APR12'22 PM 1:48 RCVD



## 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 March 22, 2022

#### REQUESTED ACTION

Authorize the Department of Transportation to enter into a contract with C.W. Sliter & Sons, LLC d/b/a CWS Fence & Guardrail Co. (Vendor 155763) of Andover, NH, on the basis of a low bid of \$1,323,562.50 for repair of damaged beam guardrail on the Central and Eastern Turnpike systems and Tier 1 roadways within Districts 5 and 6 (Project: Guardrail Repair South 43590), from the date of Governor and Council approval through November 17, 2023, unless extended by the Department in accordance with the Standard Specifications. 34% Turnpike Funds, 66% Other Funds (Betterment).

Funding is available in State Fiscal Year 2022 and Fiscal Year 2023, and is contingent upon the availability and continued appropriation of funds in Fiscal Year 2024 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: 04-096-096-963015-30390000                   | FY 2022      | FY 2023      | FY 2024     |
|---|--------------|--------------|-------------|
| Highway Betterment Aid<br>400-500870 Highway Contract Payments                | \$442,587.50 | \$442,587.50 | \$0.00      |
| 04-096-096-961017-70270000<br>Turnpike Central Maintenance                    |              |              |             |
| 400-500870 Highway Contract Payments  | \$125,000.00 | \$125,000.00 | \$17,193.74 |
| 04-096-096-961017-70320000<br>East NH Turnpike Blue Star Turnpike Maintenance |              |              |             |
| 400-500870 Highway Contract Payments  | \$12,000.00  | \$12,000.00  | \$1,719.38  |
| 04-096-096-961017-70370000 East NH Turnpike Spaulding Turnpike Maintenance    | e            |              |             |
| 400-500870 Highway Contract Payments  | \$65,000.00  | \$65,000.00  | \$15,474.38 |

#### **EXPLANATION**

This project is part of the State's Ten Year Transportation Improvement Plan, under the Turnpike Operations Program (TPK-R&R) and District Statewide Repair Program (BET-STAL-HQ). This contract provides for the repair of damaged beam guardrail on the Central and Eastern Turnpike system, and Tier 1 roadways within Districts 5 & 6. Work will be initiated via a work order issued by the Bureau's Administrator/District Engineer, their duly authorized representative, or Maintenance Superintendent or Supervisor. All materials required to facilitate repairs will be furnished by the Contractor.

#### Page 2

Due to safety concerns, when existing railing within District 5 or 6, or on the Turnpike system is damaged, this contract will be invoked to repair the damaged guardrail that cannot be fixed by Turnpike or District personnel.

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 34% Turnpike Operations and 66% Betterment.

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/pci

Department Estimate: \$1,423,535.00

Contract Amount:

\$1,323,562.50

Under Estimate:

99,972.50

Attachments

# New Hampshire Department of Transportation

## **ABC Bid Data**

**GUARDRAIL REPAIR SOUTH** 

43590

**NON-FEDERAL** 

PROJECT: GUARDRAIL REPAIR SOUTH

STATE PROJECT NUMBER: 43590

. 43390

FED. PROJECT NUMBER:

NON-FEDERAL

DATE BIDS OPEN:

March 10, 2022, 2:00

SCOPE OF WORK:

Central, Eastern Turnpikes, I-93 and Rt. 101 guardail repair on as needed basis.

COMPLETION DATE:

November 17, 2023

LOCATION:

Hillsborough

Awarded To: CWS FENCE & GUARDRAIL

CO

Amount:

Award Date:

261 FRANKLIN ROAD

ANDOVER, NH 03216-3810

\$1,323,562.50

Certified by: PETER.E.STAMNAS

Director of Project Development

## **Summary of Bidders**

| Contractor                               | Bid Amount     | Rank |
|--|----------------|------|
| CWS FENCE & GUARDRAIL CO                 | \$1,323,562.50 | Α    |
| 261 FRANKLIN ROAD, ANDOVER NH 03216-3810 |                |      |
| PREMIER FENCE LLC                        | \$1,562,998.55 | В    |
| 1010 TURNPIKE STREET, CANTON MA 02021    |                |      |



