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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

VICKI V. QUIRAM  
 Commissioner  
 (603)-271-3201

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

Bureau of Public Works  
 Design and Construction  
 Project No. 80834R – Contract A

September 8, 2015

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

**REQUESTED ACTION**

1). Authorize the Bureau of Public Works Design and Construction to enter into a contract with Kevin W. Smith & Son Inc., (VC# 226642) Gorham, ME 04038, for a total price not to exceed \$645,000, for the Building 'M' Roof Replacement, Concord, NH. This contract is effective upon Governor and Council approval through December 18, 2015, unless extended in accordance with the contract terms. **50% Federal Funds, 50% General Funds.**

2). Further authorize that a contingency in the amount of \$10,000 be approved for unanticipated structural expenses, latent conditions, or owner initiated changes for the Building 'M' Roof Replacement, bringing the total to \$655,000. **50% Federal Funds, 50% General Funds.**

3). Further authorize the amount of \$15,000 be approved for payment to the Department of Administrative Services, Bureau of Public Works Design and Construction (VC# 177875), for engineering services provided, bringing the total to \$670,000. **50% Federal Funds, 50% General Funds.**

Funding is available in account titled Adjutant General as follows:

02-12-12-120030-24160000 Statewide Readiness Ctr. Restoration and Modernization	SFY16
034-500162 – Repair/Renovations Bldgs.	645,000
034-500162 – Contingency	10,000
034-500162 – BPW Fees Interagency	<u>15,000</u>
<b>Grand Total</b>	<b>\$ 670,000*</b>

**\* Subject to the availability of Federal Funding.**

**EXPLANATION**

Per Chapter 220:1, I, F, Laws of 2015, Statewide Readiness Ctr. Restoration and Modernization. Work of the Project includes removal of existing membrane roof, roof drains, insulation and associated flashing. This project will install new insulation, roof drains, blocking, membrane roof, associated flashing and accessories with a 30 year total system warranty.

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 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, 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,



Vicki V. Quiram  
Commissioner

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80834R, Contract A – Building M Roof Replacement, Concord.

DESCRIPTION: Work of the Project includes removal of existing membrane roof, roof drains, insulation and associated flashing. Installation of new insulation, roof drains, blocking, membrane roof, associated flashing and accessories with a 30 year total system warranty.

EXPLANATION: The existing roof was installed in 1997 and had a ten (10) year warranty. The roof has exceeded its expected life expectancy and is leaking. Buckets are being used to catch the leaks from the roof.

UNDER ESTIMATE

EXPLANATION: Material cost for the roofing system came in below what was estimated. The cost for the general conditions also came in below what was estimated.

DEPARTMENT

ESTIMATE: \$699,000

LOW BID: \$645,000

**BIDDER SUMMARY**

PROJECT NAME: BUILDING M ROOF REPLACEMENT  
 PROJECT NUMBER: 80834R-A  
 COUNTY: MERRIMACK COUNTY 013  
 BID OPENING DATE: AUGUST 13, 2015  
 SCOPE OF WORK: REMOVE OF EXISTING MEMBRANE ROOF, ROOF DRAINS  
 INSTALLATION OF NEW INSULATION, ROOF DRAINS,  
 MEMBRANE ROOF AND ASSOCIATED FLASHING  
 LOCATION: CONCORD, NH  
 COMPLETION DATE: 12/18/2015

**BID RESULTS**

A.	KEVIN W SMITH & SON INC - PO BOX 151 GORHAM, NH 04038	\$645,000.00	ACCEPTED
B.	J.N.R. GUTTERS INC - 38-40 LANCASTER STREET HAVERHILL, MA 01830	\$689,800.00	ACCEPTED
C.	SKYLINE ROOFING INC - 861 PAGE STREET MANCHESTER, NH 03109	\$711,000.00	ACCEPTED
D.	ROCKWELL ROOFING INC - 44 POND STREET LEOMINSTER, MA 01453	\$776,000.00	ACCEPTED

Item #1 = \$585,000.  
 Item #2 = \$60,000.  
 \$645,000.

**BUREAU OF PUBLIC WORKS**

Award to Kevin W Smith & Son, Inc.  
 Hold for Negotiation

Cancel Contract

User Agency WSPRANG

Authorized by [Signature]

Date 08/19/2015

ITEM NO.	DESCRIPTION	UNIT	PS&E		A		
			QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
901	PERFORM WORK AS IDENTIFIED IN THE SPEC AND ON THE PLANS	EA	1	\$639,000.00	\$639,000.00	\$585,000.00	\$585,000.00
902	ALLOWANCE FOR OWNER-INITIATED CHANGES OR UNFORESEEN CONDITIONS	\$	60,000.00	\$1.00	\$60,000.00	\$1.00	\$60,000.00
					\$699,000.00		\$645,000.00

