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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

VICKI V. QUIRAM  
Commissioner  
(603)-271-3201

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

Bureau of Public Works  
Design and Construction  
Project No. 80830R – Contract A

September 8, 2015

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

**REQUESTED ACTION**

1). Authorize the Bureau of Public Works Design and Construction to enter into a contract with Kevin W. Smith & Son Inc., (VC# 226642) Gorham, ME 04038, for a total price not to exceed \$509,500, for the Berlin Readiness Center (RC) Roof Replacement, Berlin, NH. This contract is effective upon Governor and Council approval through December 18, 2015, unless extended in accordance with the contract terms. **50% Federal Funds, 50% General Funds.**

2). Further authorize that a contingency in the amount of \$10,000 be approved for unanticipated structural expenses, latent conditions, or owner initiated changes for the Berlin Readiness Center (RC) Roof Replacement, bringing the total to \$519,500. **50% Federal Funds, 50% General Funds.**

3). Further authorize the amount of \$24,500 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 \$544,000. **50% Federal Funds, 50% General Funds.**

Funding is available in account titled Adjutant General as follows:

02-12-12-120030-24160000	Statewide Readiness Ctr. Restoration and Modernization	<u>SFY16</u>
034-500162	– 034-500162 – Repair/Renovations Bldgs.	509,500
034-500162	– Contingency	10,000
034-500162	– BPW Fees Interagency	<u>24,500</u>
	<b>Grand Total</b>	<b>\$ 544,000*</b>

**\* Subject to the availability of Federal Funding.**

**EXPLANATION**

Per Chapter 220:1, I, F, Laws of 2015, for Statewide Readiness Ctr. Restoration and Modernization. This project will remove and replace approx. 20,000SF roof with new 90-mil EPDM roof system with a 30-year total system warranty, as well as 6" of new insulation with associated blocking. This project will also redirect all roof drain storm water to a new bio-retention area.

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 Adjutant General's Department 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,



Vicki V. Quiram  
Commissioner

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80830R, Contract A – Berlin Readiness Center Roof Replacement, Berlin.

DESCRIPTION: Remove and replace approx. 20,000SF roof with new 90-mil EPDM roof system with a 30-year total system warranty, as well as 6" of new insulation with associated blocking. The project will also redirect all roof drain storm water to a new bio-retention area.

EXPLANATION: The existing membrane roof has reached the end of its expected life and is leaking.

UNDER ESTIMATE

EXPLANATION: The estimate is within 7% of the low bid amount and falls within industry standards.

DEPARTMENT

ESTIMATE: \$547,000

LOW BID: \$509,500

**BIDDER SUMMARY**

PROJECT NAME: BERLIN RC ROOF REPLACEMENT  
 PROJECT NUMBER: 80830R-A  
 COUNTY: COOS COUNTY 007  
 BID OPENING DATE: AUGUST 13, 2015  
 SCOPE OF WORK: REMOVE AND REPLACE ROOF, INSTALL INSULATION  
 REDIRECT ALL ROOF DRAIN STORMWATER TO BIO RETENTION  
 LOCATION: BERLIN, NH  
 COMPLETION DATE: 12/18/2015

**BID RESULTS**

A.	KEVIN W SMITH & SON INC - PO BOX 151 GORHAM, NH 04038	\$509,500.00	ACCEPTED
B.	ROCKWELL ROOFING INC - 44 POND STREET LEOMINSTER, MA 01453	\$678,200.00	ACCEPTED
C.	MAJOR L RODD INC - 49 PERKINS STREET ST JOHNSBURY, VT 05819	\$898,040.00	ACCEPTED

Item # 1 = \$415,000.-  
 Item # 2 = \$44,000.-  
 Item # 3 = \$50,500.-  
 \$509,500.-

BUREAU OF PUBLIC WORKS  
 Award to Kevin W Smith & Son, Inc  
 Hold for Negotiation  
 Cancel Contract  
 User Agency NHRAAG  
 Authorized by [Signature]  
 Date 08/19/2015

ITEM NO.	DESCRIPTION	PS&E			A		
		UNIT	QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
901.00	GEN COND & REMOVAL & REPLACEMENT OF EXSTG RC ROOF PER PLANS & SPEC	EA	1.00	\$ 438,682.00	\$ 438,682.00	\$ 415,000.00	\$ 415,000.00
902.00	ROOF DRAIN STORM H2O IMPRVMTS, BIO-RETENTION AND ADDTNL GEN CONDS	EA	1.00	\$ 58,318.00	\$ 58,318.00	\$ 44,500.00	\$ 44,500.00
903.00	ALLOWANCE FOR UNFORESEEN CONDITIONS OR OWNER- INITIATED CHANGES	\$	50,000.00	\$ 1.00	\$ 50,000.00	\$ 1.00	\$ 50,000.00
					\$ 547,000.00		\$ 509,500.00

