



State of New Hampshire

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

95 MLK

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. 81132R - Contract A

August 24, 2020

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 Meridian Construction Corp. (VC# 157328), Gilford, NH, for a total price not to exceed \$520,700 for the Armory Battle Lab in Manchester, NH for the NH Army National Guard. This contract is effective upon Governor and Council approval through March 31, 2021 unless extended in accordance with the contract terms. 100% Federal Funds
- 2). Further authorize that a contingency in the amount of \$25,000 be approved for unanticipated site expenses for the, Armory Battle Lab, bringing the total to \$545,700. 100% Federal Funds
- 3). Further authorize the amount of \$40,000 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC# 311152), for engineering services provided, bringing the total to \$585,700. 100% Federal Funds

Funding is available in account titled DMAVS Army Guard Facilities as follows:

01-12-12-120010-22450000 Army Guard Facilities (pending availability of Federal Funds)

	<u>SFY21</u>
103-500736 - Army Guard Facilities - Contract	\$520,700
103-500736 - Army Guard Facilities - Contingency	<u>\$ 25,000</u>
Sub-Total	\$545,700

01-12-12-120010-22550000 Inter-Agency Payments (pending availability of Federal Funds)

217-502682 Interagency DPW fees	<u>\$ 40,000</u>
GRAND TOTAL	\$585,700

EXPLANATION

This project is to rehabilitate the Field Maintenance Shop area to accommodate secure rooms for personnel and computer use.

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 Dept. of Military Affairs & Veterans Services has certified that the necessary funds are pending. 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.

Respectfully submitted,


for Charles M. Arlinghaus,
Commissioner

Department Estimate: \$ 430,913
Contract Amount: \$ 520,700
Over Estimate: \$ 89,787



ABC Bid Data

MANCHESTER
81132RA
NON-FEDERAL

PROJECT: MANCHESTER
STATE PROJECT NUMBER: 81132RA
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: July 01, 2020, 2:00 PM
SCOPE OF WORK: ARMORY BATTLE LAB
COMPLETION DATE: March 31, 2021
LOCATION: Hillsborough

Certified by: _____

Summary of Bidders

Contractor	Bid Amount	Rank
MERIDIAN CONSTRUCTION CORP. 32 ARTISAN COURT #4, GILFORD NH 03249-6603	\$520,700.00	A
SCHROEDER CONSTRUCTION MGMT IN 2 TOWNSEND WEST, UNIT 3, NASHUA NH 03063	\$526,384.00	B
D. L. KING & ASSOCIATES INC. 27 TANGLEWOOD DRIVE, NASHUA NH 03062-1044	\$532,400.00	C
MARK CARRIER CONSTRUCTION INC SUITE 101, 175 LINCOLN STREET, MANCHESTER NH 03103-5031	\$537,692.00	D
BROOKSTONE BUILDERS, INC. 600 Harvey Road, MANCHESTER NH 03103-3320	\$579,695.00	E

Item # 901: \$470,700.
 # 902: \$ 50,000.

 Total: \$520,700.

BUREAU OF PUBLIC WORKS

Award to Meridian Construction Corp
 Hold for Negotiation
 Cancel Contract
 User Agency N.G.
 Authorized by T2
 Date 07222020



ABC Bid Data

MANCHESTER
81132RA
NON-FEDERAL

Item No.	Description	Unit	Quantity	PS&E		MERIDIAN CONSTRUCTION CORP. 32 ARTISAN COURT #4 GILFORD, NH 03249-6603		SCHROEDER CONSTRUCTION MGMT IN 2 TOWNSEND WEST, UNIT 3 NASHUA, NH 03063	
				Unit Price	Total	Unit Price	Total	Unit Price	Total
901	ARMORY BATTLE LAB	U	1.00	\$ 380,913.00	\$ 380,913.00	\$470,700.00	\$470,700.00	\$476,384.00	\$476,384.00
902	MODIFICATIONS AND ADDITIONS	\$	50,000.00	\$1.00	\$50,000.00	\$1.00	\$50,000.00	\$1.00	\$50,000.00
Totals:					\$430,913.00		\$520,700.00		\$526,384.00
Alt. Totals:									
Totals:					\$430,913.00		\$520,700.00		\$526,384.00



ABC Bid Data

MANCHESTER
81132RA
NON-FEDERAL

Item No.	Description	Unit	Quantity	PS&E		D. L. KING & ASSOCIATES INC. 27 TANGLEWOOD DRIVE NASHUA, NH 03062-1044		MARK CARRIER CONSTRUCTION INC SUITE 101 MANCHESTER, NH 03103-5031	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items

