



THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION



MMA

42

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
April 8, 2024

REQUESTED ACTION

Authorize the Department of Transportation to enter into a contract with Pike Industries, Inc. (Vendor 177300), of Belmont, NH, on the basis of a sole bid of \$2,913,156.75 for resurfacing of various Tier 2, 3 and 4 roadways in eight (8) Towns in District 1 (Project: District 1 #44446), from the date of Governor and Council approval through September 27, 2024, unless amended by the Department in accordance with the Standard Specifications. 100% Other Funds.

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

Table with 3 columns: Funding is available as follows, FY 2024, FY 2025. Row 1: 04-96-96-963015-3039 Highway Betterment Aid. Row 2: 400-500870 Highway Contract Payments \$826,720.58 \$1,929,014.63

Table with 3 columns: Funding is available as follows, FY 2024, FY 2025. Row 1: 04-96-96-963015-8910 SB 367 Capital Investment. Row 2: 400-500870 Highway Contract Payments \$47,226.46 \$110,195.08

EXPLANATION

This project is part of the CY 2024 State Funded Tier 2, 3 and 4 Resurfacing Program (Pave-T2-Resuf, Pave-T3/4-Resurf, and Pave-T3/4-Rehab). This project resurfaces ten (10) sections of various Tier 2, 3 and 4 roadways throughout eight (8) towns in District 1. These sections total approximately 19.2 miles in length. Incidental work includes curb ramp reconstruction, pavement striping, and drainage work.

This project will improve roadway ride quality, extend the life of the pavement, improve curb ramps, and drainage, and delay costlier improvements. The sections will be resurfaced via paver shim, high strength inlay and spot paver drag shim. Three (3) sidewalk curb ramps will be updated to comply with ADA and striping is included in this Contract. All impacted towns and utilities will be notified.

Although the bid costs exceeded the Department's estimate by 10.62% the sole bid received is felt to be reasonable for the work involved. The items that contributed to the higher than anticipated bid were Item 411.3 Paver Shim \$123,236, Item 692 Mobilization \$42,000, and Item 403.11943 Pavement 1/2" Surface Mix \$38,328. 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.

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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, 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: 0% Federal funds (94.4% BETTERMENT, 5.6% SB-367).

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,



William J. Cass, P.E.  
Commissioner

WC/pcj

|                      |                       |
|----------------------|-----------------------|
| Department Estimate: | \$2,633,398.45        |
| Contract Amount:     | <u>\$2,913,156.75</u> |
| Over Estimate:       | \$ 279,758.30         |
| Attachments          |                       |



# ABC Bid Data

DISTRICT 1

44446

NON-FEDERAL

PROJECT: DISTRICT 1  
STATE PROJECT NUMBER: 44446  
FED. PROJECT NUMBER: NON-FEDERAL  
DATE BIDS OPEN: March 19, 2024, 2:00  
SCOPE OF WORK: Resurfacing of various Tier 2, 3 and 4 roadways in District 1  
COMPLETION DATE: September 27, 2024  
LOCATION: Coos, District 1, Grafton, Carroll

Awarded To: PIKE INDUSTRIES, INC.  
3 EASTGATE PARK ROAD  
BELMONT, NH 03220

Amount: \$2,913,156.75

Award Date:

Certified by: WILLIAM J. OLDENBURG  
Director of Project Development

## Summary of Bidders

| Contractor                                                      | Bid Amount     | Rank |
|-----------------------------------------------------------------|----------------|------|
| PIKE INDUSTRIES, INC.<br>3 EASTGATE PARK ROAD, BELMONT NH 03220 | \$2,913,156.75 | A    |

| Item No. | Description | Unit | Quantity | PS&E       |       | PRICE INDUSTRIES, INC.<br>3 EASTGATE PARK ROAD<br>BELMONT, NH 03220 |       | Unit Price | Total |
|----------|-------------|------|----------|------------|-------|---------------------------------------------------------------------|-------|------------|-------|
|          |             |      |          | Unit Price | Total | Unit Price                                                          | Total |            |       |

