

State of New Hampshire

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

62 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. 80725 – Contract A

November 25, 2014

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 Morello Construction (VC# 172893) Peterborough, NH, for a total price not to exceed \$39,760, for the Sidewalk and Stairs Project – Administrative Office of the Courts, Concord, NH. This contract is effective upon Governor and Council approval through June 30, 2015, unless extended in accordance with the contract terms. **100% Operating - General Funds.**

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

01-14-14-141510-29500000	Gen. Services – Maint. & Grounds	<u>SFY15</u>
048-500226	– Contract Maintenance & Grounds	\$ 39,760

EXPLANATION

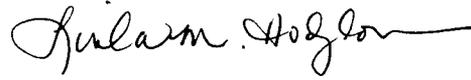
This project will construct a new paved sidewalk and a set of concrete stairs around the building, in order to give occupants on the lower level of the building a way to reach the public way.

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.

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
November 25, 1014
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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. 80725R, Contract A – Sidewalk and Stairs Project at the Administrative Office of the Courts Building, Concord, New Hampshire.

DESCRIPTION: This project will construct a new paved sidewalk and a set of concrete stairs around the building, in order to give occupants on the lower level of the building a way to reach the public way.

EXPLANATION: By constructing the sidewalk and stairs at the Administrative Office of the Courts Building, the building will be brought into compliance with the egress requirements of the NFPA 101 Life Safety Code.

OVER ESTIMATE

EXPLANATION: The difference between the low bid and the estimate is considered within industry standards.

DEPARTMENT

ESTIMATE: \$37,000

LOW BID: \$39,760

BIDDER SUMMARY

PROJECT NAME: **SIDEWALK AND STAIRS PROJECT NON-FEDERAL 80725R-A**
PROJECT NUMBER: **80725R-A**
COUNTY: **MERRIMACK COUNTY 013**
BID OPENING DATE: **09/25/2014**
SCOPE OF WORK: **SIDEWALK AND STAIRS PROJECT**
LOCATION: **CHARLES DOE DRIVE, CONCORD, NH**
COMPLETION DATE: **06/30/2015**

BID RESULTS

A MORELLO CONSTRUCTION INC (B001) - PO BOX 333 PETERBOROUGH, NH 03458	\$ 39,760.00	ACCEPTED
B E GUIMOND CONSTRUCTION LLC (B001) - 103 KNOX ROAD BOW, NH 03304	\$ 42,805.00	ACCEPTED
C ADVANCED EXCAVATING & PAVING (B001) - PO BOX 581 SUNCOOK, NH 03275	\$ 46,730.00	ACCEPTED
D NORTHEAST EARTH MECHANICS INC - 159 BARNSTEAD ROAD PITTSFIELD NH 03263	\$ 58,800.00	ACCEPTED

\$36,760.-
3,000.-
\$39,760.-

BUREAU OF PUBLIC WORKS
 Award to Morello Const. Inc.
 Hold for Negotiation
 Cancel Contract
User Agency DAS
Authorized by [Signature]
Date 10-22-2014

ITEM NO.	DESCRIPTION	PS&E			A		
		UNIT QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	TOTAL
901.00	CONSTRUCT SIDEWALK & STAIRS PER PLANS & SPECIFICATIONS	EA 1.00	\$ 34,000.00	\$ 34,000.00	\$ 36,760.00	\$ 36,760.00	
902.00	ALLOWANCE FOR ADDITIONS AND MODIFICATIONS TO THE CONTRACT	\$ 3,000.00	\$ 1.00	\$ 3,000.00	\$ 1.00	\$ 3,000.00	
				\$ 37,000.00		\$ 39,760.00	

ITEM NO.	DESCRIPTION	UNIT	QUANTITY	UNIT PRICE	TOTAL	PS&E	UNIT PRICE	TOTAL	B	UNIT PRICE	TOTAL
01.00	CONSTRUCT SIDEWALK & STAIRS PER PLANS & SPECIFICATIONS	EA	1.00	\$ 34,000.00	\$ 34,000.00					\$ 39,805.00	\$ 39,805.00
02.00	ALLOWANCE FOR ADDITIONS AND MODIFICATIONS TO THE CONTRACT	\$	3,000.00	\$ 1.00	\$ 3,000.00					\$ 1.00	\$ 3,000.00
								\$ 37,000.00			\$ 42,805.00