## **ABC Bid Data**

GUARDRAIL REPAIR SOUTH 43590 NON-FEDERAL

|           |   | . 4  |            | PS&E       |                | 261 FRA    | & GUARDRAIL CO<br>NKLIN ROAD<br>, NH 03216-3810 | PREMIER FENCE LLC<br>1010 TURNPIKE STREET<br>CANTON, MA 02021 |               |  |
|-----------|---|------|------------|------------|----------------|------------|---|---|---------------|--|
| Item No.  | Description   | Unit | Quantity   | Unit Price | Total          | Unit Price | Total   | Unit Price  | Total         |  |
| Items     |   |      |            |            |                |            |   |   |               |  |
| 606.0001  | STEEL BEAM FOR BEAM GUARDRAIL, INCLUDING HARDWARE                   | LF   | 2,625.00   | \$13.00    | \$34,125.00    | \$15.00    | \$39,375.00                                     | \$26.45   | \$69,431.25   |  |
| 606.0031  | STEEL BEAM (THRIE BEAM) FOR BEAM GUARDRAIL, INCLUDING HARDWARE      | LF   | 925.00     | \$18.00    | \$16,650.00    | \$39.50    | \$36,537.50                                     | \$53.50   | \$49,487.50   |  |
| 606.120   | BEAM GUARDRAIL (STANDARD SECTION) (STEEL POST)                      | LF   | 3,300.00   | \$28.00    | \$92,400.00    | \$21.00    | \$69,300.00                                     | \$35.50   | \$117,150.00  |  |
| 606.1254  | BEAM GUARDRAIL (TERMINAL UNIT TYPE EAGRT, TL 3) (STEEL POST)        | U    | 129.00     | \$4,150.00 | \$535,350.00   | \$3,850.00 | \$496,650.00                                    | \$4,811.20  | \$620,644.80  |  |
| 606.1255  | BEAM GUARDRAIL (TERMINAL UNIT TYPE EAGRT, TL 2)<br>(STEEL POST)     | U    | 15.00      | \$4,150.00 | \$62,250.00    | \$3,850.00 | \$57,750.00                                     | \$4,248.00  | \$63,720.00   |  |
| 606.127   | BEAM GUARDRAIL (TERMINAL UNIT TYPE G-2) (STEEL POST)                | U    | 13.00      | \$1,250.00 | \$16,250.00    | \$1,000.00 | \$13,000.00                                     | \$1,330.00  | \$17,290.00   |  |
| 606.18001 | 31" W-BEAM GUARDRAIL WITH 8" OFFSET BLOCK<br>(STEEL POST)           | LF   | 9,000.00   | \$38.00    | \$342,000.00   | \$34.00    | \$306,000.00                                    | \$35.00   | \$315,000.0   |  |
| 606.2120  | DOUBLE-FACED BEAM GUARDRAIL (STANDARD SECTION) (STEEL POST)         | LF   | 900.00     | \$38.00    | \$34,200.00    | \$32.00    | \$28,800.00                                     | \$65.50   | \$58,950.0    |  |
| 606.21203 | DOUBLE-FACED BEAM GUARDRAIL (THRIE BEAM) (STEEL POST)               | LF   | 230.00     | \$60.00    | \$13,800.00    | \$80.00    | \$18,400.00                                     | \$84.50   | \$19,435.0    |  |
| 606.28001 | 31" DOUBLE FACED W-BEAM GUARDRAIL WITH 8" OFFSET BLOCK (STEEL POST) | LF   | 850.00     | \$40.00    | \$34,000.00    | \$47.00    | \$39,950.00                                     | \$65.00   | \$55,250.00   |  |
| 621.2     | RETROREFLECTIVE BEAM GUARDRAIL DELINEATOR                           | EA   | 355.00     | \$7.00     | \$2,485.00     | \$5.00     | \$1,775.00                                      | \$8.00  | \$2,840.0     |  |
| 621.31    | SINGLE DELINEATOR WITH POST   | EA   | 400.00     | \$55.00    | \$22,000.00    | \$60.00    | \$24,000.00                                     | \$53.00   | \$21,200.0    |  |
| 621.32    | DOUBLE DELINEATOR WITH POST   | EA   | 85.00      | \$65.00    | \$5,525.00     | \$65.00    | \$5,525.00                                      | \$60.00   | \$5,100.0     |  |
| 692.17    | MOBILIZATION - EMERGENCY (GUARDRAIL REPAIR)                         | U    | 13.00      | \$4,500.00 | \$58,500.00    | \$2,500.00 | \$32,500.00                                     | \$1,000.00  | \$13,000.0    |  |
| 692.18    | MOBILIZATION - NIGHT (GUARDRAIL REPAIR)                             | U    | 13.00      | \$2,500.00 | \$32,500.00    | \$2,500.00 | \$32,500.00                                     | \$1,000.00  | \$13,000.0    |  |
| 1008.11   | ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK            | \$   | 115,000.00 | \$1.00     | \$115,000.00   | \$1.00     | \$115,000.00                                    | \$1.00  | \$115,000.0   |  |
| 1010.15   | FUEL ADJUSTMENT   | \$   | 6,500.00   | \$1.00     | \$6,500.00     | \$1.00     | \$6,500.00                                      | \$1.00  | \$6,500.0     |  |
|           |   |      | Totals:    |            | \$1,423,535.00 |            | \$1,323,562.50                                  |   | \$1,562,998.5 |  |

