

131 MLC



State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES

25 Capitol Street - Room 120
Concord, New Hampshire 03301
Office@das.nh.gov

Charles M. Arlinghaus
Commissioner
(603) 271-3201

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Assistant Commissioner
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Deputy Commissioner
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Division of Public Works
Design and Construction
Project No. 80983 - Contract B

July 25, 2019

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 Careno Construction Co LLC (VC #159063), Portsmouth, NH for a total price not to exceed \$1,026,720, for Department of Safety Roof Replacement, 33 Hazen Drive, Concord, NH. This contract is effective through November 8, 2019 unless extended in accordance with the contract terms. **100% Capital - General Funds.**
- 2). Further authorize that a contingency in the amount of \$50,000 be approved for unanticipated site expenses for the Department of Safety Roof Replacement, bringing the total to \$1,076,720. **100% Capital - General Funds.**
- 3). Further authorize the amount of \$34,768 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC# 177875), for engineering services provided, bringing the total to \$1,111,488. **100% Capital-General Funds.**

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

01-14-14-140030-15090000	Safety Roof Replacement.	<u>SFY20</u>
034-500162	- Contract/Building Repair	\$1,026,720
034-500162	- Contingency	\$ 50,000
034-500162	- Interagency - DPW Fees	<u>\$ 34,768</u>
Grand Total		\$1,111,488

EXPLANATION

The roof on the Department of Safety building is leaking and the warranty has expired. To preserve the structural integrity of the building and protect the State's property, the roof system needs to be replaced.

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, Division 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,



Charles M. Arlinghaus
Commissioner

Department Estimate: \$1,044,000
Contract Amount: \$1,026,720
Under Estimate: \$ 17,280

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 80983, Contract B – Department of Safety Roof Replacement, Concord, New Hampshire.

DESCRIPTION: Remove and dispose of existing roof assemblies and replace with 90 mil EPDM, coverboard, and rigid insulation per plans and specification. Existing roof assemblies vary from ballasted and adhered EPDM membrane with varying thicknesses of rigid insulation and coverboard. Roof decks are metal and concrete.

EXPLANATION: The roof on the Department of Safety building is leaking and the warranty has expired. To preserve the structural integrity of the building and protect the State's property, the roof system needs to be replaced.

UNDER ESTIMATE

EXPLANATION: The bid is within 2% of the estimate.

ALTERNATE

EXPLANATION:

AMOUNT: \$28,000.

The add alternate to install a ½" recovery board to the concrete deck was accepted because it is unknown if the first layer of rigid insulation will properly adhere to the concrete. This money will only be used if the recovery board is required during construction.

DEPARTMENT

ESTIMATE: \$1,044,000

LOW BID: \$1,026,720



Division of Public Works

ABC Bid Data

CONCORD
80983B
NON-FEDERAL

PROJECT: CONCORD
STATE PROJECT NUMBER: 80983B
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: May 15, 2019, 02:00 PM
SCOPE OF WORK: DEPARTMENT OF SAFETY ROOF REPLACEMENT
COMPLETION DATE: November 08, 2019
LOCATION: Merrimack

Certified by:

Administrator

Summary of Bidders

Contractor	Bid Amount	Rank
CARENO CONSTRUCTION CO., LLC 270 WEST ROAD, STE 4, PORTSMOUTH NH 03801-7611	\$1,026,720.00	A

BUREAU OF PUBLIC WORKS

Award to Careno Const. Co., LLC
 Hold for Negotiation
 Cancel Contract
 User Agency DOS
 Authorized by [Signature]
 Date 106272019

Item No.	Description	Unit	Quantity	PS&E		CARENO CONSTRUCTION CO., LLC 270 WEST ROAD, STE 4 PORTSMOUTH, NH 03801-7811	
				Unit Price	Total	Unit Price	Total

Items

901	REMOVE AND REPLACE ROOFING SYSTEM	U	1.00	\$954,000.00	\$954,000.00	\$936,720.00	\$936,720.00
902	ALLOWANCE FOR UNFORESEEN CONDITIONS	\$	90,000.00	\$1.00	\$90,000.00	\$1.00	\$90,000.00
Totals:					\$1,044,000.00		\$1,026,720.00

