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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

VICKI V. QUIRAM
Commissioner
(603)-271-3201

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

Division of Public Works
Design and Construction
Project No. 80850 – Contract B

May 24, 2016

Her Excellency, Governor Margaret Wood Hassan
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 A. W. Therrien Co. Inc., (VC# 154192) Manchester, NH, for a total price not to exceed \$1,163,739, for the New Hampshire State Men's Prison and Warehouse Roof Replacement, Concord, NH. This contract is effective upon Governor and Council approval through October 28, 2016, unless extended in accordance with the contract terms. **100% Capital - General Funds.**
- 2). Further authorize that a contingency in the amount of \$150,000 be approved for unanticipated structural expenses for State Men's Prison and Warehouse Roof Replacement, bringing the total to \$1,313,739. **100% Capital - General Funds.**
- 3). Further authorize pursuant to Chapter 220:13, Laws of 2015, the amount of \$13,800 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC# 177875), Capital Clerk for oversight and engineering services provided, bringing the total to \$1,327,539. **100% Capital - General Funds.**

Funding is available in account titled Department of Corrections as follows:

02-46-46-460030-49920000	Replace Roof in Warehouse Gym, Autoshop, and Outside	<u>SFY16</u>
034-500162	– Repair/Renovations Bldgs	\$1,163,739
034-500162	- Contingency	150,000
034-500162	– Interagency Fees	<u>13,800</u>
	Grand Total	\$1,327,539

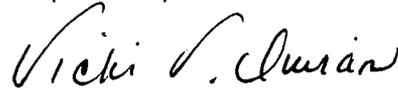
EXPLANATION

Per Chapter 220:1, IV, B, Laws of 2015, for the Roof Replacement in the Warehouse, Gym, Auto Shop and Outside Canteen. This project will replace two EPDM flat roofs, which are the Warehouse and Canteen buildings, as well as the two sloped metal roofs for the Gymnasium and the Auto Shop buildings. All four (4) of these roofs are leaking and are in need of replacement.

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 execution, and the Department of Corrections 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,



Vicki V. Quiram
Commissioner

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 80850, Contract B – Prison Roof Replacement, Corrections Warehouse at 2 McGuire Street and the Men's Prison at 281 N. State Street, Concord, New Hampshire.

DESCRIPTION: This project replaces two EPDM flat roofs which are the Warehouse and Canteen buildings, as well as the two sloped metal roofs for the Gymnasium and the Auto shop buildings. All four of these roofs are leaking and are in need of replacement.

EXPLANATION: The life expectancy of these four roofs has expired and need to be repaired. The warehouse roof will be replaced first and is the highest priority.

UNDER ESTIMATE

EXPLANATION: This bid is considered to be within the industry standard.

DEPARTMENT

ESTIMATE: \$1,250,000

LOW BID: \$1,163,739

Item No.	Description	Unit	Quantity	Unit Price	Total	Unit Price	Total

THERRIEN, A. W. CO., INC.
198 HAYWARD STREET
MANCHESTER, NH 03103

901	BUILDING #1 WAREHOUSE ROOF REPLACEMENT	U	1,000	\$538,237.00	\$538,237.00		
902	BUILDING #2 CANTEEN ROOF REPLACEMENT	U	1,000	\$90,850.00	\$90,850.00		
903	BUILDING #3 AUTO SHOP ROOF REPLACEMENT	U	1,000	\$194,962.00	\$194,962.00		
904	BUILDING #4 GYM ROOF REPLACEMENT	U	1,000	\$289,690.00	\$289,690.00		
905	ALLOWANCE	\$	50,000,000	\$1.00	\$50,000.00		

Totals:

\$1,163,739.00

Item 901 = \$538,237.00
 Item 902 = \$90,850.00
 Item 903 = \$194,962.00
 Item 904 = \$289,690.00
 Item 905 = \$50,000.00
 Total = \$1,163,739.00