Totals:

\$1,423,535.00

\$1,323,562.50

\$1,562,998.55



## **PS&E Comparison**

GUARDRAIL REPAIR SOUTH 43590 NON-FEDERAL

|           |   |      |          |            |              | PS&        | E            |                   |  |
|-----------|---|------|----------|------------|--------------|------------|--------------|-------------------|--|
| Item No.  | Description   | Unit | Quantity | Unit Price | Total        | Unit Price | Total        | A-PS&E Difference |  |
| Items     |   |      |          |            |              |            |              |                   |  |
| 606.0001  | STEEL BEAM FOR BEAM GUARDRAIL,<br>INCLUDING<br>HARDWARE                   | LF   | 2,625.00 | \$15.00    | \$39,375.00  | \$13.00    | \$34,125.00  | \$5,250.00        |  |
| 606.0031  | STEEL BEAM (THRIE BEAM) FOR BEAM<br>GUARDRAIL,<br>INCLUDING HARDWARE      | LF   | 925.00   | \$39.50    | \$36,537.50  | \$18.00    | \$16,650.00  | \$19,887.50       |  |
| 606.120   | BEAM GUARDRAIL (STANDARD SECTION)<br>(STEEL POST)                         | LF   | 3,300.00 | \$21.00    | \$69,300.00  | \$28.00    | \$92,400.00  | (\$23,100.00)     |  |
| 606.1254  | BEAM GUARDRAIL (TERMINAL UNIT TYPE<br>EAGRT, TL 3)<br>(STEEL POST)        | U    | 129.00   | \$3,850.00 | \$496,650.00 | \$4,150.00 | \$535,350.00 | (\$38,700.00)     |  |
| 606.1255  | BEAM GUARDRAIL (TERMINAL UNIT TYPE<br>EAGRT, TL 2)<br>(STEEL POST)        | U    | 15.00    | \$3,850.00 | \$57,750.00  | \$4,150.00 | \$62,250.00  | (\$4,500.00)      |  |
| 606.127   | BEAM GUARDRAIL (TERMINAL UNIT TYPE G-2)<br>(STEEL<br>POST)                | U    | 13.00    | \$1,000.00 | \$13,000.00  | \$1,250.00 | \$16,250.00  | (\$3,250.00)      |  |
| 606.18001 | 31" W-BEAM GUARDRAIL WITH 8" OFFSET<br>BLOCK<br>(STEEL POST)              | LF   | 9,000.00 | \$34.00    | \$306,000.00 | \$38.00    | \$342,000.00 | (\$36,000.00)     |  |
| 606.2120  | DOUBLE-FACED BEAM GUARDRAIL<br>(STANDARD<br>SECTION) (STEEL POST)         | LF   | 900.00   | \$32.00    | \$28,800.00  | \$38.00    | \$34,200.00  | (\$5,400.00)      |  |
| 606.21203 | DOUBLE-FACED BEAM GUARDRAIL (THRIE<br>BEAM)<br>(STEEL POST)               | LF   | 230.00   | \$80.00    | \$18,400.00  | \$60.00    | \$13,800.00  | \$4,600.00        |  |
| 606.28001 | 31" DOUBLE FACED W-BEAM GUARDRAIL<br>WITH 8"<br>OFFSET BLOCK (STEEL POST) | LF   | 850.00   | \$47.00    | \$39,950.00  | \$40.00    | \$34,000.00  | \$5,950.00        |  |
| 621.2     | RETROREFLECTIVE BEAM GUARDRAIL DELINEATOR                                 | EA   | 355.00   | \$5.00     | \$1,775.00   | \$7.00     | \$2,485.00   | (\$710.00)        |  |
| 621.31    | SINGLE DELINEATOR WITH POST   | EA   | 400.00   | \$60.00    | \$24,000.00  | \$55.00    | \$22,000.00  | \$2,000.00        |  |



