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State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES
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. 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

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

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,



Charles M. Arlinghaus,
Commissioner

Department Estimate:	\$845,000
Contract Amount:	<u>\$670,495</u>
Under 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
 COMPLETION DATE: October 01, 2021
 LOCATION: Merrimack

Certified by: _____

Summary of Bidders

Contractor	Bid Amount	Rank
STRUCTURAL PRESERVATION SYSTEMS LLC 10150 OLD COLUMBIA ROAD, COLUMBIA MD 21046	\$670,495.00	A
AUDLEY, R. S., INC. 1113 ROUTE 3A, BOW NH 03304-4025	\$899,400.00	B
D. L. KING & ASSOCIATES INC. 27 TANGLEWOOD DRIVE, NASHUA NH 03062-1044	\$917,500.00	C
KNOWLES INDUSTRIAL SERVICES CORP 295 NEW PORTLAND RD, GORHAM ME 04038	\$1,063,953.00	D

BUREAU OF PUBLIC WORKS

Award to A Bidder \$ 670,495
 Hold for Negotiation
 Cancel Contract
 User Agency DAS
 Authorized by MLT
 Date 7/30/2020

Item No.	Description	Unit	Quantity	PS&E		STRUCTURAL PRESERVATION SYSTEMS LLC 10150 OLD COLUMBIA ROAD COLUMBIA, MD 21046		AUDLEY, R. S., INC. 1113 ROUTE 3A BOW, NH 03304-4025	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items

901	REPAIR PARKING GARAGE	U	1.00	\$770,000.00	\$ 770,000.00	\$570,495.00	\$570,495.00	\$799,400.00	\$799,400.00
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	\$	25,000.00	\$1.00	\$25,000.00	\$1.00	\$25,000.00	\$1.00	\$25,000.00
Totals:					\$870,000.00		\$670,495.00		\$899,400.00
Alt. Totals:									
Totals:					\$870,000.00		\$670,495.00		\$899,400.00

Item No.	Description	Unit	Quantity	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	
				Unit Price	Total	Unit Price	Total	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	\$	25,000.00	\$1.00	\$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:					\$870,000.00		\$917,500.00		\$1,063,953.00



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

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.

PRODUCER NAME, CONTACT PERSON AND ADDRESS Arthur J. Gallagher Risk Management Services, Inc. 11311 McCormick Road Suite 450 Hunt Valley, MD 21031		PHONE (A/C, No, Ext): 443-798-7499	COMPANY NAME AND ADDRESS AGCS Marine Insurance Company 33 West Monroe Street Chicago, IL 60603		NAIC NO: 22837
FAX (A/C, No): 443-798-7290	E-MAIL ADDRESS:		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
CODE:	SUB CODE:		POLICY TYPE		
AGENCY CUSTOMER ID #:			LOAN NUMBER	POLICY NUMBER MZI93059241	
NAMED INSURED AND ADDRESS Structural Preservation Systems, LLC 10150 Old Columbia Road Columbia, MD 21046			EFFECTIVE DATE 07/01/2020	EXPIRATION DATE 07/01/2021	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
Additional Named Insured: State of NH, Dept. of Administrative Services any and all subcontractors			THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY


LOCATION / DESCRIPTION

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	PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL	
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$10,000,000		DED: \$25,000			
	YES	NO	N/A		
<input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE			X		If YES, LIMIT: Actual Loss Sustained; # of months:
BLANKET COVERAGE			X		If YES, indicate value(s) reported on property identified above: \$
TERRORISM COVERAGE			X		Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?			X		
IS DOMESTIC TERRORISM EXCLUDED?			X		
LIMITED FUNGUS COVERAGE			X		If YES, LIMIT: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)			X		
REPLACEMENT COST		X			
AGREED VALUE			X		
COINSURANCE			X		If YES, %
EQUIPMENT BREAKDOWN (If Applicable)			X		If YES, LIMIT: DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg			X		If YES, LIMIT: DED:
- Demolition Costs			X		If YES, LIMIT: DED:
- Incr. Cost of Construction			X		If YES, LIMIT: DED:
EARTH MOVEMENT (If Applicable)	X				If YES, LIMIT: \$1,000,000 DED: \$25,000
FLOOD (If Applicable)			X		If YES, LIMIT: DED:
WIND / HAIL INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:			X		If YES, LIMIT: DED:
NAMED STORM INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:			X		If YES, LIMIT: DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS			X		

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

<input type="checkbox"/> CONTRACT OF SALE <input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
NAME AND ADDRESS State of New Hampshire c/o Department of Administrative Services 7 Hazen Drive, Room 250 Concord, NH 03302		AUTHORIZED REPRESENTATIVE 

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AGENCY CUSTOMER ID: _____

LOC #: _____



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 Columbia, MD 21046	
POLICY NUMBER MZI93059241		EFFECTIVE DATE: 07/01/2020	
CARRIER AGCS Marine Insurance Company	NAIC CODE 22837		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 28 FORM TITLE: EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

REMARKS:

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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/21/2020

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).


PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 11311 McCormick Road Suite 450 Hunt Valley MD 21031	CONTACT NAME: PHONE (A/C No. Ext): 443-798-7499 FAX (A/C No.): 443-798-7290 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED State of New Hampshire Department of Administrative Services 7 Hazen Drive Suite 250 Concord NH 03302	License#: BR-724491 STRUGRO-01	INSURER A: Colony Insurance Company 39993 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER: 864226251** **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	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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			600OCP018110300	9/28/2020	9/30/2021	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMPROP AGG \$ \$
	AUTOMOBILE LIABILITY <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						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						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)
Contractors Name: Structural Preservation Systems, LLC
Concrete repairs of parking garage located at Storms Street, Concord NH 03302
Job # 586050 / Project #81074B

CERTIFICATE HOLDER State of New Hampshire Department of Administrative Services 7 Hazen Drive Suite 250 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 
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