



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



28  
Cass

**VICTORIA F. SHEEHAN**  
**COMMISSIONER**

**WILLIAM CASS, P.E.**  
**ASSISTANT COMMISSIONER**

Bureau of Construction  
March 20, 2017

His Excellency, Governor Christopher T. Sununu  
and the Honorable Council  
State House  
Concord, New Hampshire 03301

**REQUESTED ACTION**

Authorize the Department of Transportation to enter into a contract with Continental Paving, Inc. of Londonderry, NH (Vendor 155350) on the basis of a low bid of \$2,256,752.50 for resurfacing of approximately 32 miles in District III in Belknap, Grafton and Merrimack Counties, from the date of Governor and Council approval through November 3, 2017 unless extended by the Department in accordance with the Standard Specifications. 8% Highway Funds, 92% Other Funds (41% Betterment Funds, 51% Agency Income).

Funding is available as follows for FY 2017, and is contingent upon the availability and continued appropriation of fund for FY 2018:

|                                      |                |                |
|--------------------------------------|----------------|----------------|
| Funding is available as follows:     | <u>FY 2017</u> | <u>FY 2018</u> |
| 04-96-96-963015-3039                 |                |                |
| Highway Betterment Aid               |                |                |
| 400-500870 Highway Contract Payments | \$8,996.50     | \$1,016,853.00 |

|                                      |             |                |
|--------------------------------------|-------------|----------------|
| Funding is available as follows:     |             |                |
| 04-96-96-963015-8910                 |             |                |
| SB 367 Capital Investment            |             |                |
| 400-500870 Highway Contract Payments | \$72,663.00 | \$1,158,240.00 |

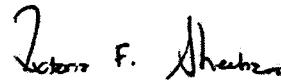
**EXPLANATION**

This project is included in the State's Ten Year Transportation Improvement Plan and part of the annual Maintenance District resurfacing program with additional funding for paving through SB 367, Road Toll Increase. This project involves pavement resurfacing of approximately 32 miles of state highways in the District Three region. The resurfacing will preserve and extend the life of the highway riding surface and protect the subsurface base course materials. All of the proposed work will remain within the right-of-way.

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 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.

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,



Victoria F. Sheehan  
Commissioner

VFS/md

Department Estimate: \$2,398,257.50  
Contract Amount: \$2,256,752.50  
Under Estimate: \$ 141,505.00

Attachments

January, 25, 2017

**SUPPLEMENTAL PROJECT INFORMATION SHEET**

**DESCRIPTION:** This project involves resurfacing under Betterment FY 2018 & FY 2017 program and SB-367 FY 2018 and FY 2016 program. The combined program (41232) includes 15 sections totaling 32 miles of roadways including sections along NH 11 (Gilford-Alton), NH 140 (Gilmanton-Alton), Winona Rd/NH 132 (New Hampton-Ashland), Crystal Lake Rd (Gilmanton), Pease Rd (Meredith), Parade Hill Rd (Barnstead), Kimball Pond Rd (Canterbury), Carriage Rd (Gilford), Shaker Rd (Loudon-Canterbury), Sandogardy Pond Rd (Northfield), Oak Hill Rd (Northfield), NH 140 (Belmont), NH 28A (Alton), Winter St (Tilton), and DOT 3 Rd (Alton).

**FEDERAL FUNDING:** 0% (44.5% FY 2018 Betterment, 0.4% FY 2017 Betterment, 3.2% FY 2016 SB-367, and 51.9% FY 2018 SB-367).




**CONTINGENCY:** None

**PROJECT INITIATED:** State's 10-Year Transportation Improvement Program under Pavement Strategies: Tier 2 Maintenance, Tier 3-4 Maintenance, Tier 3-4 Roughness, Tier 3-4 Preservation, and BET-STAL-HQ for the Betterment Drag Shim.

