



THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION



407

William Cass, P.E.
Commissioner

David Rodrigue, P.E.
Assistant Commissioner

Her Excellency, Governor Kelly A. Ayotte
and the Honorable Council
State House
Concord, New Hampshire 03301

Bureau of Construction
March 26, 2025

REQUESTED ACTION

Authorize the Department of Transportation to enter into a contract with K5 Corporation (Vendor 162024) of Rockland, MA, on the basis of a low bid of \$465,554, for maintenance of select stenciled and transverse line pavement markings at specific locations in the State (Project: Statewide Pavement Markings #44648), from the date of Governor and Council approval through November 7, 2025, unless amended by the Department in accordance with the Standard Specifications. 100% Other Funds.

Funds are available in the following account for Fiscal Year 2025, and are anticipated to be available in Fiscal Year 2026, upon the availability and continued appropriation of funds in the future operating budgets, with the authority to adjust encumbrances between fiscal years within the price limitation through the Budget Office, if needed and justified:

Funding is available as follows:	<u>FY 2025</u>	<u>FY 2026</u>
04-96-96-963015-3039		
Highway Betterment Aid		
400-500870 Highway Contract Payments	\$232,777	\$232,777

EXPLANATION

This project was initiated under the Betterment Program to support pavement marking maintenance at highest priority locations within funding constraints. This project will perform maintenance of select stenciled and transverse line pavement markings using white retroreflective paint and thermoplastic marking materials at specific locations in the State. This work is to be performed during the 2025 season. Work locations will be on state-maintained roads at intersections, along corridors, and at select railroad grade crossings. Locations are determined by the Bureau of Traffic Pavement Marking section based on condition of existing markings, roadway priority/volume, locations not subject to resurfacing, and available funding. Scope includes select locations on US 1 Seabrook to Portsmouth, US 3 Merrimack to Pembroke and Tilton to Laconia, NH 111 Windham to Kingston, NH 125 Plaistow to Rochester, and at other locations.

Project is needed to ensure and enhance the safety of traveling public by maintaining effective pavement markings. Pavement marking maintenance is normally performed by NHDOT forces but continually expanding inventory necessitates outsourcing a portion of the annual work.

Page 2

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.

The project funding is: 0% Federal funds (100% Betterment; BET-STAL-HQ and BET-MAR-HQ).

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

WJC/pcj

Department Estimate:	\$483,826.85
Contract Amount:	<u>\$465,554.00</u>
Under Estimate:	\$ 18,272.85
Attachments	



ABC Bid Data

STATEWIDE PAVEMENT MARKINGS

44648

NON-FEDERAL

PROJECT:	STATEWIDE PAVEMENT MARKINGS	Awarded To:	K5 CORPORATION
STATE PROJECT NUMBER:	44648		9 ROCKVIEW WAY
FED. PROJECT NUMBER:	NON-FEDERAL		ROCKLAND, MA 02370
DATE BIDS OPEN:	March 20, 2025, 2:00	Amount:	\$465,554.00
SCOPE OF WORK:	Pavement Marking Maintenance via Contractor. Limited to Stenciled and Transverse Markings.	Certified by:	<u>WILLIAM J. OLDENBURG</u> Director of Project Development
COMPLETION DATE:	November 07, 2025	Award Date:	
LOCATION:	Rockingham, Cheshire, Merrimack, Hillsborough, Grafton, Coos, Belknap, Carroll, Strafford, Sullivan		

Summary of Bidders

Contractor	Bid Amount	Rank
K5 CORPORATION 9 ROCKVIEW WAY, ROCKLAND MA 02370	\$465,554.00	A
L & D SAFETY MARKING CORP 304 EAST MONTPELIER RD, BARRE VT 05641-8373	\$640,936.14	B



ABC Bid Data

STATEWIDE PAVEMENT MARKINGS

44648

NON-FEDERAL

Item No.	Description	Unit	Quantity	PS&E		KS CORPORATION 9 ROCKVIEW WAY ROCKLAND, MA 02370		L & D SAFETY MARKING CORP 304 EAST MONTPELIER RD BARRE, VT 05641-8373	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items