Items

|           |                                                      |     |           |              |                |              |                |  |  |
|-----------|------------------------------------------------------|-----|-----------|--------------|----------------|--------------|----------------|--|--|
| 203.961   | CLEANING DITCHLINES/SWALES                           | SY  | 1,000.00  | \$20.00      | \$20,000.00    | \$10.00      | \$10,000.00    |  |  |
| 206.1     | COMMON STRUCTURE EXCAVATION                          | CY  | 4.90      | \$650.00     | \$3,185.00     | \$3,500.00   | \$17,150.00    |  |  |
| 304.301   | CRUSHED GRAVEL                                       | CY  | 2.60      | \$200.00     | \$520.00       | \$250.00     | \$650.00       |  |  |
| 304.32    | CRUSHED GRAVEL FOR SHOULDER LEVELING                 | TON | 1,987.90  | \$30.00      | \$59,637.00    | \$45.00      | \$89,455.50    |  |  |
| 403.11943 | HBP-1/2" SURFACE MIX, MACHINE METHOD, HIGH STRENGTH  | TON | 2,556.20  | \$95.00      | \$242,744.00   | \$110.00     | \$281,072.00   |  |  |
| 403.12    | HBP-HAND METHOD                                      | TON | 119.60    | \$200.00     | \$23,960.00    | \$250.00     | \$29,950.00    |  |  |
| 403.16    | PAVEMENT JOINT ADHESIVE                              | LF  | 16,229.50 | \$0.50       | \$7,614.75     | \$1.00       | \$15,229.50    |  |  |
| 410.22    | ASPHALT EMULSION FOR TACK COAT                       | GAL | 10,251.40 | \$5.00       | \$51,257.00    | \$4.00       | \$41,005.60    |  |  |
| 411.3     | PLANT MIX SURFACE TREATMENT, PAVER SHIM              | TON | 12,323.60 | \$95.00      | \$1,170,742.00 | \$105.00     | \$1,293,978.00 |  |  |
| 411.61    | PLANT MIX SURFACE TREATMENT, PAVER SPOT DRAG SHIM    | TON | 2,376.00  | \$95.00      | \$225,625.00   | \$105.00     | \$249,375.00   |  |  |
| 417.      | COLD PLANING BITUMINOUS SURFACES                     | SY  | 29,163.10 | \$4.00       | \$116,652.40   | \$4.50       | \$131,233.95   |  |  |
| 417.1181  | COLD PLANING BITUMINOUS SURFACES, 16" WIDE X 1" DEEP | LF  | 4,163.90  | \$3.50       | \$14,538.65    | \$3.00       | \$12,461.70    |  |  |
| 559.41    | ASPHALTIC PLUG FOR CRACK CONTROL (F)                 | LF  | 40.00     | \$180.00     | \$7,200.00     | \$258.00     | \$10,320.00    |  |  |
| 604.0007  | POLYETHYLENE LINER                                   | EA  | 28.00     | \$150.00     | \$4,200.00     | \$150.00     | \$4,200.00     |  |  |
| 604.4     | RECONSTRUCTING/ADJUSTING CATCH BASIN & DROP INLET    | LF  | 21.00     | \$600.00     | \$12,600.00    | \$1,500.00   | \$31,500.00    |  |  |
| 604.62    | RECONSTRUCTING/ADJUSTING DRAINAGE MANHOLES           | LF  | 1.00      | \$650.00     | \$650.00       | \$1,500.00   | \$1,500.00     |  |  |
| 604.72    | GRATES & FRAMES, TYPE B                              | EA  | 7.00      | \$850.00     | \$5,950.00     | \$1,500.00   | \$10,500.00    |  |  |
| 608.2401  | 4" CONCRETE SIDEWALK                                 | SY  | 22.10     | \$175.00     | \$3,867.50     | \$180.00     | \$3,978.00     |  |  |
| 608.64    | DETECTABLE WARNING DEVICES, CAST IRON                | SY  | 4.80      | \$550.00     | \$2,640.00     | \$650.00     | \$3,120.00     |  |  |
| 609.6     | RESET GRANITE CURB                                   | LF  | 43.00     | \$50.00      | \$2,150.00     | \$100.00     | \$4,300.00     |  |  |
| 618.61    | UNIFORMED OFFICERS WITH VEHICLE                      | \$  | 10,000.00 | \$1.00       | \$10,000.00    | \$1.00       | \$10,000.00    |  |  |
| 618.7     | FLAGGERS                                             | HR  | 3,280.00  | \$50.00      | \$164,000.00   | \$49.00      | \$160,720.00   |  |  |
| 619.1     | MAINTENANCE OF TRAFFIC                               | U   | 1.00      | \$170,000.00 | \$170,000.00   | \$125,000.00 | \$125,000.00   |  |  |
| 619.25    | PORTABLE CHANGEABLE MESSAGE SIGN                     | U   | 4.00      | \$3,500.00   | \$14,000.00    | \$4,000.00   | \$16,000.00    |  |  |

