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State of New Hampshire

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

LINDA M. HODGDON
Commissioner
(603) 271-3201

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

Bureau of Public Works
Design and Construction
Project No. 80645 – Contract B

March 5, 2013

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

REQUESTED ACTION

1). Authorize the Bureau of Public Works Design and Construction to enter into a contract with Pellowe Construction, LLC (VC# 173260) Alton, NH, for a total price not to exceed $391,300, for the Howard Recreation Building Roof Replacement and Masonry Repair, State Office Park South, Concord, N. H. This contract is effective upon Governor and Council approval through June 21, 2013, unless extended in accordance with the contract terms. **100% Capital - General Funds.**

2). Further authorize that a contingency in the amount of $15,000 be approved for unanticipated expenses for deteriorated materials uncovered during construction for the Howard Recreation Building Roof Replacement and Masonry Repair, bringing the total to $406,300. **100% Capital - General Funds.**

3). Further authorize pursuant to Chapter 253:10, Laws of 2011, the amount of $12,600 be approved for payment to the Department of Administrative Services, Bureau of Public Works Design and Construction (VC# 177875), for Capital Clerk oversight services provided, bringing the total to $418,900. **100% Capital -General Funds.**

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

05-94-94-940030-09760000 Howard Recreation Renovation

	SFY13
034-500162 – Contract Repairs/Bldgs. & Grounds	$391,300
034-500162 – Contingency	15,000
034-500162 – Interagency Fees (Capital Clerk)	12,600
Grand Total	**$ 418,900**

EXPLANATION

Per Chapter 253:1, VII, P, Laws of 2011, for the Howard Recreation Renovation. This project will remove and replace the lower roofing system, replace the roof deck, and install structural support with all associated interior finish work. The base bid includes removal and replacement of the upper roofing system over the gym, removal and salvage of the top 8-10 courses of brick wall on two (2) elevations of the gym, removal and replacement of flashing, and reinstallation of salvaged brick.

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 Health and Human Services – NH Hospital 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,

Joseph Bouchard Asst. Comm.
for Linda M. Hodgdon
Commissioner

Department Estimate: $388,400
Contract Amount: $391,300
Over Estimate: $ 2,900

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80645 Contract B – Howard Recreation Building – Roof Replacement and Masonry Repairs, 99 Pleasant St., Concord.

DESCRIPTION: The scope of work consists of, but is not limited to, removal and replacement of the lower roofing system, replacement of the roof deck, and installation of structural support with all associated interior finish work. Base bid includes removal and replacement of the upper roofing system over the gym, removal and salvage of the top 8-10 courses of brick wall on two (2) elevations of the gym, removal and replacement of flashing, reinstallation of salvaged brick.

EXPLANATION: Both roofs on the Howard Recreation Building have expired warranties, experience on-going leaks, and require replacement. The lower roof is structurally inadequate, needs a new roof deck and structural reinforcements to meet current building codes. Due to the way the upper roof was originally installed, water was able to penetrate the edge condition and drain between the brick and roof flashing. Through repeated freeze/thaw action the top eight courses of brick have been bumped out and require repair.

OVERESTIMATE EXPLANATION: The difference between the low bid amount and the Bureau's estimate is less than 1% and considered within acceptable limits.

DEPARTMENT ESTIMATE: $388,400
LOW BID: $391,300

STATE OF NEW HAMPSHIRE
DEPARTMENT OF ADMINISTRATIVE SERVICES

BIDS WERE OPENED ON THE 31ST DAY OF JANUARY, 2013 FOR HOWARD RECREATION BUILDING-ROOF REPLACEMENT AND MASONRY REPAIRS, 99 PLEASANT ST., **CONCORD, NH**

