



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



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

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

Bureau of Construction
March 4, 2013

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 Continental Paving, Inc. of Londonderry, NH (Vendor #155350) on the basis of a low bid of \$1,879,525.00 for resurfacing of approximately 23.4 miles in District V and in Merrimack, Hillsborough and Rockingham Counties, from the date of Governor and Council approval through September 27, 2013 unless extended by the Department in accordance with the Standard Specifications. 100% Betterment Funds.

Funding is available as follows:	<u>FY 2013</u>
04-96-96-963015-3039	
Highway Betterment Aid	
400-500870 Highway Contract Payments	\$1,879,525.00

EXPLANATION

This project is part of the annual Maintenance District resurfacing program and the Betterment Secondary Rehabilitation Program. This project involves pavement resurfacing of approximately 23.4 miles of state highways in the District Five region. This project also involves rehabilitation of a section of NH 132 in Canterbury. The resurfacing will preserve and extend the life of the highway riding surface and protect the subsurface base course materials. All of the proposed work will remain within the right-of-way.

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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:	\$1,984,160.00
Contract Amount:	<u>\$1,879,525.00</u>
Under Estimate:	\$ 104,635.00

Attachments

**RESURFACING DISTRICT 5 16165B
CANTERBURY 25561**

January 31, 2013

SUPPLEMENTAL PROJECT INFORMATION SHEET

DESCRIPTION: This project involves resurfacing approximately 23.4 miles of roadways in District 5 and in the Counties of Merrimack, Hillsborough and Rockingham. Sections of resurfacing are along NH 127 (Warner/Webster), Tyler Rd (Webster), Kimball/Keys Hill Rd (Hudson/Pelham), NH 132 (Canterbury), Boyce Rd (Concord/Canterbury), NH 28 (Salem), NH 107 (Raymond), US 3 (Allenstown), US 4 (Epsom), NH 132 (Concord), Chester Rd (Candia) and West Rd (Canterbury).

FEDERAL FUNDING: None

CONTINGENCY: None

PROJECT INITIATED: State's 10-Year Transportation Improvement Program under the "parent" project BRES # 581 (District Betterment Resurfacing Program).

PROJECT EXPLANATION: These roadways are located throughout District 5 and serve various functions. These pavements are in fair to poor condition. The intent of this project is to maintain and improve the riding surface and to extend the life of the existing roadways. All of the proposed work will remain within the right-of-way.

TRAFFIC IMPLICATIONS: Minimal traffic implications are anticipated. Alternating one-way traffic will be allowed only on roads with pavement widths less than forty-four feet. Normal traffic patterns will be re-established prior to the beginning of non-work hours. No work will be permitted from May 24 through May 28, July 3 through July 8 and from August 30 through September 3, 2013. Maintain two-lane traffic on Section 5-08, US 3 (Allenstown) between the hours of 7:00 am to 9:00 am and 4:00 pm to 6:00 pm. Work on Section 5-06, NH 28 (Salem), Section 5-07, NH 107 (Raymond) and Section 5-09, US 4 (Epsom) shall take place at night (7:00 pm to 7:00 am). No work on section 5-09, US 4 (Epsom) will take place from Wednesday, July 10 through Monday July 15 and Wednesday September 18 through Monday September 23, 2013 due to NASCAR activities.

COMPLETION DATE: September 27, 2013

THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION

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PROJECT: RESURFACING DISTRICT V 16165B,
CANTERBURY 25561

COUNTIES AND CODES: HILLSBOROUGH 011
MERRIMACK 013
ROCKINGHAM 015

DATE BIDS OPEN: FEBRUARY 26, 2013

SCOPE OF WORK: ROADWAY RESURFACING

LOCATION: SEE THE PROSECUTION OF WORK

COMPLETION DATE: SEPTEMBER 27, 2013

A CONTINENTAL PAVING, INC.

1 CONTINENTAL DRIVE, LONDONDERRY, NH 03053 \$ 1,879,525.00

B PIKE INDUSTRIES, INC.

3 EASTGATE PARK ROAD, BELMONT, NH 03220 \$ 2,183,375.00

C BROX INDUSTRIES, INC.

