

# THE STATE OF NEW HAMPSHIRE DEPARTMENT OF TRANSPORTATION



CHRISTOPHER D. CLEMENT, SR. COMMISSIONER

JEFF BRILLHART, P.E. ASSISTANT COMMISSIONER

Bureau of Construction March 6, 2013

Her Excellency, Governor Margaret Wood Hassan and the Honorable Council
State House
Concord, New Hampshire 03301

## REQUESTED ACTION

Authorize the Department of Transportation to enter into a contract with Continental Paving, Inc. (Vendor #155350) of Londonderry, NH on the basis of a low bid of \$2,476,341.00 for resurfacing of approximately 15.9 miles of mainline and ramps on the Spaulding Turnpike in the City of Dover, from the date of Governor and Council approval through September 13, 2013 unless extended by the Department in accordance with the Standard Specifications. 100% Turnpike funds.

Funding is available as follows for FY 2013 and is contingent upon the availability and continued appropriation of funds for FY 2014:

Funding is available as follows:

FY 2013

FY 2014

04-96-96-961017-7025

Turnpike Renewal & Replacement

400-500870 Highway Contract Payments

\$200,000.00

\$2,276,341.00

## **EXPLANATION**

This project involves annual turnpike resurfacing as part of the annual Turnpike Renewal and Replacement Program. This project involves pavement resurfacing of approximately 15.9 miles of the mainline and ramps on the Spaulding Turnpike between Exits 6 and 8 in Dover. The resurfacing will preserve and extend the life of the highway riding surface and protect the subsurface base course materials.

## Page 2

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,

Christopher D. Clement Sr

MDIUT

Christopher D. Clement, Sr. Commissioner

#### CDC/md

Department Estimate: \$2,793,679.00 Contract Amount: \$2,476,341.00 Under Estimate: \$317,338.00

### SUPPLEMENTAL PROJECT INFORMATION SHEET

**DESCRIPTION:** This project consists of resurfacing of approximately 15.9 lane miles of mainline and ramps on the Spaulding Turnpike in the City of Dover.

Resurfacing treatment and section is:

# Spaulding Turnpike (NH 16):

- Full width overlay of approximately 3.8 miles along mainline northbound and southbound from Mile Marker 5.6 to Mile Marker 9.4 (15.2 Lane Miles).
- Full width cold plane and resurfacing of all Exit 7 Ramps (0.7 Lane Miles)

**FEDERAL FUNDING:** 0% - 100% Turnpike Bureau's "Renewal and Replacement (R&R) Program".

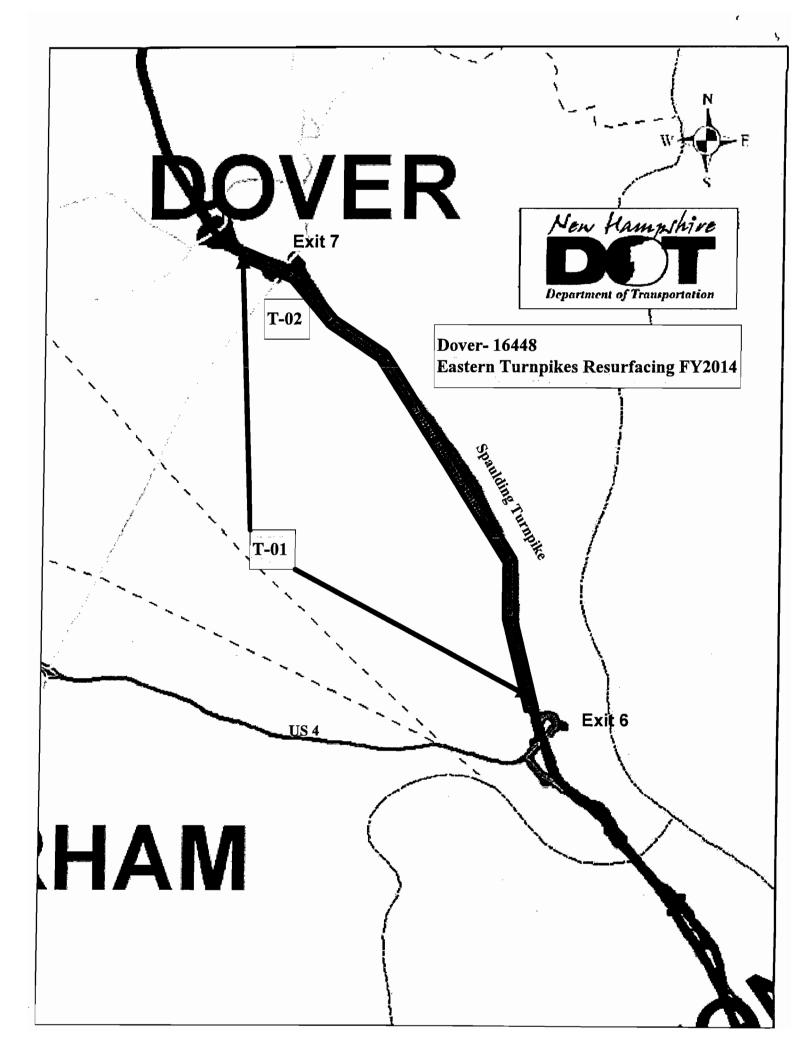
**CONTINGENCY:** No contingency amount requested.

