



Margaret D. LaBrecque  
Commandant

**New Hampshire Veterans Home**  
139 Winter Street  
Tilton, NH 03276-5415  
www.nh.gov/veterans



Telephone: (603) 527-4400  
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Bureau of Public Works  
Design and Construction  
Project No. 80799 – Contract A

November 18, 2014

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

**REQUESTED ACTION**

Authorize the Bureau of Public Works Design and Construction to enter into a contract with Pellowe Construction (VC# 173260) Alton, NH, for a total price not to exceed \$130,000, for the Design/Build Veterans Home Fire Alarm, Sprinkler and Door Upgrades, Tilton, N.H. This contract is effective upon Governor and Council approval through April 1, 2015, unless extended in accordance with the contract terms. **77% Operating - General Funds, 23% Capital – General Funds.**

Funding is available in account titled NH Veterans Home as follows:

05-43-43-430010-53580000	Vets Home Custodial Care	<u>SFY15</u>
048-500226	– Contract Repairs/Bldgs. & Grounds	<u>\$100,000</u>
	Sub-Total	\$100,000

Funding is available in account titled Administrative Services as follows:

01-14-14-146030-53580000	Emergency Repairs	
034-500162	– Repair/Renovations Bldgs.	<u>\$ 30,000</u>
	Sub-Total	\$ 30,000
	<b>Grand Total</b>	<b>\$ 130,000</b>

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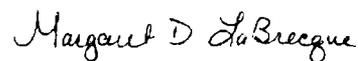
### **EXPLANATION**

Per Chapter 253:1, II, D, 1 Laws of 2011 as extended by Chapter 195:47, 15 for Emergency Repairs. This project includes various upgrades to the New Hampshire Veterans Home in Tilton, New Hampshire. This includes construction of a sump pit and installation of a sump pump, piping, and associated equipment; Installation of fire alarm devices in various elevator hoistways and machine rooms; and Installation of supervised fire alarm devices at the facility Post Indicator Valve to the main fire alarm control panel. This project also includes the repair, modification and replacement of interior doors throughout the facility.

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 NH Veterans Home and the Department of Administrative Services have 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,



Margaret D. LaBrecque  
Commandant



Linda M. Hodgdon  
Commissioner

cc: Margaret LaBrecque, Veterans Home  
Jon Bossey, Veterans Home  
Michael Connor, Administrative Services  
Shawn Savelle, Bureau of Public Works

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80799, Contract A – Design/Build Veterans Home Fire Alarm, Sprinkler and Door Upgrades, Tilton.

DESCRIPTION: This project includes various upgrades to the New Hampshire Veterans Home in Tilton, New Hampshire. This includes construction of a sump pit and installation of a sump pump, piping, and associated equipment; Installation of fire alarm devices in various elevator hoistways and machine rooms; and Installation of supervised fire alarm devices at the facility post indicator valve to the main fire alarm control panel. This project also includes the repair, modification and replacement of interior doors throughout the facility.

EXPLANATION: The work indicated above was identified during a recent inspection by the Veterans Administration. These repairs are required in order to address the code compliance issues identified during that inspection.

OVER ESTIMATE  
EXPLANATION:

The project came in over bid by a total of \$110,000. This can be attributed to the fact that there was only a single bidder, even though two contractors pulled plans. However, because of the importance of completing the core work in the time required, some of the scope was removed from the contract in order to allow the project to move forward. Attached is a list of the work that is included in the scope of work. These items were chosen because they were in line with our original estimates. The work that was eliminated or modified from the initial project is as follows:

- Remove concrete patio and excavation work. - To be completed Veterans Home maintenance staff.
- Remove design build insurance. – No longer required due to removal of automatic sprinkler work from scope.
- Remove all automatic sprinkler work. – Several canopies were removed or modified reducing the need for fire suppression. 3 remaining canopies to be completed through separate multi-agency contract.
- Credit for not performing work on the second/third shift. – The elevator sump work will be done during the day.
- Credit for state hiring elevator inspector. – The Veterans Home will hire elevator inspector through existing multi-agency agreement.
- Credit for half of allowance. Reduced allowance from \$12,000 to \$6,000.
- Reduction for general conditions. – Contractor reduced general conditions to reflect a smaller contract.

DEPARTMENT

ESTIMATE:	\$128,000
LOW BID:	\$238,000
Contract Price	\$130,000 (negotiated)

