



THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION

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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
April 11, 2022

REQUESTED ACTION

Authorize the Department of Transportation to enter into a contract with K5 Corporation of Rockland, MA (Vendor 162024), on the basis of a single bid of \$238,967.50, for maintenance of select stenciled and transverse line pavement markings at specific locations in the State at highest priority locations within funding constraints (Project: Statewide Pavement Markings, Project No. 43819), from the date of Governor and Council approval through November 4, 2022, unless amended by the Department in accordance with the Standard Specifications. 100% Other Funds (100% Betterment).

Funding is available in State Fiscal Year 2022 and 2023, 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 2022</u>	<u>FY 2023</u>
04-96-96-963015-3039		
Highway Betterment Aid		
400-500870 Highway Contract Payments	\$104,548.27	\$134,419.23

EXPLANATION

This project is included in the State's Ten-Year Transportation Improvement Plan, under the Statewide Program for Highways and Bridges (BET-STAL-HQ). This project will perform maintenance of select stenciled and transverse line pavement markings using retroreflective paint and thermoplastic marking materials at specific locations in the state. This work is to be performed during the 2022 season. Work locations will be on state-maintained roads at intersections, along corridors and at select railroad grade crossings. Locations are determined by Bureau of Traffic Pavement Marking section based on condition of existing markings, roadway priority/volume, locations not subject to resurfacing and available funding. Scope includes select locations US 1 Seabrook to Portsmouth, US 3 Nashua to Concord and Tilton to Laconia, and NH 125 Plaistow to Rochester, as well as 18 railroad grade crossings, and at other locations.

Project is needed to ensure and enhance the safety of traveling public by maintaining effective pavement markings. Pavement marking maintenance is normally performed by NHDOT forces but continually expanding inventory necessitates outsourcing a portion of the annual work.

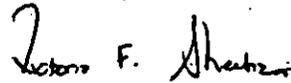
The Contractor has been prequalified by this Department. The Contract has been approved by the Attorney General as to form and execution, and the Department has certified that the necessary funds are available and the bid reasonably conforms to the engineer's estimate in accordance with State procedures. 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: 100% Betterment; BET-STAL-HQ.

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: \$275,607.25
Contract Amount: \$238,967.50
Under Estimate: \$ 36,639.75

Attachments



ABC Bid Data

STATEWIDE PAVEMENT MARKINGS
43819
NON-FEDERAL

PROJECT:	STATEWIDE PAVEMENT MARKINGS	Awarded To:	K5 CORPORATION
STATE PROJECT NUMBER:	43819		9 ROCKVIEW WAY
FED. PROJECT NUMBER:	NON-FEDERAL		ROCKLAND, MA 02370
DATE BIDS OPEN:	April 07, 2022, 2:00	Amount:	\$238,967.50
SCOPE OF WORK:	Pavement Marking Maintenance via Contractor. Limited to Stenciled and Transverse Markings	Certified by:	<u>PETER.E.STAMNAS</u> <small>Director of Project Development</small>
COMPLETION DATE:	November 04, 2022	Award Date:	
LOCATION:	Strafford, Hillsborough, Rockingham, Belknap, Cheshire, Merrimack, Grafton		

Summary of Bidders

Contractor	Bid Amount	Rank
K5 CORPORATION 9 ROCKVIEW WAY, ROCKLAND MA 02370	\$238,967.50	A



ABC Bid Data

STATEWIDE PAVEMENT MARKINGS

43819

NON-FEDERAL

Item No.	Description	Unit	Quantity	PS&E		K3 CORPORATION 8 ROCKVIEW WAY ROCKLAND, MA 02376		Unit Price	Total
				Unit Price	Total	Unit Price	Total		