**PROJECT INITIATED:** Pavement preservation program under the "R&R Program"

**PROJECT EXPLANATION:** These improvements will address the pavement deficiencies and extend the life of the roadway. This segment of NH 16 is exhibiting thermal cracking of the pavement, areas of delamination and longitudinal joint failure.

**TRAFFIC IMPLICATIONS:** Minimal traffic implications are anticipated. Resurfacing work will be done at night, Sunday through Friday. Normal traffic patterns will be re-established prior to the beginning of peak hour traffic volumes.

**COMPLETION DATE:** September 13, 2013



|   | TOTAL         | 53,212.50                        | 140,400.00   | 16,350.00<br>20,042.00<br>16,000.00   | 38,587.50   | 21,175.00<br>21,175.00<br>10,700.00<br>16,000.00<br>7,500.00<br>8,375.00<br>6,500.00   | 17,440.00 |
|---|---------------|----------------------------------|--|---|---|--|-----------|
|   | C CUNIT PRICE | 27.50                            | 90.00 1  | 1.00  | 1.75  | 2550 75 00 00 00 00 00 00 00 00 00 00 00 00 00   | 8.00      |
|   | B<br>TOTAL    | 19,350.00                        | 126,360.00   | 28,612.50<br>20,953.00<br>14,800.00   | 39,690.00<br>126,883.00<br>2,750.00   | 21,175.00<br>11,000.00<br>10,000.00<br>4,750.00<br>7,035.00<br>3,900.00  | 16,350.00 |
| 2,476,341.00<br>2,543,125.00<br>2,642,179.00  | UNIT PRICE    | 10.00                            | 81.00  | 1.75  | 1.80  | 350.00<br>350.00<br>550.00<br>50.00<br>9.50<br>21.00<br>300.00   | 00.7      |
| \$\cdot \cdot | A TOTA        | 19,350.00                        | 121,680.00   | 16,350.00<br>19,131.00<br>15,000.00   | 33,075.00<br>102,325.00<br>2,750.00   | 23,100.00<br>700.00<br>7,000.00<br>7,000.00<br>7,035.00<br>3,900.00  | 00.000,01 |
| 017 2013 REACING SEUCTION OF WORK 1, 2013 NH 03053 03220  | UNIT PRICE    | 10.00                            | 78.00  | 1.00  | 1.50  | 300.00<br>350.00<br>300.00<br>35.00<br>10.00<br>21.00<br>300.00  |           |
| DOVER 16448 STRAFFORD FEBRUARY 27, ROADWAY REST SEE THE PROS SEPTEMBER 13 NC. LONDONDERRY, BELMONT, NH DRACUT, MA C   | QUANTITY      | 1,935.                           | 1,560.   | 16,350.<br>91,100.<br>200.  | 22,050.<br>81,860.<br>25.   | 77.<br>20.<br>200.<br>500.<br>335.<br>13.  |           |
| H   | UNIT          | TON                              | TON  | TON<br>LF<br>TON  | SY<br>LF<br>EA  | LF EAR   | i         |
| PROJECT:  16448  COUNTIES AND CODES: STRAFF  DATE BIDS OPEN: FEBRUA  SCOPE OF WORK: ROADWA  LOCATION: SEE TH  COMPLETION DATE: SEPTEM  A CONTINENTAL PAVING, INC. 1 CONTINENTAL DRIVE, LONDOND B PIKE INDUSTRIES, INC. 3 EASTGATE PARK RD., BELMONT C BROX INDUSTRIES, INC. 1471 METHUEN STREET, DRACUT,  | DESCRIPTION   | Одд                              | MACHINE METHOD HIGH STR. (QC/QA TIER 2) (NIGHT) HOT BITUMINOUS PAVEMENT, HAND METHOD MATERIAL TRANSFER VEHICLE | (MTV) PAVEMENT JOINT ADHESIVE HOT BITUMINOUS CONCRETE LEVELING COURSE COID PLANTAGE STEPPINGUES | SURFACES (NIGHT) REMOVE AND INLAY EXISTING RUMBLE STRIPS POLYETHYLENE LINER | RECONSTRUCTING/ADJUSTING CATCH BASIN & DROP INLET RECONSTRUCTING/ADJUSTING MANHOLES GRATES & FRAMES, TYPE B 6" CONCRETE SIDEWALK (F) RESET GRANITE CURB 4" STEEL CONDUIT MOLDED PULL BOX 17"X30" 4" PVC CONDUIT, SCHEDULE 40 |           |
|   | ITEM<br>NO.   | 304.32<br>403.11291<br>403.11992 | 403.12   | 403.6   | 417.53  | 604.4<br>604.5<br>604.72<br>608.26<br>609.5<br>614.341<br>614.523  |           |