# ABC Bid Data

DISTRICT 1

44446

NON-FEDERAL

| Item No.            | Description                                                               | Unit | Quantity   | PS&E         |                       | PRICE INDUSTRIES, INC.<br>3 EASTGATE PARK ROAD<br>BELMONT, NH 03220 |                       | Unit Price | Total |
|---------------------|---------------------------------------------------------------------------|------|------------|--------------|-----------------------|---------------------------------------------------------------------|-----------------------|------------|-------|
|                     |                                                                           |      |            | Unit Price   | Total                 | Unit Price                                                          | Total                 |            |       |
| 628.2               | SAWED BITUMINOUS PAVEMENT                                                 | LF   | 50.40      | \$5.00       | \$252.00              | \$20.00                                                             | \$1,008.00            |            |       |
| 632.0104            | RETROREFLECTIVE PAINT PAVE. MARKING, 4" LINE                              | LF   | 388,940.00 | \$0.16       | \$62,230.40           | \$0.20                                                              | \$77,788.00           |            |       |
| 632.1104            | PREFORMED RETROREFLECTIVE TAPE, TYPE I (REMOVABLE) 4" LINE                | LF   | 1,103.00   | \$1.50       | \$1,654.50            | \$1.25                                                              | \$1,378.75            |            |       |
| 632.1118            | PREFORMED RETROREFLECTIVE TAPE, TYPE I (REMOVABLE) 18" LINE               | LF   | 38.00      | \$7.50       | \$285.00              | \$6.00                                                              | \$228.00              |            |       |
| 632.3104            | RETROREFLECT. THERMOPLAS. PAVE. MARKING, 4" LINE                          | LF   | 1,103.00   | \$2.25       | \$2,481.75            | \$2.25                                                              | \$2,481.75            |            |       |
| 632.3106            | RETROREFLECT. THERMOPLAS. PAVE. MARKING, 6" LINE                          | LF   | 76.00      | \$2.50       | \$190.00              | \$3.50                                                              | \$266.00              |            |       |
| 632.3108            | RETROREFLECT. THERMOPLAS. PAVE. MARKING, 8" LINE                          | LF   | 525.00     | \$4.00       | \$2,100.00            | \$4.50                                                              | \$2,362.50            |            |       |
| 632.3112            | RETROREFLECT. THERMOPLAS. PAVE. MARKING, 12" LINE                         | LF   | 122.00     | \$5.00       | \$610.00              | \$5.00                                                              | \$610.00              |            |       |
| 632.3118            | RETROREFLECT. THERMOPLAS. PAVE. MARKING, 18" LINE                         | LF   | 38.00      | \$6.25       | \$237.50              | \$6.00                                                              | \$228.00              |            |       |
| 632.32              | RETROREFLECT. THERMOPLAS. PAVEMENT MARKING, SYMBOL OR WORD                | SF   | 360.00     | \$9.25       | \$3,330.00            | \$10.00                                                             | \$3,600.00            |            |       |
| 632.6118            | PREFORMED RETROREFLECTIVE TAPE, LEVEL I, 18" LINE                         | LF   | 132.00     | \$8.25       | \$825.00              | \$8.00                                                              | \$1,056.00            |            |       |
| 632.911             | OBLITERATE PAVE. MARKING LINE, 12" WIDE & UNDER                           | LF   | 835.00     | \$1.50       | \$1,252.50            | \$3.00                                                              | \$2,505.00            |            |       |
| 632.92              | OBLITERATE PAVEMENT MARKING, SYMBOL OR WORD                               | SF   | 101.00     | \$4.00       | \$404.00              | \$8.00                                                              | \$808.00              |            |       |
| 646.41              | TURF ESTABLISHMENT WITH MULCH, TACKIFIERS AND HUMUS                       | SY   | 6.50       | \$125.00     | \$812.50              | \$175.00                                                            | \$1,137.50            |            |       |
| 692.                | MOBILIZATION                                                              | U    | 1.00       | \$140,000.00 | \$140,000.00          | \$182,000.00                                                        | \$182,000.00          |            |       |
| 699.                | MISCELLANEOUS TEMPORARY EROSION AND SEDIMENT CONTROL                      | \$   | 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            |            |       |
| 1008.251            | ALTERATIONS AND ADDITIONS AS NEEDED - TEMPORARY PEDESTRIAN ACCOMMODATIONS | \$   | 3,000.00   | \$1.00       | \$3,000.00            | \$1.00                                                              | \$3,000.00            |            |       |
| 1010.15             | FUEL ADJUSTMENT                                                           | \$   | 20,000.00  | \$1.00       | \$20,000.00           | \$1.00                                                              | \$20,000.00           |            |       |
| 1010.2              | ASPHALT CEMENT ADJUSTMENT                                                 | \$   | 50,000.00  | \$1.00       | \$50,000.00           | \$1.00                                                              | \$50,000.00           |            |       |
| <b>Totals:</b>      |                                                                           |      |            |              | <b>\$2,833,398.45</b> |                                                                     | <b>\$2,913,156.75</b> |            |       |
| <b>Alt. Totals:</b> |                                                                           |      |            |              |                       |                                                                     |                       |            |       |
| <b>Totals:</b>      |                                                                           |      |            |              | <b>\$2,833,398.45</b> |                                                                     | <b>\$2,913,156.75</b> |            |       |



# PS&E Comparison

DISTRICT 1  
44446  
NON-FEDERAL

| Item No.     | Description                                          | Unit | Quantity  | A-Bidder   |                | PS&E       |                | A-PS&E Difference |
|--------------|------------------------------------------------------|------|-----------|------------|----------------|------------|----------------|-------------------|
|              |                                                      |      |           | Unit Price | Total          | Unit Price | Total          |                   |
| <b>Items</b> |                                                      |      |           |            |                |            |                |                   |
| 203.961      | CLEANING DITCHLINES/SWALES                           | SY   | 1,000.00  | \$10.00    | \$10,000.00    | \$20.00    | \$20,000.00    | (\$10,000.00)     |
| 206.1        | COMMON STRUCTURE EXCAVATION                          | CY   | 4.90      | \$3,500.00 | \$17,150.00    | \$650.00   | \$3,185.00     | \$13,965.00       |
| 304.301      | CRUSHED GRAVEL                                       | CY   | 2.60      | \$250.00   | \$650.00       | \$200.00   | \$520.00       | \$130.00          |
| 304.32       | CRUSHED GRAVEL FOR SHOULDER LEVELING                 | TON  | 1,987.90  | \$45.00    | \$89,455.50    | \$30.00    | \$59,637.00    | \$29,818.50       |
| 403.11943    | HBP-1/2" SURFACE MIX, MACHINE METHOD, HIGH STRENGTH  | TON  | 2,555.20  | \$110.00   | \$281,072.00   | \$95.00    | \$242,744.00   | \$38,328.00       |
| 403.12       | HBP-HAND METHOD                                      | TON  | 119.80    | \$250.00   | \$29,950.00    | \$200.00   | \$23,960.00    | \$5,990.00        |
| 403.16       | PAVEMENT JOINT ADHESIVE                              | LF   | 15,229.50 | \$1.00     | \$15,229.50    | \$0.50     | \$7,614.75     | \$7,614.75        |
| 410.22       | ASPHALT EMULSION FOR TACK COAT                       | GAL  | 10,251.40 | \$4.00     | \$41,005.60    | \$5.00     | \$51,257.00    | (\$10,251.40)     |
| 411.3        | PLANT MIX SURFACE TREATMENT, PAVER SHIM              | TON  | 12,323.60 | \$105.00   | \$1,293,978.00 | \$95.00    | \$1,170,742.00 | \$123,236.00      |
| 411.51       | PLANT MIX SURFACE TREATMENT, PAVER SPOT DRAG SHIM    | TON  | 2,375.00  | \$105.00   | \$249,375.00   | \$95.00    | \$225,625.00   | \$23,750.00       |
| 417.         | COLD PLANING BITUMINOUS SURFACES                     | SY   | 29,163.10 | \$4.50     | \$131,233.95   | \$4.00     | \$116,652.40   | \$14,581.55       |
| 417.1181     | COLD PLANING BITUMINOUS SURFACES, 18" WIDE X 1" DEEP | LF   | 4,153.90  | \$3.00     | \$12,461.70    | \$3.50     | \$14,538.65    | (\$2,076.95)      |
| 559.41       | ASPHALTIC PLUG FOR CRACK CONTROL (F)                 | LF   | 40.00     | \$258.00   | \$10,320.00    | \$180.00   | \$7,200.00     | \$3,120.00        |
| 604.0007     | POLYETHYLENE LINER                                   | EA   | 28.00     | \$150.00   | \$4,200.00     | \$150.00   | \$4,200.00     | \$0.00            |



