



THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION



83

CHRISTOPHER D. CLEMENT, SR.
COMMISSIONER

JEFF BRILLHART, P.E.
ASSISTANT COMMISSIONER

Bureau of Construction
December 10, 2012

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

REQUESTED ACTION

1. Authorize the Department of Transportation to enter into a contract with Nicom Coatings Corporation (Vendor 160434) of Barre, VT on the basis of a low bid of \$287,090.00 for crack sealing 8 roadway segments/locations along I-89 in the City of Concord and the Towns of Bow, Hopkinton, and Warner, from the date of Governor and Council approval through October 4, 2013 unless extended by the Department in accordance with the Standard Specifications. 100% Federal Funds.

Funding is available as follows: FY 2013
04-96-96-963515-3054
Consolidated Federal Aid
400-500870 Highway Contract Payments \$287,090.00

2. Further authorize that a contingency in the amount of \$28,709.00 be approved for payment of latent conditions, which may appear during the construction of the project. The contingency requested is 10% of the contract amount.

Funding is available as follows: FY 2013
04-96-96-963515-3054
Consolidated Federal Aid
400-500870 Highway Contract Payments \$28,709.00

EXPLANATION

This project is part of the annual Interstate Pavement Preservation Program (IPPP). The work involves crack sealing at several sections of I-89 between Bow and Exit 9 in Warner. The purpose of this project is to preserve and extend the service life of the existing pavement. These sections were last resurfaced between 2007 and 2009.

Page 2

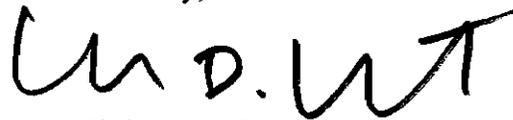
The contingency amount is proposed to be 10% of the contract amount. Crack seal work will need to be accomplished under high traffic volumes. Adjusting limits to offset quantity overruns is not practical.

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.

This project funding is 90% federal funds with 10% state match. Turnpike toll credit is being utilized for match requirements, effectively using 100% federal funds.

A copy of the Tabulation of Bids received for this project is attached along with the Contract Supplemental Sheet and a map indicating the location of the project.

Sincerely,

A handwritten signature in black ink, appearing to read 'C.D. W.T.', written over the printed name of Christopher D. Clement, Sr.

Christopher D. Clement, Sr.
Commissioner

CDC/md

Department Estimate: \$406,640.00
Contract Amount: \$287,090.00
Under Estimate: \$119,550.00

Attachments

September 18, 2012

SUPPLEMENTAL PROJECT INFORMATION SHEET

DESCRIPTION: The project consists of crack sealing (8) roadway segments/locations in the City of Concord and the Towns of Bow, Hopkinton, and Warner as follows:

I-89 NB from Mile 0.0 to 2.3, Mile 3.3 to 8.2, and Mile 13.6 to 20.5
I-89 SB from Mile 20.5 to 13.5, Mile 7.7 to 3.3, and Mile 2.3 to 0.0
I-89 on and off ramps at Exits 2 and 7.

FEDERAL FUNDING: 90% Federal, with Turnpike Toll Credits used as the State's 10% match

