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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

Charles M. Arlinghaus
Commissioner
(603)-271-3201

Joseph B. Bouchard
Assistant Commissioner
(603)-271-3204

Catherine A. Keane
Deputy Commissioner
(603)-271-2059

Division of Public Works
Design and Construction
Project No. 80997R – Contract B

October 12, 2018

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 Weatherguard Industries/SMJ Metals, LLC, (VC#287857) North Hampton, MA, for a total price not to exceed \$185,900, for the Walker Building Roof Modifications located at 21 South Fruit Street, Concord, NH. This contract is effective upon Governor and Council approval through November 30, 2018, unless extended in accordance with the contract terms. **80% General – Capital Funds, 20% General Operating Funds.**

2). Further authorize the amount of \$2,500 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC# 177875), Per Chapter 228:13, Laws of 2017, for engineering services provided, bringing the total to \$188,400. **80% General - Capital Funds, 20% General Operating Funds.**

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

01-14-14-140030-15060000 Walker Roof Modifications	<u>SFY19</u>
034-500162 – Repair/Renovations Bldgs.	\$ 148,043
034-500162– Interagency DPW Fees (Clerk)	<u>2,000</u>
	\$ 150,043
01-14-14-141510-20940000 Walker Building	
048-500226 – Contractual Maint./Bldg.- Grnds	\$ 37,857
048-500226 – Interagency DPW Fees	<u>500</u>
	\$ 38,357
Grand Total	\$188,400

EXPLANATION

Per Chapter 228:1, II, B, 7, Laws of 2017, for the Walker Building Roof Modifications, located at 21 South Fruit Street, Concord. This project will reconfigure one roof valley in a slate roof, add spray foam insulation in some knee wall spaces, add de-icing cables in two roof valleys, and includes interior electrical work.

The contractor has been pre-qualified by the Department of Transportation. The contract has been approved by the Department of Justice as to form and substance, and the Department of Administrative Services and the Department of Safety 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, 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:	\$135,000
Contract Amount:	<u>\$185,900</u>
Over Estimate:	\$ 50,900

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 80997, Contract B – Walker Building Roof Modifications, Concord, New Hampshire

DESCRIPTION: Reconfiguration of one roof valley in a slate roof, add spray foam insulation in some knee space areas, add de-icing cables in two roof valleys and includes interior electrical work.

EXPLANATION: Walker Building has severe ice damming problems. An appropriation intended to install de-icing cables was only adequate to evaluate the reasons for the ice damming and to design and implement two roof valleys. The valleys are designed as an 'experiment' to determine which of the two slightly different solutions is best. The goal will be to provide data this winter so that an adequate Capital Budget Request for the remainder of the building can be assembled.

OVER ESTIMATE

EXPLANATION: There was only one bidder for this project, due to its small size, limited scope and the extremely busy construction market. The work is straight forward and there was no reason to suspect that any bid would be over the estimate.

DEPARTMENT

ESTIMATE: \$135,000

LOW BID: \$185,900



ABC Bid Data

CONCORD
80997B
NON-FEDERAL

PROJECT: CONCORD
STATE PROJECT NUMBER: 80997B
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: August 22, 2018, 02:00 PM
SCOPE OF WORK: WALKER BUILDING ROOF MODIFICATIONS
COMPLETION DATE: November 30, 2018
LOCATION: Merrimack

Certified by: Administrative

Summary of Bidders

Contractor	Bid Amount	Rank
WEATHERGUARD INDUSTRIES/SMJ METALS, LLC 38 SMITH STREET, NORTHAMPTON MA 01060	\$185,900.00	A

Item # 901: \$165,900.-
 # 902: \$20,000.-
 \$185,900.-

BUREAU OF PUBLIC WORKS

Award to Weatherguard Industries
 Hold for Negotiation SMJ Metals, LLC
 Cancel Contract
 User Agency DAS
 Authorized by [Signature]
 Date 08292018

Item No.	Description	Unit	Quantity	PS&E		WEATHERGUARD INDUSTRIES/8MJ METALS, LLC 38 SMITH STREET NORTHAMPTON, MA 01060	
				Unit Price	Total	Unit Price	Total

