

# State of New Hampshire

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

led Jm

LINDA M. HODGDON  
Commissioner  
(603) 271-3201

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

Bureau of Public Works  
Design and Construction  
Project No. 80722 – Contract B

October 21, 2014

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 Turnstone Corporation (VC# 169530) Milford, NH, for a total price not to exceed \$111,650, for the Kitchen Demolition – Main Building Hugh Gallen Office Park South, Concord, N. H. This contract is effective upon Governor and Council approval through January 30, 2015, unless extended in accordance with the contract terms. **100% Capital - General Funds.**

2). Further authorize pursuant to 195:12, Laws of 2013, the amount of \$3,600 be approved for payment to the Department of Administrative Services, Bureau of Public Works Design and Construction (VC# 177875), Capital Clerk for oversight and engineering services provided, bringing the total to \$115,250. **100% Capital – General Funds.**

Funding is available in account titled Department of Administrative Services as follows:

01-14-14-149030-09370000 Kitchen Roof	<u>SFY15</u>
034-500162 – Repair/Renovations Bldgs	\$ 111,650
034-500162 – BPW Fees Interagency	<u>3,600</u>
<b>Grand Total</b>	<b>\$ 115,250</b>

### EXPLANATION

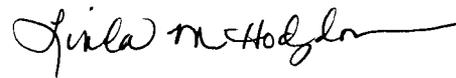
This project will include the demolition of walls, roof structure and utilities of the Kitchen area of the Main Building, as well as Infill of existing openings, cutting of floor slab to allow drainage and infilling lower floor level with common fill.

Her Excellency, Governor Margaret Wood Hassan  
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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 Administrative Services 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,

A handwritten signature in black ink, appearing to read "Linda M. Hodgdon", with a long horizontal flourish extending to the right.

Linda M. Hodgdon  
Commissioner

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80722, Contract B – Kitchen Demolition  
105 Pleasant St., Concord.

DESCRIPTION: The Scope of the Project includes the demolition of walls, roof structure and utilities located in the Kitchen area of the Main Building. The project also includes infilling the existing openings, cutting the floor slab to allow drainage and infilling the lower floor level with common fill.

EXPLANATION: The roof on the Kitchen area of the Main Building has failed and caused extensive structural damage. Roof beams have failed and the roof is falling in causing damage to exterior walls. The former kitchen area is located at the rear of the Main Building on Industrial Drive near the steam plant. The former kitchen area has been vacant for several years and is unsafe. It is more cost effective to raze the building than try to repair it. This is in keeping with the master plan for the campus which called for this section of the Main building to be razed to make way for future parking. A parking lot is planned for this site to support continued reuse of the state owned buildings at the Governor Hugh Gallen Office Park.

UNDER ESTIMATE

EXPLANATION: The estimate was based on prices from RS Means and was within 10% of the three higher bidders. The low bidder is using a sub-contractor to do the demolition of the roof structure and walls but will be doing the rest of the work with their own forces. They were looking for work and bid the project aggressively.

DEPARTMENT

ESTIMATE: \$195,000  
LOW BID: \$111,650

**BIDDER SUMMARY**

PROJECT NAME:  
PROJECT NUMBER:  
COUNTY:  
BID OPENING DATE:  
SCOPE OF WORK:

KITCHEN DEMOLITION NON-FEDERAL 80722-B  
80722-B  
MERRIMACK COUNTY 013  
10/09/2014

WORK OF THE PROJECT INCLUDES THE DEMOLITION OF WALLS, ROOF  
STRUCTURE AND UTILITIES OF THE KITCHEN AREA OF THE MAIN  
BUILDING, INFILL OF EXISTING OPENINGS, CUTTING OF FLOOR SLAB  
TO ALLOW DRAINAGE AND INFILLING LOWER FLOOR LEVEL WITH  
COMMON FILL.

