



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



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*Victoria F. Sheehan*  
*Commissioner*

*William Cass, P.E.*  
*Assistant Commissioner*

Bureau of Construction  
June 7, 2016

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 Hi-Way Safety Systems, Inc. (Vendor 162024) of Rockland, MA on the basis of a low bid of \$506,245.60 for addressing signing needs along the Turnpike, from the date of Governor and Council approval through May 5, 2017 unless extended by the Department in accordance with the Standard Specifications. 100% Turnpike Funds.

Funding is available as follows: FY 2017  
04-96-96-961017-7025  
Turnpike Renewal & Replacement  
400-500870 Highway Contract Payments \$506,245.60

2. Further authorize that a contingency in the amount of \$25,312.28 be approved for payment of latent conditions, which may appear during the construction of the project. The contingency requested is 5% of the contract amount and is reasonable for projects of this type.

Contingency Funding is available as follows: FY 2017  
04-96-96-961017-7025  
Turnpike Renewal & Replacement  
400-500870 Highway Contract Payments \$25,312.28

**EXPLANATION**

This project is part of the State's Ten Year Transportation Improvement Plan, under the Turnpike Renewal and Replacement Program. This project consists of addressing signing needs along Turnpike facilities at four (4) locations, as follows:

1. Spaulding Turnpike (NH 16): Dover - Replacement of guide signs at Exits 7, 8 and 9 and installation of Attractions signs at Exit 8E.
2. F.E. Everett Turnpike: Nashua - Replacement of signs along Exit 2 ramp (Circumferential Highway).
3. F.E. Everett Turnpike: Bedford - Replacement of guide signs at NH Route 101 interchange.
4. I-95: Portsmouth and Kittery, ME - Installation of Attractions signs for Exit 7 (Market Street).

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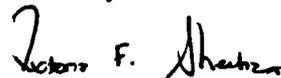
This project addresses the needed replacement of signs to enhance safety, conform to the current MUTCD design standards and Attractions sign program, improve retroreflectivity and provide better guidance for the motoring public.

Due to the potential for unanticipated signage needs (i.e. geotechnical and sign foundations), a contingency is requested and deemed appropriate. The contingency is proposed to be 5% of the contract amount.

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,



Victoria F. Sheehan  
Commissioner

VFS/md

Department Estimate: \$539,815.85

Contract Amount: \$506,245.60

Under Estimate: \$ 33,570.25

Attachments

# STATEWIDE SIGNING (TURNPIKES)

40044

March 8, 2016

## SUPPLEMENTAL PROJECT INFORMATION SHEET

**DESCRIPTION:** This project consists of addressing signing needs along Turnpike facilities at four (4) locations, as follows:

1. Spaulding Turnpike (NH 16): Dover - Replacement of guide signs at Exits 7, 8 and 9 and installation of Attractions signs at Exit 8E.
2. FE Everett Turnpike: Nashua - Replacement of signs along Exit 2 ramp (Circumferential Highway).
3. FE Everett Turnpike: Bedford - Replacement of guide signs at NH Route 101 interchange.
4. I-95: Portsmouth and Kittery, ME - Installation of Attractions signs for Exit 7 (Market Street).

**FEDERAL FUNDING:** 0% (100% Turnpike Funded)

**CONTINGENCY:** Due to the potential for unanticipated signage needs (i.e. geotechnical and sign foundations), a contingency is requested and deemed appropriate. The contingency is proposed to be 5% of the contract amount.

