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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. 80939R – Contract A

April 26, 2017

His Excellency, Governor Christopher T. Sununu
and the Honorable Executive 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 Morello Construction, Inc. (VC# 172893) Peterborough, NH, for a total price not to exceed \$306,300, for the Adjutant General Department's New Hampshire Army National Guard Center Design/Build Strafford Storage Building, Center Strafford, NH. This contract is effective upon Governor and Council approval through December 1, 2017, unless extended in accordance with the contract terms. **100% Federal Funds.**

2). Further authorize that a contingency in the amount of \$15,000 be approved to provide for additional unanticipated expenses or owner initiated changes for the New Hampshire Army National Guard (NHARNG) Strafford Storage Building, bringing the total to \$321,300. **100% Federal Funds.**

3). Further authorize the amount of \$14,500 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 \$335,800. **100% Federal Funds.**

Funding is available in account titled Adjutant General as follows:

02-12-12-120010-22450000 Army Guard Facilities	<u>SFY17</u>
103-500736 – Contract Repairs/Bldgs. & Grounds	\$306,300
103-500736 – Contingency	<u>\$ 15,000</u>
Sub-Total	\$321,300

02-12-12-120010-22550000 Inter-Agency Payments

217-502682 – DPW Fees Interagency \$ 14,500

Grand Total **\$ 335,800**

EXPLANATION

This project will Design/Build a 30ftx60ft pre-engineered storage building for more storage space. Constructing this building will provide the additional space needed.

The Federal funds available for this contract are provided to the Adjutant General's Department by the National Guard Bureau pursuant to a Federal-State Master Cooperative Agreement for the mutual support of the State of New Hampshire and the New Hampshire Army National Guard. The cost of this contract shall be reimbursed to the State by the Federal government at a rate of 100%. In the event that federal funds are not available, General funds will not be requested to support this program.

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 Adjutant General's Department 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,


Vicki V. Quiram
for Commissioner

Department Estimate: \$250,000
Contract Amount: \$306,300
Over Estimate: \$ 56,300

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 80939R, Contract A – Design/Build Center Strafford Storage Building, Center Strafford, New Hampshire.

DESCRIPTION: Design/Build a 30ftx60ft pre-engineered storage building.

EXPLANATION: The NHARNG has a need for more storage space, and constructing this building will provide the additional space needed.

OVER ESTIMATE

EXPLANATION: During the bidding phase, the decision was made to add insulation to the building, and therefore the low bid received was higher than the estimate anticipated.

DEPARTMENT

ESTIMATE: \$250,000

LOW BID: \$306,300



Division of Public Works

ABC Bid Data

CENTER STRAFFORD
80939R-A
NON-FEDERAL

PROJECT: CENTER STRAFFORD
STATE PROJECT NUMBER: 80939R-A
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: March 22, 2017, 02:00 PM
SCOPE OF WORK: Design/Build Center Strafford Storage Building
COMPLETION DATE: December 01, 2017
LOCATION: Strafford

Certified by: _____
Administrator

Summary of Bidders

Contractor	Bid Amount	Rank
MORELLO CONSTRUCTION INC 695 EAST MOUNTAIN ROAD, PO BOX 333, PETERBOROUGH NH 03458	\$306,300.00	A

BUREAU OF PUBLIC WORKS
 Award to Morello Const., Inc.
 Hold for Negotiation
 Cancel Contract
 User Agency _____
 Authorized by AG
 Date 04/04/2017

Item No.	Description	Unit	Quantity	PS&E		MORELLO CONSTRUCTION INC 695 EAST MOUNTAIN ROAD PETERBOROUGH, NH 03458	
				Unit Price	Total	Unit Price	Total

901	LOW BID DESIGN/BUILD STORAGE BUILDING	U	1.000	\$220,000.00	\$220,000.00	\$276,300.00	\$276,300.00
902	ALLOWANCE FOR ADDITIONS AND MODIFICATIONS TO THE CONTRACT	\$	30,000.000	\$1.00	\$30,000.00	\$1.00	\$30,000.00

Totals: **\$250,000.00** **\$306,300.00**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/25/2017

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 FIAI/Cross Insurance 1100 Elm Street Manchester NH 03101		CONTACT NAME: Jennifer Galante PHONE (A/C No. Ext): (603) 669-3218 E-MAIL ADDRESS: jgalante@crossagency.com FAX (A/C No): (603) 645-4331	
INSURED Morello Construction, Inc. PO Box 333 Peterborough NH 03458		INSURER(S) AFFORDING COVERAGE INSURER A: Peerless Ins Co NAIC # 24198 INSURER B: The Netherlands 24171 INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: 17-18 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	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:	X	CBP8033912	5/1/2017	5/1/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS		BA8983532	5/1/2017	5/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Endorsements \$
A	<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		CU8013891	5/1/2017	5/1/2018	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
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 N N/A	WC1048220 (3a.) NH All officers included	5/1/2017	5/1/2018	<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: Project 8093R - Design/Build Strafford Storage Building. State of NH, Department of Administrative Services is Additional Insured under General Liability on a primary and non-contributory basis including completed operations as required by written contract. Waiver of Subrogation applies under General Liability and Auto Liability as required by written contract. 30 days notice of cancellation applies with the exception of non-payment of premium (10 days)

