



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

State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES

OFFICE OF THE COMMISSIONER 25 Capitol Street – Room 120 Concord, New Hampshire 03301

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

Bureau of Public Works Design and Construction Project No. 80817 – Contract B

July 27, 2015

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

REQUESTED ACTION

- 1). Authorize the Department of Administrative Services, Bureau of Public Works Design and Construction to enter into a contract with Neil H. Daniels, Inc. d/b/a Daniels Construction (VC# 262804), Ascutney, VT, for a total price not to exceed \$139,000, for the River Wall Repairs at 11 and 17 Water Street, Claremont, NH. This contract is effective upon Governor and Council approval through November 25, 2015, unless extended in accordance with the contract terms. 100% Capital General Funds.
- 2). Further authorize pursuant to 220:13, Laws of 2015, the amount of \$12,000 be approved for payment to the Department of Administrative Services, Bureau of Public Works Design and Construction (VC# 177875), Capital Clerk for oversight and engineering services provided, bringing the total to \$151,000. **100% Capital General Funds.**

Funding is available in account titled Department of Administrative Services as follows:

01-14-14-146030-24200000 Monadnock Mill – Wall Repair <u>SFY16</u>

034-500162 - Repair/Renovations Bldgs \$139,000 034-500162 - BPW Fees Interagency <u>12,000</u> **Grand Total** \$151,000 Her Excellency, Governor Margaret Wood Hassan and the Honorable Council July 27, 2015 Page 2 of 2

EXPLANATION

Per Chapter 220:1, II, B, 2, Laws of 2015 for the Monadnock Mill Wall Repair. The State owns a building on Water Street in Claremont called the Monadnock Mill building. The building was purchased by the State in the early 80s and renovated into office space. The building provides office space for the Department of Health and Human Services, the Division of Motor Vehicles and the Department of Corrections, Probation and Parole. The building borders on the Sugar River and the retaining wall that borders the river needs to be repaired. This project will continue building a concrete retaining wall system along the base of the building foundation, and will also replace the upper retaining wall at the parking lot with concrete and brick finishes.

In order to protect the integrity of the retaining wall, part of the scope of work includes repairs to the retaining wall for the property adjacent to our building. The land owner has agreed to reimburse the State for the repairs to the section of retaining wall that they own. The actual agreement to accept and expend the funds will come at a future Governor and Council meeting. It order to protect the building and parking lot it is imperative that this repair work be completed before the river level rises with typical fall rains and run off.

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 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, 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

Commissioner

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT:

BPW Project No. 80817, Contract B - River Wall Repairs, at

11 and 17 Water Street, Claremont.

DESCRIPTION:

This project will continue building a concrete retaining wall system along the base of the building foundation, and will also replace the upper retaining wall at the

parking lot with concrete and brick finishes.

EXPLANATION:

This project will be the second phase of wall repairs along the Mill Buildings at 11 and 17 Water Street. The Mill Buildings are situated along the edge of the Sugar River and over the years, the retaining walls along the river and at the upper parking lot have deteriorated and have left the property at risk of collapse in some sections. The new retaining walls will repair and protect the property from further damage that might be caused by

the river.

OVER ESTIMATE

EXPLANATION:

The difference between the low bid and the estimate is

considered within industry standards.

DEPARTMENT

ESTIMATE:

\$120,000

LOW BID:

\$139,000

BIDDER SUMMARY

RIVER WALL REPAIRS NON-FEDERAL 80817-B PROJECT NAME:

80817-B PROJECT NUMBER: COUNTY:

SULLIVAN COUNTY 019

06/24/2015 BID OPENING DATE: SCOPE OF WORK:

WALL SYSTEM ALONG THE BASE OF THE BUILDING FOUNDATION, AND THIS PROJECT WILL CONTINUE IN BUILDING A CONCRETE TRAINING WILL ALSO REPLACE THE UPPER RETAINING WALL AT THE PARKING

LOT WITH CONCRETE AND BRICK FINISHES.

LOCATION:

11/25/2015 COMPLETION DATE:

B L & M SERVICE CONTRACTORS, LLC - 126 ROUTE 10 ORFORD, NH 03777

A NEIL H. DANIELS, INC. - 4409 ROUTE 5 AXCUTNEY, VT 05030

ACCEPTED ACCEPTED 139,000.00 219,000.00

BUREAU OF PUBLIC WORKS

Award to Neil H.

Hold for Negotiation

Cancel Contract Authorized by User Agency

			PS	PS&E	`	∢	
DESCRIPTION	LIN	UNIT QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	
PAIRS PER PROJECT PLANS AND SPECS	¥	1.00	\$ 100,000.00	1.00 \$ 100,000.00 \$ 100,000.00	\$ 119,000.00	\$ 119,000.00 \$ 119,000.00	
OR MODIFICATIONS TO THE CONTRACT		\$ 20,000.00	\$ 1.00	\$ 1.00 \$ 20,000.00	\$ 1.00	1.00 \$ 20,000.00	
	antique in	<i>y</i> .		\$ 120,000.00		\$ 139,000.00	