Items

901	ALL CONSTRUCTION WORK	U	1.00	\$115,000.00	\$115,000.00	\$185,900.00	\$185,900.00
902	ALLOWANCE FOR UNFORSEEN OR LATENT CONDITIONS	\$	20,000.00	\$1.00	\$20,000.00	\$1.00	\$20,000.00
Totals:					\$135,000.00		\$185,900.00
Alt. Totals:							
Totals:					\$135,000.00		\$185,900.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/12/2018

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 Frank H. Furman, Inc. 1314 East Atlantic Blvd. P. O. Box 1927 Pompano Beach FL 33061	CONTACT NAME: Nicole Towseley, CPCU	
	PHONE (AC, No, Ext): (954) 943-5050 FAX (AC, No): (954) 943-6310 E-MAIL ADDRESS: nicole@furmaninsurance.com	
INSURED Weather Guard Industries SMJ Metals, LLC 36 Smith Street Northampton MA 01060	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Continental Insurance Co	35289
	INSURER B: Valley Forge Ins	20508
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

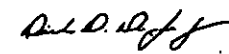
COVERAGES CERTIFICATE NUMBER: 12/1/17 MA Master REVISION NUMBER:

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 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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			6056967626	12/1/2017	12/1/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			Comp/Co11 Ded. \$1,000 6056967612	12/1/2017	12/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist combined single \$ Statutory
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ 10,000			6056967576	12/1/2017	12/1/2018	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 Completed Operations Aggregate \$ 5,000,000
B	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	NC States: FL, MA, ME 6056967593	12/1/2017	12/1/2018	<input checked="" type="checkbox"/> PER STATUTE <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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Walker Building Roof Modifications
21 South Fruit Street Concord NH. State Department of Administrative Services is included as additional insured for general liability as required by written contract.

CERTIFICATE HOLDER CANCELLATION

State Department of Administrative Servics Contract Office, Room 130 7 Hazen Drive 7 Hazen Drive, 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 Dirk DeJong/TP 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/29/2018

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).

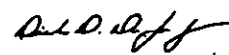
PRODUCER Frank H. Furman, Inc. 1314 East Atlantic Blvd. P. O. Box 1927 Pompano Beach FL 33061	CONTACT NAME: Nicole Towsley, CPCU PHONE (A/C, No, Ext): (954) 943-5050 E-MAIL ADDRESS: nicole.t@furmaninsurance.com	FAX (A/C, No): (954) 942-6310
	INSURER(S) AFFORDING COVERAGE	
INSURED The State of New Hampshire Dept of Admin Services Weather Guard Industries SMJ Metals 5051 NW 13th Avenue Pompano Beach FL 33064	INSURER A: Evanston Insurance Company NAIC # 35378	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** Proj Specific **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 Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			3AA305938	10/1/2018	11/30/2018	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 \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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				PER STATUTE OTH-ER 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)
RE: The State of NH
Project: Walker Building
21 Fruit Street, Concord, NH

CERTIFICATE HOLDER The State of New Hampshire Department of Administrative Services Contract Office, Room 130 7 Hazen Drive 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 Dirk DeJong/NT 
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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
9/29/2018

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 Frank H. Furman, Inc. 1314 East Atlantic Blvd. P. O. Box 1927 Pompano Beach FL 33061		PHONE (954) 943-5050 IAG No. Ext:		COMPANY Ohio Casualty Insurance Company 925 North Point Parkway Suite 300 Mailstop 02A Alpheretta GA 30005	
FAX (954) 943-6310 IAG No.:		E-MAIL ADDRESS: rob@furmaninsurance.com			
CODE:		SUB CODE:			
AGENCY CUSTOMER ID #: 00017365		LOAN NUMBER		POLICY NUMBER BMO 59176248	
INSURED State of NH-Dept of Administrative Services c/o Weather Guard Industries 5051 NW 13th Ave., Suite H Pompano Beach FL 33064		EFFECTIVE DATE 10/1/2018	EXPIRATION DATE 10/1/2019	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:					

PROPERTY INFORMATION

LOCATION/DESCRIPTION The State of New Hampshire Project Walker Building 21 S. Fruit Street, Concord, NH 03301

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 Replacement Cost, Special Form, Builders Risk Value Limit	\$185,900	\$1,000

REMARKS (Including Special Conditions)

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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 State of New Hampshire Department of Administrative Services Contract Office, Room 130 7 Hazen Drive Concord, NH 03302	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
LOAN #		
AUTHORIZED REPRESENTATIVE		