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THE STATE OF NEW HAMPSHIRE DEPARTMENT OF TRANSPORTATION



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William Cass, P.E. Commissioner

David Rodrigue, P.E. Assistant Commissioner
Andre Briere, Colonel, USAF (RET) Deputy Commissioner

His Excellency, Governor Christopher T. Sununu and the Honorable Council State House Concord, New Hampshire 03301

Bureau of Construction March 18, 2024

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 \$1,276,275 for guardrail repair of damaged beam guardrail in the Central and Eastern Turnpike system and Tier 1 roadways within Districts 5 and 6 (Project: Statewide Guardrail Repair South #44528), from the date of Governor and Council approval through December 5, 2025, unless extended by the Department in accordance with the Standard Specifications. 34% Turnpike Funds, 66% Other Funds (Betterment).

Funding is available in State Fiscal Years 2024 and 2025 and is anticipated to be available in Fiscal Year 2026 as follows, with the ability to adjust encumbrances through the Budget Office between State Fiscal Years if needed and justified:

Table with 4 columns: Description, FY 2024, FY 2025, FY 2026. Rows include Highway Betterment Aid, Turnpike Central Maintenance, and East NH Turnpike Spaulding Turnpike Maintenance.

EXPLANATION

This project is part of the State's Ten-Year Transportation Improvement Plan, under the Turnpike Operations and District 5 and 6 Betterment Funding. 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.

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.

This project funding is: 0% Federal funds [34% Turnpike Funded (7027, 7032 & 7037, Class 400) & 66% District 5/6 Betterment HQ Funded (3039, Class 400)].

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.

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,



William J. Cass, P.E.  
Commissioner

WC/pcj

Department Estimate:	\$1,284,075
Contract Amount:	<u>\$1,276,275</u>
Under Estimate:	\$ 7,800

Attachments



# ABC Bid Data

STATEWIDE GUARDRAIL REPAIR SOUTH  
44528  
NON-FEDERAL

**PROJECT:** STATEWIDE GUARDRAIL REPAIR SOUTH  
**STATE PROJECT NUMBER:** 44528  
**FED. PROJECT NUMBER:** NON-FEDERAL  
**DATE BIDS OPEN:** March 07, 2024, 2:00  
**SCOPE OF WORK:** Central, Eastern Turnpikes, I-93 and Rt. 101 guardrail repair on as needed basis.  
**COMPLETION DATE:** December 05, 2025  
**LOCATION:** Merrimack

**Awarded To:** CWS SLITER & SONS LLC dba  
CWS FENCE & GUARDRAIL  
261 FRANKLIN ROAD  
ANDOVER, NH 03216-3810  
**Amount:** \$1,276,275.00  
**Award Date:**

**Certified by:** WILLIAM J. OLDENBURG  
Director of Project Development

## Summary of Bidders

Contractor	Bid Amount	Rank
CWS SLITER & SONS LLC dba CWS FENCE & GUARDRAIL 261 FRANKLIN ROAD, ANDOVER NH 03216-3810	\$1,276,275.00	A
DELUCCA FENCE COMPANY, INC. 5 OLD FERRY ROAD, METHUEN MA 01844	\$1,319,131.25	B
VERMONT RECREATIONAL SURFACING & FENCING INC PO BOX 147, BARNET VT 05821	\$1,478,842.50	C

Item No.	Description	Unit	Quantity	P&E		CWS SLITER & SONS LLC dba CWS FENCE & GUARDRAIL 281 FRANKLIN ROAD ANDOVER, NH 03216-3810		DELUCCA FENCE COMPANY, INC. 5 OLD FERRY ROAD METHUEN, MA 01844	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items