PROJECT NO.: 80645 CONTRACT B **COMPLETION DATE: JUNE 21, 2013**

			A.		B.		C.	
ITEM NO.	**ITEM**	**QUANTITIES**	**UNIT**	**TOTAL**	**UNIT**	**TOTAL**	**UNIT**	**TOTAL**
1	REMOVE & REPLACE ROOFING SYSTEM ON LOWER ROOF PER PLANS & SPECS	1 UNIT	$105,000.00	$105,000.00	$176,900.00	$176,900..00	$112,710.00	$112,710.00
2	PERFORM STRUCTURAL IMPROVEMENTS, INTERIOR UTILITY & FINISH WORK PER PLANS & SPECS	1 UNIT	$89,000.00	$89,000.00	$37,200.00	$37,200.00	$117,980.00	$117,980.00
3	REMOVE & REPLACE ROOFING SYSTEM ON GYM ROOF PER PLANS & SPECS	1 UNIT	$116,000.00	$116,000.00	$136,000.00	$136,000.00	$139,853.00	$139,853.00
4	PERFORM MASONRY REPAIRS ON GYM PER PLANS & SPECS	240 SF	$104.17	$25,000.80	$130.00	$31,200.00	$161.53	$38,767.20
5	REPLACEMENT OF EXISTING BRICK MASONRY AS DETERMINED BY THE CONTRACT ADMINISTRATOR	110 BRICKS	$20.00	$2,200.00	$5.00	$550.00	$34.03	$3,743.30
6	ALLOWANCE FOR BRICK MASONRY UNITS IN EXCESS OF QUANTITIES ESTIMATED IN BID ITEM 5 TO BE PAID @ UNIT PRICE FOR ITEM 5	1 ALLOWANCE	$5,000.00	$5,000.00	$5,000.00	$5,000.00	$5,000.00	$5,000.00
7	ALLOWANCE FOR LATENT OR UNFORESEEN CONDITIONS ENCOUNTERED DURING CONSTRUCTION	1 ALLOWANCE	$45,000.00	$45,000.00	$45,000.00	$45,000.00	$45,000.00	$45,000.00
8	REPLACEMENT OF ROTTEN OR DETERIORATED T&G ROOF DECKING AS DETERMINED BY CONTRACT ADMINISTRATOR	500 SF	$8.20	$4,100.00	$16.00	$8,000.00	$10.20	$5,100.00
BASE BID LUMP SUM FOR ITEMS 1 THROUGH 8				$391,300.80		$439,850.00		$468,153.50
ALTERNATE NO. 1 ADD:				$81,735.00		$73,600.00		$101,287.00
ALTERNATE NO. 2 ADD:				$213,310.00		$176,000.00		$248,000.00

A. PELLOWE CONSTRUCTION, LLC, 50 OLD WOLFEBORO RD., ALTON, NH 03809
B. D. L. KING & ASSOCIATES, INC., 27 TANGLEWOOD DRIVE, NASHUA, NH 03062
C. SCHROEDER CONSTRUCTION MANAGEMENT, INC., 89 AMHERST ST., NASHUA, NH 03064
D. HUTTER CONSTRUCTION CORPORATION, PO BOX 257, 810 TURNPIKE RD., NEW IPSWICH, NH 03071 $469,000.00
E. T. BUCK CONSTRUCTION, INC., 249 MERROW RD., AUBURN, ME 04210 $582,100.00
F. NORTH & SOUTH CONSTRUCTION, 383 CENTRAL AVENUE, STE. 150, DOVER, NH 03820 IRREGULAR

BUREAU OF PUBLIC WORKS

X Award to A - Bidder
_____ Hold for Negotiation $ 391,300.80
_____ Cancel Contract
User Agency DHHS - New Hampshire Hospital
Authorized by [signature]
Date 2-12-13

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/21/2013

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	CONTACT NAME: Gail Shaw, AAI
Infantine Insurance P. O. Box 5125 Manchester NH 03108	PHONE (A/C, No, Ext): (603) 669-0704 FAX (A/C, No): E-MAIL ADDRESS: gshaw@infantine.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Netherlands Insurance	24171
INSURER B: Peerless Insurance	24198
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Pellowe Construction, LLC P.O. Box 1003 Alton NH 03809

