



State of New Hampshire

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

107 RB

LINDA M. HODGDON
Commissioner
(603) 271-3201

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

Bureau of Public Works
Design and Construction
Project No. 80787R – Contract A

July 18, 2014

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 The Melanson Co., Inc., (VC# 160386) Bow, NH, for a total price not to exceed \$49,500, for the Police Standards Roof Repair, Concord, NH. This contract is effective upon Governor and Council approval through November 7, 2014, unless extended in accordance with the contract terms. **100% Operating - Other Funds.**

2). Further authorize the amount of \$1,700 be approved for payment to the Department of Administrative Services, Bureau of Public Works Design and Construction (VC# 177875), for engineering services provided, bringing the total to \$51,200. **100% Operating - Other Funds.**

Funding is available in account titled Police Standards and Training Council as follows:

06-87-87-870510-89800000 Administration and Standards	<u>SFY15</u>
048-500226 – Contract Repairs/Bldgs. & Grounds	\$ 49,500
048-500226 – Interagency BPW Fees	<u>\$ 1,700</u>
Grand Total	\$ 51,200

EXPLANATION

The Police Standards & Training roof is experiencing multiple ongoing leaks and is no longer under warranty. In order to restore the roof and protect PSTC property, the roof must

July 18, 2014

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be replaced. This project will remove and dispose of stone ballasts, remove and replace roofing membrane, coverboard, rigid and tapered insulation with new fully adhered 60 mil EPDM system with all associated accessories required to obtain a 20-year full system warranty.

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 NH Police Standards and Training Council have 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:	\$51,750
Contract Amount:	<u>\$49,500</u>
Under Estimate:	\$ 2,250

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80787R, Contract A – Police Standards Roof Repair, Concord.

DESCRIPTION: Remove and dispose of stone ballasts. Remove and replace roofing membrane, coverboard, rigid and tapered insulation, with new fully adhered 60 mil EPDM system with all associated accessories required to obtain a 20-year full system warranty.

EXPLANATION: The Police Standards & Training roof is experiencing multiple ongoing leaks and is no longer under warranty. In order to restore the roof and protect PSTC property, the roof must be replaced.

UNDER ESTIMATE

EXPLANATION: This project was competitively bid at a time of year when roofing contractors are bidding many jobs with low pricing.

DEPARTMENT

ESTIMATE: \$51,750
LOW BID: \$49,500

BIDDER SUMMARY

PROJECT NAME: POLICE STANDARDS ROOF REPAIR NON-FEDERAL 80787R-A
PROJECT NUMBER: 80787R-A
COUNTY: MERRIMACK COUNTY 013
BID OPENING DATE: 06/18/2014
SCOPE OF WORK: REMOVE AND DISPOSE OF STONE BALLASTS. REMOVE AND REPLACE ROOFING MEMBRANE, COVERBOARD, RIGID AND TAPERED INSULATION, WITH NEW FULLY ADHERED 60 MIL EPDM SYSTEM WITH ALL ASSOCIATED ACCESSORIES REQUIRED TO OBTAIN A 20-YEAR FULL SYSTEM WARRANTY.
LOCATION: 17 INSTITUTE DRIVE CONCORD, NH 03301
COMPLETION DATE: 11/07/2014

BID RESULTS

- A THE MELANSON CO., INC. - 5 FERRY ROAD BOW, NH 03304
- B SKYLINE ROOFING INC. - 861 PAGE STREET MANCHESTER, NH 03109
- C BOUSIP CORPORATION/DBA SACO ROOFING - 29 CENTRAL STREET SACO, ME 04072
- D ROCKWELL ROOFING, INC. - 44 POND STREET LEOMINSTER, MA 01453
- E KEVIN W SMITH & SON INC (B001) - PO BOX 151 GORHAM, ME 04038

	\$49,500.00	ACCEPTED
	\$53,820.00	ACCEPTED
	\$57,509.00	ACCEPTED
	\$64,000.00	ACCEPTED
	\$67,400.00	ACCEPTED

901.0 \$ 44,500.-
902.0 \$ 5,000.-

\$ 49,500.-

BUREAU OF PUBLIC WORKS

Award to The Melanson Co., Inc.
 Hold for Negotiation
 Cancel Contract
User Agency NHPS TC
Authorized by [Signature]
Date 06 30 2014

NO.	DESCRIPTION	PS&E			A			B		
		UNIT QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL		
901.00	REMOVE AND REPLACE ROOF SYSTEM PER PLANS AND SPECIFICATIONS	EA	1.00	\$46,750.00	\$46,750.00	\$44,500.00	\$44,500.00	\$48,820.00	\$48,820.00	
902.00	ALLOWANCE FOR LATENT OR UNFORESEEN CONDITIONS/ OWNER INITIATED CHANGES	\$	5,000.00	\$1.00	\$5,000.00	\$1.00	\$5,000.00	\$1.00	\$5,000.00	
					\$51,750.00		\$49,500.00		\$53,820.00	

ITEM	DESCRIPTION	UNIT	QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
901.00	REMOVE AND REPLACE ROOF SYSTEM PER PLANS AND SPECIFICATIONS	EA	1.00	\$46,750.00	\$46,750.00	\$52,509.00	\$52,509.00	\$59,000.00	\$59,000.00
902.00	ALLOWANCE FOR LATENT OR UNFORESEEN CONDITIONS/ OWNER INITIATED CHANGES	\$	5,000.00	\$1.00	\$5,000.00	\$1.00	\$5,000.00	\$1.00	\$5,000.00
					\$51,750.00		\$57,509.00		\$64,000.00