606.0001	STEEL BEAM FOR BEAM GUARDRAIL, INCLUDING HARDWARE	LF	2,700.00	\$16.00	\$43,200.00	\$22.00	\$59,400.00	\$21.25	\$57,375.00
606.0031	STEEL BEAM (THRIE BEAM) FOR BEAM GUARDRAIL, INCLUDING HARDWARE	LF	950.00	\$41.00	\$38,950.00	\$32.00	\$30,400.00	\$40.25	\$38,237.50
606.1254	BEAM GUARDRAIL (TERMINAL UNIT TYPE EAGRT, TL 3) (STEEL POST)	U	125.00	\$4,000.00	\$500,000.00	\$4,200.00	\$525,000.00	\$4,400.00	\$550,000.00
606.1255	BEAM GUARDRAIL (TERMINAL UNIT TYPE EAGRT, TL 2) (STEEL POST)	U	24.00	\$4,000.00	\$96,000.00	\$4,200.00	\$100,800.00	\$4,400.00	\$105,600.00
606.1471	BEAM GUARDRAIL (TERMINAL UNIT TYPE G-2) (WASH MID-SPLICE)	U	14.00	\$1,200.00	\$16,800.00	\$1,700.00	\$23,800.00	\$1,175.00	\$16,450.00
606.18001	31" W-BEAM GUARDRAIL WITH 8" OFFSET BLOCK (STEEL POST)	LF	8,750.00	\$37.00	\$323,750.00	\$35.00	\$306,250.00	\$33.25	\$290,937.50
606.21203	DOUBLE-FACED BEAM GUARDRAIL (THRIE BEAM) (STEEL POST)	LF	215.00	\$85.00	\$18,275.00	\$75.00	\$16,125.00	\$81.25	\$17,468.75
606.26001	31" DOUBLE FACED W-BEAM GUARDRAIL WITH 8" OFFSET BLOCK (STEEL POST)	LF	750.00	\$50.00	\$37,500.00	\$42.00	\$31,500.00	\$47.25	\$35,437.50
621.2	RETROREFLECTIVE BEAM GUARDRAIL DELINEATOR	EA	500.00	\$6.00	\$3,000.00	\$10.00	\$5,000.00	\$5.25	\$2,625.00
621.31	SINGLE DELINEATOR WITH POST	EA	400.00	\$62.00	\$24,800.00	\$60.00	\$24,000.00	\$60.00	\$24,000.00
621.32	DOUBLE DELINEATOR WITH POST	EA	100.00	\$68.00	\$6,800.00	\$70.00	\$7,000.00	\$65.00	\$6,500.00
692.17	MOBILIZATION - EMERGENCY (GUARDRAIL REPAIR)	U	10.00	\$3,000.00	\$30,000.00	\$2,000.00	\$20,000.00	\$2,500.00	\$25,000.00
692.18	MOBILIZATION - NIGHT (GUARDRAIL REPAIR)	U	10.00	\$2,800.00	\$28,000.00	\$1,000.00	\$10,000.00	\$3,250.00	\$32,500.00
1008.11	ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK	\$	111,000.00	\$1.00	\$111,000.00	\$1.00	\$111,000.00	\$1.00	\$111,000.00
1010.15	FUEL ADJUSTMENT	\$	6,000.00	\$1.00	\$6,000.00	\$1.00	\$6,000.00	\$1.00	\$6,000.00

Totals: **\$1,284,075.00** **\$1,276,275.00** **\$1,318,131.25**

All Totals: **\$1,284,075.00** **\$1,276,275.00** **\$1,318,131.25**

Totals: **\$1,284,075.00** **\$1,276,275.00** **\$1,318,131.25**

Item No.	Description	Unit	Quantity	PS&E		VERMONT RECREATIONAL SURFACING & FENCING INC PO BOX 147 BARNET, VT 05821		Unit Price	Total
				Unit Price	Total	Unit Price	Total		