## **PS&E Comparison**

GUARDRAIL REPAIR SOUTH 43590 NON-FEDERAL

| 3        |  |      |            | A-Bido     | ler          | PS8        | Ε            |                   |
|----------|--|------|------------|------------|--------------|------------|--------------|-------------------|
| Item No. | Description  | Unit | Quantity   | Unit Price | Total        | Unit Price | Total        | A-PS&E Difference |
| 621.32   | DOUBLE DELINEATOR WITH POST                              | EA   | 85.00      | \$65.00    | \$5,525.00   | \$65.00    | \$5,525.00   | \$0.00            |
| 692.17   | MOBILIZATION - EMERGENCY (GUARDRAIL REPAIR)              | U    | 13.00      | \$2,500.00 | \$32,500.00  | \$4,500.00 | \$58,500.00  | (\$26,000.00)     |
| 692.18   | MOBILIZATION - NIGHT (GUARDRAIL REPAIR)                  | U    | 13.00      | \$2,500.00 | \$32,500.00  | \$2,500.00 | \$32,500.00  | \$0.00            |
| 1008.11  | ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK | \$   | 115,000.00 | \$1.00     | \$115,000.00 | \$1.00     | \$115,000.00 | \$0.00            |
| 1010.15  | FUEL ADJUSTMENT  | \$   | 6,500.00   | \$1.00     | \$6,500.00   | \$1.00     | \$6,500.00   | \$0.00            |

**Total:** \$1,323,562.50 \$1,423,535.00 (\$99,972.50)

## GUARDRAIL REPAIR SOUTH 43590

February 15, 2022

## SUPPLEMENTAL PROJECT INFORMATION SHEET

**DESCRIPTION:** This contract provides for the repair of damaged beam guardrail on the Central and Eastern Turnpike system, and Tier 1 roadways within Districts 5 & 6. Work will be initiated via a work order issued by the Bureau's Administrator/District Engineer, their duly authorized representative, or Maintenance Superintendent or Supervisor. All materials required to facilitate repairs will be furnished by the Contractor.

