



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



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**CHRISTOPHER D. CLEMENT, SR.
COMMISSIONER**

**JEFF BRILLHART, P.E.
ASSISTANT COMMISSIONER**

Bureau of Construction
November 20, 2014

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 East Coast Signals, Inc. of Deerfield, NH (Vendor 162234) on the basis of a low bid of \$109,000.00 for replacing signal cabinets and the associated equipment housed inside the cabinet at four locations throughout the State, from the date of Governor and Council approval through June 26, 2015 unless extended by the Department in accordance with the Standard Specifications. 100% Betterment Funds.

Funding is available as follows:	<u>FY 2015</u>
04-96-96-963015-3039	
Highway Betterment Aid	
400-500870 Highway Contract Payments	\$109,000.00

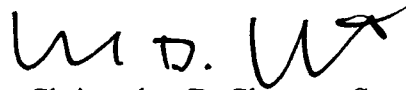
EXPLANATION

This project is part of the State's Betterment Program Sub-program to upgrade traffic signal equipment. This project addresses the needed replacement of existing (old/outdated) signal cabinets and controllers with problem maintenance history and to meet 2009 MUTCD Standards. The new controllers will be capable of running time of day programs for signal timings (during peak hours) to reduce delays to motorists and maintenance.

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: \$111,150.00
Contract Amount: \$109,000.00
Under Estimate: \$ 2,150.00

Attachments

STATE OF NH
DEPT OF JUSTICE
2014 DEC -5 PM 3:12

October 7, 2014

SUPPLEMENTAL PROJECT INFORMATION SHEET

DESCRIPTION: This project consists of replacing signal cabinets and the associated equipment housed inside the cabinet at four (4) locations throughout the State of New Hampshire.

FEDERAL FUNDING: 0% (100% Betterment)

PROJECT INITIATED: States 10 Year Transportation Improvement Plan.

PROJECT EXPLANATION: This project addresses the needed replacement of existing (old/outdated) Signal Cabinets and Controllers to meet 2009 MUTCD Standards. The new controllers will be capable of running time of day programs for signal timings (during peak hours) to reduce delays to motorists.

TRAFFIC IMPLICATIONS: The replacement of signal cabinets and controllers shall be during low traffic volume/non-peak hours. All associated work will be outside of the roadway shoulder, behind existing guardrail with the shoulder being used as a staging area for work vehicles. The Contractor shall utilize Item 618.61 – Uniformed Officer with Vehicle for Traffic Control when the signal operations are down. No work will be allowed on Friday afternoons after 12 noon, weekends, and holidays, unless otherwise directed. In any event, the shoulder closures shall be discontinued whenever the Engineer determines that backups may contribute to either unsafe conditions or result in delays for the traveling public.