# PS&E Comparison

DISTRICT 1  
44446  
NON-FEDERAL

| Item No. | Description                                                 | Unit | Quantity   | A-Bidder     |              | PS&E         |              | A-PS&E Difference |
|----------|-------------------------------------------------------------|------|------------|--------------|--------------|--------------|--------------|-------------------|
|          |                                                             |      |            | Unit Price   | Total        | Unit Price   | Total        |                   |
| 604.4    | RECONSTRUCTING/ADJUSTING CATCH BASIN & DROP INLET           | LF   | 21.00      | \$1,500.00   | \$31,500.00  | \$600.00     | \$12,600.00  | \$18,900.00       |
| 604.52   | RECONSTRUCTING/ADJUSTING DRAINAGE MANHOLES                  | LF   | 1.00       | \$1,500.00   | \$1,500.00   | \$650.00     | \$650.00     | \$850.00          |
| 604.72   | GRATES & FRAMES, TYPE B                                     | EA   | 7.00       | \$1,500.00   | \$10,500.00  | \$850.00     | \$5,950.00   | \$4,550.00        |
| 608.2401 | 4" CONCRETE SIDEWALK                                        | SY   | 22.10      | \$180.00     | \$3,978.00   | \$175.00     | \$3,867.50   | \$110.50          |
| 608.54   | DETECTABLE WARNING DEVICES, CAST IRON                       | SY   | 4.80       | \$650.00     | \$3,120.00   | \$550.00     | \$2,640.00   | \$480.00          |
| 609.5    | RESET GRANITE CURB                                          | LF   | 43.00      | \$100.00     | \$4,300.00   | \$50.00      | \$2,150.00   | \$2,150.00        |
| 618.61   | UNIFORMED OFFICERS WITH VEHICLE                             | \$   | 10,000.00  | \$1.00       | \$10,000.00  | \$1.00       | \$10,000.00  | \$0.00            |
| 618.7    | FLAGGERS                                                    | HR   | 3,280.00   | \$49.00      | \$160,720.00 | \$50.00      | \$164,000.00 | (\$3,280.00)      |
| 619.1    | MAINTENANCE OF TRAFFIC                                      | U    | 1.00       | \$125,000.00 | \$125,000.00 | \$170,000.00 | \$170,000.00 | (\$45,000.00)     |
| 619.25   | PORTABLE CHANGEABLE MESSAGE SIGN                            | U    | 4.00       | \$4,000.00   | \$16,000.00  | \$3,500.00   | \$14,000.00  | \$2,000.00        |
| 628.2    | SAWED BITUMINOUS PAVEMENT                                   | LF   | 50.40      | \$20.00      | \$1,008.00   | \$5.00       | \$252.00     | \$756.00          |
| 632.0104 | RETROREFLECTIVE PAINT PAVE. MARKING, 4" LINE                | LF   | 388,940.00 | \$0.20       | \$77,788.00  | \$0.16       | \$62,230.40  | \$15,557.60       |
| 632.1104 | PREFORMED RETROREFLECTIVE TAPE, TYPE I (REMOVABLE) 4" LINE  | LF   | 1,103.00   | \$1.25       | \$1,378.75   | \$1.50       | \$1,654.50   | (\$275.75)        |
| 632.1118 | PREFORMED RETROREFLECTIVE TAPE, TYPE I (REMOVABLE) 18" LINE | LF   | 38.00      | \$6.00       | \$228.00     | \$7.50       | \$285.00     | (\$57.00)         |
| 632.3104 | RETROREFLECT. THERMOPLAS. PAVE. MARKING, 4" LINE            | LF   | 1,103.00   | \$2.25       | \$2,481.75   | \$2.25       | \$2,481.75   | \$0.00            |
| 632.3106 | RETROREFLECT. THERMOPLAS. PAVE. MARKING, 6" LINE            | LF   | 76.00      | \$3.50       | \$266.00     | \$2.50       | \$190.00     | \$76.00           |



