

Request for Proposal

Pavement Markings Barrington, NH

1. Proposals must be mailed or hand delivered to the Town Offices, Attn: Highway Department, P.O. Box 660 Barrington, NH 03825 or physical address is 4 Signature Drive Barrington, NH 03825. Do not mail to 4 Signature Drive. All proposals must be sealed in an envelope clearly marked "**Sealed Bid, 2024 Pavement Marking**", and they must be received by 12:00 p.m. April 15, 2024.
2. A public bid opening will be conducted at 12:30 PM on April 15, 2024, at the Town Offices. At that time, all proposals will be opened and read aloud to anyone who wishes to attend the bid opening. Bid will be awarded at the Select Board meeting on Monday April 22, 2024.
3. The Town will review all bid proposals following the public bid opening. The Town reserves the right to select the proposal that is determined to be in its best interest.
4. Any proposal that is not submitted in accordance with the requirements of this Request for Proposal may be disqualified by the Town.
5. The Town reserves the right to accept or reject any or all proposals, either in whole or in part; to waive any defects, informalities, and/or minor irregularities in proposal responses.
6. Any questions should be directed to Marc Moreau, Road agent, in writing at: mmoreau@barrington.nh.gov. Questions must be received on, or before, April 8, 2024. Response to questions will be provided in writing to all bidders via e-mail on or before April 11, 2024.
7. 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 September 1, 2024 in suitable weather for painting. With a final completion of October 1, 2024 for roads that were still under construction.
8. The quantities in this document are approximate and payment will be based on actual field measurement upon completion of work.
9. 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.
10. The RFP form includes line striping installed at a 15-mil thickness which deviates from the NHDOT requirement of 20-mil thickness. The 15-mil line striping shall be installed per NHDOT requirements otherwise.
11. During installation, the Town will be completing random testing to confirm project requirements are met.

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	<u>\$0.16</u>	per linear foot	\$ <u>26,400.00</u>	<u>Twenty six thousand and four hundred dollars</u>
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	<u>\$0.09</u>	per linear foot	\$ <u>21,240.00</u>	<u>Twenty one thousand two hundred and forty dollars</u>
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	<u>\$0.18</u>	per linear foot	\$ <u>8,280.00</u>	<u>Eight thousand two hundred and eighty dollars</u>
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	<u>\$0.10</u>	per linear foot	\$ <u>7,400.00</u>	<u>Seven thousand and four hundred dollars</u>
Quantity	Unit Price		Total Cost	Cost in words

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

125 12-inch Stop Bars at	<u>\$15.00</u>	per stop bar	\$ <u>1,875.00</u>	<u>One thousand eight hundred and seventy five dollars</u>
Quantity	Unit Price		Total Cost	Cost in words

Estimated Total: Total of Items #1 – #5 =	\$ <u>65,195.00</u>	<u>Sixty five thousand one hundred and ninety five dollars</u>
	Total	Cost in words

Company Name: K5 Corporation

Address: 9 Rockview Way
Rockland, MA 02370

Contact information: Phone 781-982-9229 **E-mail** bids@k5corporation.com

Signature of Principal:  Kathy DeLong President

Acceptance by the Town of Barrington: _____



www.K5Corporation.com

9 Rockview Way
Rockland, MA 02370

P: (781) 982-9229
F: (781) 982-9226

Date: 04/11/ 2024

Town of Barrington
Highway Department
4 Signature Drive
Barrington, NH 03825

Bid Title: 2024 Pavement Markings
Bid date: 04/15/2024 @ 12 PM

STATEMENT OF BIDDER QUALIFICATIONS FORM

To Whom it May Concern:

With regards to the above referenced bid, please be advised that K5 Corporation is fully capable of performing the work in accordance with the specifications as set forth in the bid documents without any delay or interference. We have both the equipment and experience, and competent in operating traffic line marking machinery.

K5 Corporation has been in the pavement marking business for 42 years and has performed contracts for many state DOT's cities and towns. We are committed to quality, work and customer service and look forward to working with you on this project. K5 Corporation has adequate personnel and resources to provide the services within the scheduled timelines.

K5 corporation has been prequalified by MassDOT.

K5 Corporation is financially capable of completing this project.

Please feel free to contact us if you require any additional information.

Best Regards


Kathy DeLong
President



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/18/2024

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 Alliant Insurance Services, Inc. 40 Stanford Drive, 2nd Floor Farmington CT 06032 License#: 0C36861 HI-WSAF-02	CONTACT NAME: Sharyn Parker PHONE (A/C, No, Ext): 860-269-2164 FAX (A/C, No): E-MAIL ADDRESS: sharyn.parker@alliant.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED K5 Corporation 9 Rockview Way Rockland, MA 02370	INSURER A: Arch Insurance Company	11150
	INSURER B: Arch Indemnity Insurance Co	30830
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: 1286045333 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 <input type="checkbox"/> OTHER:			11PKG1997800	12/31/2023	12/31/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea. occurrence) \$ 100,000 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 \$
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			11CAB1997900	12/31/2023	12/31/2024	COMBINED SINGLE LIMIT (Ea. accident) \$ 1,000,000 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 <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	14WCI1197800	12/31/2023	12/31/2024	<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 #239353, Barrington NH 2024 Pavement Markings

CERTIFICATE HOLDER CANCELLATION

239353 - Town of Barrington 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 <i>William W. Baird</i>
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