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

Charles M. Arlinghaus  
Commissioner  
(603)-271-3201

Joseph B. Bouchard  
Assistant Commissioner  
(603)-271-3204

Catherine A. Keane  
Deputy Commissioner  
(603)-271-2059

Division of Public Works  
Design and Construction  
Project No. 81035R – Contract A

January 2, 2019

His Excellency, Governor Christopher T. Sununu  
and the Honorable Council  
State House  
Concord, New Hampshire 03301

**REQUESTED ACTION**

- 1). Authorize the Division of Public Works Design and Construction to enter into a contract with Arnold M. Graton Association, Inc. 159202, (VC# 159202) Holderness, NH, for a total price not to exceed \$543,000, for Statewide Fire tower Repairs, throughout New Hampshire. This contract is effective upon Governor and Council approval through October 11, 2019, unless extended in accordance with the contract terms. **100% General – Capital Funds.**
- 2). Further authorize that a contingency in the amount of \$21,500 be approved for latent or unforeseen conditions pertaining to site and structural repairs for Statewide Fire tower, bringing the total to \$564,500. **100% General – Capital Funds.**
- 3). Further authorize pursuant to 228:13, Laws of 2017, the amount of \$15,500 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC# 177875), Capital Clerk for oversight and engineering services provided, bringing the total to \$580,000. **100% General – Capital Funds.**

Funding is available in account titled Department of Natural and Cultural Resources as follows:

03-35-35-350030-17230000	Fire Tower Repairs	<u>SFY19</u>
034-500162	– Repair/Renovation Buildings	\$ 543,000

03-35-35-350030-52850000	Fire Tower Repair	
034-500162 - Contingency		21,500
034-500162 - Interagency Fees - DPW		<u>15,500</u>
	Sub-total	\$ 37,000
	<b>Grand Total</b>	<b>\$ 580,000</b>

**EXPLANATION**

Per Chapter 228:1, XIII, E, Laws of 2017, for Fire Tower Repairs - Statewide, extended by Chapter 228:23, 104 for Fire Tower Repairs - Statewide. This project will consist of various repairs to (3) fire towers one located on Kearsage Mountain, one located on Oak Hill and one located on Milan Hill.

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 Natural and Cultural Resources 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, Division 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,



Charles M. Arlinghaus  
Commissioner

Department Estimate: \$565,000  
Contract Amount: \$543,000  
Under Estimate: \$ 22,000

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 81035, Contract A – Statewide Fire Tower Repairs in Warner, Milan and Loudon, New Hampshire.

DESCRIPTION: Work of the Project consists of various repairs to (3) fire towers one located on Kearsarge Mountain, one located on Oak Hill and one located on Milan Hill.

EXPLANATION: The scope of work includes full cab replacement, concrete footing repair, structural steel repair, stair tread and landing replacement, new handrails and guardrails, guy gable improvements, painting of steel and other associated work.

UNDER ESTIMATE

EXPLANATION: There were four bidders for this project. The bid was 4% under the construction cost estimate.

DEPARTMENT

ESTIMATE: \$ 565,000

LOW BID: \$ 543,000



# ABC Bid Data

STATEWIDE  
81035A  
NON-FEDERAL

PROJECT: STATEWIDE  
STATE PROJECT NUMBER: 81035A  
FED. PROJECT NUMBER: NON-FEDERAL  
DATE BIDS OPEN: October 31, 2018, 02:00 PM  
SCOPE OF WORK: STATEWIDE FIRE TOWER REPAIRS  
COMPLETION DATE: October 11, 2019  
LOCATION: Merrimack

Certified by: \_\_\_\_\_  
Administrator

## Summary of Bidders

Contractor	Bid Amount	Rank
ARNOLD M GRATON ASSOCIATION INC PO Box 174, HOLDERNESS NH 03245	\$543,000.00	A
BUCK, T. CONSTRUCTION, INC. 302B AUBURN ROAD, TURNER ME 04282	\$796,312.00	B
PROJECT RESOURCE GROUP LLC 237 PLEASANT POND ROAD, PO BOX 43, FRANCESTOWN NH 03043	\$1,011,570.00	C
TIMBERLINE COMMUNICATIONS INC 300 PINE STREET, CANTON MA 02021	\$1,468,812.00	D