# PS&E Comparison

DISTRICT 1  
44446  
NON-FEDERAL

| Item No. | Description                                                               | Unit | Quantity  | A-Bidder     |              | PS&E         |              | A-PS&E Difference |
|----------|---------------------------------------------------------------------------|------|-----------|--------------|--------------|--------------|--------------|-------------------|
|          |                                                                           |      |           | Unit Price   | Total        | Unit Price   | Total        |                   |
| 632.3108 | RETROREFLECT. THERMOPLAS. PAVE. MARKING, 8" LINE                          | LF   | 525.00    | \$4.50       | \$2,362.50   | \$4.00       | \$2,100.00   | \$262.50          |
| 632.3112 | RETROREFLECT. THERMOPLAS. PAVE. MARKING, 12" LINE                         | LF   | 122.00    | \$5.00       | \$610.00     | \$5.00       | \$610.00     | \$0.00            |
| 632.3118 | RETROREFLECT. THERMOPLAS. PAVE. MARKING, 18" LINE                         | LF   | 38.00     | \$6.00       | \$228.00     | \$6.25       | \$237.50     | (\$9.50)          |
| 632.32   | RETROREFLECT. THERMOPLAS. PAVEMENT MARKING, SYMBOL OR WORD                | SF   | 360.00    | \$10.00      | \$3,600.00   | \$9.25       | \$3,330.00   | \$270.00          |
| 632.5118 | PREFORMED RETROREFLECTIVE TAPE, LEVEL I, 18" LINE                         | LF   | 132.00    | \$8.00       | \$1,056.00   | \$6.25       | \$825.00     | \$231.00          |
| 632.911  | OBLITERATE PAVE. MARKING LINE, 12" WIDE & UNDER                           | LF   | 835.00    | \$3.00       | \$2,505.00   | \$1.50       | \$1,252.50   | \$1,252.50        |
| 632.92   | OBLITERATE PAVEMENT MARKING, SYMBOL OR WORD                               | SF   | 101.00    | \$8.00       | \$808.00     | \$4.00       | \$404.00     | \$404.00          |
| 646.41   | TURF ESTABLISHMENT WITH MULCH, TACKIFIERS AND HUMUS                       | SY   | 6.50      | \$175.00     | \$1,137.50   | \$125.00     | \$812.50     | \$325.00          |
| 692.     | MOBILIZATION                                                              | U    | 1.00      | \$182,000.00 | \$182,000.00 | \$140,000.00 | \$140,000.00 | \$42,000.00       |
| 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            |
| 1008.251 | ALTERATIONS AND ADDITIONS AS NEEDED - TEMPORARY PEDESTRIAN ACCOMMODATIONS | \$   | 3,000.00  | \$1.00       | \$3,000.00   | \$1.00       | \$3,000.00   | \$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                                                 | \$   | 50,000.00 | \$1.00       | \$50,000.00  | \$1.00       | \$50,000.00  | \$0.00            |

**Total:** \$2,913,156.75 \$2,633,398.45 \$279,758.30

February 16, 2024

## **SUPPLEMENTAL PROJECT INFORMATION SHEET**

**DESCRIPTION:** This project resurfaces ten (10) sections of various Tier 2, 3 and 4 roadways throughout eight (8) towns in District 1. These sections total approximately 19.2 miles in length. Incidental work includes curb ramp reconstruction, pavement striping, and drainage work.

**FEDERAL FUNDING:** 0% (94.4% BETTERMENT, 5.6% SB-367)

**CONTINGENCY:** There is no contingency for this project.

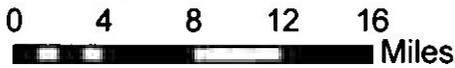
**PROJECT INITIATED:** This project is part of the CY 2024 State Funded Tier 2, 3 and 4 resurfacing program (Pave-T2-Resurf, Pave-T3/4-Resurf, and Pave-T3/4-Rehab). The Pavement Management Section reviewed the road segments included in this project. They identified eight (8) sections for Light Capital Paving totaling 19.0 miles, one (1) section for Roughness totaling 0.3 miles and one (1) section for Drag Shim totaling 0.9 miles.

**PROJECT EXPLANATION:** This project will improve roadway ride quality, extend the life of the pavement, improve curb ramps, and drainage, and delay costlier improvements. The section will be resurfaced via paver shim, high strength inlay and spot paver drag shim. Three (3) sidewalk curb ramps will be updated to comply with ADA and striping is included in this Contract. All impacted towns and utilities will be notified.

**TRAFFIC IMPLICATION:** Only one (1) section will be paved at a time. One-lane, alternating two-way traffic will be required to complete the work. Unless otherwise noted in segment specific requirements, lane closer lengths will be limited to one (1) mile with a two (2) mile separation required between work zones. Traffic will be restored to normal patterns during non-work hours. Work zone significance was determined to be non-significant at the December 21, 2023 TCC meeting.

**FINAL COMPLETION DATE:** September 27, 2024.

# District 1 - 44446



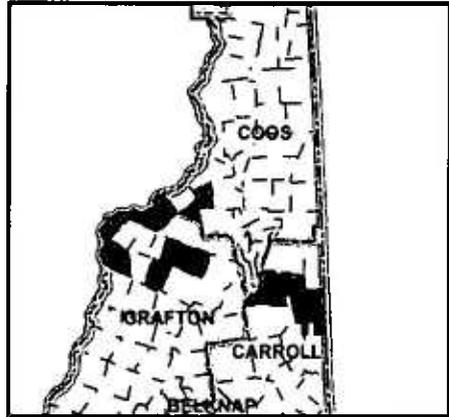
**LEGEND**

- Interstates
- US Routes
- State Routes
- Unnumbered Routes
- Urban Compacts
- 44446

*New Hampshire*  
**DOT**  
 Department of Transportation

**State #: District 1  
44446**

**LOCATION MAP**



# 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 PIKE INDUSTRIES, INC. is a Delaware Profit Corporation registered to transact business in New Hampshire on July 08, 1988. 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: 132573

Certificate Number: 0006656702



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 2nd 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 Authority #1**

*(Corporation, Non-Profit Corporation)*

**Corporate Resolution**

I, **DEBORAH A. KEITH**, hereby certify that I am duly elected Asst. Secretary/Officer of **PIKE INDUSTRIES, INC.** I hereby certify the following is a true copy of a vote taken at *(Name of Corporation)*

a meeting of the Board of Directors/shareholders, duly called and held on **January 22, 2024**, at which a quorum of the Directors/shareholders were present and voting.

