New Hampshire DOT
Department of Transportation

William Cass, P.E.
Commissioner

THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION

35

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

Bureau of Bridge Design
September 30, 2024

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

REQUESTED ACTION

Authorize the Department of Transportation to **retroactively** amend Contract #4009324 with TranSystems Corporation, Boston, Massachusetts, Vendor #175644, for superstructure replacement in the town of Claremont, by extending the completion date from October 25, 2024, to June 1, 2025, effective upon Governor and Council approval. The original Agreement was approved by Governor and Council on August 8, 2018. Time extension only, no additional funding.

EXPLANATION

This item is **retroactive** due to a previously approved change in scope which lead to a delayed advertising date therefore extending the time required to complete the contract adjustments.

On August 8, 2018, the Governor and Council authorized the subject agreement (Item # 26; copy of Resolution attached) in the amount of $329,983.07 for the preliminary design, final design, public involvement process and associated environmental and cultural services for the rehabilitation efforts associated with the existing bridge carrying NH Route 12A over Sugar River in the City of Claremont. On September 15, 2021, the Governor and Council authorized an amendment to the subject agreement (Item #29k; copy of Resolution attached) to increase the amount payable and extend the completion date from June 30, 2021, to October 25, 2024, because during the preliminary design phase it was determined that superstructure replacement was necessary; therefore, extending the time and expense necessary to complete the project.

The purpose of this time extension amendment is to allow the consultant sufficient time to complete the additional construction phase efforts despite a delay on advertisement date. Completion of roadwork is anticipated in late April of 2025, and the bridge work is anticipated to be completed by the middle of December 2024. The work is approximately 94% complete and of the original $409,407.40 amount for this contract there is a balance of approximately $25,325 remaining (100% State Funds: SB367).

This Agreement has been approved by the Attorney General as to form and execution. The Department has verified that the necessary funds are available. Copies of the fully executed Agreement are on file at the Secretary of State's Office and the Department of Administrative Services, and subsequent to Governor and Council approval will be on file at the Department of Transportation.

It is respectfully requested that authority be given to amend this Agreement for consulting services as outlined above.

Sincerely,

William J. Cass, P.E.
Commissioner

Attachments

Appendix 2.1.37a – Time Extension Letter (rev. 01/05/2023)

New Hampshire DOT
Department of Transportation

William Cass, P.E.
Commissioner

THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION

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

CLAREMONT
X-A003(590)
27691
Time Extension Amendment
(Agreement Dated JUNE 11, 2018, Contract No. 4009324)

Bureau of Bridge Design
Room 230
Tel. (603) 271-2731
Fax: (603) 271-2759

July 10, 2024

Mr. Evan Lowell, PE
TranSystems Corporation
101 Archer Street, Suite 301
Boston, MA 02110

Dear Mr. Lowell:

This letter amends Article I, Section H (Date of Completion) in the above-referenced Agreement. The original and amended dates are as follows:

Original Completion Date	OCTOBER 25, 2024
By this letter, amended to	JUNE 1, 2025

This no-additional-cost change order for the extension is as requested by your email dated June 12, 2024.

This amendment becomes effective upon approval by the Governor and Council.

Sincerely,

Jason A. Tremblay

Jason A. Tremblay,
Project Manager

Approved: William J. Oldenburg, P.E.
Director of Project Development

We concur in the above Amendment.

TRANSYSTEMS CORPORATION

By: Evan Lowell

Title: Senior Vice President

JAT/kga

AGREEMENT AMENDMENT

CLAREMONT, X-A003(590), 27691

TRANSYSTEMS CORPORATION

IN WITNESS WHEREOF the parties hereto have executed this amended AGREEMENT on the day and year first above written.

Consultant

WITNESS TO THE CONSULTANT

By: _____

Senior Vice President

Dated: 8/13/2024

CONSULTANT

By: _____

Senior Vice President (Title)

Dated: 8/13/2024

Department of Transportation

WITNESS TO THE STATE OF NEW HAMPSHIRE

By: _____

Dated: 10/7/24

THE STATE OF NEW HAMPSHIRE

By: _____

Director of Project Development

for DOT COMMISSIONER

Dated: 10/7/24

Attorney General

This is to certify that the above-amended AGREEMENT has been reviewed by this office and is approved as to form and execution.

Dated: 10/25/2024

By: _____

~~Assistant~~ Attorney ~~General~~

Secretary of State

This is to certify that the GOVERNOR AND COUNCIL on _____ approved this amended AGREEMENT.

Dated: _____ Attest:

By: _____

Secretary of State

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 TRANSYSTEMS CORPORATION is a Missouri Profit Corporation registered to transact business in New Hampshire on February 20, 2002. 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: **397228**

Certificate Number: **0006777565**

IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 16th day of September A.D. 2024.

