

EXPLANATION

Per Chapter 253:1, I, B, Laws of 2011, for the Statewide Readiness Centers. The work of this project includes structural renovation, a new-sloped roof, and an exterior wall finish assembly to protect new structural work.

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 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,



Linda M. Hodgdon
Commissioner

Department Estimate:	\$ 900,000
Contract Amount:	<u>\$1,044,000</u>
Over Estimate:	\$ 144,000

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 806651R, Contract B – Building 'D' Roof and Renovations, Concord.

DESCRIPTION: Work of the Project includes structural renovation, a new-sloped roof, and an exterior wall finish assembly to protect new structural work.

EXPLANATION: The existing roofing system is close to failure and the scupper system for draining the roof is not working properly. Existing masonry walls and piers are showing mortar failure, possibly due to structural framing/loading issues.

OVER/UNDER
ESTIMATE

EXPLANATION: In reviewing the low bidders schedule of values, the renovation of the structural system to meet seismic codes and additional loading requirements was more expensive than what the design engineer anticipated. The two bids were less than ten percent apart and the contractor's schedule of values appears to be appropriate for the proposed work.

DEPARTMENT

ESTIMATE: \$ 900,000

LOW BID: \$ 1,044,000

STATE OF NEW HAMPSHIRE

DEPARTMENT OF ADMINISTRATIVE SERVICES

BIDS WERE OPENED ON THE 19TH DAY OF JUNE, 2012 FOR BUILDING D ROOF AND RENOVATIONS, 1 MINUTEMAN WAY, CONCORD, NH
 PROJECT NO. 80661R CONTRACT B

COMPLETION DATE: JANUARY 19, 2013

ITEM NO.	ITEM	A.			B.			TOTAL
		QUANTITIES	UNIT	TOTAL	UNIT	TOTAL	UNIT	
1	NEW SLOPED ROOF, EXTERIOR WALL ASSEMBLY AND STRUCTURAL IMPROVEMENTS	1 UNIT	\$984,000.00	\$984,000.00	\$1,079,700.00	\$1,079,700.00		
2	ALLOWANCE NO. 1 FOR LATENT CONDITIONS DISCOVERED DURING THE WORK	1 ALLOW-ANCE	\$45,000.00	\$45,000.00	\$45,000.00	\$45,000.00	\$45,000.00	
3	ALLOWANCE NO. 2 FOR REPAIRS AT EXISTING ROOF DECKING AND FRAMING	1 ALLOW-ANCE	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	
4	ALLOWANCE NO. 3 FOR REPAIRS AT EXISTING MASONRY WALLS	1 ALLOW-ANCE	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	
5	ALLOWANCE NO. 4 FOR MATERIAL TESTING	1 ALLOW-ANCE	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	
BASE BID LUMP SUM FOR ITEMS 1 THROUGH 5				\$1,044,000.00		\$1,139,700.00		

A. J. C. N. CONSTRUCTION CO., INC., 155 DOW STREET, SUITE 301, MANCHESTER, NH 03101
 B. MERIDIAN CONSTRUCTION CORPORATION, 32 ARTISAN COURT, UNIT #4, GILFORD, NH 03249

BUREAU OF PUBLIC WORKS

X Award to A-B holder
 Hold for Negotiation \$1,044,000.00
 Cancel Contract
 User Agency Adjutant General
 Authorized by [Signature]
 Date 11-29-12

J.C.N. CONSTRUCTION CO., INC.

155 Dow Street, Suite 301 • Manchester, NH 03101

P.O. Box 1600 • Manchester, NH 03105-1600

November 27, 2012

State of New Hampshire
Department of Administrative Services
7 Hazen Drive, Room 250
Concord, NH 03302

Attn: Tim Smith

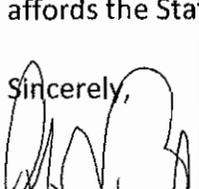
Re: Building D Roof and Renovations
Concord, NH
Project No. 800661R-Contract B

Gentlemen,

Pursuant to our July 23, 2012 letter, we understand that the State requires additional time to secure the necessary funding for Subject Project.