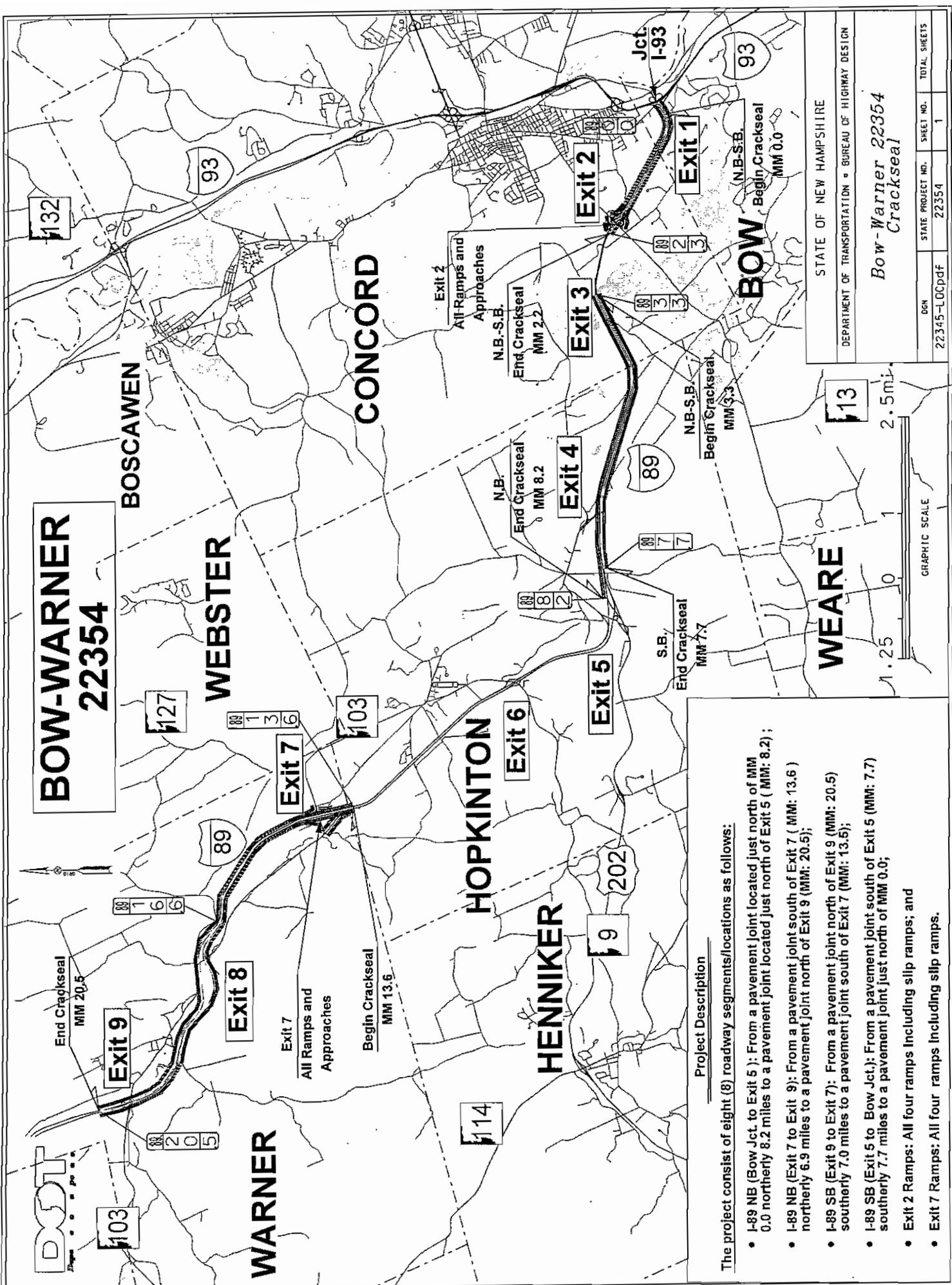
CONTINGENCY: Further authorize that a contingency in the amount of 10% of the Contract Total be approved. Crack seal work will need to be accomplished under high traffic volumes. Adjusting limits to offset quantity overruns is not practical.

PROJECT INITIATED: State's 10-Year Transportation Improvement Program.

PROJECT EXPLANATION: This project is part of the 2012 Interstate Pavement Preservation Program. The purpose of this project is to preserve and extend the service life of the existing pavement. These sections were last resurfaced between 2007 and 2009.

TRAFFIC IMPLICATION: The work will be accomplished using lane and shoulder closures during off-peak hours.

FINAL COMPLETION DATE: October 4, 2013



Project Description

The project consist of eight (8) roadway segments/locations as follows:

- I-89 NB (Bow Jct. to Exit 5) : From a pavement joint located just north of MM 0.0 northerly 8.2 miles to a pavement joint located just north of Exit 5 (MM: 8.2) ;
- I-89 NB (Exit 7 to Exit 9): From a pavement joint south of Exit 7 (MM: 13.6) northerly 6.9 miles to a pavement joint north of Exit 9 (MM: 20.5);
- I-89 SB (Exit 9 to Exit 7): From a pavement joint north of Exit 9 (MM: 20.5) southerly 7.0 miles to a pavement joint south of Exit 7 (MM: 13.5);
- I-89 SB (Exit 5 to Bow Jct.): From a pavement joint south of Exit 5 (MM: 7.7) southerly 7.7 miles to a pavement joint just north of MM 0.0;
- Exit 2 Ramps: All four ramps including slip ramps; and
- Exit 7 Ramps: All four ramps including slip ramps.

