



State of New Hampshire

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

64 *JM*

LINDA M. HODGDON
Commissioner
(603) 271-3201

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

Bureau of Public Works
Design and Construction
Project No. 80756 – Contract B

October 21, 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 Pellowe Construction (VC# 173260) Alton, NH, for a total price not to exceed \$511,120, for the Storage Rack Replacement at the Archives and Records Management – Governor Hugh Gallen Office Park, Concord, NH. This contract is effective upon Governor and Council approval through March 28, 2015, unless extended in accordance with the contract terms.
100% Capital - General Funds.

2). Further authorize that a contingency in the amount of \$20,000 be approved for unanticipated structural expenses for the Storage Rack Replacement, bringing the total to \$531,120. **100% Capital - General Funds.**

3). Further authorize pursuant to 195:12, Laws of 2013, the amount of \$9,400 be approved for payment to the Department of Administrative Services, Bureau of Public Works Design and Construction (VC#177875), Capital Clerk for oversight and engineering services provided, bringing the total to \$540,520. **100% Capital – General Funds.**

Funding is available in account titled Secretary of State as follows:

01-32-32-320030-79750000 Shelving Replacement	<u>SFY15</u>
034-500162 - Repair/Renovations Bldgs	\$ 511,120
034-500162 - Contingency	20,000
034-500162 - BPW Fees Interagency	<u>9,400</u>
Grand Total	\$ 540,520

EXPLANATION

Per Chapter 195:1, XV, A for Shelving Replacement, this project will replace the existing rack storage system in Stack Areas B & C at the N.H. Records & Archives Building located at 71 South Fruit Street, Concord.

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 Secretary of State 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

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80756, Contract B – Storage Rack Replacement

DESCRIPTION: This project will replace the existing rack storage system in Stack Areas B & C at the N.H. Records & Archives Building located at 71 South Fruit Street

EXPLANATION: The existing shelving is extremely old and is failing structurally. We have completed temporary repairs however the shelving needs to be replaced. This project will furnish and install new shelving, remove and reinstall the sprinkler system and remove and install new LED lighting.

UNDER ESTIMATE

EXPLANATION: This project is 20% under estimate. It appears that the low bid Contractor has priced the removal and temporary supply to the sprinkler system differently than the estimated work. With the Phasing Plan the Contractor has planned it enables them to remove the existing shelving easier. All 4 bids the State received were under the State estimate. The Low bid was \$480,000 and the High bid was \$577,700, the spread between the first 3 bidders was \$29,000 indicating very close bidding.

ALTERNATES

EXPLANATION: There was one Alternate on this project which was the replacement of the existing Vertical Lift which was very old and does not comply with codes for these types of devices.

DEPARTMENT

ESTIMATE:	\$600,000
LOW BID:	\$480,000
Alternate # 1	<u>\$31,120</u>
Total Project Cost	\$511,120

BIDDER SUMMARY

PROJECT NAME: STORAGE RACK REPLACEMENT. NON-FEDERAL 80756-B
PROJECT NUMBER: 80756-B
COUNTY: MERRIMACK COUNTY 013
BID OPENING DATE: 09/05/2014
SCOPE OF WORK: REMOVAL OF EXISTING SHELVING, SPRINKLER SYSTEM AND REINSTALLATION OF NEW SHELVING, SPRINKLER SYSTEM AND ELECTRICAL
LOCATION: 71 SOUTH FRUIT STREET CONCORD NH
COMPLETION DATE: 03/28/2015

BID RESULTS

PELLOWE CONSTRUCTION (B001) - PO BOX 1003 ALTON, NH 03809	\$ 480,000.00	ACCEPTED
SCHROEDER CONSTRUCTION MANAGEMENT INC. - 89 AMHERST STREET NASHUA, NH 03064	\$ 487,280.00	ACCEPTED
DL KING & ASSOCIATES INC (B001) - 27 TANGLEWOOD DR NASHUA, NH 03062-1044	\$ 509,685.00	ACCEPTED
MERIDIAN CONSTRUCTION CORP (B001) - 32 ARTISAN COURT 4 GILFORD, NH 03249	\$ 577,700.00	ACCEPTED

BUREAU OF PUBLIC WORKS
 Award to Pellowe Constr.
 Hold for Negotiation
 Cancel Contract
User Agency: SOS
Authorized by: [Signature]
Date: 09/18/2014

\$511,120
w/ Alt #1

ITEM NO.	DESCRIPTION	UNIT	QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
901.00	LUMP SUM BID TO REPLACE STORAGE RACK SYSTEM PER PLANS AND SPEC	EA	1.00	\$ 600,000.00	\$ 600,000.00	\$ 480,000.00	\$ 480,000.00
					\$ 600,000.00		\$ 480,000.00

ALTERNATES

991.00	ALTERNATE #1: FURNISH AND INSTALL NEW VERTICAL RECIPROCATING CONVEYOR	EA	1.00	\$ 60,000.00	\$ 60,000.00	\$ 31,120.00	\$ 31,120.00
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PS&E

A

ITEM NO.	DESCRIPTION	PS&E		B	
		UNIT QUANTITY	UNIT PRICE	UNIT PRICE	TOTAL
01.00	LUMP SUM BID TO REPLACE STORAGE RACK SYSTEM PER PLANS AND SPEC	EA 1.00	\$ 600,000.00	\$ 487,280.00	\$ 600,000.00
					\$ 487,280.00

