



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

67 *DM*

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

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

JAN 20 2016 11:03 AM

Division of Public Works
 Design and Construction
 Project No. 80840R – Contract B

January 8, 2016

Her Excellency, Governor Margaret Wood Hassan
 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 Project Resource Group, LLC (VC# 153524) Frankestown, NH, for a total price not to exceed \$234,494, for the Seabrook Welcome Center Renovations, Seabrook, NH. This contract is effective upon Governor and Council approval through August 1, 2016, unless extended in accordance with the contract terms. **100% Turnpike Funds.**

- 2). Further authorize that a contingency in the amount of \$10,000 be approved for unanticipated expenses for the Seabrook Welcome Center Renovations, bringing the total to \$244,494. **100% Turnpike Funds.**

- 3). Further authorize the amount of \$20,000 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC# 177875), for engineering services provided, bringing the total to \$264,494. **100% Turnpike Funds.**

Funding is available in account titled Department of Transportation as follows:

04-96-96-961010-70250000 Renewal - Replacement	<u>SFY16</u>
048-500226 – Contractual Maint – Bldg. & Grounds	\$ 234,494
048-500226 – Contingency	\$ 10,000
046-500463 – DPW /Interagency Fees	<u>\$ 20,000</u>
Grand Total	\$ 264,494

EXPLANATION

This project includes renovation to the Welcome Center, Vending Machine Room, and the Telephone Room. In the Welcome Center we will renovate the bathrooms, sewer line, and exterior of the building and add air conditioning. In addition, we are also planning to complete renovations to the exterior and main entrance of the Vending Machine Building and exterior of the Telephone Building.

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 Transportation 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,



Vicki V. Quiram
Commissioner

Department Estimate:	\$240,000
Contract Amount:	<u>\$234,494</u>
Under Estimate:	\$ 5,506

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80840R, Contract B –Seabrook Welcome Renovations

DESCRIPTION: This project includes renovations to Welcome Center, Vending Machine Room and the Telephone Room. In the Welcome Center we will renovate the bathrooms, sewer line, and exterior of building and add air conditioning. In addition, we are also planning to complete renovations to the exterior and main entrance of the Vending Machine Building and exterior of the Telephone Building.

EXPLANATION: This Welcome Center is open 24 hours a day 7 days a week and was built in 1992. The maintenance staff is continuing to have issues with the sewer line and it needs to be replaced. The bathrooms are used frequently and need to be updated. The exterior of the building needs to be re-stained and some shingles replaced. The Vending Machine building has a slab in front of the main entrance that has heaved and is a trip hazard. The Vending Machine Room and the Telephone Room building exterior is worn and needs repair.

UNDER ESTIMATE

EXPLANATION: The bid was within 2.3% of the estimate.

DEPARTMENT

ESTIMATE: \$240,000

LOW BID: \$234,494

BIDDER SUMMARY

PROJECT NAME: **SEABROOK WELCOME CENTER RENOVATIONS NON-FEDERAL 80840R**
 PROJECT NUMBER: **80840R**
 COUNTY: **ROCKINGHAM COUNTY 015**
 BID OPENING DATE: **11/19/2015**
 SCOPE OF WORK: **RENOVATE WELCOME CENTER AND VENDING MACHINE BUILDING.
 RENOVATE THE BATHROOMS, SEWER LINE, EXTERIOR OF BUILDING
 AND ADDING AIR CONDITIONING.**
 LOCATION: **SEABROOK WELCOME CENTER INTERSTATE 95 SEABROOK, NH**
 COMPLETION DATE: **08/01/2016**

BID RESULTS

A PROJECT RESOURCE GROUP LLC (B001) - PO BOX 43 FRANCESTOWN, NH 03043	\$ 234,494.00	ACCEPTED
B CARENO CONSTRUCTION CO INC - 270 WEST ROAD STE 4 PORTSMOUTH, NH 03801	\$ 267,000.00	ACCEPTED
C RICCI CONSTRUCTION COMPANY INC - 225 BANFIELD ROAD PORTSMOUTH NH 03801	\$ 281,777.00	ACCEPTED
D J.C.N. CONSTRUCTION CO., INC. - 155 DOW STREET SUITE 301 MANCHESTER, NH 03101	\$ 308,400.00	ACCEPTED
E T BUCK CONSTRUCTION INC (B001) - 249 MERROW RD AUBURN, ME 04210	\$ 339,000.00	ACCEPTED

Item 901: \$214,494.
 Item 902: \$201,000.
 Total: \$415,494.

BUREAU OF PUBLIC WORKS

Award to Project Resource Group, LLC
 Hold for Negotiation
 Cancel Contract
 User Agency MHDOT
 Authorized by [Signature]
 Date 11/26/2015

ITEM NO.	DESCRIPTION	PS&E		A	
		UNIT QUANTITY	UNIT PRICE	UNIT PRICE	TOTAL
901.00	SEABROOK WELCOME CENTER RENOVATIONS PER SPECS AND PLANS	1.00	\$ 220,000.00		\$ 220,000.00
902.00	ALLOWANCE #1 OWNERS CHANGES OR UNKNOWN EXSTG CONDITIONS PER 01200	20,000.00	\$ 1.00		\$ 20,000.00
					\$ 240,000.00
					\$ 214,494.00
					\$ 20,000.00
					\$ 234,494.00

ITEM NO.	DESCRIPTION	UNIT QUANTITY	UNIT PRICE	TOTAL	PS&E	UNIT PRICE	TOTAL	B	UNIT PRICE	TOTAL
901.00	SEABROOK WELCOME CENTER RENOVATIONS PER SPECS AND PLANS	1.00	\$ 220,000.00	\$ 220,000.00					\$ 247,000.00	\$ 247,000.00
902.00	ALLOWANCE #1 OWNERS CHANGES OR UNKNOWN EXSTG CONDITIONS PER 01200	20,000.00	\$ 1.00	\$ 20,000.00					1.00	\$ 20,000.00
				\$ 240,000.00						\$ 267,000.00