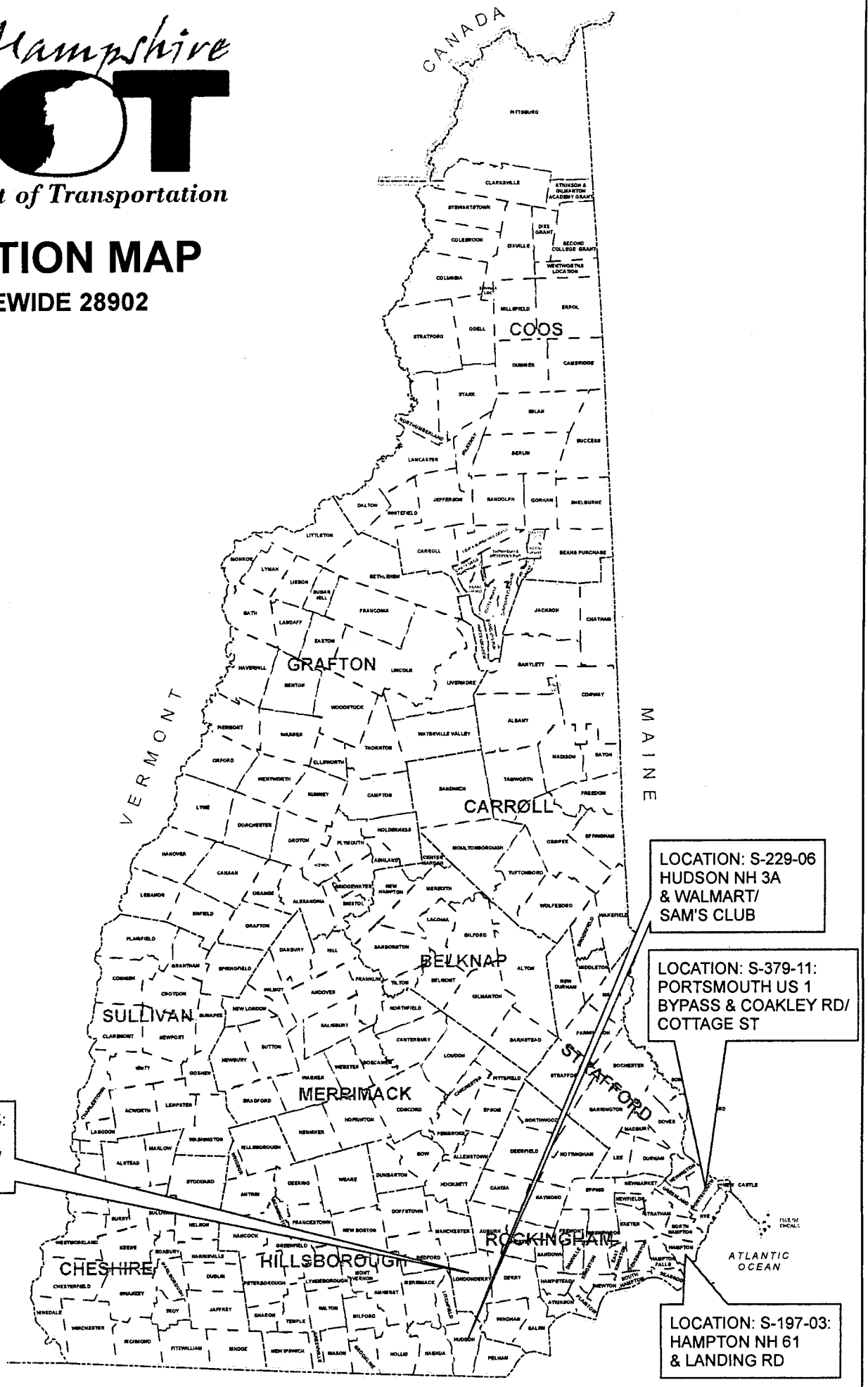
ADVERTISING DATE: October 14, 2014

COMPLETION DATE: June 26, 2015

New Hampshire
DOT

Department of Transportation

LOCATION MAP
STATEWIDE 28902



LOCATION: S-269-04:
LONDONDERRY
NH 128 & DAY BLVD/
R. LINCOLN WAY

LOCATION: S-229-06
HUDSON NH 3A
& WALMART/
SAM'S CLUB

LOCATION: S-379-11:
PORTSMOUTH US 1
BYPASS & COAKLEY RD/
COTTAGE ST

LOCATION: S-197-03:
HAMPTON NH 61
& LANDING RD

**State of New Hampshire
Department of Transportation**

Project: STATEWIDE NONE 28902
County and Code: ROCKINGHAM COUNTY 015 HILLSBOROUGH 011
Date Bids Open: November 6, 2014
Scope of Work: REPLACING SIGNAL CABINETS
Location: AT FOUR LOCATIONS THROUGHOUT THE STATE
Completion Date: June 26, 2015

A EAST COAST SIGNALS, INC.
 69 NORTH ROAD, DEERFIELD, NH 03037

\$109,000.00

B NEW ENGLAND SIGNAL SYSTEMS, INC.
 PO BOX 326, NORTHWOOD, NH 03261

\$159,965.00

Item No.	Description	Unit	Quantity	A		B	
				Unit Price	Total	Unit Price	Total
616.191	ALTERATIONS TO TRAFFIC SIGNALS	U	1.00	\$24,600.00	\$24,600.00	\$36,290.00	\$36,290.00
616.192	ALTERATIONS TO TRAFFIC SIGNALS	U	1.00	\$20,600.00	\$20,600.00	\$30,700.00	\$30,700.00
616.193	ALTERATIONS TO TRAFFIC SIGNALS	U	1.00	\$23,000.00	\$23,000.00	\$33,300.00	\$33,300.00
616.194	ALTERATION TO TRAFFIC SIGNALS	U	1.00	\$28,100.00	\$28,100.00	\$43,175.00	\$43,175.00
618.61	UNIFORMED OFFICERS WITH VEHICLE	\$	4,500.00	\$1.00	\$4,500.00	\$1.00	\$4,500.00
619.1	MAINTENANCE OF TRAFFIC	U	1.00	\$1,500.00	\$1,500.00	\$2,000.00	\$2,000.00
692	MOBILIZATION	U	1.00	\$4,200.00	\$4,200.00	\$7,500.00	\$7,500.00
1008.11	ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK	\$	2,500.00	\$1.00	\$2,500.00	\$1.00	\$2,500.00
					\$109,000.00		\$159,965.00