| THE PAY   THE     |             | 1 |                         | 1    |          | 1          | 1          | 9044       | 7          | 1          |            |
|---|-------------|---|-------------------------|------|----------|------------|------------|------------|------------|------------|------------|
| SCHEDILE SIGNAL PRINCEDRE   150.   150.   100.000   20.000   3,000.00   20.000   2    | ITEM<br>NO. | DESCRIP                                 | TION                    | UNIT | QUANTITY |            | A !        |            | :          |            |            |
| SCHENDLE   CLOOP   FTAY SOFTH   STANDLE STANDLE   STANDLE   STANDLE STANDLE   STANDLE STANDLE   STANDLE STANDLE   STANDLE STANDLE   STANDLE STANDLE   STANDLE STANDLE   STANDLE STANDLE   STANDLE STANDLE   STANDLE STANDLE   STANDLE STANDLE   STANDLE STAN    | 614.74118   | 4" PVC COND                             | UIT,                    |      |          |            |            |            |            |            |            |
| VALTEMENT CALLED   VALTEMENT    |             | SCHEDULE 8                              |                         | LF   | 150.     | 20.00      | 3,000.00   | 20.00      | 3,000.00   | 20.00      | 3,000.00   |
| WILTOWED   PETCHER   WILLY   WILTOWN   WILTO    | 16.650      | TRAFFIC SIG                             | NAL DETECTOR            | Į.   |          | 000        | 000        | 000        | 0          | 0          | 0          |
| MAINTERANCE OF TRAFFIC U  | 618.61      | UNIFORMED O                             | FFICERS WITH            | Š    |          | 00.000     | 7,000.00   | 00.000     | 7,000.00   | 00.006     | 7,000.00   |
| NEWERSTRAINE GRANGERS SIGNAL   N.   N.   N.   N.   N.   N.   N.   N   |             | VEHICLE                                 |                         | Ŷ    | 1.       | 100,000.00 | 100,000.00 | 100,000.00 | 100,000.00 | 100,000.00 | 100,000.00 |
| MATER CHANGEAGE CHANGEAG    | 619.1       | MAINTENANCE                             | OF TRAFFIC              | Ω    | 1.       | 65,000.00  | 65,000.00  | 65,000.00  | 65,000.00  | 70,000.00  | 70,000.00  |
| TEMPERANY PURABLE RAISED   TEMPERAN PURABLE RAI    | 19.25       | PORTABLE CH                             | ANGEABLE                | =    | ·        | 00000      | 000        | 000        | 000        | 0          | 000        |
| TEMPORATE PALSEED   PALSEENT PALSEED   PALSEENT PALSEED   PALSEENT PALSEE    | 19.4111     | WHITE MONO                              | DIRECTIONAL             | )    | ;        | 7, 200     |            | 7,700.00   | 7, 400.00  | 7,000.00   | 00.000,    |
| PATRICAN MORNE DIRECTIONAL   PROPERTY PARKERS   PATRICAN MORNE DIRECTIONAL   PATRICAN MORNE DIRECTIONAL DIRECTIONAL   PATRICAN MORNE DIRECTIONAL DIREC    |             | TEMPORARY                               | DURABLE RAISEL          | _    |          |            |            |            |            |            |            |
| TEMPORARY DURABLE SALEY   TEMPORARY DURABLE SALEY   TEMPORARY DURABLE SALEY   TEMPORARY DIRECTION NOTICE   TEMPORARY DIRECTION NOT    |             | PAVEMENT M                              | PRKERS                  | EA   | 200.     | 2.00       | 400.00     | 1.00       | 200.00     | 1.00       | 200.00     |
| ALTOMORNE   MARKERS   ALTOMORNE   ALTOMO    | 19.4121     | YELLOW MONO<br>TEMPORARY                | DIRECTIONAL             |      |          |            |            |            |            |            |            |
| TATOMATED PICKTABLE SWART SYSTEM SYSTE  |             | PAVEMENT M                              | IARKERS                 |      | 100.     | 2.00       | 200.00     | 1.00       | 100.00     | 1.00       | 100.00     |
| SYSTEM   STRICT   STRICTT   STRICT   STRICT   STRICT   STRICT   STRICT   STRICT   STRICTT   STRICT      | 19.56       | AUTOMATED P                             | ORTABLE SMART           |      |          |            |            |            |            |            |            |
