



THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION



George

CHRISTOPHER D. CLEMENT, SR.
COMMISSIONER

JEFF BRILLHART, P.E.
ASSISTANT COMMISSIONER

Bureau of Construction
March 4, 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 Pike Industries, Inc. of Belmont, NH (Vendor #177300) on the basis of a low bid of \$1,676,880.00 for resurfacing of approximately 27 miles in District VI and in Rockingham and Strafford Counties, from the date of Governor and Council approval through September 27, 2013 unless extended by the Department in accordance with the Standard Specifications. 100% Betterment Funds.

Funding is available as follows:	<u>FY 2013</u>
04-96-96-963015-3039	
Highway Betterment Aid	
400-500870 Highway Contract Payments	\$1,676,880.00

EXPLANATION

This project is part of the annual Maintenance District resurfacing program and the Betterment Secondary Rehabilitation Program. This project involves pavement resurfacing of approximately 27 miles of state highways in the District Six region. This project also involves rehabilitation of a section of Province Road in Strafford. 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. 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.
Commissioner

CDC/md

Department Estimate: \$1,863,550.00
Contract Amount: \$1,676,880.00
Under Estimate: \$ 186,670.00

Attachments

**RESURFACING DISTRICT 6 16166B
STRAFFORD 25124**

January 9, 2013

SUPPLEMENTAL PROJECT INFORMATION SHEET

DESCRIPTION: This project involves resurfacing approximately 27 miles of roadways in District 6 and in the Counties of Rockingham and Strafford. Sections of resurfacing are along NH 155 (Lee/Durham/Madbury), NH 151 (Hampton/N. Hampton/Greenland), NH 156 (Raymond/Nottingham), NH 1A (Rye), NH 27 (Raymond/Epping), NH 286 (Seabrook) and Province Rd (Strafford).

FEDERAL FUNDING: None

CONTINGENCY: None

PROJECT INITIATED: State's 10-Year Transportation Improvement Program under the "parent" project BRES # 581 (District Betterment Resurfacing Program).

PROJECT EXPLANATION: These roadways are located throughout District 6 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. Alternating one-way traffic will be allowed only on roads with pavement widths less than forty-four feet. Normal traffic patterns will be re-established prior to the beginning of non-work hours. No work will be permitted from May 24 through May 28, July 3 through July 8 and from August 30 through September 3, 2013. No work on Section 6-04, NH 1A (Rye) will take place prior to September 4, 2013. No work on Section 6-06, NH 286 (Seabrook) will take place from Friday at 7:00 am thru Monday at 6:00 pm.

COMPLETION DATE: September 27, 2013

ITEM NO.	DESCRIPTION	UNIT	QUANTITY	A		B		C	
				UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
1010.15	FUEL ADJUSTMENT	\$	1.	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00
1010.2	ASPHALT CEMENT ADJUSTMENT	\$	1.	85,000.00	85,000.00	85,000.00	85,000.00	85,000.00	85,000.00
					\$1,676,880.00		\$1,751,112.50		\$1,947,175.00

Certificate of Insurance

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON YOU THE CERTIFICATE HOLDER. THIS CERTIFICATE IS NOT AN INSURANCE POLICY AND DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED BELOW. POLICY LIMITS ARE NO LESS THAN THOSE LISTED, ALTHOUGH POLICIES MAY INCLUDE ADDITIONAL SUBLIMIT/LIMITS NOT LISTED BELOW.

This is to Certify that

**Pike Industries, Inc.
3 Eastgate Park Road
Belmont, NH 03220**

**NAME AND
ADDRESS
OF INSURED**



**Liberty
Mutual®**

is, at the issue date of this certificate, insured by the Company under the policy(ies) listed below. The insurance afforded by the listed policy(ies) is subject to all their terms, exclusions and conditions and is not altered by any requirement, term or condition of any contract or other document with respect to which this certificate may be issued.

TYPE OF POLICY	EXP DATE		POLICY NUMBER	LIMIT OF LIABILITY	
	<input type="checkbox"/> CONTINUOUS	<input type="checkbox"/> EXTENDED			
WORKERS COMPENSATION	9/1/2013		WA7-C8D-004095-022 WC7-C81-004095-012	COVERAGE AFFORDED UNDER WC LAW OF THE FOLLOWING STATES: ALL STATES EXCLUDING MONOPOLISTICS STATES AND NY WI	EMPLOYERS LIABILITY
					Bodily Injury by Accident \$1,000,000 Each Accident
					Bodily Injury By Disease \$1,000,000 Policy Limit
					Bodily Injury By Disease \$1,000,000 Each Person
COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> CLAIMS MADE	9/1/2013		TB2-C81-004095-112	General Aggregate	\$2,000,000
					Products / Completed Operations Aggregate \$2,000,000
					Each Occurrence \$2,000,000
					Personal & Advertising Injury \$2,000,000 Per Person / Organization
					Other FIRE DAMAGE \$100,000
					Other PER PROJECT AGGREGATE
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> OWNED <input checked="" type="checkbox"/> NON-OWNED <input checked="" type="checkbox"/> HIRED	9/1/2013		AS2-C81-004095-122		Each Accident—Single Limit \$2,000,000 B.I. And P.D. Combined
					Each Person
					Each Accident or Occurrence
					Each Accident or Occurrence
OTHER					Auto: Comp Ded \$10,000/Coll Ded \$10,000
EVIDENCE OF COVERAGE					

ADDITIONAL COMMENTS

**Resurfacing District VI, 16166B & Strafford, 25124
State of New Hampshire - D.O.T. is additional insured when required by written contract**

* If the certificate expiration date is continuous or extended term, you will be notified if coverage is terminated or reduced before the certificate expiration date.