ITEM NO.	DESCRIPTION	PS&E			B		
		UNIT	QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
901.00	GEN COND & REMOVAL & REPLACEMENT OF EXSTG RC ROOF PER PLANS & SPEC	EA	1.00	\$ 438,682.00	\$ 438,682.00	\$ 588,200.00	\$ 588,200.00
902.00	ROOF DRAIN STORM H2O IMPRVMENTS, BIO-RETENTION AND ADDT'NL GEN CONDS	EA	1.00	\$ 58,318.00	\$ 58,318.00	\$ 40,000.00	\$ 40,000.00
903.00	ALLOWANCE FOR UNFORESEEN CONDITIONS OR OWNER- INITIATED CHANGES	\$	50,000.00	\$ 1.00	\$ 50,000.00	\$ 1.00	\$ 50,000.00
					\$ 547,000.00		\$ 678,200.00

ITEM NO.	DESCRIPTION	PS&E			C		
		UNIT QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	TOTAL
901.00	GEN COND & REMOVAL & REPLACEMENT OF EXSTG RC ROOF PER PLANS & SPEC	EA 1.00	\$ 438,682.00	\$ 438,682.00	\$ 786,540.00	\$ 786,540.00	
902.00	ROOF DRAIN STORM H2O IMPRVMTS, BIO-RETENTION AND ADD'NL GEN CONDS	EA 1.00	\$ 58,318.00	\$ 58,318.00	\$ 61,500.00	\$ 61,500.00	
903.00	ALLOWANCE FOR UNFORESEEN CONDITIONS OR OWNER- INITIATED CHANGES	\$ 50,000.00	\$ 1.00	\$ 50,000.00	\$ 1.00	\$ 50,000.00	
				\$ 547,000.00		\$ 898,040.00	



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/28/2015

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).

<b>PRODUCER</b> FA Peabody Company 8 Lincoln Street P.O. Box 570 Mars Hill ME 04758		<b>CONTACT NAME:</b> Brittani Switter <b>PHONE (A/C No. Ext):</b> (207) 429-9187 <b>FAX (A/C No.):</b> (207) 429-8007 <b>E-MAIL ADDRESS:</b> brittani.switter@fapeabody.com	
<b>INSURED</b> Kevin Smith & Son, Inc, DBA: Kevin Smith PO Box 151 Gorham ME 04038		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Atain Specialty Insurance Company <b>INSURER B:</b> Frankenmuth Mutual Ins. Co. 13986 <b>INSURER C:</b> Evanston Insurance Company <b>INSURER D:</b> Maine Employers Mutual 11149 <b>INSURER E:</b> Proressive Insurance Company <b>INSURER F:</b>	

COVERAGES CERTIFICATE NUMBER: CL1582817638 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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		CIP269007	6/27/2015	6/27/2016	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 \$ Included
B	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X		BA6267635 04389851-5	10/9/2014 10/09/2014	10/9/2015 10/09/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Broadening Endorsement \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$ 10,000	X		XOBW5928815	5/22/2015	5/22/2016	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
D	<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		N/A	1810093666	4/15/2015	4/15/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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 104, Additional Remarks Schedule, may be attached if more space is required)  
 The certificate holder is named as additional insured, when required by the written contract with respects to the General liability, Auto Liability, Excess Liability

Project Name: RC Berlin Project No. 80830R-A 2163 Riverside Way, Berlin, New Hampshire 03570

<b>CERTIFICATE HOLDER</b> The State of New Hampshire The Commissioner & Department of Administ 7 Hazen Drive Concord, NH 03302	<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 B Switter/BRITT <i>Brittani Switter</i>
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/28/2015

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<b>PRODUCER</b> FA Peabody Company 8 Lincoln Street P.O. Box 570 Mars Hill ME 04758		<b>CONTACT NAME:</b> Brittani Sutter <b>PHONE (A/C No, Ext):</b> (207) 429-9187 <b>FAX (A/C No):</b> (207) 429-8007 <b>E-MAIL ADDRESS:</b> brittani.sutter@fapeabody.com															
<b>INSURED</b> The State of New Hampshire, The Commissioner & 7 Hazen Drive Concord NH 03305		<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A <b>Atain Specialty Insurance Company</b></td> <td></td> </tr> <tr> <td>INSURER B <b>Liberty Mutual Insurance Company</b></td> <td>24198</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 <b>Atain Specialty Insurance Company</b>		INSURER B <b>Liberty Mutual Insurance Company</b>	24198	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER C:																	
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**COVERAGES** CERTIFICATE NUMBER: CL1582817639 REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CIP269436	8/27/2015	8/27/2016	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 \$ \$
	<b>AUTOMOBILE LIABILITY</b> <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) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<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						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Installation Builder Risk - Special			IM875122	8/26/2015	2/26/2016	Building Limit 509,500 Deductible 1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 The Certificate Holder is named insured with the respects to the OCP policy. The certificate holder is additional insured with respects to the Builder's Risk as well ass Loss Payee on the Builder's Risk.

Project Name: RC Berlin Project No: 80830R-A 2163 Riverside Drive, Berlin, NH 03570

**CERTIFICATE HOLDER**

The State of New Hampshire  
 The Commissioner & Department of Administ  
 7 Hazen Drive  
 Concord, NH 03302

**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  
 B Sutter/BRITT *Brittani Sutter*