



THE STATE OF NEW HAMPSHIRE  
DEPARTMENT OF TRANSPORTATION



Victoria F. Sheehan  
Commissioner

William Cass, P.E.  
Assistant Commissioner

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

Bureau of Construction  
July 29, 2020

**REQUESTED ACTION**

1. Authorize the Department of Transportation to enter into a contract with Northeast Traffic Control Services (Vendor 162193) of Plymouth, MA, on the basis of a low bid of \$214,154.15 for sign replacement on I-93 NB and SB mainline at Exits 25, 27 and 28, from the date of Governor and Council approval through August 13, 2021, unless extended by the Department in accordance with the Standard Specifications. 100% Federal Funds.

Funding is available in State Fiscal Year 2021, and is contingent upon the availability and continued appropriation of funds in Fiscal Year 2022 as follows, with the ability to adjust encumbrances through the Budget Office between State Fiscal Years if needed and justified:

Funding is available as follows:	<u>FY 2021</u>	<u>FY 2022</u>
04-96-96-963515-3054		
Consolidated Federal Aid		
400-500870 Highway Contract Payments	\$186,620.02	\$27,534.13

2. Further authorize that a contingency in the amount of \$21,415.42 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:	<u>FY 2022</u>
04-96-96-963515-3054	
Consolidated Federal Aid	
400-500870 Highway Contract Payments	\$21,415.42

**EXPLANATION**

This project is part of the State's Ten Year Transportation Improvement Plan, under the Update Signing State System (USSS) Program. This project consists of sign replacement on I-93 northbound and southbound mainline at Exits 25, 27 & 28 in Holderness, Plymouth and Campton. The sign locations

Page 2

range from MM 79.0 to 86.6 northbound and MM 88.3 to 80.2 southbound. The signs are being replaced due to poor retroreflectivity and to bring them up to meet Manual Uniform Traffic Control Devices (MUTCD) compliance. All signs are ground mounted except for a single sign panel overhead on a cantilever sign structure. Most of the signs being replaced will be installed on existing posts and foundations, but four will be at new locations with new posts and foundations.

This project addresses the needed replacement of signs to enhance safety, conform to the current MUTCD design standards, improve retroreflectivity and provide better guidance for the motoring public.

The proposed contingency amount is 10% of the contract amount. This is to account for the potential overruns in traffic control and changes due to latent deficiencies in existing infrastructure proposed to be reused.

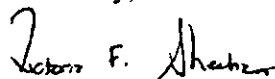
The Contractor has been prequalified by this Department. The Contract has been approved by the Attorney General as to form and execution, and the Department has certified that the necessary funds are available and the bid reasonably conforms to the engineer's estimate in accordance with State procedure. 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.

This project funding is: 80% Federal (Program: Update Signing State System (USSS)) with anticipated utilization of Turnpike Toll Credits for the State's 20% match, 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.

Your approval of this resolution is respectfully requested.

Sincerely,



Victoria F. Sheehan  
Commissioner

VFS/pcj

Department Estimate: \$238,284.70

Contract Amount: \$214,154.15

Under Estimate: \$ 24,130.55

Attachments



# ABC Bid Data

STATEWIDE SIGNS

42921

X-A004(994)

<b>PROJECT:</b>	STATEWIDE SIGNS	<b>Awarded To:</b>	NORTHEAST TRAFFIC CONTROL SERV 8 SCOBEE CIRCLE PLYMOUTH, MA 02360-4889
<b>STATE PROJECT NUMBER:</b>	42921	<b>Amount:</b>	\$214,154.15
<b>FED. PROJECT NUMBER:</b>	X-A004(994)	<b>Certified by:</b>	<u>PETER.E.STAMNAS</u> Director of Project Development
<b>DATE BIDS OPEN:</b>	July 16, 2020, 2:00 PM	<b>Award Date:</b>	
<b>SCOPE OF WORK:</b>	Replacement and upgrade of signs due to condition and improved compliance, I-93 Exits 25, 27 & 28.		
<b>COMPLETION DATE:</b>	August 13, 2021		
<b>LOCATION:</b>	Grafton		