NOTICE OF CANCELLATION: (NOT APPLICABLE UNLESS A NUMBER OF DAYS IS ENTERED BELOW.)
BEFORE THE STATED EXPIRATION DATE THE COMPANY WILL NOT CANCEL OR REDUCE THE INSURANCE AFFORDED UNDER THE ABOVE POLICIES UNTIL AT LEAST 30 DAYS NOTICE OF SUCH CANCELLATION HAS BEEN MAILED TO:

**Liberty Mutual
Insurance Group**

Certificate Holder

**State of New Hampshire - D.O.T.
PO Box 483
Concord, NH 03302**

J. Balazentis

Judith Balazentis

Pittsburgh / 0387 AUTHORIZED REPRESENTATIVE
12 Federal Street, Ste. 310
Pittsburgh PA 15212-5706 412-231-1331 **3/6/13**
OFFICE PHONE DATE ISSUED

JD

This certificate is executed by LIBERTY MUTUAL INSURANCE GROUP as respects such insurance as is afforded by those Companies NM 772 07-10



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/04/2013

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 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 MARSH USA, INC. TWO ALLIANCE CENTER 3560 LENOX ROAD, SUITE 2400 ATLANTA, GA 30326 J34420...EX-12-13	CONTACT NAME: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: American Guarantee & Liability Ins Co	NAIC # 26247
INSURED PIKE INDUSTRIES, INC. (BELMONT) 3 EASTGATE PARK ROAD BELMONT, NH 03220	INSURER B: _____	
	INSURER C: _____	
	INSURER D: _____	
	INSURER E: _____	
	INSURER F: _____	

COVERAGES **CERTIFICATE NUMBER:** ATL-003164555-01 **REVISION NUMBER:** 7

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			AUC655102503	09/01/2012	09/01/2013	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 RE: RESURFACING DISTRICT VI, 16166B & STRAFFORD, 25124
 STATE OF NEW HAMPSHIRE - D.O.T. IS INCLUDED AS ADDITIONAL INSURED PER WRITTEN CONTRACT.

CERTIFICATE HOLDER**CANCELLATION**

STATE OF NEW HAMPSHIRE - D.O.T. 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 of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
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Liberty Mutual
Fire Insurance Company



OWNERS' AND CONTRACTORS'
PROTECTIVE LIABILITY
DECLARATIONS

ACCOUNT 03 67 71	SUB-ACCT NO. 0000	Liberty Mutual Insurance Group/Boston					
POLICY NO. TF2-681-036435-983	TD/CD 02/2	SALES OFFICE Bala Cynwyd, PA	CODE 0390	SALES REPRESENTATIVE BLICKLE	CODE 9931	N/R 1	1 ST YR LIAB POL 2013

Item 1. Named Insured State of New Hampshire - D.O.T.

Address PO Box 483
Concord, NH 03302-0483

The named insured is: Other
Business of named insured is: Governmental Authority

Item 2. Policy Period	From	Mo. 03	Day 06	Year 2013	to	Mo. 03	Day 06	Year 2014
12:01 A.M., standard time at the address of the named insured as stated herein.								

Item 3. In return for the payment of the premium, and subject to all of the terms of this policy, we agree with you to provide the insurance as stated in this policy

LIMITS OF INSURANCE

EACH OCCURRENCE LIMIT	\$ 2,000,000
AGGREGATE LIMIT	\$ 3,000,000

Item 4. Designated Contractor Pike Industries, Inc.
Mailing Address 3 Eastgate Park Road
Belmont, NH 03220

Location of Covered Operations Resurfacing District VI, 16166B & Strafford 25124 , NH

Check here if the following provision is applicable:

The person or organization designated above as the Contractor has undertaken to pay the premium for this policy and shall be entitled to receive any return premiums and dividends, if any, which may become payable under the terms of this policy.

Item 5. Computation of Premium

Classifications	Code No.	Premium Base	Rate	Advance Premium
		Cost		Code 317
Construction Operations - Contractor	16291	1,676,880	Flat Charge	400
M = Minimum Premium				
TERRORISM RISK INSURANCE ACT				\$ 0
TOTAL ADVANCE PREMIUM				\$ 400

Audit Basis: 0 - Flat Charge

These declarations, together with the Common Policy Conditions and Coverage Form(s) and any endorsement(s) complete the above numbered policy.

Forms and endorsements attached to this policy: See attached forms and endorsements schedule

This policy, including all endorsements issued herewith, is hereby countersigned by _____

*N*9N00*							Authorized Representative	
Loc. Code	Typed	Periodic Payment	Rating Basis	Audit Basis	Home State	Pol. H. G.	Renewal of	
	KDG 03/08/2013	\$	NR	0	NH	S- <input type="checkbox"/>	New	

