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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

Catherine A. Keane
Deputy Commissioner
(603)-271-2059

Division of Public Works
Design and Construction
Project No. 81013R – Contract B

September 21, 2018

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 construction contract with A. W. Therrien Co., Inc. (VC# 154192) Manchester, NH, for a total price not to exceed \$113,874, for the Roof Replacement on the Veterans Cemetery Maintenance Building, located in Boscawen, NH. A portion of the contract was negotiated in order to be within the budgeted funds. This contract is effective upon Governor and Council approval through November 2, 2018, unless extended in accordance with the contract terms. **100% General - Capital Funds.**

2). Further authorize pursuant to Chapter 228:13, Laws of 2017, the amount of \$1,740 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC# 177875), Clerk of the Works for oversight and engineering services provided, bringing the total to \$115,614. **100% Capital – General Funds.**

Funding is available in account titled Adjutant General as follows:

02-12-12-120030-15300000	Replace Cemetery Roof	<u>SFY19</u>
034-500162	– Repair/Renovations Bldgs.	\$ 113,874
034-500162	– DPW Fees Interagency	<u>\$ 1,740</u>
	Grand Total	\$ 115,614

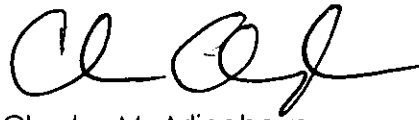
EXPLANATION

Per Chapter 228:1, I, I, Laws of 2017 to Replace Roof on Cemetery Maintenance Building. This project consists of constructing a new vented roofing system and the replacement of the 6,000 square foot asphalt shingle roof on the Cemetery Maintenance Building.

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,



Charles M. Arlinghaus
Commissioner

Department Estimate:	\$114,878
Bid Amount:	<u>\$130,474</u>
Negotiated Bid:	\$113,874 (based upon the available budget)

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 81013R, Contract B – Replace Roof on Cemetery Maintenance Building in Boscawen, N. H.

DESCRIPTION: This project consists of constructing a new vented roofing system and the replacement of the 6,000 square foot asphalt shingle roof on the Cemetery Maintenance Building.

EXPLANATION: This building houses the Veteran's Cemetery's equipment and trucks. The existing asphalt shingles on the building are destroyed and the roof system is not vented. This project's design provides adequate ventilation and new shingles for the entirety of the roof.

OVERESTIMATE

EXPLANATION: There was only one bidder on this project. The bid was 13% over the construction cost estimate. We were able to eliminate some of the non-essential scope from the project to reduce the construction cost.

DEPARTMENT

ESTIMATE: \$114,878
LOW BID: \$113,874 (negotiated)



ABC Bid Data

BOSCAWEN
81013B
NON-FEDERAL

PROJECT: BOSCAWEN
STATE PROJECT NUMBER: 81013B
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: July 18, 2018, 02:00 PM
SCOPE OF WORK: REPLACE ROOF ON CEMETERY MAINTENANCE BUILDING
COMPLETION DATE: November 02, 2018
LOCATION: Merrimack

Awarded To:

Amount: \$0.00
Award Date:

Certified by:

Administrator

Summary of Bidders

Contractor	Bid Amount	Rank
TERRIEN, A. W. CO., INC. 199 HAYWARD STREET, MANCHESTER NH 03103	\$130,474.00	A

BUREAU OF PUBLIC WORKS

Award to A' Bidder
 Hold for Negotiation
 Cancel Contract
 User Agency Adj. General
 Authorized by M.J.
 Date 8/2/18

\$ 113,874 negotiated

Item No.	Description	Unit	Quantity	PS&E		TERRIEN, A. W. CO., INC. 199 HAYWARD STREET MANCHESTER, NH 03103	
				Unit Price	Total	Unit Price	Total

901	NEW ROOF PER PLANS AND SPECIFICATIONS	U	1.00	\$104,878.00	\$104,878.00	\$120,474.00	\$120,474.00
902	ALLOWANCE FOR UNFORESEEN, LATENT OR DIFFERING EXISTING CONDITIONS	\$	10,000.00	\$1.00	\$10,000.00	\$1.00	\$10,000.00
Totals:				\$114,878.00		\$130,474.00	
Alt. Totals:							
Totals:				\$114,878.00		\$130,474.00	



August 15, 2018

State of New Hampshire
Department of Administrative Services
7 Hazen Drive, Room 250
Concord, NH 03302

NH State Veterans Cemetery Maintenance Building Roof
Contract Number: 81013B

Dear Department of Public Works,

This letter is to acknowledge that we need to reduce the proposed contract price in order to fit within the project budget. The original bid day lump sum for the project totaled to: \$130,474.00. The following deductions would reduce the proposed contract price by a total of \$16,600.