Items

606.0001	STEEL BEAM FOR BEAM GUARDRAIL, INCLUDING HARDWARE	LF	2,700.00	\$16.00	\$43,200.00	\$22.00	\$59,400.00		
606.0031	STEEL BEAM (THRIE BEAM) FOR BEAM GUARDRAIL, INCLUDING HARDWARE	LF	950.00	\$41.00	\$38,950.00	\$46.00	\$43,700.00		
606.1254	BEAM GUARDRAIL (TERMINAL UNIT TYPE EAGRT, TL 3) (STEEL POST)	U	125.00	\$4,000.00	\$500,000.00	\$4,850.00	\$608,250.00		
606.1255	BEAM GUARDRAIL (TERMINAL UNIT TYPE EAGRT, TL 2) (STEEL POST)	U	24.00	\$4,000.00	\$96,000.00	\$4,850.00	\$118,400.00		
606.1471	BEAM GUARDRAIL (TERMINAL UNIT TYPE G-2) (MASH MID-SPLICE)	U	14.00	\$1,200.00	\$16,800.00	\$1,900.00	\$26,600.00		
606.18001	31" W-BEAM GUARDRAIL WITH 8" OFFSET BLOCK (STEEL POST)	LF	8,780.00	\$37.00	\$323,750.00	\$40.25	\$352,187.50		
606.21203	DOUBLE-FACED BEAM GUARDRAIL (THRIE BEAM) (STEEL POST)	LF	215.00	\$85.00	\$18,275.00	\$77.00	\$16,555.00		
606.28001	31" DOUBLE FACED W-BEAM GUARDRAIL WITH 8" OFFSET BLOCK (STEEL POST)	LF	750.00	\$50.00	\$37,500.00	\$53.00	\$39,750.00		
621.2	RETROREFLECTIVE BEAM GUARDRAIL DELINEATOR	EA	500.00	\$6.00	\$3,000.00	\$6.00	\$3,000.00		
621.31	SINGLE DELINEATOR WITH POST	EA	400.00	\$62.00	\$24,800.00	\$75.00	\$30,000.00		
621.32	DOUBLE DELINEATOR WITH POST	EA	100.00	\$68.00	\$6,800.00	\$80.00	\$8,000.00		
692.17	MOBILIZATION - EMERGENCY (GUARDRAIL REPAIR)	U	10.00	\$3,000.00	\$30,000.00	\$2,500.00	\$25,000.00		
692.18	MOBILIZATION - NIGHT (GUARDRAIL REPAIR)	U	10.00	\$2,800.00	\$28,000.00	\$3,500.00	\$35,000.00		
1008.11	ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK	\$	111,000.00	\$1.00	\$111,000.00	\$1.00	\$111,000.00		
1010.16	FUEL ADJUSTMENT	\$	6,000.00	\$1.00	\$6,000.00	\$1.00	\$6,000.00		

Totals:	\$1,284,075.00	\$1,478,842.50
Alt. Totals:		
Totals:	\$1,284,075.00	\$1,478,842.50



# PS&E Comparison

STATEWIDE GUARDRAIL REPAIR SOUTH

44528

NON-FEDERAL

Item No.	Description	Unit	Quantity	A-Bidder		PS&E		A-PS&E Difference
				Unit Price	Total	Unit Price	Total	
<b>Items</b>								
606.0001	STEEL BEAM FOR BEAM GUARDRAIL, INCLUDING HARDWARE	LF	2,700.00	\$22.00	\$59,400.00	\$16.00	\$43,200.00	\$16,200.00
606.0031	STEEL BEAM (THRIE BEAM) FOR BEAM GUARDRAIL, INCLUDING HARDWARE	LF	950.00	\$32.00	\$30,400.00	\$41.00	\$38,950.00	(\$8,550.00)
606.1254	BEAM GUARDRAIL (TERMINAL UNIT TYPE EAGRT, TL 3) (STEEL POST)	U	125.00	\$4,200.00	\$525,000.00	\$4,000.00	\$500,000.00	\$25,000.00
606.1255	BEAM GUARDRAIL (TERMINAL UNIT TYPE EAGRT, TL 2) (STEEL POST)	U	24.00	\$4,200.00	\$100,800.00	\$4,000.00	\$96,000.00	\$4,800.00
606.1471	BEAM GUARDRAIL (TERMINAL UNIT TYPE G-2) (MASH MID-SPLICE)	U	14.00	\$1,700.00	\$23,800.00	\$1,200.00	\$16,800.00	\$7,000.00
606.18001	31" W-BEAM GUARDRAIL WITH 8" OFFSET BLOCK (STEEL POST)	LF	8,750.00	\$35.00	\$306,250.00	\$37.00	\$323,750.00	(\$17,500.00)
606.21203	DOUBLE-FACED BEAM GUARDRAIL (THRIE BEAM) (STEEL POST)	LF	215.00	\$75.00	\$16,125.00	\$85.00	\$18,275.00	(\$2,150.00)
606.28001	31" DOUBLE FACED W-BEAM GUARDRAIL WITH 8" OFFSET BLOCK (STEEL POST)	LF	750.00	\$42.00	\$31,500.00	\$50.00	\$37,500.00	(\$6,000.00)
621.2	RETROREFLECTIVE BEAM GUARDRAIL DELINEATOR	EA	500.00	\$10.00	\$5,000.00	\$6.00	\$3,000.00	\$2,000.00
621.31	SINGLE DELINEATOR WITH POST	EA	400.00	\$60.00	\$24,000.00	\$62.00	\$24,800.00	(\$800.00)
621.32	DOUBLE DELINEATOR WITH POST	EA	100.00	\$70.00	\$7,000.00	\$68.00	\$6,800.00	\$200.00
692.17	MOBILIZATION - EMERGENCY (GUARDRAIL REPAIR)	U	10.00	\$2,000.00	\$20,000.00	\$3,000.00	\$30,000.00	(\$10,000.00)



