

8/10



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

Division of Public Works
Design and Construction
Project No. 80905R – Contract B

October 19, 2017

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 Harvey Construction Corp. (VC# 157224) Bedford, NH, for a total price not to exceed \$4,129,378, for the Hampton Circuit Courthouse, Hampton, NH. This contract is effective upon Governor and Council approval through February 28, 2019, unless extended in accordance with the contract terms. **100% General Capital Funds.**
- 2). Further authorize that a contingency in the amount of \$50,000 be approved for unanticipated structural expenses for the Hampton Circuit Courthouse, bringing the total to \$4,179,378. **100% Operating - General Funds.**
- 3). Further authorize pursuant to Chapter 228:13, Laws of 2017, the amount of \$68,000 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC# 177875), Clerk for oversight and engineering services provided, bringing the total to \$4,247,378. **100% Capital – General Funds.**

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

01-14-14-146000-15540000 Hampton Circuit Court - New Courthouse	<u>SFY18</u>
034-500161 – New Construction	\$4,129,738
034-500161 – New Construction	50,000
034-500161 - Interagency Fees - DPW	<u>68,000</u>
Grand Total	\$4,247,738

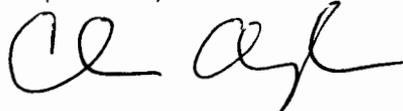
EXPLANATION

Per Chapter 228:1, II, D, 5, Laws of 2017, for the Hampton Circuit Court – New Courthouse. This project will construct a new 9,771 square feet single-story courthouse building and associated site work including parking areas, septic system, drainage, and landscaping.

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, Department of Administrative Services – Court Facilities 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:	\$4,176,180
Contract Amount:	<u>\$4,129,738</u>
Under Estimate:	\$ 46,442

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 80905, Contract B, Hampton Circuit Court, Hampton, New Hampshire.

DESCRIPTION: Construction of new 9,771 sf single-story courthouse building and associated sitework including parking areas, septic system, drainage and landscaping.

UNDER
ESTIMATE

EXPLANATION: The low bid was 1% below the budgeted amount for the base bid of this project. The second low bidder was 1% above the budgeted amount. The consultant prepared a very detailed estimate that proved to be accurate.

ALTERNATES

EXPLANATION: No alternates.

DEPARTMENT

ESTIMATE: \$4,176,180

LOW BID: \$4,129,378



ABC Bid Data

HAMPTON
809058
NON-FEDERAL

Division of Public Works

PROJECT: HAMPTON
STATE PROJECT NUMBER: 809058
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: September 27, 2017, 02:00 PM
SCOPE OF WORK: HAMPTON CIRCUIT COURT
COMPLETION DATE: February 28, 2019
LOCATION: Rockingham

Certified by: _____
Administrator

Summary of Bidders

Contractor	Bid Amount	Rank
HARVEY CONSTRUCTION CORP 10 HARVEY ROAD, BEDFORD NH 03110-6805	\$4,128,378.00	A
NORTH BRANCH CONSTRUCTION INC. 76 OLD TURNPIKE ROAD, CONCORD NH 03301-5242	\$4,187,000.00	B
ECKMAN CONST. CO., INC. 84 PALOMINO LANE, BEDFORD NH 03110-6449	\$4,499,000.00	C
MERIDIAN CONSTRUCTION CORP. 32 ARTISAN COURT #4, GILFORD NH 03249-6603	\$4,633,500.00	D

BUREAU OF PUBLIC WORKS

Award to Harvey Const. Corp

Hold for Negotiation

Cancel Contract

User Agency PAS/BCF

Authorized by [Signature]

Date 10/03/2017

\$4,128,378.00

Revision # 397/208
Error log

Item No.	Description	Unit	Quantity	PS&E		ECKMAN CONST. CO., INC. 84 PALOMINO LANE BEDFORD, NH 03110-6449		MERIDIAN CONSTRUCTION CORP. 32 ARTISAN COURT #4 GILFORD, NH 03249-6603	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

