



# State of New Hampshire

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

LINDA M. HODGDON  
Commissioner  
(603) 271-3201

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

Bureau of Public Works  
Design and Construction  
Project No. 80697R – Contract B

May 1, 2013

Her Excellency, Governor Margaret Wood Hassan  
and the Honorable Council  
State House  
Concord, New Hampshire 03301

### REQUESTED ACTION

- 1). Authorize the Bureau of Public Works Design and Construction to enter into a contract with J. Parker & Daughters, Inc., (VC# 156376) Concord, NH, for a total price not to exceed \$41,000, for the Trench Drain Repair and Improvements, Concord, N. H. This contract is effective upon Governor and Council approval through September 13, 2013, unless extended in accordance with the contract terms. **88% Highway Funds, 12% Turnpike Funds.**
- 2). Further authorize the amount of \$5,000 be approved for payment to the Department of Administrative Services, Bureau of Public Works Design and Construction (VC# 177875), for engineering services provided, bringing the total to \$46,000. **100% Highway Funds.**

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

02-23-23-234015-40030000	Traffic Bureau	<u>SFY13</u>
103-500736	– Contract Repairs/Bldgs. & Grounds	\$ 25,500
02-23-23-232015-23160000	Central Maintenance	
048-500226	– Contract Repairs/Bldgs. & Grounds	\$ 15,500
048-500226	– BPW Fees Interagency	\$ 5,000
	Sub-Total	\$ 20,500
	<b>Grand Total</b>	<b>\$ 46,000</b>

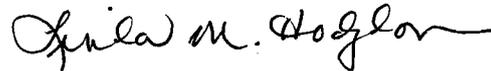
**EXPLANATION**

This project will replace the existing floor drains of the Radio Maintenance building with a prefabricated floor drain system, which includes slip-lining the existing outlet drain lines with High Density Polyethylene Pipe (HDPE) and installing a new 1000 gallon holding tank with high level alarm.

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 Safety 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:	\$37,000
Contract Amount:	<u>\$41,000</u>
Over Estimate:	\$ 4,000

**CONTRACT SUPPLEMENTAL INFORMATION SHEET**

PROJECT: BPW Project No. 80697R, Contract B – Trench Drain Repair and Improvements

DESCRIPTION: This project will replace the existing floor drains of the Radio Maintenance building with a prefabricated floor drain system, which includes slip-lining the existing outlet drain lines with High Density Polyethylene Pipe (HDPE) and installing a new 1000 gallon holding tank with a high level alarm.

EXPLANATION: The concrete floor around the existing trench drain has deteriorated and created a safety hazard for employees working around the drains. The drain system outlet piping is corroded and currently does not discharge from the oil/water separator, directly into a holding tank, which is required by code.

ALTERNATE NO. 1 ADD: Alternate No. 1 includes extending the floor trench drain system into an area of the garage that currently does not have a trench drain. The Alternate was not taken, due to the lack of funds.

OVER ESTIMATE EXPLANATION: The difference in the Bureau's estimate and the low bid appears to be in the price for material. Low quantities of materials are typically subject to a surcharge that was not accounted for in the estimate.

DEPARTMENT ESTIMATE: \$ 37,000  
LOW BID: \$ 41,000

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STATE OF NEW HAMPSHIRE  
DEPARTMENT OF ADMINISTRATIVE SERVICES

BIDS WERE OPENED ON THE 3RD DAY OF APRIL, 2013 FOR TRENCH DRAIN REPAIR AND IMPROVEMENTS, RADIO AND AUTOMOTIVE FACILITY, 39 HAZEN DRIVE, CONCORD, NH  
PROJECT NO. 80697R CONTRACT B

COMPLETION DATE: SEPTEMBER 13, 2013

ITEM NO.	ITEM	A.		B.		C.		
		QUANTITIES	UNIT	TOTAL	UNIT	TOTAL	UNIT	TOTAL
1	TRENCH DRAIN & IMPROVEMENTS, BASE BID PER PLANS & SPECS	1	UNIT	\$38,000.00	\$39,100.00	\$39,100.00	\$55,753.00	\$55,753.00
2	ALLOWANCE FOR UNFORESEEN CHANGES DUE TO UNKNOWN EXISTING CONDITIONS	1	ALLOW- ANCE	\$3,000.00	\$3,000.00	\$3,000.00	\$3,000.00	\$3,000.00
BASE BID LUMP SUM FOR ITEMS 1 THROUGH 2				\$41,000.00	\$42,100.00	\$42,100.00	\$58,753.00	\$58,753.00

ALTERNATE NO. 1 ADD: \$8,000.00 \$8,075.00 \$5,220.00

A. J. PARKER & DAUGHTERS CONSTRUCTION, INC., 70 DAROSKA ROAD, PITTSFIELD, NH 03263  
B. ANDREWS CONSTRUCTION CO., INC., PO BOX 720, CAMPTON, NH 03223  
C. T. BUCK CONSTRUCTION, INC., 249 MERROW ROAD, AUBURN, ME 04210

BUREAU OF PUBLIC WORKS

Award to A. Bradley  
 Hold for Negotiation \$41,000.00  
 Cancel Contract  
 User Agency Dept. of Safety  
 Authorized by [Signature]  
 Date 4-15-13



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/23/2013

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).