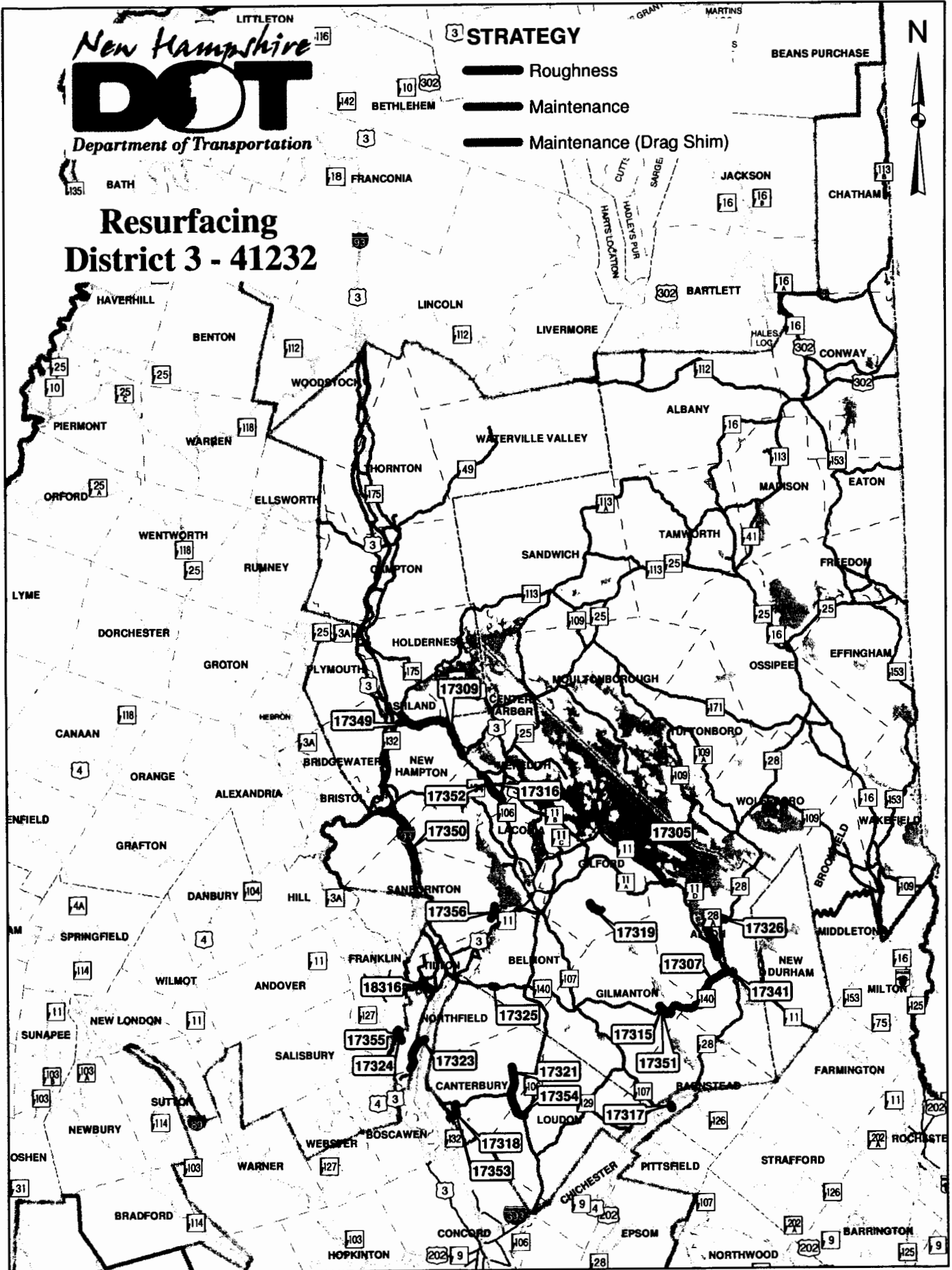
**PROJECT EXPLANATION:** These roadways are located throughout District 3 and serve various functions. These pavements are in fair to poor condition. The intent of this project is to maintain and improve the riding surface and to extend the life of the existing roadways. All of the proposed work will remain within the right-of-way.

**TRAFFIC IMPLICATIONS:** Minimal traffic implications are anticipated. One-lane alternating two-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 26 to May 29, June 30 to July 4 and from September 1 to September 4, 2016. Work on section 17305, NH 11 (Gilford-Alton) shall be completed prior to September 1, 2017.