David M. Scanlan

Secretary of State

TRANSYSTEMS

TranSystems

2400 Pershing Road, Suite 400
Kansas City, MO 64108
Tel 816 329 8600

www.transystems.com

August 13, 2024

State of New Hampshire
Department of Transportation
Time Extension Amendment
Agreement Dated June 11, 2018
Contract No. 27691, Parts A & B
Attn: Jason A. Tremblay, Project Manager

Article IX, Section 18 of the Bylaws of TranSystems Corporation makes reference to our Officers election and responsibilities. The Section 18, Authority to Bind Corporation, states that all agreements and contracts pertinent to Corporation business shall be signed by an officer of the Corporation. Consequently, Mr. Evan Lowell, Principal/Senior Vice President has the authority to enter into contract agreements as determined by the Board of Directors.

Trusting that this meets your requirements, if you have any additional questions, please call me at (816) 329-8788.

Sincerely,
TranSystems Corporation

Julie Frigon
Secretary

TRANSYSTEMS CORPORATION CORPORATE SEAL MISSOURI
Corporate Seal

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 9/24/2024

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).

PRODUCER Gunn-Mowery P.O. Box 900 Camp Hill PA 17001-0900	**CONTACT NAME:** Fir Le **PHONE (A/C, No, Ext):** 717-761-4600 **FAX (A/C, No):** 717-761-6159 **E-MAIL ADDRESS:** fle@gunnmowery.com
INSURED 6895 TranSystems Corporation 101 Arch Street, Suite 301 Boston, MA 02110	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** INSURER A : PA Manufacturers Indemnity Co. 41424 INSURER B : Manufacturers Alliance Ins. Co. 12262 INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 187346304 **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 A	X COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR X Contractual Liab GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC [ ] OTHER:	Y	Y	3024011559442A 3024011559442B	8/5/2024 8/5/2024	2/1/2025 2/1/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
	AUTOMOBILE LIABILITY X ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY	Y	Y	1524011559442A 1524011559442B	8/5/2024 8/5/2024	2/1/2025 2/1/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 2,000,000 $ $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE $	$ $ $
B B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N [N] If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	Y	2024011559442A 2024011559442B	8/5/2024 8/5/2024	2/1/2025 2/1/2025	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000

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

Blanket Additional Insured applies per written contract.
Project No. B701170047, Contract No. 4009324; Claremont, X-A003(590), 27691, Rehabilitation of Bridge No. 072/127 carrying NH 12A over Sugar River. The following are covered as Additional Insureds for General Liability policy as per written contract: State of New Hampshire. Thirty (30) day notice of cancellation applies except for non-payment of premium, which is ten (10) days per policy language.

CERTIFICATE HOLDER

THE STATE OF NEW HAMPSHIRE
ATTN: DEPARTMENT OF TRANSPORTATION
7 HAZEN DRIVE
P.O. BOX 483
CONCORD NH 03302-0483

CANCELLATION 90

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

Jennie E. Baker

ACORD

CERTIFICATE OF LIABILITY INSURANCE

12/1/2024

DATE (MM/DD/YYYY) 10/2/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Lockton Companies, LLC 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000 kcasu@lockton.com	CONTACT NAME:	
		PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : Continental Casualty Company	20443
INSURED 1064760	TRANSYSTEMS CORPORATION 101 ARCH STREET SUITE 301 BOSTON MA 02110	INSURER B :	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 15436607 **REVISION NUMBER:** XXXXXXX

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	
	COMMERCIAL GENERAL LIABILITY			NOT APPLICABLE			EACH OCCURRENCE	$ XXXXXXX
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ XXXXXXX
							MED EXP (Any one person)	$ XXXXXXX
							PERSONAL & ADV INJURY	$ XXXXXXX
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ XXXXXXX
	POLICY ☒ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$ XXXXXXX
	OTHER:							$
	AUTOMOBILE LIABILITY			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident)	$ XXXXXXX
	ANY AUTO						BODILY INJURY (Per person)	$ XXXXXXX
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$ XXXXXXX
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$ XXXXXXX
								$ XXXXXXX
	UMBRELLA LIAB ☐ OCCUR			NOT APPLICABLE			EACH OCCURRENCE	$ XXXXXXX
	EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$ XXXXXXX
	DED ☐ RETENTION $							$ XXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			NOT APPLICABLE			PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$ XXXXXXX
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ XXXXXXX
							E.L. DISEASE - POLICY LIMIT	$ XXXXXXX
A	PROFESSIONAL LIABILITY	N	N	AEH591904307	10/1/2023	12/1/2024	$2,000,000 EACH CLAIM & IN ANNUAL AGGREGATE FOR ALL PROJECTS.	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: B701170047 - CLAREMONT 27691 - REHABILITATION OF BR. NO. 072/127 CARRYING NH 12A OVER SUGAR RIVER. PROFESSIONAL LIABILITY DEDUCTIBLE: $75,000.

