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Victoria F. Sheehan  
Commissioner

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



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  
November 3, 2020

**REQUESTED ACTION**

1. Authorize the Department of Transportation to enter into a contract with Liddell Brothers, Inc. (Vendor 162607) of Halifax, MA, on the basis of a low bid of \$315,247.50, for curve warning signs improvements on State highways, from the date of Governor and Council approval through September 24, 2021, unless extended by the Department in accordance with the Standard Specifications. 100% Federal Funds.

Funding is available in State Fiscal Year 2021, and is contingent upon the availability and continued appropriation of funds in Fiscal Year 2022 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:	<u>FY 2021</u>	<u>FY 2022</u>
04-96-96-963515-3054		
Consolidated Federal Aid		
400-500870 Highway Contract Payments	\$244,316.79	\$70,930.71

2. Further authorize that a contingency in the amount of \$18,914.85 be approved for payment of latent conditions, which may appear during the construction of the project. The contingency requested is 6% of the contract amount.

Funding is available as follows:	<u>FY 2021</u>	<u>FY 2022</u>
04-96-96-963515-3054		
Consolidated Federal Aid		
400-500870 Highway Contract Payments		\$18,914.85

**EXPLANATION**

This project is part of the State's Ten Year Transportation Improvement Plan, under the Highway Safety Improvement Program (HSIP). The scope of work will consist of the removal of deficient and/or non-standard curve warning signs and the installation of new curve warning signs in accordance with the Manual on Uniform Traffic Control Devices (MUTCD) requirements and NHDOT standards. Additional work will include brush clearing and tree trimming in some locations to provide adequate sign visibility.

The purpose of this project is to increase motorist safety on two lane roadways by adding appropriate signing on the roadway's horizontal curves. Proper and consistent signing will warn motorists of the approaching curve and will aid in the reduction of vehicle speeds and roadway departure crashes. The proposed project encompasses approximately 125 miles of state-maintained roads across 31 cities and towns in New Hampshire that have been identified as either conflict locations, or locations that were undergoing construction during previous District curve sign projects. This is the last project to bring the state-maintained roads into compliance with the adopted MUTCD requirements for horizontal alignment warning signs.

The proposed contingency amount is 6% of the contract amount. This is to account for the risks associated with the unknown extent of traffic control needs required for the project.

Although the bid costs exceeded the Department's estimate by 3% the lowest responsive bid of 5 bids received (note that 3 of the 5 had irregularities and deemed non responsive) is felt to be reasonable for the work involved. One item (traffic sign type C) contributed 100% of the overage. Re-advertising this project would result, in our opinion, in higher prices and prevent the completion of the work in a timely manner. The Department considers it to be in the best interest of the State to accept this bid to accomplish these needed repairs.

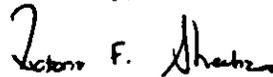
The Contractor has been prequalified by this Department. The Contract has been approved by the Attorney General as to form and execution, and the Department has certified that the necessary funds are available and the bid reasonably conforms to the engineer's estimate in accordance with State procedure. 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: 90% Federal (Highway Safety Improvement Program (HSIP)), with anticipated utilization of Turnpike Toll Credits for the State's 10% match, effectively using 100% Federal Funds.

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/pcj

Department Estimate: \$305,475.00

Contract Amount: \$315,247.50

Over Estimate: \$ 9,772.50

Attachments



# ABC Bid Data

STATEWIDE  
42953  
X-A005(002)

PROJECT: STATEWIDE  
 STATE PROJECT NUMBER: 42953  
 FED. PROJECT NUMBER: X-A005(002)  
 DATE BIDS OPEN: September 24, 2020,  
 SCOPE OF WORK: Curve warning sign improvements on State highways  
 COMPLETION DATE: September 24, 2021  
 LOCATION: Carroll, Rockingham, Hillsborough, Belknap, Cheshire, Grafton, Coos, Merrimack

Awarded To: LIDDELL BROTHERS INC  
 600 INDUSTRIAL DRIVE  
 HALIFAX, MA 02338

Amount: \$315,247.50  
 Award Date:

Certified by: PETER E. STAMNAS  
Director of Project Development

## Summary of Bidders

Contractor	Bid Amount	Rank
LIDDELL BROTHERS INC 600 INDUSTRIAL DRIVE, HALIFAX MA 02338	\$315,247.50	A
ROADSAFE TRAFFIC SYSTEMS INC 55 BODWELL STREET, AVON MA 02322-1112	\$335,950.00	B
K5 CORPORATION 9 ROCKVIEW WAY, ROCKLAND MA 02370	Non-Responsive	C
CPM CONSTRUCTORS INC 30 BONNEY STREET, PO BOX B, FREEPORT ME 04032	Non-Responsive	D
NORTHEAST TRAFFIC CONTROL SERV 8 SCOBEE CIRCLE, PO BOX 946, PLYMOUTH MA 02360-4889	Non-Responsive	E



# ABC Bid Data

STATEWIDE

42953

X-A005(002)

Item No.	Description	Unit	Quantity	P&A		LIDDELL BROTHERS INC 600 INDUSTRIAL DRIVE HALIFAX, MA 02338		ROADSAFE TRAFFIC SYSTEMS INC 55 BODWELL STREET AVON, MA 02322-1112	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

**Items**

201.62	TRIMMING OF TREES	HR	160.00	\$40.00	\$6,000.00	\$30.00	\$4,500.00	\$175.00	\$26,250.00
615.0301	TRAFFIC SIGN TYPE C	SF	3,726.00	\$45.00	\$167,625.00	\$49.50	\$184,387.50	\$50.00	\$186,250.00
615.033	REMOVING TRAFFIC SIGN, TYPE C	U	830.00	\$15.00	\$12,450.00	\$12.00	\$9,960.00	\$15.00	\$12,450.00
615.034	RELOCATING TRAFFIC SIGN, TYPE C	U	80.00	\$130.00	\$10,400.00	\$130.00	\$10,400.00	\$150.00	\$12,000.00
615.0601	TRAFFIC SIGN TYPE CC	SF	800.00	\$15.00	\$12,000.00	\$17.50	\$14,000.00	\$15.00	\$12,000.00
618.61	UNIFORMED OFFICERS WITH VEHICLE	\$	20,000.00	\$1.00	\$20,000.00	\$1.00	\$20,000.00	\$1.00	\$20,000.00
618.7	FLAGGERS	HR	1,000.00	\$35.00	\$35,000.00	\$24.00	\$24,000.00	\$30.00	\$30,000.00
619.1	MAINTENANCE OF TRAFFIC	U	1.00	\$15,000.00	\$15,000.00	\$22,000.00	\$22,000.00	\$10,000.00	\$10,000.00
692.	MOBILIZATION	U	1.00	\$25,000.00	\$25,000.00	\$24,000.00	\$24,000.00	\$25,000.00	\$25,000.00
1010.15	FUEL ADJUSTMENT	\$	2,000.00	\$1.00	\$2,000.00	\$1.00	\$2,000.00	\$1.00	\$2,000.00

Totals:	\$305,476.00	\$316,247.50	\$336,850.00
Alt. Totals:			
Totals:	\$305,476.00	\$316,247.50	\$336,850.00



# ABC Bid Data

STATEWIDE  
42953  
X-A005(002)

Item No.	Description	Unit	Quantity	PS&E		KSI CORPORATION 9 ROCKVIEW WAY ROCKLAND, MA 02278		CPM CONSTRUCTORS INC 38 BONNEY STREET FREEPORT, ME 04832	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

**Items**

201.62	TRIMMING OF TREES	HR	160.00	\$40.00	\$6,000.00	\$1.00	\$150.00	\$40.00	\$6,000.00
616.0301	TRAFFIC SIGN TYPE C	SF	3,725.00	\$45.00	\$167,625.00	\$50.00	\$186,250.00	\$44.50	\$165,762.50
616.033	REMOVING TRAFFIC SIGN, TYPE C	U	830.00	\$15.00	\$12,450.00	\$10.00	\$8,300.00	\$15.00	\$12,450.00
616.034	RELOCATING TRAFFIC SIGN, TYPE C	U	80.00	\$130.00	\$10,400.00	\$50.00	\$4,000.00	\$150.00	\$12,000.00
616.0601	TRAFFIC SIGN TYPE CC	SF	800.00	\$15.00	\$12,000.00	\$17.00	\$13,600.00	\$14.00	\$11,200.00
618.61	UNIFORMED OFFICERS WITH VEHICLE	\$	20,000.00	\$1.00	\$20,000.00	\$1.00	\$20,000.00	\$1.00	\$20,000.00
618.7	FLAGGERS	HR	1,000.00	\$35.00	\$35,000.00	\$1.00	\$1,000.00	\$0.01	\$10.00
619.1	MAINTENANCE OF TRAFFIC	U	1.00	\$15,000.00	\$15,000.00	\$10,000.00	\$10,000.00	\$6,000.00	\$6,000.00
692.	MOBILIZATION	U	1.00	\$25,000.00	\$25,000.00	\$10,000.00	\$10,000.00	\$24,000.00	\$24,000.00
1010.16	FUEL ADJUSTMENT	\$	2,000.00	\$1.00	\$2,000.00	\$1.00	\$2,000.00	\$1.00	\$2,000.00