VOTED: That **JENNIFER L. DESJARDINS, CONTRACT MANAGER**  
**ALEX PHELPS, VICE PRESIDENT-CONSTRUCTION**  
**GREG GORMAN, REGIONAL MANAGER**  
**JODY PELLETIER, CONSTRUCTION MANAGER**  
**KEN WOOD, AREA MANAGER**  
**JASON HUCKINS, AREA MANAGER**  
**BETHANY HUCKINS, ESTIMATOR-NH**  
*(may list more than one person)*

are duly authorized to enter into contracts or agreements on behalf of

**PIKE INDUSTRIES, INC.** with the State of New Hampshire and any of *(Name of Corporation)*

its agencies or departments and further is authorized to execute any documents which may in his/her 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 the date of the contract to which this certificate is attached. This authority remains valid for thirty (30) days from the date of this Corporate Resolution. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

DATED: **APRIL 9, 2024**

ATTEST:

*Deborah A. Keith*  
**DEBORAH A. KEITH, ASST. SECRETARY**  
*(Name & Title)*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/4/2024

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 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><br>Liberty Mutual Insurance Co. National Insurance East<br>500 N 3rd St, Suite 300<br>Wausau, WI 54403<br><br>www.LibertyMutual.com |  | <b>CONTACT NAME:</b> Valerie Reece                       |                       |
|                                                                                                                                                     |  | <b>PHONE (A/C, No, Ext):</b> 513-867-3822                | <b>FAX (A/C, No):</b> |
|                                                                                                                                                     |  | <b>E-MAIL ADDRESS:</b> Oldcastle.certs@LibertyMutual.com |                       |
| <b>INSURER(S) AFFORDING COVERAGE</b>                                                                                                                |  |                                                          | <b>NAIC #</b>         |
| <b>INSURER A:</b> Liberty Mutual Fire Insurance Company                                                                                             |  |                                                          | 23035                 |
| <b>INSURER B:</b> Liberty Insurance Corporation                                                                                                     |  |                                                          | 42404                 |
| <b>INSURER C:</b>                                                                                                                                   |  |                                                          |                       |
| <b>INSURER D:</b>                                                                                                                                   |  |                                                          |                       |
| <b>INSURER E:</b>                                                                                                                                   |  |                                                          |                       |
| <b>INSURER F:</b>                                                                                                                                   |  |                                                          |                       |

**COVERAGES**                      **CERTIFICATE NUMBER:** 79382472                      **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<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Primary/Non-Contributory<br><input checked="" type="checkbox"/> Separation of Insured<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |                    | TB2-C81-004095-113<br><br>XCU Coverage Included                                                                               | 9/1/2023                | 9/1/2024                | EACH OCCURRENCE \$2,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000<br>MED EXP (Any one person) \$50,000<br>PERSONAL & ADV INJURY \$2,000,000<br>GENERAL AGGREGATE \$10,000,000<br>PRODUCTS - COMP/OP AGG \$10,000,000<br>\$ |
| A        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                                                                                                                                                    |                    | AS2-C81-004095-123<br><br>AS2-C81-054502-523<br>Physical Damage only:<br>Comprehensive Ded \$10,000<br>Collision Ded \$10,000 | 9/1/2023                | 9/1/2024                | COMBINED SINGLE LIMIT (Ea accident) \$2,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                                                              |
| A        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED    RETENTION \$                                                                                                                                                                                                                                              |                    | TL2-681-054523-923<br>(General Liability)                                                                                     | 9/1/2023                | 9/1/2024                | EACH OCCURRENCE \$1,000,000<br>AGGREGATE \$1,000,000<br>Products/Completed Ops \$1,000,000                                                                                                                                                  |
| B        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                                                                                                                                                | Y/N<br>N           | WA7-C8D-004095-023<br>All except OH, ND, WA, WY<br><br>WC7-C81-004095-013<br>WI, MN                                           | 9/1/2023                | 9/1/2024                | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$1,000,000<br>E.L. DISEASE - POLICY LIMIT \$1,000,000                                      |
| A        | Excess Liability - Auto Liability                                                                                                                                                                                                                                                                                                                                                                                                            |                    | TL2-681-054653-443 (Auto)                                                                                                     | 9/1/2023                | 9/1/2024                | Each Occurrence \$1,000,000                                                                                                                                                                                                                 |

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

RE: District 1, 44446.  
State of New Hampshire-DOT is listed as additional insured with regards to the general liability, automobile liability, and excess liability policies, where required by written contract. The excess liability policy follows form.

|                                                                                             |                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CERTIFICATE HOLDER</b><br>State of New Hampshire-DOT<br>P.O. Box 483<br>Concord NH 03302 | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br>Valerie Reece |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/03/2024

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 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><br>MARSH USA, LLC.<br>TWO ALLIANCE CENTER<br>3560 LENOX ROAD, SUITE 2400<br>ATLANTA, GA 30326<br><br>CN103150008-UMB-23-24 | <b>CONTACT NAME:</b>         |                       |
|                                                                                                                                            | <b>PHONE (A/C, No, Ext):</b> | <b>FAX (A/C, No):</b> |
| <b>E-MAIL ADDRESS:</b>                                                                                                                     |                              |                       |
| <b>INSURER(S) AFFORDING COVERAGE</b>                                                                                                       |                              | <b>NAIC #</b>         |
| <b>INSURER A:</b> American Guarantee & Liability Ins Co                                                                                    |                              | 26247                 |
| <b>INSURER B:</b>                                                                                                                          |                              |                       |
| <b>INSURER C:</b>                                                                                                                          |                              |                       |
| <b>INSURER D:</b>                                                                                                                          |                              |                       |
| <b>INSURER E:</b>                                                                                                                          |                              |                       |
| <b>INSURER F:</b>                                                                                                                          |                              |                       |