1471 METHUEN STREET, DRACUT, MA 01826 \$ 2,271,352.50

ITEM NO.	DESCRIPTION	UNIT	QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
					A	B	C		
304.32	CRUSHED GRAVEL FOR SHOULDER LEVELING	TON	7,650.	8.00	61,200.00	10.00	76,500.00	5.00	38,250.00
403.11	HOT BITUMINOUS PAVEMENT, MACHINE METHOD	TON	6,200.	66.50	412,300.00	76.00	471,200.00	73.00	452,600.00
403.1109	HOT BITUMINOUS PAVEMENT, MACHINE METHOD, HIGH STRENGTH	TON	2,800.	78.00	218,400.00	84.00	235,200.00	85.00	238,000.00
403.12	HOT BITUMINOUS PAVEMENT, HAND METHOD	TON	75.	110.00	8,250.00	150.00	11,250.00	125.00	9,375.00
403.6	PAVEMENT JOINT ADHESIVE	LF	86,500.	.24	20,760.00	.25	21,625.00	.25	21,625.00
411.1	HOT BITUMINOUS CONCRETE LEVELING COURSE	TON	850.	70.00	59,500.00	80.00	68,000.00	80.00	68,000.00
411.3	PLANT MIX SURFACE TREATMENT (AC), PAVEMENT SURFACES	TON	11,900.	68.35	813,365.00	75.00	892,500.00	85.00	1,011,500.00
417.	COLD PLANING BITUMINOUS SURFACES	SY	47,200.	1.50	70,800.00	2.00	94,400.00	2.30	108,560.00
559.412	MODIFIED ELASTOMERIC PLUG TYPE EXPANSION JOINT (20" WIDE) (F)	LF	115.	125.00	14,375.00	130.00	14,950.00	124.50	14,317.50
616.650	TRAFFIC SIGNAL DETECTOR LOOP 6 FT X 50 FT	EA	17.	500.00	8,500.00	750.00	12,750.00	650.00	11,050.00
618.61	UNIFORMED OFFICERS WITH VEHICLE	\$	1.	19,000.00	19,000.00	19,000.00	19,000.00	19,000.00	19,000.00
618.7	FLAGGERS	HR	1,375.	21.00	28,875.00	22.00	30,250.00	25.00	34,375.00
619.253	PORTABLE CHANGEABLE MESSAGE SIGN (UNIT WEEK)	UWK	8.	200.00	1,600.00	350.00	2,800.00	200.00	1,600.00
624.1	RAILROAD PROTECTION - FLAGGING SERVICE	HR	10.	100.00	1,000.00	85.00	850.00	100.00	1,000.00

ITEM NO.	DESCRIPTION	UNIT	QUANTITY	A		B		C	
				UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
692.	MOBILIZATION	U	1.	20,000.00	20,000.00	110,000.00	110,000.00	120,000.00	120,000.00
699.	MISCELLANEOUS TEMPORARY EROSION AND SEDIMENT CONTROL	\$	1.	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00
850.1	SOUND INTENSITY STUDY	U	1.	6,000.00	6,000.00	6,500.00	6,500.00	6,500.00	6,500.00
1008.11	ALTERATIONS AND ADDITIONS AS NEEDED -								
	UNANTICIPATED WORK	\$	1.	5,600.00	5,600.00	5,600.00	5,600.00	5,600.00	5,600.00
1010.15	FUEL ADJUSTMENT	\$	1.	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00
1010.2	ASPHALT CEMENT ADJUSTMENT	\$	1.	85,000.00	85,000.00	85,000.00	85,000.00	85,000.00	85,000.00
					\$1,879,525.00		\$2,183,375.00		\$2,271,352.50



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/14/2013

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 CROSS INSURANCE - LACONIA 155 Court Street Laconia NH 03246	CONTACT NAME: Linda Tikkanen, CISR PHONE (A/C, No, Ext): (603) 524-2425 E-MAIL ADDRESS: ltikkanen@crossagency.com	FAX (A/C, No): (603) 524-3666
	INSURER(S) AFFORDING COVERAGE	
INSURED Continental Paving, Inc. One Continental Drive Londonderry NH 03053	INSURER A: Fireman's Ins. Co. of	
	INSURER B: Liberty Mutual Ins Co	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL1331481383 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			CPP001380429	3/31/2013	3/31/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							
	A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> MCSS90			CAA001380129	3/31/2013	3/31/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						
<input type="checkbox"/> MCHS90								
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			TH7611259719013	3/31/2013	3/31/2014	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000	
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WPA001379730	3/31/2013	3/31/2014	WC STATU-TORY LIMITS OTH-ER 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)
 RE: Resurfacing District V, #16165B, Canterbury 25561
 When required by written contract, The State of NH, Dept of Transportation is listed as additional insured but only with respects to liability arising out of work performed by or on behalf of Continental Paving, Inc.