Totals:	\$305,476.00	\$256,300.00	\$269,422.50
Alt. Totals:			
Totals:	\$305,476.00	\$256,300.00	\$269,422.50



# ABC Bid Data

STATEWIDE  
42953  
X-A005(002)

Item No.	Description	Unit	Quantity	PRAE		NORTHEAST TRAFFIC CONTROL SERV 8 SCOBEE CIRCLE PLYMOUTH, MA 02360-4889		Unit Price	Total
				Unit Price	Total	Unit Price	Total		

**Items**

201.52	TRIMMING OF TREES	HR	150.00	\$40.00	\$6,000.00	\$55.00	\$8,250.00		
615.0301	TRAFFIC SIGN TYPE C	SF	3,725.00	\$45.00	\$167,625.00	\$49.00	\$182,525.00		
615.033	REMOVING TRAFFIC SIGN, TYPE C	U	830.00	\$15.00	\$12,450.00	\$21.00	\$17,430.00		
615.034	RELOCATING TRAFFIC SIGN, TYPE C	U	80.00	\$130.00	\$10,400.00	\$175.00	\$14,000.00		
615.0601	TRAFFIC SIGN TYPE CC	SF	800.00	\$15.00	\$12,000.00	\$15.00	\$12,000.00		
618.61	UNIFORMED OFFICERS WITH VEHICLE	\$	20,000.00	\$1.00	\$20,000.00	\$1.00	\$20,000.00		
618.7	FLAGGERS	HR	1,000.00	\$35.00	\$35,000.00	\$0.01	\$10.00		
619.1	MAINTENANCE OF TRAFFIC	U	1.00	\$15,000.00	\$15,000.00	\$18,500.00	\$18,500.00		
692.	MOBILIZATION	U	1.00	\$25,000.00	\$25,000.00	\$15,000.00	\$15,000.00		
1010.15	FUEL ADJUSTMENT	\$	2,000.00	\$1.00	\$2,000.00	\$1.00	\$2,000.00		

Totals:	\$305,475.00	\$289,715.00
Adj. Totals:		
Totals:	\$305,475.00	\$289,715.00



## PS&E Comparison

STATEWIDE  
42953  
X-A005(002)

Item No.	Description	Unit	Quantity	A-Bidder		PS&E		A-PS&E Difference
				Unit Price	Total	Unit Price	Total	
<b>Items</b>								
201.52	TRIMMING OF TREES	HR	150.00	\$30.00	\$4,500.00	\$40.00	\$6,000.00	(\$1,500.00)
615.0301	TRAFFIC SIGN TYPE C	SF	3,725.00	\$49.50	\$184,387.50	\$45.00	\$167,625.00	\$16,762.50
615.033	REMOVING TRAFFIC SIGN, TYPE C	U	830.00	\$12.00	\$9,960.00	\$15.00	\$12,450.00	(\$2,490.00)
615.034	RELOCATING TRAFFIC SIGN, TYPE C	U	80.00	\$130.00	\$10,400.00	\$130.00	\$10,400.00	\$0.00
615.0601	TRAFFIC SIGN TYPE CC	SF	800.00	\$17.50	\$14,000.00	\$15.00	\$12,000.00	\$2,000.00
618.61	UNIFORMED OFFICERS WITH VEHICLE	\$	20,000.00	\$1.00	\$20,000.00	\$1.00	\$20,000.00	\$0.00
618.7	FLAGGERS	HR	1,000.00	\$24.00	\$24,000.00	\$35.00	\$35,000.00	(\$11,000.00)
619.1	MAINTENANCE OF TRAFFIC	U	1.00	\$22,000.00	\$22,000.00	\$15,000.00	\$15,000.00	\$7,000.00
692.	MOBILIZATION	U	1.00	\$24,000.00	\$24,000.00	\$25,000.00	\$25,000.00	(\$1,000.00)
1010.15	FUEL ADJUSTMENT	\$	2,000.00	\$1.00	\$2,000.00	\$1.00	\$2,000.00	\$0.00
<b>Total:</b>					<b>\$315,247.50</b>		<b>\$305,475.00</b>	<b>\$9,772.50</b>