CERTIFICATE HOLDER Michelle.Drouin@dot.nh.gov State of New Hampshire Department of Administrative Services State House Annex, Room 120 25 Capitol Street Concord, NH 03301-6312	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 J Harrison, V.P./JSC
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/19/2017

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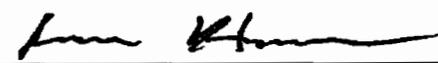
PRODUCER FIAI/Cross Insurance 1100 Elm Street Manchester NH 03101	CONTACT NAME: Lynn Blanchard, CIC, CISR PHONE (A/C, No, Ext): (603) 669-3218 E-MAIL ADDRESS: lblanchard@crossagency.com	FAX (A/C, No): (603) 645-4331
	INSURER(S) AFFORDING COVERAGE	
INSURED State of NH Department of Administrative Services Morello Construction, Inc. PO Box 333 Peterborough NH 03458	INSURER A: Liberty Mutual Holding Co	NAIC #
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 4-12-17 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 type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> OCP			GL8404633	4/12/2017	4/12/2018	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 \$ OTHER: \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						
	<input type="checkbox"/> 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"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> 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: Project #80939R - Strafford Center Storage. Refer to policy for exclusionary endorsements and special provisions.

CERTIFICATE HOLDER State of New Hampshire Department of Administrative Services State House Annex, Room 120 25 Capitol Street 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 J Harrison, V.P./LM5 
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CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

4/19/2017

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 FIAI/Cross Insurance 1100 Elm Street Manchester NH 03101	CONTACT NAME: Jennifer Galante
	PHONE (A/C. No. Ext): (603) 669-3218 FAX (A/C. No.): (603) 645-4331 E-MAIL ADDRESS: jgalante@crossagency.com PRODUCER CUSTOMER ID: 00319549
INSURED State of NH Department of Administrative Services Morello Construction, Inc. PO Box 333 Peterborough NH 03458	INSURER(S) AFFORDING COVERAGE
	INSURER A: Liberty Mutual Holding Co
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

COVERAGES **CERTIFICATE NUMBER:** Strafford Bldrs Risk **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Project #80939R - Design/Build Strafford Center Storage located at 1 Austin Cate Drive, NH Route 126 - Strafford, NH

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INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
	<input type="checkbox"/> PROPERTY <input type="checkbox"/> CAUSES OF LOSS <input type="checkbox"/> DEDUCTIBLES <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL <input type="checkbox"/> EARTHQUAKE <input type="checkbox"/> WIND <input type="checkbox"/> FLOOD	<input type="checkbox"/> BUILDING <input type="checkbox"/> CONTENTS			<input type="checkbox"/> BUILDING <input type="checkbox"/> PERSONAL PROPERTY <input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> EXTRA EXPENSE <input type="checkbox"/> RENTAL VALUE <input type="checkbox"/> BLANKET BUILDING <input type="checkbox"/> BLANKET PERS PROP <input type="checkbox"/> BLANKET BLDG & PP	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
A	<input checked="" type="checkbox"/> INLAND MARINE <input type="checkbox"/> CAUSES OF LOSS <input type="checkbox"/> NAMED PERILS <input checked="" type="checkbox"/> Special Form	TYPE OF POLICY Builder's Risk - New POLICY NUMBER IM8404397	4/12/2017	4/12/2018	<input checked="" type="checkbox"/> Jobsite Limit <input checked="" type="checkbox"/> Transit <input checked="" type="checkbox"/> Off Site/Temp Storage <input type="checkbox"/> Deductible	\$ 306,000 \$ 153,000 \$ 153,000 \$ 1,000
	<input type="checkbox"/> CRIME <input type="checkbox"/> TYPE OF POLICY				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ \$ \$
	<input type="checkbox"/> BOILER & MACHINERY / <input type="checkbox"/> EQUIPMENT BREAKDOWN				<input type="checkbox"/> <input type="checkbox"/>	\$ \$

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Named Insured includes: all Contractors, Subcontractors and others employed on the premises as insured. Endorsement BR 1140-0750 applies which provides for blanket Waiver of Subrogation as per contract executed prior to the loss.

CERTIFICATE HOLDER State of New Hampshire Department of Administrative Services State House Annex, Room 120 25 Capitol Street 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 J Harrison, V.P./LM5
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