| SINGLE DELINEATOR WITH  CONCRETE LIGHT POLE  BASES, TYPE B  LIGHT POLE  RANGES, TYPE B  |             | SYSTEM                                  | OKTIOT TOTAL            | Ω    | 1        | 20.000.00  | 20.000.00  | 17.000.00  | 17.000.00  | 16 185 00  | 16 185 00  |
| CONCRETE LICHT POLE   EA   400.   32.00   12,800.00   38.00   15,200.00   36.00     LIGHT POLE   EA   4.   725.00   2,900.00   2,050.00   2,050.00   2,050.00     LIGHT POLE   EXPROMENDENTIAL PAINT   1.250.00   2,050.00   2,050.00   2,050.00   2,050.00     PAVE MARKING, 6" LINE   I.P.   7,350.   1.250.00   2,050.00   2,050.00   2,050.00   2,050.00     ALTEROREPLECTIVE PAINT   1.250.   1.250.00   2,050.00   2,050.00   2,050.00   2,050.00   2,050.00     ALTEROREPLECTIVE PAINT   1.250.   1.250.00   1.250.00   1.249.50   1.200.00   2,05    | 21.31       | SINGLE DELI                             | NEATOR WITH             | )    | ;        |            |            |            | 20.000     |            |            |
| CONCRETE LIGHT POLE   BASES; TYPE IS IN   1   |             | POST                                    |                         | EA   | 400.     | 32.00      | 12,800.00  | 38.00      | 15,200.00  | 36.00      | 14,400.00  |
| BARES, TYPE B   | 25.2        | CONCRETE LI                             |                         |      |          |            |            |            |            |            |            |
| PAYER MARKING   FILING   FIL    |             | BASES, TYP                              | ж<br>ш                  | EA   | 4, 4     | 725.00     | 2,900.00   | 725.00     | 2,900.00   |            | 2,900.00   |
| APRENCIATION   AND ADDITION   AND ADDITION   AND ADDITIVE CONTRACT   ASSURANCE (QC/QA)   ASSURANCE (QC/Q    | 20.02       | DETEROPERED BY                          | מועד אנו מועד מון       | >    | ř        | 7,050.00   | 8,200.00   | 7,050.00   | 8,200.00   | 7,050.00   | 8,200.00   |
| TAPE, TYPE   (REMOVABLE)   LF   2,050.   1.25   2,562.50   1.00   2,050.00   .70  | 25.010      | PAVE. MARK                              | CING, 6" LINE           |      | 7,350.   | .15        | 1,102.50   | .17        | 1,249.50   | .20        | 1,470.00   |
| TAPE, TAPE   TREMOVABLE)  | 32.1104     | PREFORMED R                             | ETROREFLECTIVE          | M    |          |            |            |            |            |            |            |
| 12 RETROREFLECT. THERMOPLAS.   3,000.   1.75   5,250.00   1.50   4,500.00   1.60   1.60   1.60   1.60   1.75   1.250.00   1.50   1.60    |             | TAPE, TYPE                              | T (REMOVABLE)           | T.F  | 2.050    | 1.25       | 2,562,50   | 1 00       | 00 050 0   | 70         | 1 435 00   |
| PAVE. MARKING, 12" LINE   LF   3,000.   1.75   5,250.00   1.50   4,500.00   1.60  | 32.3112     | RETROREFIEC                             | THERMODIAS              | ł    |          | 1          |            |            |            |            | 000        |
| RETROREFLECT THERMOPLAS.   PAVEMENT MARKING, SYMBOL OR WORD   PAVEMENT MARKING, SYMBOL OR WORD   PAVEMENT MARKING, SYMBOL OR WORD   POLYUBEA PAVEMENT MARKING, C LINE   LF   92,100.   1,400.00   1,400.00   1,400.00   1,100.00   1,100.00   1,400.00   1,    |             | PAVE. MARK                              | CING, 12" LINE          | LF   | 3,000.   | 1.75       | 5,250.00   | 1.50       | 4,500.00   | 1.60       | 4,800.00   |
| DAYLEMENT MARKING, SYMBOLD   SPECIAL SPE    | 32.32       | RETROREFLEC                             | T. THERMOPLAS.          |      |          |            |            |            |            |            |            |
| OR WORD OR WOR WORD OR  |             | PAVEMENT N                              | ARKING, SYMBOI          |      |          |            |            |            |            |            |            |