Items

618.61	UNIFORMED OFFICERS WITH VEHICLE	\$	10,000.00	\$1.00	\$10,000.00	\$1.00	\$10,000.00		
618.7	FLAGGERS	HR	800.00	\$45.00	\$36,000.00	\$15.00	\$12,000.00		
619.1	MAINTENANCE OF TRAFFIC	U	1.00	\$25,000.00	\$25,000.00	\$15,000.00	\$15,000.00		
632.02	RETROREFLECTIVE PAINT PAVEMENT MARKING, SYMBOL OR WORD	SF	43,203.00	\$3.30	\$142,569.90	\$3.50	\$151,210.50		
632.3104	RETROREFLECT. THERMOPLAS. PAVE. MARKING, 4" LINE	LF	601.00	\$2.50	\$1,502.50	\$1.50	\$901.50		
632.3106	RETROREFLECT. THERMOPLAS. PAVE. MARKING, 6" LINE	LF	328.00	\$2.50	\$820.00	\$1.50	\$492.00		
632.3112	RETROREFLECT. THERMOPLAS. PAVE. MARKING, 12" LINE	LF	1,290.00	\$4.25	\$5,482.50	\$3.50	\$4,515.00		
632.3118	RETROREFLECT. THERMOPLAS. PAVE. MARKING, 18" LINE	LF	421.00	\$5.60	\$2,357.60	\$4.50	\$1,894.50		
632.3124	RETROREFLECT. THERMOPLAS. PAVE. MARKING, 24" LINE	LF	1,214.00	\$8.50	\$10,319.00	\$7.00	\$8,498.00		
632.32	RETROREFLECT. THERMOPLAS. PAVEMENT MARKING, SYMBOL OR WORD	SF	4,057.00	\$9.75	\$39,555.75	\$8.00	\$32,456.00		
1010.15	FUEL ADJUSTMENT	\$	2,000.00	\$1.00	\$2,000.00	\$1.00	\$2,000.00		

Totals:	\$275,607.25	\$238,967.50
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Alt. Totals:		
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Totals:	\$275,607.25	\$238,967.50
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PS&E Comparison

STATEWIDE PAVEMENT MARKINGS

43819

NON-FEDERAL

Item No.	Description	Unit	Quantity	A-Bidder		PS&E		A-PS&E Difference
				Unit Price	Total	Unit Price	Total	
Items								
618.61	UNIFORMED OFFICERS WITH VEHICLE	\$	10,000.00	\$1.00	\$10,000.00	\$1.00	\$10,000.00	\$0.00
618.7	FLAGGERS	HR	800.00	\$15.00	\$12,000.00	\$45.00	\$36,000.00	(\$24,000.00)
619.1	MAINTENANCE OF TRAFFIC	U	1.00	\$15,000.00	\$15,000.00	\$25,000.00	\$25,000.00	(\$10,000.00)
632.02	RETROREFLECTIVE PAINT PAVEMENT MARKING, SYMBOL OR WORD	SF	43,203.00	\$3.50	\$151,210.50	\$3.30	\$142,569.90	\$8,640.60
632.3104	RETROREFLECT. THERMOPLAS. PAVE. MARKING, 4" LINE	LF	601.00	\$1.50	\$901.50	\$2.50	\$1,502.50	(\$601.00)
632.3106	RETROREFLECT. THERMOPLAS. PAVE. MARKING, 6" LINE	LF	328.00	\$1.50	\$492.00	\$2.50	\$820.00	(\$328.00)
632.3112	RETROREFLECT. THERMOPLAS. PAVE. MARKING, 12" LINE	LF	1,290.00	\$3.50	\$4,515.00	\$4.25	\$5,482.50	(\$967.50)
632.3118	RETROREFLECT. THERMOPLAS. PAVE. MARKING, 18" LINE	LF	421.00	\$4.50	\$1,894.50	\$5.60	\$2,357.60	(\$463.10)
632.3124	RETROREFLECT. THERMOPLAS. PAVE. MARKING, 24" LINE	LF	1,214.00	\$7.00	\$8,498.00	\$8.50	\$10,319.00	(\$1,821.00)
632.32	RETROREFLECT. THERMOPLAS. PAVEMENT MARKING, SYMBOL OR WORD	SF	4,057.00	\$8.00	\$32,456.00	\$9.75	\$39,555.75	(\$7,099.75)
1010.15	FUEL ADJUSTMENT	\$	2,000.00	\$1.00	\$2,000.00	\$1.00	\$2,000.00	\$0.00

Total: \$238,967.50 \$275,607.25 (\$36,639.75)

March 9, 2022

SUPPLEMENTAL PROJECT INFORMATION SHEET

DESCRIPTION: This project will perform maintenance of select stenciled and transverse line pavement markings using retroreflective paint and thermoplastic marking materials at specific locations in the state. This work is to be performed during the 2022 season. Work locations will be on state-maintained roads at intersections, along corridors and at select railroad grade crossings. Locations are determined by Bureau of Traffic Pavement Marking section based on condition of existing markings, roadway priority/volume, locations not subject to resurfacing and available funding. Scope includes select locations US 1 Seabrook to Portsmouth, US 3 Nashua to Concord and Tilton to Laconia, and NH 125 Plaistow to Rochester, as well as 18 railroad grade crossings, and at other locations.