**COMPLETION DATE:** November 3, 2017

- 3 STRATEGY**
-  Roughness
  -  Maintenance
  -  Maintenance (Drag Shim)

# Resurfacing District 3 - 41232





# ABC Bid Data

DISTRICT 3  
41232  
NON-FEDERAL

PROJECT: DISTRICT 3  
 STATE PROJECT NUMBER: 41232  
 FED. PROJECT NUMBER: NON-FEDERAL  
 DATE BIDS OPEN: March 07, 2017, 2:00  
 SCOPE OF WORK: Roadway resurfacing, various locations in CY 2017 in District 3.  
 COMPLETION DATE: November 03, 2017  
 LOCATION:

Awarded To: CONTINENTAL PAVING INC  
 1 CONTINENTAL DRIVE  
 LONDONDERRY, NH 03053

Amount: \$2,256,752.50  
 Award Date:

Certified by: PETER.E.STAMINAS  
 Director of Project Development

## Summary of Bidders

| Contractor                                                                                                                             | Bid Amount     | Rank |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------|------|
| CONTINENTAL PAVING INC<br>1 CONTINENTAL DRIVE, LONDONDERRY NH 03053<br>PIKE INDUSTRIES, INC.<br>3 EASTGATE PARK ROAD, BELMONT NH 03220 | \$2,256,752.50 | A    |
|                                                                                                                                        | \$2,408,746.00 | B    |

| Item No. | Description | Unit | Quantity | PS&E       |       | CONTINENTAL PAVING INC<br>1 CONTINENTAL DRIVE<br>LONDONDERRY, NH 03053 |       | PKE INDUSTRIES, INC.<br>3 EASTGATE PARK ROAD<br>BELMONT, NH 03220 |       |
|----------|-------------|------|----------|------------|-------|------------------------------------------------------------------------|-------|-------------------------------------------------------------------|-------|
|          |             |      |          | Unit Price | Total | Unit Price                                                             | Total | Unit Price                                                        | Total |

