



THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION



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CHRISTOPHER D. CLEMENT, SR.
COMMISSIONER

JEFF BRILLHART, P.E.
ASSISTANT COMMISSIONER

Bureau of Construction
October 20, 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 New England Signal Systems, Inc. (Vendor 174153) of Northwood, NH on the basis of a low bid of \$318,616.79 for replacing outdated pedestrian signal heads with pedestrian countdown signal heads Statewide, from the date of Governor and Council approval through August 28, 2015 unless extended by the Department in accordance with the Standard Specifications. 100% Federal Funds.

Funding is available as follows: FY 2015
04-96-96-963515-3054
Consolidated Federal Aid
400-500870 Highway Contract Payments \$318,616.79

2. Further authorize that a contingency in the amount of \$22,303.18 be approved for payment of latent conditions, which may appear during the construction of the project. The contingency requested is 7% of the contract amount.

Funding is available as follows: FY 2015
04-96-96-963515-3054
Consolidated Federal Aid
400-500870 Highway Contract Payments \$22,303.18

EXPLANATION

This project is part of the annual Highway Safety Improvement Program (HSIP) and Intersection Safety Improvement Plan (ISIP). This is the first project to be advertised from a recommended series of systematic intersection improvements as described in the Intersection Safety Improvement Plan. This project will replace non-compliant pedestrian signal heads with LED pedestrian signal countdown timers, new mounting brackets, pedestrian-crossing push button signs and make minor timing adjustments. The project will upgrade 125 (all state maintained) signalized intersections around the State that currently have pedestrian signals.

The contingency amount is proposed to be 7% of the contract amount. Due to the nature of the retrofit work required under this contract as well as the number and diversity of project locations, there could be items unaccounted for to complete some installations.

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 and that the bid reasonably conforms to the engineer's estimate in accordance with State procedure. 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 90% federal funds with 10% 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: \$551,030.00
Contract Amount: \$318,616.79
Under Estimate: \$232,413.21

Attachments

September 9, 2014

SUPPLEMENTAL PROJECT INFORMATION SHEET

DESCRIPTION: This project consists of replacing outdated pedestrian signal heads including housings and mounting brackets with pedestrian countdown signal heads statewide.

FEDERAL FUNDING: The improvements for the project are funded from the Highway Safety Improvement Program (HSIP) with 90% Federal Funding and the 10% match being Turnpike Toll Credits.

CONTINGENCY: The Contingency amount is proposed to be 7% of the contract amount. Due to the nature of the retrofit work required under this contract as well as the number and diversity of project locations, there could be items unaccounted for to complete some installations.

PROJECT INITIATED: Highway Safety Improvement Program (HSIP) and Intersection Safety Improvement Plan (ISIP)

PROJECT EXPLANATION: This is the first project to be advertised from a recommended series of intersection improvements as described in the Intersection Safety Improvement Plan. This project will replace non-compliant pedestrian signal heads with LED pedestrian signal countdown timers, new mounting brackets, pedestrian-crossing push button signs and minor timing adjustments. The project will upgrade 125 (all state maintained) signalized intersections that currently have pedestrian signals.