ITEM NO.	DESCRIPTION	PS&E		C	
		UNIT QUANTITY	UNIT PRICE	UNIT PRICE	TOTAL
901.00	SEABROOK WELCOME CENTER RENOVATIONS PER SPECS AND PLANS	1.00	\$ 220,000.00	\$ 261,777.00	\$ 261,777.00
902.00	ALLOWANCE #1 OWNERS CHANGES OR UNKNOWN EXSTG CONDITIONS PER 01200	20,000.00	\$ 1.00	\$ 20,000.00	\$ 20,000.00
				\$ 240,000.00	\$ 281,777.00

ITEM NO.	DESCRIPTION	PS&E		D			
		UNIT QUANTITY	UNIT PRICE	UNIT PRICE	TOTAL		
901.00	SEABROOK WELCOME CENTER RENOVATIONS PER SPECS AND PLANS	EA	1.00	\$ 220,000.00	\$ 220,000.00	\$ 288,400.00	\$ 288,400.00
902.00	ALLOWANCE #1 OWNERS CHANGES OR UNKNOWN EXSTG CONDITIONS PER 01200	\$	20,000.00	\$ 1.00	\$ 20,000.00	\$ 1.00	\$ 20,000.00
					\$ 240,000.00		\$ 308,400.00

ITEM NO.	DESCRIPTION	UNIT	QUANTITY	UNIT PRICE	TOTAL	PS&E	UNIT PRICE	TOTAL	E	UNIT PRICE	TOTAL
901.00	SEABROOK WELCOME CENTER RENOVATIONS PER SPECS AND PLANS	EA	1.00	\$ 220,000.00	\$ 220,000.00					\$ 319,000.00	\$ 319,000.00
902.00	ALLOWANCE #1 OWNERS CHANGES OR UNKNOWN EXSTG CONDITIONS PER 01200	\$	20,000.00	\$ 1.00	\$ 20,000.00					\$ 1.00	\$ 20,000.00
								\$ 240,000.00			\$ 339,000.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/22/2015

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).

PRODUCER Infantine Insurance P. O. Box 5125 Manchester NH 03108	CONTACT NAME: Annette Kowalczyk, CIC PHONE (A/C No. Ext): (800) 937-0704 E-MAIL ADDRESS: Annette@infantine.com	FAX (A/C, No): (603) 669-6831
	INSURER(S) AFFORDING COVERAGE	
INSURED Project Resource Group LLC PO Box 43 Francestown NH 03043	INSURER A: Fireman's Ins. Co. of Washington	
	INSURER B: Acadia Insurance Group, LLC	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		NAIC # 31325

COVERAGES **CERTIFICATE NUMBER:** 15-16 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 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X		CPA026891717	9/8/2015	9/8/2016	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 Expansion Endorsement \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			CPA026891717	9/8/2015	9/8/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<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 checked="" type="checkbox"/> RETENTION \$ 0		X	CUA029692417	9/8/2015	9/8/2016	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
A	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	3.A. NH WPA515391111	5/6/2015	5/6/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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)
RE: Seabrook Welcome Center Renovations (Contract B) # 80840R, Seabrook NH. It is hereby understood and agreed that the State of New Hampshire, Department of Administrative Services is included as additional insured on General Liability and Umbrella when required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

State of New Hampshire Department of Administrative Services 7 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 Charles Hamlin/AK1 <i>Charles Hamlin</i>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/22/2015

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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: Annette Kowalczyk, CIC PHONE (A/C, No, Ext): (800) 937-0704 E-MAIL ADDRESS: Annette@infantine.com	FAX (A/C, No): (603) 669-6831
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Acadia Insurance Group, LLC	NAIC # 31325
INSURED State of New Hampshire, Dept of Admin Services C/O Project Resource Group LLC, PO Box 43 Franconstown NH 03043	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL15122158415 **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 <input checked="" type="checkbox"/> Owners & Contractors GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			OCP 5238460-10	12/22/2015	12/22/2016	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 \$ Employee Benefits \$
	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) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> 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			PER STATUTE OTH-ER 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)
Project: Seabrook Welcome Center Renovations Contract B (#80840R)

CERTIFICATE HOLDER State of New Hampshire Department of Administrative Services 7 Hazen Drive 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 Charles Hamlin/JT2 <i>Charles Hamlin</i>



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
12/22/2015

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, Ext): (800) 937-0704	COMPANY Acadia Insurance Group, LLC One Acadia Commons P.O. Box 9010 Westbrook ME 04098-5010
FAX (A/C, No): (603) 669-6831	E-MAIL ADDRESS: paul@infantine.com	
CODE:	SUB CODE:	
AGENCY CUSTOMERID #: 00324160		
INSURED State of New Hampshire, Dept of Admin Services Project Resource Group LLC PO Box 43 Francestown NH 03043	LOAN NUMBER	POLICY NUMBER CIM5238511
	EFFECTIVE DATE 12/22/2015	EXPIRATION DATE 12/22/2016
	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION

LOCATION/DESCRIPTION
Seabrook Welcome Center Renovations, Interstate 95, Seabrook, NH 03874

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	234,494	1,000
In transit	117,247	1,000
In Storage	117,247	1,000

REMARKS (Including Special Conditions)

Named insured Continued... Any and All Subcontractors

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-DOT 7 Hazen Drive PO Box 483 Concord, NH 03301	<input type="checkbox"/> MORTGAGEE	ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
LOAN #		
AUTHORIZED REPRESENTATIVE Charles Hamlin/JT2 		