**PROJECT INITIATED:** Under the Bureau of Turnpikes Renewal & Replacement Program.

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

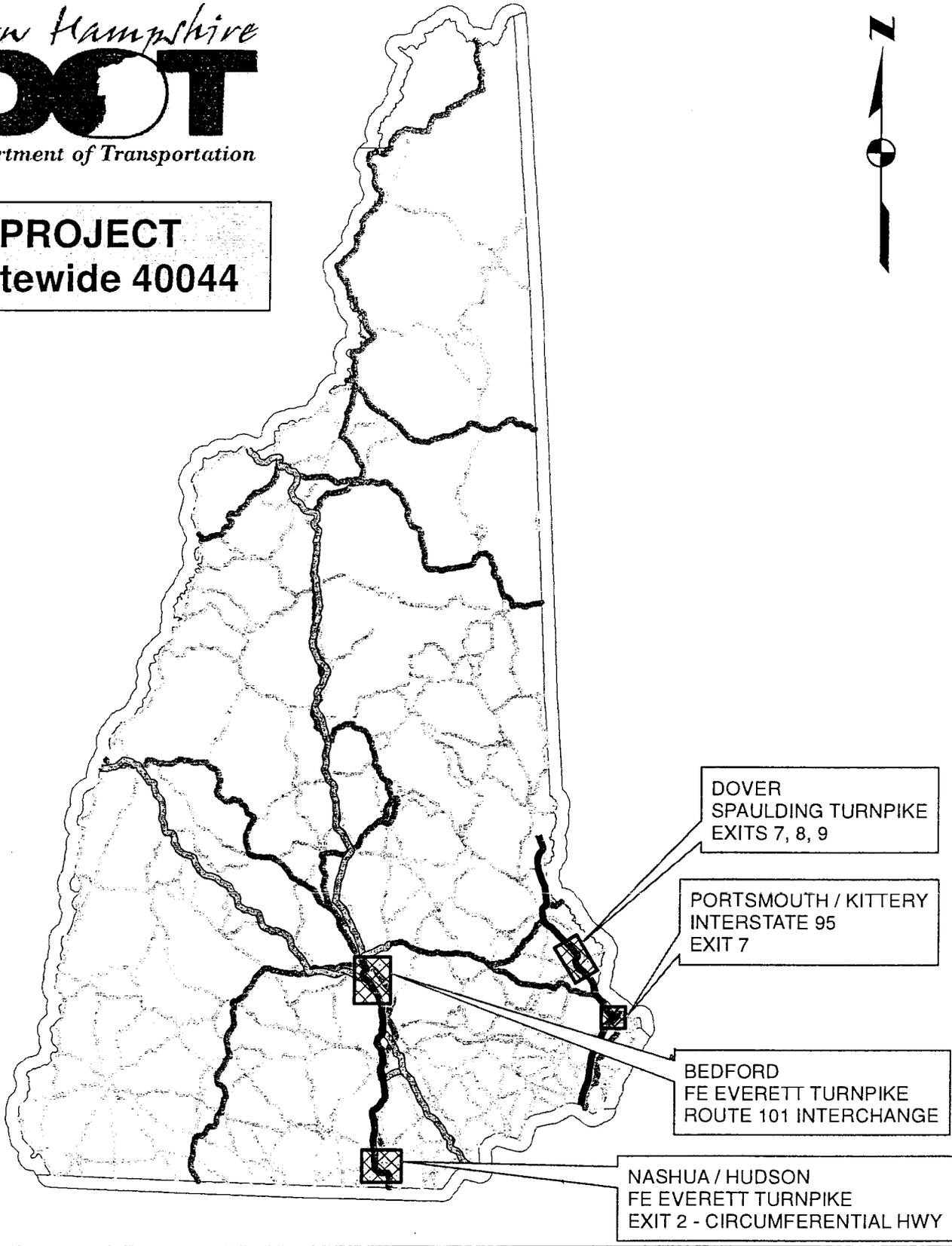
**TRAFFIC IMPLICATIONS:** Lane closures, shoulder closures and night work are anticipated for this contract. Lane closures will be used to allow for the removal and installation of overhead signs (bridge or sign structure mounted) and will be restricted to night time operations. Lane and shoulder closures 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:** April 5, 2016

**COMPLETION DATE:** May 5, 2017



**PROJECT**  
**Statewide 40044**



NOTE:  
 LOCATIONS OF ALL SIGNS ARE APPROXIMATE. ALL LOCATIONS SHALL BE FIELD VERIFIED BY THE ENGINEER AND SHALL BE IN CONFORMANCE WITH NHDOT STANDARDS AND THE CURRENT EDITION OF THE MUTCD.