<i>Line Item</i>	<i>Scope</i>	<i>Cost</i>
<b><u>Elevator Sump Pit:</u></b>	construct sump pit	\$2,500
	install sump pump	\$1,000
	core hole in wall	\$600
	mount control panel	\$900
	<b><i>Total</i></b>	<b>\$5,000</b>
<b><u>Plumbing:</u></b>	pipng material for sump pump	\$1,390
	install piping - labor	\$610
	<b><i>Total</i></b>	<b>\$2,000</b>
<b><u>Electric:</u></b>	install monitor device to PIV	\$1,500
	install heats & smokes	\$1,500
	install magnetic door hold open devices	\$1,000
	install control valves to sprinklers	\$1,500
	power for sump pump	\$1,500
<b><i>Total</i></b>	<b>\$7,000</b>	
<b><u>Fire Alarm:</u></b>	Simplex to connect heat detectors, smoke detectors, and PIV monitoring to fire alarm control panel	\$8,500
	<b><i>Total</i></b>	<b>\$8,500</b>
<b><u>Doors, Frames, Hardware:</u></b>	demo 6 LEDU glass doors	\$2,600
	install 6 new LEDU doors	\$7,400
	24 new doors and hardware	\$31,500
	new hardware for existing doors	\$12,000
	<b><i>Total</i></b>	<b>\$53,500</b>
<b><u>Interior Walls:</u></b>	interior wall construction for 6 LEDU glass doors	\$4,200
	interior wall construction for new kitchen doors	\$800
	<b><i>Total</i></b>	<b>\$5,000</b>
<b>General Conditions</b>		<b>\$43,000</b>
<b>Allowance</b>		<b>\$6,000</b>
<b><u>TOTAL COST OF WORK:</u></b>		<b>\$130,000</b>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/31/2014

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).

<b>PRODUCER</b> Infantine Insurance P. O. Box 5125  Manchester NH 03108	<b>CONTACT NAME:</b> Julie Levesque, CPCU, CIC <b>PHONE (A/C, No, Ext):</b> (603) 669-0704 <b>E-MAIL ADDRESS:</b> jlevesque@infantine.com	<b>FAX (A/C, No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Pellowe Construction, LLC PO Box 1003 Alton NH 03809	<b>INSURER A:</b> Netherlands Insurance	
	<b>INSURER B:</b> Peerless Ins Co	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:** 14/15 Master                      **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	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			CBP8530309	10/3/2014	10/3/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			BA8536108	10/3/2014	10/3/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	3A States: NH WC8539308	10/3/2014	10/3/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Leased/rented equipment			CBP8530309	10/3/2014	10/3/2015	Limit \$100,000 Deductible \$500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Job: NH Veterans Home, Tilton NH Project #80799. It is agreed and understood that the State of NH Dept of Administrative Services is included as additional insured with regards to General Liability when required by a written contract.

<b>CERTIFICATE HOLDER</b>  State of New Hampshire Department of Administrative Services 7 Hazen Dr PO Box 483 Concord, NH 03302-0483	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b>  Charles Hamlin/PP1



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/5/2014

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).

<b>PRODUCER</b> Infantine Insurance P. O. Box 5125  Manchester NH 03108		<b>CONTACT NAME:</b> Julie Levesque, CPCU, CIC X242 <b>PHONE (A/C, No, Ext):</b> (603) 669-0704 <b>FAX (A/C, No):</b> 603 669-6831 <b>E-MAIL ADDRESS:</b> jlevesque@infantine.com	
		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A Liberty Mutual	<b>NAIC #</b>
<b>INSURED</b> State of NH DAS and their subcontractors c/o Pellowe Construction LLC PO Box 1003 Alton NH 03809		<b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** 14/15 OCP NH Vets Home      **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	<b>GENERAL LIABILITY</b>			GL8995872	11/5/2014	11/5/2015	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"/> OCP						PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 3,000,000
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS		<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS		<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b>		<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	<b>EXCESS LIAB</b>		<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED		RETENTION \$				\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/> Y/N	N/A			OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)  
Job: NH Veterans Home, Tilton NH #80799

<b>CERTIFICATE HOLDER</b>  State of New Hampshire Department of Administrative Services 7 Hazen Dr PO Box 483 Concord, NH 03301	<b>CANCELLATION</b>  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  Charles Hamlin/JL1
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# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
10/31/2014

THIS EVIDENCE OF 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.

AGENCY <b>Infantine Insurance</b> P. O. Box 5125  Manchester NH 03108 PHONE (A/C, No, Ext): (603) 669-0704		COMPANY <b>Liberty Mutual Insurance</b> 13 Riverside Road  Weston MA 02493-2298	
FAX (A/C, No): CODE: 012711 AGENCY CUSTOMER ID #: 00016769		POLICY NUMBER <b>IM8992571</b>	
E-MAIL ADDRESS: <b>jlevesque@infantine.com</b> SUB CODE:		EFFECTIVE DATE: <b>11/5/2014</b> EXPIRATION DATE: <b>11/5/2015</b>	
INSURED <b>Pellowe Construction, LLC, State of NH DAS</b> <b>Any &amp; All Subcontractors</b> PO Box 1003 Alton NH 03809		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:			

### PROPERTY INFORMATION

LOCATION/DESCRIPTION  
 Loc# 00001  
 139 Winter Street  
 Tilton, NH 03276

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

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Builders Risk--Special Form	130,000	1,000

### REMARKS (Including Special Conditions)

### 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

State of NH Department of Administrative Any & All Subcontractors 7 Hazen Dr PO Box 483 Concord, NH 03310	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	<input checked="" type="checkbox"/> Owner, Lessee, Contr (A)
LOAN #		
AUTHORIZED REPRESENTATIVE		
Charles Hamlin/JL1		