618.61	UNIFORMED OFFICERS WITH VEHICLE	\$	12,000.00	\$1.00	\$12,000.00	\$1.00	\$12,000.00	\$1.00	\$12,000.00
618.7	FLAGGERS	HR	950.00	\$32.00	\$30,400.00	\$25.00	\$23,750.00	\$27.50	\$26,125.00
619.1	MAINTENANCE OF TRAFFIC	U	1.00	\$25,000.00	\$25,000.00	\$15,000.00	\$15,000.00	\$105,000.00	\$105,000.00
632.02	RETROREFLECTIVE PAINT PAVEMENT MARKING, SYMBOL OR WORD	SF	61,215.00	\$3.75	\$229,556.25	\$4.00	\$244,860.00	\$4.40	\$269,346.00
632.3104	RETROREFLECT. THERMOPLAS. PAVE. MARKING, 4" LINE	LF	542.00	\$3.00	\$1,626.00	\$2.50	\$1,355.00	\$3.30	\$1,788.60
632.3106	RETROREFLECT. THERMOPLAS. PAVE. MARKING, 6" LINE	LF	4,997.00	\$3.00	\$14,991.00	\$2.00	\$9,994.00	\$3.85	\$19,238.45
632.3112	RETROREFLECT. THERMOPLAS. PAVE. MARKING, 12" LINE	LF	2,148.00	\$6.25	\$13,425.00	\$6.00	\$12,888.00	\$8.60	\$14,176.80
632.3118	RETROREFLECT. THERMOPLAS. PAVE. MARKING, 18" LINE	LF	5,941.00	\$7.60	\$45,151.60	\$7.00	\$41,587.00	\$8.80	\$52,280.80
632.3124	RETROREFLECT. THERMOPLAS. PAVE. MARKING, 24" LINE	LF	1,488.00	\$10.00	\$14,880.00	\$12.00	\$17,856.00	\$13.20	\$19,841.60
632.32	RETROREFLECT. THERMOPLAS. PAVEMENT MARKING, SYMBOL OR WORD	SF	10,533.00	\$9.00	\$94,797.00	\$8.00	\$84,264.00	\$11.33	\$119,338.89
1010.15	FUEL ADJUSTMENT	\$	2,000.00	\$1.00	\$2,000.00	\$1.00	\$2,000.00	\$1.00	\$2,000.00

Totals:	\$483,826.85	\$465,554.00	\$640,936.14
Alt. Totals:			
Totals:	\$483,826.85	\$465,554.00	\$640,936.14



PS&E Comparison

STATEWIDE PAVEMENT MARKINGS
44648
NON-FEDERAL

Item No.	Description	Unit	Quantity	A-Bidder		PS&E		A-PS&E Difference
				Unit Price	Total	Unit Price	Total	
Items								
618.61	UNIFORMED OFFICERS WITH VEHICLE	\$	12,000.00	\$1.00	\$12,000.00	\$1.00	\$12,000.00	\$0.00
618.7	FLAGGERS	HR	950.00	\$25.00	\$23,750.00	\$32.00	\$30,400.00	(\$6,650.00)
619.1	MAINTENANCE OF TRAFFIC	U	1.00	\$15,000.00	\$15,000.00	\$25,000.00	\$25,000.00	(\$10,000.00)
632.02	RETROREFLECTIVE PAINT PAVEMENT MARKING, SYMBOL OR WORD	SF	61,215.00	\$4.00	\$244,860.00	\$3.75	\$229,556.25	\$15,303.75
632.3104	RETROREFLECT. THERMOPLAS. PAVE. MARKING, 4" LINE	LF	542.00	\$2.50	\$1,355.00	\$3.00	\$1,626.00	(\$271.00)
632.3106	RETROREFLECT. THERMOPLAS. PAVE. MARKING, 6" LINE	LF	4,997.00	\$2.00	\$9,994.00	\$3.00	\$14,991.00	(\$4,997.00)
632.3112	RETROREFLECT. THERMOPLAS. PAVE. MARKING, 12" LINE	LF	2,148.00	\$6.00	\$12,888.00	\$6.25	\$13,425.00	(\$537.00)
632.3118	RETROREFLECT. THERMOPLAS. PAVE. MARKING, 18" LINE	LF	5,941.00	\$7.00	\$41,587.00	\$7.60	\$45,151.60	(\$3,564.60)
632.3124	RETROREFLECT. THERMOPLAS. PAVE. MARKING, 24" LINE	LF	1,488.00	\$12.00	\$17,856.00	\$10.00	\$14,880.00	\$2,976.00
632.32	RETROREFLECT. THERMOPLAS. PAVEMENT MARKING, SYMBOL OR WORD	SF	10,533.00	\$8.00	\$84,264.00	\$9.00	\$94,797.00	(\$10,533.00)
1010.15	FUEL ADJUSTMENT	\$	2,000.00	\$1.00	\$2,000.00	\$1.00	\$2,000.00	\$0.00
Total:					\$465,554.00		\$483,826.85	(\$18,272.85)

