



THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION



12

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
February 10, 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 \$735,964.50 for placement of approximately 2.6 million feet of pavement markings along the Turnpike system roadways (Project: Statewide Turnpike Striping #44497), from the date of Governor and Council approval through September 5, 2025, unless amended by the Department in accordance with the Standard Specifications. 100% Turnpike 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>
04-96-96-961017-7025		
Turnpike Renewal & Replacement		
400-500870 Highway Contract Payments	\$150,000	\$585,964.50

EXPLANATION

This project is part of the Turnpike's Renewal and Replacement Program and will place approximately 2.6 million feet of pavement markings during the spring/summer of 2025. The pavement markings will be placed along Turnpike system roadway segments, excluding areas within construction project limits, roadways with durable markings previously applied, or areas being paved this year and will include Turnpike's mainline, secondary roads and ramps.

Due to resource constraints, the Bureau of Traffic is not able to apply pavement markings for Turnpikes as has happened historically. This contract allows the Turnpike System to resume this activity. As a result of proper lane delineation through continued application of pavement markings, the safety of the traveling public is enhanced.

Although the bid costs exceeded the Department's estimate by 4.79%, the low bid of two bids received is felt to be reasonable for the work involved. Re-advertising this project would result, in our opinion, in

higher prices and prevent the completion of the work in a timely manner. The Department considers it to be in the best interest of the State to accept this bid to accomplish these needed repairs.

The Contractor has been prequalified by this Department. The Contract has been approved by the Attorney General as to form and execution, and the Department has certified that the necessary funds are available and the bid reasonably conforms to the engineer's estimate in accordance with State procedure. Copies of the fully executed contract are on file at the Secretary of State's Office and the Department of Administrative Service's Office, and subsequent to Governor and Council approval will be on file at the Department of Transportation.

This project funding is: 0% Federal funds (100% Turnpike Renewal and Replacement Program).

A copy of the Tabulation of Bids received for this project is attached along with the Contract Supplemental Sheet and a map indicating the location of the project.

Sincerely,



William J. Cass, P.E.
Commissioner

WJC/pcj

Department Estimate:	\$702,352.50
Contract Amount:	<u>\$735,964.50</u>
Over Estimate:	\$ 33,612.00
Attachments	



ABC Bid Data

STATEWIDE TURNPIKE STRIPING
44497
NON-FEDERAL

PROJECT: STATEWIDE TURNPIKE STRIPING
STATE PROJECT NUMBER: 44497
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: January 30, 2025, 2:00
SCOPE OF WORK: Turnpikes Statewide Striping
COMPLETION DATE: September 05, 2025
LOCATION: Rockingham, Merrimack, Strafford, Hillsborough

Awarded To: K5 CORPORATION
9 ROCKVIEW WAY
ROCKLAND, MA 02370

Amount: \$735,964.50
Award Date:

Certified by: WILLIAM J. OLDENBURG
Director of Project Development

Summary of Bidders

Contractor	Bid Amount	Rank
K5 CORPORATION 9 ROCKVIEW WAY, ROCKLAND MA 02370	\$735,964.50	A
L & D SAFETY MARKING CORP 304 EAST MONTPELIER RD, BARRE VT 05641-8373	\$819,042.50	B



ABC Bid Data

STATEWIDE TURNPIKE STRIPING

44497

NON-FEDERAL

Item No.	Description	Unit	Quantity	PS&E		KS CORPORATION 8 ROCKVIEW WAY ROCKLAND, MA 02370		L & D SAFETY MARKING CORP 304 EAST MONTPELIER RD BARRRE, VT 05641-0373	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items