1. Use a smaller lull - (\$1,350.00)
2. Ridge Cap - Use shingle caps in lieu of metal - (\$1,025.00)
3. Eliminate Painting - (\$6,225.00)
4. Eliminate Siding - (\$2,500.00)
5. Reduce Permit Fees - (\$500.00)
6. Reduce Allowance - (\$5,000.00)

Total Contract Reduction: (\$16,600.00)

New negotiated contract total: \$113,874.00.

The project completion date has changed from November 2, 2018 to December 14, 2018.

Thanks for your time, we look forward to working with you.

Sincerely,

Travis Therrien
A.W. Therrien Co., Inc
199 Hayward St., Manchester, NH 03103



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/19/2018

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 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 E-MAIL ADDRESS: lnolan@crossagency.com		FAX (A/C No.): (603) 645-4331	
		INSURER(S) AFFORDING COVERAGE		NAIC #	
		INSURER A: Union Insurance Company		25844	
		INSURER B: Acadia Ins Co.		31325	
		INSURER C:			
		INSURER D:			
		INSURER E:			
		INSURER F:			

COVERAGES **CERTIFICATE NUMBER: 18-19 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 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 GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			CPA0246942-20	5/1/2018	5/1/2019	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 <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			CAA0246943-20	5/1/2018	5/1/2019	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 \$			CUA0246947-20	5/1/2018	5/1/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 Completed operations \$ 1,000,000
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	WCA0246946-20 (3a.) NH All officers included	5/1/2018	5/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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: Contract B- Roof replacement on Cemetery Maintenance Bldg. State of New Hampshire is included as additional insured with respects to the CGL as per written contract.

CERTIFICATE HOLDER Michelle.Drouin@dot.nh.gov State of New Hampshire c/o Department of Administrative Services 7 Hazen Drive Room 250 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 L Nolan, CPCU/JSC
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CERTIFICATE OF LIABILITY INSURANCE

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9/13/2018

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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).

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
INSURED State of New Hampshire c/o Department of Administrative Services 7 Hazen Drive Concord NH 03302	INSURER(S) AFFORDING COVERAGE INSURER A: Acadia Ins Co. NAIC # 31325 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: 18-19 OCP- Boscawen 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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			OCP5366576	9/11/2018	9/11/2019	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 - COMPOP 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 <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE 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"/> 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: State Veterans Cemetery Maintenance Building Roof Replacement 110 Daniel Webster Highway Boscawen, NH

CERTIFICATE HOLDER State of New Hampshire c/o Department of Administrative Services 7 Hazen Drive Room 250 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 L Nolan, CPCU/JSC
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CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
9/13/2018

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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 (AC, No, Ext): (603) 669-3218 FAX (AC, No): (603) 645-4331 E-MAIL ADDRESS: lnolan@crossagency.com PRODUCER CUSTOMER ID: 00131040																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A</td> <td>Acadia Ins Co.</td> <td>31325</td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A	Acadia Ins Co.	31325	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:	
INSURER(S) AFFORDING COVERAGE		NAIC #																			
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INSURER B:																					
INSURER C:																					
INSURER D:																					
INSURER E:																					
INSURER F:																					
INSURED State of New Hampshire c/o Dept of Admin Services 7 Hazen Drive Room 250 Concord NH 03302																					

COVERAGES CERTIFICATE NUMBER: 18-19 B. Risk- Boscawen REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Loc#: 00001/Bldg#: 00001, 110 Daniel Webster Hwy, Boscawen, NH, 03303

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 type="checkbox"/> PROPERTY <input type="checkbox"/> CAUSES OF LOSS <input type="checkbox"/> DEDUCTIBLES <input type="checkbox"/> BASIC BUILDING <input type="checkbox"/> BROAD CONTENTS <input type="checkbox"/> SPECIAL <input type="checkbox"/> EARTHQUAKE <input type="checkbox"/> WIND <input type="checkbox"/> FLOOD				<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 Installation/Builder POLICY NUMBER CIM53665901	9/11/2018	9/11/2019	<input checked="" type="checkbox"/> Builders Risk New <input checked="" type="checkbox"/> Deductible	\$ 113,874 \$ 1,000
	<input type="checkbox"/> CRIME <input type="checkbox"/> 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: State Veterans Cemetery Maintenance Building Roof Replacement 110 Daniel Webster Highway Boscawen, NH

CERTIFICATE HOLDER

CANCELLATION

State of New Hampshire
 c/o Department of Administrative Services
 7 Hazen Drive
 Room 250
 Concord, NH 03302

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 