



STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

ROY COOPER
GOVERNOR

J. ERIC BOYETTE
SECRETARY

June 2, 2023

CONTRACT: 12077779
WBS ELEMENTS: VARIOUS
COUNTIES: BEAUFORT, CARTERET, CRAVEN, GREENE, JONES,
LENOIR, PAMLICO, AND PITT
ROUTES: VARIOUS
DESCRIPTION: ON-CALL CUT AND SHOVE CREW FOR REMOVAL OF
STORM RELATED DEBRIS FROM STATE MAINTAINED
ROADWAYS IN DIVISION 2

CONTRACT: 12077976
WBS ELEMENTS: VARIOUS
COUNTIES: BEAUFORT, CARTERET, CRAVEN, GREENE, JONES,
LENOIR, PAMLICO, AND PITT
ROUTES: VARIOUS
DESCRIPTION: ON-CALL CUT AND SHOVE CREW FOR REMOVAL OF
STORM RELATED DEBRIS FROM STATE MAINTAINED
ROADWAYS IN DIVISION 2

Pre-Bid Meeting Notes

A Pre Bid meeting was held for the above referenced project on June 1, 2023 at 10:00 am at the Division 2 Conference Room. Those in attendance are on the attached sign in sheet.

Ms. Moore began the meeting with reviewing the proposal. Items that were highlighted were;

- The importance of following the Instructions to Bidders to ensure your bid documents are correct.
- Contractors need to make sure they are a prequalified SBE Contractor prior to bid day to bid on Proposal 12077976.
- Contractors need to be Prequalified prior to bid day to bid on Proposal 12077779.
- Liability Insurance should add to the following: the Each Occurrence lines for General Liability and Umbrella Liability should add to the amount of \$5,000,000 and the General Aggregate lines for General Liability and Umbrella Liability should add to the amount of \$5,000,000. Please see attached example.
- Contract time starts July 15, 2023 and the completion day March 15, 2024.

Mailing Address:
NC DEPARTMENT OF TRANSPORTATION
DIVISION 2
PROJECT DEVELOPMENT GROUP
GREENVILLE, NC 27834

Telephone: (252) 439-2828
Customer Service: 1-877-368-4968

Website: www.ncdot.gov

Location:
1037 W.H. SMITH BLVD.
GREENVILLE, NC 27834

- These are Federal Contracts and require Certified Payrolls

Mr. Davenport and Ms. Houston continued to highlight the following:

- A cut and shove crew consists of 2 chainsaw operators, a piece of mechanical equipment with an operator, and a supervisor (which may be a part of the crew). The total minimum 3 employees per crew
- OSHA approved Safety vests must be worn at all times while on the project. All equipment shall have strobe lights and a working back up alarm.
- Operations are limited to daylight hours.
- All debris must be shoved a minimum of 3 feet from the edge of pavement. Hangers within 16 feet of vertical clearance of pavement shall be cut and shoved a minimum of 3 feet from the pavement.
- The Contractor shall provide a list of equipment and personnel to the Engineer upon arrival. Once approved, and all equipment and personnel are at the designated site, Contractor will be paid 4 hours for mobilization compensation.
- As long as all equipment and personnel remain on site, the Contractor will receive hourly rate up to 8 hours per day for staging.
- No payment will be made if equipment or personnel leave the site. The Contractor is on-call and required to respond with in one hour once notified.
- The Contractor will be paid for any hour worked once actual work has begun. No payment will be made for down-time including meals, equipment failure, and inclement weather.
- No payment will be made for demobilization.
- No additional payment will be made for crews over 3 people.

Sincerely,

DocuSigned by:
Mary Voelker Moore
714C11DCC4EBC4C6...