618.61	UNIFORMED OFFICERS WITH VEHICLE	\$	45,000.00	\$1.00	\$45,000.00	\$1.00	\$45,000.00	\$1.00	\$45,000.00
619.1	MAINTENANCE OF TRAFFIC	U	1.00	\$50,000.00	\$50,000.00	\$99,000.00	\$99,000.00	\$90,000.00	\$90,000.00
619.25	PORTABLE CHANGEABLE MESSAGE SIGN	U	4.00	\$1,000.00	\$4,000.00	\$500.00	\$2,000.00	\$500.00	\$2,000.00
619.63	TRUCK-MOUNTED IMPACT ATTENUATOR, TEST LEVEL 3	U	6.00	\$2,500.00	\$15,000.00	\$1,000.00	\$6,000.00	\$3,000.00	\$18,000.00
632.0104	RETROREFLECTIVE PAINT PAVE. MARKING, 4" LINE	LF	153,250.00	\$0.15	\$22,987.50	\$0.14	\$21,455.00	\$0.20	\$30,650.00
632.01047	RETROREFLECTIVE PAINT PARKING LINE, 4"	LF	22,500.00	\$0.50	\$11,250.00	\$1.00	\$22,500.00	\$1.00	\$22,500.00
632.0106	RETROREFLECTIVE PAINT PAVE. MARKING, 6" LINE	LF	2,427,160.00	\$0.18	\$436,887.00	\$0.16	\$388,344.00	\$0.19	\$461,158.50
632.0112	RETROREFLECTIVE PAINT PAVE. MARKING, 12" LINE	LF	169,870.00	\$0.40	\$67,828.00	\$0.40	\$67,828.00	\$0.45	\$76,306.50
632.0118	RETROREFLECTIVE PAINT PAVE. MARKING, 18" LINE	LF	2,825.00	\$2.00	\$5,650.00	\$2.00	\$5,650.00	\$4.20	\$11,865.00
632.02	RETROREFLECTIVE PAINT PAVEMENT MARKING, SYMBOL OR WORD	SF	11,875.00	\$2.00	\$23,750.00	\$4.90	\$58,187.50	\$3.50	\$41,562.50
1008.11	ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK	\$	15,000.00	\$1.00	\$15,000.00	\$1.00	\$15,000.00	\$1.00	\$15,000.00
1010.15	FUEL ADJUSTMENT	\$	5,000.00	\$1.00	\$5,000.00	\$1.00	\$5,000.00	\$1.00	\$5,000.00

Totals: **\$702,352.50** **\$735,964.50** **\$819,042.50**

Alt. Totals:

Totals: **\$702,352.50** **\$735,964.50** **\$819,042.50**



PS&E Comparison

STATEWIDE TURNPIKE STRIPING

44497

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	\$	45,000.00	\$1.00	\$45,000.00	\$1.00	\$45,000.00	\$0.00
619.1	MAINTENANCE OF TRAFFIC	U	1.00	\$99,000.00	\$99,000.00	\$50,000.00	\$50,000.00	\$49,000.00
619.25	PORTABLE CHANGEABLE MESSAGE SIGN	U	4.00	\$500.00	\$2,000.00	\$1,000.00	\$4,000.00	(\$2,000.00)
619.63	TRUCK-MOUNTED IMPACT ATTENUATOR, TEST LEVEL 3	U	6.00	\$1,000.00	\$6,000.00	\$2,500.00	\$15,000.00	(\$9,000.00)
632.0104	RETROREFLECTIVE PAINT PAVE. MARKING, 4" LINE	LF	153,250.00	\$0.14	\$21,455.00	\$0.15	\$22,987.50	(\$1,532.50)
632.01047	RETROREFLECTIVE PAINT PARKING LINE, 4"	LF	22,500.00	\$1.00	\$22,500.00	\$0.50	\$11,250.00	\$11,250.00
632.0106	RETROREFLECTIVE PAINT PAVE. MARKING, 6" LINE	LF	2,427,150.00	\$0.16	\$388,344.00	\$0.18	\$436,887.00	(\$48,543.00)
632.0112	RETROREFLECTIVE PAINT PAVE. MARKING, 12" LINE	LF	169,570.00	\$0.40	\$67,828.00	\$0.40	\$67,828.00	\$0.00
632.0118	RETROREFLECTIVE PAINT PAVE. MARKING, 18" LINE	LF	2,825.00	\$2.00	\$5,650.00	\$2.00	\$5,650.00	\$0.00
632.02	RETROREFLECTIVE PAINT PAVEMENT MARKING, SYMBOL OR WORD	SF	11,875.00	\$4.90	\$58,187.50	\$2.00	\$23,750.00	\$34,437.50
1008.11	ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK	\$	15,000.00	\$1.00	\$15,000.00	\$1.00	\$15,000.00	\$0.00
1010.15	FUEL ADJUSTMENT	\$	5,000.00	\$1.00	\$5,000.00	\$1.00	\$5,000.00	\$0.00
Total:					\$735,964.50		\$702,352.50	\$33,612.00

January 07, 2024

SUPPLEMENTAL PROJECT INFORMATION SHEET

DESCRIPTION: This project will place approximately 2.6 million feet of pavement markings during the spring/summer of 2025. The pavement markings will be placed along Turnpike system roadway segments, excluding areas within construction project limits, roadways with durable markings previously applied, or areas being paved this year and will include Turnpike's mainline, secondary roads and ramps.