**Items**

|          |                                                             |     |            |              |                 |              |                 |              |                 |
|----------|-------------------------------------------------------------|-----|------------|--------------|-----------------|--------------|-----------------|--------------|-----------------|
| 203.961  | CLEANING DITCHLINES/SWALES                                  | SY  | 60,000     | \$2.00       | \$100,000       | \$85.00      | \$4,250,000     | \$75.00      | \$3,750,000     |
| 206.1    | COMMON STRUCTURE EXCAVATION                                 | CY  | 20,000     | \$100.00     | \$2,000,000     | \$300.00     | \$6,000,000     | \$450.00     | \$9,000,000     |
| 304.32   | CRUSHED GRAVEL FOR SHOULDER LEVELING                        | TON | 4,050,000  | \$22.00      | \$89,100,000    | \$18.00      | \$72,900,000    | \$26.00      | \$105,300,000   |
| 403.11   | HOT BITUMINOUS PAVEMENT, MACHINE METHOD                     | TON | 1,425,000  | \$65.00      | \$92,625,000    | \$70.00      | \$99,750,000    | \$72.00      | \$102,600,000   |
| 403.12   | HOT BITUMINOUS PAVEMENT, HAND METHOD                        | TON | 125,000    | \$150.00     | \$18,750,000    | \$115.00     | \$14,375,000    | \$150.00     | \$18,750,000    |
| 403.6    | PAVEMENT JOINT ADHESIVE                                     | LF  | 4,650,000  | \$0.25       | \$1,162,500     | \$0.25       | \$1,162,500     | \$0.24       | \$1,116,000     |
| 410.22   | ASPHALT EMULSION FOR TACK COAT                              | GAL | 17,600,000 | \$2.50       | \$44,000,000    | \$2.50       | \$44,000,000    | \$3.45       | \$60,720,000    |
| 411.3    | PLANT MIX SURFACE TREATMENT (ASPHALT CEMENT),<br>PAVER SHIM | TON | 22,200,000 | \$75.00      | \$1,665,000,000 | \$70.00      | \$1,554,000,000 | \$67.85      | \$1,506,270,000 |
| 411.51   | PLANT MIX SURFACE TREATMENT, PAVER SPOT DRAG<br>SHIM        | TON | 2,700,000  | \$68.00      | \$183,600,000   | \$80.00      | \$216,000,000   | \$80.00      | \$216,000,000   |
| 417.     | COLD PLANING BITUMINOUS SURFACES                            | SY  | 5,250,000  | \$8.00       | \$42,000,000    | \$7.50       | \$39,375,000    | \$8.00       | \$42,000,000    |
| 417.118  | COLD PLANING BITUMINOUS SURFACES, 18" WIDE X<br>0.5" DEEP   | LF  | 50,000     | \$3.00       | \$150,000       | \$30.00      | \$1,500,000     | \$50.00      | \$2,500,000     |
| 608.2401 | 4" CONCRETE SIDEWALK                                        | SY  | 267,000    | \$60.00      | \$16,020,000    | \$50.00      | \$13,350,000    | \$50.00      | \$13,350,000    |
| 608.54   | DETECTABLE WARNING DEVICES, CAST IRON                       | SY  | 48,000     | \$500.00     | \$24,000,000    | \$400.00     | \$19,200,000    | \$400.00     | \$19,200,000    |
| 609.01   | STRAIGHT GRANITE CURB                                       | LF  | 20,000     | \$50.00      | \$1,000,000     | \$50.00      | \$1,000,000     | \$50.00      | \$1,000,000     |
| 609.5    | RESET GRANITE CURB                                          | LF  | 240,000    | \$40.00      | \$9,600,000     | \$30.00      | \$7,200,000     | \$30.00      | \$7,200,000     |
| 616.650  | TRAFFIC SIGNAL DETECTOR LOOP 6 FT X 50 FT                   | EA  | 3,000      | \$800.00     | \$2,400,000     | \$1,500.00   | \$4,500,000     | \$1,000.00   | \$3,000,000     |
| 618.61   | UNIFORMED OFFICERS WITH VEHICLE                             | \$  | 1,000,000  | \$1.00       | \$1,000,000     | \$1.00       | \$1,000,000     | \$1.00       | \$1,000,000     |
| 618.7    | FLAGGERS                                                    | HR  | 1,200,000  | \$22.00      | \$26,400,000    | \$24.00      | \$28,800,000    | \$23.50      | \$30,600,000    |
| 619.253  | PORTABLE CHANGEABLE MESSAGE SIGN (UNIT WEEK)                | UWK | 2,000      | \$350.00     | \$700,000       | \$200.00     | \$400,000       | \$200.00     | \$400,000       |
| 628.2    | SAWED BITUMINOUS PAVEMENT                                   | LF  | 330,000    | \$5.00       | \$1,650,000     | \$3.00       | \$990,000       | \$3.00       | \$990,000       |
| 692.     | MOBILIZATION                                                | U   | 1,000      | \$150,000.00 | \$150,000,000   | \$100,000.00 | \$100,000,000   | \$237,000.00 | \$237,000,000   |
| 699.     | MISCELLANEOUS TEMPORARY EROSION AND<br>SEDIMENT CONTROL     | \$  | 1,000,000  | \$1.00       | \$1,000,000     | \$1.00       | \$1,000,000     | \$1.00       | \$1,000,000     |
| 1008.11  | ALTERATIONS AND ADDITIONS AS NEEDED -<br>UNANTICIPATED WORK | \$  | 1,000,000  | \$1.00       | \$1,000,000     | \$1.00       | \$1,000,000     | \$1.00       | \$1,000,000     |
| 1010.15  | FUEL ADJUSTMENT                                             | \$  | 7,500,000  | \$1.00       | \$7,500,000     | \$1.00       | \$7,500,000     | \$1.00       | \$7,500,000     |
| 1010.2   | ASPHALT CEMENT ADJUSTMENT                                   | \$  | 17,500,000 | \$1.00       | \$17,500,000    | \$1.00       | \$17,500,000    | \$1.00       | \$17,500,000    |

|         |                |                |                |
|---------|----------------|----------------|----------------|
| Totals: | \$2,398,257.50 | \$2,256,762.50 | \$2,408,746.00 |
|---------|----------------|----------------|----------------|



