Request for Proposal Pavement Marking Barrington, NH

Sealed bids will be received at the Town of Barrington Municipal Offices until 12:00 p.m., Wednesday May 6,2020 for the striping of roadways within the Town of Barrington. The mailing address is P.O. Box 660, Barrington, NH 03825. The building location is 333 Calef Highway, but do not use this one for mailing. Please address all questions to the Barrington Road Agent, Marc Moreau at 603-948-5203.

Bids must be delivered to the Town of Barrington in a sealed envelope clearly marked "Sealed Bid, Road Striping 2020".

The contractor will be responsible for providing all materials including paint, glass beads, traffic control, cones, signs and equipment necessary to complete the work. Work to be completed by August 1,2020 in suitable weather for painting. With a final completion of October 1, 2020 for roads that were still under construction.

The quantities in this document are approximate and payment will be based on actual field measurement upon completion of work.

The contractor must supply the Town of Barrington with a certificate of insurance for a minimum of $1,000,000.00 liability insurance and appropriate Worker's Compensation coverage.

All striping must meet NHDOT specification. No payment will be made for markings that do not meet NHDOT specifications.

Item #1 Stop Bars

117 Stop Bars $50.00 per stop bar $ 5,850.00 Five thousand Eight hundred fifty Dollars

Quantity Unit Price Total Cost Cost in words

Item #2 Parking spots

50 parking spot $5.00 per spot $ 250.00 Two hundred Fifty - Dollars

Quantity Unit Price Total Cost Cost in words

Item #3 Double Yellow Line

210,000 Linear Feet Retro Reflective Pavement Marking 4 inch wide Double Solid Line

210,000 Linear Feet at .10 per linear foot $ 21,000.00 Twenty - One thousand dollars

Quantity Unit Price Total Cost Cost in words

Item #4 Single White (Fog) Line

310,000 Linear Feet Retro Reflective Pavement Marking 4 inch wide Single Solid Line

310,000 Linear Feet at .08 per linear foot $ 24,800.00 Twenty - Four thousand Eight hundred dollars

Quantity Unit Price Total Cost Cost in words

Estimated Total: Item #1 + Item #2+ item #3+ Item #4= $ 51,900.00 Fifty-One Thousand nine hundred dollars

Total Cost in words

Company Name: On-the-Line, Inc.

Address: 2230 Broadway
Bangor, ME. 04401

Contact information: Phone 207-947-9912 **E-mail** Al@onthelinecorp.com

Signature of Principal: Owner
Alfred Griffin Jr.

Acceptance by the Town of Barrington: _____

ONTHE-1

OP ID: SK

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/01/2020

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.

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
BroGue Insurance & Fin. Svcs. 207-942-3526
328 Harlow St.
P.O. Box 2729
Bangor, ME 04402-2729
Brogue Insurance

CONTACT NAME: Brogue Insurance
PHONE (A/C, No, Ext): 207-942-3526 FAX (A/C, No): 207-942-3712
E-MAIL ADDRESS: info@brogueinsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Eastern Alliance Insurance Gro	10724
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
On The Line Inc
c/o Al Griffin
2230 Broadway Suite C
Bangor, ME 04401

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	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	CLAIMS-MADE / OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			0000117837	06/20/2019	06/20/2020	X PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N	N / A					E.L. EACH ACCIDENT	$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

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

CERTIFICATE HOLDER

BARRING

Town of Barrington NH
PO BOX 660
Barrignton, NH 03825

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
Brogue Insurance

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ONTHE-1 OP ID: TT

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PRODUCER
Winter Harbor Agency
P.O. Box 100
S Gouldsboro, ME 04607
Tara Tabbutt

CONTACT NAME: Paul L. Tracy
PHONE (A/C, No, Ext): 207-963-2347 FAX (A/C, No): 207-963-2307
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Patriot Insurance Co	32069
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
On The Line , Inc
2230 Broadway Suite C
Bangor, ME 04401

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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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						EACH OCCURRENCE	$	1,000,000
	CLAIMS-MADE X OCCUR			6657877	03/20/2020	03/20/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	$	500,000
							MED EXP (Any one person)	$	5,000
							PERSONAL & ADV INJURY	$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$	2,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$	2,000,000
	OTHER:							$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$	1,000,000
A	X ANY AUTO			6657876	03/20/2020	03/20/2021	BODILY INJURY (Per person)	$	
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$	
								$	
	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$	2,000,000
A	EXCESS LIAB CLAIMS-MADE			6657877	03/20/2020	03/20/2021	AGGREGATE	$	2,000,000
	DED X RETENTION $ 10000							$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE / OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	
							E.L. DISEASE - POLICY LIMIT	$	
A	Inland Marine			6657877	03/20/2020	03/20/2021	Equipment		156,700

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

CERTIFICATE HOLDER

Town of Barrington NH
PO Box 660
Barrington, NH 03825

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AUTHORIZED REPRESENTATIVE
Tara Tabbutt

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