

State of New Hampshire

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DEPARTMENT OF ADMINISTRATIVE SERVICES

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

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

Bureau of Public Works Design and Construction Project No. 80721 – Contract A

August 1, 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 Turnstone Corp. (VC# 169530) Milford, NH, for a total price not to exceed \$52,200, for the Roof and Structural Repairs Transportation Bldg. (Hugh Gallen State Office Park), Concord, NH. This contract is effective upon Governor and Council approval through November 15, 2013, unless extended in accordance with the contract terms. 100% Operating General Funds.
- 2). Further authorize that a contingency in the amount of \$10,000 be approved for unanticipated structural expenses for the Roof and Structural Repairs Transportation Bldg., bringing the total to \$62,200. **100% Operating General Funds.**

Funding is available in account titled Department of Health and Human Services as follows:

Grand Total	\$ 62,200
103-502664 – Contracts For Operational Services 103-502664 – Contingency	\$ 52,200 10,000
05-95-953010-56850000 Management Support	<u>SFY14</u>

Her Excellency, Governor Margaret Wood Hassan and the Honorable Council August 1, 2013 Page 2 of 2

EXPLANATION

This project will repair the structural damage that occurred during the fire in the Transportation Building. Also, the roof over the affected area will be replaced with a new metal roof to match the remainder of the building.

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 Healthy and Human 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: \$40,000 Contract Amount: \$52,200 Under Estimate: \$12,200

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80721A - Roof and Structural Repairs –

Transportation Bldg. (Hugh Gallen Office Park South),

Pleasant Street, Concord, NH.

DESCRIPTION: This project will repair the structural damage that

occurred during the fire in the Transportation Building. Also, the roof over the affected area will be replaced with a new metal roof to match the remainder of the

building.

EXPLANATION: Excessive heat created during the fire at the

Transportation Building, caused damage to eight (8) roof purlins, the roof insulation and roof decking. These items

will be replaced under this Contract.

OVER ESTIMATE

EXPLANATION: The main difference between the low bid and the

Department's estimate is the price for the metal roofing. The Department's estimate was not inflated enough to account for the higher price of material due to its small quantity. In addition, the Department's estimate for materials was generally low due to not accounting for the premium cost associated with the quick delivery of materials needed to make the short construction period.

DEPARTMENT

ESTIMATE: \$40,000 LOW BID: \$52,200

BIDDER SUMMARY

Roof & Structural Repairs – Transportation Bldg NON-FEDERAL 80721A ROOF REPLACEMENT AND STRUCTURAL REPAIRS STATE OFFICE PARK SOUTH, CONCORD, NH MERRIMACK COUNTY 013 07/18/2013 11/15/2013 80721A COMPLETION DATE: **BID OPENING DATE:** PROJECT NUMBER: SCOPE OF WORK: PROJECT NAME: LOCATION: COUNTY:

BID RESULTS

IN	\$ 91,977.00 ACCEPTED
A TURNSTONE CORP (B001) - 51 FRANKLIN ST MILFORD, NH 03055-3705	B MERIDIAN CONSTRUCTION CORP (8001) - 32 ARTISAN COURT 4 GILFORD, NH 03249

BUREAU OF PUBLIC WORKS

Award to A Bidder \$52,200.

Hold for Negotiation
Cancel Contract
User Agency Dut 45
Authorized by MLJ
Date 7/9/13



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/22/2013

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			CONTACT Tracy Andriski, CISR	
CROSS INSURANCE	E - LACON	AII	PHONE (A/C, No. Ext): (603) 524-2425 FAX (A/C, No): (603)	524-3666
155 Court Stree	et		E-MAIL ADDRESS: tandriski@crossagency.com	
			INSURER(S) AFFORDING COVERAGE	NAIC #
Laconia	NH	03246	INSURER A: Fireman's Ins. Co. of	
INSURED			INSURER B: Acadia Ins Co.	
Turnstone Corpo	ration		INSURER C:	
51 Franklin Str	eet		INSURER D :	
			INSURER E :	
Milford	ИН	03055-0539	INSURER F:	
COVERACES	,	CEDITICIOATE NUMBER CT 1211077	1932 DEVICION NUMBER.	_

COVERAGES CERTIFICATE NUMBER:CL1311077932 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	R TYPE OF INSURANCE		SUBF		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS
	GENERAL LIABILITY	[EACH OCCURRENCE \$ 1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000
A	CLAIMS-MADE X OCCUR			CPA006510722	12/31/2012	12/31/2013	MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
	X POLICY PRO- JECT LOC						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
Α	X ANY AUTO						BODILY INJURY (Per person) \$
••	ALL OWNED SCHEDULED AUTOS			CAA0065120-23	12/31/2012	12/31/2013	BODILY INJURY (Per accident) \$
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
							Uninsured motorist BI-single \$
	X UMBRELLA LIAB X OCCUR				1		EACH OCCURRENCE \$ 5,000,000
В	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$ 5,000,000
	DED RETENTION \$			CUA006512122	12/31/2012	12/31/2013	\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X WC STATU- OTH- TORY LIMITS ER
ľ	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT \$ 100,000
ı	(Mandatory in NH)			WPA0095615-20	12/31/2012	12/31/2013	E.L. DISEASE - EA EMPLOYEE \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$ 500,000
		1					

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

Job Reference: Concord 80721, Contract A - Roof & Structural Repairs - Transportation Building When required by written contract, The State of New Hampshire Department of Administrative Services is added as additional insured but only with respects to liability arising out of work performed by or on behalf of Turnstone Corporation.