ITEM NO.	DESCRIPTION	UNIT	QUANTITY	UNIT PRICE	TOTAL	PS&E	UNIT PRICE	TOTAL	C
901.00	CONSTRUCT SIDEWALK & STAIRS PER PLANS & SPECIFICATIONS	EA	1.00	\$ 34,000.00	\$ 34,000.00		\$ 43,730.00	\$ 43,730.00	\$ 43,730.00
902.00	ALLOWANCE FOR ADDITIONS AND MODIFICATIONS TO THE CONTRACT	\$	3,000.00	\$ 1.00	\$ 3,000.00		\$ 1.00	\$ 3,000.00	\$ 3,000.00
					\$ 37,000.00			\$ 37,000.00	\$ 46,730.00

ITEM NO.	DESCRIPTION	UNIT	QUANTITY	UNIT PRICE	TOTAL	PS&E	UNIT PRICE	TOTAL	D	UNIT PRICE	TOTAL
901.00	CONSTRUCT SIDEWALK & STAIRS PER PLANS & SPECIFICATIONS	EA	1.00	\$ 34,000.00	\$ 34,000.00					\$ 55,800.00	\$ 55,800.00
902.00	ALLOWANCE FOR ADDITIONS AND MODIFICATIONS TO THE CONTRACT	\$	3,000.00	\$ 1.00	\$ 3,000.00					\$ 1.00	\$ 3,000.00
								\$ 37,000.00			\$ 58,800.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/31/2014

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).

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 Morello Construction, Inc. PO Box 333 Peterborough NH 03458	INSURER A: Peerless Indemnity		NAIC # 18333
	INSURER B: Liberty Mutual Holding Co.		
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES **CERTIFICATE NUMBER:** 2014/2015 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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	CBP8033912	5/1/2014	5/1/2015	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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC					
A	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS		BA8227437	5/1/2014	5/1/2015	BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/>				BODILY INJURY (Per accident) \$
		SCHEDULED AUTOS NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
						\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/>				EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/>				AGGREGATE \$ 2,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	X	CU8013891	5/1/2014	5/1/2015	\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					<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"/> N/A	WC1048220	5/1/2014	5/1/2015	E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		State: NH			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)
 RE: OCP State Department of Administrative Services Job: #80725R Sidewalk & Stairs Contract A. It is agreed and understood that the State of New Hampshire, NH Dept of Administrative Services is included as additional insured on General Liability and Umbrella when required by written contract.

CERTIFICATE HOLDER State of New Hampshire NH Dept of Administrative Services 7 Hazen Dr 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)

11/19/2014

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).

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: Liberty Mutual Holding Co.		NAIC #
INSURED State Department of Administrative Services PO Box 333 Peterborough NH 03458	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES CERTIFICATE NUMBER: 2014/2015 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			GL8992071	10/29/2014	10/29/2015	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) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$ 3,000,000
							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						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 \$
	EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> OCCUR						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED						RETENTION \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)
 Job: #80725R Sidewalk & Stairs Contract A

CERTIFICATE HOLDER**CANCELLATION**

State Department of Administrative Services 7 Hazen Drive Concord, NH 03301	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 



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
10/31/2014

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 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 #: 00012383		
INSURED Morello Construction, Inc., State Department of Administrative Services PO Box 333 Peterborough NH 03458	LOAN NUMBER	POLICY NUMBER CIM5181224
	EFFECTIVE DATE 10/29/2014	EXPIRATION DATE 10/29/2015
	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION

LOCATION/DESCRIPTION
Loc# 00001/Bldg# 00001
2 Charles Doe Drive
Concord, NH 03301

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	39,760	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	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
LOAN #		
AUTHORIZED REPRESENTATIVE Jim Harrison/BYM 		