February 12, 2025

SUPPLEMENTAL PROJECT INFORMATION SHEET

DESCRIPTION: This project will perform maintenance of select stenciled and transverse line pavement markings using white retroreflective paint and thermoplastic marking materials at specific locations in the state. This work is to be performed during the 2025 season. Work locations will be on state-maintained roads at intersections, along corridors, and at select railroad grade crossings. Locations are determined by Bureau of Traffic Pavement Marking section based on condition of existing markings, roadway priority/volume, locations not subject to resurfacing, and available funding. Scope includes select locations on US 1 Seabrook to Portsmouth, US 3 Merrimack to Pembroke and Tilton to Laconia, NH 111 Windham to Kingston, NH 125 Plaistow to Rochester, and at other locations.

FEDERAL FUNDING: 0% (100% Betterment; BET-STAL-HQ and BET-MAR-HQ)

CONTINGENCY: There is 10% contingency for this project.

PROJECT INITIATED: This project was initiated under the Betterment Program to support pavement marking maintenance at highest priority locations within funding constraints.

PROJECT EXPLANATION: Project is needed to ensure and enhance the safety of traveling public by maintaining effective pavement markings. Pavement marking maintenance is normally performed by NHDOT forces but continually expanding inventory necessitates outsourcing a portion of the annual work.

TRAFFIC IMPLICATIONS: Traffic impacts are expected to be minimal. Traffic Control for short-term operations will be performed by the Contractor, specific to the work activity and locations. Generally, traffic control involves lane closure during application of marking material. Select locations require night work in areas of high daytime traffic volumes and other locations will be considered if requested by Contractor. Flaggers will be used for all operations except where uniformed officers may be warranted due to traffic volumes.

ADVERTISING DATE: February 25, 2025

INTERMEDIATE COMPLETION DATES: September 12, 2025 for completion of all thermoplastic pavement markings (Items 632.31xx and 632.32).

FINAL COMPLETION DATE: November 7, 2025

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 K5 CORPORATION is a Massachusetts Profit Corporation registered to transact business in New Hampshire on April 02, 1998. 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: 290326

Certificate Number: 0007146469



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. 2025.

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

David M. Scanlan
Secretary of State

SOLE OFFICER CERTIFICATE OF AUTHORITY

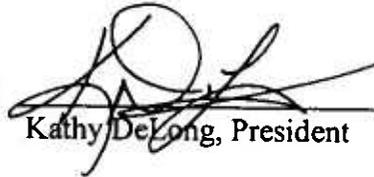
I, Kathy DeLong, President, hereby
certify that I am the Sole
(Name and Title)
Officer of K5 Corporation, which is a
corporation registered (Name of Corporation)

with the Secretary of State under RSA 349.

I further certify that it is understood that the State of New Hampshire may rely on this certificate as evidence that I currently occupy the position indicated and that I have full authority to bind the corporation. This authority remains in full force and effect for thirty (30) days from the date of this Certificate.

DATED: 3/28/2025

ATTESTED:



Kathy DeLong, President



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/2/2025

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
Alliant Insurance Services, Inc.
40 Stanford Drive, 2nd Floor
Farmington CT 06032

CONTACT NAME: Brenda Santerre

PHONE (A/C No. Ext): 880-269-2157

FAX (A/C No.):

E-MAIL ADDRESS: bsanterre@alliant.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURED
K5 Corporation
9 Rockview Way
Rockland, MA 02370

License#: 0C35861
HI-WSAF-02

INSURER A: Arch Insurance Company

11150

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

COVERAGES

CERTIFICATE NUMBER: 1674600664

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab <input checked="" type="checkbox"/> XCU GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	11GPP2092900	12/31/2024	12/31/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	11CAB1997901	12/31/2024	12/31/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			11UFP1997801	12/31/2024	12/31/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	11WCI2092700	12/31/2024	12/31/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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)
Re: K5 Work Order #241302, NH DOT NH 2025 Maintenance of Stencils & Transverse Line Pav

St. Lawrence & Atlantic Railroad, and their affiliates are included as Additional Insureds as required by written contract and executed prior to a loss, but limited to the operations of the Insured under said contract, with respect to the Automobile and General Liability policies. A Waiver of Subrogation applies in favor of above mentioned additional insureds with respect to insured operations where required by written contract but limited to the operations of the Insured under said Contract and executed prior to a loss, with respect to the Automobile, General Liability and Workers' Compensation policies. Additional Insured status applies for ongoing and completed operations. See attached endorsements. 30 days' notice of cancellation or non-renewal will be provided to Certificate Holder, except 10 days' notice for cancellation for non-payment of premium.