LOCATION: 105 PLEASANT ST CONCORD, NH  
COMPLETION DATE: 01/30/2015

**BID RESULTS**

- A TURNSTONE CORP (B001) - 51 FRANKLIN ST MILFORD, NH 03055-3705
- B DEC-TAM CORPORATION - 50 CONCORD STREET NORTH READING, MA 01864
- C ALL-WAYS WRECKING - 717 MAYHEW TPK, BRIDGEWATER, NH 03222
- D DL KING & ASSOCIATES INC (B001) - 27 TANGLEWOOD DR NASHUA, NH 03062-1044

\$ 111,650.00 ACCEPTED  
\$ 164,626.00 ACCEPTED  
\$ 178,222.00 ACCEPTED  
\$ 198,850.00 ACCEPTED

BUREAU OF PUBLIC WORKS

\$ 111,650.

Award to Turnstone Corp.  
 Hold for Negotiation

Cancel Contract

User Agency BFAI (Admin Svcs)

Authorized by [Signature]

Date: 10/14/2014

ITEM NO.	DESCRIPTION	UNIT	QUANTITY	UNIT PRICE	TOTAL	PS&E	UNIT PRICE	TOTAL	A	UNIT PRICE	TOTAL
901.00	PERFORM WORK AS INDICATED IN THE SPECIFICATIONS AND ON THE DRAWINGS	EA	1.00	\$ 164,000.00	\$ 164,000.00		\$ 95,650.00	\$ 95,650.00		\$ 95,650.00	\$ 95,650.00
902.00	ALLOWANCE FOR OWNER- INITIATED CHANGES, DIFF EXISTING CONDITIONS	\$	16,000.00	\$ 1.00	\$ 16,000.00		\$ 1.00	\$ 16,000.00		\$ 1.00	\$ 16,000.00
					\$ 180,000.00			\$ 180,000.00			\$ 111,650.00

.....  
NO.

901.00 PERFORM WORK AS INDICATED IN THE SPECIFICATIONS AND ON THE DRAWINGS;  
902.00 ALLOWANCE FOR OWNER- INITIATED CHANGES, DIFF EXISTING CONDITIONS

**DESCRIPTION**

UNIT	QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
EA	1.00	\$ 164,000.00	\$ 164,000.00	\$ 148,626.00	\$ 148,626.00
\$	16,000.00	\$	\$ 16,000.00	1.00	\$ 16,000.00
			\$ 180,000.00		\$ 164,626.00

B

PS&E

**ITEM NO.**  
 901.00  
 902.00

**DESCRIPTION**  
 PERFORM WORK AS INDICATED IN THE SPECIFICATIONS AND ON THE DRAWINGS;  
 ALLOWANCE FOR OWNER-INITIATED CHANGES, DIFF EXISTING CONDITIONS

UNIT	QUANTITY	UNIT PRICE	TOTAL	PS&E	UNIT PRICE	TOTAL	C	UNIT PRICE	TOTAL
EA	1.00	\$ 164,000.00	\$ 164,000.00		\$ 162,222.00	\$ 162,222.00		\$ 162,222.00	\$ 162,222.00
\$	16,000.00	\$ 1.00	\$ 16,000.00		\$ 1.00	\$ 16,000.00		\$ 1.00	\$ 16,000.00
			\$ 180,000.00			\$ 180,000.00			\$ 178,222.00



<b>Item No.</b>	<b>Quantity</b>	<b>Unit</b>	<b>Item Description</b>	<b>Unit Price</b>	<b>Amount</b>
901.00	1.00	EA	PERFORM WORK AS INDICATED IN THE SPECIFICATIONS AND ON THE DRAWINGS	\$95,650.00	\$95,650.00
902.00	16,000.00	\$	ALLOWANCE FOR OWNER- INITIATED CHANGES, DIFF EXISTING CONDITIONS	\$1.00	\$16,000.00
				Grand Total:	\$111,650.00



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/15/2014

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> <b>CROSS INSURANCE - LACONIA</b> 155 Court Street  Laconia NH 03246	<b>CONTACT NAME:</b> Janice Bagley, CIC
	<b>PHONE (A/C, No. Ext):</b> (603) 524-2425 <b>FAX (A/C, No.):</b> (603) 524-3666 <b>E-MAIL ADDRESS:</b> jbagley@crossagency.com
<b>INSURED</b> <b>Turnstone Corporation</b> 51 Franklin Street  Milford NH 03055	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>
	<b>INSURER A:</b> Fireman's Ins. Co. of
	<b>INSURER B:</b> Acadia Ins Co.
	<b>INSURER C:</b>
	<b>INSURER D:</b>
	<b>INSURER E:</b>