CERTIFICATE HOLDER

15436607
THE STATE OF NEW HAMPSHIRE
ATTN: DEPARTMENT OF TRANSPORTATION
7 HAZEN DRIVE
P.O. BOX 483
CONCORD NH 03302-0483

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Joseph M Arnello

New Hampshire DOT
Department of Transportation

THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION

Victoria F. Sheehan
Commissioner

William Cass, P.E.
Assistant Commissioner

Bureau of Bridge Design
July 27, 2021

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

REQUESTED ACTION

1. Authorize the Department of Transportation to amend Contract #4009324 with TranSystems Corporation, Boston, MA, Vendor 175644, for the preliminary design, final design, and associated environmental & cultural services in support of superstructure replacement of the existing bridge carrying NH Route 12A over Sugar River in the City of Claremont by **retroactively** increasing the total amount payable by $79,424.33 (from $329,983.07 to $409,407.40) for additional design services requested by the Department effective upon Governor and Council approval. 100% Other Funds.

Funding is available in State Fiscal Year 2022 as follows:

FY 2022

04-96-96-963015-8910
SB367 Capital Investment
046-500464 Eng Consultants Non-Benefit $79,424.33

2. Further, authorize the Department of Transportation to **retroactively** amend the contract's completion date from June 30, 2021 to October 25, 2024, effective upon Governor and Council approval.

EXPLANATION

This item is **retroactive** due to resource limitations related to recent retirements.

On August 8, 2018, the Governor and Council authorized the subject engineering and environmental services Agreement (Item #26; copy of Resolution attached) in the amount of $329,983.07, for the preliminary design, final design, public involvement process and associated environmental and cultural services for the rehabilitation efforts associated with the existing bridge carrying NH Route 12A over Sugar River in the City of Claremont.

During the preliminary design of the project, it was determined that the bridge rehabilitation required the girders to be painted and that the cost for this was the same cost as replacing the superstructure. A new

superstructure would give the bridge more load carrying capacity. It was decided to pursue the superstructure replacement option.
This amendment to the Agreement involves Department-requested additional effort to provide engineering services for the project.

Also included in this amendment is an extension of the contract's completion date from June 30, 2021 to October 25, 2024 to allow TranSystems to provide any needed support throughout the duration of the construction contract.

The increase in fee as proposed is commensurate with the additional engineering and technical services to be furnished. New Hampshire's share of this contract's funding is 100% Other Funds (SB367).

This Agreement has been approved by the Attorney General as to form and execution. Copies of the fully-executed amended Agreement are on file at the Secretary of State's Office and the Department of Administrative Services, and subsequent to Governor and Council approval will be on file at the Department of Transportation.

It is respectfully requested that authority be given to amend this Agreement for consulting services as outlined above.

Sincerely,

Victoria F. Sheehan
Commissioner

Attachments

New Hampshire DOT
Department of Transportation

THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION

VICTORIA F. SHEEHAN
COMMISSIONER

WILLIAM J. CASS, P.E.
ASSISTANT COMMISSIONER

Bureau of Bridge Design
Room 230 (CMF)
Tel. (603) 271-2731
Fax (603) 271-2759

CLAREMONT
X-A003(590)
27691
(Amendment I for Superstructure Replacement Design Services)
(Agreement Dated June 11, 2018; G& C Approval Dated August 8, 2018)

March 25, 2021

Mr. Evan Lowell, P.E.
TranSystems Corporation
101 Archer Street, Suite 301
Boston, MA 02110

Dear Mr. Lowell:

This letter amends Articles I and II in the above-referenced Agreement. The Article I amendment extends the contract completion date to October 25, 2024 to make it consistent with the contractor's construction completion date. The Article II increase in fee is to provide superstructure replacement design services, instead of superstructure rehabilitation.

Article I, Section G (Date of Completion) is being amended to read as follows:

"In accordance with the Governor and Council Resolution authorizing this AGREEMENT, the date of completion for the professional services rendered under this AGREEMENT is October 25, 2024.

Article II, Section A (General Fee) is being amended to increase the total amount payable under this Agreement by $79,424.33 as payment for design services by TranSystems Corp; as outlined in TranSystems Scope and Fee dated December 15, 2020.