**COVERAGES**                      **CERTIFICATE NUMBER:** ATL-005728015-01                      **REVISION NUMBER:** 1

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><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GENL AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          |               |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$ |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY               |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$                                    |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED    RETENTION \$                                                                 |           |          | AUC655102514  | 09/01/2023              | 09/01/2024              | EACH OCCURRENCE \$ 1,000,000<br>AGGREGATE \$ 1,000,000                                                                                                                             |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                   | Y/N       | N/A      |               |                         |                         | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                   |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
RE: DISTRICT 1, 4446

STATE OF NEW HAMPSHIRE - DEPARTMENT OF TRANSPORTATION IS INCLUDED AS ADDITIONAL INSURED(S) PER WRITTEN CONTRACT. THE UMBRELLA POLICY IS EXCESS AND FOLLOW FORM TO THE GENERAL LIABILITY TB2-C81-004095-119, AUTOMOBILE LIABILITY AS2-C81-004095-129 AND EMPLOYERS LIABILITY WC7-C81-004095-019 POLICIES SUBJECT TO POLICY TERMS, CONDITIONS AND EXCLUSIONS.

|                                                                                                  |                                                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CERTIFICATE HOLDER</b><br><br>STATE OF NEW HAMPSHIRE-DOT<br>P.O. BOX 483<br>CONCORD, NH 03302 | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br><br><i>Marsh USA LLC</i> |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/4/2024

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 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><br>Liberty Mutual Insurance Co. National Insurance East<br>500 N 3rd St, Suite 300<br>Wausau, WI 54403<br><br>www.LibertyMutual.com | <b>CONTACT NAME:</b> Valerie Reece<br><b>PHONE (A/C, No., Ext):</b> 513-867-3822<br><b>E-MAIL ADDRESS:</b> Oldcastle.certs@LibertyMutual.com | <b>FAX (A/C, No.):</b>                                                 |
|                                                                                                                                                     | <b>INSURER(S) AFFORDING COVERAGE</b>                                                                                                         |                                                                        |
| <b>INSURED</b><br>Pike Industries, Inc. (020-BEL)<br>3 Eastgate Park Road<br>Belmont NH 03220                                                       | <b>INSURER A:</b> Liberty Mutual Fire Insurance Company<br><b>NAIC #</b> 23035                                                               | <b>INSURER B:</b> Liberty Insurance Corporation<br><b>NAIC #</b> 42404 |
|                                                                                                                                                     | <b>INSURER C:</b>                                                                                                                            |                                                                        |
|                                                                                                                                                     | <b>INSURER D:</b>                                                                                                                            |                                                                        |
|                                                                                                                                                     | <b>INSURER E:</b>                                                                                                                            |                                                                        |
|                                                                                                                                                     | <b>INSURER F:</b>                                                                                                                            |                                                                        |

**COVERAGES**      **CERTIFICATE NUMBER:** 79379973      **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"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Primary/Non-Contributory<br><input checked="" type="checkbox"/> Separation of Insured<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | <input checked="" type="checkbox"/> |          | TB2-C81-004095-113<br><br>XCU Coverage Included                                                                               | 9/1/2023                | 9/1/2024                | EACH OCCURRENCE \$2,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000<br>MED EXP (Any one person) \$50,000<br>PERSONAL & ADV INJURY \$2,000,000<br>GENERAL AGGREGATE \$10,000,000<br>PRODUCTS - COMP/OP AGG \$10,000,000<br>\$ |
| A        | <input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                                                                                                                                                    | <input checked="" type="checkbox"/> |          | AS2-C81-004095-123<br><br>AS2-C81-054502-523<br>Physical Damage only:<br>Comprehensive Ded \$10,000<br>Collision Ded \$10,000 | 9/1/2023                | 9/1/2024                | COMBINED SINGLE LIMIT (Ea accident) \$2,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                                                              |
| A        | <input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED    RETENTION \$                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> |          | TL2-681-054523-923<br>(General Liability)                                                                                     | 9/1/2023                | 9/1/2024                | EACH OCCURRENCE \$1,000,000<br>AGGREGATE \$1,000,000<br>Products/Completed Ops \$1,000,000                                                                                                                                                  |
| B        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                                                                                                                                                       | Y/N                                 | N/A      | WA7-C8D-004095-023<br>All except OH, ND, WA, WY<br><br>WC7-C81-004095-013<br>WI, MN                                           | 9/1/2023                | 9/1/2024                | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$1,000,000<br>E.L. DISEASE - POLICY LIMIT \$1,000,000                                       |

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

RE: District 1, 44446.  
 The State of New Hampshire Railroad, Conway Scenic Railroad, their affiliates, successors and assigns and the NH DOT are listed as additional insured with regards to the general liability, automobile liability, and excess liability policies, on a primary and non-contributory basis, where required by written contract.

|                                                                                                                                                                 |                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CERTIFICATE HOLDER</b><br><br>Conway Scenic Railroad, their affiliates, successors and assigns<br>Attn: Dave Swirk<br>P.O. Box 1947<br>North Conway NH 03864 | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br><br>Valerie Reece |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

RAILROAD PROTECTIVE LIABILITY DECLARATIONS



Issued by Liberty Mutual Fire Insurance Company

Policy Number TE2-681-054695-754  
Renewal of NEW  
Account Number 8-036771

Issuing Office Suwanee, GA  
Issue Date 04/13/2024  
Sub Account 0000

Named Insured and Mailing Address  
State of New Hampshire Railroad  
Insurance Department  
PO Box 1947  
North Conway, NH 03864

Franchise

Form of Business Other

Policy Period: The policy period is from 04/16/2024 to 04/16/2025 12:01 A.M. standard time at the Insured's mailing address.