## Summary of Bidders

Contractor	Bid Amount	Rank
NORTHEAST TRAFFIC CONTROL SERV 8 SCOBEE CIRCLE, PO BOX 946, PLYMOUTH MA 02360-4889	\$214,154.15	A
ROADSAFE TRAFFIC SYSTEMS INC 55 BODWELL STREET, AVON MA 02322-1112	\$229,527.00	B
EVROKS CORPORATION 23 INDUSTRIAL DRIVE, NORTHFIELD NH 03276	\$251,858.30	C
LIDDELL BROTHERS INC 600 INDUSTRIAL DRIVE, HALIFAX MA 02338	\$262,280.80	D



# ABC Bid Data

STATEWIDE SIGNS

42921

X-A004(994)

Item No.	Description	Unit	Quantity	PS&E		NORTHEAST TRAFFIC CONTROL SERV 8 SCOBEE CIRCLE PLYMOUTH, MA 02380-4889		ROADSAFE TRAFFIC SYSTEMS INC 35 BODWELL STREET AVON, MA 02322-1112	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

**Items**

201.701	SELECTIVE CLEARING AND THINNING	A	1.00	\$5,000.00	\$5,000.00	\$3,000.00	\$3,000.00	\$3,000.00	\$3,000.00
206.19	COMMON STRUCTURE EXCAVATION EXPLORATORY	CY	10.00	\$90.00	\$900.00	\$220.00	\$2,200.00	\$55.00	\$550.00
615.013	REMOVING TRAFFIC SIGN TYPE A	U	6.00	\$1,500.00	\$9,000.00	\$1,500.00	\$9,000.00	\$1,600.00	\$9,600.00
615.02201	TRAFFIC SIGN TYPE B, BREAKAWAY MOUNTS	SF	130.00	\$150.00	\$19,500.00	\$95.00	\$12,350.00	\$150.00	\$19,500.00
615.023	REMOVING TRAFFIC SIGN TYPE B	U	4.00	\$250.00	\$1,000.00	\$250.00	\$1,000.00	\$900.00	\$3,600.00
615.033	REMOVING TRAFFIC SIGN, TYPE C	U	5.00	\$75.00	\$375.00	\$25.00	\$125.00	\$245.00	\$1,225.00
615.0401	TRAFFIC SIGN TYPE AA	SF	4,327.50	\$35.00	\$151,462.50	\$27.50	\$119,006.25	\$25.00	\$108,187.50
615.043	REMOVING TRAFFIC SIGN TYPE AA	U	27.00	\$350.00	\$9,450.00	\$500.00	\$13,500.00	\$375.00	\$10,125.00
615.0501	TRAFFIC SIGN TYPE BB	SF	114.86	\$20.00	\$2,297.20	\$15.00	\$1,722.90	\$75.00	\$8,614.50
615.053	REMOVING TRAFFIC SIGN TYPE BB	U	10.00	\$220.00	\$2,200.00	\$25.00	\$250.00	\$250.00	\$2,500.00
618.61	UNIFORMED OFFICERS WITH VEHICLE	\$	15,000.00	\$1.00	\$15,000.00	\$1.00	\$15,000.00	\$1.00	\$15,000.00
619.1	MAINTENANCE OF TRAFFIC	U	1.00	\$7,000.00	\$7,000.00	\$13,500.00	\$13,500.00	\$20,000.00	\$20,000.00
646.41	TURF ESTABLISHMENT WITH MULCH, TACKIFIERS AND HUMUS	SY	75.00	\$8.00	\$600.00	\$40.00	\$3,000.00	\$75.00	\$5,625.00
692.	MOBILIZATION	U	1.00	\$7,500.00	\$7,500.00	\$13,500.00	\$13,500.00	\$15,000.00	\$15,000.00
1008.11	ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK	\$	5,000.00	\$1.00	\$5,000.00	\$1.00	\$5,000.00	\$1.00	\$5,000.00
1010.15	FUEL ADJUSTMENT	\$	2,000.00	\$1.00	\$2,000.00	\$1.00	\$2,000.00	\$1.00	\$2,000.00

Totals:	\$238,284.70	\$214,154.15	\$229,527.00
Alt. Totals:			
Totals:	\$238,284.70	\$214,154.15	\$229,527.00

# ABC Bid Data

STATEWIDE SIGNS

42921

X-A004(994)

Item No.	Description	Unit	Quantity	P&A		EVROKS CORPORATION 23 INDUSTRIAL DRIVE NORTHFIELD, NH 03278		LIDELL BROTHERS INC 900 INDUSTRIAL DRIVE HALIFAX, MA 02338	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items

