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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

8/14/18 AM 9:13 DAS

CHARLES M. ARLINGHAUS
Commissioner
(603)-271-3201

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

Division of Public Works
Design and Construction
Project No. 80990 – Contract B

August 7, 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 J. Parker & Daughters Construction, Inc., (VC# 156376) Pittsfield, NH, for a total price not to exceed \$328,000, for the Ellacoya Retaining Wall, Gilford, NH. This contract is effective upon Governor and Council approval through November 16, 2018, unless extended in accordance with the contract terms. **100% General – Capital Funds.**

2). Further authorize the amount of \$8,956 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 \$336,956. **100% General – Capital Funds.**

Funding is available in account titled the Dept. of Natural and Cultural Resources as follows:

03-35-35-350030-17210000 Dams & Retaining Walls	<u>SFY19</u>
034-500161 – New Construction	\$ 328,000
034-500162 – Interagency Fees – DPW (clerk)	<u>8,956</u>
Total	\$ 336,956

EXPLANATION

Per Chapter 228:1, XVIII, C Laws of 2017 for Dams and Retaining Walls. This project will replace sections of cast-in-place concrete retaining wall on the shoreline of Lake Winnepesaukee, Gilford, NH.

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August 7, 2018
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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 Natural and Cultural Resources 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:	\$339,000
Contract Amount:	<u>\$328,000</u>
Under Estimate:	\$ 11,000

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 80990, Contract B – Ellacoya Retaining Wall.

DESCRIPTION: Replace sections of cast-in-place concrete retaining wall on the shoreline of Lake Winnepesaukee.

EXPLANATION: The existing retaining wall has sections in failure where the wall has overturned in some parts and sink holes behind the wall are in others.

UNDER ESTIMATE

EXPLANATION: The project came in \$11,000.00 under estimate. At 3% lower than estimated costs the difference can be attributed to a competitive bidding environment.

DEPARTMENT

ESTIMATE: \$ 339,000

LOW BID: \$ 328,000



ABC Bid Data

GILFORD
60990B
NON-FEDERAL

PROJECT: GILFORD
STATE PROJECT NUMBER: 60990B
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: June 27, 2018, 02:00 PM
SCOPE OF WORK: ELLACOTA RETAINING WALL
COMPLETION DATE: November 15, 2018
LOCATION: Belton

Certified by: Thomas Kopp, Administrator

Summary of Bidders

Contractor	Bid Amount	Rank
PARKER, J. & DAUGHTERS CONST., INC. 70 DAROSKA ROAD, PITTSFIELD NH 03263-8204	\$328,000.00	A
NORTHEAST EARTH MECHANICS INC 159 BARNSTEAD ROAD, PITTSFIELD NH 03283	\$389,887.00	B
GREENE AND RUSSELL INC PO BOX 987, CONCORD NH 03302-0987	\$389,900.00	C

901: \$313,000.
 902: 15,000.

 Total = \$328,000.

BUREAU OF PUBLIC WORKS
 Award to J. Parker & Daughters, Inc
 Hold for Negotiation
 Cancel Contract
 User Agency NH DCR
 Authorized by [Signature]
 Date 7-05-2018

Item No.	Description	Unit	Quantity	PS&E		PARKER, J. & DAUGHTERS CONST. 70 DAROSKA ROAD PITTSFIELD, NH 03263-8204		NORTHEAST EARTH MECHANICS INC 169 BARNSTEAD ROAD PITTSFIELD, NH 03263	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items

901	ALL WORK SHOWN ON PLANS & SPECIFICATIONS	U	1.00	\$324,000.00	\$324,000.00	\$313,000.00	\$313,000.00	\$374,887.00	\$374,887.00
902	ALLOWANCE FOR ADDITIONS & MODIFICATIONS TO THE CONTRACT	\$	15,000.00	\$1.00	\$15,000.00	\$1.00	\$15,000.00	\$1.00	\$15,000.00
				Totals:	\$339,000.00	\$328,000.00	\$328,000.00	\$389,887.00	\$389,887.00
				Alt. Totals:					
				Totals:	\$339,000.00	\$328,000.00	\$328,000.00	\$389,887.00	\$389,887.00