Item # 901 = \$240,000.-  
 # 902 = 140,000.-  
 # 903 = 138,000.-  
 # 904 = 25,000.-  
 Total = \$543,000.-

### BUREAU OF PUBLIC WORKS

Award to Arnold M. Graton Assoc, Inc  
 Hold for Negotiation  
 Cancel Contract  
 User Agency DNCR  
 Authorized by [Signature]  
 Date 11 30 2018

Item No.	Description	Unit	Quantity	PS&E		ARNOLD M GRATON ASSOCIATION INC PO Box 174 HOLDERNESS, NH 03245		BUCK, T. CONSTRUCTION, INC. 302B AUBURN ROAD TURNER, ME 04282	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items

901	KEARSARGE MOUNTAIN FIRE TOWER REPAIRS	U	1.00	\$200,000.00	\$200,000.00	\$240,000.00	\$240,000.00	\$252,312.00	\$252,312.00
902	MILAN HILL FIRE TOWER REPAIRS	U	1.00	\$170,000.00	\$170,000.00	\$140,000.00	\$140,000.00	\$256,000.00	\$256,000.00
903	OAK HILL FIRE TOWER REPAIRS	U	1.00	\$170,000.00	\$170,000.00	\$138,000.00	\$138,000.00	\$263,000.00	\$263,000.00
904	ALLOWANCE FOR UNFORESEEN LATENT DIFFERING EXISTING CONDITIONS AND TESTING AND INSPECTIONS	\$	25,000.00	\$1.00	\$25,000.00	\$1.00	\$25,000.00	\$1.00	\$25,000.00
<b>Totals:</b>					<b>\$565,000.00</b>		<b>\$543,000.00</b>		<b>\$796,312.00</b>
<b>Alt. Totals:</b>									
<b>Totals:</b>					<b>\$565,000.00</b>		<b>\$543,000.00</b>		<b>\$796,312.00</b>

Item No.	Description	Unit	Quantity	PS&E		PROJECT RESOURCE GROUP LLC 237 PLEASANT POND ROAD FRANCESTOWN, NH 03043		TIMBERLINE COMMUNICATIONS INC 300 PINE STREET CANTON, MA 02021	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items

901	KEARSARGE MOUNTAIN FIRE TOWER REPAIRS	U	1.00	\$200,000.00	\$200,000.00	\$343,269.00	\$343,269.00	\$592,287.00	\$592,287.00
902	MILAN HILL FIRE TOWER REPAIRS	U	1.00	\$170,000.00	\$170,000.00	\$326,374.00	\$326,374.00	\$421,549.00	\$421,549.00
903	OAK HILL FIRE TOWER REPAIRS	U	1.00	\$170,000.00	\$170,000.00	\$316,927.00	\$316,927.00	\$429,976.00	\$429,976.00
904	ALLOWANCE FOR UNFORESEEN LATENT DIFFERING EXISTING CONDITIONS AND TESTING AND INSPECTIONS	\$	25,000.00	\$1.00	\$25,000.00	\$1.00	\$25,000.00	\$1.00	\$25,000.00
<b>Totals:</b>					<b>\$565,000.00</b>		<b>\$1,011,570.00</b>		<b>\$1,468,812.00</b>
<b>Alt. Totals:</b>									
<b>Totals:</b>					<b>\$565,000.00</b>		<b>\$1,011,570.00</b>		<b>\$1,468,812.00</b>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/14/2018

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 have ADDITIONAL INSURED provisions or 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).