FEDERAL FUNDING: 0% (100% Turnpike Renewal and Replacement Program)

CONTINGENCY: No contingency is requested given the nature of the project and minimal risk for cost overruns.

PROJECT INITIATED: Bureau of Turnpikes Renewal and Replacement (TRR) Program

PROJECT EXPLANATION: Due to resource constraints, the Bureau of Traffic is not able to apply pavement markings for Turnpikes as has happened historically. This project will allow for continued application of pavement markings providing proper lane delineation for the safety of the traveling public.

TRAFFIC IMPLICATIONS: Minimal traffic impacts are anticipated. Traffic control will be a mobile operation at night and will follow the same work procedures (PM-SMS-WI-007 Appendix A-D) that the Traffic Bureau uses for striping operations. Lane and shoulder closure timeframes will be consistent with those developed by the Turnpike Bureau for maintenance operations or will follow more stringent requirements based upon location/lane configuration. Normal traffic patterns will be re-established prior to the beginning of peak hour traffic volumes.

COMPLETION DATE: September 5, 2025

TURNPIKE SYSTEM



**Statewide Turnpike
Striping
44497**

MAINE

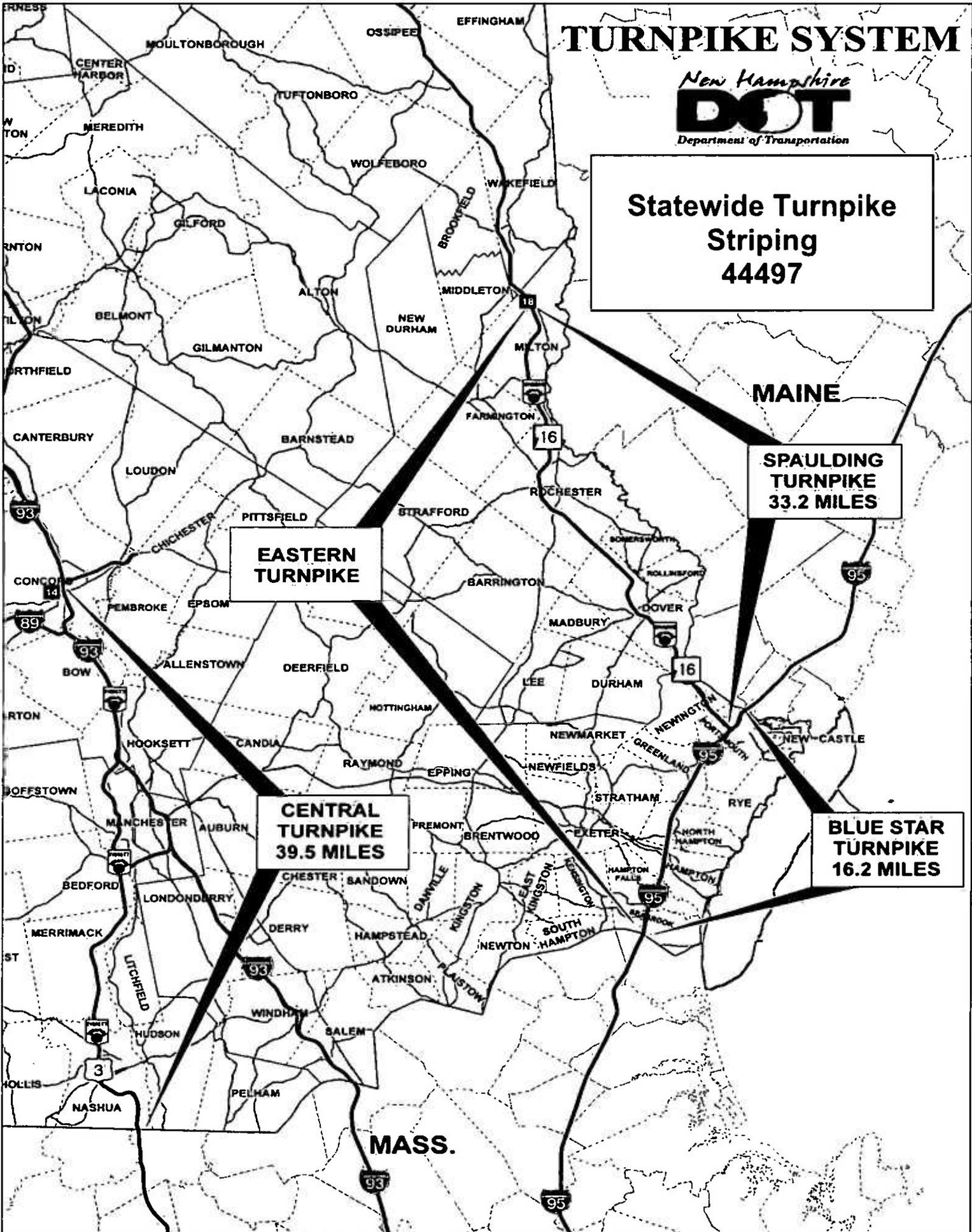
**SPAULDING
TURNPIKE
33.2 MILES**

**EASTERN
TURNPIKE**

**CENTRAL
TURNPIKE
39.5 MILES**

**BLUE STAR
TURNPIKE
16.2 MILES**

MASS.



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: 2/14/2025

ATTESTED:



Kathy DeLong, President



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/14/2025

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): 860-269-2157 FAX (A/C No.): E-MAIL ADDRESS: bsanterre@alliant.com
	INSURER(S) AFFORDING COVERAGE
License#: 0C36861 HI-WSAF-02	INSURER A : Arch Insurance Company INSURER B : Steadfast Insurance Company INSURER C : INSURER D : INSURER E : INSURER F :
INSURED K5 Corporation 9 Rockview Way Rockland, MA 02370	NAIC # 11150 26387

COVERAGES **CERTIFICATE NUMBER:** 1241731623 **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	ADDITIONAL INSURED	SUBROGATION	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"/> PROJECT <input type="checkbox"/> LOC OTHER:	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 - COMP/OP AGG \$ 2,000,000 \$
A	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			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	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
B	Excess Liability			AEC 4431652-00	4/3/2025	12/31/2025	Each Occ/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 #240994, Contract #44497, NH DOT NH Statewide Turnpike Striping.

New Hampshire Northcoast Corporation Inc., their affiliates, successors and assigns and CSX, their affiliates, successors and assigns are included as Additional Insureds with respect to General Liability.

CERTIFICATE HOLDER CANCELLATION