Mary Voelker Moore, PE
Division Contract Engineer

cc: Ms. Mary Beth Houston, PE
Mr. Jeremy Stroud, PE
Mr. Jordan Davenport, PE
Ms. Heather Lane, PE
Ms. Debora Roberson

| Name | Company Name and Address | Phone | Email |
|-------------------|--|--|-------------------------------------|
| Jimmy L. Hawley | RHH Construction, LLC 6623 Governor Hunt Road Lucama NC 27851 | 252-205-6092 | j/hawley55@gmail.com |
| Will Moore | JMC Clearing + Mulching LLC 4959 Harrison Phelps Rd Lagrange NC | (252) 560-0999 | Williebud77@gmail.com |
| Skylar Garner | Eastern NC Lawn Pro LLC 2453 Dogwood Ln Kinston NC 28504 | 252-933-3555 | EasternNCLawnPro@gmail.com |
| DENNIS RUSSELL | RUSSELL ENTERPRISES LLC 350 WESTMAN PLACE Smithfield | 919-915-1781 | russellenterprisesllc@gmail.com |
| Walt Ingram | DANGERDY COMPANY 1517 Little Savannah SYLVIA NC 28779 | 662-386-4865 | wingram@dangerdyco.com |
| Jasper Jones | Jasper Jones TRUCKING 108 Churchill Rd Hookerton NC 28538 | 252-560-6847 | jasperjonestruckings@embarqmail.com |
| Mary Beth Houston | NCDOT - DIVISION 2 Kinston, NC | 252-775-6100 | mbhouston@ncdot.gov |
| Jordan Davenport | " " | " | jwdavenport@ncdot.gov |
| Jeremy Stroud | " " | " | jdstroud@ncdot.gov |
| Mary Moore | NCDOT 1037 W H Smith Greenville | 252- 439 ⁴³⁹ -2828 | mmoore@ncdot.gov |
| Elle Aronson | NCDOT intern " | 336 609 1000 | emarisaronson@gmail.com |
| Luther Lewis | NCDOT - Division 2, Kinston, NC | 252-671-7345 | ldlewis@ncdot.gov |
| Danny Koonce | NCDOT Division 2, MOST | 252-560-5249 | dlkoonce@ncdot.gov |
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CERTIFICATE OF LIABILITY INSURANCE

EXAMPLE

DATE (MM/DD/YYYY)
Month/Date/Year

| | | | |
|--|--|--|---------------|
| PRODUCER Insurce Agent/Broker Name Insurce Agent/Broker Street Address or P.O. Box Insurce Agent/Broker City, State & Zip Code Contact & Phone Number | | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. | |
| INSURED Contractor Name Contractor Street Address or P.O. Box Contractor City, State & Zip Code | | INSURERS AFFORDING COVERAGE | NAIC # |
| | | INSURER A: Name of Insurance Company | Enter NAIC# |
| | | INSURER B: Name of Insurance Company (if applicable) | Enter NAIC# |
| | | INSURER C: Name of Insurance Company (if applicable) | Enter NAIC# |
| | | INSURER D: Name of Insurance Company (if applicable) | Enter NAIC# |
| | | INSURER E: Name of Insurance Company (if applicable) | Enter NAIC# |

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | ADD'L INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
|----------|-------------------------------------|--|------------------------------|----------------------------------|-----------------------------------|--|---|
| A | <input checked="" type="checkbox"/> | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC | Enter Policy # | Enter Effective Date | Enter Expiration Date | EACH OCCURENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG \$ | \$1,000,000 \$100,00 \$N/A \$1,000,000 \$2,000,000 \$1,000,000 \$ |
| A | <input type="checkbox"/> | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> | Enter Policy # | Enter Effective Date | Enter Expiration Date | COMBINED SINGLE LIMIT (Each Occurrence) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) | \$ \$ \$ \$ |
| A | <input type="checkbox"/> | GARAGE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> | Enter Policy # (if required) | Enter Effective Date | Enter Expiration Date | AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG | \$1,000,000 \$ \$ |
| A | <input checked="" type="checkbox"/> | EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$Enter Amount | Enter Policy # (if required) | Enter Effective Date | Enter Expiration Date | EACH OCCURRENCE AGGREGATE \$ \$ \$ | \$4,000,000 \$4,000,000 \$ \$ \$ |
| A | <input type="checkbox"/> | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | Enter Policy # | Enter Effective Date | Enter Expiration Date | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT | \$ \$ \$ |
| | <input type="checkbox"/> | OTHER | | | | | |

\$15,000,000

\$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Insert Contract or Purchase Order Number (Job Descriptions, if Applicable)

| | |
|---|--|
| CERTIFICATE HOLDER Division of Highway; Dept. of Transportation c/o State Contractual Service Engineer P. O. Box 25201 Raleigh, NC 27611 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE |
|---|--|