RIVER WALL REPAI ALLOWANCE FOR **NO.** 901.00 902.00

ITEM				PS	PS&E		
N O N	DESCRIPTION	UNIT	QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
8	901.00 RIVER WALL REPAIRS PER PROJECT PLANS AND SPECS	EA	1.00	\$ 100,000.00	1.00 \$ 100,000.00 \$ 100,000.00	\$ 199,000.00 \$ 199,000.00	\$ 199,000.00
8	902.00 ALLOWANCE FOR MODIFICATIONS TO THE CONTRACT	₩	20,000.00	\$ 1.00	1.00 \$ 20,000.00	\$ 1.00	1.00 \$ 20,000.00
					\$ 120,000.00		\$ 219,000.00



CERTIFICATE OF LIABILITY INSURANCE

7/24/2015

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)

certificat	e nolder in lieu of such (endorsement(s).					
PRODUCER		(802) 658-3500	CONTACT Melissa Kavanagh				
Hickok & B 346 Shelbu	oardman, Inc BUR		PHONE (A/C, No, Ext): (802) 383-1621	FAX (A/C, No): (802) 6	58-0541		
PO Box 106			E-MAIL ADDRESS: mkavanagh@hbinsurance	e.com			
Burlington,	VT 05402-1064		INSURER(S) AFFORDING CO	VERAGE	NAIC#		
			INSURER A : Travelers				
INSURED	Neil H. Daniels , Inc	•	INSURER B : St Paul Surplus Lines Ins Co				
	PO Box 246		INSURER C:				
	Ascutney, VT 05030		INSURER D :				
			INSURER E :				
			INSURER F:				
COVERAG	ES	CERTIFICATE NUMBER:	REVISI	ON NUMBER:			
THIS IS T	O CERTIEY THAT THE PO	LICIES OF INSURANCE LISTED BELOW HAY	E BEEN ISSUED TO THE INSURED NAME	D ABOVE FOR THE POLL	CY PERIOD		

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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	'S
<u> </u>	GENERAL LIABILITY	I	****	TODO THOMBER	(mm/scr) 1117	THE POST IN THE	EACH OCCURRENCE	s 1,000,000
Α	X COMMERCIAL GENERAL LIABILITY	X		DTCO9A192183TIA15	1/1/2015	1/1/2016	DAMAGE TO RENTED PREMISES (Ea occurrence)	s 300,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	s 5,000
							PERSONAL & ADV INJURY	s 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
1	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	POLICY X PRO- JECT LOC							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	s 1,000,000
Α	X ANY AUTO	X		DT8109A192183COF15	1/1/2015	1/1/2016	BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS				1			\$
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
		<u> </u>						\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$ 5,000,000
Α	EXCESS LIAB CLAIMS-MADE	}		DTSMCUP9A192183TIL15	1/1/2015	1/1/2016	AGGREGATE	\$ 5,000,000
	DED X RETENTIONS 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X WC STATU- OTH-	
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		DTEUB9A19218315	1/1/2015	1/1/2016	E.L. EACH ACCIDENT	\$ 500,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	"'^					E.L. DISEASE - EA EMPLOYEE	\$ 500,000
	if yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 500,000
В	Pollution Liability			71M30829	5/19/2015	1/1/2017	\$2,000,000 Aggreg	\$1,000,000 Ea Occ

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Project: Claremont 80817B

CERTIFICATE HOLDER

State of New Hampshire Administrative Services and all other parties as required by contract are additional insureds per contract requirements with respect to the General Liability, Auto and Umbrella policies.

State of New Hampshire Administrative Services	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
7 Hazen Drive PO Box 483 Concord, NH 03302-	AUTHORIZED REPRESENTATIVE 3 - Lau Suttro

CANCELLATION



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/29/2015

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.

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

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Neil H. Daniels, Inc.					INSURER B:					
P.O. Box 246					INSURER C:					
Ascutney, VT 05030					INSURER D :					
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L					INSURE	RF:				
CO	VERAGES CER	TIFIC	CATI	NUMBER:				REVISION NUMBER:		
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INSR LTR		ADDL	SUBR		<u> </u>		POLICY EXP (MM/DD/YYYY)			
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	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$		
	CONTROL COURT							PERSONAL & ADV INJURY \$		
								GENERAL AGGREGATE \$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG \$		
	POLICY PRO- LOC							\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$		
	ANY AUTO							BODILY INJURY (Per person) \$		
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident) \$		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE \$ (Per accident)		
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	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		
	DED RETENTION\$							\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU- OTH- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L EACH ACCIDENT \$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						E.L DISEASE - EA EMPLOYEE \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		
A	Builders Risk			CIM 5219572		7/24/2015	7/24/2016		119,000	
Proj Stat	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL ect: Claremont 80817B e of New Hampshire Administrative sirements.	·		in the second se		•		tional insureds per contrac	et	
CE	RTIFICATE HOLDER			·····	CANC	ELLATION				
State of New Hampshire Administrative Services					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	7 Hazen Drive PO Box 483 Concord, NH 03301-					AUTHORIZED REPRESENTATIVE J. Jan Statter				

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7/29/2015

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CERTIFICATE HOLDER

State of New Hampshire Administrative Services 7 Hazen Drive

PO Box 483 Concord, NH 03302CANCELLATION

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

J. San Sott

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