



THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION



CHRISTOPHER D. CLEMENT, SR.
COMMISSIONER

JEFF BRILLHART, P.E.
ASSISTANT COMMISSIONER

Office of Stewardship & Compliance
May 13, 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 Contractors Risk Management, Inc. (Vendor #201174), Concord, NH in the amount not to exceed \$15,000 for excavation and trenching competent person training from the date of Governor & Council approval through June 30 2014, with the option to renew for a two year period subject to Governor and Council approval. 100% Highway Funds.

Funding is contingent upon the availability and continued appropriation of funds for FY 2014 as follows:

04-96-96-960315-3027	<u>FY2014</u>
Employee Training	
066-500555 Training/Education Consultants	\$15,000.00

EXPLANATION

The Department's Excavation & Trenching Safety Program, EHS-CH300-SAFE-024, developed in accordance with the provisions of the Department of Labor Administrative Rules for Safety and Health, Chapter LAB 1400, requires that excavations and trenches will be inspected by a competent person prior to the start of work and monitored continuously while employees are working within such excavations and trenches. Furthermore, it requires the competent person to conduct an inspection whenever a hazard-increasing event (such as a rainstorm) occurs. Courses will be held for approximately 250 employees throughout the life of this contract, including those in current positions of competent person level and those who are promoted or hired into those positions.

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The Program stipulates that employees selected to be competent persons for DOT projects will receive training on all sections of this program and that a sufficient number of employees will be trained to provide a competent person at each excavation or trench covered by this program. Also, competent person refresher training regarding updates or modifications of procedures, equipment, or policy will be provided triennially (every three years).

In response to the Department's solicitation of services in the Manchester Union Leader, only Contractors Risk Management submitted a bid. Based on the selection criteria developed by the Department and contained in the Request for Proposals, Contractors Risk Management, Inc. (CRM) has been selected to provide the desired services. CRM demonstrated superior qualifications and experience, as well as the ability to conduct the required training as outlined by the Department, at a cost of \$60 per person.

The Contract has been approved by the Attorney General as to form and execution and the Department will verify the necessary funds are available pending enactment of the Fiscal Year 2014 and 2015 budget. Copies of the fully executed contract are on file at the Secretary of State's Office and the Department of Administrative Services' Office, and subsequent to Governor and Council approval will be on file at the Department of Transportation.

Your approval of this submission is respectfully requested.

Sincerely,

A handwritten signature in black ink, appearing to read "C. D. Clement Sr.", with a stylized flourish at the end.

Christopher D. Clement Sr.
Commissioner

Subject:

Excavation & Trenching Competent Person Training Contract

FORM NUMBER P-37 (version 1/09)

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS**1. IDENTIFICATION.**

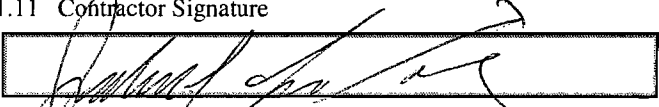
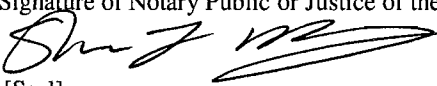
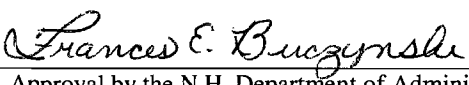
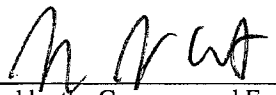
1.1 State Agency Name New Hampshire Department of Transportation		1.2 State Agency Address 7 Hazen Drive, Concord NH 03302	
1.3 Contractor Name Contractors Risk Management		1.4 Contractor Address PO Box 211 Concord NH 03302-0211	
1.5 Contractor Phone Number 603-225-3335	1.6 Account Number See exhibit B	1.7 Completion Date June 30, 2014	1.8 Price Limitation 15,000
1.9 Contracting Officer for State Agency Alexis Martin		1.10 State Agency Telephone Number 603-271-8024	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Jackson S. Ludeking, President	
1.13 Acknowledgement: State of <u>NH</u> County of <u>Hillsborough</u> On <u>5/13/13</u> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace  [Seal]			
1.13.2 Name and Title of Notary or Justice of the Peace Shawn L. McCluskey			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Frances E. Buczynski Director of Policy and Administration	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) By:  On: <u>5/16/13</u>			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