FEDERAL FUNDING: 0% (100% Betterment; BET-STAL-HQ)

PROJECT INITIATED: Under the Bureau pavement marking improvement program as highest priority locations within funding constraints.

CONTINGENCY: There is no contingency for this project.

PROJECT EXPLANATION: Project is needed to ensure and enhance the safety of traveling public by maintaining effective pavement markings. Pavement marking maintenance is normally performed by NHDOT forces but continually expanding inventory necessitates outsourcing a portion of the annual work.

TRAFFIC IMPLICATIONS: Traffic impacts are expected to be minimal. Traffic Control for short-term operations will be performed by the contractor, specific to the work activity and locations. Generally, traffic control involves lane closure during application of marking material. Select locations require night work in areas of high daytime traffic volumes and other locations will be considered if requested by Contractor. Flaggers will be used for all operations except where uniformed officers may be warranted due to traffic volumes.

ADVERTISING DATE: March 15, 2022

INTERMEDIATE COMPLETION DATE: September 16, 2022

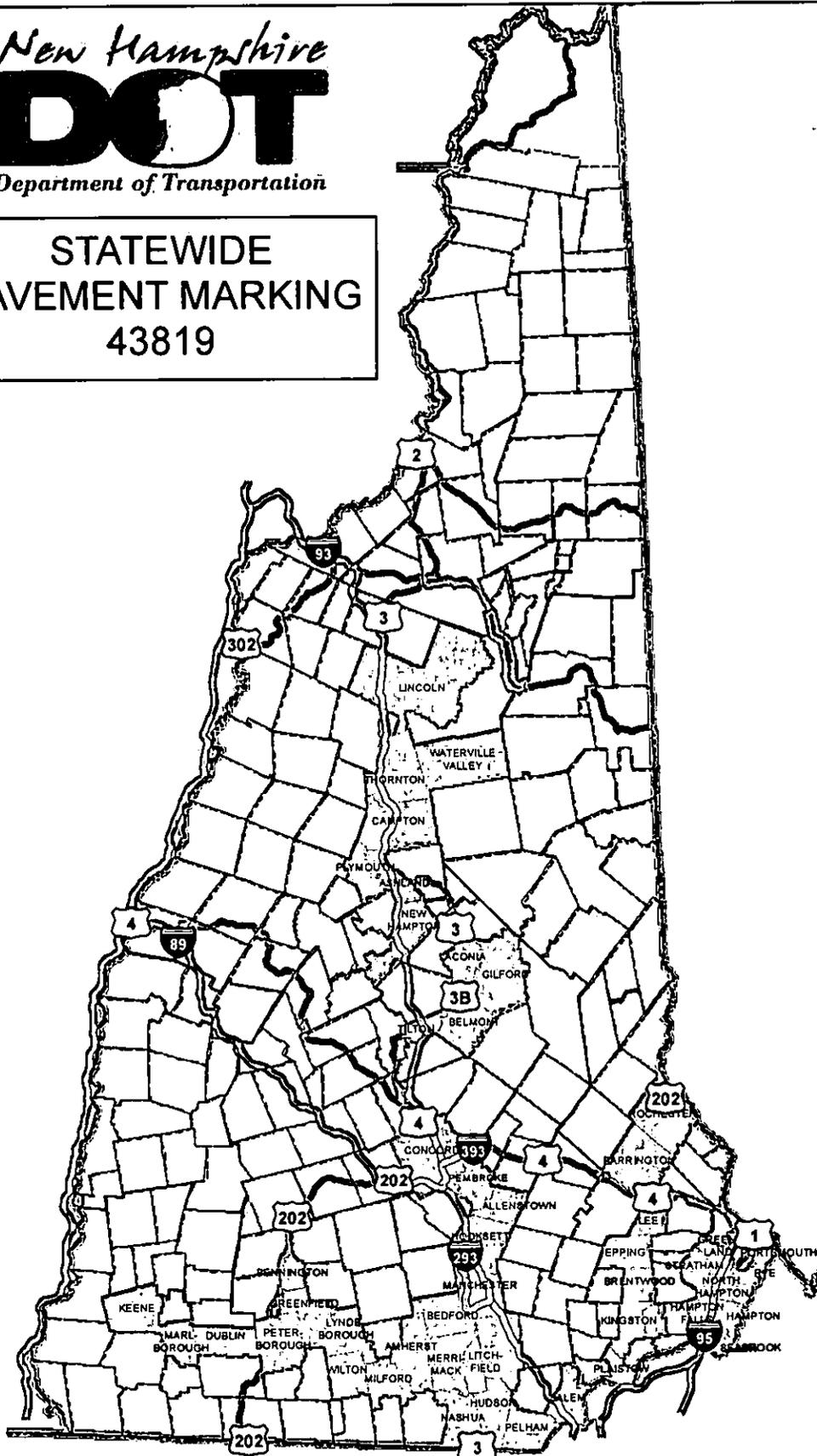
Complete all of the thermoplastic pavement markings (Items 632.31xx and 632.32) by the intermediate completion date.