901	NEW HAMPTON CIRCUIT COURT	U	1.00	\$4,070,680.00	\$4,070,680.00	\$4,393,500.00	\$4,393,500.00	\$4,528,000.00	\$4,528,000.00
902	ALLOWANCE #1 COMMISSIONING SERVICES	\$	25,000.00	\$1.00	\$25,000.00	\$1.00	\$25,000.00	\$1.00	\$25,000.00
903	ALLOWANCE #2 ADDITIONS & MODIFICATIONS TO THE CONTRACT	\$	50,000.00	\$1.00	\$50,000.00	\$1.00	\$50,000.00	\$1.00	\$50,000.00
904	ALLOWANCE #3 UTILITY CONNECTION FEES	\$	8,000.00	\$1.00	\$8,000.00	\$1.00	\$8,000.00	\$1.00	\$8,000.00
905	ALLOWANCE #4 MATERIALS TESTING	\$	22,500.00	\$1.00	\$22,500.00	\$1.00	\$22,500.00	\$1.00	\$22,500.00
			Totals:		\$4,176,180.00		\$4,499,000.00		\$4,633,500.00
			Totals:		\$4,176,180.00		\$4,499,000.00		\$4,633,500.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/8/2017

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 THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Danielle Rice	
	PHONE (A/C, No, Ext): (603) 224-2562 FAX (A/C, No): (603) 224-8012	
INSURED Harvey Construction Corporation 10 Harvey Road Bedford NH 03110	E-MAIL ADDRESS: drice@rowleyagency.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Firemen's Ins Co of Wash. DC	21784
	INSURER B: National Union Fire Ins Co.	19445
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 17/18 w/ 10 MILL 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 SUBR INSD 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:		CPA0184919-21	7/01/2017	7/01/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		CAA0184920-21	7/01/2017	7/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<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		BE 014139691	7/01/2017	7/01/2018	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 <input checked="" type="checkbox"/> N N/A	3A States: NH/MA/VT/ME WPA0242726-19	3/01/2017	3/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

RE: Hampton Circuit Courthouse

State of NH Department of Administrative Services is an additional insured on all liability policies except workers compensation, when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

State of NH Department of Administrative Services PO Box 483 Concord, NH 03301	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 Danielle Rice/DJR

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/8/2017

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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 THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Danielle Rice PHONE (A/C, No, Ext): (603) 224-2562 E-MAIL ADDRESS: drice@rowleyagency.com	FAX (A/C, No): (603) 224-8012
	INSURER(S) AFFORDING COVERAGE	
INSURED State of NH Department of Administrative Services PO Box 483 Concord NH 03301-0483	INSURER A: Acadia Insurance Company NAIC # 31325	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 17-18 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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners & Contractors Protective Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			OCP5324010-10	11/8/2017	3/8/2019	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"/> 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) \$ \$
	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: Hampton Circuit Courthouse

CERTIFICATE HOLDER State of NH Department of Administrative Services PO Box 483 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 Danielle Rice/DJR

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CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

10/8/2017

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 THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Danielle Rice	
	PHONE (A/C, No, Ext): (603) 224-2562	FAX (A/C, No): (603) 224-8012
E-MAIL ADDRESS: drice@rowleyagency.com		
PRODUCER CUSTOMER ID: 00001358		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Acadia Ins. Co.		313251
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 17-18 State of NH **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Hampton Circuit Courthouse, Timber Swamp Road, Hampton, NH
 Construction of New Courthouse

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	
A	<input checked="" type="checkbox"/>	PROPERTY	CIM5320727-10	11/8/2017	3/8/2019	BUILDING	\$	
	CAUSES OF LOSS					DEDUCTIBLES	PERSONAL PROPERTY	\$
		BASIC				BUILDING	BUSINESS INCOME	\$
		BROAD				CONTENTS	EXTRA EXPENSE	\$
		SPECIAL					RENTAL VALUE	\$
	<input checked="" type="checkbox"/>	EARTHQUAKE				25,000	BLANKET BUILDING	\$
		WIND					BLANKET PERS PROP	\$
	<input checked="" type="checkbox"/>	FLOOD				25,000	BLANKET BLDG & PP	\$
<input checked="" type="checkbox"/>	Builders Risk	5,000	<input checked="" type="checkbox"/> Builders Risk	\$	4,129,378			
						\$		
	<input type="checkbox"/> INLAND MARINE		TYPE OF POLICY			\$		
	CAUSES OF LOSS					\$		
	<input type="checkbox"/> NAMED PERILS		POLICY NUMBER			\$		
						\$		
	<input type="checkbox"/> CRIME					\$		
	TYPE OF POLICY					\$		
						\$		
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$		
						\$		
						\$		

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 RE: Hampton Circuit Courthouse

CERTIFICATE HOLDER State of NH Department of Administrative Services PO Box 483 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 Danielle Rice/DJR 