# PS&E Comparison

STATEWIDE GUARDRAIL REPAIR SOUTH

44528

NON-FEDERAL

Item No.	Description	Unit	Quantity	A-Bidder		PS&E		A-PS&E Difference
				Unit Price	Total	Unit Price	Total	
692.18	MOBILIZATION - NIGHT (GUARDRAIL REPAIR)	U	10.00	\$1,000.00	\$10,000.00	\$2,800.00	\$28,000.00	(\$18,000.00)
1008.11	ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK	\$	111,000.00	\$1.00	\$111,000.00	\$1.00	\$111,000.00	\$0.00
1010.15	FUEL ADJUSTMENT	\$	6,000.00	\$1.00	\$6,000.00	\$1.00	\$6,000.00	\$0.00
<b>Total:</b>					\$1,276,275.00		\$1,284,075.00	(\$7,800.00)

**STATEWIDE GUARDRAIL REPAIR SOUTH  
44528**

February 13, 2024

**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% Federal Funds [34% Turnpike Funded (7027, 7032 & 7037, Class 400) & 66% District 5/6 Betterment HQ Funded (3039, Class 400)]

**CONTINGENCY:** 0%

**PROJECT INITIATED:** Bureau of Turnpikes/Bureau of Highway Maintenance

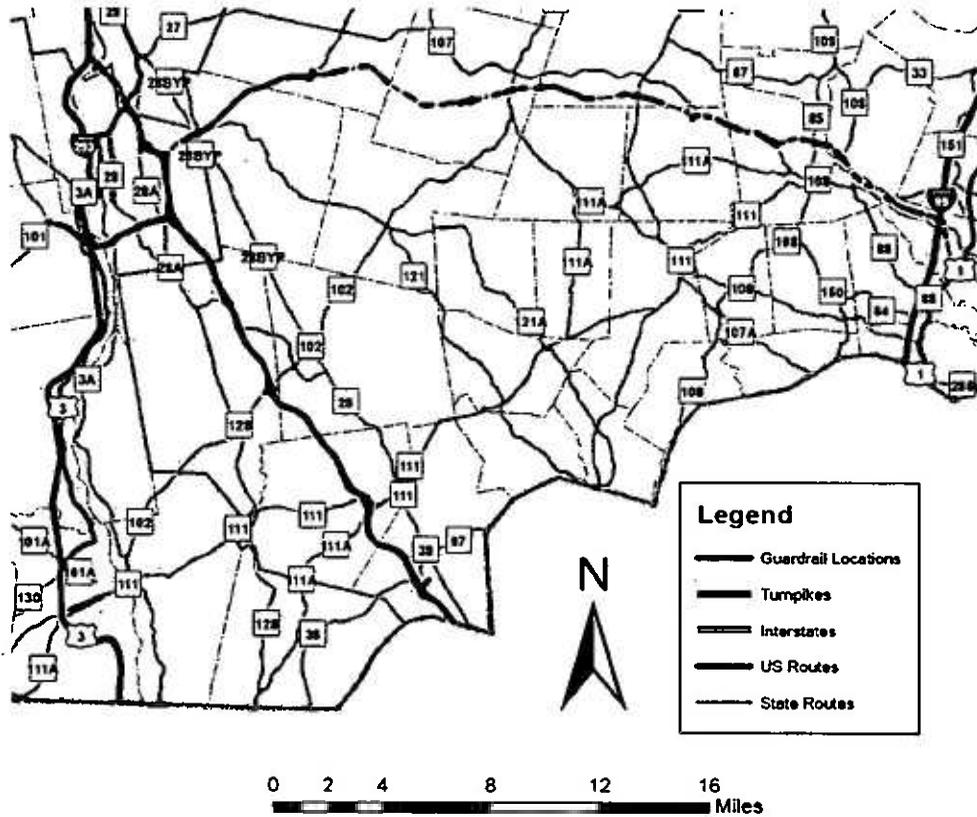
**PROJECT EXPLANATION:** Due to safety concerns, when existing railing within District 5 or 6, or on the Turnpike system is damaged, this contract will be invoked by the Bureau's Administrator, their duly authorized representative, or Maintenance Superintendent or Supervisor to repair the damaged guardrail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

