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Charles M. Arlinghaus Commissioner (603) 271-3201 State of New Hampshire

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

> 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. 81074R – Contract B

August 25, 2020

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 Structural Preservation Systems, LLC (VC# 298082), Columbia, MD, for a total price not to exceed \$670,495 for the Parking Garage Repairs at the State of NH Dept. of Administrative Services, Storrs Street Parking Garage, Concord, N.H. This contract is effective upon Governor and Council approval through October 1, 2021, unless extended in accordance with the contract terms. **100% Capital - General Funds** 

2). Further authorize the amount of \$35,000 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC# 311152), for engineering services provided, bringing the total to \$705,495. 100% Capital- General Funds.

Funding is available in account titled Storrs Street Garage as follows:

01-14-14-140030-71790000 Storrs Street 19-146:1-II-B3

GRAND TOTAL	\$705,495
034-500162 – Capital Projects - Contract 034-500162 - Capital Projects – DPW Fees	\$670,495 \$ <u>35,000</u>
	<u>SFY21</u>

His Excellency, Governor Christopher T. Sununu and the Honorable Council August 25, 2020 Page 2 of 2

#### **EXPLANATION**

This project is to repair structural, cosmetic and spalling concrete to the legislative parking garage.

The contractor has been pre-qualified by the Department of Transportation. The contract has been approved by the Department of Justice as to form and execution; and the State of NH Administrative Services 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.

Respectfully submitted,

Chartes M. Arlinghaus, Commissioner

Department Estimate:\$845,000Contract Amount:\$670,495Under Estimate:\$174,505



ABC Bid Data

NON-FEDERAL

PROJECT:	Concord				
STATE PROJECT NUMBER:	81074B				
FED, PROJECT NUMBER:	NON-FEDERAL				
DATE BIDS OPEN:	July 22, 2020, 2:00 PM				
SCOPE OF WORK:	Repair Parking Garage		Certified by:	<u></u>	
COMPLETION DATE:	October 01, 2021				
LOCATION:	Merrimack				
Contractor		Summary of Bidders		Bid Amount	Rank
STRUCTURAL PRESERVATIO 10150 OLD COLUMBIA RO				\$670.495.00	*
AUDLEY, R. S., INC. 1113 ROUTE 3A, BOW NH	03304-4025			\$899,400,00	6
D. L., KING & ASSOCIATES IN 27 TANGLEWOOD DRIVE, I				\$917,500.00	с
KNOWLES INDUSTRIAL SERV 295 NEW PORTLAND RD, C				\$1,063,953,00	D

BUREAU OF PUBLIC WORKS	_
Award to A Biddec_	_4 670,495
Hold for Negotiation	
Cancel Contract	
User Agency DAS	
Authorized by MLT	
Date7/30/2020	

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				PS&E	STRUCTURAL PRESERVATION SYSTEMS LLC 10150 OLD COLUMBIA ROAD COLUMBIA, MD 21046	1113 ROUTE 3A
Item No. Description	Unit	Quantity	Unit Price	Total	Unit Price Total	Unit Price Total

902 903	ADDITIONS AND MODIFICATIONS TRAFFIC CONTROL PLAN	\$ 75,000.00			\$75,000.00 \$25,000.00	\$1.00 \$1.00	\$75,000.00 \$25,000.00
		Totals: Alt. Totals:			 \$670,495.00		\$899,400.00
		ALL LOGIS:					

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					PS&E	D. L. KING & ASSOCIATES INC. 27 TANGLEWOOD DRIVE NASHUA, NH 03062-1044	KNOWLES INDUSTRIAL SERVICES CORP 295 NEW PORTLAND RD GORHAM, ME 04038	
Item No.	Description	Unit	Quantity	Unit Price	Total	Unit Price	Unit Price	Total

901 REPAIR PARKING GARAGE U 1.00 \$770.000.00 \$770.000.00 \$817.500.00 \$817,500.00 \$963,953.00 \$963,953.00 902 ADDITIONS AND MODIFICATIONS \$ 75,000.00 \$1.00 \$75,000.00 \$1.00 \$75,000.00 \$1.00 \$75,000.00 903 TRAFFIC CONTROL PLAN \$1.00 \$25,000.00 5 25,000.00 \$1.00 \$25,000.00 \$1.00 \$25,000.00 Totals: \$870,000.00 \$917,500.00 \$1,063,953.00 Alt. Totals: Totals: \$917.500.00 \$870.000.00 \$1.063.953.00