**FEDERAL FUNDING:** 0% (34% (\$480,000) Turnpike Funded (7027, 7032 & 7037, Class 400) & 66% (\$945,700) District 5/6 Betterment HQ Funded (3039, Class 400))

**CONTINGENCY:** 0%

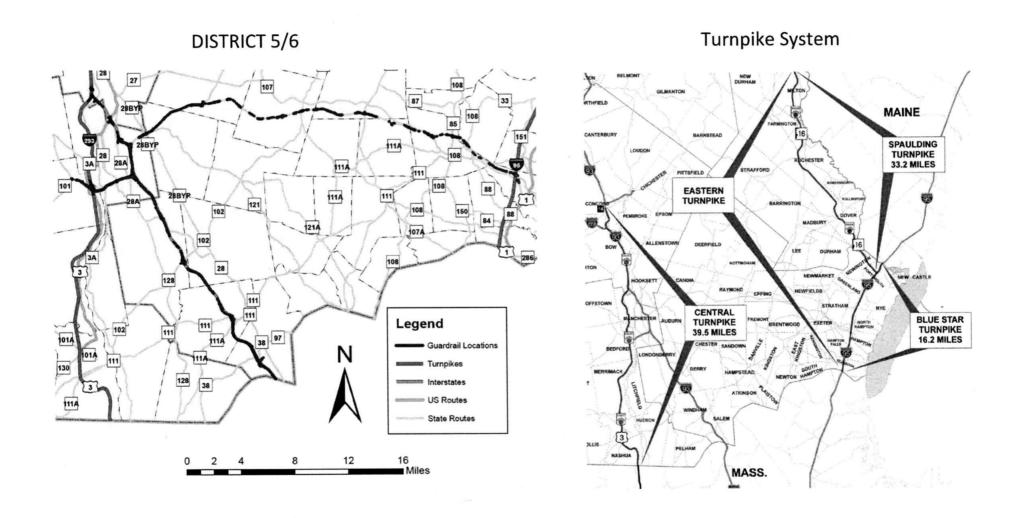
PROJECT INITIATED: Bureau of Turnpikes/Highway Maintenance

**PROJECT EXPLANATION:** Due to safety concerns, when existing railing within District 5 or 6, or on the Turnpike system is damaged, this contract will be invoked by the Bureau's Administrator, their duly authorized representative, or Maintenance Superintendent or Supervisor to repair the damaged guardrail that cannot be fixed by Turnpike or District personnel.

**TRAFFIC IMPLICATIONS:** NHDOT forces will provide lane closures as necessary. Lane closures are short term and periodic in accordance with the MUTCD.

**COMPLETION DATE:** November 17, 2023

## **GUARDRAIL REPAIR SOUTH 43590**



# State of New Hampshire Department of State

#### CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that C.W. SLITER & SONS, LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on January 17, 1984. 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: 74644

Certificate Number: 0005744792



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 1st day of April A.D. 2022.

William M. Gardner Secretary of State

## Sole Officer Certification of Authority

|              | I,                  | Robert M. Carrol (Name)                                      | l, Sr., He     | ereby certify the                 | hat I am the Sole Officer              |          |
|--------------|---------------------|--|----------------|-----------------------------------|--|----------|
| of,          | CWS                 | Sliter & Sons, LLC<br>Fence & Guardrail<br>e of Corporation) |                | which is a Lin<br>registered with | nited Liability Corporation the        | n        |
| Secr<br>Liab | etary o<br>ility Co | f State under RSA orporation.                                | 349. I certify | that I am the                     | Sole Officer of the Limit              | ed       |
|              | I fur               | rther certify that it i                                      | s understood   | that the State                    | e of New Hampshire                     |          |
| will         | rely on             | this certificate as e  | evidence that  | the person lis                    | sted about currently occup             | oies the |
| posit        | ion ind             | licated and that the   | y have full a  | uthority to bin                   | d the Limited Liability                |          |
| Corp         | oration             | 1.   |                |                                   |  |          |
| DAT          | ED: _               | March 11, 2022   |                | _ ATTEST:                         | Robert M. Carroll, Sr.<br>Sole Officer |          |
| + DD         | O IECT              | · CHADDDAH DEC   | DAID COUTU     | #43500                            |  |          |