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

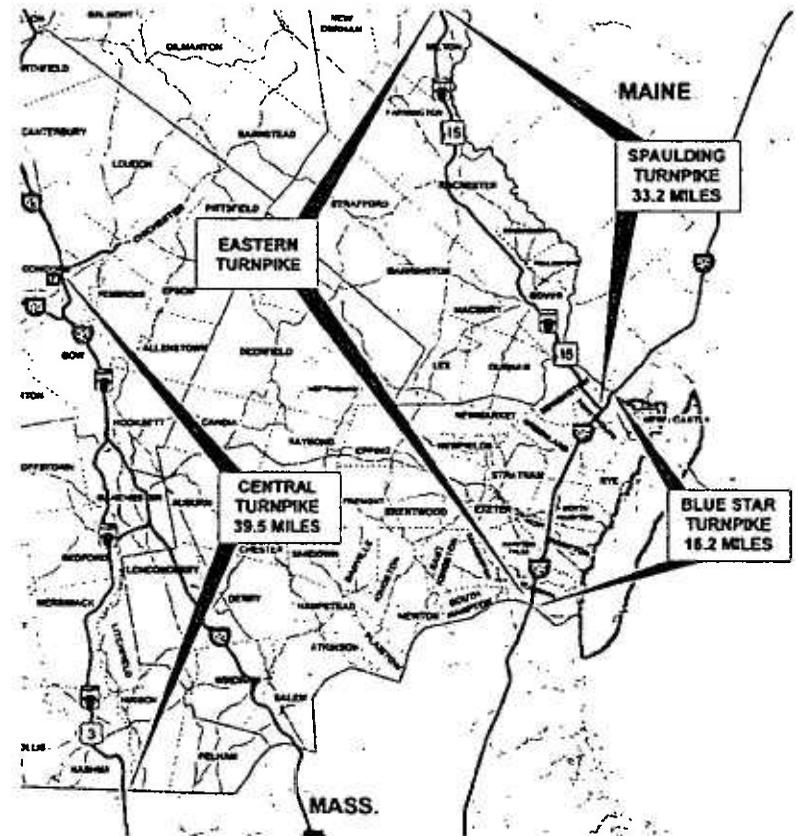
**COMPLETION DATE:** December 5, 2025

# Statewide Guardrail Repair South 44528

## DISTRICT 5/6



## Turnpike System





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/15/2024

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

**COVERAGES** CERTIFICATE NUMBER: 2024-25 All Lines 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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			CPA5540337	1/1/2024	1/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			CAA5540338	1/1/2024	1/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			CUA5540339	1/1/2024	1/1/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 PRODUCTS/COM/POP/AGGR \$ 5,000,000
B	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	WCA5540340 3A STATES: NH ME	1/1/2024	1/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	LEASED/RENTED EQUIPMENT			CPA5540337	1/1/2024	1/1/2025	LIMIT: \$50,000 DEDUCTIBLE: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 REF: 44528 Statewide Guardrail Repair South. REF: 44529 Statewide Guardrail Repair West Following applies when required by written contract with the named insured: State of NH- Dept. of Transportation is included as add'l insured on all liability policies except workers comp on a primary/noncontributory basis. Waiver of Subrogation in favor of AI applies except workers comp.

**CERTIFICATE HOLDER****CANCELLATION**

State of NH- Dept. of Transportation  
 PO Box 483  
 Concord, NH 03302

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Donna Bickford/DTB

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/15/2024

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).

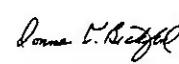
<b>PRODUCER</b> THE ROWLEY AGENCY 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511		<b>CONTACT NAME:</b> Donna Bickford <b>PHONE (A/C No. Ext.):</b> (603) 224-2562 <b>FAX (A/C No.):</b> (603) 224-8012 <b>E-MAIL ADDRESS:</b> dbickford@rowleyagency.com	
<b>INSURED</b> C.W. Sliter & Sons, LLC dba CWS Fence & Guardrail Co. PO Box 120 Andover NH 03216		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Acadia Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** OCP NHDOT#44528      **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.