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/1/2020

Ci Bi	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.										
IM If	PORTANT: If the certificate holder SUBROGATION IS WAIVED, subject is certificate does not confer rights	is an to th	ADD 18 te	ITIONAL INSURED, the pros and conditions of th	ne policy	y, certain p	olicles may				
	DUCER						s Administrate	or			
Arthur J. Gallagher Risk Management Services, Inc.						Ext): 443-79			FAX (A/C, No): 44	3-798	3-7290
11311 McCormick Road, Ste 450 Hunt Valley MD 21031-8622							D.Certs@ajg.	com	(NO) NO].		
											NAIC #
					INSURER			s Co Pittsburgh I	 РА		19445
INSU							mpshire Insur				23841
	ctural Preservation Systems, LLC 50 Old Columbia Road				INSURER	c : XL Spec	ialty Insuranc	e Company			37885
	umbia, MD 21046				INSURER	۲D :					
		•			INSURER	R E :					
					INSURER	tF:					
				NUMBER: 1435562008				REVISION NUM			
IN CE	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUCH	Equif Pert	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY ED BY T	CONTRACT	OR OTHER I	Document with D herein is sui	I RESPECT	TO V	VHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR			POLICY EFF	POLICY EXP (MM/DD/YYY)		LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			6938932		7/1/2020	7/1/2021	EACH OCCURRENC	ED S	2,000, 1,000,	
								PREMISES (Ea occu MED EXP (Any one )		10,000	
								PERSONAL & ADV I	· · · ·	2.000.	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		4,000.	
	POLICY X PRO-							PRODUCTS - COMP		4,000,	
-	AUTOMOBILE LIABILITY			2867423		7/1/2020	7/1/2021	COMBINED SINGLE		2.000.	000
								(Ea accident) BODILY INJURY (Pe			
	OWNED SCHEDULED							BODILY INJURY (Pe			
	AUTOS ONLY AUTOS					i		PROPERTY DAMAG	• •		
l ì	AUTOS ONLY AUTOS ONLY				1			(Per accident)	\$		·
c	X UMBRELLA LIAB X OCCUR	<u> </u>		US00062096LI20A	†	7/1/2020	7/1/2021	EACH OCCURRENC	E S	10,000	0.000
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		10,000	
	DED X RETENTION \$ 10 000	1						Prod/Comp Ops Agg		10,000	
В	WORKERS COMPENSATION			063724479		7/1/2020	7/1/2021	X PER STATUTE	OTH- ER		
	AND EMPLOYERS' LIABILITY Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDEN	-	1,000,	000
	(Mandatory in NH)	N/A						E.L. DISEASE - EA E		1,000,	000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL		1,000,	000
				,							
	RIPTION OF OPERATIONS / LOCATIONS / VEHIC #IC-0503798 / Job #586050 - Storrs S						e space is require	ed)	ļ		
				,			,				
liabi umb prov	State of New Hampshire, its agencies lity and umbrella tlability policies as req rella liability and worker's compensatio ided for cancellation as required by wri lity follows form over the general liabilit	uired n poli tten c	by w cies a ontra	ritten contract. A waiver of as required by written contr ct with respect to the gene	subroga ract. Exc ral liabili	tion applies ept for nonp tv. automobi	with respect t ayment of pre ile liability and	o the general liat mium, at least 3 workers compe	oility, autom 0 davs' noti	ice wi	liability, I be
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<u>, cer</u>					UANU						
	State of New Hampshire	tratio		nicos	THE	EXPIRATION	DATE THE	ESCRIBED POLIC EREOF, NOTICE Y PROVISIONS.			
	c/o Department of Adminis 7 Hazen Drive, Room 250	irativ	e 56	TVICES	AUTHOR	ZED REPRESE	NTATIVE				
	Concord NH 03302				A	$\cdot \wedge$	1				
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			•			© 19	88-2015 AC	ORD CORPOR/	ATION. AI	l righ	ts reserved.

