



State of New Hampshire

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

27 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. 80626 – 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 T. Buck Construction, Inc. (VC# 156635) Auburn, ME, for a total price not to exceed \$321,000, for the Glencliff Home Administration Building Addition, Benton, N. H. This contract is effective upon Governor and Council approval through June 15, 2014, unless extended in accordance with the contract terms. **100% Capital - General Funds.**

2). Further authorize that a contingency in the amount of \$36,000 be approved for unanticipated structural issues; correction of unforeseen code compliance components; repair of additional electrical and/or fire code violations identified during construction; and/or other unanticipated expenses associated with the Glencliff Home Administration Building Addition, bringing the total to \$357,000. **44% Capital - General Funds, 56% Operating - General Funds.**

3). Further authorize pursuant to Chapter 253:10, Laws of 2011, the amount of \$9,500 be approved for payment to the Department of Administrative Services, Bureau of Public Works Design and Construction (VC# 177875), for Capital Clerk oversight services provided, bringing the total to \$366,500. **100% Capital - General Funds.**

Funding is available in account titled Department Health & Human Services (Glencliff Home) as follows:

05-91-91-910030-09620000	Fire Safety/ADA Glencliff Home	<u>SFY13</u>
034-500162	– Contract Repairs/Bldgs. & Grounds	\$321,000

034-500162 – Contingency	\$ 16,000
034-500162 – Interagency Fees (Capital Clerk)	<u>\$ 9,500</u>

05-91-91-910010-78920000 Fire Safety/ADA Glencliff Home

048-500226 – Contingency	<u>\$ 20,000</u>
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Grand Total	\$366,500
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EXPLANATION

Per Chapter 253:1,VII, B, Laws of 2011, for the Fire Safety/ADA Glencliff Home. This project consists of furnishing all construction services necessary and required to complete the construction and installation of the Life Safety, Fire Alarm, and ADA compliance improvements to the Administration Building at the Glencliff Home located in Benton, New Hampshire.

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 Health and Human Services – Glencliff Home 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:	\$360,000
Contract Amount:	<u>\$321,000</u>
Under Estimate:	\$ 39,000

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80626, Contract B – Glencliff Home Administration Building Addition, Benton, NH

DESCRIPTION: This project consists of furnishing all construction services necessary and required to complete the construction and installation of the Life Safety, Fire Alarm, and ADA compliance improvements to the Administration Building at the Glencliff Home located in Benton, New Hampshire.

EXPLANATION: Currently the Administration Building is not accessible. Additionally, there are several Life Safety and code compliance issues that have been identified by the State Fire Marshal's Office. This project will make the first floor accessible, and address several Life Safety and code issues such as emergency lighting, fire alarm, and the addition of a required second means of egress from the upper floors.

UNDER
ESTIMATE

EXPLANATION: The low bid is 10% lower than the Consultant's estimate. The difference is due to the \$35,000 contingency the consultant carried, which the contractor did not.

DEPARTMENT

ESTIMATE: \$360,000
LOW BID: \$321,000

STATE OF NEW HAMPSHIRE
 DEPARTMENT OF ADMINISTRATIVE SERVICES
 BIDS WERE OPENED ON THE 21ST DAY OF MARCH, 2013 FOR GLENCLIFF HOME ADMINISTRATION BUILDING ADDITION, 393 HIGH STREET, BENTON,
 NH
 PROJECT NO. 80626 CONTRACT B
 COMPLETION DATE: JUNE 15, 2014

ITEM NO.	ITEM	QUANTITIES	A.		B.		C.	
			UNIT	TOTAL	UNIT	TOTAL	UNIT	TOTAL
1	PROVIDE ALL CONSTRUCTION SERVICES NECESSARY & REQUIRED TO COMPLETE CONSTRUCTION & INSTALLATION OF LIFE SAFETY, FIRE ALARM & ADA COMPLIANCE IMPROVEMENTS TO ADMIN. BLDG. @ GLENCLIFF HOME IN ACCORDANCE WITH SECTION 01100, THE ATTACHED DRAWINGS & SPECS	1 UNIT	\$316,000.00	\$316,000.00	\$321,526.00	\$321,526.00	\$392,187.00	\$392,187.00
2	ALLOWANCE PER SECTION 01200	1 ALLOW- ANCE	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00
BASE BID LUMP SUM FOR ITEMS 1 THROUGH 2				\$321,000.00	\$326,526.00	\$397,187.00		

ALTERNATE NO. 1 DEDUCT: (\$2,500.00)
 ALTERNATE NO. 2 DEDUCT: (\$1,930.00)