A - PS&E Comparison

PS&E = NHDOT Cost Estimate

Item No.	Description	Unit	Quantity	A-Bidder		PS&E		A-PS&E Difference
				Unit Price	Total	Unit Price	Total	
616.191	ALTERATIONS TO TRAFFIC SIGNALS	U	1.00	\$24,600.00	\$24,600.00	\$23,400.00	\$23,400.00	\$1,200.00
616.192	ALTERATIONS TO TRAFFIC SIGNALS	U	1.00	\$20,600.00	\$20,600.00	\$23,650.00	\$23,650.00	(\$3,050.00)
616.193	ALTERATIONS TO TRAFFIC SIGNALS	U	1.00	\$23,000.00	\$23,000.00	\$25,100.00	\$25,100.00	(\$2,100.00)
616.194	ALTERATION TO TRAFFIC SIGNALS	U	1.00	\$28,100.00	\$28,100.00	\$27,000.00	\$27,000.00	\$1,100.00
618.61	UNIFORMED OFFICERS WITH VEHICLE	\$	4,500.00	\$1.00	\$4,500.00	\$1.00	\$4,500.00	\$0.00
619.1	MAINTENANCE OF TRAFFIC MOBILIZATION	U	1.00	\$1,500.00	\$1,500.00	\$2,500.00	\$2,500.00	(\$1,000.00)
692	ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK	U	1.00	\$4,200.00	\$4,200.00	\$2,500.00	\$2,500.00	\$1,700.00
1008.11	ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK	\$	2,500.00	\$1.00	\$2,500.00	\$1.00	\$2,500.00	\$0.00
					\$109,000.00		\$111,150.00	(\$2,150.00)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/7/2014

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).

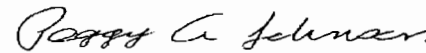
PRODUCER THE ROWLEY AGENCY INC. 139 Loudon Road P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Peggy Johnson	
	PHONE (A/C No. Ext): (603) 224-2562 FAX (A/C No): (603) 224-8012	
INSURED East Coast Signals, Inc. 69 North Road Deerfield NH 03037	E-MAIL ADDRESS: pjohnson@rowleyagency.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Travelers Indemnity Co	25658
	INSURER B:	25615
	INSURER C: Travelers Prop Cas Co of Amer	
	INSURER D: Phoenix Insurance Co.	25623
INSURER E:		
INSURER F:		

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 SUBR INSR WVP	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		DTCO299M4108IND14 Per Project Aggregate Applies Only if Required By Written Contract	5/1/2014	5/1/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
						\$
C	AUTOMOBILE LIABILITY		DT810380M6763TIL14	5/1/2014	5/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
						Medical payments \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR	DTSMCUP380M6867TIL14	5/1/2014	5/1/2015	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$ 5,000,000
	DED <input checked="" type="checkbox"/>	RETENTION \$ 10,000				\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		3A States: NH, MA, NY, VT DTNUB303M322714	5/1/2014	5/1/2015	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N				E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				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)
Statewide replacing signal cabinets #28902. State of NH DOT is additional insured under the general liability.

CERTIFICATE HOLDER State of NH DOT POB 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 Peggy Johnson/PAJ 



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/7/2014

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PRODUCER THE ROWLEY AGENCY INC. 139 Loudon Road P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Peggy Johnson PHONE (A/C No. Ext): (603) 224-2562 FAX (A/C No): (603) 224-8012 E-MAIL ADDRESS: pjohnson@rowleyagency.com	
	INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Indemnity Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 25658
INSURED State of NH DOT POB 483 Concord NH 03302-0483		

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	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 <input type="checkbox"/> Protective GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		DTPRS7E057943IND14	12/23/2014	7/23/2015	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$ 2,000,000
						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)	\$
							\$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <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 <input type="checkbox"/> 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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
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	AUTHORIZED REPRESENTATIVE Peggy Johnson/PAJ <i>Peggy A Johnson</i>