# PS&E Comparison

DISTRICT 3  
41232  
NON-FEDERAL

| Item No. | Description                                              | Unit | Quantity   | A-Bidder   |                | PS&E       |                | A-PS&E Difference |
|----------|----------------------------------------------------------|------|------------|------------|----------------|------------|----------------|-------------------|
|          |                                                          |      |            | Unit Price | Total          | Unit Price | Total          |                   |
| 203.961  | CLEANING DITCHLINES/SWALES                               | SY   | 50.000     | \$85.00    | \$4,250.00     | \$2.00     | \$100.00       | \$4,150.00        |
| 206.1    | COMMON STRUCTURE EXCAVATION                              | CY   | 20.000     | \$300.00   | \$6,000.00     | \$100.00   | \$2,000.00     | \$4,000.00        |
| 304.32   | CRUSHED GRAVEL FOR SHOULDER LEVELING                     | TON  | 4,050.000  | \$18.00    | \$72,900.00    | \$22.00    | \$89,100.00    | (\$16,200.00)     |
| 403.11   | HOT BITUMINOUS PAVEMENT, MACHINE METHOD                  | TON  | 1,425.000  | \$70.00    | \$99,750.00    | \$65.00    | \$92,625.00    | \$7,125.00        |
| 403.12   | HOT BITUMINOUS PAVEMENT, HAND METHOD                     | TON  | 125.000    | \$115.00   | \$14,375.00    | \$150.00   | \$18,750.00    | (\$4,375.00)      |
| 403.6    | PAVEMENT JOINT ADHESIVE                                  | LF   | 4,650.000  | \$0.25     | \$1,162.50     | \$0.25     | \$1,162.50     | \$0.00            |
| 410.22   | ASPHALT EMULSION FOR TACK COAT                           | GAL  | 17,600.000 | \$2.50     | \$44,000.00    | \$2.50     | \$44,000.00    | \$0.00            |
| 411.3    | PLANT MIX SURFACE TREATMENT (ASPHALT CEMENT), PAVER SHIM | TON  | 22,200.000 | \$70.00    | \$1,554,000.00 | \$75.00    | \$1,665,000.00 | (\$111,000.00)    |
| 411.51   | PLANT MIX SURFACE TREATMENT, PAVER SPOT DRAG SHIM        | TON  | 2,700.000  | \$80.00    | \$216,000.00   | \$68.00    | \$183,600.00   | \$32,400.00       |
| 417.     | COLD PLANING BITUMINOUS SURFACES                         | SY   | 5,250.000  | \$7.50     | \$39,375.00    | \$8.00     | \$42,000.00    | (\$2,625.00)      |
| 417.118  | COLD PLANING BITUMINOUS SURFACES, 18" WIDE X 0.5" DEEP   | LF   | 50.000     | \$30.00    | \$1,500.00     | \$3.00     | \$150.00       | \$1,350.00        |
| 608.2401 | 4" CONCRETE SIDEWALK                                     | SY   | 267.000    | \$50.00    | \$13,350.00    | \$60.00    | \$16,020.00    | (\$2,670.00)      |
| 608.54   | DETECTABLE WARNING DEVICES, CAST IRON                    | SY   | 48.000     | \$400.00   | \$19,200.00    | \$500.00   | \$24,000.00    | (\$4,800.00)      |
| 609.01   | STRAIGHT GRANITE CURB                                    | LF   | 20.000     | \$50.00    | \$1,000.00     | \$50.00    | \$1,000.00     | \$0.00            |