COMPLETION DATE: November 4, 2022



New Hampshire
DOT
 Department of Transportation

STATEWIDE
 PAVEMENT MARKING
 43819



- ALLENSTOWN
- AMHERST
- ASHLAND
- BARRINGTON
- BEDFORD
- BELMONT
- BENNINGTON
- BRENTWOOD
- CAMPTON
- CONCORD
- DUBLIN
- EPPING
- GILFORD
- GREENFIELD
- GREENLAND
- HAMPTON
- HAMPTON FALLS
- HOOKSETT
- HUDSON
- KEENE
- KINGSTON
- LACONIA
- LEE
- LINCOLN
- LITCHFIELD
- LYNDEBOROUGH
- MANCHESTER
- MARLBOROUGH
- MERRIMACK
- MILFORD
- NASHUA
- NEW HAMPTON
- NORTH HAMPTON
- PELHAM
- PEMBROKE
- PETERBOROUGH
- PLAISTOW
- PLYMOUTH
- PORTSMOUTH
- ROCHESTER
- RYE
- SALEM
- SEABROOK
- STRATHAM
- THORNTON
- TILTON
- WATERVILLE VALLEY
- WILTON

NOTE:
 WORK WILL BE PERFORMED AT SELECT LOCATIONS WITHIN
 THE INDICATED TOWNS

STATE OF NEW HAMPSHIRE
 DEPARTMENT OF TRANSPORTATION BUREAU OF TRAFFIC
 PROJECT: STATEWIDE PAVEMENT MARKING STATE NO: 43819
 LOCATION:VARIOUS ROUTES

State of New Hampshire

Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that K5 CORPORATION is a Massachusetts Profit Corporation registered to transact business in New Hampshire on April 02, 1998. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 290326

Certificate Number: 0005769032



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 29th day of April A.D. 2022.

A handwritten signature in black ink, appearing to read "David M. Scanlan".

David M. Scanlan
Secretary of State

Certificate of Authority # 1

(Corporation, Non-Profit Corporation)

Corporate Resolution

I, Ron Beaudoin, hereby certify that I am duly elected Clerk/Secretary/Officer of
K5 Corporation. I hereby certify the following is a true copy of a vote taken at
(Name)
(Name of Corporation)

a meeting of the Board of Directors/shareholders, duly called and held on April 22, 2022
at which a quorum of the Directors/shareholders were present and voting.

VOTED: That Kathy DeLong, President (may list more than one person) is
(Name and Title)

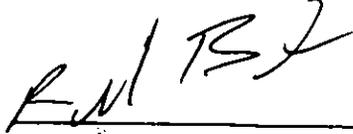
duly authorized to enter into contracts or agreements on behalf of

K5 Corporation with the State of New Hampshire and any of
(Name of Corporation)

its agencies or departments and further is authorized to execute any documents
which may in his/her judgment be desirable or necessary to effect the purpose of
this vote.