ALTERNATES

01.00	ALTERNATE #1: FURNISH AND INSTALL NEW VERTICAL RECIPROCATING CONVEYOR	EA 1.00	\$ 60,000.00	\$ 36,000.00	\$ 60,000.00
					\$ 36,000.00

ITEM NO.	DESCRIPTION	PS&E		C		
		UNIT QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
901.00	LUMP SUM BID TO REPLACE STORAGE RACK SYSTEM PER PLANS AND SPEC	EA 1.00	\$ 600,000.00	\$ 600,000.00	\$ 509,685.00	\$ 509,685.00
				\$ 600,000.00		\$ 509,685.00

991.00 ALTERNATE #1: FURNISH AND INSTALL NEW VERTICAL RECIPROCATING CONVEYOR

ALTERNATES	
EA 1.00	\$ 60,000.00 \$ 60,000.00 \$ 46,000.00 \$ 46,000.00

ITEM NO.	DESCRIPTION	UNIT	QUANTITY	UNIT PRICE	TOTAL	PS&E	UNIT PRICE	TOTAL	D
901.00	LUMP SUM BID TO REPLACE STORAGE RACK SYSTEM PER PLANS AND SPEC	EA	1.00	\$ 600,000.00	\$ 600,000.00		\$ 577,700.00	\$ 577,700.00	
					\$ 600,000.00			\$ 577,700.00	

ALTERNATES

991.00	ALTERNATE #1: FURNISH AND INSTALL NEW VERTICAL RECIPROCATING CONVEYOR	EA	1.00	\$ 60,000.00	\$ 60,000.00		\$ 38,225.00	\$ 38,225.00	
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/20/2014

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 Infantine Insurance P. O. Box 5125 Manchester NH 03108		CONTACT NAME: Julie Levesque, CPCU, CIC PHONE (A/C, No, Ext): (603) 669-0704 FAX (A/C, No): E-MAIL ADDRESS: jlevesque@infantine.com	
INSURED Pellowe Construction, LLC PO Box 1003 Alton NH 03809		INSURER(S) AFFORDING COVERAGE INSURER A: Netherlands Insurance INSURER B: Peerless Ins Co INSURER C: INSURER D: INSURER E: INSURER F:	NAIC #

COVERAGES CERTIFICATE NUMBER: 14/15 Master 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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		CBP8530309	10/3/2014	10/3/2015	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
	GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			BA8536108	10/3/2014	10/3/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	UMBRELLA LIAB EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CU8539809	10/3/2014	10/3/2015	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			3A States: NH WC8539308	10/3/2014	10/3/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Leased/rented equipment			CBP8530309	10/3/2014	10/3/2015	Limit \$100,000 Deductible \$500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
RE: Storage Rack Replacement NH Records & Archives, 71 Fruit St, Concord, NH. Contract 80756B. It is agreed and understood that the State of NH Department of Administrative Services is included as additional insured with regards to General Liability and Umbrella when required by a written contract.

CERTIFICATE HOLDER 271-1558 State of New Hampshire Department of Administrative Services 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 Charles Hamlin/PP1
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/20/2014

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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 Infantine Insurance P. O. Box 5125 Manchester NH 03108	CONTACT NAME: Julie Levesque, CPCU, CIC X242 PHONE (A.C. No. Ext): (603) 669-0704 FAX (A/C. No.): 603 669-6831 E-MAIL ADDRESS: jlevesque@infantine.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Liberty Mutual Holding Co.</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</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: Liberty Mutual Holding Co.		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A: Liberty Mutual Holding Co.														
INSURER B:														
INSURER C:														
INSURER D:														
INSURER E:														
INSURER F:														
INSURED State of NH Dept of Admin Services c/o Pellowe Construction, LLC PO Box 1003 Alton NH 03809														

COVERAGES **CERTIFICATE NUMBER:** OCP Storage Rack **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 <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners, Contractors <input type="checkbox"/> Protective Liab. GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			GL8992047	9/30/2014	9/30/2015	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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			W/C STATI-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 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: 71 Fruit St., Concord, NH, Storage Rack Replacement NH Records & Archives. Contract 80756B

CERTIFICATE HOLDER

CANCELLATION

State of NH Dept of Administration Services
 PO Box 483
 Concord, NH 03301

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

Charles Hamlin/JL1 *Charles H. Hamlin*



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

9/30/2014

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 Infantine Insurance P. O. Box 5125 Manchester NH 03108		PHONE (A.C., No., Ex): (603) 669-0704	COMPANY Acadia Insurance Co. PO Box 9526 Manchester NH 03108-9526	
FAX (A.C. No.):	E-MAIL ADDRESS: jlevesque@infantine.com			
CODE: 3081	SUB CODE:			
AGENCY CUSTOMER ID #: 00016769		LOAN NUMBER		POLICY NUMBER CIM517638210
INSURED Pellowe Construction, LLC; State of NH Dept. of Admin. Services PO Box 1003 Alton NH 03809		EFFECTIVE DATE 9/30/2014	EXPIRATION DATE 9/30/2015	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION
Loc# 00001/Bldg# 00001
71 S Fruit St
Concord, NH 03301

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 New	511,120	1,000

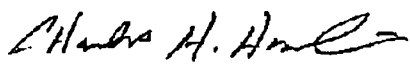
REMARKS (Including Special Conditions)

RE: Storage Rack Replacement NH Records & Archives.

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 Dept. of Administrative Services PO Box 483 Concord, NH 03301	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
LOAN #		
AUTHORIZED REPRESENTATIVE Charles Hamlin/JL1 		

ACORD 27 (2009/12)

INS027 (200912).02

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