



**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  
February 28, 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 Continental Paving, Inc. of Londonderry, NH (Vendor 155350) on the basis of a low bid of \$2,101,225.00 for resurfacing of approximately 41 miles in District II and in Belknap, Grafton, Merrimack and Sullivan Counties, from the date of Governor and Council approval through September 19, 2014 unless extended by the Department in accordance with the Standard Specifications. 100% Betterment Funds.

Funding is available as follows:	<u>FY 2014</u>
04-96-96-963015-3039	
Highway Betterment Aid	
400-500870 Highway Contract Payments	\$2,101,225.00

**EXPLANATION**

This project is part of the annual Maintenance District resurfacing program. This project involves pavement resurfacing of approximately 41 miles of state highways in the District Two region. 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:	\$2,301,700.00
Contract Amount:	<u>\$2,101,225.00</u>
Under Estimate:	\$ 200,475.00

Attachments

**DISTRICT 1 RESURFACING  
16161C**

January 22, 2014

**SUPPLEMENTAL PROJECT INFORMATION SHEET**

**DESCRIPTION:** This project involves resurfacing 39 miles of roadways in District 1 and in the Counties of Coos and Grafton. Sections of resurfacing are along US 3 (Pittsburg), NH 112 (Woodstock), US 3 (Lincoln), Band Stand Rd (Woodstock), NH 116 (Franconia), NH 142 (Bethlehem-Whitefield), NH 115A (Jefferson), NH-110B (Milan), NH 26 (Colebrook-Dixville), NH 117 (Sugar Hill-Franconia), US 302 (Littleton-Bethlehem), US 3 (Bethlehem-Carroll), NH 16 (Pinkhams Grant), NH 135 (Monroe), and North Rd (Lancaster).

**FEDERAL FUNDING:** 0% (100% Betterment)

**CONTINGENCY:** None

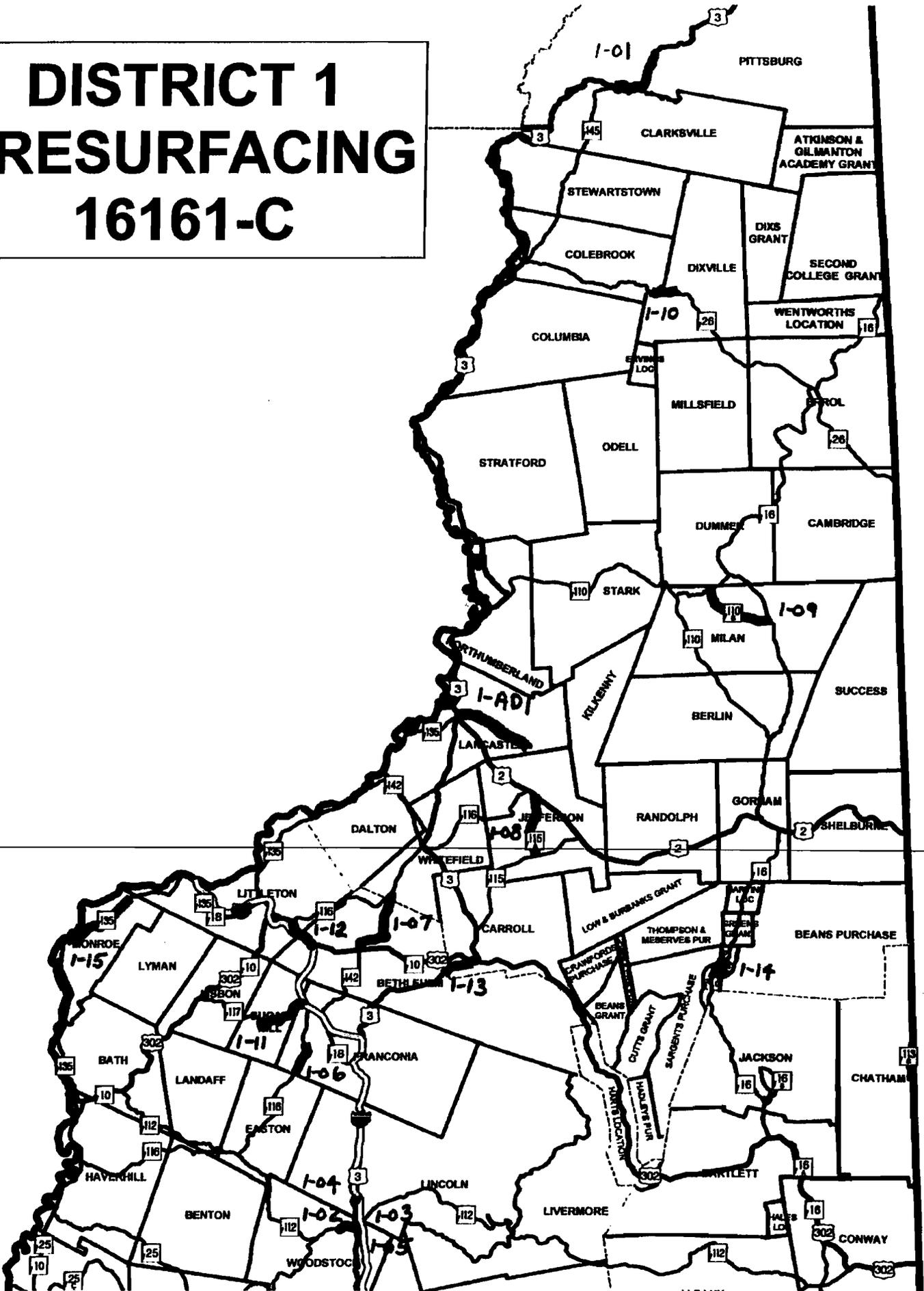
**PROJECT INITIATED:** State's 10-Year Transportation Improvement Program under the "parent" project BRES # 581 (District Betterment Resurfacing Program).