201.701	SELECTIVE CLEARING AND THINNING	A	1.00	\$5,000.00	\$5,000.00	\$6,600.00	\$6,600.00	\$5,000.00	\$5,000.00
206.19	COMMON STRUCTURE EXCAVATION EXPLORATORY	CY	10.00	\$90.00	\$900.00	\$100.00	\$1,000.00	\$125.00	\$1,250.00
615.013	REMOVING TRAFFIC SIGN TYPE A	U	6.00	\$1,500.00	\$9,000.00	\$1,100.00	\$6,600.00	\$300.00	\$1,800.00
615.02201	TRAFFIC SIGN TYPE B, BREAKAWAY MOUNTS	SF	130.00	\$150.00	\$19,500.00	\$140.00	\$18,200.00	\$205.00	\$26,650.00
615.023	REMOVING TRAFFIC SIGN TYPE B	U	4.00	\$250.00	\$1,000.00	\$1,000.00	\$4,000.00	\$300.00	\$1,200.00
615.033	REMOVING TRAFFIC SIGN, TYPE C	U	5.00	\$75.00	\$375.00	\$1,000.00	\$5,000.00	\$300.00	\$1,500.00
615.0401	TRAFFIC SIGN TYPE AA	SF	4,327.50	\$35.00	\$151,462.50	\$25.00	\$108,187.50	\$34.00	\$147,135.00
615.043	REMOVING TRAFFIC SIGN TYPE AA	U	27.00	\$350.00	\$9,450.00	\$600.00	\$16,200.00	\$400.00	\$10,800.00
615.0501	TRAFFIC SIGN TYPE BB	SF	114.88	\$20.00	\$2,297.20	\$30.00	\$3,445.80	\$30.00	\$3,445.80
618.053	REMOVING TRAFFIC SIGN TYPE BB	U	10.00	\$220.00	\$2,200.00	\$100.00	\$1,000.00	\$400.00	\$4,000.00
618.61	UNIFORMED OFFICERS WITH VEHICLE	\$	15,000.00	\$1.00	\$15,000.00	\$1.00	\$15,000.00	\$1.00	\$15,000.00
619.1	MAINTENANCE OF TRAFFIC	U	1.00	\$7,000.00	\$7,000.00	\$32,000.00	\$32,000.00	\$20,000.00	\$20,000.00
646.41	TURF ESTABLISHMENT WITH MULCH, TACKIFIERS AND HUMUS	SY	75.00	\$8.00	\$600.00	\$15.00	\$1,125.00	\$100.00	\$7,500.00
692.	MOBILIZATION	U	1.00	\$7,500.00	\$7,500.00	\$26,500.00	\$26,500.00	\$10,000.00	\$10,000.00
1008.11	ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK	\$	5,000.00	\$1.00	\$5,000.00	\$1.00	\$5,000.00	\$1.00	\$5,000.00
1010.15	FUEL ADJUSTMENT	\$	2,000.00	\$1.00	\$2,000.00	\$1.00	\$2,000.00	\$1.00	\$2,000.00

Totals: \$238,284.70 \$251,858.30 \$262,280.80

Alt. Totals:

Totals: \$238,284.70 \$251,858.30 \$262,280.80



# PS&E Comparison

STATEWIDE SIGNS

42921

X-A004(994)