<b>PRODUCER</b> Infantine Insurance P. O. Box 5125 Manchester NH 03108		<b>CONTACT NAME:</b> Julie Levesque X242 <b>PHONE (A/C No. Ext):</b> (603)-669-0704 <b>E-MAIL ADDRESS:</b> jlevesque@infantine.com <b>FAX (A/C. No):</b> 603-669-6831	
<b>INSURED</b> J. Parker & Daughters Construction, Inc. 70 Daroska Road Pittsfield NH 03263		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Firemen's Ins Co of Washington NAIC # 21784 <b>INSURER B:</b> Acadia Insurance Co. 31325 <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** 13/14 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			CPA020551016	4/1/2013	4/1/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>					MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC			GENERAL AGGREGATE \$ 2,000,000			PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY			CAA020551116	4/1/2013	4/1/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/>	NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
							Expansion Endorsement \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB		<input checked="" type="checkbox"/>	CUA020551316	4/1/2013	4/1/2014	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB		<input type="checkbox"/>				AGGREGATE \$ 1,000,000
	DED	RETENTION \$	0				
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			BINDER State: NH	4/1/2013	4/1/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/>	Y/N				E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				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)  
 Job: Trench Drain Repair & Improvements (Radio & Automotive Facility), Contract B, #80697R, Concord NH  
 It is agreed and understood State of NH Department of Administrative Services is named as additional insured with respects to General Liability & Umbrella when required by written contract.

<b>CERTIFICATE HOLDER</b>  State of NH Department of Administrative Services 7 Hazen Drive Concord, NH 03301	<b>CANCELLATION</b>  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  Sherry Harvey/JL1 <i>Sherry E. Harvey</i>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/23/2013

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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).

<b>PRODUCER</b> Infantine Insurance P. O. Box 5125  Manchester NH 03108	<b>CONTACT NAME:</b> Julie Levesque	
	<b>PHONE (A/C, No, Ext):</b> (603)669-0704	<b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b> jlevesque@infantine.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A:</b> Acadia Insurance Co.	31325
<b>INSURED</b> State of NH Department of Administrative Services, Any & All Subcontractors 70 Daroska Road Pittsfield NH 03263	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES** CERTIFICATE NUMBER: 2013/2014 OCP 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners & Contractors			CLA5099736	4/25/2013	4/25/2014	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 \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	<b>AUTOMOBILE LIABILITY</b> <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						
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Project: Trench Drain Repair & Improvements (Radio & Automotive Facility) Contract #B #80697R, Concord NH

### CERTIFICATE HOLDER

### CANCELLATION

State of New Hampshire Department of Administrative Services  
Any & All Subcontractors  
7 Hazen Drive  
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

Sherry Harvey/JL1



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
4/30/2013

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 Infantine Insurance P. O. Box 5125 Manchester NH 03108	PHONE (A/C, No, Ext): (603) 669-0704	COMPANY Firemen's Ins Co of Washington PO Box 9526 Manchester NH 03108-9526
FAX (A/C, No):	E-MAIL ADDRESS: jlevesque@infantine.com	
CODE: 3081	SUB CODE:	
AGENCY CUSTOMER ID #: 00013505		
INSURED J Parker & Daughters Construction Inc, State of NH DAS Any & All Subcontractors 70 Daroska Road Pittsfield NH 03263	LOAN NUMBER	POLICY NUMBER CIM5099674
	EFFECTIVE DATE 4/25/2013	EXPIRATION DATE 4/25/2014
	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:		

## PROPERTY INFORMATION

LOCATION/DESCRIPTION  
Loc# 00001/Bldg# 00001  
39 Hazen Drive  
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 Risk Special Form	41,000	1,000

## REMARKS (Including Special Conditions)

## 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 NH Department of Administrative Services & Any & All Subcontractors 7 Hazen Drive Concord, NH 03301	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	<input checked="" type="checkbox"/> Owner, Lessee, Contr (B)
	LOAN #	
AUTHORIZED REPRESENTATIVE		
Sherry Harvey/JL1 <i>Sherry E. Harvey</i>		