<b>PRODUCER</b>		CONTACT NAME: Jill Martineau, CIC	
Melcher & Prescott Insurance		PHONE (A/C No, Ext): (803) 524-4535	FAX (A/C, No):
426 Main Street		E-MAIL ADDRESS: jmartineau@melcher-prescott.com	
Laconia NH 03248		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Cincinnati Specialty Und	NAIC # 13037
		INSURER B: Cincinnati Insurance Co	10677
		INSURER C: Cincinnati Indemnity Ins. Co.	23280
		INSURER D:	
		INSURER E:	
		INSURER F:	
<b>INSURED</b>			
Arnold M. Graton Assoc., Inc.			
P O Box 174			
Holderness NH 03284			

**COVERAGES** CERTIFICATE NUMBER: CL18121400711 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 INSD	SUBR WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<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 type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	CSU0042191	10/12/2018	10/12/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 TOT \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/>			EBA 0184141	10/11/2018	10/11/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Underinsured motorist \$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			CSU0125142	12/14/2018	12/14/2019	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE AGGREGATE \$ 1,000,000 Completed Ops Agg \$ 1,000,000 <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
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	EWC 0409178	10/30/2018	10/30/2019	E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 State of NH-Department of Administrative Services is listed as Additional Insured per written contract with respect to General Liability per form CSGA437.  
 Work Comp Class Codes: 5474; 5403; 5213; 5040

<b>CERTIFICATE HOLDER</b>  State of NH-Department of Administrative Services 7 Hazen Drive  Concord NH 03302-0483	<b>CANCELLATION</b>  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 

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/21/2018

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 have ADDITIONAL INSURED provisions or 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).

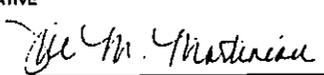
<b>PRODUCER</b> Melcher & Prescott Insurance 426 Main Street  Laconia NH 03248	<b>CONTACT NAME:</b> Jill Martineau, CIC <b>PHONE (A/C, No, Ext):</b> (803) 524-4535 <b>E-MAIL ADDRESS:</b> jmartineau@melcher-prescott.com <b>FAX (A/C, No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> CSU Producers Resources Inc. <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES**      **CERTIFICATE NUMBER:** CL18122100753      **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners, Contractors Protective  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CSU0125148	12/14/2018	12/14/2019	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 \$ Employee Benefits \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ PER STATUTE    OTH-ER
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
State of NH Dept of Administrative Services 1 Hazen Drive  Concord NH 03302-0483	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 

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# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
12/14/2018

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 Melcher & Prescott Insurance 426 Main Street Laconia NH 03246	PHONE (A/C, No, Ext): (603) 524-4535	COMPANY Liberty Mutual Insurance PO Box 507 Keene NH 03431
FAX (A/C, No):	E-MAIL ADDRESS: kguyotte@melcher-prescot	
CODE:	SUB CODE:	
AGENCY CUSTOMER ID #: 00004064		
INSURED NH Department of Transportation Arnold M. Graton Assoc., Inc. P O Box 174 Holderness NH 03264	LOAN NUMBER	POLICY NUMBER TBD
	EFFECTIVE DATE 12/14/2018	EXPIRATION DATE 12/14/2019
	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:		

### PROPERTY INFORMATION

LOCATION/DESCRIPTION  
Mt. Kearsage Tower, Warner, NH  
Milan Fire Tower, Milan, NH  
Oak Hill Fire Tower, Loudon, 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.

### COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Property	\$543,000	\$1,000
Per Location	\$181,000	\$1,000
Property in Transit	\$90,500	\$1,000
Property Off Site	\$90,500	\$1,000
Soft Costs	\$50,000	\$1,000

### REMARKS (Including Special Conditions)

Coverage includes: Partial or Beneficiary Occupancy permission prior to completion or acceptance of the entire work.

### 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 NH-Department of Administrative 7 Hazen Drive Concord, NH 03302-0483	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
LOAN #		
AUTHORIZED REPRESENTATIVE Jill Martineau, CIC/JM <i>Jill M. Martineau</i>		