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/11/2022

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 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                    |                     | CONTACT Donna Bickford   |       |        |  |  |  |
|-----------------------------|---------------------|--|-------|--------|--|--|--|
| THE ROWLEY AGENCY INC.      |                     | PHONE (A/C, No, Ext): (603) 224-2562 FAX (A/C, No): (603) 224-8012 |       |        |  |  |  |
| 45 Constitution Avenue      |                     | E-MAIL<br>ADDRESS: dbickford@rowleyagency.com                      |       |        |  |  |  |
| P.O. Box 511                |                     | INSURER(S) AFFORDING COVERAGE                                      |       | NAIC # |  |  |  |
| Concord NH                  | 03302-0511          | INSURER A: Union Insurance Company                                 |       | 25844  |  |  |  |
| INSURED                     |                     | INSURER B: Acadia Insurance Company                                |       | 31325  |  |  |  |
| C.W. Sliter & Sons, LLC     |                     | INSURER C:   |       |        |  |  |  |
| dba CWS Fence & Guardrail C |                     | INSURER D :  |       |        |  |  |  |
| PO Box 120                  |                     | INSURER E:   |       |        |  |  |  |
| Andover NH                  | 03216               | INSURER F:   |       |        |  |  |  |
| COVERAGES                   | CERTIFICATE NUMBER: | REVISION NUM   | MBER: |        |  |  |  |

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<br>LTR |      | TYPE OF INSURANCE                                 | ADDL | SUBR | POLICY NUMBER    | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) | LIMIT  | 'S           |
|-------------|------|---|------|------|------------------|----------------------------|----------------------------|--|--------------|
|             | х    | COMMERCIAL GENERAL LIABILITY                      | INSU |      |                  | (MINIODITITI)              | (MINISON TITY              | EACH OCCURRENCE DAMAGE TO RENTED                   | s 1,000,000  |
| A           |      | CLAIMS-MADE X OCCUR                               |      |      | CPA5423426-12    | 1/3/2022                   | 1/3/2023                   | PREMISES (Ea occurrence)  MED EXP (Any one person) | s 300,000    |
|             |      |   |      |      |                  | -                          |                            | PERSONAL & ADV INJURY                              | \$ 1,000,000 |
|             | GEN  | N'L AGGREGATE LIMIT APPLIES PER:                  |      |      | ÷                |                            |                            | GENERAL AGGREGATE                                  | \$ 2,000,000 |
|             |      | POLICY X PRO-<br>JECT LOC                         |      |      |                  |                            |                            | PRODUCTS - COMP/OP AGG                             | \$ 2,000,000 |
|             |      | OTHER:  |      |      |                  |                            | 10                         |  | \$           |
|             | AUT  | OMOBILE LIABILITY                                 |      |      | J*               |                            |                            | COMBINED SINGLE LIMIT (Ea accident)                | \$ 1,000,000 |
| A           | х    | ANY AUTO  |      |      |                  |                            |                            | BODILY INJURY (Per person)                         | \$           |
| •           |      | ALL OWNED SCHEDULED AUTOS                         |      |      | CAA5423427       | 1/3/2022                   | 1/3/2023                   | BODILY INJURY (Per accident)                       | \$           |
|             |      | HIRED AUTOS NON-OWNED AUTOS                       |      |      |                  |                            |                            | PROPERTY DAMAGE<br>(Per accident)                  | \$           |
|             |      |   |      |      |                  |                            |                            |  | \$           |
|             | х    | UMBRELLA LIAB X OCCUR                             |      |      | 160              |                            |                            | EACH OCCURRENCE                                    | s 5,000,000  |
| В           |      | EXCESS LIAB CLAIMS-MADE                           |      |      |                  |                            |                            | AGGREGATE  | s 5,000,000  |
|             |      | DED X RETENTION \$ 0                              |      |      | CUA5423428-12    | 1/3/2022                   | 1/3/2023                   | Products/Comp Ops Aggregate                        | \$ 5,000,000 |
|             |      | RKERS COMPENSATION EMPLOYERS' LIABILITY           |      |      |                  |                            |                            | X PER OTH-   |              |
|             | ANY  | PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED? | N/A  |      | WCA5423429-12    |                            |                            | E.L. EACH ACCIDENT                                 | \$ 500,000   |
| В           | (Man | datory in NH)                                     | "    |      | 3A STATES: NH ME | 1/3/2022                   | 1/3/2023                   | E.L. DISEASE - EA EMPLOYEE                         | \$ 500,000   |
|             |      | s, describe under<br>CRIPTION OF OPERATIONS below |      |      |                  |                            |                            | E.L. DISEASE - POLICY LIMIT                        | s 500,000    |
| A           | LEA  | ASESD/RENTED EQUIPMENT                            |      | •    | CPA5423426-12    | 1/3/2022                   | 1/3/2023                   | LIMIT:   | \$50,000     |
|             |      | V   |      |      | 8                |                            |                            |  |              |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Guardrail Repair South #43590