The portion of Article II, Section A (General Fee) specifying the dates for the fee and manhour estimates is being amended to read as follows:

"The total amount to be paid under this AGREEMENT shall not exceed $409,407.40, the sum of the amounts shown in Article II, Section B (which amount is based on the CONSULTANT'S fee and manhour estimates of April 30, 2018, and December 15, 2020),..."

Furthermore, this fee increase revises the amounts in Article II, Section B (Summary of Fees) as follows:

- Increases the estimated amount of (a) actual CONSULTANT'S salaries, costs applicable to actual salaries, salary burden (direct and indirect) and administrative costs attributable to overhead by $68,075.25, from $223,618.64 to $291,693.89.
- Increases the amount of (b) fixed fee to cover profit and non-reimbursed costs by $6,807.53, from $22,361.86 to $29,169.39.
- Increases the estimated amount of (c) reimbursement for direct, out-of-pocket expenses by $115.00, from $5,450.00 to $5,565.00.
- Increases the estimated amount of (d) reimbursement for actual cost of subconsultant McFarland-Johnson, Inc. by $4,426.55 from $44,130.56 to $48,557.11.

- Does not change the estimated amount of (d) reimbursement for actual cost of subconsultant Biodrawversity, which remains at $2,820.00.

- Does not change the estimated amount of (d) reimbursement for actual cost of subconsultant Independent Archaeological Consulting, LLC, which remains at $31,602.00.

Also, the first sentence in paragraph 1 of Article II, Section C (Limitation of Costs) is being amended to read as follows:

"Costs incurred against this AGREEMENT shall not exceed $409,407.40, unless otherwise authorized."

The above additional work revises the total amount payable under this Agreement, which increases by $79,424.33, from $329,983.07 to $409,407.40 by this amendment.

This amendment becomes effective upon approval by the Governor and Council.

Sincerely,

Loretta Girard Doughty

Loretta Girard Doughty, P.E.
Administrator, Bureau of Bridge Design

Approved: _____
Peter E. Stamnas, P.E.
Director of Project Development

We concur in the above Amendment.

TRANSYSTEMS CORPORATION

By: Evan Cowell

Title: Senior Vice President

LGD/jat
attachments

AGREEMENT AMENDMENT

CLAREMONT, X-A003(590), 27691

TRANSYSTEMS CORPORATION

IN WITNESS WHEREOF the parties hereto have executed this amended AGREEMENT on the day and year first above written.

Consultant

WITNESS TO THE CONSULTANT

By: _____

Senior Vice President

Dated: 6/2/2021

CONSULTANT

By: _____

Senior Vice President
(TITLE)

Dated: 6/2/2021

Department of Transportation

WITNESS TO THE STATE OF NEW HAMPSHIRE

By: _____

Dated: August 11, 2021

THE STATE OF NEW HAMPSHIRE

By: _____

Director of Project Development
for DOT COMMISSIONER

Dated: August 11, 2021

Attorney General

This is to certify that the above AGREEMENT has been reviewed by this office and is approved as to form and execution.

Dated: 8/20/2021

By: _____
Assistant Attorney General

Secretary of State

This is to certify that the GOVERNOR AND COUNCIL on _____ approved this AGREEMENT.

Dated: _____

Attest:

By: _____
Secretary of State

TranSystems
2400 Pershing Road
Suite 400
Kansas City, MO 64108
Tel 816 329 8700
Fax 816 329 8701
www.transystems.com

June 2, 2021

To New Hampshire DOT
Attention: Loretta Girard Doughty, PE
John O Morton Building
7 Hazen Drive
PO Box 483
Concord, New Hampshire 03302-0483

Re: CLAREMONT 27691
Rehabilitation of Br. No. 072/127 carrying
NH 12A over Sugar River
Preliminary and Final Design:

Article IX, Section 18 of the Bylaws of TranSystems Corporation makes reference to our Officers election and responsibilities. The Section 18, Authority to Bind Corporation, states that all agreements and contracts pertinent to Corporation business shall be signed by an Officer of the corporation. Consequently, Evan C. Lowell, Senior Vice President/Principal has the authority to enter into contract agreements as determined by the Board of Directors, including but not limited to the contract referenced above.

Trusting that this meets your requirements; if you have any additional questions, please feel free to contact me at 816.329.8700.

Sincerely,
TranSystems Corporation

Julie Frigon
Secretary

TRANSYSTEMS CORPORATION
CORPORATE
SEAL
MISSOURI

State of New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that TRANSYSTEMS CORPORATION is a Missouri Profit Corporation registered to transact business in New Hampshire on February 20, 2002. 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: 397228

Certificate Number: 0005386088

IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 24th day of June A.D. 2021.