INBR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners & Contractors Protec			OCPB2431515745	4/10/2024	4/10/2026	EACH OCCURRENCE \$ 1,000,000
	GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP/AGG \$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						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"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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 Guardrail Repair- South #44528

<b>CERTIFICATE HOLDER</b>  State of NH- Dept. of Transportation PO Box 483 Concord, NH 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 Donna Bickford/DTB 
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# State of New Hampshire

## Department of State

### CERTIFICATE

I, David M. Scanlan, 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: 0006660407



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 5th day of April A.D. 2024.

A handwritten signature in black ink, appearing to read "David M. Scanlan".

David M. Scanlan  
Secretary of State

CERTIFICATE OF VOTE

I, Robert M. Carroll Hereby certify that I am duly elected  
Member of C.W. Sliter & Sons, LLC dba  
CWS Fence & Guardrail

I hereby certify the following is a true copy of a vote taken at a meeting  
of the Board of Directors of the Corporation, duly called and held  
on MARCH 18, 2024, at which a quorum of the Board was present  
and voting.

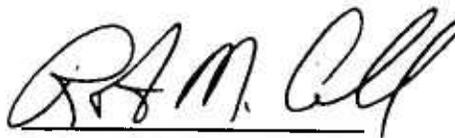
VOTED: That Robert M. Carroll, Jr is duly authorized  
to enter into a specific contract namely STATEWIDE GUARDRAIL REPAIR SOUTH # 49528

With State of New Hampshire, and further authorized to  
Department of Transportation

execute any documents which may in his judgment be desirable or necessary to effect  
the purpose of this vote.

I hereby certify that said vote has not been amended or repealed and remains  
in full force and effect as of MARCH 18, 2024, and that  
Robert M. Carroll, Jr is duly elected Member of this  
Corporation.

DATED: MARCH 18, 2024

ATTEST:   
Robert M. Carroll, Member



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/15/2024

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

**COVERAGES** **CERTIFICATE NUMBER:** 2024-25 All Lines **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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			CPA5540337	1/1/2024	1/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			CAA5540338	1/1/2024	1/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			CUA5540339	1/1/2024	1/1/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 PRODUCTS/COMPL OPS AGGR \$ 5,000,000
B	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	NCA5540340 3A STATES: NH ME	1/1/2024	1/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	LEASED/RENTED EQUIPMENT			CPA5540337	1/1/2024	1/1/2025	LIMIT: \$50,000 DEDUCTIBLE: \$250

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

REF: 44528 Statewide Guardrail Repair South. REF: 44529 Statewide Guardrail Repair West Following applies when required by written contract with the named insured: State of NH- Dept. of Transportation is included as add'l insured on all liability policies except workers comp on a primary/noncontributory basis. Waiver of Subrogation in favor of AI applies except workers comp.

**CERTIFICATE HOLDER****CANCELLATION**

State of NH- Dept. of Transportation  
PO Box 483  
Concord, NH 03302

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Donna Bickford/DTB

*Donna Bickford*

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/15/2024

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> THE ROWLEY AGENCY 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	<b>CONTACT NAME:</b> Donna Bickford <b>PHONE (AC, No, Ext):</b> (603) 224-2562 <b>FAX (AC, No):</b> (603) 224-8012	
	<b>E-MAIL ADDRESS:</b> dbickford@rowleyagency.com	
<b>INSURED</b> State of New Hampshire, Department of Transportation c/o C.W. Sliter & Sons, LLC PO Box 120 Andover NH 03216	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Acadia Insurance Company	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** OCP NBDOT#44528      **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
A	COMMERCIAL GENERAL LIABILITY			OCP559127710	4/10/2024	4/10/2026	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners & Contractors Protec						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						MED EXP (Any one person) \$
	AUTOMOBILE LIABILITY						PERSONAL & ADV INJURY \$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						PRODUCTS - COMPROP AGG \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
	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				COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
							EACH OCCURRENCE \$
							AGGREGATE \$
							\$
							PER STATUTE    OTH-ER
							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 Guardrail Repair- South #44528

**CERTIFICATE HOLDER**      **CANCELLATION**

State of NH- Dept. of Transportation PO Box 483 Concord, NH 03302-0483	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