CERTIFICATE HOLDER

241302 - The State of New Hampshire
Department of Transportation
7 Hazen Dr.
Concord NH 03301

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

William M Baird



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/04/2025

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 Alliant Insurance Services, Inc. 40 Stanford Dr 2nd Fl Farmington, CT 06032	CONTACT NAME: Brenda Santorre PHONE (A/C No. Ext): FAX (A/C. No.): E-MAIL ADDRESS: bsantorre@alliant.com
	INSURER(S) AFFORDING COVERAGE: INSURER A: Hudson Insurance Company NAIC # 25054 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED New Hampshire Northcoast Corporation Inc. their affiliates, successors and assigns PO Box 426, 368 Route 16 Ossipee NH 03864	

COVERAGES **CERTIFICATE NUMBER:** **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.

DISB LTR	TYPE OF INSURANCE	ADDL SUBR (NSR / WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Railroad Protective Liability		RRP018713916984	04/04/2025	09/30/2025	Each Occurrence \$2,000,000 Aggregate \$8,000,000

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

Re: K5 Work Order #241302 - Statewide Pavement Marking - NH DOT - Contract #44848

Designated Contractor: K5 Corporation, 9 Rockview Way, Rockland, MA 02370

CERTIFICATE HOLDER The State of New Hampshire Department of Transportation 7 Hazen Drive Concord NH 03302	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 <i>Woodrow M. Baird</i>
---	---



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/04/2025

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 Alliant Insurance Services, Inc. 40 Stanford Dr 2nd Fl Farmington, CT 06032	CONTACT NAME: Brenda Santorre PHONE (AC, Ho, Ext): E-MAIL: bsantorre@alliant.com ADDRESS:	FAX (AC, Ho):
	INSURER(S) AFFORDING COVERAGE	
INSURED St Lawrence & Atlantic Railroad Company 225 First Flight Drive, Suite 201 368 Route 18 Auburn ME 04210	INSURER A: Hudson Insurance Company NAIC #: 25054	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/POP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Railroad Protective Liability			RRP018714116985	04/04/2025	09/30/2025	Each Occurrence \$2,000,000 Aggregate \$8,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 161, Additional Remarks Schedule, may be attached if more space is required)

Re: K5 Work Order #241302 - Statewide Pavement Marking - NH DOT - Contract #44848

Designated Contractor: K5 Corporation, 9 Rockview Way, Rockland, MA 02370

CERTIFICATE HOLDER

CANCELLATION

The State of New Hampshire Department of Transportation 7 Hazen Drive Concord NH 03302	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	---

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/04/2025

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 Alliant Insurance Services, Inc. 40 Stanford Dr 2nd Fl Farmington, CT 06032		CONTACT NAME: Brenda Santerra PHONE (A/C, No, Ext): FAX (A/C, No): EMAIL: bsanterra@alliant.com ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Market American Insurance Company	NAIC # 28932
INSURED		INSURER B:	
The State of New Hampshire		INSURER C:	
Dept. of Transportation		INSURER D:	
7 Hazen Drive		INSURER E:	
Concord		INSURER F:	
NH 03302			

COVERAGES **CERTIFICATE NUMBER:** **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	INSUR INSD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Owners & Contractors Protective Liability			OCP-MAR-0002051	04/04/2025	09/30/2025	Each Occurrence \$2,000,000 Aggregate \$4,000,000

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

Re: K5 Work Order #241302 - Maintenance of Stencil and Travers Lines 0 NH 2025 - Contract #44648

Designated Contractor: K5 Corporation, 9 Rockview Way, Rockland, MA 02370

CERTIFICATE HOLDER

CANCELLATION

The State of New Hampshire Department of Transportation 7 Hazen Drive Concord NH 03302	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Woodrow M. Baird</i>
--	--

© 1988-2015 ACORD CORPORATION. All rights reserved.