William M. Gardner

Secretary of State

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 9/30/2020

10/1/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: Lockton Companies 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Zurich American Insurance Company	16535
INSURED: 1303970 TRANSYSTEMS CORPORATION 101 ARCH STREET SUITE 301 BOSTON MA 02110	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 15436605 **REVISION NUMBER:** XXXXXXX

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	X COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC OTHER:	Y	N	GLO3707153	10/1/2020	10/1/2021	EACH OCCURRENCE	$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 25,000
							PERSONAL & ADV INJURY	$ 2,000,000
							GENERAL AGGREGATE	$ 4,000,000
							PRODUCTS - COMP/OP AGG	$ 4,000,000
								$
	AUTOMOBILE LIABILITY X ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS X HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY	N	N	BAP3707150	10/1/2020	10/1/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 2,000,000
							BODILY INJURY (Per person)	$ XXXXXXX
							BODILY INJURY (Per accident)	$ XXXXXXX
							PROPERTY DAMAGE (Per accident)	$ XXXXXXX
								$ XXXXXXX
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			NOT APPLICABLE			EACH OCCURRENCE	$ XXXXXXX
							AGGREGATE	$ XXXXXXX
								$ XXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N [ ] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		NOT APPLICABLE			[ ] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$ XXXXXXX
							E.L. DISEASE - EA EMPLOYEE	$ XXXXXXX
							E.L. DISEASE - POLICY LIMIT	$ XXXXXXX

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

RE: B701170047 - CLAREMONT 27691 - REHABILITATION OF BR. NO. 072/127 CARRYING NH 12A OVER SUGAR RIVER. THE STATE OF NEW HAMPSHIRE AND ALL OF ITS OFFICER, AGENTS, AND EMPLOYEES ARE ADDITIONAL INSUREDS AS RESPECTS GENERAL LIABILITY, AS REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER

15436605
THE STATE OF NEW HAMPSHIRE
ATTN: DEPARTMENT OF TRANSPORTATION
7 HAZEN DRIVE
P.O. BOX 483
CONCORD NH 03302-0483

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Joseph M Arnold

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/9/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER USI Insurance Services LLC 6000 Clearwater Drive Minnetonka MN 55343	CONTACT NAME: Deborah Amidon PHONE (A/C, No, Ext): 952-322-9419 FAX (A/C, No): 952-945-9477 E-MAIL ADDRESS: debbie.amidon@usi.com
INSURED TRANSYS-01 TranSystems Corporation of Massachusetts 101 Arch Street, Suite 301 Boston MA 02110	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Zurich American Insurance Company — 16535 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES CERTIFICATE NUMBER: 646354813 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	
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC OTHER:						EACH OCCURRENCE	$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
							PRODUCTS - COMP/OP AGG	$
								$
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	Y	WC 7902048-00	10/1/2020	10/1/2021	X PER STATUTE OTH-ER	
							E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

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

FOLLOWING ENDORSEMENTS APPLY TO THE NAMES/PROJECTS/EVENTS LISTED BELOW ONLY IF REQUIRED BY WRITTEN CONTRACT OR AGREEMENT: Workers Compensation: UWC3083-A Broad Form Named Insured Endorsement; WC0003-13 Blanket Waiver of Rights to Recover from Others, except for TX & CA; WC040306-CA-Waiver of Rights to Recover from Others; WC420304B-TX-Waiver of our Right to Recover from Others Coverage; UWC198-C Foreign Voluntary Comp & Employers Liability Coverage Endorsement; WC0003 01A Alternate Employer Endorsement. The additional insured and waiver of subrogation coverages indicated by the box(es) checked above are provided by the forms listed that only extend coverage if required of the insured by a written contract or agreement.

See Attached...

CERTIFICATE HOLDER

New Hampshire Dept of Transportation
Cynthia Iovejoy
7 Hazen Drive, PO Box 483
Concord NH 03302-0483

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

AGENCY CUSTOMER ID: TRANSYS-01

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
USI Insurance Services LLC	TranSystems Corporation of Massachusetts 101 Arch Street, Suite 301 Boston MA 02110
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Project Number: P701170047
Project Name: NHDOT Rehab of Route 12A over Sugar River Claremont 27691

CERTIFICATE OF LIABILITY INSURANCE

10/1/2021

DATE (MM/DD/YYYY): 9/30/2020

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PRODUCER
Lockton Companies
444 W. 47th Street, Suite 900
Kansas City MO 64112-1906
(816) 960-9000

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Continental Casualty Company	20443
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
1064760
TRANSYSTEMS CORPORATION
101 ARCH STREET SUITE 301
BOSTON MA 02110

