



State of New Hampshire

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

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

Bureau of Public Works
Design and Construction
Project No. 80743R – Contract B

April 1, 2015

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 North Branch Construction (VC# 154264) Concord, NH, for a total price not to exceed \$4,997,000, for the Turnpike Maintenance Facility, Rochester, N. H. This contract is effective upon Governor and Council approval through May 27, 2016, unless extended in accordance with the contract terms. **100% Turnpike Funds.**

2). Further authorize the amount of \$120,660 be approved for payment to the Department of Administrative Services, Bureau of Public Works Design and Construction (VC# 177875), for engineering services provided, bringing the total to \$5,117,660. **100% Turnpike Funds.**

Funding is available in account titled Dept. of Transportation as follows for SFY2015 and anticipated to be available in SFY2016 contingent upon continued appropriation, with the authority to adjust encumbrances in each of the State Fiscal Years through the Budget Office if needed and justified:

04-96-96-961017-75130000 Spaulding Turnpike Second Barrel

	<u>SFY15</u>	<u>SFY 16</u>
400-500875 – Construction Repair	\$ 1,000,000	\$3,997,000
046-500463 – BPW Fees/Interagency	\$ 24,132	\$ 96,528
Grand Total	\$ 1,024,132	\$4,093,528

EXPLANATION

This project will construct a turnpike facility consisting of 11,500 sf maintenance building, 7,850 sf salt building, 2,760 sf spreader hanger, fuel station, and associated sitework and utilities.

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 Transportation 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 B. Bouchard,
Asst. Commissioner

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80743R, Contract B – Turnpike Maintenance Facility, Chestnut Hill Connector Rd., Rochester, NH.

DESCRIPTION: Construction of a turnpike facility consisting of 11,500 sf maintenance building, 7,850 sf salt building, 2,760 sf spreader hanger, fuel station, and associated sitework and utilities.

EXPLANATION: This facility will replace the existing one in Dover which is outdated and limited in terms of expansion due to the lot size. The new location in Rochester along the Spaulding Turnpike will allow for more efficient maintenance operations for the northerly portion of the turnpike which has expanded and resulted in over 32 more lane miles from Exit 11 to 16.

OVER ESTIMATE

EXPLANATION: The bid is reasonable as it reflects three bidders within 4% of each other with the low bidder at \$4.997M and 3rd bidder at \$5.195M. Although, the low bid is 4.1% (\$197k) higher than the estimated cost of \$4.8M, it is reflective of the current economic climate where prices are starting to inch higher. As this is the second time we put the project out to bid, rebidding this project again will not generate any savings, and likely will result in increased cost.

DEPARTMENT

ESTIMATE: \$4,800,000

LOW BID: \$4,997,000

BIDDER SUMMARY

PROJECT NAME: RE-BID TURNPIKE MAINTENANCE FACILITY NON-FEDERAL 80743R-B
 PROJECT NUMBER: 80743R-B
 COUNTY: STRAFFORD COUNTY 017
 BID OPENING DATE: 02/25/2015
 SCOPE OF WORK: CONSTRUCTION OF A TURNPIKE FACILITY CONSISTING OF 11,500 SF MAINTENANCE BUILDING, 7,850 SF SALT BUILDING, 2,760 SF SPREADER HANGER, FUEL STATION, AND ASSOCIATED SITEWORK AND UTILITIES.

LOCATION: CHESTNUT HILL CONNECTOR ROAD ROCHESTER, NH
 COMPLETION DATE: 05/27/2016

BID RESULTS

A NORTH BRANCH CONSTRUCTION INC - 76 OLD TURNPIKE ROAD CONCORD, NH 03301	\$ 4,997,000.00	ACCEPTED
B ALVIN J COLEMAN & SON INC (B001) - 9 NH RTE 113 CONWAY, NH 03818-9505	\$ 5,038,000.00	ACCEPTED
C HUTTER CONSTRUCTION CORP (B001) - PO BOX 257 NEW IPSWICH, NH 03071	\$ 5,195,000.00	ACCEPTED

Item 1: \$2,536,374.
 Item 2: 573,000.
 Item 3: 16,657.
 Item 4: 149,000.
 Item 5: 441,974.
 Item 6: 1,030,000.
 Item 7: 200,000.
 Total: 506,000.
 \$4,997,000.