**BOW-WARNER
22354**

STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION • BUREAU OF HIGHWAY DESIGN
*Bow-Warner 22354
Crackseal*

DGN	STATE PROJECT NO.	SHEET NO.	TOTAL SHEETS
22345-L0Cpdf	22354	1	1



THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION

PROJECT: BOW-WARNER
X-A002(320), 22354

COUNTIES AND CODES: MERRIMACK 013

DATE BIDS OPEN: OCTOBER 16, 2012

SCOPE OF WORK: CRACK SEALING

LOCATION: CITY OF CONCORD AND THE TOWNS
OF BOW, HOPKINTON AND WARNER

COMPLETION DATE: OCTOBER 4, 2013

A NICOM COATINGS CORPORATION \$ 287,090.00
140 INDUSTRIAL LANE, BARRE, VT 05641
B ANN SEAL, INC. \$ 326,200.31
130 MAIN STREET, SUITE 3, JOHNSON CITY, NY 13790
C SEALCOATING, IC. \$ 360,493.00
120 INDUSTRIAL PARK ROAD, HINGHAM, MA 02043

ITEM NO.	DESCRIPTION	UNIT	QUANTITY	A			B			C		
				UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL			
413.1	HOT-POURED CRACK SEALANT	LB	106,000.	1.23	130,380.00	1.19	126,140.00	2.51	266,060.00			
618.61	UNIFORMED OFFICERS WITH VEHICLE	\$	1.	75,000.00	75,000.00	75,000.00	75,000.00	75,000.00	75,000.00			
618.7	FLAGGERS	HR	120.	23.00	2,760.00	12.00	1,440.00	19.65	2,358.00			
619.1	MAINTENANCE OF TRAFFIC	U	1.	31,450.00	31,450.00	92,005.47	92,005.47	710.00	710.00			
619.25	PORTABLE CHANGEABLE MESSAGE SIGN	U	2.	2,500.00	5,000.00	2,500.00	5,000.00	1,060.00	2,120.00			
619.27	TRAILER-MOUNTED SPEED LIMIT SIGN	U	2.	2,000.00	4,000.00	750.00	1,500.00	710.00	1,420.00			
692.	MOBILIZATION	U	1.	28,500.00	28,500.00	15,114.84	15,114.84	2,825.00	2,825.00			
1010.15	FUEL ADJUSTMENT	\$	1.	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00			
					\$287,090.00		\$326,200.31		\$360,493.00			





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/14/2012

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 Berg, Carmolli & Kent Insurance Agency 83 Washington Street Barre VT 05641		CONTACT NAME: Cindy Sorrell PHONE (A/C, No, Ext): (802) 661-3964 FAX (A/C, No): E-MAIL ADDRESS: csorrell@nwjinsurance.com	
		INSURER(S) AFFORDING COVERAGE INSURER A: Cincinnati Insurance Company	NAIC # 10677
INSURED Nicom Coatings Corp, AD Rossi 140 Industrial Lane-Berlin Barre VT 05641		INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: 2013 TO 2014 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X	X	CPA1059538	1/1/2013	1/1/2014	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMPI/OP AGG	\$ 2,000,000
								\$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X	X	CPA1059538	1/1/2013	1/1/2014	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							Medical payments	\$ 5,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEF RETENTION \$ 0			CPA1059538	1/1/2013	1/1/2014	EACH OCCURRENCE	\$ 2,000,000
							AGGREGATE	\$ 2,000,000
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WC1923069	1/1/2013	1/1/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Project: Bow-Warner NH 22354 X-A002 (320) Crack Sealing on I-89
 Certificate Holder is included as an additional insured per contract requirements on a primary noncontributory basis. Waiver of Subrogation on all policies where allowed by law in favor of NH Department of Transportation.

CERTIFICATE HOLDER MDrouin@dot.state.nh.us NH Department of Transportation John O. Morton Building 7 Hazen Drive Concord, NH 03302-0483	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Cindy Sorrell/SORREL <i>Cindy Sorrell</i>
---------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/17/2012

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 Berg, Carmolli & Kent Insurance Agency 83 Washington Street Barre VT 05641	CONTACT NAME: Cindy Sorrell	
	PHONE (A/C, No, Ext): (802) 661-3964 FAX (A/C, No): E-MAIL ADDRESS: csorrell@nwjinsurance.com	
INSURED State of New Hampshire By The Commissioner, Department of Transportation John Morton Bldg/RM 130 Contract Section P O Box 483 Concord NH 03302-0483	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Cincinnati Insurance Company	10677
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: OCP Coverage 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 INSR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners & Contractors GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		CAP 523 18 00	10/25/2012	10/26/2013	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/POP 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) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (As per ACORD 101, Additional Remarks Schedule, if more space is required)
 Project: Crack sealing on 8 roadway segments in Concord, Bow, Hopkinton and Warner. Bow-Warner X-A002 (320) 22354.

CERTIFICATE HOLDER (603) 271-1558 cmagnon@nicomcoating.com State of NH By The Commissioner Department of Transportation John Morton Bldg/RM 130 Contract Section P O Box 483 Concord, NH 03302-0483	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE N Bergeron/SUE <i>Nicholas Bergeron</i>