**Items**

|         |                                                          |     |            |              |              |              |              |               |
|---------|----------------------------------------------------------|-----|------------|--------------|--------------|--------------|--------------|---------------|
| 609.5   | RESET GRANITE CURB                                       | LF  | 240.000    | \$30.00      | \$7,200.00   | \$40.00      | \$9,600.00   | (\$2,400.00)  |
| 616.650 | TRAFFIC SIGNAL DETECTOR LOOP 6 FT X 50 FT                | EA  | 3.000      | \$1,500.00   | \$4,500.00   | \$800.00     | \$2,400.00   | \$2,100.00    |
| 618.61  | UNIFORMED OFFICERS WITH VEHICLE                          | \$  | 1,000.000  | \$1.00       | \$1,000.00   | \$1.00       | \$1,000.00   | \$0.00        |
| 618.7   | FLAGGERS                                                 | HR  | 1,200.000  | \$24.00      | \$28,800.00  | \$22.00      | \$26,400.00  | \$2,400.00    |
| 619.253 | PORTABLE CHANGEABLE MESSAGE SIGN (UNIT WEEK)             | UWK | 2.000      | \$200.00     | \$400.00     | \$350.00     | \$700.00     | (\$300.00)    |
| 628.2   | SAWED BITUMINOUS PAVEMENT                                | LF  | 330.000    | \$3.00       | \$990.00     | \$5.00       | \$1,650.00   | (\$660.00)    |
| 692.    | MOBILIZATION                                             | U   | 1.000      | \$100,000.00 | \$100,000.00 | \$150,000.00 | \$150,000.00 | (\$50,000.00) |
| 699.    | MISCELLANEOUS TEMPORARY EROSION AND SEDIMENT CONTROL     | \$  | 1,000.000  | \$1.00       | \$1,000.00   | \$1.00       | \$1,000.00   | \$0.00        |
| 1008.11 | ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK | \$  | 1,000.000  | \$1.00       | \$1,000.00   | \$1.00       | \$1,000.00   | \$0.00        |
| 1010.15 | FUEL ADJUSTMENT                                          | \$  | 7,500.000  | \$1.00       | \$7,500.00   | \$1.00       | \$7,500.00   | \$0.00        |
| 1010.2  | ASPHALT CEMENT ADJUSTMENT                                | \$  | 17,500.000 | \$1.00       | \$17,500.00  | \$1.00       | \$17,500.00  | \$0.00        |

**Total:** \$2,256,752.50 \$2,398,257.50 (\$141,505.00)





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/27/2017

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).

|                                                                                                 |  |                                                                                                                                                                                                                                       |  |
|-------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>PRODUCER</b><br>CROSS INSURANCE - LACONIA<br>155 Court Street<br><br>Laconia NH 03246        |  | <b>CONTACT</b> Tracy Andriski, CISR<br><b>PHONE</b><br>(A/C, No. Ext): (603) 524-2425 <b>FAX</b> (A/C, No): (603) 524-3666<br><b>E-MAIL ADDRESS:</b> tandriski@crossagency.com                                                        |  |
| <b>INSURED</b><br>Continental Paving, Inc.<br>One Continental Drive<br><br>Londonderry NH 03053 |  | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> Firemen's Ins. Co. of Washington NAIC # 21784<br><b>INSURER B:</b> Acadia Ins Co. 31325<br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |  |

**COVERAGES**      **CERTIFICATE NUMBER:** CL1732304147      **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.

| INBR LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                                                                                                           | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                                                      |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> <b>Form CG0437 - \$100,000</b><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER: |           |          | CPA0013804-33 | 3/31/2017               | 3/31/2018               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMPOP AGG \$ 2,000,000<br>Privacy Breach Expense \$ 50,000 |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input checked="" type="checkbox"/> MCS90<br><input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS<br><input checked="" type="checkbox"/> CA9948                                                                                       |           |          | CAA0013801-33 | 3/31/2017               | 3/31/2018               | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$                                                                                                                   |
| B        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$                                                                                                                                                                                         |           |          | CUA5295253-10 | 3/31/2017               | 3/31/2018               | EACH OCCURRENCE \$ 10,000,000<br>AGGREGATE \$ 10,000,000                                                                                                                                                                                                                    |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                                                                                               | Y/N       | N/A      | WPA0013797-34 | 3/31/2017               | 3/31/2018               | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$ 500,000<br>E.L. DISEASE - EA EMPLOYEE \$ 500,000<br>E.L. DISEASE - POLICY LIMIT \$ 500,000                                                                          |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Project: District III 41232

The State of NH, Department of Transportation is listed as an additional insured for ongoing operations performed by or on behalf of Continental Paving, Inc when required in a written contract.