COVERAGES **CERTIFICATE NUMBER:** 15436607 **REVISION NUMBER:** XXXXXXX

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	
	COMMERCIAL GENERAL LIABILITY			NOT APPLICABLE			EACH OCCURRENCE	$ XXXXXXX
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ XXXXXXX
							MED EXP (Any one person)	$ XXXXXXX
							PERSONAL & ADV INJURY	$ XXXXXXX
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ XXXXXXX
	POLICY [X] PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ XXXXXXX
	OTHER:							$
	AUTOMOBILE LIABILITY			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident)	$ XXXXXXX
	ANY AUTO						BODILY INJURY (Per person)	$ XXXXXXX
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$ XXXXXXX
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$ XXXXXXX
								$ XXXXXXX
	UMBRELLA LIAB OCCUR			NOT APPLICABLE			EACH OCCURRENCE	$ XXXXXXX
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ XXXXXXX
	DED RETENTION $							$ XXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			NOT APPLICABLE			PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N/A						E.L. EACH ACCIDENT	$ XXXXXXX
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ XXXXXXX
							E.L. DISEASE - POLICY LIMIT	$ XXXXXXX
A	PROFESSIONAL LIABILITY	N	N	AEH591904307	10/1/2020	10/1/2021	$2,000,000 EACH CLAIM & IN ANNUAL AGGREGATE FOR ALL PROJECTS.	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: D70117004? - CLAREMONT 27691 - REHABILITATION OF BR. NO. 072/127 CARRYING NH 12A OVER SUGAR RIVER. PROFESSIONAL LIABILITY DEDUCTIBLE: $75,000.

CERTIFICATE HOLDER

15436607
THE STATE OF NEW HAMPSHIRE
ATTN: DEPARTMENT OF TRANSPORTATION
7 HAZEN DRIVE
P.O. BOX 483
CONCORD NH 03302-0483

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Joseph M Arnold

New Hampshire DOT
Department of Transportation

Victoria F. Sheehan
Commissioner

THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION

G+C #26
Date 8-8-18

William Cass, P.E.
Assistant Commissioner

Bureau of Bridge Design
June 8, 2018

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

REQUESTED ACTION

Authorize the Department of Transportation to enter into an Agreement with TranSystems Corporation (Vendor 175644), for a total amount not to exceed of $329,983.07, for the preliminary design, final design, public involvement process, and associated environmental & cultural services for rehabilitation of the existing bridge carrying NH Route 12A over Sugar River in the City of Claremont, effective upon Governor and Council approval, through June 30, 2021. 100% Other Funds (SB 367 Funds).

Funding is available in State Fiscal Year 2019 and 2020, and is contingent upon the availability and continued appropriation of funds for FY 2021 with the ability to adjust encumbrances through the Budget Office between State Fiscal Years if needed and justified:

Funding is available as follows:	FY 2019	FY 2020	FY 2021
04-96-96-963015-8910			
SB367 Capital Investment			
046-500463 Eng Consultants Non-Benefit	$150,000.00	$150,000.00	$29,983.07

EXPLANATION

The Department requires professional engineering design and environmental consultant services to prepare preliminary design, final design public involvement process, and associated environmental & cultural services for rehabilitation of the existing bridge carrying NH Route 12A over Sugar River in the City of Claremont. Constructed in 1967, this three-span steel girder reinforced concrete deck bridge has a total length of 281 feet and a total width of 32.7 feet. It is on the Department's Red List of deficient structures. This project is shown in the 2019-2028 Ten Year Plan for construction ($6.0M) in 2022.

The consultant selection process employed by the Department for this qualifications-based contract is in accordance with RSAs 21-I:22, 21-I:22-c and 21-I:22-d, all applicable Federal laws and the Department's "Consultant Selection and Service Agreement Procedures" dated December 1999. The Department's Consultant Selection Committee is a standing committee that meets regularly to administer the process and make determinations. The Committee is comprised of the Assistant Director of Project Development (chair), the Chief Project Manager, the Administrators of the Bureaus of Bridge Design, Environment, Highway Design, Materials and Research, and the Municipal Highways Engineer.

The consultant selection process for this qualifications-based contract was initiated by a solicitation for consultant services for preliminary engineering, final design, and associated environmental services for the Claremont 27691 bridge project. The assignment was listed as a "Project Soliciting for Interest" on the Department's website on May 1, 2017, asking for letters of interest from qualified firms. From the list of firms that submitted letters of

interest, the Committee prepared a long and then short list of Consultants on July 14, 2017 for consideration and approval by the Assistant Commissioner. Upon receipt of that approval, three shortlisted firms were notified on July 17, 2017 through a technical "Request for Proposal" (RFP). Committee members individually rated the firms on September 28, 2017 using a written ballot to score each firm on the basis of comprehension of the assignment, clarity of the proposal, capacity to perform in a timely manner, quality and experience of the project manager and the team, previous performance, and overall suitability for the assignment. (A compilation of the completed individual rating ballots and the ranking summary form is attached.) The individual rankings were then totaled to provide an overall ranking of the three firms, and the Committee's ranking was submitted to the Assistant Commissioner for consideration and approval. Upon receipt of that approval, the short listed firms were notified of the results and the highest-ranking firm was asked to submit a fee proposal for negotiations.