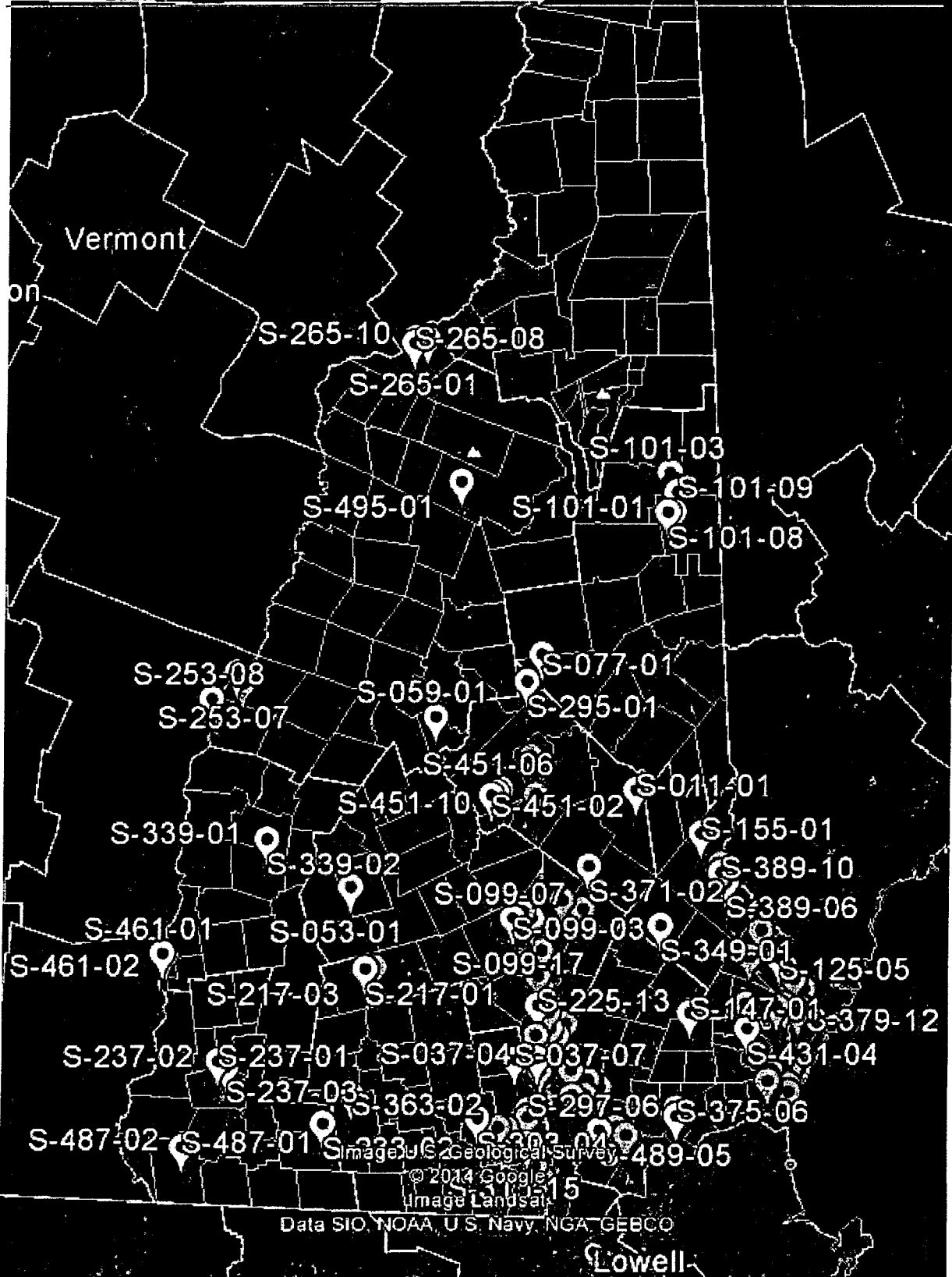
TRAFFIC IMPLICATIONS: There shall be little to no impact on the traffic as the work shall all be completed off the travel way with occasional shoulder closures. The Contractor shall use best management practices for pedestrian detours when needed as described in the MUTCD.

ADVERTISING DATE: September 16, 2014

COMPLETION DATE: August 28, 2015

ans **27592**

STATEWIDE



**State of New Hampshire
Department of Transportation**

Project: STATEWIDE X-A003(569) 27592
County and Code: ALL COUNTIES, EXCLUDING COOS
Date Bids Open: October 9, 2014
Scope of Work: REPLACEMENT OF OUTDATED PEDESTRIAN SIGNAL HEADS
Location: SEE THE PROSECUTION OF WORK
Completion Date: August 28, 2015

A NEW ENGLAND SIGNAL SYSTEMS, INC.
PO BOX 326, NORTHWOOD, NH 03261

\$318,616.79

B EAST COAST SIGNALS, INC.
69 NORTH ROAD, DEERFIELD, NH 03037

\$443,211.00

Item No:	Description	Unit	Quantity	A		B		Total	Unit Price	Total
				Unit Price	Total	Unit Price	Total			
616.8011	PEDESTRIAN SIGNAL HEAD WITH COUNTDOWN INDICATIO	EA	506.00	\$516.00	\$261,096.00	\$717.50	\$363,055.00			
616.80139	RETROFIT PEDESTRIAN INFORMATIONAL SIGN	EA	421.00	\$24.99	\$10,520.79	\$36.00	\$15,156.00			
618.7	FLAGGERS	HR	1,000.00	\$23.00	\$23,000.00	\$23.00	\$23,000.00			
619.1	MAINTENANCE OF TRAFFIC	U	1.00	\$6,000.00	\$6,000.00	\$12,000.00	\$12,000.00			
692	MOBILIZATION	U	1.00	\$12,000.00	\$12,000.00	\$24,000.00	\$24,000.00			
699	MISCELLANEOUS TEMPORARY EROSION AND SEDIMENT CONTROL	\$	1,000.00	\$1.00	\$1,000.00	\$1.00	\$1,000.00			
1008.11	ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK	\$	3,000.00	\$1.00	\$3,000.00	\$1.00	\$3,000.00			
1010.15	FUEL ADJUSTMENT	\$	2,000.00	\$1.00	\$2,000.00	\$1.00	\$2,000.00			\$443,211.00