EXHIBIT A

SCOPE OF SERVICES

Excavation & Trenching Competent Person Training

Contractors Risk Management, Inc. (CRM, Inc.) agrees to provide excavation and trenching competent person training in accordance with OSHA regulations and NH Department of Labor rules, as well as the internal safety program of the NH Department of Transportation. As per submitted proposal, at a minimum, the training must include:

- Terminology definitions
- Hazards associated with trenching and excavation
- Various soil types and classifications
- Safe slopes for different soil types and conditions
- Proper installation of shielding and shoring
- Recognition of hazardous conditions caused by machinery, traffic, utilities and weather conditions
- Recognition of slope failure signs
- Inspections
- How cave-ins occur
- Trenching safety
- Scenarios

All aspects of the excavation and trenching competent person training will be conducted in strict compliance with applicable federal, state, and local laws, regulations and orders. The entire training module for each session will be furnished and administered by the CRM, Inc. trainer(s).

Training will be held at NH DOT facilities throughout the state in a minimum of seven training sessions for no more than a total of 300 employees. Each class will be attended by no less than 15, and no more than 25 trainees.

Training sessions will be approximately five hours in length, to include both classroom and hands-on training. Contractors Risk Management, Inc. will provide audio/visual equipment, projection screen, laptop computer, power points, written exams, and, as applicable, training certificates for successful completion of the program.

NH DOT will provide trench boxes, shoring equipment, material handling equipment, and excavation equipment for hands on training purposes.

This Agreement consists of the following documents: Exhibits A, B, & C, which are all incorporated herein by reference as if fully, set forth herein.

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5/3/13

EXHIBIT B

CONTRACT PRICE

Excavation & Trenching Competent Person Training

A. Training

Total cost for training per NHDOT employee will be inclusive of preparation and travel time and shall not exceed \$60.00 per person for a class of 25 employees.

B. Total Cost

Total cost for this contract shall not exceed \$15,000.00 annually.

C. Payments

Payments on account of the fee for services rendered under this agreement will be made by the Department on a completely itemized bill, which will be submitted on a per session basis by Contractors Risk Management, Inc.

Invoices will be addressed to:

Department of Transportation
Attn: Alexis Martin
Office of Stewardship & Compliance
PO Box 0483
Concord NH 03302-0483

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5/3/13

EXHIBIT C

INSURANCE

Excavation & Trenching Competent Person Training

Section 14.1 of Form P-37 requires a \$2 million per occurrence general liability policy. Contractors Risk Management has supplied the Department with current certificates of insurance detailing a general liability policy of \$1 million per occurrence as well as a professional liability policy of \$1 million per occurrence.

The Department believes that the sum of \$2 million these two policies provide is sufficient coverage based on the limited scope of training services being supplied through this contract.