Item No.	Description	Unit	Quantity	A-Bidder		PS&E		A-PS&E Difference
				Unit Price	Total	Unit Price	Total	
<b>Items</b>								
201.701	SELECTIVE CLEARING AND THINNING	A	1.00	\$3,000.00	\$3,000.00	\$5,000.00	\$5,000.00	(\$2,000.00)
206.19	COMMON STRUCTURE EXCAVATION EXPLORATORY	CY	10.00	\$220.00	\$2,200.00	\$90.00	\$900.00	\$1,300.00
615.013	REMOVING TRAFFIC SIGN TYPE A	U	6.00	\$1,500.00	\$9,000.00	\$1,500.00	\$9,000.00	\$0.00
615.02201	TRAFFIC SIGN TYPE B, BREAKAWAY MOUNTS	SF	130.00	\$95.00	\$12,350.00	\$150.00	\$19,500.00	(\$7,150.00)
615.023	REMOVING TRAFFIC SIGN TYPE B	U	4.00	\$250.00	\$1,000.00	\$250.00	\$1,000.00	\$0.00
615.033	REMOVING TRAFFIC SIGN, TYPE C	U	5.00	\$25.00	\$125.00	\$75.00	\$375.00	(\$250.00)
615.0401	TRAFFIC SIGN TYPE AA	SF	4,327.50	\$27.50	\$119,006.25	\$35.00	\$151,462.50	(\$32,456.25)
615.043	REMOVING TRAFFIC SIGN TYPE AA	U	27.00	\$500.00	\$13,500.00	\$350.00	\$9,450.00	\$4,050.00
615.0501	TRAFFIC SIGN TYPE BB	SF	114.86	\$15.00	\$1,722.90	\$20.00	\$2,297.20	(\$574.30)
615.053	REMOVING TRAFFIC SIGN TYPE BB	U	10.00	\$25.00	\$250.00	\$220.00	\$2,200.00	(\$1,950.00)
618.61	UNIFORMED OFFICERS WITH VEHICLE	\$	15,000.00	\$1.00	\$15,000.00	\$1.00	\$15,000.00	\$0.00
619.1	MAINTENANCE OF TRAFFIC	U	1.00	\$13,500.00	\$13,500.00	\$7,000.00	\$7,000.00	\$6,500.00
646.41	TURF ESTABLISHMENT WITH MULCH, TACKIFIERS AND HUMUS	SY	75.00	\$40.00	\$3,000.00	\$8.00	\$600.00	\$2,400.00
692.	MOBILIZATION	U	1.00	\$13,500.00	\$13,500.00	\$7,500.00	\$7,500.00	\$6,000.00



# PS&E Comparison

STATEWIDE SIGNS

42921

X-A004(994)

Item No.	Description	Unit	Quantity	A-Bidder		PS&E		A-PS&E Difference
				Unit Price	Total	Unit Price	Total	
1008.11	ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK	\$	5,000.00	\$1.00	\$5,000.00	\$1.00	\$5,000.00	\$0.00
1010.15	FUEL ADJUSTMENT	\$	2,000.00	\$1.00	\$2,000.00	\$1.00	\$2,000.00	\$0.00
<b>Total:</b>					\$214,154.15		\$238,284.70	(\$24,130.55)

**STATEWIDE SIGNS  
42921**

June 11, 2020

**SUPPLEMENTAL PROJECT INFORMATION SHEET**

**DESCRIPTION:** This project consists of sign replacement on I-93 northbound and southbound mainline at Exits 25, 27 & 28 in Holderness, Plymouth and Campton. The sign locations range from MM 79.0 to 86.6 northbound and MM 88.3 to 80.2 southbound. The signs are being replaced due to poor retroreflectivity and to bring them up to meet MUTCD compliance. All signs are ground mounted except for a single sign panel overhead on a cantilever sign structure. Most of the signs being replaced will be installed on existing posts and foundations, but four will be at new locations with new posts and foundations.

**FEDERAL FUNDING:** 80% (Program: Update Signing State System (USSS)) with anticipated utilization of Turnpike Toll Credits for the State's 20% match.

**CONTINGENCY:** The proposed contingency is 10% of the contract amount, and accounts for the potential overruns in traffic control and changes due to latent deficiencies in existing infrastructure proposed to be reused.

**PROJECT INITIATED:** Under the Bureau of Traffic USSS Sign Program.

**PROJECT EXPLANATION:** This project addresses the needed replacement of signs to enhance safety, conform to the current MUTCD design standards, improve retroreflectivity and provide better guidance for the motoring public.

**TRAFFIC IMPLICATIONS:** Lane closures, shoulder closures and some night work are anticipated on this contract. Lane closures will be used to allow for the removal and installation of the cantilever overhead signs and will be restricted to night time operations. Lane and shoulder closures will be permitted during daytime operations during off peak timeframes and where the work is outside the traveled way. Uniformed officers will be required for both lane and shoulder closures due to the high-speed and high-volume nature of the facilities.