| POLYUREA PAYEMENT  POLYUREA PAYEMENT  MARKING, 6" LINE  DELITERATE PAYE  LINE, OVER 12" WIDE  MOBILIZATION  ALTERATIONS  ALTERATE PAYE  MOBILIZATION  ALTERATIONS  AS NEEDED  UNANTICIPATED WORK  SSTORO OR 100,000 OR 100,0  |             |   |                         | SF   | 200.     | 7.00       | 1,400.00   | 5.50       | 1,100.00   | 5.50       | 1,100.00   |
| 2 OBLITERATE PAVE. MARKING LINE, OVER 12" WIDE ALTERATIONS AS NEEDED UNANTICIPALE UNANTICIPAL SSURANCE (QC/QA ASPHALT ASSURANCE (QC/QA ASPHALT  OBLITERATE A, 950.00  1.65 4,950.00  1.65 4,950.00  1.65 4,950.00  1.65 4,950.00  1.65 4,950.00  1.65 4,950.00  1.60 100,000.00  1.65 4,950.00  1.60 100,000.00  1.65 4,950.00  1.60 100,000.00  1.65 4,950.00  1.60 100,000.00  1.65 4,950.00  1.60 100,000.00  1.65 4,950.00  1.60 100,000.00  1.65 4,950.00  1.60 100,000.00  1.65 4,950.00  1.60 100,000.00  1.65 4,950.00  1.65 4,950.00  1.65 4,950.00  1.65 4,950.00  1.65 4,950.00  1.60 100,000.00  1.65 4,950.00  1.60 100,000.00  1.65 4,950.00  1.60 100,000.00  1.65 4,950.00  1.65 4,950.00  1.65 4,950.00  1.65 4,960.00  1.65 4,9  | 32./1206    |   | PAVEMENT                |      |          |            |            |            |            |            |            |
| 2 OBLITERATE PAVE. MARKING LINE, OVER 12" WIDE LE 3,000. 1.00 3,000.00 1.65 4,950.00 .45  MOBILIZATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK \$ 1. 40,000.00 40,000.00 10 |             | MARKING, 6                              | S" LINE                 | Ľ    | 92,100.  | .80        | 73,680.00  | .77        | 70,917.00  | .74        | 68,154.00  |
| LINE, OVER 12" WIDE   LF   3,000.   1.00   3,000.00   1.65   4,950.00   .45   | 32.912      | OBLITERATE                              | PAVE. MARKING           |      |          |            |            |            |            |            |            |
| MOBILIZATION   U  |             | LINE, OVER                              | 12" WIDE                | LF   | 3,000.   | 1.00       | 3,000.00   | 1.65       | 4,950.00   | .45        | 1,350.00   |
| ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPALTY CONTROL QUALITY ASSURANCE (QC/QA ASPHALT ALTOROUS AS NEEDED - 1. 40,000.00 40,000.00 40,000.00 40,000.00 20,000.00  | 92.         | MOBILIZATIC                             | NO                      |      | ٦.       | 85,000.00  | 85,000.00  | 60,000.00  | 60,000.00  | 70,000.00  | 70,000.00  |
| UNANTICIPATED WORK \$ 1. 40,000.00 40 | 08.11       | ALTERATIONS<br>AS NEEDED                | S AND ADDITIONS         | ro.  |          |            |            |            |            |            |            |
| FUEL ADJUSTMENT \$ 1. 20,000.00 20,00 |             | UNANTICIPA                              | ATED WORK               | s    | 1.       | 40,000.00  | 40,000.00  | 40,000.00  | 40,000.00  | 40,000.00  | 40,000.00  |
| ASPHALT CEMENT ADJUSTMENT \$ 1. 100,000.00 100,000.00 100,000.00 100,000.00 100,000.00 00.0 | 10.15       | FUEL ADJUST                             | IMENT                   | s    | 1.       | 20,000.00  | 20,000.00  | 20,000.00  | 20,000.00  | 20,000.00  | 20,000.00  |
| QUALITY CONTROL<br>QUALITY ASSURANCE (QC/QA<br>ASPHALT<br>\$ 1. 100,000.00 100,000.00 100,000.00 100,000.00   | 10.2        | ASPHALT CEN                             | MENT ADJUSTMEN          |      | 1.       | 100,000.00 | 100,000.00 | 100,000.00 | 100,000.00 | 100,000.00 | 100,000.00 |
| 1. 100,000.00 100,000.00 100,000.00 100,000.00 100,000.00 100,000.00  | 10.3        | QUALITY CON                             | NTROL<br>SSURANCE (OC/O | 4    |          |            |            |            |            |            |            |
|   |             | ASPHALT                                 |                         |      | 1.       | 100,000.00 | 100,000.00 | 100,000.00 | 100,000.00 | 100,000.00 | 100,000.00 |