Accordingly we hereby extend our offer in the amount of \$1,044,000.00 up to the time of the upcoming G&C meeting. Should the contract be approved at this time, the contract completion date will be changed to October 26, 2013 through a no cost alteration order of the contract as indicated in our July 23, 2012 letter. We note that this extension is valid until the end of January 2013. We trust that this additional extension affords the State ample time to secure its funding and the contracts for this project.

Sincerely,



Steven J. Bennett
Vice President



CERTIFICATE OF LIABILITY INSURANCE

OP ID: DD

DATE (MM/DD/YYYY)

12/28/12

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 DeSanctis Insurance Agcy, Inc. 100 Unicorn Park Drive Woburn, MA 01801	781-935-8480	CONTACT NAME:	
	781-933-5645	PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		PRODUCER CUSTOMER ID #:	JCNCO-1
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED J.C.N. Construction Co., Inc. P.O. Box 1600 Manchester, NH 03105-1600	INSURER A : CNA Insurance Companies		
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES**CERTIFICATE NUMBER:****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	ADDITIONAL SUBROGATION RIGHTS	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab. GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X	C9004661909 EXPLOSION, COLLAPSE & UNDERGROUND HAZARD	01/01/13	01/01/14	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		U1077802777	01/01/13	01/01/14	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000		U1077837772	01/01/13	01/01/14	EACH OCCURRENCE \$ 12,000,000 AGGREGATE \$ 12,000,000 \$ \$
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	WC1081880832 (NH,ME,VT,MA,&RI)	01/01/13	01/01/14	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

"Additional Insured's limits are no greater than those required by written contract." Project 80664R Contract B- Bathroom HVAC Upgrade and Overhead Doors at AASF (Army Air Support Facility), 26 Regional Drive, Concord, NH.
Additional Insured as respects to the GL policy: State of New Hampshire Dept of Administrative Services.

CERTIFICATE HOLDER**CANCELLATION**

NHDAS-1

State of New Hampshire
Dept of Administrative
Services
25 Capital St.
Concord, NH 03301

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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12/28/12

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		E-MAIL ADDRESS:	
		PRODUCER CUSTOMER ID #:	JCNCO-1
		INSURER(S) AFFORDING COVERAGE	
INSURED State of New Hampshire Dept of Administrative Services J.C.N. Construction Co. Inc. PO Box 1600 Manchester, NH 03105-1600	INSURER A : CNA Insurance Companies		NAIC #
	INSURER B : Acadia Insurance Company		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

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CERTIFICATE NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY			C5088407547	08/16/12	01/01/14	EACH OCCURRENCE	\$ 2,000,000	
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ -----	
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ -----	
	<input checked="" type="checkbox"/> Owner/Cont Prot.						PERSONAL & ADV INJURY	\$ -----	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ -----	
									\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
	<input type="checkbox"/> HIRED AUTOS							\$	
	<input type="checkbox"/> NON-OWNED AUTOS							\$	
								\$	
	UMBRELLA LIAB		OCCUR				EACH OCCURRENCE	\$	
	EXCESS LIAB		CLAIMS-MADE				AGGREGATE	\$	
	DEDUCTIBLE							\$	
	RETENTION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)		Y/N	N/A			E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$	
							E.L. DISEASE - POLICY LIMIT	\$	
B	Builders Risk			CIM506780710	10/08/12	10/08/13	Limits	497,000	
							Deduct	1,000	

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

Project 80664R Contract B- Bathroom HVAC Upgrade and Overhead Doors at AASF (Army Air Support Facility), 26 Regional Drive, Concord, NH. Designated Contractor: J.C.N. Construction Co., Inc.

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NHDAS-1

State of New Hampshire
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