CERTIFICATE HOLDER State of New Hampshire Department of Transportation 7 Hazen Drive 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 L Tikkanen, CISR/LXT <i>Linda Tikkanen</i>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/8/2013

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.

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PRODUCER CROSS INSURANCE - LACONIA 155 Court Street Laconia NH 03246		CONTACT NAME: Linda Tikkanen, CISR PHONE (A/C, No, Ext): (603) 524-2425 E-MAIL ADDRESS: ltikkanen@crossagency.com FAX (A/C, No): (603) 524-3666	
INSURED State of NH, Department of Transportation c/o Continental Paving, Inc. One Continental Drive Londonderry NH 03053		INSURER(S) AFFORDING COVERAGE INSURER A: Acadia Ins Co. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER: CL1322880688** **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			OCP5090350-10	3/8/2013	3/8/2014	EACH OCCURRENCE \$ 2,000,000
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$
	<input checked="" type="checkbox"/> Owners & Contractors						PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO						BODILY INJURY (Per person) \$
	ALL OWNED AUTOS		SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	HIRED AUTOS		NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB		OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB		CLAIMS-MADE				AGGREGATE \$
	DED		RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)
E: Resurfacing District V, #16165B

CERTIFICATE HOLDER

CANCELLATION

State of 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

L Tikkanen, CISR/TA5



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/8/2013

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PRODUCER CROSS INSURANCE - LACONIA 155 Court Street Laconia NH 03246	CONTACT NAME: Linda Tikkanen, CISR PHONE (A/C, No, Ext): (603) 524-2425 E-MAIL ADDRESS: ltikkanen@crossagency.com	FAX (A/C, No): (603) 524-3666
	INSURER(S) AFFORDING COVERAGE	
INSURED State of NH Railroad c/o Continental Paving, Inc. One Continental Drive Londonderry NH 03053	INSURER A: Travelers Ins. Co.	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL133180735 **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			SPS-3C47610A-IND	3/8/2013	3/8/2014	EACH OCCURRENCE \$ 2,000,000			
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$			
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$			
	<input checked="" type="checkbox"/> Railroad Protective						PERSONAL & ADV INJURY \$			
	GEN'L AGGREGATE LIMIT APPLIES PER:									GENERAL AGGREGATE \$ 6,000,000
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG \$
										\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$			
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$			
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$			
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$			
							\$			
	UMBRELLA LIAB						EACH OCCURRENCE \$			
	<input type="checkbox"/> OCCUR						AGGREGATE \$			
	EXCESS LIAB						\$			
	<input type="checkbox"/> CLAIMS-MADE						\$			
	DED	RETENTION \$					\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					OTH-ER			
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					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)
RE: Resurfacing District V, #16165B

CERTIFICATE HOLDER

State of New Hampshire
Department of Transportation
7 Hazen Drive
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
L Tikkanen, CISR/LXT *Linda Tikkanen*



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/8/2013

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PRODUCER CROSS INSURANCE - LACONIA 155 Court Street Laconia NH 03246	CONTACT NAME: Linda Tikkanen, CISR	
	PHONE (A/C, No, Ext): (603) 524-2425 FAX (A/C, No): (603) 524-3666 E-MAIL ADDRESS: ltikkanen@crossagency.com	
INSURED New England Southern Railroad Company Inc. c/o Continental Paving, Inc. One Continental Drive Londonderry NH 03053	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Travelers Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: **CL133180736** 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			SPS-3C476111-IND	3/8/2013	3/8/2014	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$
	<input checked="" type="checkbox"/> Railroad Protective						PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 6,000,000
							PRODUCTS - COMP/OP AGG \$
							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	DED	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)
RE: Resurfacing District V, #16165B

CERTIFICATE HOLDER

CANCELLATION

State of 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

L Tikkanen, CISR/TA5