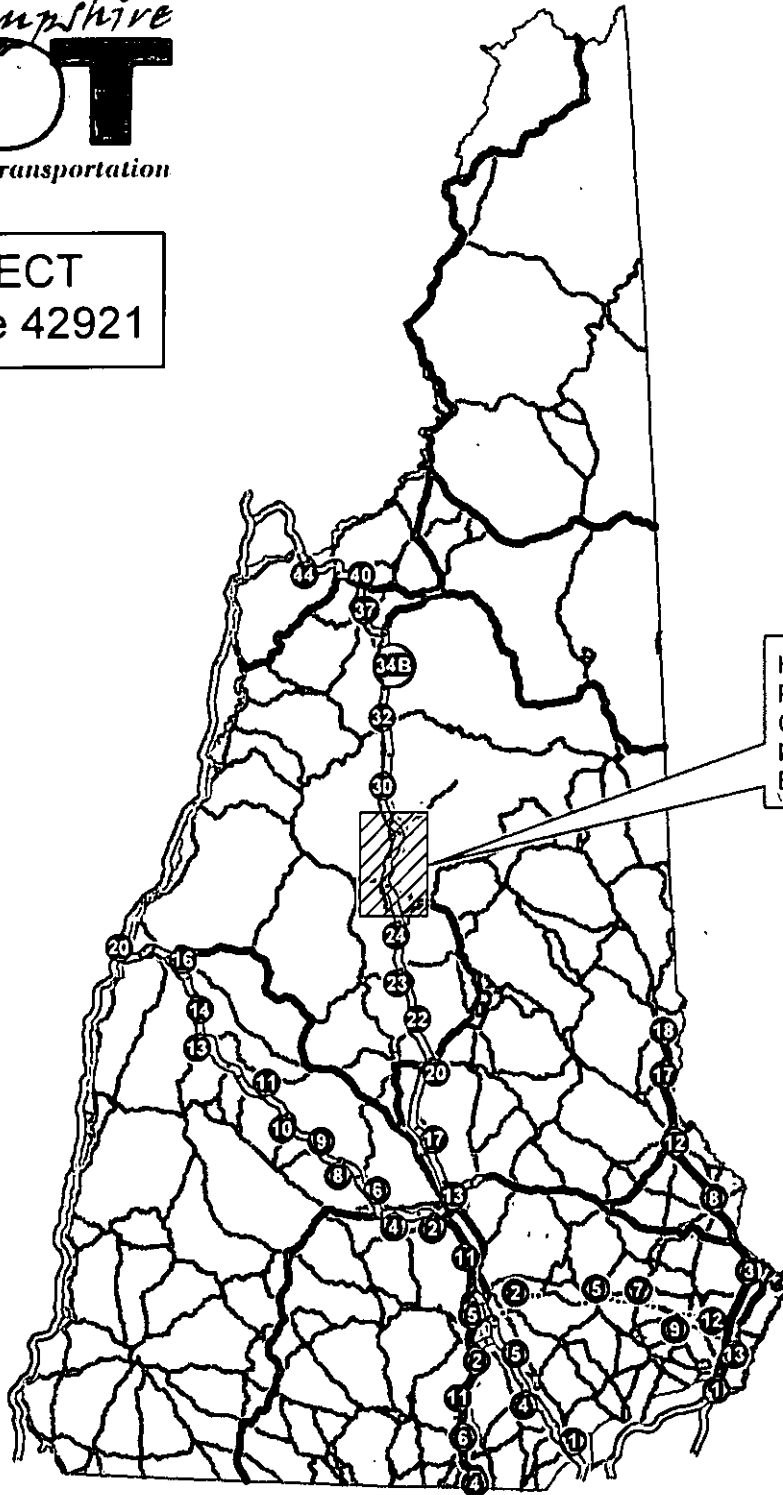
**ADVERTISING DATE:** June 23, 2020

**COMPLETION DATE:** August 13, 2021





PROJECT  
 Statewide 42921



HOLDERNESS  
 PLYMOUTH  
 CAMPTON  
 I-93  
 EXITS 25, 27, & 28

NOTE:

STATE OF NEW HAMPSHIRE	
DEPARTMENT OF TRANSPORTATION    BUREAU OF TRAFFIC	
PROJECT: STATEWIDE SIGNS	STATE NO: 42921
LOCATION: VARIOUS	



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/05/2020

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 have ADDITIONAL INSURED provisions or 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 Cross Insurance-Wakefield 401 Edgewater Place Suite 220  Wakefield MA 01880	CONTACT NAME: Laurence Hall, CIC
	PHONE (A/C No., Ext): (978) 953-1613 FAX (A/C, No): (978) 887-2404 E-MAIL: lhall@crossagency.com ADDRESS:
INSURED  Northeast Traffic Control Services, Inc. PO Box 948 8 Scobee Circle Plymouth MA 02360	INSURER(S) AFFORDING COVERAGE
	INSURER A: Everest National Insurance Co NAIC # 10120
	INSURER B: Acadia Insurance Company
	INSURER C: Scottsdale Insurance Co. 41297
	INSURER D:
	INSURER E:
INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL205121508 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	ADDC SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	CF4GL01353-201	10/01/2020	05/04/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits \$ 1,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	MAA 5436265	05/04/2020	05/04/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		XLS0113201	10/01/2020	05/04/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	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/A			PER STATUTE OTH-ER 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)