Job Location:

District 1 44446; This project resurfaces 10 sections of various Tier 2, 3, & 4 roadways throughout 8 towns in District 1, totaling approx 19.2 miles Sections: 10 – Monroe, Monroe, Bath, Easton, Easton, Littleton, Bartlett-Conway, Whitefield, Franconia, Whitefield

Designated Contractor:  
Pike Industries, Inc.

Designated Contractor Mailing Address:  
3 Eastgate Park Road  
Belmont, NH 03220

Name and Address of Involved Governmental Authority or Other Contracting Party:

State of NH - D.O.T.  
PO Box 486  
Concord, NH 03302

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

LIMITS OF INSURANCE

Each Occurrence Limit \$ 2,000,000  
Aggregate Limit \$ 6,000,000

SCHEDULE

The declarations are completed on the accompanying "Declarations Extension Schedule(s)".

Railroad Protective Liability Coverage Part Premium \$ 1,500  
Endorsement Premium \$ 0  
Other Charge(s) \$ 0  
Amount Payable at Inception \$ 1,500

Policywriting Minimum Premium \$

Forms Applicable: See Attached Inventory

Producer 0002 008060  
MARSH USA INC  
3560 LENOX RD NE STE 2400  
ATLANTA, GA 30326-4266

Countersigned By:

Authorized Representative



RAILROAD PROTECTIVE LIABILITY DECLARATIONS



Issued by Liberty Mutual Fire Insurance Company

|                |                    |                |             |
|----------------|--------------------|----------------|-------------|
| Policy Number  | TE2-681-054695-764 | Issuing Office | Suwanee, GA |
| Renewal of     | NEW                | Issue Date     | 04/15/2024  |
| Account Number | 8-036771           | Sub Account    | 0000        |

|                                                      |           |
|------------------------------------------------------|-----------|
| Named Insured and Mailing Address                    | Franchise |
| State of New Hampshire Railroad Insurance Department |           |
| 2283 US Rte 3, PO Box 165                            |           |
| North Stratford, NH 03590                            |           |

Form of Business Other

Policy Period: The policy period is from 04/16/2024 to 04/16/2025 12:01 A.M. standard time at the Insured's mailing address.

Job Location:  
 District 1 44446; This project resurfaces 10 sections of various Tier 2, 3, & 4 roadways throughout 8 towns in District 1, totaling approx 19.2 miles Sections: 10 – Monroe, Monroe, Bath, Easton, Easton, Littleton, Bartlett-Conway, Whitefield, Franconia, Whitefield

|                                                 |                                                                                     |
|-------------------------------------------------|-------------------------------------------------------------------------------------|
| Designated Contractor:<br>Pike Industries, Inc. | Designated Contractor Mailing Address:<br>3 Eastgate Park Road<br>Belmont, NH 03220 |
|-------------------------------------------------|-------------------------------------------------------------------------------------|

Name and Address of Involved Governmental Authority or Other Contracting Party:  
 State of NH - D.O.T.  
 PO Box 486  
 Concord, NH 03302

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

LIMITS OF INSURANCE

|                       |              |
|-----------------------|--------------|
| Each Occurrence Limit | \$ 2,000,000 |
| Aggregate Limit       | \$ 6,000,000 |

SCHEDULE

The declarations are completed on the accompanying "Declarations Extension Schedule(s)".

|                                                     |          |
|-----------------------------------------------------|----------|
| Railroad Protective Liability Coverage Part Premium | \$ 1,500 |
| Endorsement Premium                                 | \$ 0     |
| Other Charge(s)                                     | \$ 0     |
| Amount Payable at Inception                         | \$ 1,500 |

Policywriting Minimum Premium \$

Forms Applicable: See Attached Inventory

Producer 0002 008060  
 MARSH USA INC  
 3560 LENOX RD NE STE 2400  
 ATLANTA, GA 30326-4266

Countersigned By:

Authorized Representative

Producer

**OWNERS AND CONTRACTORS PROTECTIVE  
LIABILITY DECLARATIONS**



Issued by Liberty Mutual Fire Insurance Company

Policy Number TF2-681-054695-774  
Renewal of NEW  
Account Number 8-036771

Issuing Office Suwanee, GA  
Issue Date 04/17/2024  
Sub Account 0000

Named Insured and Mailing Address  
State of New Hampshire - D.O.T.  
PO Box 483  
Concord, NH 03302

Franchise

Form of Business Other

Policy Period: The policy period is from 04/16/2024 to 04/16/2025 12:01 A.M. standard time at the Insured's mailing address.

Designated Contractor: Pike Industries, Inc.

Mailing Address: 3 Eastgate Park Road  
Belmont, NH 03220

Location of Coverage Operations: District 1 44446 This project resurfaces 10 sections of various Tier 2, 3, & 4 roadways throughout 8 towns in District 1, totaling approx 19.2 miles Sections: 10 – Monroe, Monroe, Bath, Easton, Easton, Littleton, Bartlett-Conway, Whitefield, Franconia, Whitefield

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

**LIMITS OF INSURANCE**

Each Occurrence Limit \$ 2,000,000  
Aggregate Limit \$ 3,000,000

**SCHEDULE**

The declarations are completed on the accompanying "Declarations Extension Schedule(s)".

Owners and Contractors Protective Liability Coverage Part Premium \$ 1,500  
Endorsement Premium \$  
Total Estimated Premium \$ 1,500  
Other Charges(s) \$

Policywriting Minimum Premium \$

Forms Applicable: See Attached Inventory

Producer 0002 008060  
MARSH USA INC  
3560 LENOX RD NE STE 2400  
ATLANTA, GA 30326-4266

Countersigned By:

Authorized Representative