BUREAU OF PUBLIC WORKS
 Award to North Branch Const, Inc.
 Hold for Negotiation
 Cancel Contract
 User Agency NH DOT - Turnpikes
 Authorized by [Signature]
 Date 03/03/15

ITEM NO.	DESCRIPTION	PS&E			A		
		UNIT QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	TOTAL
901.00	MAINTENANCE BUILDING	EA 1.00	\$ 2,000,000.00	\$ 2,000,000.00	\$ 2,536,374.00	\$ 2,536,374.00	
902.00	SALT BUILDING	EA 1.00	\$ 650,000.00	\$ 650,000.00	\$ 573,000.00	\$ 573,000.00	
903.00	HAZARDOUS MATERIALS BUILDING	EA 1.00	\$ 15,000.00	\$ 15,000.00	\$ 16,652.00	\$ 16,652.00	
904.00	SPREADER HANGER	EA 1.00	\$ 150,000.00	\$ 150,000.00	\$ 149,000.00	\$ 149,000.00	
905.00	VEHICLE FUELING STATION	EA 1.00	\$ 430,000.00	\$ 430,000.00	\$ 441,974.00	\$ 441,974.00	
906.00	ALL SITEWORK	EA 1.00	\$ 1,305,000.00	\$ 1,305,000.00	\$ 1,030,000.00	\$ 1,030,000.00	
907.00	ALLOWANCE FOR UNFORESEEN CONDITIONS OR OWNER-INITIATED CHANGES	\$ 200,000.00	\$ 1.00	\$ 200,000.00	\$ 1.00	\$ 200,000.00	
908.00	ALLOWANCE FOR UTILITY CONNECTIONS	\$ 50,000.00	\$ 1.00	\$ 50,000.00	\$ 1.00	\$ 50,000.00	
				\$ 4,800,000.00		\$ 4,997,000.00	

ITEM NO.	DESCRIPTION	PS&E			B		
		UNIT	QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
901.00	MAINTENANCE BUILDING	EA	1.00	\$ 2,000,000.00	\$ 2,000,000.00	\$ 1,846,000.00	\$ 1,846,000.00
902.00	SALT BUILDING	EA	1.00	\$ 650,000.00	\$ 650,000.00	\$ 630,000.00	\$ 630,000.00
903.00	HAZARDOUS MATERIALS BUILDING	EA	1.00	\$ 15,000.00	\$ 15,000.00	\$ 22,000.00	\$ 22,000.00
904.00	SPREADER HANGER	EA	1.00	\$ 150,000.00	\$ 150,000.00	\$ 170,000.00	\$ 170,000.00
905.00	VEHICLE FUELING STATION	EA	1.00	\$ 430,000.00	\$ 430,000.00	\$ 450,000.00	\$ 450,000.00
906.00	ALL SITEWORK	EA	1.00	\$ 1,305,000.00	\$ 1,305,000.00	\$ 1,670,000.00	\$ 1,670,000.00
907.00	ALLOWANCE FOR UNFORESEEN CONDITIONS OR OWNER-INITIATED CHANGES	\$	200,000.00	\$ 1.00	\$ 200,000.00	\$ 1.00	\$ 200,000.00
908.00	ALLOWANCE FOR UTILITY CONNECTIONS	\$	50,000.00	\$ 1.00	\$ 50,000.00	\$ 1.00	\$ 50,000.00
					\$ 4,800,000.00		\$ 5,038,000.00