**PROJECT EXPLANATION:** These roadways are located throughout District 1 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 23 through May 27, July 3 through July 7 and from August 29 through September 2, 2014.

**COMPLETION DATE:** October 3, 2014

# DISTRICT 1 RESURFACING 16161-C



**State of New Hampshire  
Department of Transportation**

16161C.01

**Project:** District 1 Resurfacing NONE  
16161C

**County and Code:** COOS COUNTY 007 & GRAFTON 009

**Date Bids Open:** February 27, 2014

**Scope of Work:** ROADWAY RESURFACING

**Location:** SEE THE PROSECUTION OF WORK

**Completion Date:** October 3, 2104

A CONTINENTAL PAVING INC.  
ONE CONTINENTAL DRIVE, LONDONDERRY, NH 03053 \$2,411,665.00

B PIKE INDUSTRIES, INC.  
3 EASTGATE PARK RD BELMONT, NH 03220 \$2,637,885.00

C FRANK W. WHITCOMB CONST. CORP.  
BOX 1000 WALPOLE, N.H. 03608 \$2,669,182.50

Item No:	Description	Unit	Quantity	A		B		C	
				Unit Price	Total	Unit Price	Total	Unit Price	Total
403.11	HOT BITUMINOUS PAVEMENT, MACHINE METHOD	TON	3,500.00	\$76.00	\$266,000.00	\$81.25	\$284,375.00	\$78.80	\$275,800.00
403.12	HOT BITUMINOUS PAVEMENT, HAND METHOD	TON	50.00	\$150.00	\$7,500.00	\$145.00	\$7,250.00	\$200.00	\$10,000.00
403.6	PAVEMENT JOINT ADHESIVE	LF	16,000.00	\$0.25	\$4,000.00	\$0.25	\$4,000.00	\$0.60	\$9,600.00
411.3	PLANT MIX SURFACE TREAT- MENT (AC), PAVER SHIM	TON	23,950.00	\$79.00	\$1,892,050.00	\$82.00	\$1,963,900.00	\$86.35	\$2,068,082.50
417	COLD PLANING BITUMINOUS SURFACES	SY	5,650.00	\$5.00	\$28,250.00	\$12.00	\$67,800.00	\$11.00	\$62,150.00
559.41	ASPHALTIC PLUG FOR CRACK CONTROL (F)	LF	45.00	\$142.00	\$6,390.00	\$142.00	\$6,390.00	\$180.00	\$8,100.00
559.412	REPAIR ASPHALTIC PLUG EXPANSION JOINT (F)	LF	45.00	\$165.00	\$7,425.00	\$165.00	\$7,425.00	\$200.00	\$9,000.00
616.650	TRAFFIC SIGNAL DETECTOR LOOP 6 FT X 50 FT	EA	2.00	\$1,000.00	\$2,000.00	\$860.00	\$1,720.00	\$1,000.00	\$2,000.00
618.61	UNIFORMED OFFICERS WITH VEHICLE	\$	5,000.00	\$1.00	\$5,000.00	\$1.00	\$5,000.00	\$1.00	\$5,000.00
618.7	FLAGGERS	HR	1,250.00	\$21.00	\$26,250.00	\$20.50	\$25,625.00	\$25.00	\$31,250.00
619.253	PORTABLE CHANGEABLE MESSAGE SIGN (UNIT WEEK)	UWK	6.00	\$300.00	\$1,800.00	\$400.00	\$2,400.00	\$1,200.00	\$7,200.00
692	MOBILIZATION	U	1.00	\$50,000.00	\$50,000.00	\$147,000.00	\$147,000.00	\$66,000.00	\$66,000.00
699	MISCELLANEOUS TEMPORARY EROSION AND SEDIMENT CONTROL	\$	5,000.00	\$1.00	\$5,000.00	\$1.00	\$5,000.00	\$1.00	\$5,000.00
1008.11	ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK	\$	5,000.00	\$1.00	\$5,000.00	\$1.00	\$5,000.00	\$1.00	\$5,000.00
1010.15	FUEL ADJUSTMENT	\$	20,000.00	\$1.00	\$20,000.00	\$1.00	\$20,000.00	\$1.00	\$20,000.00
1010.2	ASPHALT CEMENT ADJUSTMENT	\$	85,000.00	\$1.00	\$85,000.00	\$1.00	\$85,000.00	\$1.00	\$85,000.00
					\$2,411,665.00		\$2,637,885.00		\$2,669,182.50

