



State of New Hampshire

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

13 Jm

LINDA M. HODGDON
Commissioner
(603) 271-3201

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

Bureau of Public Works
Design and Construction
Project No. 80747 – Contract B

May 7, 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 JNR Gutters Inc. (VC# 258689) Haverhill, MA, for a total price not to exceed \$96,500, for the Lebanon Courthouse Roof Replacement, Lebanon, N. H. This contract is effective upon Governor and Council approval through October 3, 2014, unless extended in accordance with the contract terms. **100% Capital - General Funds.**

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

01-14-14-146530-12870000	Lebanon District Courthouse	<u>SFY14</u>
034-500162	– Repair/Renovations Bldgs.	<u>\$ 96,500</u>
	Grand Total	\$ 96,500

EXPLANATION

Per Chapter 195:1, II, D, 6 for the Lebanon District Courthouse, this project includes the removal and replacement of an asphalt shingle roof, underlayment and all associated flashing.

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, 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,



Linda M. Hodgdon
Commissioner

Department Estimate:	\$130,000
Contract Amount:	<u>\$ 96,500</u>
Under Estimate:	\$ 33,500

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80747, Contract B - Lebanon
Courthouse Roof Replacement

DESCRIPTION: Work of the Project includes the removal and replacement of an asphalt shingle roof, underlayment and all associated flashing.

EXPLANATION: The asphalt shingles have deteriorated and are falling off of the building. There will be considerable water damage if the roof is not replaced.

UNDER ESTIMATE

EXPLANATION: The low bid is approximately 26% under estimate. The low bid contractor has indicated that they own the necessary equipment to fabricate the flashing required for the project thus reducing the cost of the project.

DEPARTMENT

ESTIMATE: \$130,000
LOW BID: \$ 96,500

BIDDER SUMMARY

PROJECT NAME: **Lebanon Courthouse Roof Replacement NON-FEDERAL 80747-B**
PROJECT NUMBER: **80747-B**
COUNTY: **GRAFTON COUNTY 009**
BID OPENING DATE: **03/05/2014**
SCOPE OF WORK: **REMOVAL AND REPLACEMENT OF AN ASPHALT SHINGLE ROOF,
UNDERLAYMENT AND ALL ASSOCIATED FLASHING**
LOCATION: **LEBANON,NH**
COMPLETION DATE: **10/03/2014**

BID RESULTS

A J.N.R. GUTTERS INC - 38-40 LANCASTER STREET HAVERHILL MA 01830
B MELANSON CO INC (B001) - 353 WEST ST KEENE, NH 03431
C KEVIN W SMITH & SON INC (B001) - PO BOX 151 GORHAM, ME 04038

\$ 96,500.00 ACCEPTED
\$ 121,075.00 ACCEPTED
\$ 135,000.00 ACCEPTED

BUREAU OF PUBLIC WORKS

Award to A' Bidder \$96,500.00
 Hold for Negotiation
 Cancel Contract
User Agency DAS
Authorized by MLJ
Date 3/18/14

ITEM NO.	DESCRIPTION	PS&E			A			B		
		UNIT	QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	
901.00	PERFORM WORK AS ID IN PLANS/SPEC EXCEPT FOR HAZMAT WORK & ALLOWANCE	EA	1.00	\$ 115,000.00	\$ 115,000.00	\$ 81,500.00	\$ 81,500.00	\$ 106,075.00	\$ 106,075.00	
902.00	ALLOWANCE FOR OWNER-INITIATED CHANGES OR UNFORESEEN CONDITIONS	\$	15,000.00	\$ 1.00	\$ 15,000.00	\$ 1.00	\$ 15,000.00	\$ 1.00	\$ 15,000.00	
					\$ 130,000.00		\$ 96,500.00		\$ 121,075.00	

ITEM NO.	DESCRIPTION	PS&E		C	
		UNIT QUANTITY	UNIT PRICE	UNIT PRICE	TOTAL
901.00	PERFORM WORK AS ID IN PLANS/SPEC EXCEPT EA FOR HAZMAT WORK & ALLOWANCE	1.00	\$ 115,000.00	\$ 120,000.00	\$ 120,000.00
902.00	ALLOWANCE FOR OWNER-INITIATED CHANGES OR UNFORESEEN CONDITIONS	15,000.00	\$ 1.00	\$ 15,000.00	\$ 15,000.00
				\$ 130,000.00	\$ 135,000.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/29/2014

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).

PRODUCER Cross Insurance-Peabody 139 Lynnfield Street Peabody MA 01960	CONTACT NAME: Sarah Brussard PHONE (A/C No. Ext): (978) 532-5445 E-MAIL ADDRESS: sbrussard@crossagency.com	FAX (A/C No.): (978) 532-2217
	INSURER(S) AFFORDING COVERAGE	
INSURED JNR Gutters, Inc. 38-40 Lancaster Street Haverhill MA 01830	INSURER A: Berkley Risk Administrators Co.	NAIC #
	INSURER B: Merchants Mutual Ins Co	23329
	INSURER C: A I G	aigl
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: CL1310994770 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 <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 type="checkbox"/> LOC			CGL0050174	7/20/2013	7/20/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 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
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			MCA7015134	6/21/2013	6/21/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP-Basic \$ 8,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			CU0050684	7/20/2013	7/20/2014	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$
C	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	WC009774192	9/20/2013	9/20/2014	<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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 State of New Hampshire. Dept of Admin Services 7 Hazen Dr Concord NH 03302 is listed as additional insured and named insured with regards to the above policies.

Refer to policy for exclusionary endorsements and special provisions.

CERTIFICATE HOLDER

MDrouin@dot.state.nh.us

 State of New Hampshire
 Dept of Administrative Services
 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

Timothy Tramonte/MD1

Timothy L. Tramonte



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/30/2014

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).

PRODUCER Cross Insurance-Peabody 139 Lynnfield Street Peabody MA 01960	CONTACT NAME: Sarah Goyette
	PHONE (A/C, No, Ext): (978) 532-5445 FAX (A/C, No): (978) 532-2217 E-MAIL ADDRESS: sgoyette@crossagency.com
INSURED State of New Hampshire Administrative Services 7 Hazen Dr Concord NH 03302	INSURER(S) AFFORDING COVERAGE
	INSURER A: Berkley Regional Specialty Ins
	INSURER B: Great American Ins Co
	INSURER C:
	INSURER D:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: CL1442307481 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						EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		CGL0063188	5/21/2014	5/21/2015	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	ANY AUTO ALL OWNED AUTOS HIRED AUTOS						
	SCHEDULED AUTOS NON-OWNED AUTOS						
	UMBRELLA LIAB EXCESS LIAB						EACH OCCURRENCE \$ AGGREGATE \$
	OCCUR CLAIMS-MADE						
	DED RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATU-TORY LIMITS OTH-ER E.L EACH ACCIDENT \$ E.L DISEASE - EA EMPLOYEE \$ E.L DISEASE - POLICY LIMIT \$
	Y/N						
	N/A						
B	Builders Risk	X		7493415	5/21/2014	6/21/2014	At Any One Jobsite \$110,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Additional Coverages:
Temporary Structures-\$25,000
Temporary Locations-\$25,000
While in Transit-\$25,000
State of New Hampshire. Dept of Admin Services 7 Hazen Dr Concord NH 03302 is listed as additional insured and named insured with regards to the above policies.

CERTIFICATE HOLDER State of New Hampshire Administrative Services 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 Timothy Tramonte/MD1 <i>Timothy D. Tramonte</i>
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