CERTIFICATE HOLDER	CANCELLATION
State of New Hampshire Department of Administrative Services	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
P.O. Box 483 Concord, NH 03302	AUTHORIZED REPRESENTATIVE

L Tikkanen, CISR/LXT Linde



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/22/2013

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).

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PRO	DUCER						CONTA NAME:	ACT Tracy	Andriski,	CISR		
CROSS INSURANCE - LACONIA			PHONE (A/C, No, Ext): (603) 524-2425 FAX (A/C, No): (603) 524-3666									
15	5 Cou	rt Street					E-MAIL ADDRE	ess: tandri:	ski@cross	sagency.com		
								IN:	SURER(S) AFFO	RDING COVERAGE		NAIC #
La	conia		NH O	324	6		INSUR	ERA:Acadi	a Insura	ance Group, LLC		31325
INS	JRED						INSUR	ER B :				
St	ate o	f NH, Dept	. of Adm	ini	stra	ative Services	INSUR	ER C :				
c/	o Tur	nstone Cor	rporation				INSURI	ER D:				
51	Fran	klin Stree	et				INSURI	ER E :				
Mi	lford		NH 0:	3055	5-05	539	INSUR	ERF:				
CO	VERAG	ES	CEF	RTIFI	CAT	E NUMBER:CL1372289	602			REVISION NUMBER:		
C E	IDICATED ERTIFICA XCLUSIO	D. NOTWITHSTA ATE MAY BE ISS	NDING ANY R	EQUIF PER I POL	REME TAIN, ICIES	RANCE LISTED BELOW HAY NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T 3.	CT TC	WHICH THIS
INSR LTR		TYPE OF INSURA	ANCE		SUBF			(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs	
	GENERA	L LIABILITY]						EACH OCCURRENCE	\$	2,000,000
	CON	MMERCIAL GENERAL	L LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
А	Ш	CLAIMS-MADE	OCCUR	ł		OCP5113120-10		7/22/2013	7/22/2014	MED EXP (Any one person)	\$	
	X Ow	ners & Contr	actors	1						PERSONAL & ADV INJURY	\$	
	Ш_				l					GENERAL AGGREGATE	\$	3,000,000
	GEN'L AG	GREGATE LIMIT AP	PLIES PER:							PRODUCTS - COMP/OP AGG	\$	
	X POL	ICY PRO- JECT	LOC	-	_			_		COMPINED CINCLE LIMIT	\$	
	AUTOMO	BILE LIABILITY]						COMBINED SINGLE LIMIT (Ea accident)	\$	
		AUTO	SCHEDULED		ľ					BODILY INJURY (Per person)	\$	
	AUT	os L	AUTOS NON-OWNED							PROPERTY DAMAGE	├──	
	HIRE		AUTOS							(Per accident)	\$	
				-							\$	
		BRELLA LIAB	OCCUR							EACH OCCURRENCE	\$	
	EXC	ESS LIAB	CLAIMS-MADE	-						AGGREGATE	\$	
	DED		1\$							WC STATU- OTH-	\$	
	AND EMP	S COMPENSATION LOYERS' LIABILITY	Y/N				ľ			TORY LIMITS ER		
	ANY PROP OFFICER/	PRIETOR/PARTNER/E MEMBER EXCLUDED	EXECUTIVE [N/A						E.L. EACH ACCIDENT	\$	
	(Mandator									E.L. DISEASE - EA EMPLOYEE		
	DÉSCRIP	TION OF OPERATION	NS below							E.L. DISEASE - POLICY LIMIT	\$	
	RIPTION O	of OPERATIONS / LO rence: Con	ocations/vehic cord 80721	LES (#	Attach A	ACORD 101, Additional Remarks S ract A – Roof & St	Gchedule, ructu	if more space is ral Repai	required) irs - Tra	nsportation Build	ling	

CERTIFICATE HOLDER

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

c/o Turnstone Corporation 51 Franklin Street Milford, NH '03055

L Tikkanen, CISR/LXT

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NS025 (201005).01



EVIDENCE OF PROPERTY INSURANCE

7/22/2013

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.

GENCY

PHONE
(A/C, No, Ext): (603) 524-2425

COMPANY
PROPERTY INSURANCE - LACONIA

Peerless Insurance Co.

7.02.101	(A/C, No. E	xt): (003/324 2423				
CROSS INSURANCE	- LACON	IA	Peerless Insu	rance Co.		
155 Court Stree	et		62 Maple Aven	ue		
Laconia	NH	03246	Keene	NH 034	131	
FAX (A/C, No): (603) 524-3666	E-MAIL ADDRESS:					
CODE:		SUB CODE:				
AGENCY CUSTOMER ID#: 001781	65					
INSURED			LOAN NUMBER		POLICY NUMBER	
State of New Ha	mpshire,	Department of			IM8956261	
c/o Turnstone C	crporation	on	EFFECTIVE DATE	EXPIRATION DATE	CONTINUED UNTIL	
51 Franklin Str	eet		7/22/2013			
Milford	NH (03055-0539	THIS REPLACES PRIOR EVI	DENCE DATED:		

ROPERTY	INFORMATION
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LOCATION/DESCRIPTION

Concord 80721, Contract A - Roof & Structural Repairs, Transportation Building Pleasant Street, Concord, NH

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.

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 COVERAGE / PERILS / FORMS AMOUNT OF INSURANCE DEDUCTIBLE Builders Risk - Renovations Only - Special Form \$52,500 \$1,000

REMARKS (Including Special Conditions)

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

State of New Hampshire Department of Administrative Services P.O. Box 483 Concord, NH 03302

	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
LOA	AN#	

AUTHORIZED REPRESENTATIVE

L Tikkanen, CISR/LXT