# A - PS&E Comparison

PS&E = NHDOT Cost Estimate

Item No.	Description	Unit	A-Bidder		PS&E		A-PS&E Difference	
			Quantity	Unit Price	Total	Unit Price		Total
403.11	HOT BITUMINOUS PAVEMENT, MACHINE METHOD	TON	3,500.00	\$76.00	\$266,000.00	\$87.00	\$304,500.00	(\$38,500.00)
403.12	HOT BITUMINOUS PAVEMENT, HAND METHOD	TON	50.00	\$150.00	\$7,500.00	\$150.00	\$7,500.00	\$0.00
403.6	PAVEMENT JOINT ADHESIVE	LF	16,000.00	\$0.25	\$4,000.00	\$0.25	\$4,000.00	\$0.00
411.3	PLANT MIX SURFACE TREAT- MENT (AC), PAVER SHIM	TON	23,950.00	\$79.00	\$1,892,050.00	\$87.00	\$2,083,650.00	(\$191,600.00)
417	COLD PLANING BITUMINOUS SURFACES	SY	5,650.00	\$5.00	\$28,250.00	\$7.50	\$42,375.00	(\$14,125.00)
559.41	ASPHALTIC PLUG FOR CRACK CONTROL (F)	LF	45.00	\$142.00	\$6,390.00	\$80.00	\$3,600.00	\$2,790.00
559.412	REPAIR ASPHALTIC PLUG EXPANSION JOINT (F)	LF	45.00	\$165.00	\$7,425.00	\$130.00	\$5,850.00	\$1,575.00
616.650	TRAFFIC SIGNAL DETECTOR LOOP 6 FT X 50 FT	EA	2.00	\$1,000.00	\$2,000.00	\$650.00	\$1,300.00	\$700.00
618.61	UNIFORMED OFFICERS WITH VEHICLE	\$	5,000.00	\$1.00	\$5,000.00	\$1.00	\$5,000.00	\$0.00
618.7	FLAGGERS	HR	1,250.00	\$21.00	\$26,250.00	\$18.50	\$23,125.00	\$3,125.00
619.253	PORTABLE CHANGEABLE MESSAGE SIGN (UNIT WEEK)	UWK	6.00	\$300.00	\$1,800.00	\$450.00	\$2,700.00	(\$900.00)
692	MOBILIZATION	U	1.00	\$50,000.00	\$50,000.00	\$125,000.00	\$125,000.00	(\$75,000.00)
699	MISCELLANEOUS TEMPORARY EROSION AND SEDIMENT CONTROL	\$	5,000.00	\$1.00	\$5,000.00	\$1.00	\$5,000.00	\$0.00
1008.11	ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK	\$	5,000.00	\$1.00	\$5,000.00	\$1.00	\$5,000.00	\$0.00
1010.15	FUEL ADJUSTMENT	\$	20,000.00	\$1.00	\$20,000.00	\$1.00	\$20,000.00	\$0.00
1010.2	ASPHALT CEMENT ADJUSTMENT	\$	85,000.00	\$1.00	\$85,000.00	\$1.00	\$85,000.00	\$0.00
					\$2,411,665.00		\$2,723,600.00	(\$311,935.00)





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/17/2014

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).

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

**COVERAGES**      **CERTIFICATE NUMBER:** CL1431705017      **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			CPA0013804-30	3/31/2014	3/31/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
A	AUTOMOBILE LIABILITY			CAA0013801-30	3/31/2014	3/31/2015	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) \$
	<input checked="" type="checkbox"/> MCS90						\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB		<input checked="" type="checkbox"/> OCCUR	BE15808942	3/31/2014	3/31/2015	EACH OCCURRENCE \$ 10,000,000
	<input type="checkbox"/> EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$ 10,000,000
	<input type="checkbox"/> DED	<input checked="" type="checkbox"/> RETENTION \$ 10,000					\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WPA0013797-31	3/31/2014	3/31/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)**  
**Job Reference: Resurfacing District II 16162C**  
 The State of New Hampshire, Department of Transportation is listed as additional insured for ongoing operations performed by or on behalf of Continental Paving, Inc when required in a written contract.

<b>CERTIFICATE HOLDER</b>  State of New Hampshire Department of Transportation PO Box 483 Concord, NE 03302-0483	<b>CANCELLATION</b>  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)  
3/6/2014

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).

<b>PRODUCER</b> CROSS INSURANCE - LACONIA 155 Court Street  Laconia NH 03246	<b>CONTACT NAME:</b> Linda Tikkanen, CISR <b>PHONE (A/C No. Ext.):</b> (603) 524-2425 <b>E-MAIL ADDRESS:</b> ltikkanen@crossagency.com		<b>FAX (A/C. No.):</b> (603) 524-3666
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> State of New Hampshire, D.O.T. C/O Continental Paving, Inc. One Continental Drive Londonderry NH 03053	<b>INSURER A:</b> Acadia Insurance Group, LLC		31325
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

**COVERAGES**                      **CERTIFICATE NUMBER:** CI1422803912                      **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			OCP5143823-10	3/6/2014	3/6/2015	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"/> Owners & Contractors						PERSONAL & ADV INJURY	\$
	<input type="checkbox"/> Protective Liability						GENERAL AGGREGATE	\$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <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	<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) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	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)  
Resurfacing District II 16162C

<b>CERTIFICATE HOLDER</b>  State of New Hampshire Department of Transportation 7 Hazen Drive PO Box 483 Concord, NH 03302	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b>  J Bagley, CIC/JBB <i>Jancee Bagley</i>