BUREAU OF PUBLIC WORKS

Award to AW Therrien Co., Inc.
 Hold for Negotiation
 Cancel Contract

User Agency DOC
 Authorized by [Signature]
 Date 04/26/2016



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/5/2016

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 FIAI/Cross Insurance 1100 Elm Street Manchester NH 03101	CONTACT NAME: Lisa Nolan, CPCU	
	PHONE (A/C, No, Ext): (603) 669-3218 FAX (A/C, No): (603) 645-4331 E-MAIL ADDRESS: lnolan@crossagency.com	
INSURED A W Therrien Co Inc DBA: Roof Realty & Equipment 199 Hayward Street Manchester NH 03103	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Union Insurance Company	25844
	INSURER B: Acadia Ins Co.	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: 16-17 All lines 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	ADDD 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 type="checkbox"/> LOC OTHER:		CPA0246942-18	5/1/2016	5/1/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 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 checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS		CAA0246943-18	5/1/2016	5/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		CUA0246947-18	5/1/2016	5/1/2017	EACH OCCURRENCE \$ 5,000,000 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	WCA0246946-18 (3a.) NH All officers included	5/1/2016	5/1/2017	<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)
Project: 80850 Contract B Prison Roof Replacements, Concord, NH. State of New Hampshire is included as additional insured with respects to the CGL as per written contract.

CERTIFICATE HOLDER	CANCELLATION
State of New Hampshire Department of Administrative Services Bureau of Public Works/Design & Construct PO Box 483 7 Hazen Drive/room 250 Concord, NH 03302-0483	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 L Nolan, CPCU/JSC

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/13/2016

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.

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PRODUCER FIAI/Cross Insurance 1100 Elm Street Manchester NH 03101		CONTACT NAME: Lisa Nolan, CPCU PHONE (A/C, No, Ext): (603) 669-3218 E-MAIL ADDRESS: lnolan@crossagency.com FAX (A/C, No): (603) 645-4331	
		INSURER(S) AFFORDING COVERAGE INSURER A: W.R. Berkley Corporation	NAIC # 31325
INSURED State of New Hampshire Department of Administrative Services 7 Hazen Drive Concord NH 03301		INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 16-17 OCP

REVISION NUMBER:

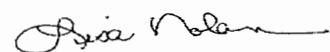
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			OCP5257499	5/11/2016	5/11/2017	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) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> 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: 80850 Contract B Prison Roof Replacements, Concord, NH. State of New Hampshire is included as additional insured with respects to the CGL as per written contract.

CERTIFICATE HOLDER**CANCELLATION**

State of New Hampshire Department of Administrative Services Bureau of Public Works/Design & Construct PO Box 483 7 Hazen Drive/room 250 Concord, NH 03302-0483	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 L Nolan, CPCU/JSC 
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CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
5/13/2016

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 FIAI/Cross Insurance 1100 Elm Street Manchester NH 03101	CONTACT NAME: Lisa Nolan, CPCU PHONE (A/C, No, Ext): (603) 669-3218 FAX (A/C, No): (603) 645-4331 E-MAIL ADDRESS: lnolan@crossagency.com PRODUCER CUSTOMER ID: 00131040	
	INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED State of New Hampshire Department of Administrative Services 7 Hazen Drive Concord NH 03301	INSURER A: W.R. Berkley Corporation 31325	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 16-17 B.Risk **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Loc#: 00001, 3 McGuire Street, Concord, NH

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
	<input checked="" type="checkbox"/>	PROPERTY				BUILDING	\$
		CAUSES OF LOSS				PERSONAL PROPERTY	\$
		<input type="checkbox"/> BASIC				BUSINESS INCOME	\$
		<input type="checkbox"/> BROAD				EXTRA EXPENSE	\$
		<input type="checkbox"/> SPECIAL				RENTAL VALUE	\$
		<input type="checkbox"/> EARTHQUAKE				BLANKET BUILDING	\$
		<input type="checkbox"/> WIND				BLANKET PERS PROP	\$
		<input type="checkbox"/> FLOOD				BLANKET BLDG & PP	\$
							\$
							\$
A	<input checked="" type="checkbox"/>	INLAND MARINE	TYPE OF POLICY			<input checked="" type="checkbox"/> Builders Risk New	\$ 1,163,739
		CAUSES OF LOSS	Builder's Risk Policy			<input checked="" type="checkbox"/> Deductible	\$ 1,000
		<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$
		<input checked="" type="checkbox"/> Special (Including	CIM5257972	5/11/2016	5/11/2017		\$
		<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)
Project: 80850 Contract B Prison Roof Replacements, Concord, NH.

CERTIFICATE HOLDER **CANCELLATION**

State of New Hampshire Department of Administrative Services Bureau of Public Works/Design & Construct PO Box 483 7 Hazen Drive/room 250 Concord, NH 03302-0483	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 L Nolan, CPCU/JSC 
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