A - PS&E Comparison

PS&E = NHDOT Cost Estimate

Item No:	Description	Unit	Quantity	A-Bidder		PS&E		Total	Unit Price	Total	A-PS&E Difference
				Unit Price	Total	Unit Price	Total				
616.8011	PEDESTRIAN SIGNAL HEAD WITH COUNTDOWN INDICATIO	EA	506.00	\$516.00	\$261,096.00	\$900.00	\$455,400.00		\$900.00	\$455,400.00	(\$194,304.00)
616.80139	RETROFIT PEDESTRIAN INFORMATIONAL SIGN	EA	421.00	\$24.99	\$10,520.79	\$30.00	\$12,630.00		\$30.00	\$12,630.00	(\$2,109.21)
618.7	FLAGGERS	HR	1,000.00	\$23.00	\$23,000.00	\$22.00	\$22,000.00		\$22.00	\$22,000.00	\$1,000.00
619.1	MAINTENANCE OF TRAFFIC	U	1.00	\$6,000.00	\$6,000.00	\$20,000.00	\$20,000.00		\$20,000.00	\$20,000.00	(\$14,000.00)
692	MOBILIZATION	U	1.00	\$12,000.00	\$12,000.00	\$35,000.00	\$35,000.00		\$35,000.00	\$35,000.00	(\$23,000.00)
699	MISCELLANEOUS TEMPORARY EROSION AND SEDIMENT CONTROL	\$	1,000.00	\$1.00	\$1,000.00	\$1.00	\$1,000.00		\$1.00	\$1,000.00	\$0.00
1008.11	ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK	\$	3,000.00	\$1.00	\$3,000.00	\$1.00	\$3,000.00		\$1.00	\$3,000.00	\$0.00
1010.15	FUEL ADJUSTMENT	\$	2,000.00	\$1.00	\$2,000.00	\$1.00	\$2,000.00		\$1.00	\$2,000.00	\$0.00
					\$318,616.79		\$551,030.00			\$551,030.00	(\$232,413.21)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/14/2014

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 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
	INSURER(S) AFFORDING COVERAGE	
INSURED New England Signal Systems Inc Route 4 P.O. Box 326 Northwood NH 03261-0326	INSURER A: Travelers Indemnity Co of CT NAIC # 001110	
	INSURER B: Travelers Indemnity Company	
	INSURER C: Travelers Prop Cas Co of Amer	
	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 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"/> PROJECT <input type="checkbox"/> LOC		DTCO2386M914TCT14 Per Project Aggregate Applies Only If Required by Written Contract	5/16/2014	5/16/2015	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
	B	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		DT8103430M104IND14	5/16/2014	5/16/2015
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		DTSMCUP3380M089TIL14	5/16/2014	5/16/2015	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	3A States: NH DT0UB2391M045TIL14	5/16/2014	5/16/2015	<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)
 #27592 - Replacement of outdated pedestrian signal heads, Statewide. State of NH DOT is additional insured under the general liability if required by written contract.

CERTIFICATE HOLDER State 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 Peggy Johnson/PAJ



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/14/2014

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	PHONE (A/C, No, Ext): (603) 224-2562	FAX (A/C, No): (603) 224-8012														
E-MAIL ADDRESS: pjohnson@rowleyagency.com																
INSURED State of NH DOT c/o New England Signal Systems P.O. Box 326 Northwood NH 03261-0326		<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Travelers Indemnity Co</td> <td>25658</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 Indemnity Co	25658	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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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			DTPRS7E05717AIND14	11/12/2014	11/12/2015	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						GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COM/OP AGG \$
	<input 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						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> OCCUR						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED						RETENTION \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)
 #27592 - Replacement of outdated pedestrian signal heads, Statewide.

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

Peggy A Johnson