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# ACORD

# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

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EVIDENCE OF COIVIN		κι	- 17	L PROPERTT INSURAIN	8/26/2020			
THIS EVIDENCE OF COMMERCIAL 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.								
	: OF	R	QDI					
CONTACT PERSON AND ADDRESS AND EXIL: 443-798-7499				COMPANY NAME AND ADDRESS	NAIC NO: 22837			
Arthur J. Gallagher Risk Management Services, Inc. 11311 McCormick Road Suite 450 Hunt Valley, MD 21031				AGCS Marine Insurance Company 33 West Monroe Street Chicago, IL 60603				
FAX US TOO TOOD				-				
(Á/C, No):443-798-7290 ADDRESS:				IF MULTIPLE COMPANIES, COMPLETE	SEPARATE FORM FOR EACH			
CODE: SUB COOE:								
CUSTOMER ID #:				LOAN NUMBER	POLICY NUMBER			
NAMED INSURED AND ADDRESS Structural Preservation Systems, LLC					MZI93059241			
10150 Old Columbia Road Columbia, MD 21046				EFFECTIVE DATE EXPIRATION DATE	л <u>ан н</u>			
				07/01/2020 07/01/2021				
Additional Named Insured:				THIS REPLACES PRIOR EVIDENCE DATED:				
State of NH, Dept. of Administrative Services any and all subcontra	actor	S						
PROPERTY INFORMATION (ACORD 101 may be attached if	mor	0.81	1868	Is required) BUILDING OR BUS	INESS PERSONAL PROPERTY			
LOCATION / DESCRIPTION		0 01						
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR				URED NAMED ABOVE FOR THE POLICY PERIO MENT WITH DESPECT TO WHICH THIS EVIDENI	D INDICATED. NOTWITHSTANDING			
BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE	POL	CIES	S DE:	SCRIBED HEREIN IS SUBJECT TO ALL THE TER	MS, EXCLUSIONS AND CONDITIONS			
OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY	PAIC		AIMS					
COVERAGE INFORMATION PERILS INSURED	BA	SIC		BROAD X SPECIAL				
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$	_	00.0			DED:\$25,000			
	YES	NO						
				······································	Actual Loss Sustained; # of months:			
BLANKET COVERAGE			X	If YES, indicate value(s) reported on property identif	fied above: \$			
TERRORISM COVERAGE			X	Attach Disclosure Notice / DEC				
IS THERE A TERRORISM-SPECIFIC EXCLUSION?			X					
IS DOMESTIC TERRORISM EXCLUDED?			X	·				
LIMITED FUNGUS COVERAGE	<u> </u>		X	If YES, LIMIT:	0ED:			
FUNGUS EXCLUSION (If "YES", specify organization's form used)			X		<u></u>			
REPLACEMENT COST	×							
AGREED VALUE	<u> </u>		X.					
COINSURANCE				If YES, %				
EQUIPMENT BREAKDOWN (If Applicable)			X	If YES, LIMIT:	DED: DED:			
ORDINANCE OR LAW Coverage for loss to undamaged portion of bldg	<u> </u>							
- Demolition Costs	-	$\square$	X X		DED:			
- Incr. Cost of Construction	x	$\vdash$		If YES, LIMIT:				
EARTH MOVEMENT (If Applicable)	⊢	$\vdash$	x	If YES, LIMIT:\$1,000,000 If YES, LIMIT:	DED:\$25,000 DED:			
FLOOD (If Applicable) WIND / HAIL INCL YES NO Subject to Different Provisions:			Ŷ	If YES, LIMIT:	DED:			
NAMED STORM INCL		$\vdash$	Ŷ	If YES, LIMIT:	0ED:			
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE								
HOLDER PRIOR TO LOSS			X					
CANCELLATION								
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES E DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIO		CAN	CEL	LED BEFORE THE EXPIRATION DATE	THEREOF, NOTICE WILL BE			
ADDITIONAL INTEREST								
CONTRACT OF SALE	S PAY	EE		LENDER SERVICING AGENT NAME AND ADDRESS				
MORTGAGEE								
NAME AND ADDRESS								
State of New Hampshire								
C/o Department of Administrative Services			}	AUTHORIZED REPRESENTATIVE				
7 Hazen Drive, Room 250 Concord, NH 03302				<b>^</b> -				
Contora, Nrs 05502			ĺ	Denni- Quan	d			
					PORATION. All rights reserved.			