|                                                                                                                                             |                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CERTIFICATE HOLDER</b><br><br>State of New Hampshire<br>Department of Transportation<br>7 Hazen Drive<br>PO Box 483<br>Concord, NH 03302 | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br><b>AUTHORIZED REPRESENTATIVE</b><br>T Andriski, CISR/TA5 <i>Tracy Andriski</i> |
|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/13/2017

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).

| <b>PRODUCER</b><br>CROSS INSURANCE - LACONIA<br>155 Court Street<br><br>Laconia NH 03246                                     |                | <b>CONTACT NAME:</b> Tracy Andriski, CISR<br><b>PHONE (A/C No. Ext):</b> (603) 524-2425<br><b>E-MAIL ADDRESS:</b> tandriski@crossagency.com<br><b>FAX (A/C No.):</b> (603) 524-3666                                                                                                                                                                                                                                                            |  |                               |  |        |            |                |       |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |
|------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------|--|--------|------------|----------------|-------|------------|--|--|------------|--|--|------------|--|--|------------|--|--|------------|--|--|
| <b>INSURED</b><br>State of New Hampshire, DOT<br>c/o Continental Paving Inc<br>One Continental Drive<br>Londonderry NH 03053 |                | <table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Acadia Ins Co.</td> <td>31325</td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table> |  | INSURER(S) AFFORDING COVERAGE |  | NAIC # | INSURER A: | Acadia Ins Co. | 31325 | INSURER B: |  |  | INSURER C: |  |  | INSURER D: |  |  | INSURER E: |  |  | INSURER F: |  |  |
| INSURER(S) AFFORDING COVERAGE                                                                                                |                | NAIC #                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                               |  |        |            |                |       |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |
| INSURER A:                                                                                                                   | Acadia Ins Co. | 31325                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                               |  |        |            |                |       |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |
| INSURER B:                                                                                                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                               |  |        |            |                |       |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |
| INSURER C:                                                                                                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                               |  |        |            |                |       |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |
| INSURER D:                                                                                                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                               |  |        |            |                |       |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |
| INSURER E:                                                                                                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                               |  |        |            |                |       |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |
| INSURER F:                                                                                                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                               |  |        |            |                |       |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |

**COVERAGES**

CERTIFICATE NUMBER: CL173902993

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 INSD WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                              |              |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------|-------------------------|-------------------------|-------------------------------------|--------------|
| A        | COMMERCIAL GENERAL LIABILITY                                                                                                                                                                                                                                                                              |                    | OCP5296473-10 | 3/13/2017               | 9/13/2018               | EACH OCCURRENCE                     | \$ 2,000,000 |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Owners & Contractors<br><br>GENL AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER: |                    |               |                         |                         |                                     |              |
|          | AUTOMOBILE LIABILITY                                                                                                                                                                                                                                                                                      |                    |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) | \$           |
|          | <input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS                                                                                             |                    |               |                         |                         | BODILY INJURY (Per person)          | \$           |
|          | <input type="checkbox"/> BODILY INJURY (Per accident)<br><input type="checkbox"/> PROPERTY DAMAGE (Per accident)                                                                                                                                                                                          |                    |               |                         |                         |                                     | \$           |
|          | <input type="checkbox"/> UMBRELLA LIAB<br><input type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$                                                                                                                                                      |                    |               |                         |                         | EACH OCCURRENCE                     | \$           |
|          | <input type="checkbox"/> OCCUR<br><input type="checkbox"/> CLAIMS-MADE                                                                                                                                                                                                                                    |                    |               |                         |                         | AGGREGATE                           | \$           |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                    | Y/N                | N/A           |                         |                         | PER STATUTE                         | OTHER        |
|          |                                                                                                                                                                                                                                                                                                           |                    |               |                         |                         | E.L. EACH ACCIDENT                  | \$           |
|          |                                                                                                                                                                                                                                                                                                           |                    |               |                         |                         | E.L. DISEASE - EA EMPLOYEE          | \$           |
|          |                                                                                                                                                                                                                                                                                                           |                    |               |                         |                         | E.L. DISEASE - POLICY LIMIT         | \$           |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Project: District III 41232

**CERTIFICATE HOLDER****CANCELLATION**

State of New Hampshire  
Department of Transportation  
7 Hazen Drive  
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

T Andriski, CISR/TA5

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