STATE OF NEW HAMPSHIRE	
DEPARTMENT OF TRANSPORTATION      BUREAU OF TRAFFIC	
PROJECT: STATEWIDE	STATE NO: 40044
LOCATION: VARIOUS	SHEET: 1 of 1



# ABC Bid Data

STATEWIDE SIGNING (TURNPIKES)  
40044  
NON-FEDERAL

PROJECT: Statewide Signing (Turnpikes)  
 STATE PROJECT NUMBER: 40044  
 FED. PROJECT NUMBER: NON-FEDERAL  
 DATE BIDS OPEN: April 28, 2016, 2:00  
 SCOPE OF WORK: I-95, NH 16, FEET, I-293 and I-93: Sign Replacement along Turnpike Corridors  
 COMPLETION DATE: May 05, 2017  
 LOCATION:

Awarded To: HI-WAY SAFETY SYSTEMS,  
 INC.  
 9 ROCKVIEW WAY  
 ROCKLAND, MA 02370  
 Amount: \$506,245.60  
 Award Date:  
 Certified by: \_\_\_\_\_  
Director of Project Development

## Summary of Bidders

Contractor	Bid Amount	Rank
HI-WAY SAFETY SYSTEMS, INC. 9 ROCKVIEW WAY, ROCKLAND MA 02370	\$506,245.60	A
VISI-FLASH RENTALS EASTERN INC 31 PLEASANT STREET, WEST BRIDGEWATER MA 02379	\$547,716.80	B





# PS&E Comparison

STATEWIDE SIGNING (TURNPIKES)  
40044  
NON-FEDERAL

Item No.	Description	Unit	Quantity	A-Bidder		PS&E		A-PS&E Difference
				Unit Price	Total	Unit Price	Total	
201.712	SELECTIVE CLEARING AND THINNING	SY	600.000	\$5.00	\$3,000.00	\$5.00	\$3,000.00	\$0.00
500.071	PREPARATION FOR FATIGUE CRACK INSPECTION - OHSS MONOTUBE	U	3.000	\$10,000.00	\$30,000.00	\$1,000.00	\$3,000.00	\$27,000.00
500.081	PREPARATION FOR FATIGUE CRACK INSPECTION - OHSS TRI-CHORD TRUSS	U	1.000	\$10,000.00	\$10,000.00	\$3,000.00	\$3,000.00	\$7,000.00
615.0101	TRAFFIC SIGN TYPE A	SF	376.500	\$70.00	\$26,355.00	\$70.00	\$26,355.00	\$0.00
615.01201	TRAFFIC SIGN TYPE A, BREAKAWAY MOUNTS	SF	570.500	\$70.00	\$39,935.00	\$75.00	\$42,787.50	(\$2,852.50)
615.0201	TRAFFIC SIGN TYPE B	SF	105.000	\$73.00	\$7,665.00	\$65.00	\$6,825.00	\$840.00
615.02201	TRAFFIC SIGN TYPE B, BREAKAWAY MOUNTS	SF	412.500	\$125.00	\$51,562.50	\$120.00	\$49,500.00	\$2,062.50
615.023	REMOVING TRAFFIC SIGN TYPE B	U	1.000	\$500.00	\$500.00	\$150.00	\$150.00	\$350.00
615.0301	TRAFFIC SIGN TYPE C	SF	371.250	\$50.00	\$18,562.50	\$51.00	\$18,933.75	(\$371.25)
615.03201	TRAFFIC SIGN TYPE C, BREAKAWAY MOUNTS	SF	854.000	\$115.00	\$98,210.00	\$115.00	\$98,210.00	\$0.00
615.033	REMOVING TRAFFIC SIGN, TYPE C	U	4.000	\$400.00	\$1,600.00	\$150.00	\$600.00	\$1,000.00
615.0401	TRAFFIC SIGN TYPE AA	SF	7,266.000	\$18.50	\$134,421.00	\$20.00	\$145,320.00	(\$10,899.00)
615.043	REMOVING TRAFFIC SIGN TYPE AA	U	51.000	\$200.00	\$10,200.00	\$500.00	\$25,500.00	(\$15,300.00)
615.0501	TRAFFIC SIGN TYPE BB	SF	15.000	\$18.00	\$270.00	\$18.00	\$270.00	\$0.00

