersigned notary public, personally appeared Joanne Sullivan [document signer], proved to me through satisfactory evidence of identification, which was/were _____ driver license MA davis llc, to be the person who signed the preceding or attached document in my presence, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of their knowledge and belief.



Joseph B Carig Notary
[Printed Name]

* A producer is an insurance company that provides insurance policies directly, not an insurance agent.
† For Prime or Sub-Contractor companies insured through the voluntary market, this Affidavit must be completed by the insurer or an authorized agent of the insurer.
‡ If the Prime or Sub-Contractor is insured through the involuntary insurance market, a pool, such as the Worker's Compensation Inspection and Rating Bureau, or is otherwise insured they may provide a Certificate of Insurance and this Affidavit which may be signed by an authorized signatory (company officer) of the Prime or the Sub-Contractor.

Client#: 15475

2LIDDELLBR1

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/10/2015

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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. INSURER(S) AFFORDING COVERAGE: CNA Insurance Companies. NAIC #.

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL SUBR INSR IWVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes sections for GENERAL LIABILITY, AUTOMOBILE LIABILITY, UMBRELLA LIAB, EXCESS LIAB, and WORKERS COMPENSATION AND EMPLOYERS' LIABILITY.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) RE: Statewide Sign Replacement- Contract # 29731 NH DOT

CERTIFICATE HOLDER: NHDOT Contract Office, 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: Robert W. Mills