



State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES
OFFICE OF THE COMMISSIONER
25 Capitol Street – Room 120
Concord, New Hampshire 03301

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LINDA M. HODGDON
Commissioner
(603) 271-3201

JOSEPH B. BOUCHARD
Assistant Commissioner
(603) 271-3204

Bureau of Public Works
Design and Construction
Project No. 80633 – Contract B

July 19, 2013

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

1). Authorize the Bureau of Public Works Design and Construction to enter into a contract with D. L. King, Associates, Inc. (VC# 168979) Nashua, NH, for a total price not to exceed \$972,890, for the State House Dome Repairs, Concord, NH. This contract is effective upon Governor and Council approval through October 31, 2014, unless extended in accordance with the contract terms. **100% Capital - General Funds.**

2). Further authorize pursuant to Chapter 195:12, Laws of 2013, the amount of \$57,650 be approved for payment to the Department of Administrative Services, Bureau of Public Works Design and Construction (VC# 177875), for Capital Clerk oversight services provided, bringing the total to \$1,030,540. **100% Capital - General Funds.**

Funding is available in account titled Department of Administrative Services as follows:

01-14-14-140030-09470000 Capital Dome Repair	<u>SFY14</u>
034-500162 – Contract Repairs/Bldgs. & Grounds	\$ 548,795
034-500162 – Interagency Fees (Capital Clerk)	<u>57,650</u>
Sub-Total	\$ 606,445

01-14-14-140030-12540000 Capital Dome Repair

034-500162 – Contract Repairs/Bldgs. & Grounds \$ 424,095

Grand Total \$ 1,030,540

EXPLANATION

Per Chapter 253:1, II, D, 5, Laws of 2011, as extended by Chapter 195:47 Laws of 2013 for the State House Dome Repairs and Chapter 195:1, II, B, 4. This project includes repair and repainting of the exterior white base of the State House dome and white lantern (cupola) structure above the dome; funding was secured in the previous budget cycle (2012/2013) for this work. Also included are repairs to and re-gilding of the dome roof, lantern roof, and ball and eagle; funding was secured in the current budget cycle (2014/2015) for this work.

The contractor has been pre-qualified by the Department of Transportation. The contract has been approved by the Attorney General as to form and execution and the Department of Administrative Services has certified that the necessary funds are available. Copies of the fully executed contract are on file at the Secretary of State's Office and the Department of Administrative Services, Bureau of Public Works Design and Construction.

Attached please find a copy of the tabulation of bids for this project along with the contract supplemental information sheet.

Respectfully submitted,



Linda M. Hodgdon
Commissioner

Department Estimate: \$1,251,888
Contract Amount: \$ 972,890
Under Estimate: \$ 278,998

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80633, Contract B – State House Dome Repairs, Concord, N.H.

DESCRIPTION: This project includes repair and repainting of the exterior white base of the State House dome and white lantern (cupola) structure above the dome – funding was secured in the previous budget cycle (2012/2013) for this work. Also included are repairs to and re-gilding of the dome roof, lantern roof, and ball and eagle – funding was secured in the current budget cycle (2014/2015) for this work.

EXPLANATION: The existing white dome base and lantern (cupola) above the dome are in need of repairs, refurbishment, and new paint. There are a number of areas where the existing wood trim has deteriorated and needs to be replaced. Window glazing putty is deteriorated and needs to be replaced and metal railings are wired together in places and are in need of repairs and repainting.

Portions of the dome and lantern roofs and ball and eagle are showing excessive wear. There are locations where the primer and coatings below the gold leaf are exposed. The existing gold leafing and substrates have deteriorated in some locations to the point that the copper roofing is exposed. The copper substrate below the gilding is discolored in places. In some areas where the gold leaf remains, it is abraded and scratched.

UNDER ESTIMATE

EXPLANATION: The department estimate assumed that the gilding project might be performed separately from (at a different time) than the painting project. There is a significant savings in staging costs by combining the projects. Approximately seventy (70%) percent of the difference in the cost estimate is related to staging costs and the low bidder's construction schedule. In addition,

a requirement for weekend work for a portion of the work was omitted during bidding, which results in a lower bid amount in comparison to the department estimate.

