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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

Division of Public Works
Design and Construction
Project No. 80855R – Contract D

February 28, 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 D. L King, & Associates, Inc. (VC# 168979), Nashua, NH, for a total price not to exceed \$238,900, for the New Underground Gas Tank – 4,000 gallons at New Hampshire Hospital, Concord, NH. This contract is effective upon Governor and Council approval through August 1, 2018, unless extended in accordance with the contract terms. **96% General Funds, 4% Other Funds.**

2). Further authorize that a contingency in the amount of \$15,100 be approved for unanticipated expenses for the New Underground Gas Tank – 4,000 gallons at New Hampshire Hospital, bringing the total to \$254,000. **96% General Funds, 4% Other Funds.**

3). Further authorize the amount of \$1,000 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 \$255,000. **96% General Funds, 4% Other Funds.**

Funding is available in account titled Department of Health and Human Services (NH Hospital) as follows:

05-95-95-953010-56850000 Management Support	<u>SFY18</u>
103-500736 – Contract for Ops Services	\$ 238,900
103-500736 - Contingency	\$ 15,100
103-500736 - Interagency DPW Fees	<u>1,000</u>
Grand Total	\$ 255,000

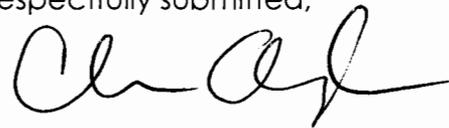
EXPLANATION

The Project includes supply and installation of a new underground 4,000 gallon gasoline tank with Design/Build Canopy. We will also make some slight modifications to the existing parking lot. The existing plans for the underground gas tank have been approved by DES.

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 Health and Human Services – New Hampshire Hospital 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:	\$250,000
Contract Amount:	<u>\$238,900</u>
Under Estimate:	\$ 11,100

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 80855, Contract DB – New Underground Gas Tank – 4000 Gallons Maintenance Garage 133 Pleasant Street Concord, New Hampshire.

DESCRIPTION: Work of the Project includes supply and installation of a new underground 4,000 gallon gasoline tank with Design/Build Canopy. Make some slight modifications to the existing parking lot. The existing plans for the underground gas tank have been approved by DES.

EXPLANATION: The 1990 underground gas tank was removed in 2016 due to its age and this 4000 gallon underground tank is the replacement.

UNDER ESTIMATE

EXPLANATION: Both bids are very tight and were under by 4.44% from the estimate. Our estimate on the canopy might have been a little high.

DEPARTMENT

ESTIMATE: \$250,000.00

LOW BID: \$238,900.00



Division of Public Works

ABC Bid Data

CONCORD
8086SD
NON-FEDERAL

PROJECT: CONCORD
STATE PROJECT NUMBER: 8086SD
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: February 07, 2018, 02:00 PM
SCOPE OF WORK: NEW UNDERGROUND GAS TANK - 4000 GALLONS
COMPLETION DATE: August 01, 2018
LOCATION: Merrimack

Certified by: _____
Administrator

Summary of Bidders

Contractor	Bid Amount	Rank
STEPHENS-MARQUIS ASSOCIATES 717 DANIEL WEBSTER HWY, MERRIMACK NH 03054	\$239,000.00	B

901 - \$228,100.00
 902 - \$10,900.00
 Total = \$239,000.00

BUREAU OF PUBLIC WORKS
 Award to DL King & Assoc, Inc.
 Hold for Negotiation
 Cancel Contract
 User Agency HHS
 Authorized by [Signature]
 Date 02/12/2018



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/19/2018

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 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 THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511		CONTACT NAME: Christine Holman, CPCU, CIC PHONE (A/C No, Ext): (603)224-2562 FAX (A/C, No): (603)224-8012 E-MAIL ADDRESS: cholman@rowleyagency.com	
INSURED State of New Hampshire Department of Administrative Services c/o D.L. King & Associates, Inc. 27 Tanglewood Drive Nashua NH 03062		INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Great American INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** OCP -80855D - St 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC OTHER:			02OCP1000654	02/21/2018	02/21/2019	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ \$
	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						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 \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below			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)

project: 80855 D - Gas tank installation; parking lot improvements

CERTIFICATE HOLDER State of New Hampshire Dept of Admin Services PO Box 483 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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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
2/19/2018

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 THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511		PHONE (A/C, No, Ext): (603) 224-2562	COMPANY Liberty Mutual Ins Co (Peerless) 62 Maple Ave Keene NH 03431	
FAX (A/C, No): (603) 224-8012	E-MAIL ADDRESS: ehorner@rowleyagency.com			
CODE: 8110236	SUB CODE:			
AGENCY CUSTOMER ID #: 00007629		LOAN NUMBER		POLICY NUMBER IM022118
INSURED D.L. King & Associates, Inc., State of NH Dept Dept of Admin Services 27 Tanglewood Dr. Nashua NH 03062		EFFECTIVE DATE 2/21/2018	EXPIRATION DATE 2/21/2019	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION Loc# 00001/Bldg# 00001 133 Pleasant 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
Job Specific Builders Risks with Renovations	238,900	1,000
Job Specific Special form		

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

State of New Hampshire Department of Admin Services PO Box 483 Concord, NH 03302-0483	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
LOAN #		
AUTHORIZED REPRESENTATIVE		
C Holman, CPCU, CIC/CH <i>Christine Holman</i>		