ITEM NO.	DESCRIPTION	PS&E			C		
		UNIT	QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
901.00	MAINTENANCE BUILDING	EA	1.00	\$ 2,000,000.00	\$ 2,000,000.00	\$ 2,396,000.00	\$ 2,396,000.00
902.00	SALT BUILDING	EA	1.00	\$ 650,000.00	\$ 650,000.00	\$ 777,000.00	\$ 777,000.00
903.00	HAZARDOUS MATERIALS BUILDING	EA	1.00	\$ 15,000.00	\$ 15,000.00	\$ 15,000.00	\$ 15,000.00
904.00	SPREADER HANGER	EA	1.00	\$ 150,000.00	\$ 150,000.00	\$ 253,000.00	\$ 253,000.00
905.00	VEHICLE FUELING STATION	EA	1.00	\$ 430,000.00	\$ 430,000.00	\$ 437,000.00	\$ 437,000.00
906.00	ALL SITEWORK	EA	1.00	\$ 1,305,000.00	\$ 1,305,000.00	\$ 1,067,000.00	\$ 1,067,000.00
907.00	ALLOWANCE FOR UNFORESEEN CONDITIONS OR OWNER- INITIATED CHANGES	\$	200,000.00	\$ 1.00	\$ 200,000.00	\$ 1.00	\$ 200,000.00
908.00	ALLOWANCE FOR UTILITY CONNECTIONS	\$	50,000.00	\$ 1.00	\$ 50,000.00	\$ 1.00	\$ 50,000.00
					\$ 4,800,000.00		\$ 5,195,000.00

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 USI Insurance Solutions LLC 123 Interstate Drive West Springfield, MA 01089 855 874-0123	CONTACT NAME: Lisa M. O'neil	
	PHONE (A/C, No, Ext): 413-750-4256	FAX (A/C, No): 610-537-4670
E-MAIL ADDRESS: lisa.oneil@usi.biz		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: ABC NH WORKERS COMP SIG, Inc		99999
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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$	
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	N/A	ABC00402115	01/01/2015	01/01/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER 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)
Proof of New Hampshire Workers' Compensation Coverage
 Project Number: #80743R DOT Turnpike Facility, Chestnut Hill Road Connector, Rochester, NH 03867

CERTIFICATE HOLDER NH Department of Administrative Services Contract Office, Room 130 7 Hazen Drive 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 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/24/2015

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).

PRODUCER Infantine Insurance P. O. Box 5125 Manchester NH 03108		CONTACT NAME: Annette Kowalczyk, CIC PHONE (A/C, No, Ext): (603) 669-0704 FAX (A/C, No): E-MAIL ADDRESS: annette@infantine.com	
		INSURER(S) AFFORDING COVERAGE INSURER A: Hanover Insurance	NAIC # 22292
INSURED The State of New Hampshire, Department of Administrative Services 76 Old Turnpike Road Concord NH 03301		INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** OCP Rochester Turnpike **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			LHVA587259	3/24/2015	3/24/2016	EACH OCCURRENCE	\$ 2,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$
	<input checked="" type="checkbox"/> Owners Contractors						PERSONAL & ADV INJURY	\$
	<input type="checkbox"/> Protective						GENERAL AGGREGATE	\$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							\$
	AUTOMOBILE LIABILITY						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)	\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	DED	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> 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	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Re Chestnut Hill Road Connector, Rochester NH 03867 Project Number 80743R.

CERTIFICATE HOLDER**CANCELLATION**

State of New Hampshire Department of Administrative Services John O. Morton Building 7 Hazen Dr, Room 250 PO Box 483 Concord, NH 03302	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 Paul Sullivan/ANNETT <i>Paul Sullivan</i>



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
3/24/2015

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 Infantine Insurance P. O. Box 5125 Manchester NH 03108		PHONE (A/C No. Ext): (603) 669-0704	COMPANY Acadia Insurance Co. PO Box 9526 Manchester NH 03108-9526	
FAX (A/C No.):	E-MAIL ADDRESS: paul@infantine.com			
CODE: 3081	SUB CODE:			
AGENCY CUSTOMER ID #: 00002713		LOAN NUMBER		POLICY NUMBER CIMS201485
INSURED North Branch Construction Inc., State of New Hampshire, Dept of Admin Svcs 76 Old Turnpike Road Concord NH 03301		EFFECTIVE DATE 3/24/2015	EXPIRATION DATE 3/24/2016	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION
Chestnut Hill Road Connector,
Rochester Turnpike Facility, NH 03867

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
Job Specific Builders Risk New	4,997,000	5,000
Job Specific Special form		
Job Specific Earthquake (C)	1,000,000	25,000
Job Specific Flood	1,000,000	25,000

REMARKS (Including Special Conditions)

Named Insured also includes Any and All Subcontractors

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	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE Paul Sullivan/ANNETT <i>Paul Sullivan</i>	