The long list of sixteen (16) consultant firms that were considered for this assignment, with the three short-listed firms shown in bold, is as follows:

Consultant Firm	*Office Location*
Becker Structural Engineers	**Portland, Maine**
BETA Group	**Manchester, NH**
C&C Consulting Engineers, LLC	Boston, Ma
CLD Consulting Engineers	Manchester, NH
CMA Engineers, Inc.	Portsmouth, NH
DuBois & King Inc.	Laconia, NH
Green International Affiliates, Inc.	Westford, MA
Hardesty & Hanover, LLC	Bedford, NH
HNTB Corporation	Westbrook, ME
Kleinfelder	Manchester, NH
Louis Berger U.S., Inc.	Manchester, NH
Stantec Consulting Services, Inc.	Auburn, NH
TranSystems Corporation	**Boston, MA**
Vanasse Hangen Brustlin, Inc.	Manchester, NH
Weston & Sampson Engineers, Inc.	Manchester, NH
WSP USA, Inc.	Manchester, NH

The firm of TranSystems Corporation has been recommended for this contract. This firm has a good reputation and has demonstrated their capability to perform the necessary engineering and technical services for this assignment. Background information on this firm is attached.

TranSystems Corporation has agreed to furnish the required services for a total amount not to exceed of $329,983.07. This is a reasonable fee and is commensurate with the complexity of the project and the scope of engineering and technical services to be furnished.

This project funding is 100% SB367 Capital Investment.

This Agreement has been approved by the Attorney General as to form and execution. The Department has verified that the necessary funds are available. Copies of the fully-executed Agreement are on file at the Secretary of State's Office and the Department of Administrative Services, and subsequent to Governor and Council approval will be on file at the Department of Transportation.

It is respectfully requested that authority be given to enter into an Agreement for consulting services as outlined above.

Sincerely,

Victoria F. Sheehan
Commissioner

Attachments

IN WITNESS WHEREOF the parties hereto have executed this AGREEMENT on the day and year first above written.

Consultant

WITNESS TO THE CONSULTANT

By: Kathy McCarthy

Senior Business Development Coordinator

Dated: June 11, 2018

CONSULTANT

By: Evan C. Lowell

Senior Vice President/Principal
(TITLE)

Dated: June 11, 2018

Department of Transportation

WITNESS TO THE STATE OF NEW HAMPSHIRE

By: Michelle Grosso

Dated: 6/26/18

THE STATE OF NEW HAMPSHIRE

By:

Director of Project Development
FOR DOT COMMISSIONER

Dated: 6/26/18

Attorney General

This is to certify that the above AGREEMENT has been reviewed by this office and is approved as to form and execution.

Dated: 7/23/18

By:
Assistant Attorney General

Secretary of State

This is to certify that the GOVERNOR AND COUNCIL on AUG 08 2018 approved this AGREEMENT.

Dated: AUG 08 2018

Attest:

By:
Secretary of State

DEPUTY SECRETARY OF STATE

TranSystems

2400 Pershing Road
Suite 400
Kansas City, MO 64108
Tel 816 329 8600
Fax 816 329 8601

www.transystems.com

June 11, 2018

Mr. L. Robert Landry, P.E.
Administrator, Bridge Design
New Hampshire Department of Transportation
John O. Morton Building
7 Hazen Drive
P.O. Box 483
Concord, New Hampshire 03302-0483

Attention: Mr. L. Robert Landry, P.E.

Re: Corporate Authority to Execute Agreement – TranSystems Corporation
CLAREMONT 27691
Rehabilitation of Br. No. 072/127 carrying
NH 12A over Sugar River
(Preliminary and Final Design)

Article IX, Section 18 of the Bylaws of TranSystems Corporation makes reference to our Officers election and responsibilities. The Section 18, Authority to Bind Corporation, states that all agreements and contracts pertinent to Corporation business shall be signed by an officer of the Corporation. Consequently, Mr. Evan C. Lowell, Senior Vice President/Principal of TranSystems Corporation has the authority to enter into contract agreements as determined by the Board of Directors. As the Chief Financial Officer and Secretary, Ms. Julie Frigon has given Mr. Evan C. Lowell the Authority to sign this contract.