I hereby certify that said vote has not been amended or repealed and remains in full force
and effect as of the date of the contract to which this certificate is attached. This authority
remains valid for thirty (30) days from the date of this Corporate Resolution. I further certify
that it is understood that the State of New Hampshire will rely on this certificate as evidence that
the person(s) listed above currently occupy the position(s) indicated and that they have full
authority to bind the corporation. To the extent that there are any limits on the authority of any
listed individual to bind the corporation in contracts with the State of New Hampshire, all such
limitations are expressly stated herein.

DATED: 4/19/2022

ATTEST:  CEO
(Name & Title)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/20/2022

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 Alliant Insurance Services, Inc. 40 Stanford Drive, 2nd Floor Farmington CT 06032	CONTACT NAME: Sharyn Parker PHONE (A/C No., Ext): 860-269-2164 FAX (A/C No.): E-MAIL ADDRESS: sharyn.parker@alliant.com
	INSURER(S) AFFORDING COVERAGE
INSURED K5 Corporation 9 Rockview Way Rockland, MA 02370	INSURER A: Executive Risk Indemnity Inc INSURER B: Federal Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:

 License#: DC38861
 HI-WSAF-02

COVERAGES **CERTIFICATE NUMBER: 218601921** **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	ADDITIONAL INSURED	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"/> Contractual Liab <input checked="" type="checkbox"/> XCU GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	54328205	12/31/2021	12/31/2022	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 - COMPROP AGG \$ 2,000,000 \$
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	54328204	12/31/2021	12/31/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	5671-7286	12/31/2021	12/31/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	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	54328206	12/31/2021	12/31/2022	<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)
 RE: K5 Work Order #235823, Statewide Pavement Markings Project No. 43819 - NH DOT NH - 2022 Maintenance of Stencils & Transverse line Pav.

The State of New Hampshire is included as Additional Insured as required by written contract and executed prior to a loss, but limited to the operations of the Insured under said contract, with respect to the Automobile, General Liability and Umbrella/Excess Liability policies. See attached endorsements.
 30 days' notice of cancellation or non-renewal will be provided to Certificate Holder, except 10 days' notice for cancellation for non-payment of premium.

CERTIFICATE HOLDER 235823 - The State of 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 <i>William M. Baird</i>
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
WHERE REQUIRED BY WRITTEN CONTRACT, BUT ONLY WHERE THE CONTRACT SPECIFIES COVERAGE FOR COMPLETED OPERATIONS.	ALL LOCATIONS WHERE REQUIRED BY WRITTEN CONTRACT.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law, and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
 2. Available under the applicable Limits of insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
WHERE REQUIRED BY WRITTEN CONTRACT.	ALL LOCATIONS WHERE REQUIRED BY WRITTEN CONTRACT.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf,

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law, and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/28/2022

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 Alliant Insurance Services Inc 40 Stanford Dr, 2nd Floor Farmington CT 06032 License#: 0C36861 HI-WSAF-02	CONTACT NAME: Sharyn Parker PHONE (A/C, No, Ext): 860-269-2164 FAX (A/C, No): E-MAIL ADDRESS: sharyn.parker@alliant.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Hudson Insurance Company</td> <td>25054</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Hudson Insurance Company	25054	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A: Hudson Insurance Company	25054													
INSURER B:														
INSURER C:														
INSURER D:														
INSURER E:														
INSURER F:														

COVERAGES **CERTIFICATE NUMBER:** 1194746551 **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	
	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"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
	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)	\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER	\$
A	Railroad Protective Liability			RRP014054812032	5/1/2022	5/1/2023	Each Occurrence General Aggregate	\$2,000,000 \$6,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: 43819 - 2022 Maintenance of Stencils and Traverse Line Painting

Contractor Name: K5 Corporation

CERTIFICATE HOLDER **CANCELLATION**

State of New Hampshire Railroad, Plymouth & Lincoln Railroad, their affiliates successors & assigns 64 Railroad Street Lincoln NH 03251	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 <i>William M. Baird</i>
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