**COVERAGES**      **CERTIFICATE NUMBER:** CL14179927      **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.

INSTR	TYPE OF INSURANCE	ADDL SUBR INSR   WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		CPA0065107-23	12/31/2013	12/31/2014	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					MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY		CAA0065120-24	12/31/2013	12/31/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
						Uninsured motorist BI-single \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR	CUA0065121-23	12/31/2013	12/31/2014	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$ 5,000,000
	DED	RETENTION \$				
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WPA0095615-21	12/31/2013	12/31/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N				E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. DISEASE - EA EMPLOYEE \$ 100,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Job #80722 Contract B - Kitchen Demolition, 105 Pleasant Street, Concord, NH

State of New Hampshire, Department of Administrative Services is an additional insured for ongoing operations performed by or on behalf of Turnstone Corporation when required in a written contract.

<b>CERTIFICATE HOLDER</b>  State of New Hampshire Department of Administrative Services Bureau of Public Works Design & Construct PO Box 483 Concord, NH 03302	<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.
	<b>AUTHORIZED REPRESENTATIVE</b>  J Bagley, CIC/JB8 <i>Janice Bagley</i>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/15/2014

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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 CROSS INSURANCE - LACONIA 155 Court Street  Laconia NH 03246	CONTACT NAME: Janice Bagley, CIC	
	PHONE (A/C, No, Ext): (603) 524-2425 FAX (A/C, No): (603) 524-3666 E-MAIL ADDRESS: jbagley@crossagency.com	
INSURED State of NH, Dept of Administrative Services c/o Turnstone Corporation 51 Franklin Street Milford NH 03055-0539	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Acadia Insurance Group, LLC	31325
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: CI14101421084 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			OCP5178909-10	10/15/2014	10/15/2015	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$
	<input checked="" type="checkbox"/> Owners & Contractors						PERSONAL & ADV INJURY \$
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							GENERAL AGGREGATE \$ 3,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> OCCUR						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)  
Re: Kitchen Demolition, 105 Pleasant Street, Concord, NH - Job #80722 Contract B

<b>CERTIFICATE HOLDER</b>  State of New Hampshire Department of Administrative Services Bureau of Public Works Design & Construct PO Box 483 Concord, NH 03302	<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  J Bagley, CIC/JB8 <i>Janice Bagley</i>



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
10/15/2014

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 <b>CROSS INSURANCE - LACONIA</b> 155 Court Street  Laconia NH 03246	PHONE (A/C, No, Ext): (603) 524-2425	COMPANY <b>Peerless Ins Co</b> 175 Running Hill Road Suite 1A South Portland ME 04106
FAX (A/C, No): (603) 524-3666	E-MAIL ADDRESS:	
CODE:	SUB CODE:	
AGENCY CUSTOMER ID #: 00178165		
INSURED State of NH, Dept of Administrative Services c/o Turnstone Corporation 51 Franklin Street Milford NH 03055-0539	LOAN NUMBER	POLICY NUMBER IM8994357
	EFFECTIVE DATE 10/15/2014	EXPIRATION DATE 4/15/2015
	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:		

**PROPERTY INFORMATION**

LOCATION/DESCRIPTION  
Loc# 00001  
105 Pleasant Street  
Concord, 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 / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Builders Risk, Replacement Cost, Special Form	111,650	1,000

**REMARKS (Including Special Conditions)**  
Re: Kitchen Demolition, 105 Pleasant Street, Concord, NH  
Job #80722 Contract B

**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 Department of Administrative Services Bureau of Public Works Design & Construct PO Box 483 Concord, NH 03302	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
LOAN #		
AUTHORIZED REPRESENTATIVE Janice Bagley, CIC/JB8 <i>Janice Bagley</i>		