RE: Statewide Project No. X-A004(994), 42921-County of Grafton sign replacement on I-93 NB and SB mainline at Exits 25, 27 & 28 in Holderness, Plymouth and Campton. Sign locations range from MM 79.0 to 86.6 NB and MM 88.3 to 80.2 SB. General operations usual to rental, sales and installation of highway traffic safety equipment and signs. The Certificate Holder is an Additional Insured for Automobile Liability, when required by written contract, but only to the extent provided in the Additional Insured endorsement(s) attached to the policy, a copy of which is available upon request. Additional Insured status is provided for General Liability on a primary and non-contributory basis, including completed operations, when required by written contract, but only to the extent provided in the Additional Insured endorsement(s) attached to the policy, a copy of which is available upon request. Where permitted by state law, the Insurer waives its rights to subrogate, but only under the circumstances stated in the policy and when required by written contract.

## CERTIFICATE HOLDER

## CANCELLATION

New Hampshire Department of Transportation 7 Hazen Drive  Concord NH 03302	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 

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/22/20

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 have ADDITIONAL INSURED provisions or 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> Aon Risk Services, Inc of Florida 1001 Brickell Bay Drive, Suite #1100 Miami, FL 33131-4937	<b>CONTACT NAME:</b> Aon Risk Services, Inc of Florida	
	<b>PHONE (A/C, No, Ext):</b> 800-743-8130	<b>FAX (A/C, No):</b> 800-522-7514
<b>EMAIL ADDRESS:</b> ADP.COI.Center@Aon.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> New Hampshire Ins Co		23841
<b>INSURED</b> ADP TotalSource CO XXII, Inc 10200 Sunset Drive Miami, FL 33173 ALTERNATE EMPLOYER Northeast Traffic Control Services, Inc. 8 Scobee Cir Plymouth, MA 02360		
<b>INSURER B:</b>		
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES** **CERTIFICATE NUMBER:** 3104086 **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. LIMITS SHOWN ARE AS REQUESTED.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  CGL AC aggregate limit applied per: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ OTHER \$	
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER \$	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DEC RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$	
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC 027115074 NH	07/01/20	07/01/21	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000	

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 All worksite employees working for NORTHEAST TRAFFIC CONTROL SERVICES, INC., paid under ADP TOTALSOURCE, INC.'s payroll, are covered under the above stated policy. NORTHEAST TRAFFIC CONTROL SERVICES, INC. is an alternate employer under this policy.  
 RE: Statewide Signs X-A004(994), 42921.

**CERTIFICATE HOLDER**

New Hampshire Department of Transportation  
 7 Hazen Dr.  
 Concord, NH 03302

**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

*Aon Risk Services, Inc of Florida*

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/24/2020

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 have ADDITIONAL INSURED provisions or 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> Tony Insurance Group, Inc. 300 Congress Street Quincy MA 02169		<b>CONTACT NAME:</b> Certificate Request <b>PHONE (A.C. No. Ext):</b> (617) 773-9200 <b>E-MAIL ADDRESS:</b> certs@tonry.com <b>FAX (A.C. No):</b> (617) 773-9920	
<b>INSURED</b> State of New Hampshire, Department of Transportation 7 Hazen Drive Concord NH 03302		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Mid Continental Casualty Insurance INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES      CERTIFICATE NUMBER: CL2082423321      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	ADD'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners & Contractors Protective  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		04OCP001005589	08/24/2020	08/24/2021	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COM/POP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR 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) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE    OTH-ER 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)

Contractor: Northeast Traffic Control Services, Inc.  
 Project: Statewide Signs X-A004(994), 42921.  
 Job Description: Sign Replacement on I-93 NB and SB mainline at Exits 25, 27 & 28 in Holderness, Plymouth, Campton  
 Location: I-93, Grafton County, NH  
 Additional Insured: New Hampshire Department of Transportation, 7 Hazen Drive, Concord, NH 03302

<b>CERTIFICATE HOLDER</b> State of NH, Department of Transportation 7 Hazen Drive Concord NH 03302	<b>CANCELLATION</b> 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 

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