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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

LINDA M. HODGDON
Commissioner
(603) 271-3201

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

Bureau of Public Works
Design and Construction
Project No. 80763 – Contract A

November 6, 2013

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

Retractive

REQUESTED ACTION

1). Authorize the Bureau of Public Works Design and Construction to enter into a **retroactive** contract with Bauen Corporation (VC# 157033) Meredith, NH, for a total price not to exceed \$53,800, for Mold Remediation Repairs, NH Veterans Home, Tilton, N. H. Effective upon Governor and Council approval for the period of November 8, 2013 through December 16, 2013, unless extended in accordance with the contract terms. **100% Operating - General Funds.**

2). Further authorize that a contingency in the amount of \$5,000 be approved for unanticipated structural expenses for Mold Remediation Repairs at the NH Veterans Home, bringing the total to \$58,800. **100% Operating - General Funds.**

Funding is available in account titled Veterans Home as follows:

05-43-43-430010-53580000	Vets Home Custodial Care	<u>SFY14</u>
048-500226	– Contractual Mint. Bldg. & Grounds	\$ 53,800
048-500226	– Contingency	<u>5,000</u>
	Grand Total	\$ 58,800

EXPLANATION

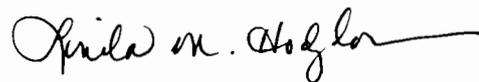
This request is retroactive due to the nature of the project of mold remediation on the Alan Shepard Neighborhood of the Life Enhancement Dementia Unit (LEDU). Although the resident living area is not impacted, the shower/tub rooms on two of the LEDU Neighborhoods are closed due to the water/mold issue. This impacts residents because they must be taken to other units to receive their showers/baths, and for residents suffering from dementia and other related behavioral disturbances, it is critical for them return to their normal routine as soon as possible.

This project will include construction and renovation to existing room finishes at the group toilet facility and adjacent offices on two levels of Ledu Wing by 1). Renovating existing foundation wall at lower interior ramp with new waterproof system and wall finishes 2). Installing new flooring material, correcting floor slope at floor drains, replacing rotted metal studs wall partitions and installing new gypsum board and finishes, and 3). Installing a new workstation counter at existing workroom/office.

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 Veterans Home 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:	\$50,000
Contract Amount:	<u>\$53,800</u>
Over Estimate:	\$ 3,800

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80763, Contract A – Mold Remediation Repairs
– NH Veterans Home, Tilton, NH

DESCRIPTION: This project will include construction and renovation to existing room finishes at the group toilet facility and adjacent offices on two levels of Ledu Wing by 1). Renovating existing foundation wall at lower interior ramp with new waterproof system and wall finishes 2). Installing new flooring material, correcting floor slope at floor drains, replacing rotted metal studs wall partitions and installing new gypsum board and finishes, and 3). Installing a new workstation counter at existing workroom/office.

EXPLANATION: Mold was discovered on the plumbing walls in the adjacent offices. Further discovery of mold under counter storage boxes led to finding wet gypsum board walls and the mold had spread into the wall cavity. Existing vinyl floor finish was not sealed at the floor drain; hence water migrated to existing walls. Once this was discovered material was abated and removed.

OVER ESTIMATE

EXPLANATION Project scope increased to include water damage at lower level ramp exterior wall. Wall material removed to prevent future mold problems. Project is within 7% of original estimate.

DEPARTMENT

ESTIMATE: \$50,000
LOW BID: \$53,800

BIDDER SUMMARY

PROJECT NAME: **Mold Remediation Repairs NON-FEDERAL 80763**
PROJECT NUMBER: **80763**
COUNTY: **BELKNAP COUNTY 001**
BID OPENING DATE: **10/24/2013**
SCOPE OF WORK: **MOLD REMEDIATION REPAIRS**
LOCATION: **NH VETERANS HOME 139 WINTER STREET TILTON NH**
COMPLETION DATE: **12/13/2013**

BID RESULTS

A	BAUEN CORPORATION - 177 WAUKEWAN STREET MEREDITH, NH 03253	\$	53,800.00	ACCEPTED
B	MERIDIAN CONSTRUCTION CORP (B001) - 32 ARTISAN COURT 4 GILFORD, NH 03249	\$	67,700.00	ACCEPTED

BUREAU OF PUBLIC WORKS

Award to A' Bidder
 Hold for Negotiation
 Cancel Contract **\$ 53,800.00**
User Agency Veterans Home
Authorized by MLJ
Date 10/29/13

ITEM NO.	DESCRIPTION	UNIT	QUANTITY	PS&E		A		B	
				UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
901.00	MOLD REMEDIATION REPAIRS	EA	1.00	\$ 45,000.00	\$ 45,000.00	\$ 53,800.00	\$ 53,800.00	\$ 67,700.00	\$ 67,700.00
				\$ 45,000.00	\$ 45,000.00	\$ 53,800.00	\$ 53,800.00	\$ 67,700.00	\$ 67,700.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/30/2013

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: Danielle Rice PHONE (A/C, No, Ext): (603) 224-2562 FAX (A/C, No): (603) 224-8012 E-MAIL ADDRESS: drice@rowleyagency.com	
INSURED Bauen Corporation P.O. Box 1621 Meredith NH 03253		INSURER(S) AFFORDING COVERAGE INSURER A: Firemen's Ins Co of Wash. DC INSURER B: Acadia Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		CPA004079925	5/27/2013	5/27/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 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
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" 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 <input checked="" type="checkbox"/> NON-OWNED AUTOS	CAA011144920	5/27/2013	5/27/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	DED <input checked="" type="checkbox"/> RETENTION \$ 0		CUA004081025	5/27/2013	5/27/2014	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N N/A	WPA004080625 3A States: NH Excluded: Clifford Downes	5/27/2013	5/27/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Project #80763: NH Veterans Home, Mold Remediation Repairs. State of NH Department of Administrative Services is an additional insured on all liability policies, except workers compensation, when required by written contract.

CERTIFICATE HOLDER State of NH Department of Administrative Services 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 Danielle Rice/DJR



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10/30/2013

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	INSURER(S) AFFORDING COVERAGE	
INSURED Bauen Corporation; State of NH Department of Administrative Services, Any & All Subs. P.O. Box 1621 Meredith NH 03253	INSURER A: Peerless Insurance Companies	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER:** **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
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 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 (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	<input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Builders Risk		IM 8968856	11/4/2013	11/4/2014	Limit: 53,800

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Project #80763: NH Veterans Home, Mold Remediation Repairs.

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	AUTHORIZED REPRESENTATIVE Danielle Rice/DJR <i>Danielle Rice</i>



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	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Acadia Insurance Company	NAIC # 31325
INSURED State of NH Department of Administrative c/o Bauen Corporation P.O. Box 1621 Meredith NH 03253	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		OCP5127506-10	11/4/2013	11/4/2014	EACH OCCURRENCE \$ 2,000,000
	<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 \$
	Protective Liability					GENERAL AGGREGATE \$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					\$
	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) \$
						\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/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 \$

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Project #80763: NH Veterans Home, Mold Remediation Repairs.

CERTIFICATE HOLDER **CANCELLATION**

State of NH Department of Administrative Services PO Box 483 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 Danielle Rice/DJR <i>Danielle Rice</i>