ITEM NO.	DESCRIPTION	UNIT	QUANTITY	PS&E		TOTAL	UNIT PRICE	TOTAL
				UNIT PRICE	TOTAL			
901.00	REMOVE AND REPLACE ROOF SYSTEM PER PLANS AND SPECIFICATIONS	EA	1.00	\$46,750.00	\$46,750.00	\$46,750.00	\$62,400.00	\$62,400.00
902.00	ALLOWANCE FOR LATENT OR UNFORESEEN CONDITIONS/ OWNER INITIATED CHANGES	\$	5,000.00	\$1.00	\$5,000.00	\$5,000.00	\$1.00	\$5,000.00
					\$51,750.00			\$67,400.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/14/2014

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 MCGRIFF, SEIBELS & WILLIAMS, INC. P.O. Box 10265 Birmingham, AL 35202	CONTACT NAME: PHONE (A/C, No, Ext): 800-476-2211 FAX (A/C, No): E-MAIL ADDRESS: <table style="width: 100%;"> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A :Continental Casualty, A CNA Company</td> <td></td> </tr> <tr> <td>INSURER B :National Fire Ins. Co. of Hartford</td> <td></td> </tr> <tr> <td>INSURER C :American Casualty Company of Reading, PA</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A :Continental Casualty, A CNA Company		INSURER B :National Fire Ins. Co. of Hartford		INSURER C :American Casualty Company of Reading, PA		INSURER D :		INSURER E :		INSURER F :	
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INSURER E :															
INSURER F :															
INSURED The Melanson Company, Inc. 5 Ferry Road Bow, NH 03304															

COVERAGES CERTIFICATE NUMBER: 6D3HVF9U 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
B	GENERAL LIABILITY <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 checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC			5092130901	05/01/2014	05/01/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			5092130641	05/01/2014	05/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ 10,000			4018063203	05/01/2014	05/01/2015	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N N/A <input type="checkbox"/> Y <input checked="" type="checkbox"/> N N/A			5092131854	05/01/2014	05/01/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Project: BPW#80787R-A, Police Standards Building, College Drive, Concord NH 03301

State of New Hampshire is named Additional Insured with respects to General Liability as required by written contract. In the event of cancellation by the insurance companies the policies have been endorsed to provide (30) days Notice of Cancellation (except for non-payment) to the certificate holder shwon below.

CERTIFICATE HOLDER State of New Hampshire 7 Hazen Drive PO Box 483 Concord, NH 03302-0483	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
--	--

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

PRODUCER MCGRIFF, SEIBELS & WILLIAMS, INC.		INSURED The Melanson Company, Inc.	
POLICY NUMBER			
CARRIER	NAIC CODE	ISSUE DATE: 07/14/2014	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: _____ FORM TITLE: _____

Owners & Contractors Protective Liability
Policy Number: OCP5093257176
Carrier: CNA
Policy Term: 07/14/14 to 07/14/15

Named Insured: State of New Hampshire
7 Hazen Drive
PO Box 483
Concord, NH 03302-0483

Each Occurrence Limit: \$2,000,000
Aggregate Limit: \$ 3,000,000

Project: BPW#80787R-A, Police Standards Building, College Drive, Concord, NH 03301

ACORD™ INSURANCE BINDER

DATE
07/10/14

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

PRODUCER Clark-Mortenson Agency, Inc. P.O. Box 606 Keene, NH 03431	PHONE (A/C, No, Ext): FAX (A/C, No):	COMPANY Liberty Mutual Insurance Company	BINDER # BINDER622911
CODE:	SUB CODE:	DATE EFFECTIVE 07/11/14	TIME 12:01
AGENCY CUSTOMER ID: 49502	INSURED The Melanson Co., Inc. State of New Hampshire 5 Ferry Road Bow, NH 03304	EXPIRATION DATE 01/11/15	TIME <input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON
THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:			
DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) Loc#1: 17 Institute Drive, Concord, NH 03301			

COVERAGES

LIMITS

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC	Builders Risk	\$1,000		\$49,500
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE	\$	
		DAMAGE TO RENTED PREMISES	\$	
		MED EXP (Any one person)	\$	
		PERSONAL & ADV INJURY	\$	
		GENERAL AGGREGATE	\$	
		PRODUCTS - COMP/OP AGG	\$	
AUTOMOBILE LIABILITY <input 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		COMBINED SINGLE LIMIT	\$	
		BODILY INJURY (Per person)	\$	
		BODILY INJURY (Per accident)	\$	
		PROPERTY DAMAGE	\$	
		MEDICAL PAYMENTS	\$	
		PERSONAL INJURY PROT	\$	
		UNINSURED MOTORIST	\$	
			\$	
AUTO PHYSICAL DAMAGE DEDUCTIBLE <input type="checkbox"/> COLLISION: _____ <input type="checkbox"/> OTHER THAN COL: _____	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE		
		STATED AMOUNT	\$	
		OTHER		
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT	\$	
		OTHER THAN AUTO ONLY:		
		EACH ACCIDENT	\$	
		AGGREGATE	\$	
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE	\$	
		AGGREGATE	\$	
		SELF-INSURED RETENTION	\$	
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		WC STATUTORY LIMITS		
		E.L. EACH ACCIDENT	\$	
		E.L. DISEASE - EA EMPLOYEE	\$	
		E.L. DISEASE - POLICY LIMIT	\$	
SPECIAL CONDITIONS/ OTHER COVERAGES		FEES	\$	
		TAXES	\$	
		ESTIMATED TOTAL PREMIUM	\$	

NAME & ADDRESS

State of New Hampshire 7 Hazen Drive PO Box 483 Concord, NH 03302	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input checked="" type="checkbox"/> LOSS PAYEE	
LOAN #		
AUTHORIZED REPRESENTATIVE <i>James H. Melanson</i>		