80983B ADD ALTERNATE
ADD ALTERNATE #1

991	ADD ALTERNATE #1: ADD 1/2" RECOVERY BOARD TO APPROXIMATELY 17,050SF OF CONCRETE ROOF DECK	U	1.00	\$42,625.00	\$42,625.00	\$28,000.00	\$28,000.00
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Alt. Totals:							
Totals:					\$1,044,000.00		\$1,026,720.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/12/2019

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 FIAI/Cross Insurance 1100 Elm Street Manchester NH 03101	CONTACT NAME: Vivian Vaudreuil	
	PHONE (A/C, No, Ext): (803) 669-3218 FAX (A/C, No): (603) 645-4331 E-MAIL ADDRESS: vvaudreuil@crossagency.com	
INSURED Careno Construction Co., LLC West Road Equipment LLC 270 West Road Portsmouth NH 03801	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Ohio Security Ins Co	24082
	INSURER B: American Fire & Casualty	24066
	INSURER C: Ohio Casualty Insurance Company	24074
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: 19/20 All 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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			BKS55970851	03/26/2019	03/26/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Limited Jobsite Pollution \$ 100,000
B	AUTOMOBILE LIABILITY <input checked="" 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			BAA57159889	03/26/2019	03/26/2020	SOLEMAN SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Business Auto \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			USO55970851	03/26/2019	03/26/2020	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
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/A	XWS55970851 (3a.) NH	03/26/2019	03/26/2020	<input checked="" type="checkbox"/> PER STATUTE <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	Excluded Officers: Charles Locke; Jeff Murray & Paul Careno						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Project # 80893B: Dept of Safety Roof Replacement
The State of New Hampshire, its agencies, and its agents and employees are included as additional insured with respects to General Liability and Umbrella when required by written contract.

CERTIFICATE HOLDER State of New Hampshire c/o Dept of Administrative Ser 7 Hazen Drive, Room 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 



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/16/2019

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 FIAI/Cross Insurance 1100 Elm Street Manchester NH 03101	CONTACT NAME: Vivian Vaudreuil PHONE (A/C, No, Ext): (803) 889-3218 FAX (A/C, No): (803) 845-4331 E-MAIL ADDRESS: vvaudreuil@crossagency.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Ohio Casualty Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 24074
INSURED State Of New Hampshire 7 Hazen Dr Rm 250 c/o Dept Of Administrative Services Concord NH 03301	


COVERAGES **CERTIFICATE NUMBER:** OCP - State Of NH **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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners Contractors Protective GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BLO60076198	08/15/2019	08/15/2020	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ Package Modification \$
	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						
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ PER STATUTE OTH-ER
	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/A				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)

Job & Location: Roofing Project - 33 Hazen Drive, Concord, NH 03305

CERTIFICATE HOLDER State Of New Hampshire c/o Dept Of Administrative Ser 7 Hazen Dr Rm 250 Concord NH 03301	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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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
8/8/2019

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 FIAI/Cross Insurance 1100 Elm Street Manchester NH 03101		PHONE (A/C. No. Ext): (603) 669-3218	COMPANY Acadia Ins Co. One Acadia Commons P.O. Box 9010 Westbrook ME 04098-5010	
FAX (A/C. No.): (603) 643-4331	E-MAIL ADDRESS: jharrison@crossagency.com			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #: 00327720		LOAN NUMBER		POLICY NUMBER CIM5403267
INSURED Careno Construction Co., LLC; State of NH Dept of Administrative Services, any and 270 West Road Portsmouth NH 03801		EFFECTIVE DATE 8/15/2019	EXPIRATION DATE 8/15/2020	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION Location: 33 Hazen Drive, Concord, NH 03305 Roofing Project
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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	1,026,720	1,000

REMARKS (Including Special Conditions)

Full additional named insured clause: Careno Construction Co., LLC, State of NH, Dept of Administrative Services, any and all subs & all tier subs
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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

NAME AND ADDRESS brenda.thomas@das.nh.us State of New Hampshire c/o Dept of Administrative Ser 7 Hazen Dr, Rm 250 Concord, NH 03301	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
LOAN #		
AUTHORIZED REPRESENTATIVE Jim Harrison, V.P./VV1 