August 6, 2020

## SUPPLEMENTAL PROJECT INFORMATION SHEET

**DESCRIPTION:** The scope of work will consist of the removal of deficient and/or non-standard curve warning signs and the installation of new curve warning signs in accordance with the Manual on Uniform Traffic Control Devices (MUTCD) requirements and NHDOT standards. Additional work will include brush clearing and tree trimming in some locations to provide adequate sign visibility.

**FEDERAL FUNDING:** 90% (Highway Safety Improvement Program) with anticipated utilization of Turnpike Toll Credits for the State's 10% match.

**CONTINGENCY:** The proposed contingency amount is 6% of the contract amount. This is to account for the risks associated with the unknown extent of traffic control needs required for the project.

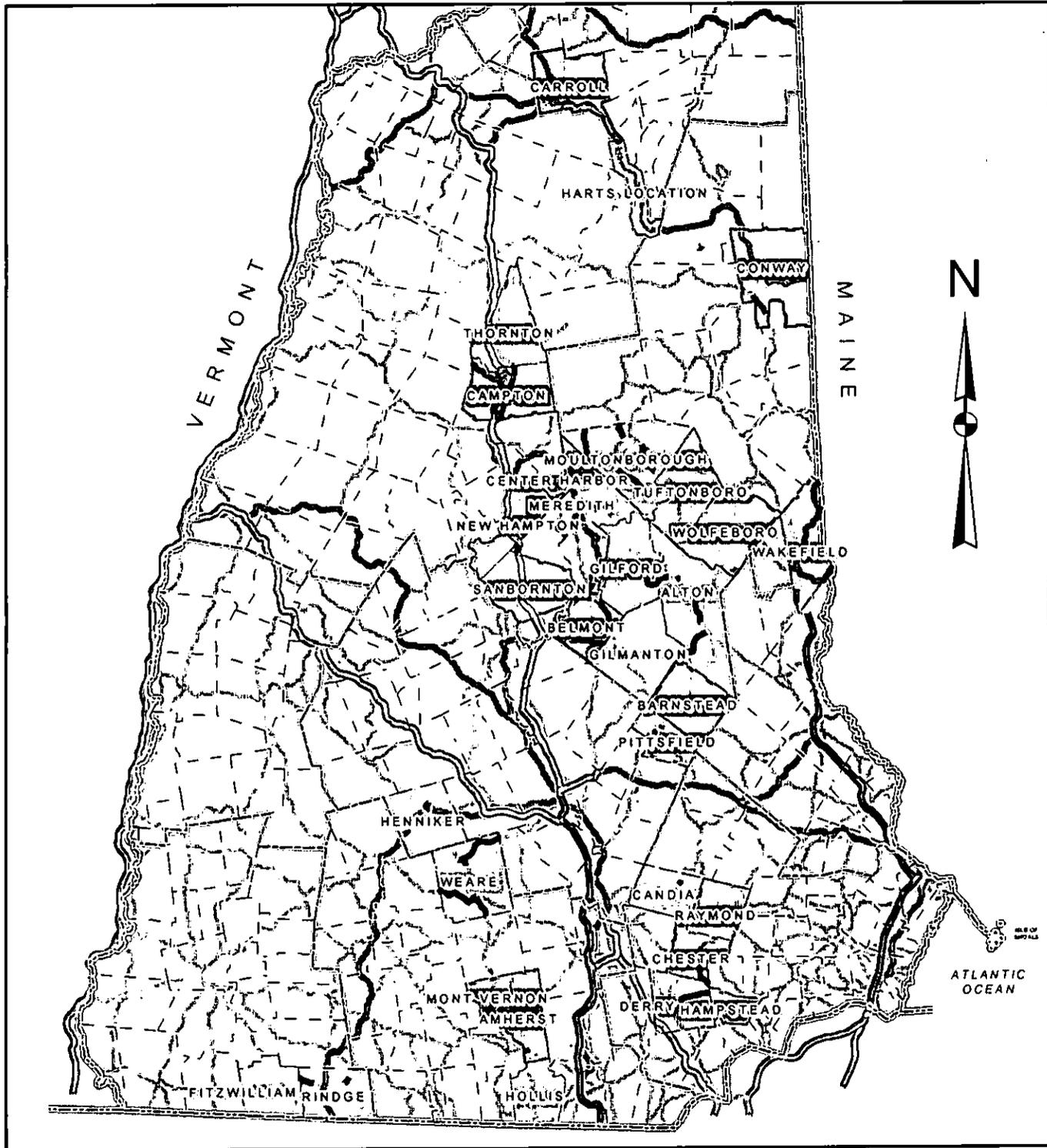
**PROJECT INITIATED:** Initiated as a systemic project through the Highway Safety Improvement Program.