Trusting that this meets your requirements, if you have any additional questions, please call me at (816) 329-8700.

Sincerely,
TranSystems Corporation

Julie Frigon

Julie Frigon
Chief Financial Officer/Secretary

Corporate Seal

State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that TRANSYSTEMS CORPORATION is a Missouri Profit Corporation registered to transact business in New Hampshire on February 20, 2002. 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: 397228
Certificate Number: 0004106928

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 11th day of June A.D. 2018.

William M. Gardner
Secretary of State

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/1/2018 6/11/2018

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.

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PRODUCER Lockton Companies 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Zurich American Insurance Company	16535
INSURED 1303970 TRANSYSTEMS CORPORATION 101 ARCH STREET SUITE 301 BOSTON MA 02110	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: 15436605 REVISION NUMBER: XXXXXXX

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	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [X] PRO-JECT [ ] LOC OTHER:	Y	N	GLO3707153	10/1/2017	10/1/2018	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 1,000,000 $ 25,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY SCHEDULED AUTOS X NON-OWNED AUTOS ONLY	N	N	BAP3707150	10/1/2017	10/1/2018	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ XXXXXXX $ XXXXXXX $ XXXXXXX $ XXXXXXX
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED. RETENTION $			NOT APPLICABLE			EACH OCCURRENCE AGGREGATE	$ XXXXXXX $ XXXXXXX $ XXXXXXX
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [N] N/A If yes, describe under DESCRIPTION OF OPERATIONS below		N	WC3707154	10/1/2017	10/1/2018	PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: B701170047 - CLAREMONT 27691 - REHABILITATION OF BR. NO. 072/127 CARRYING NH 12A OVER SUGAR RIVER. THE STATE OF NEW HAMPSHIRE AND ALL OF ITS OFFICER, AGENTS, AND EMPLOYEES ARE ADDITIONAL INSUREDS AS RESPECTS GENERAL LIABILITY, AS REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER

15436605
THE STATE OF NEW HAMPSHIRE
ATTN: DEPARTMENT OF TRANSPORTATION
7 HAZEN DRIVE
P.O. BOX 483
CONCORD NH 03302-0483

CANCELLATION

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

AUTHORIZED REPRESENTATIVE Joseph M Agnello

ACORD

CERTIFICATE OF LIABILITY INSURANCE

10/1/2018

DATE (MM/DD/YYYY): 6/25/2018

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PRODUCER
Lockton Companies
444 W. 47th Street, Suite 900
Kansas City MO 64112-1906
(816) 960-9000

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Continental Casualty Company	20443
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
1064760
TRANSYSTEMS CORPORATION
101 ARCH STREET SUITE 301
BOSTON MA 02110

COVERAGES CERTIFICATE NUMBER: 15436607 REVISION NUMBER: XXXXXXX

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	
	COMMERCIAL GENERAL LIABILITY			NOT APPLICABLE			EACH OCCURRENCE	$ XXXXXXX
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ XXXXXXX
							MED EXP (Any one person)	$ XXXXXXX
							PERSONAL & ADV INJURY	$ XXXXXXX
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ XXXXXXX
	POLICY X PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ XXXXXXX
	OTHER:							$
	AUTOMOBILE LIABILITY			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident)	$ XXXXXXX
	ANY AUTO						BODILY INJURY (Per person)	$ XXXXXXX
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$ XXXXXXX
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$ XXXXXXX
								$ XXXXXXX
	UMBRELLA LIAB OCCUR			NOT APPLICABLE			EACH OCCURRENCE	$ XXXXXXX
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ XXXXXXX
	DED RETENTION $							$ XXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			NOT APPLICABLE			PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N	N/A					E.L. EACH ACCIDENT	$ XXXXXXX
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ XXXXXXX
							E.L. DISEASE - POLICY LIMIT	$ XXXXXXX
A	PROFESSIONAL LIABILITY	N	N	AEH591904307	10/1/2017	10/1/2018	$2,000,000 EACH CLAIM & IN ANNUAL AGGREGATE FOR ALL PROJECTS.	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED.
RE: B701170047 - CLAREMONT 27691 - REHABILITATION OF BR. NO. 072/127 CARRYING NH 12A OVER SUGAR RIVER. PROFESSIONAL LIABILITY DEDUCTIBLE: $75,000.

CERTIFICATE HOLDER

15436607
THE STATE OF NEW HAMPSHIRE
ATTN: DEPARTMENT OF TRANSPORTATION
7 HAZEN DRIVE
P.O. BOX 483
CONCORD NH 03302-0483

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Joseph M. Arnold