The State of New Hampshire Dept. of Transportation is included as an additional insured (ongoing and completed operations) on all liability policies except workers comp on a primary non-contributory basis when required by written contract with the named insured.

| CERTIFICATE HOLDER   | CANCELLATION  |                  |  |  |  |  |
|--|---|------------------|--|--|--|--|
| State of NH-Dept. of Transportation PO Box 483 Concord, NH 03302 | SHOULD ANY OF THE ABOVE DESCR<br>THE EXPIRATION DATE THEREOF, NO<br>ACCORDANCE WITH THE POLICY PR |                  |  |  |  |  |
| concord, Mi 05502  | AUTHORIZED REPRESENTATIVE   | 6                |  |  |  |  |
|  | Donna Bickford/DTB  | Donna L. Bereger |  |  |  |  |

© 1988-2014 ACORD CORPORATION. All rights reserved.



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/11/2022

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 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).

|      | ertificate holder in lieu of such endors   |                   |             | icles may require an endo                         | n seme  | it. A stateme              | ant on this ce              | itimeate does not come                    | rigitis  | to the    |
|------|--|-------------------|-------------|---|---|----------------------------|-----------------------------|---|----------|-----------|
| _    | DUCER  |                   | . /-        |   | CONTAC<br>NAME:   | Donna B                    | ickford                     |   |          |           |
| THE  | ROWLEY AGENCY INC.   |                   |             |   | PHONE<br>(A/C, No, Ext): (603) 224-2562 FAX<br>(A/C, No): (603) 224-8012  |                            |                             |   |          |           |
| 45   | Constitution Avenue  |                   |             |   | E-MAIL  | ss. dbickfo                | rd@rowleya                  | agency.com                                |          |           |
| P.(  | D. Box 511   |                   |             |   | ADDICE  |                            |                             | DING COVERAGE                             |          | NAIC #    |
| Cor  | ncord NH 033   | 302-0             | 511         |   | INSURE  |                            | Insurance                   |   |          | 31325     |
| INSL | RED  |                   |             | -   | INSURE  |                            |                             |   |          |           |
| Sta  | ate of NH-Departmentt of Tran  | spor              | tati        | ion   | INSURE  |                            |                             |   |          |           |
| 8/   | C.W. Sliter & Sons, LLC  | •                 |             |   | INSURE  |                            |                             |   |          |           |
| PO   | Box 120  |                   |             |   | INSURE  |                            |                             |   |          |           |
| And  | lover NH 032   | 16                |             |   | INSURE  |                            |                             |   |          |           |
| CO   | VERAGES CER  | TIFIC             | ATE         | NUMBER: 2022 OCP #                                |   |                            |                             | REVISION NUMBER:                          |          |           |
| C    | HIS IS TO CERTIFY THAT THE POLICIES OF<br>IDICATED. NOTWITHSTANDING ANY REQUENTIFICATE MAY BE ISSUED OR MAY PER'<br>KCLUSIONS AND CONDITIONS OF SUCH P                         | JIREMI<br>TAIN, T | ENT, THE IN | TERM OR CONDITION OF AN<br>NSURANCE AFFORDED BY T | Y CONT  | RACT OR OTH                | HER DOCUME!<br>BED HEREIN I | NT WITH RESPECT TO WH                     | ICH THIS |           |
| INSR | TYPE OF INSURANCE  | ADDL              | SUBR        | POLICY NUMBER                                     |   | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP                  | LIMI                                      | TS       |           |
| LTR  | COMMERCIAL GENERAL LIABILITY   | INSD              | WVD         | FOLICT NUMBER                                     |   | (MINIJUDITTT)              | (MM/DD/YYYY)                | EACH OCCURRENCE                           | Īs .     | 1,000,000 |
| A    | CLAIMS-MADE X OCCUR  |                   |             |   |   |                            |                             | DAMAGE TO RENTED PREMISES (Ea occurrence) | s        |           |
| ^    | X Owners & Contractors Protec  |                   |             | OCPB2231114940                                    |   | 4/20/2022                  | 5/20/2024                   | MED EXP (Any one person)                  | s        |           |