**PROJECT EXPLANATION:** The purpose of this project is to increase motorist safety on two lane roadways by adding appropriate signing on the roadway's horizontal curves. Proper and consistent signing will warn motorists of the approaching curve and will aid in the reduction of vehicle speeds and roadway departure crashes. The proposed project encompasses approximately 125 miles of state-maintained roads across 31 cities and towns in New Hampshire that have been identified as either conflict locations, or locations that were undergoing construction during previous District curve sign projects. This is the last project to bring the state-maintained roads into compliance with the adopted MUTCD requirements for horizontal alignment warning signs.

**TRAFFIC IMPLICATION:** All work will be completed using short duration operations. Some work on shoulders may require closure of adjacent travel lanes. Flaggers or Uniformed Officers when applicable shall be located at all active work areas and at other locations adjacent to the work areas where restricted sight distance impedes traffic flow.

**FINAL COMPLETION DATE:** September 24, 2021.

# STATEWIDE

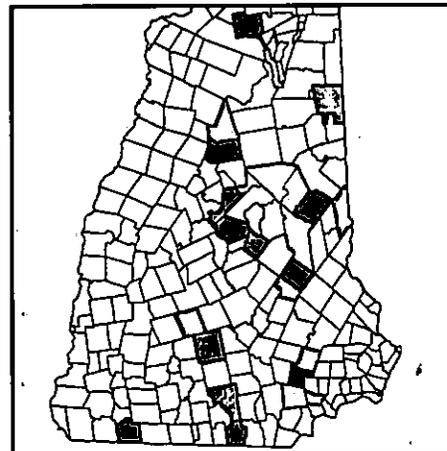


## LEGEND

- Streams
- Water Bodies
- US Routes
- State Routes
- Interstates
- Local Roads
- Town Boundary

New Hampshire  
**DOT**  
 Department of Transportation

State #: 42953  
 Federal #: X-A005 (002)  
**LOCATION MAP**







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/23/2020

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 have ADDITIONAL INSURED provisions or 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 Dowling & O'Neil Insurance Agency 973 Iyannough Road  Hyannis MA 02601	CONTACT NAME: Joanne Sullivan, CSR	PHONE (A/C No, Ext): (800) 640-1620	FAX (A/C, No):
	E-MAIL ADDRESS: jsullivan@doina.com		
INSURED  New Hampshire Northcoast PO Box 429  Ossipee NH 03864-0429	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Zurich Insurance Group		212
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		

COVERAGES CERTIFICATE NUMBER: CL20111953651 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 INSD WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> 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	N/A			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	RAILROAD PROTECTIVE		RRP608110800	11/18/2020	11/18/2021	EACH OCCURANCE \$2,000,000 PER RR AGGREGATE \$6,000,000

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

RE: Statewide X-A005(002) 42953  
 Insurance coverage is limited to the terms, conditions, exclusions, other limitations, and endorsements. Nothing contained in the Certificate of Insurance shall be deemed to have altered, waived, or extended the coverage provided by the policy provisions