COVERAGES **CERTIFICATE NUMBER:** 2012-2013 Master Cert **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [X] LOC			CBP8530309	10/3/2012	10/3/2013	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] NON-OWNED AUTOS			BA8536108	10/3/2012	10/3/2013	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Uninsured motorist combined	$ 1,000,000 $ $ $ $ 1,000,000
B	[X] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 10,000			CU8539809	10/3/2012	10/3/2013	EACH OCCURRENCE AGGREGATE	$ 2,000,000 $ 2,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [Y] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		State of NH WC8539308 Douglas Pellowe excluded	10/3/2012	10/3/2013	[X] WC STATU-TORY LIMITS [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 500,000 $ 500,000 $ 500,000

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

Project # 80645 Contract B: Roof replacement & masonry repairs at the Howard Recreation Building, Concord, NH

The State of New Hampshire Department of Administrative Services is included as additional insured when required by written contract.

CERTIFICATE HOLDER

State of New Hampshire
Department of Administrative Services
7 Hazen Drive, Room 250
P.O. Box 483
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

Chuck Hamlin/GS5

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/21/2013

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	CONTACT NAME: Gail Shaw
Infantine Insurance P. O. Box 5125 Manchester NH 03108	PHONE (A/C, No, Ext): (603) 669-0704 FAX (A/C, No): E-MAIL ADDRESS: gshaw@infantine.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A: Peerless Insurance — 24198
INSURED State of New Hampshire Department of Administrative Services c/o Pellowe Construction P O Box 1003 Concord NH 03301	INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** 12-13 OCP **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR [X] Owners & Contractors GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC			GL8942815	2/22/2013	2/22/2014	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 2,000,000 $ $ $ $ 3,000,000 $
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	UMBRELLA LIAB [ ] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [ ] N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATU-TORY LIMITS [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $

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

Project # 80645 Contract B Howard Recreation Building, Concord, NH

* Cancellation Exception: NH Law permits 10 days notice of cancellation for Non-Payment of premium

CERTIFICATE HOLDER

271-1558 Cindy

State of NH Department
of Administrative Services
7 Hazen Drive, Room 112
P.O. Box 483
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

Chuck Hamlin/GSS Charles H. Hamlin

ACORD®

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 4/29/2011

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER Infantine Insurance Inc. 203 Meetinghouse Rd Bedford NH 03110	CONTACT NAME: Gail Shaw PHONE (A/C, No, Ext): (603) 669-0704 FAX (A/C, No): (603) 669-6831 E-MAIL ADDRESS: gshaw@infantine.com PRODUCER CUSTOMER ID: 00016769
INSURED Pellowe Construction, LLC State of NH Department of Administrative Services Any and All Subcontractors P O Box 1003 Alton, NH 03809	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: Peerless Insurance Company — 24198 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: Howard Recreation Building REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Project #80645 Contract B, Roof replacement & Masonry repairs @ Howard Recreation Building, Concord, NH

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
	☐ PROPERTY CAUSES OF LOSS — DEDUCTIBLES ☐ BASIC — BUILDING ☐ BROAD — CONTENTS ☐ SPECIAL ☐ EARTHQUAKE ☐ WIND ☐ FLOOD				☐ BUILDING ☐ PERSONAL PROPERTY ☐ BUSINESS INCOME ☐ EXTRA EXPENSE ☐ RENTAL VALUE ☐ BLANKET BUILDING ☐ BLANKET PERS PROP ☐ BLANKET BLDG & PP	$ $ $ $ $ $ $ $
A	☒ INLAND MARINE CAUSES OF LOSS ☐ NAMED PERILS ☒ Special	TYPE OF POLICY: Builders Risk POLICY NUMBER: CIM8941614	02/22/2013	08/21/2013	☒ Location ☒ Temp Storage ☒ Transit ☒ Deductible	$ 391,301 $ 195,651 $ 195,651 $ 1,000
	☐ CRIME TYPE OF POLICY					$
	☐ BOILER & MACHINERY / EQUIPMENT BREAKDOWN					$
						$

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

State of NH Department of
Administrative Services
7 Hazen Drive, Room 112
P O Box 483
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

Chuck Hamlin/BRV