|      | Where a contractors riotec   |                   |             |   |   |                            | A015-003-003-004-004        | PERSONAL & ADV INJURY                     | s        |           |
|      | GEN'L AGGREGATE LIMIT APPLIES PER:   |                   |             |   |   |                            |                             | GENERAL AGGREGATE                         | s        | 2,000,000 |
|      | Y PRO-   |                   |             |   |   |                            |                             | PRODUCTS - COMP/OP AGG                    | s        |           |
|      | OTHER:   |                   |             |   |   |                            |                             | 111000010 0011117017100                   | s        |           |
|      | AUTOMOBILE LIABILITY   |                   |             | 4   |   |                            |                             | COMBINED SINGLE LIMIT (Ea accident)       | s        |           |
|      | ANY AUTO   |                   |             |   |   |                            |                             | BODILY INJURY (Per person)                | s        |           |
|      | ALL OWNED SCHEDULED AUTOS AUTOS  |                   |             |   |   |                            |                             | BODILY INJURY (Per accident)              | s        |           |
|      | HIRED AUTOS NON-OWNED AUTOS  |                   |             | £   |   |                            |                             | PROPERTY DAMAGE<br>(Per accident)         | s        |           |
|      | AUTOS  |                   |             |   |   |                            |                             | (i el accident)                           | s        |           |
|      | UMBRELLA LIAB OCCUR  |                   | $\neg$      |   |   |                            |                             | EACH OCCURRENCE                           | s        |           |
|      | EXCESS LIAB CLAIMS-MADE  |                   |             |   |   |                            |                             | AGGREGATE                                 | s        |           |
|      | DED RETENTION \$   |                   |             |   |   |                            |                             |   | s        |           |
|      | WORKERS COMPENSATION   |                   |             |   |   |                            |                             | PER OTH-<br>STATUTE ER                    |          |           |
|      | AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  Y / N  |                   |             |   |   |                            |                             | E.L. EACH ACCIDENT                        | s        |           |
|      | OFFICER/MEMBER EXCLUDED? (Mandatory in NH)   | N/A               |             |   |   |                            | 1                           | E.L. DISEASE - EA EMPLOYEE                | \$       |           |
|      | If yes, describe under<br>DESCRIPTION OF OPERATIONS below  |                   |             |   |   |                            |                             | E.L. DISEASE - POLICY LIMIT               | s        |           |
|      | 2  |                   |             |   |   |                            |                             |   |          |           |
|      | .ee  |                   |             |   |   |                            |                             |   |          | 1         |
|      |  |                   |             |   |   |                            |                             |   |          |           |
|      | DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  Re: NHDOT- Guardrail Repair South #43590 |                   |             |   |   |                            |                             |   |          |           |
| CFF  | RTIFICATE HOLDER   |                   |             |   | CANC  | ELLATION                   |                             |   |          |           |
| JLI  | State of NH-Dept. of Tra<br>PO Box 483<br>Concord, NH 03302  | insp              | orta        |   | 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  Donna Bickford/DTB  Accordance L. Backford |                            |                             |   | BEFORE   |           |
|      | 7  |                   |             |   | Donna   | Bickford/                  | DID                         | of orona                                  | 1)       | 1         |