\$2,642,179.00

\$2,543,125.00

\$2,476,341.00



# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 3/14/2013

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.

| PRO         | ODUCER  |                        |                         | CO<br>N/  | CONTACT Linda Tikkanen, CISR                  |  |   |              |                      |  |  |  |
|-------------|---|------------------------|-------------------------|---|---|--|---|--------------|----------------------|--|--|--|
| CR          | ROSS INSURANCE - LACONIA  |                        |                         | PH  | IONE<br>/C. No. Ext): (603                    | ) 524-2425                                       | FAX<br>(A/C, No   | . (603       | 3) 524 - 3666        |  |  |  |
| 15          | 55 Court Street   |                        |                         | E-N<br>AC   | MAIL<br>DDRESS: 1tikka                        | nen@cross  | agency.com  |              |                      |  |  |  |
|             |   |                        |                         |   |   |  | ORDING COVERAGE   |              | NAIC #               |  |  |  |
| La          | aconia NH 03  | 1246                   | <i></i>                 | INS   | SURER A :Firem                                |  |   |              |                      |  |  |  |
| INS         | SURED   |                        |                         |   | surer B:Liber                                 |  |   |              |                      |  |  |  |
|             | ontinental Paving, Inc.   |                        |                         | INS   | SURER C :                                     |  |   |              |                      |  |  |  |
| On          | ne Continental Drive  |                        |                         | INS   | SURER D :                                     |  |   |              |                      |  |  |  |
|             |   |                        |                         | INS   | SURER E :                                     |  |   |              |                      |  |  |  |
|             | ondonderry NH 03  | 053                    | j                       | INS   | SURER F :                                     |  |   |              |                      |  |  |  |
|             |   |                        |                         | E NUMBER:CL1331481383   |   |  | REVISION NUMBER:  |              |                      |  |  |  |
| C<br>E      | THIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH | EQUIR<br>PERT<br>POLIC | REME<br>TAIN,<br>ICIES. | ENT, TERM OR CONDITION OF<br>THE INSURANCE AFFORDED<br>B. LIMITS SHOWN MAY HAVE BEI | ANY CONTRAC<br>BY THE POLICI<br>EN REDUCED BY | OT OR OTHER<br>IES DESCRIBE<br>BY PAID CLAIMS    | DOCUMENT WITH RESPECT TO<br>ED HEREIN IS SUBJECT TO<br>S. | ECT<br>TO AL | TO WHICH THIS        |  |  |  |
| INSR<br>LTR |   | INSR                   | SUBR                    | POLICY NUMBER   | (WW/DD/YYYY)                                  | POLICY EXP<br>(MW/DD/YYYY)                       | LIMIT   |              |                      |  |  |  |
|             | GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY   |                        |                         |   |   |  | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) | \$           | 1,000,000<br>250,000 |  |  |  |
| A           | X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR   |                        |                         | CPP001380429  | 3/31/2013                                     | 3/31/2014  |   | s            | 15,000               |  |  |  |
| Λ.          | CLAIMS-MADE A CCCCR   |                        |                         | CPF001360425  | 7,  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,          | MED EXP (Any one person)                                  | \$           | 1,000,000            |  |  |  |
|             |   |                        |                         |   |   | )  | PERSONAL & ADV INJURY GENERAL AGGREGATE                   | \$           | 2,000,000            |  |  |  |
|             | GEN'L AGGREGATE LIMIT APPLIES PER:  |                        |                         |   |   | 1  | PRODUCTS - COMPIOP AGG                                    | s            | 2,000,000            |  |  |  |
|             | POLICY X PRO- LOC   |                        |                         |   |   | }  | PRODUCTS - COMIFICE AGG                                   | \$           | 2,000,000            |  |  |  |
|             | AUTOMOBILE LIABILITY  |                        |                         |   |   | <del>                                     </del> | COMBINED SINGLE LIMIT<br>(Ea accident)                    | ,            | 1,000,000            |  |  |  |
| _           | X ANY AUTO  |                        | [ ]                     |   |   |  | BODILY INJURY (Per person)                                | \$           | 2,000,               |  |  |  |
| A           | ALL OWNED SCHEDULED AUTOS   |                        | 1                       | CAA001380129  | 3/31/2013                                     | 3/31/2014  |   | \$           |                      |  |  |  |
|             | X HIRED AUTOS X NON-OWNED AUTOS   | N-OWNED                |                         |   |   |  | PROPERTY DAMAGE<br>(Per accident)                         | \$           |                      |  |  |  |
|             | X MCS90   |                        | 1                       |   |   |  |   | \$           | -                    |  |  |  |
|             | X UMBRELLA LIAB X OCCUR   |                        |                         |   |   |  | EACH OCCURRENCE   | \$           | 10,000,000           |  |  |  |
| В           | EXCESS LIAB CLAIMS-MADE   |                        | 1                       |   | 7   | , ,  |   | \$           | 10,000,000           |  |  |  |
| _           | DED RETENTION \$  |                        |                         | TH7611259719013   | 3/31/2013                                     | 3/31/2014  |   | \$           |                      |  |  |  |
| A           | WORKERS COMPENSATION  |                        |                         |   |   |  | WC STATU-<br>TORY LIMITS ER                               |              |                      |  |  |  |
|             | ANY PROPRIETOR/PARTNER/EXECUTIVE  | ] N/A                  |                         | 1   |   |  |   | \$           | 500,000              |  |  |  |
|             | (Mandatory in NH)   |                        | ŀ                       | WPA001379730  | 3/31/2013                                     | 3/31/2014  | E.L. DISEASE - EA EMPLOYEE                                | \$           | 500,000              |  |  |  |
|             | If yes, describe under DESCRIPTION OF OPERATIONS below  |                        |                         |   |   |  | E.L. DISEASE - POLICY LIMIT                               | \$           | 500,000              |  |  |  |
|             |   |                        |                         |   |   |  |   |              |                      |  |  |  |
|             |   |                        |                         |   |   |  |   |              |                      |  |  |  |

