

All striping must meet NHDOT Standard Specification 632 and Standard Plan PM-2. No payment will be made for markings that do not meet NHDOT specifications.

Item #1: 4-inch Double Yellow Line – 15 mil Thick

165,000 Linear Feet Retroreflective Pavement Marking 4-inch-wide Double Solid Line installed at a 15mil thickness.

165,000 Linear Feet at	0.11	per linear foot	\$	18150.00	
Quantity	Unit Price		Total Cost		Cost in words

Item #2: 4-inch Single White (Fog) Line – 15 mil Thick

236,000 Linear Feet Retroreflective Pavement Marking 4-inch-wide Single Solid Line installed at a 15mil thickness.

236,000 Linear Feet at	0.07	per linear foot	\$	16520.00	
Quantity	Unit Price		Total Cost		Cost in words

Item #3: 4-inch Double Yellow Line – 20 mil Thick

46,000 Linear Feet Retroreflective Pavement Marking 4-inch-wide Double Solid Line installed at a 20mil thickness.

46,000 Linear Feet at	0.125	per linear foot	\$	5750.00	
Quantity	Unit Price		Total Cost		Cost in words

Item #4: 4-inch Single White (Fog) Line – 20 mil Thick

74,000 Linear Feet Retroreflective Pavement Marking 4-inch-wide Single Solid Line installed at a 20mil thickness.

74,000 Linear Feet at	0.078	per linear foot	\$	5772.00	
Quantity	Unit Price		Total Cost		Cost in words

Item #5: 12-inch Stop Bars – 20 mil Thick

125 12-inch Stop Bars at	28.00	per stop bar	\$	3500.00	
Quantity	Unit Price		Total Cost		Cost in words

Estimated Total: Total of Items #1 – #5 =	\$	49692.00		Fourty nine thousand six hundred ninty two dollars and no/100
	Total			Cost in words

Company Name: Industrial Traffic Lines Inc.

Address: 3 Sanborn road
Londonderry NH 03053

Contact information: Phone 603-552-3780 cell 603-234-7412 **E-mail** industrialtraffclines@gmail.com

Signature of Principal: 

Acceptance by the Town of Barrington: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/27/2024

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 Financial Insurance Services Inc PO Box 950 Derry NH 03038	CONTACT NAME: Jamie McLaughlin	PHONE (A/C, No, Ext): (603) 432-6414	FAX (A/C, No): (603) 432-3852
	E-MAIL ADDRESS: jmclaughlin@fisins.com		
INSURED Industrial Traffic Lines 3 Sanborn Rd Londonderry NH 03053-2362	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Frankenmuth Insurance		13986
	INSURER B : Liberty Mutual		
	INSURER C :		
	INSURER D :		
	INSURER E :		

COVERAGES CERTIFICATE NUMBER: 23-24 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			6645485	12/03/2023	12/03/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Additional Insured \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			6645484	12/03/2023	12/03/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC531S620500-033 - NH EXP	11/10/2023	11/10/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.I. EACH ACCIDENT \$ 500,000 E.I. DISEASE - EA EMPLOYEE \$ 500,000 E.I. 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**CANCELLATION**

Town of Barrington PO Box 660 4 Signature Drive Barrington NH 03825	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

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