



State of New Hampshire

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

42C Bm

LINDA M. HODGDON
Commissioner
(603) 271-3201

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

Bureau of Public Works
Design and Construction
Project No. 80712 - Contract A

May 31, 2013

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Bureau of Public Works Design and Construction to enter into a contract with R. J. Olszak Construction, Inc. d/b/a All-Ways Recycling-Wrecking (VC# 158160) Bridgewater, NH, for a total price not to exceed \$29,950, for the Demolition of (2) above-ground storage tanks (ASTs) at the Youth Development Center, Manchester, N. H. This contract is effective upon Governor and Council approval through August 30, 2013, unless extended in accordance with the contract terms. **100% General - Operating Funds.**

Funding is available in account titled Health & Human Services as follows:

05-41-41-412010-58120000 YDC - Maintenance	<u>SFY13</u>
024-500225 - Contract Repairs/Mach-Equipment	\$ 27,950
	<u>SFY14</u>
05-41-41-412010-58120000 YDC - Maintenance	
024-500225 - Contract Repairs/Mach-Equipment	\$ 2,000
Grand Total	\$ 29,950

EXPLANATION

This project will remove two (2) #6 oil 12,000-gallon ASTs and all appurtenances. The project will also remove all supply and return piping from the three boilers to the two tanks in their entirety, the fill line, vent lines and 1,000 gallons of remaining #6 oil.

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 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: \$ 26,000
Contract Amount: \$ 29,950
Over Estimate: \$ 3,950

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: Demolition of two (2) #6 oil ASTs 12,000 gallons, 1056 North River Road Youth Development Center (YDC) in Manchester, NH

DESCRIPTION: The project includes: demolition of two (2) #6 oil 12,000-gallon aboveground storage tanks and all appurtenances; demolition of all supply and return piping from the three boilers to the two tanks in their entirety; demolition of the fill and vent lines; and removal of 1,000 gallons of #6 oil remaining in the tanks.

EXPLANATION: The #6 oil is no longer utilized, as the Agency has changed to gas. As a result, these tanks are not in use and should be removed. A 2/20/13 letter from NH Department of Environmental Services (NHDES) to YDC indicates that the Aboveground Petroleum Storage Tank Facility Compliance Detailed Interior Tank Inspections are past due per Env-Wm 1402.29.

OVER ESTIMATE

EXPLANATION: The bid period was limited to two weeks instead of the customary three weeks because of the urgency to comply with NHDES regulations and to meet the FY 2013 encumbrance deadline.

DEPARTMENT

ESTIMATE: \$26,000.00

LOW BID: \$29,950.00

STATE OF NEW HAMPSHIRE
 DEPARTMENT OF ADMINISTRATIVE SERVICES
 BIDS WERE OPENED ON THE 2ND DAY OF MAY, 2013 FOR DEMOLITION OF (2) #6 OIL AST'S 12,000 GALLONS, 1056 NORTH RIVER ROAD, YOUTH
 DEVELOPMENT CENTER, MANCHESTER, NH
 PROJECT NO. 80712 CONTRACT A

COMPLETION DATE: AUGUST 30, 2013

ITEM NO.	ITEM	QUANTITIES	A.		B.		C.	
			UNIT	TOTAL	UNIT	TOTAL	UNIT	TOTAL
1	DEMOLITION OF (2) #6 OIL AST'S 12,000 GALLONS WITH ALL APPURTENANCES PER SPECIFICATIONS.	1 UNIT	\$27,950.00	\$27,950.00	\$48,503.00	\$48,503.00		
2	ALLOWANCE NO. 1 FOR UNANTICIPATED CHANGES TO WORK PER SPECIFICATIONS SECTION 01200 FOR ITEM NO. 1.	1 ALLOW- ANCE	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00		
BASE BID LUMP SUM FOR ITEMS 1 THROUGH 2				\$29,950.00		\$50,503.00		

A. ALL-WAYS WRECKING, 717 MAYHEW TURNPIKE, BRIDGEWATER, NH 03222
 B. ENPRO SERVICES, INC., 709 KEITH AVENUE, PEMBROKE, NH 03275

BUREAU OF PUBLIC WORKS

Award to A - Bidder
 Hold for Negotiation \$ 29,950.00
 Cancel Contract

User Agency DHHS - YDC
 Authorized by [Signature]
 Date 5-17-13



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/30/2013

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 Infinger Insurance 234 White Mountain Highway P.O. Box 2010 Conway NH 03818	CONTACT NAME: Kathryn Ela PHONE (A/C No. Ext.): (603) 447-5123 E-MAIL ADDRESS: kathy@infingerinsurance.com	FAX (A/C No.): (603) 447-5126
	INSURER(S) AFFORDING COVERAGE	
INSURED State of NH Dept of Administrative and RJ Olszak Construction Inc. PO Box 732 Bristol NH 03222	INSURER A: 1230CP	
	INSURER B: Liberty Mutual Group NH WC	
	INSURER C: Peerless Insurance Co.	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES	CERTIFICATE NUMBER: CL1352870808	REVISION NUMBER:
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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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY		R0350405211326892-C	6/20/2013	9/20/2013	EACH OCCURRENCE \$ 2,000,000	
	<input checked="" 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"/> OCP					PERSONAL & ADV INJURY \$	
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 4,000,000	
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$	
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$	
	<input 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) \$	
						\$	
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$	
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$	
	DED	RETENTION \$				\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		281562813148055489	6/20/2013	6/20/2014	<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 \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	Y				N/A	E.L. DISEASE - EA EMPLOYEE \$ 500,000
C	Builders Risk		IM8954606	6/20/2013	9/20/2013	Builders Risk 30,000	
						Deductible 2,500	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Construction contractor.
 Donna Olszak is excluded from workers compensation.
 Ron and Chris Olszak are included.
 Project name: Manchester 80712A

CERTIFICATE HOLDER	CANCELLATION
State of NH Dept of Administrative Services 1056 North River Road Manchester, NH 03102	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 Kathryn Ela/KTE <i>Kathryn T. Ela</i>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/29/2013

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 Infinger Insurance 234 White Mountain Highway P.O. Box 2010 Conway NH 03818	CONTACT NAME: Kathryn Ela	
	PHONE (A/C No. Ext): (603) 447-5123 FAX (A/C. No): (603) 447-5126 E-MAIL ADDRESS: kathy@infingerinsurance.com	
INSURED R.J. Olszak Construction, Inc, DBA: All-ways 717 Mayhew Turnpike Bridgewater NH 03222-5232	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A Berkley Regional Specialty Ins	
	INSURER B Acadia Insurance Group, LLC	31325
	INSURER C Essex Insurance Company	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL134970679 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	ADD'L SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		CGL00032579	4/6/2013	4/6/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 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
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS		CAA0379803-12	4/6/2013	4/6/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist Bt split limit \$ 1,000,000
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		XOBW4427413	4/6/2013	4/6/2014	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
C	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				WC STATUTORY LIMITS OTHER 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)
Excavation Contractor
Certificate holder is named add'l insured.
Project: Manchester 80712A

CERTIFICATE HOLDER State of NH Dept of Administrative Services 1056 North River Road Manchester, NH 03102	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 Kathryn Ela/KTE <i>Kathryn T. Ela</i>