insured but only with respects to liability arising out of work performed by or on behalf of Continental Paving, Inc.

| CERTIFICATE HOLDER                            | CANCELLATION   |
|---|--|
| State of New Hampshire                        | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| Department of Transportation<br>7 Hazen Drive | AUTHORIZED REPRESENTATIVE  |
| Concord, NH 03302                             | L Tikkanen, CISR/LXT Linder & Wasanen  |

ACORD 25 (2010/05)

INS025 (201005) 01

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/8/2013

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

|             | ne terms and conditions of the policy<br>ertificate holder in lieu of such endo  |                          |                       |  |   |   |  |  | not c      | onfer    | rights to the |
|-------------|--|--------------------------|-----------------------|--|---|---|--|--|------------|----------|---------------|
| PRO         | DUCER  |                          |                       |  | CONTACT Linda Tikkanen, CISR PHONE (A/C, No. Ext): (603) 524-2425  (A/C, No.): (603) 524- |   |  |  |            |          |               |
| _           | OSS INSURANCE - LACONIA  |                          |                       |  | IA/C. N   | o. Ext): (603)                          | ) 524-2425                               | (A   | VC, No):   | (603)    | 524-3666      |
| 15          | 5 Court Street   |                          |                       |  | E-MAIL<br>ADDRESS: 1tikkanen@crossagency.com  |   |  |  |            |          |               |
|             | - · · · · · · · · · · · · · · · · · · ·  |                          |                       |  |   | INSURER(S) AFFORDING COVERAGE           |  |  |            |          |               |
| La          | conia NH 03  | 3246                     |                       |  | INSURER A Acadia Ins Co.  |   |  |  |            |          |               |
|             | IRED   |                          |                       |  | INSURI  | ER B :                                  |  |  |            |          |               |
|             | ate of NH, Department of   |                          | ans                   | portation  | INSUR   | RC:                                     |  |  |            |          |               |
|             | o Continental Paving, I  | nc.                      |                       |  | INSUR   | ER D :                                  |  |  |            |          |               |
| On          | e Continental Drive  |                          |                       |  | INSUR   | ER E :                                  |  |  |            |          |               |
| Lo          | ndonderry NH 03  |                          |                       |  | INSUR   | RF:                                     |  |  |            |          |               |
|             |  |                          |                       | NUMBER:CL1322880   |   |   |  | REVISION NUMB  | _          |          |               |
| CE          | HIS IS TO CERTIFY THAT THE POLICIES<br>IDICATED. NOTWITHSTANDING ANY RI<br>ERTIFICATE MAY BE ISSUED OR MAY<br>KCLUSIONS AND CONDITIONS OF SUCH | EQUIRI<br>PERTA<br>POLIC | EMEI<br>AIN,<br>CIES. | NT, TERM OR CONDITION<br>THE INSURANCE AFFORD<br>LIMITS SHOWN MAY HAVE | OF AN   | Y CONTRACT<br>THE POLICIE<br>REDUCED BY | OR OTHER I<br>S DESCRIBEI<br>PAID CLAIMS | DOCUMENT WITH R<br>D HEREIN IS SUBJE                 | RESPEC     | ст то    | WHICH THIS    |
| INSR<br>LTR | TYPE OF INSURANCE  | ADDL:                    | SUBR<br>WVD           | POLICY NUMBER  |   | POLICY EFF<br>(MM/DD/YYYY)              | POLICY EXP<br>(MM/DD/YYYY)               |  | LIMITS     | S        |               |
|             | GENERAL LIABILITY  |                          |                       |  |   |   | ł  | EACH OCCURRENCE                                      |            | \$       | 2,000,000     |
|             | COMMERCIAL GENERAL LIABILITY   |                          |                       |  |   |   |  | DAMAGE TO RENTED<br>PREMISES (Ea occurrer            | nce)       | \$       |               |
| Α           | CLAIMS-MADE X OCCUR  |                          |                       | OCP5090363-10  |   | 3/8/2013                                | 3/8/2014                                 | MED EXP (Any one pers                                | son)       | \$       |               |
|             | X Owners & Contractors   | 1 1                      |                       |  |   |   |  | PERSONAL & ADV INJU                                  | JRY        | \$       |               |