- A. T. BUCK CONSTRUCTION, INC., 249 MERRROW RD., AUBURN, ME 04210 (\$500.00)
- B. HUTTER CONSTRUCTION CORPORATION, PO BOX 257, 810 TURNPIKE RD., NEW IPSWICH, NH 03071 (\$1,900.00)
- C. PELLOWE CONSTRUCTION, LLC, 50 OLD WOLFEBORO ROAD, ALTON, NH 03809 (\$2,500.00)
- D. D. L. KING & ASSOCIATES, INC., 27 TANGLEWOOD DRIVE, NASHUA, NH 03062-1044 (\$1,200.00)
- E. PROJECT RESOURCE GROUP, LLC, PO BOX 43, FRANCESTOWN, NH 03043 (\$398,700.00)
- F. MERIDIAN CONSTRUCTION CORPORATION, 32 ARTISAN COURT, UNIT #4, GILFORD, NH 03249 (\$417,600.00)

BUREAU OF PUBLIC WORKS

Award to A-Bridder \$321,000.00
 Hold for Negotiation
 Cancel Contract
 User Agency DHAS - Glencliff Home
 Authorized by [Signature]
 Date 3-28-13



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/12/2013

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).

PRODUCER Infantine Insurance P. O. Box 5125 Manchester NH 03108	CONTACT NAME: Yvette Fanaras PHONE (A/C No. Ext): (603) 669-0704 E-MAIL ADDRESS: yvette@infantine.com	FAX (A/C No): 603-669-6831
	INSURER(S) AFFORDING COVERAGE	
INSURED T. Buck Construction, Inc. 249 Merrow Road Auburn ME 04210	INSURER A: Acadia Insurance Co.	NAIC # 31325
	INSURER B: Starr Indemnity & Liability	
	INSURER C: MEMIC Indemnity Company	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 2013/2014 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			CLA5077473	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 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			CAA5077477	4/1/2013	4/1/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000			
	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS						BODILY INJURY (Per person) \$			
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per accident) \$			
							PROPERTY DAMAGE (Per accident) \$			
							\$			
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			1000020002	4/1/2013	4/1/2014	EACH OCCURRENCE \$ 10,000,000			
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 10,000,000			
	DED RETENTION \$	<input checked="" type="checkbox"/>					\$			
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			5101800485	4/1/2013	4/1/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$ 500,000			
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)
 Project: Glenclyff Home Administration Building Addition, Contract B, #80626, Benton NH
 It is agreed and understood State of NH Department of Administration Services is named as additional insured with respects to General Liability and Umbrella when required by written contract.

CERTIFICATE HOLDER State of New Hampshire Department of Administrative Services 7 Hazen Drive Concord, NH 03302-0483	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 Jim Harrison/BYM



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/12/2013

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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).

PRODUCER Infantine Insurance P. O. Box 5125 Manchester NH 03108		CONTACT NAME: Yvette Fanaras PHONE (A/C No, Ext): (603) 669-0704 E-MAIL ADDRESS: yvette@infantine.com FAX (A/C No): 603-669-6831	
		INSURER(S) AFFORDING COVERAGE INSURER A: Acadia Insurance Co.	NAIC # 31325
INSURED State of NH Department of Administrative 249 Merrow Road Auburn ME 04210		INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

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	GENERAL LIABILITY			CLA50982540	4/12/2013	4/12/2014	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners & Contractors						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	AUTOMOBILE LIABILITY						GENERAL AGGREGATE \$ 3,000,000
	<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						PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						COMBINED SINGLE LIMIT (Ea accident) \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							EACH OCCURRENCE \$
							AGGREGATE \$
							WC STATUTORY 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: Glencliff Home Administration Building Addition, Contract B, #80626 Benton NH

CERTIFICATE HOLDER State of NH Department of Administrative Services 7 Hazen Drive Concord, NH 03302-0483	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 Jim Harrison/BYM
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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
4/12/2013

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 Acadia Insurance Co. PO Box 9526 Manchester NH 03108-9526
FAX (A/C. No.):	E-MAIL ADDRESS: jim@infantine.com	
CODE: 3081	SUB CODE:	
AGENCY CUSTOMER ID #: 00000569		
INSURED T. Buck Construction, Inc., State of NH Department of Administrative 249 Merrow Road Auburn ME 04210	LOAN NUMBER	POLICY NUMBER CIM509818210
	EFFECTIVE DATE 4/12/2013	EXPIRATION DATE 4/12/2014
	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION

LOCATION/DESCRIPTION
Loc# 00001/Bldg# 00001
393 High Street
Benton, NH 03785

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 Incl Theft	321,000	1,000

REMARKS (Including Special Conditions)

Named Insured: Any and All Subcontractors

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

NAME AND ADDRESS	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE Jim Harrison/BYM 	