ITEM NO.	DESCRIPTION	EA	UNIT QUANTITY	PS&E		UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
				UNIT PRICE	TOTAL				
901	PERFORM WORK AS IDENTIFIED IN THE SPEC AND ON THE PLANS	EA	1	\$639,000.00		\$629,800.00	\$639,000.00	\$629,800.00	\$629,800.00
902	ALLOWANCE FOR OWNER-INITIATED CHANGES OR UNFORESEEN CONDITIONS	S	60,000.00	\$1.00		\$1.00	\$60,000.00	\$1.00	\$60,000.00
							\$699,000.00		\$689,800.00

ITEM NO.	DESCRIPTION	UNIT	QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
901	PERFORM WORK AS IDENTIFIED IN THE SPEC AND ON THE PLANS	EA	1	\$639,000.00	\$639,000.00	\$651,000.00	\$651,000.00
902	ALLOWANCE FOR OWNER- INITIATED CHANGES OR UNFORESEEN CONDITIONS	\$	60,000.00	\$1.00	\$60,000.00	\$1.00	\$60,000.00
					\$699,000.00		\$711,000.00

ITEM	NO. DESCRIPTION	UNIT	QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
	901 PERFORM WORK AS IDENTIFIED IN THE SPEC AND ON THE PLANS	EA	1	\$639,000.00	\$639,000.00	\$716,000.00	\$716,000.00
	902 ALLOWANCE FOR OWNER INITIATED CHANGES OR UNFORESEEN CONDITIONS	\$	60,000.00	\$1.00	\$60,000.00	\$1.00	\$60,000.00
					\$699,000.00		\$775,000.00





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/28/2015

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 FA Peabody Company 8 Lincoln Street P.O. Box 570 Mars Hill ME 04758	CONTACT NAME: Brittani Suitter	
	PHONE (A/C. No. Ext): (207) 429-9187 FAX (A/C. No.): (207) 429-8007 E-MAIL ADDRESS: brittani.suitter@fapeabody.com	
INSURED Kevin Smith & Son, Inc, DBA: Kevin Smith PO Box 151 Gorham ME 04038	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Atain Specialty Insurance Company	
	INSURER B: Frankenmuth Mutual Ins. Co.	13986
	INSURER C: Evanston Insurance Company	
	INSURER D: Maine Employers Mutual	11149
	INSURER E: Proressive Insurance Company	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL1582817638 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 checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		CIP269007	6/27/2015	6/27/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included
B E	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X		BA6267635 04389851-5	10/9/2014 10/09/2014	10/9/2015 10/09/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Broadening Endorsement \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		X	XOBW5928815	5/22/2015	5/22/2016	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
D	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	1810093666	4/15/2015	4/15/2016	<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)

The certificate holder is named as additional insured, when required by the written contract with respects to the General liability, Auto Liability, Excess Liability

Project Name: Building M Project No. 80834R-A 1 Minuteway, Concord, New Hampshire 03301

<b>CERTIFICATE HOLDER</b>  The State of New Hampshire The Commissioner & Department of Administ 7 Hazen Drive 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  B Suitter/BRITT <i>Brittani Suitter</i>



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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).

<b>PRODUCER</b> <b>FA Peabody Company</b> 8 Lincoln Street P.O. Box 570 Mars Hill ME 04758	<b>CONTACT NAME:</b> Brittani Suitter <b>PHONE (A/C, No. Ext):</b> (207) 429-9187 <b>FAX (A/C, No):</b> (207) 429-8007 <b>E-MAIL ADDRESS:</b> brittani.suitter@fapeabody.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Atain Specialty Insurance Company <b>INSURER B:</b> Liberty Mutual Insurance Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	<b>NAIC #</b>  <b>24198</b>
<b>INSURED</b> <b>The State of New Hampshire, The Commissioner &amp;</b> <b>7 Hazen Drive</b>  Concord NH 03305		

**COVERAGES**                      **CERTIFICATE NUMBER:** CL1582817639                      **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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:		CIP269436	8/27/2015	8/27/2016	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 \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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 \$
B	<b>Installation Builder Risk - Special</b>		IM875122	8/26/2015	2/26/2016	Building Limit 645,000 Deductible 1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 The Certificate Holder is named insured with the respects to the OCP policy. The certificate holder is additional insured with respects to the Builder's Risk as well ass Loss Payee on the Builder's Risk.

Project Name: Building M Project No: 80834R-A 1 Minuteway, Concord, NH 03301

**CERTIFICATE HOLDER****CANCELLATION**

<b>The State of New Hampshire</b> <b>The Commissioner &amp; Department of Administ</b> 7 Hazen Drive 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 B Suitter/BRITT <i>Brittani Suitter</i>
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