## Items

615.0601	TRAFFIC SIGN TYPE CC	SF	103.800	\$17.00	\$1,764.60	\$17.00	\$1,764.60	\$1,764.60	\$0.00
615.30001	BRIDGE MOUNTED TRAFFIC SIGN STRUCTURE	U	1.000	\$12,500.00	\$12,500.00	\$15,000.00	\$15,000.00	\$15,000.00	(\$2,500.00)
615.303	REMOVING BRIDGE MOUNTED TRAFFIC SIGN STRUCTURE	U	1.000	\$1,400.00	\$1,400.00	\$1,400.00	\$1,400.00	\$1,400.00	\$0.00
618.61	UNIFORMED OFFICERS WITH VEHICLE	\$	20,000.000	\$1.00	\$20,000.00	\$1.00	\$20,000.00	\$20,000.00	\$0.00
618.7	FLAGGERS	HR	100.000	\$1.00	\$100.00	\$25.00	\$2,500.00	\$2,500.00	(\$2,400.00)
619.1	MAINTENANCE OF TRAFFIC	U	1.000	\$5,000.00	\$5,000.00	\$20,000.00	\$20,000.00	\$20,000.00	(\$15,000.00)
692.	MOBILIZATION	U	1.000	\$5,000.00	\$5,000.00	\$20,000.00	\$20,000.00	\$20,000.00	(\$15,000.00)
1002.41	REPAIRS OR REPLACEMENTS AS NEEDED - OVERHEAD SIGN STRUCTURES	\$	10,000.000	\$1.00	\$10,000.00	\$1.00	\$10,000.00	\$10,000.00	\$0.00
1008.11	ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK	\$	15,000.000	\$1.00	\$15,000.00	\$1.00	\$15,000.00	\$15,000.00	\$0.00
1010.15	FUEL ADJUSTMENT	\$	3,200.000	\$1.00	\$3,200.00	\$1.00	\$3,200.00	\$3,200.00	\$0.00

**Total:** \$506,245.60 \$532,315.85 (\$26,070.25)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/19/2016

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 WM. F. Borhek Insurance Agency 311 Plymouth Street Halifax, MA 02338 Scott C Casagrande	CONTACT NAME: <b>Scott C Casagrande</b>
	PHONE (A/C, No, Ext): <b>781-293-6331</b> FAX (A/C, No): <b>781-293-2171</b> E-MAIL ADDRESS:
INSURED Hi-Way Safety Systems, Inc. Highway Safety Solutions, Inc. 9 Rockview Way Rockland, MA 02370	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A: <b>Travelers Insurance</b> <b>524126</b>
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: 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 ISUBR 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 checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X	CO-5G489458	12/31/2015	12/31/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIREC AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		810-5G203934	12/31/2015	12/31/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 <input checked="" type="checkbox"/> RETENTION \$ 10000		CUP-6G668759	12/31/2015	12/31/2016	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	<input checked="" type="checkbox"/> 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	UB-5G194460 MA,RI,CT,NH,ME,VT,NJ,NY	12/31/2015	12/31/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Contract#40044: Concord NH - Statewide Signing (Turnpikes)  
Concord NH and New Hampshire Department of Transportation are Additional Insured as respects General Liability if required by written contract.

<b>CERTIFICATE HOLDER</b>  NEWHAMP  New Hampshire DOT 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 Scott C Casagrande



# CERTIFICATE OF LIABILITY INSURANCE

HIWAY-2 OP ID: DC

DATE (MM/DD/YYYY)  
05/19/2016

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 WM. F. Borhek Insurance Agency 311 Plymouth Street Halifax, MA 02338 Scott C Casagrande	CONTACT NAME: <b>Scott C Casagrande</b>	FAX (A/C, No): <b>781-293-2171</b>
	PHONE (A/C, No, Ext): <b>781-293-6331</b>	E-MAIL ADDRESS:
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : <b>Travelers Insurance</b>		<b>524126</b>
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED **New Hampshire DOT  
7 Hazen Drive, PO Box 483  
Concord, NH 03302-0483**

COVERAGES CERTIFICATE NUMBER: 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 INSD	SUBR 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 <input checked="" type="checkbox"/> OCP Project#40044 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			4G425059	05/18/2016	05/18/2017	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input 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						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"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE 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						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)  
**Hi-Way Safety Systems Inc. & Highway Safety Solutions Inc. OCP for Statewide Signing (Turnpikes) Contract#40044**

<b>CERTIFICATE HOLDER</b>  New Hampshire DOT 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 <b>Scott C Casagrande</b>