The project architect indicates, that the uniqueness of project type, level of difficulty in a historic renovation/restoration project, and limited amount of existing construction detail documentation, a very conservative direction was taken in developing the estimate. The architect notes that the area of gilding was estimated due to limited available documentation and that the price of gold/gold leaf was very volatile, fluctuating daily; therefore, additional cost factors were included in the estimate.

BID ALTERNATE
ADDS/DEDUCTS

EXPLANATION: Bid Alternates No's 1 and 2 were omitted during bidding (requirement for weekend work for a portion of work). Bid Alternate No. 3 Deduct was not taken, as there was sufficient funding for the project. The alternate was to remove a portion of the work related to painting and repairs.

DEPARTMENT

ESTIMATE: \$1,251,888
LOW BID: \$ 972,890

STATE OF NEW HAMPSHIRE
DEPARTMENT OF ADMINISTRATIVE SERVICES

BIDS WERE OPENED ON THE 7TH DAY OF MARCH, 2013 FOR STATE HOUSE DOME REPAIRS, 107 NORTH MAIN STREET, CONCORD, NH
PROJECT NO.: 80633 CONTRACT B

COMPLETION DATE: OCTOBER 31, 2014

A. B. C.

ITEM NO.	ITEM	QUANTITIES	UNIT	TOTAL	UNIT	TOTAL	UNIT	TOTAL
1	REPAIR & PAINT DOME BASE AND LANTERN (CUPOLA)	1 UNIT		\$450,000.00	\$590,000.00	\$590,000.00	\$497,700.00	\$497,700.00
2	ALL GILDING & RELATED WORK EXCEPT GOLD LEAF MATERIAL	1 UNIT		\$175,000.00	\$110,000.00	\$110,000.00	\$367,700.00	\$367,700.00
3	GOLD LEAF MATERIAL	1 UNIT		\$169,890.00	\$142,000.00	\$142,000.00	\$121,700.00	\$121,700.00
4	ALLOWANCE #1 GOLD LEAF MATERIAL CHANGE IN COST FROM BID DUE DATE TO CONTRACTOR NOTICE TO PROCEED DATE	1 ALLOWANCE		\$25,000.00	\$25,000.00	\$25,000.00	\$25,000.00	\$25,000.00
5	ALLOWANCE #2 BIRD MITIGATION SYSTEM	1 ALLOWANCE		\$3,000.00	\$3,000.00	\$3,000.00	\$3,000.00	\$3,000.00
6	ALLOWANCE #3 TESTING ALLOWANCE	1 ALLOWANCE		\$30,000.00	\$30,000.00	\$30,000.00	\$30,000.00	\$30,000.00
7	ALLOWANCE #4 UNKNOWN LATENT CONDITIONS & UNKNOWN DETERIORATED TRIM REPLACEMENT RELATED TO WORK IN BID ITEM #1	1 ALLOWANCE		\$70,000.00	\$70,000.00	\$70,000.00	\$70,000.00	\$70,000.00
8	ALLOWANCE #5 UNKNOWN LATENT CONDITIONS & UNKNOWN DOME MATERIAL REPAIRS RELATED TO WORK IN BID ITEM #2	1 ALLOWANCE		\$50,000.00	\$50,000.00	\$50,000.00	\$50,000.00	\$50,000.00
BASE BID LUMP SUM FOR ITEMS 1 THROUGH 8				\$972,890.00		\$1,020,000.00		\$1,165,100.00

ALTERNATE NO. 1 ADD: OMIT PER ADDENDUM #2
ALTERNATE NO. 2 ADD: OMIT PER ADDENDUM #2
ALTERNATE NO. 3 ADD DEDUCT:

\$60,000.00
(\$27,700.00)

- A. D. L. KING & ASSOCIATES, INC., 27 TANGLEWOOD DRIVE, NASHUA, NH 03062
B. STAN GRATON 3G CONSTRUCTION, INC., PO BOX 183, 71 HOWE RD., HOLDERNESS, NH 03245
C. MERIDIAN CONSTRUCTION CORPORATION, 32 ARTISAN COURT, UNIT #4, GILFORD, NH 03249

BUREAU OF PUBLIC WORKS

Award to A - Bidder
 Hold for Negotiation \$ 972,890.00
 Cancel Contract
 User Agency DAS - Gen. Svcs.
 Authorized by [Signature]
 Date 7-11-13