240994 - New Hampshire Department of Transportation 7 Hazen Drive Concord NH 03301	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>William M. Baird</i>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/24/2025

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.

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PRODUCER Alliant Insurance Services, Inc. 40 Stanford Dr 2nd Fl Farmington CT 06032	CONTACT NAME: Brenda Santerre PHONE (A/C No. Ext): 860-268-2157 FAX (A/C. No.): E-MAIL ADDRESS: BSanterre@alliant.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED New Hampshire Northcoast Corporation Inc., Their affiliates, successors and assigned PO Box 426, 368 Route 16 Ossipee NH 03864	License#: 0C36861 INSURER A: Hudson Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 25054

COVERAGES **CERTIFICATE NUMBER:** 715014058 **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 <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) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	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	Retroed Protective Liability			RRP018456616702	4/1/2025	9/30/2025	Each Occurrence Aggregate \$2,000,000 \$8,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Designated Contractor: K5 Corporation, 9 Rockview Way, Rockland, MA 02370

Re: K5 Work Order #240994, NH DOT Statewide Turnpike Striping

CERTIFICATE HOLDER

CANCELLATION

The State of New Hampshire
Dept. of Transportation
1 Hazen Drive
Concord NH 03301

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)
2/24/2025

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PRODUCER
Alliant Insurance Services, Inc.
40 Stanford Dr 2nd Fl
Farmington CT 06032

CONTACT NAME: Brenda Santehe

PHONE (A/C No, Ext): 860-269-2157

FAX (A/C No):

E-MAIL ADDRESS: BSantehe@alliant.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURED
CSX, their affiliates, successors and assigns
CSX Transportation, Inc.
Insurance Dept., 500 Water St, C-907
Jacksonville FL 32202

License#: OC36861

INSURER A: Hudson Insurance Company

25054

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

COVERAGES

CERTIFICATE NUMBER: 1034402453

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 INSR WVR	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 NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED 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		RRP018458616702	4/1/2025	9/30/2025	Each Occurrence Aggregate \$2,000,000 \$6,000,000

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

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

Re: K5 Work Order #240994, NH DOT Statewide Tumpike Striping

CERTIFICATE HOLDER

CANCELLATION

The State of New Hampshire
Dept. of Transportation
1 Hazen Drive
Concord NH 03301

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