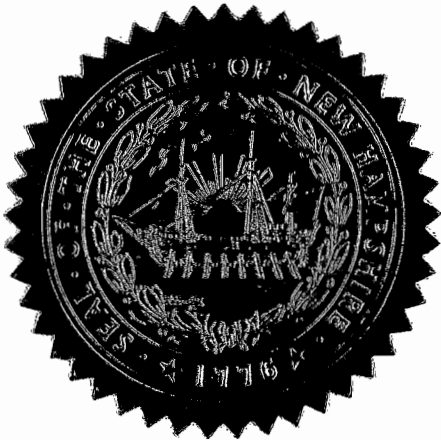
J. All
5/3/13

State of New Hampshire

Department of State

CERTIFICATE

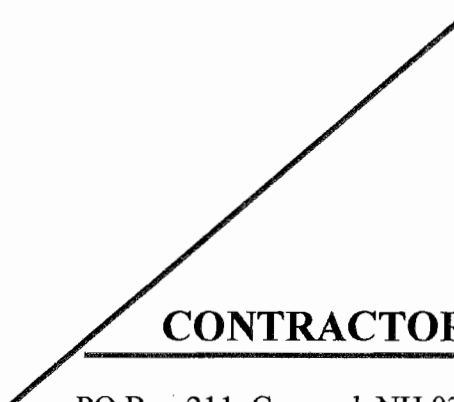
I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that CONTRACTORS RISK MANAGEMENT, INC. is a New Hampshire corporation duly incorporated under the laws of the State of New Hampshire on April 30, 1984. I further certify that all fees and annual reports required by the Secretary of State's office have been received and that articles of dissolution have not been filed.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 25th day of April, A.D. 2013

A handwritten signature in cursive script, appearing to read "Wm Gardner".

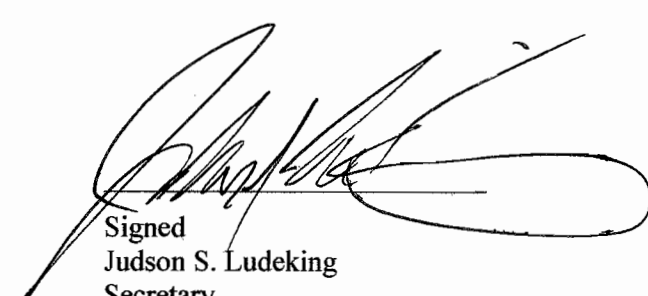
William M. Gardner
Secretary of State



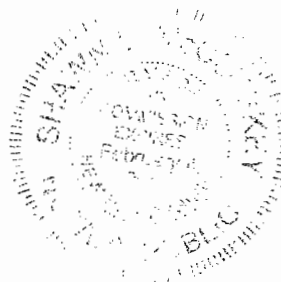
CONTRACTORS RISK MANAGEMENT, INC.

PO Box 211, Concord, NH 03302 www.crmusa.com •Ph (603) 225-3335 •Fx (603) 225-3339

Be advised on April 24, 2013, Judson S. Ludeking, President and Sole Officer of Contractors Risk Management, Inc. held a meeting to approve signing of contracts or other transactions with the State of New Hampshire Department of Transportation.



Signed
Judson S. Ludeking
Secretary



Sharon L. McChesney



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/22/2013

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 THE ROWLEY AGENCY INC. 139 Loudon Road P.O. Box 511 Concord NH 03302-0511		CONTACT NAME: Kelley Massey PHONE: (603) 224-2562 FAX: (603) 224-8012 E-MAIL: kmassey@rowleyagency.com ADDRESS:	
INSURED Contractors Risk Management, Inc. P.O. Box 211 Concord NH 03302-0211		INSURER(S) AFFORDING COVERAGE INSURER A: Nautilus Insurance INSURER B: Acadia Insurance Company INSURER C: MEMIC Indemnity Company INSURER D: INSURER E: INSURER F:	
		NAIC # 11030	

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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY ☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR		NN300887	3/3/2013	3/3/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ Excluded	
	GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☐ LOC						
	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ ALL OWNED AUTOS ☒ HIRED AUTOS	☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS		CAA024725615	3/3/2013	3/3/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$
	UMBRELLA LIAB EXCESS LIAB	☐ OCCUR ☐ CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$
C	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/A	3102800731 3A STATES: NH, MA, CT, VT, RI	3/3/2013	3/3/2014	☒ WC STATU-TORY LIMITS ☐ OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	
	DED RETENTION \$						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Loss Control Services

CERTIFICATE HOLDER

State of New Hampshire - DOT
7 Hazen Drive, Room 250
P.O. Box 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

Kelley Massey/KCO

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