Item No.	Description	Unit	Quantity	PS&E		GREENE AND RUSSELL INC PO BOX 987 CONCORD, NH 03302-0987	
				Unit Price	Total	Unit Price	Total

901	ALL WORK SHOWN ON PLANS & SPECIFICATIONS	U	1.00	\$324,000.00	\$324,000.00	\$374,900.00	\$374,900.00
902	ALLOWANCE FOR ADDITIONS & MODIFICATIONS TO THE CONTRACT	\$	15,000.00	\$1.00	\$15,000.00	\$1.00	\$15,000.00
Totals:					\$339,000.00		\$389,900.00
Alt. Totals:							
Totals:					\$339,000.00		\$389,900.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/6/2018

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 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).

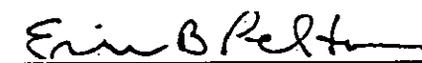
PRODUCER FIAI/Cross Insurance 1100 Elm Street Manchester NH 03101	CONTACT NAME: Vivian Pinette PHONE (A/C, No, Ext): (603) 669-3218 FAX (A/C, No): (603) 645-4331 E-MAIL ADDRESS: vpinette@crossagency.com
	INSURER(S) AFFORDING COVERAGE INSURER A: Firemen's Ins. Co. of Washington NAIC # 21784 INSURER B: Acadia Ins Co. 31325 INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: 18/19 w/ Umbrella 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	CPA020551021	4/1/2018	4/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		CAA0205511-21	4/1/2018	4/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist BI-single \$ 1,000,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	X	CUA5356450-10	6/25/2018	4/1/2019	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 Completed Operations \$ 1,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input checked="" type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y N/A	WPA5087688-15 State: NH Excludes: James Parker	4/1/2018	4/1/2019	<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)
 Job: Ellacoya Retaining Wall, 280 Scenic Road, Gilford NH. The State of New Hampshire, its agencies, and its agents and employees are named as additional insured regarding General Liability when required by written contract. General Liability and Umbrella additional insured includes completed operations when required by written contract.

CERTIFICATE HOLDER State of New Hampshire Dept of Administrative Services P.O.Box 483 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 Eric Pelton/DL3 

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/2/2018

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 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: Vivian Pinette PHONE (A/C, No. Ext.): (603) 669-3218 FAX (A/C, No.): (603) 645-4331 E-MAIL ADDRESS: vpinette@crossagency.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED STATE OF NEW HAMPSHIRE - Dept of Administrative Services c/o J. Parker & Daughters 70 Daroska Road CONCORD NH 03301	INSURER A: W.R. Berkley Corporation	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

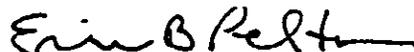
COVERAGES **CERTIFICATE NUMBER:** 18-19 OCP **REVISION NUMBER:**

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 VVVD	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 GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			0CP5360904-10	7/17/2018	7/17/2019	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 - COM/POP 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) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR 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			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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: Ellacoya Retaining Wall

CERTIFICATE HOLDER cindy.lovejoy@dot.nh.gov State of NH Department of Administrative Services PO Box 483 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 Eric Pelton/JSC 

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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

8/6/2018

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 FIAI/Cross Insurance 1100 Elm Street Manchester NH 03101		PHONE (A/C, No, Ext): (603) 669-3218	COMPANY Acadia Ins Co. One Acadia Commons P.O. Box 9010 Westbrook ME 04098-5010	
FAX (A/C, No): (603) 645-4331	E-MAIL ADDRESS: rpelton@crossagency.com			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID#: 00320671		LOAN NUMBER		POLICY NUMBER CIM5357757
INSURED J. Parker & Daughters Construction, Inc. 70 Daroska Road Pittsfield NH 03263		EFFECTIVE DATE 7/17/2018	EXPIRATION DATE 7/17/2019	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION Loc# 00001 - Ellacoya Retaining Wall 280 Scenic Road Gilford, NH

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 New	400,000	
Job Specific Special form		1,000

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 Dept of Administrative Services P.O. Box 483 Concord, NH 03302	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	<input checked="" type="checkbox"/> Additional Named Insured
LOAN #		
AUTHORIZED REPRESENTATIVE		
Eric Pelton/DL3		