CERTIFICATE HOLDER  New Hampshire Northcoast PO Box 429  Ossipee NH 03864-0429	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  

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/23/2020

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 have ADDITIONAL INSURED provisions or 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> Dowling & O'Neil Insurance Agency 973 Iyannough Road  Hyannis MA 02601	<b>CONTACT NAME:</b> Joanne Sullivan, CSR <b>PHONE (A/C No, Ext):</b> (800) 640-1620 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> jsullivan@doin.com  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td colspan="2">INSURER A : Zurich Insurance Group</td> <td style="text-align: center;">212</td> </tr> <tr> <td colspan="2">INSURER B :</td> <td></td> </tr> <tr> <td colspan="2">INSURER C :</td> <td></td> </tr> <tr> <td colspan="2">INSURER D :</td> <td></td> </tr> <tr> <td colspan="2">INSURER E :</td> <td></td> </tr> <tr> <td colspan="2">INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A : Zurich Insurance Group		212	INSURER B :			INSURER C :			INSURER D :			INSURER E :			INSURER F :		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
INSURER A : Zurich Insurance Group		212																				
INSURER B :																						
INSURER C :																						
INSURER D :																						
INSURER E :																						
INSURER F :																						
<b>INSURED</b>  State of New Hampshire and Plymouth & Lincoln Railroad 64 Railroad Street  Lincoln NH 03251																						

**COVERAGES**                      **CERTIFICATE NUMBER:** CL20112353829                      **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <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						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	RAILROAD PROTECTIVE			RRP608110800	11/18/2020	11/18/2021	EACH OCCURANCE \$2,000,000 PER RAILROAD AGGR \$6,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 RE: Statewide X-A005(001) 42953  
  
 Insurance coverage is limited to the terms, conditions, exclusions, other limitations, and endorsements. Nothing contained in the Certificate of Insurance shall be deemed to have altered, waived, or extended the coverage provided by the policy provisions

<b>CERTIFICATE HOLDER</b>  State of New Hampshire and Plymouth & Lincoln Railroad 64 Railroad Street Lincoln NH 03251	<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> 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/23/2020

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 have ADDITIONAL INSURED provisions or 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> Dowling & O'Neil Insurance Agency 973 Iyannough Road  Hyannis MA 02601		<b>CONTACT NAME:</b> Joanne Sullivan, CSR <b>PHONE (A/C No, Ext):</b> (800) 640-1620 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> jsullivan@doins.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Zurich Insurance Group	<b>NAIC #</b> 212
		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	
<b>INSURED</b> State of New Hampshire Railroad and Conway Scenic Railroad PO Box 1947  North Conway NH 03860			

**COVERAGES**

CERTIFICATE NUMBER: CL20112353827

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	RAILROAD PROTECTIVE			RRP608110800	11/18/2020	11/18/2021	EACH OCCURANCE \$2,000,000 PER RAILROAD AGGR \$6,000,000

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

RE: Statewide X-A005(002) 42953

Insurance coverage is limited to the terms, conditions, exclusions, other limitations, and endorsements. Nothing contained in the Certificate of Insurance shall be deemed to have altered, waived, or extended the coverage provided by the policy provisions

**CERTIFICATE HOLDER****CANCELLATION**

The State of New Hampshire & Conway Scenic Railroad PO Box 1947  North Conway NH 03860	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 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/19/2020

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PRODUCER Dowling & O'Neil Insurance Agency 973 Iyannough Road  Hyannis MA 02601	CONTACT NAME: Joanne Sullivan, CSR	
	PHONE (A/C, No, Ext): (800) 640-1620 FAX (A/C, No): E-MAIL ADDRESS: jsullivan@doin.com	
INSURED State of New Hampshire Department of Transportation 7 Hazen Drive PO Box 483 Concord NH 03302-0483	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Zurich Insurance Group	212
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

## COVERAGES

CERTIFICATE NUMBER: CL20111853585

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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		OCP563726100	11/18/2020	11/18/2021	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> OCP	GENERAL AGGREGATE \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	PRODUCTS - COM/OP/AGG \$				
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$				
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					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			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

RE: Statewide X-A005(002) 42953

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## CERTIFICATE HOLDER

New Hampshire DOT 7 Hazen Drive PO Box 483 Concord NH 03302-0483
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## 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 

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