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/16/2013

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 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 THE ROWLEY AGENCY INC. 139 Loudon Road P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Renee Skillings	
	PHONE (A/C, No. Ext): (603) 224-2562 FAX (A/C, No): (603) 224-8012 E-MAIL ADDRESS: rskillings@rowleyagency.com	
INSURED D.L. King & Associates, Inc. 27 Tanglewood Drive Nashua NH 03062	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Patriot Insurance	32069
	INSURER B: Star Insurance Company	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: 12-13 All lines 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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X	CPP6198700	9/3/2012	9/3/2013	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> Prop Dmg Ded: \$5,000					PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 2,000,000
						\$
A	AUTOMOBILE LIABILITY		BA6198700	9/3/2012	9/3/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS					PROPERTY DAMAGE (Per accident) \$
						\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR		CPP6198700	9/3/2012	9/3/2013	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 1,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N Y N/A	WC0743843	9/3/2012	9/3/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		3A: NH	E.L. EACH ACCIDENT \$ 1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below		Officers Excluded: Donna & Arthur King Jr.	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000		
				E.L. DISEASE - POLICY LIMIT \$ 1,000,000		
A	Leased/Rented Equipment		CPP6198700	9/3/2012	9/3/2013	LIMIT: \$ 30,000 DEDUCTIBLE: \$ 500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Project #80633B; State House Dome Repair, 107 N. Main St., Concord, NH.
It is agreed and understood The State of NH Department of Administrative Services is included as additional insured with regard to general liability when required by written contract.

CERTIFICATE HOLDER (603) 271-6758 State of New Hampshire Department of Administrative Services 7 Hazen Drive PO Box 483 Concord, NH 03301	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 Renee Skillings/RLS <i>Renee L. Skillings</i>

ACORD 25 (2010/05)
INS025 (201005) 01

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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 7/16/2013

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY THE ROWLEY AGENCY INC. 139 Loudon Road P.O. Box 511 Concord NH 03302-0511	PHONE (A/C. No. Ext): (603) 224-2562	COMPANY Peerless Insurance Companies 62 Maple Ave Keene NH 03431
FAX (A/C. No.): (603) 224-8012 E-MAIL ADDRESS: ehorner@rowleyagency.com	CODE: 8110236 SUB CODE:	AGENCY CUSTOMER ID #: 00007629
INSURED D.L. King & Associates, Inc., State of NH Dept of Administrative Svcs. 27 Tanglewood Drive Nashua NH 03062	LOAN NUMBER	POLICY NUMBER BR07162013
	EFFECTIVE DATE 7/16/2013	EXPIRATION DATE 7/16/2014
	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION

LOCATION/DESCRIPTION Loc# 00001/Bldg# 00001 State House, 107 N. Main St. Concord, NH 03301 Job #80633B
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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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Job Specific Builders Risk with Renovations	972,890	1,000
Temporary Location Limit	486,445	1,000
Transit Limit	486,445	1,000

REMARKS (Including Special Conditions)

NAMED INSURED INCLUDES: Any & All Subcontractors ATIMA

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.

ADDITIONAL INTEREST

Insured	<input type="checkbox"/> MORTGAGEE	ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
LOAN #		
AUTHORIZED REPRESENTATIVE	<i>Renee L. Skillings</i> Renee Skillings/RLS	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/16/2013

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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 THE ROWLEY AGENCY INC. 139 Loudon Road P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Renee Skillings
	PHONE (A/C No. Ext): (603) 224-2562 FAX (A/C, No): (603) 224-8012
	E-MAIL ADDRESS: rskillings@rowleyagency.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: Patriot Insurance	NAIC # 32069
INSURER B: Frankenmuth Mutual Ins Co	13986
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES CERTIFICATE NUMBER: 13-14 OCP-#80633B 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			OCP07162013	7/16/2013	7/16/2014	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$
	<input checked="" type="checkbox"/> Owners & Contractors						PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XSOC07162013	7/16/2013	7/16/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 1,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Re: State House Dome Repair/renovations repair and gold leaf. Project #80633B

CERTIFICATE HOLDER Insured	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 Renee Skillings/RLS <i>Renee L. Skillings</i>