|             |  | li                       |                       |  |   |   | }  | GENERAL AGGREGATI                                    | E          | \$       | 3,000,000     |
|             | GEN'L AGGREGATE LIMIT APPLIES PER:   |                          |                       |  |   |   |  | PRODUCTS - COMP/OF                                   | P AGG      | \$       |               |
|             | POLICY PRO-<br>JECT LOC  |                          |                       |  |   |   |  |  |            | \$       |               |
|             | AUTOMOBILE LIABILITY   | 1 1                      |                       |  |   |   |  | COMBINED SINGLE LIM<br>(Ea accident)                 | AIT        | \$       |               |
|             | ANY AUTO   |                          |                       |  |   |   |  | BODILY INJURY (Per pe                                | erson)     | \$       |               |
|             | ALL OWNED SCHEDULED AUTOS  |                          |                       |  |   |   |  | BODILY INJURY (Per ac                                | :cident)   | \$       |               |
|             | HIRED AUTOS NON-OWNED AUTOS  |                          |                       |  |   |   |  | PROPERTY DAMAGE (Per accident)                       |            | \$       |               |
|             |  |                          |                       |  |   |   |  |  |            | \$       |               |
|             | UMBRELLA LIAB OCCUR  |                          |                       |  |   |   |  | EACH OCCURRENCE                                      |            | \$       |               |
|             | EXCESS LIAB CLAIMS-MADE  | 1                        |                       |  |   |   | ·  | AGGREGATE  |            | \$       |               |
|             | DED RETENTION \$   |                          |                       |  |   |   |  |  |            | \$       |               |
|             | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N   |                          | l                     |  |   |   | ]  | WC STATU-<br>TORY LIMITS                             | OTH-<br>ER |          |               |
|             | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  | N/A                      |                       |  |   |   | ' <u> </u>                               | E.L. EACH ACCIDENT                                   |            | <u> </u> |               |
|             | (Mandatory in NH) If yes, describe under   |                          | ĺ                     |  |   |   | ļ  | E.L. DISEASE - EA EMPI                               | LOYEE !    | <u> </u> |               |
|             | DESCRIPTION OF OPERATIONS below  | $\vdash$                 |                       |  |   |   |  | E.L. DISEASE - POLICY                                | LIMIT !    | \$       |               |
| 1           |  |                          |                       |  |   |   |  |  |            |          |               |
|             |  |                          |                       |  |   |   | ļ  |  |            |          |               |
|             |  | Ш.                       |                       |  |   |   |  |  |            |          |               |
|             | RIPTION OF OPERATIONS / LOCATIONS / VEHIC Resurfacing Dover, #16448  |                          | tach A                | ACORD 101, Additional Remarks S  | Schedule,   | , if more space is                      | requirea)                                |  |            |          |               |
| CER         | TIFICATE HOLDER  |                          |                       |  | CANC  | ELLATION                                |  | <u>-</u>   |            |          |               |
|             | State of New Hampshire   |                          | ion                   |  | SHOU  | JLD ANY OF T                            | DATE THE                                 | SCRIBED POLICIES<br>REOF, NOTICE WI<br>Y PROVISIONS. |            |          |               |
|             | 7 Hazen Drive  |                          |                       |  | AUTHOR  | IZED REPRESEN                           | ITATIVE                                  |  |            |          |               |
|             | Concord, NH 03302  |                          |                       |  | r. Trib   | kanon : CT                              | 'CD'/TA5                                 |  |            |          |               |