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AGENCY CUSTOMER ID: \_

LOC #: \_\_\_

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REMARKS:

### ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Arthur J. Gallagher Risk Management Services, Inc.	NAMED INSURED Structural Preservation Systems, LLC 10150 Old Columbia Road					
POLICY NUMBER MZ193059241		Columbia, MD 21046				
	NAIC CODE	1				
AGCS Marine Insurance Company	22837	EFFECTIVE DATE: 07/01/2020				
ADDITIONAL REMARKS						
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,						
FORM NUMBER:	MMERCIAL	PROPERTY INSURANCE				

COI#: IC-0503841 - Concord 81074B

A waiver of subrogation applies with respect to the builder's risk policy as required by written contract. Policy provides coverage for all other contractors, subcontractors and others employed on the premises as insureds as required by written contract.

ACORD	

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/0D/YYYY) 8/21/2020

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THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, A	IVELY	OR NEGATIVELY AMEND, NCE DOES NOT CONSTITU	EXTEND OR ALI	ER THE CO	VERAGE AFFORDED BY TH	E POLICIES	
IMPORTANT: If the certificate holder If SUBROGATION IS WAIVED, subject this certificate does not confer rights	t to the	e terms and conditions of th	he policy, certain p	olicies may			
PRODUCER		certificate noider in neu or s	CONTACT	<u></u>			
Arthur J. Gallagher Risk Management	Servi	ices, Inc.	NAME: PHONE	9.7400	FAX (A/C, No); 443-7	09 7200	
11311 McCormick Road Suite 450			AND ENTRY 443-79	10-1499	(A/C, No); 44 3-7	90-7290	
Hunt Valley MD 21031			ADDRESS:			· · · · · · · · · · · · · · · · · · ·	
			INSURER(S) AFFORDING COVERAGE NA				
		License#: BR-724491 STRUGRO-01		insurance Co	mpany	39993	
State of New Hampshire		31105110-01	INSURER B :		•	<u>.</u>	
Department of Administrative Services	3		INSURER C :				
7 Hazen Drive Suite 250 Concord NH 03302			INSURER D :				
Concora 1411 05302			INSURER E :			· · ·	
	TICIO		INSURER F :			1	
		ATE NUMBER: 864226251			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RI							
CERTIFICATE MAY BE ISSUED OR MAY	PERTA	AIN, THE INSURANCE AFFORD	ED BY THE POLICIE	S DESCRIBE	D HEREIN IS SUBJECT TO ALL		
EXCLUSIONS AND CONDITIONS OF SUCH	POLIC				·		
LTR TYPE OF INSURANCE		WVD POLICY NUMBER	POLICY EFF (MM/DD/YYY)	POLICY EXP	LIMITS		
		600OCP018110300	9/28/2020	9/30/2021	EACH OCCURRENCE \$ 2,00	0,000	
					DAMAGE TO RENTED PREMISES (Ea occurrence) \$		
					MED EXP (Any one person) \$		
					PERSONAL & ADV INJURY \$		
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$4,00	0,000	
					PRODUCTS - COMPIOP AGG \$	-	
					\$		
AUTONOBILE LIABILITY					COMBINED SINGLE LIMIT \$		
ANY AUTO					BODILY INJURY (Per person) \$		
OWNED SCHEDULED					BODILY INJURY (Per accident) \$		
HIRED NON-OWNED					PROPERTY DAMAGE \$		
					s		
UMBRELLA LIAB OCCUR					EACH OCCURRENCE \$		
EXCESS LIAB CLAIMS-MADE					AGGREGATE \$		
	1				Nouncarie S		
WORKERS COMPENSATION					PER OTH- STATUTE ER		
	N/A				E.L. EACH ACCIDENT \$		
(Nandatory in NK)					E.L. DISEASE - EA EMPLOYEE S		
DÉSCRIPTION OF OPERATIONS below	$\left  \right $			·	E.L. DISEASE - POLICY LIMIT \$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICI		COPD 101 Additional Remarks Schodu	le meu he etteched if moi				
Contractors Name: Structural Preservation	Syster	ms, LLC	ie, may be attached it moi	e apace la reduin			
Concrete repairs of parking garage located Job # 586050 / Project #81074B	at Sto	rrs Street, Concord NH 03302					
JOD # 5800507 Project #810748							
CERTIFICATE HOLDER		<b>-</b> • • •	CANCELLATION				
						, 	
					ESCRIBED POLICIES BE CANCEL EREOF, NOTICE WILL BE DE		
State of New Hampshire D	epartr	ment of Administrative	ACCORDANCE W				
Services					· ·		
7 Hazen Drive Suite 250			AUTHORIZED REPRESE	NTATIVE			
Concord NH 03302			4 . 1	. /			
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