901	ARMORY BATTLE LAB	U	1.00	\$ 380,913.00	\$ 380,913.00	\$482,400.00	\$482,400.00	\$487,692.00	\$487,692.00
902	MODIFICATIONS AND ADDITIONS	\$	50,000.00	\$1.00	\$ 50,000.00	\$1.00	\$50,000.00	\$1.00	\$50,000.00
Totals:					\$430,913.00		\$532,400.00		\$537,692.00
Alt. Totals:									
Totals:					\$430,913.00		\$532,400.00		\$537,692.00



ABC Bid Data

MANCHESTER
81132RA
NON-FEDERAL

Item No.	Description	Unit	Quantity	PS&E		BROOKSTONE BUILDERS, INC. 600 Harvey Road Manchester, NH 03103-3320	
				Unit Price	Total	Unit Price	
Items							
901	ARMORY BATTLE LAB	U	1.00	\$ 380,913.00	\$ 380,913.00	\$529,695.00	\$529,695.00
902	MODIFICATIONS AND ADDITIONS	\$	50,000.00	\$ 1.00	\$ 50,000.00	\$1.00	\$50,000.00
Totals:					\$430,913.00		\$579,695.00
Alt. Totals:							
Totals:					\$430,913.00		\$579,695.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/24/2020

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 have ADDITIONAL INSURED provisions or 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: Sarah Cullen, AINS, ACSR PHONE (AC, Ho, Ext): (603) 524-2425 FAX (AC, No): (603) 524-3666 E-MAIL ADDRESS: scullen@crossagency.com	
INSURED Meridian Construction Corp. 32 Artisan Court, Unit #4 Gilford NH 03249		INSURER(S) AFFORDING COVERAGE INSURER A: Firemen's Ins. Co. of Washington D.C. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 21784	

COVERAGES **CERTIFICATE NUMBER:** CL19101002688 **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 WYD	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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPA5221144-14	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Crisis Event \$ 100,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/>			CAA5221145-14	10/31/2019	10/31/2020	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 \$			CUA5221146-14	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 Products-COMP/OP AG \$ 10,000,000
A	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	WCA5368721-11	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Project: NH Armory Battle Lab Project#81132R-A

The State of New Hampshire, its agencies, and its agents and employees are listed as additional insureds on a primary & non-contributory basis for ongoing & completed operations performed by Meridian Construction Corp when required in a written contract. Waiver of subrogation applies when allowed by state statute.

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 
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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

7/24/2020

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 CROSS INSURANCE - LACONIA 155 Court Street Laconia NH 03246		PHONE (AC No. Ext): (603) 524-2423	COMPANY Acadia Ins Co. One Acadia Commons P.O. Box 9010 Westbrook ME 04098-5010	
FAX (AC No): (603) 524-3666	E-MAIL ADDRESS:			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #: 00177919		LOAN NUMBER		POLICY NUMBER CIMS444604
INSURED State Department of Administrative Services & Meridian Construction Corp 32 Artisan Court, Unit #4 Gilford NH 03249		EFFECTIVE DATE 7/24/2020	EXPIRATION DATE 7/24/2021	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION Loc# 00001 1059 Canal Street Manchester, NH NH Armory Battle Lab Project#81132R-A
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
Builders Risk, Special Form	520,700	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

NAME AND ADDRESS State of New Hampshire c/o Department of Administrative Services 7 Hazen Drive, Room 250 Concord, NH 03302	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE S Cullen, AINS, ACSR/S <i>Sarah Cullen</i>		

COMMENTS/REMARKS

Subcontractors are included as named insureds.
The insurance company waives their right of recovery against anyone contractually agreed
in writing to obtain such a waiver prior to the loss.



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07/24/2020

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INSURED State of New Hampshire Dept of Admin Services C/O Meridian Construction Corp 32 Artisan Court, Unit #4 Gilford NH 03249		INSURER(S) AFFORDING COVERAGE INSURER A: Acadia Ins Co. NAIC # 31325 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL2072429201 **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 WYD	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 Protective GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		OCP5447718-10	07/24/2020	09/30/2021	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 - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					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 DED 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 <input type="checkbox"/>	N/A			PER STATUTE 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: NH Armory Battle Lab Project#81132R-A

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 <i>Sarah Cullen</i>
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