

JUN 01 2015 13/ Jm



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. 80832R – Contract A

May 21, 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 J. Parker & Daughters, Inc. (VC# 156376) Pittsfield, NH, for a total price not to exceed \$128,600, for Site Improvements pertaining to the Controlled Humidity Preservation (CHP) Building in Nashua, N. H. This contract is effective upon Governor and Council approval through August 28, 2015, unless extended in accordance with the contract terms. **100% Federal Funds.**

2). Further authorize that a contingency in the amount of \$12,000 be approved for unanticipated site expenses, such as hazardous materials or ledge removal or owner initiated changes at the CHP, bringing the total to \$140,600. **100% Federal Funds.**

2). Further authorize the amount of \$13,000 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 \$153,600. **100% Federal Funds.**

Funding is available in account titled Adjutant General as follows:

02-12-12-120010-22450000 Army Guard Facilities	<b><u>SFY15</u></b>
103-500736 – Contract Repairs/Bldgs. & Grounds	\$ 128,600
103-500736 – Contract Repairs/Bldgs. & Grounds	<u>\$ 12,000</u>
Sub-Total	\$ 140,600

02-12-12-120010-22550000 Inter-Agency Payments

217-502682 – BPW Fees Interagency \$ 13,000

**Grand Total** **\$ 153,600**


**EXPLANATION**

Work of the project involves tree clearing, grubbing and earthwork to construct a level site pad for a 50ft x 100ft building to be constructed by others. An existing gravel roadway will be reconstructed and extended to access the building pad area. Underground electrical conduit and natural gas piping will be installed for future use.

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 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

Department Estimate: \$131,830  
Contract Amount: \$128,600  
Under Estimate: \$ 3,230

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80832R, Contract A – Nashua CHP Site Improvements, 154 Daniel Webster Highway, Nashua.

DESCRIPTION: The project will involve tree clearing, grubbing and earthwork to construct a level site pad for a 50ft x 100ft building constructed by others. An existing gravel roadway will be reconstructed and extended to access the building pad area. Underground electrical conduit and natural gas piping will be installed for future use.

EXPLANATION: The contract for the CHP (Controlled Humidity Preservation) Building has already been arranged. This project will develop the site for drainage and utilities, which the CHP Building will then be constructed on.

UNDER ESTIMATE

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

DEPARTMENT

ESTIMATE: \$131,830

LOW BID: \$128,600

**BIDDER SUMMARY**

PROJECT NAME:  
 PROJECT NUMBER:  
 COUNTY:  
 BID OPENING DATE:  
 SCOPE OF WORK:

**NASHUA CHP SITE IMPROVEMENTS NON-FEDERAL 80832R-A**  
**80832R-A**  
 HILLSBOROUGH COUNTY 011  
 04/07/2015  
 TREE CLEARING, GRUBBING & EATHWORK TO CONSTRUCT A LEVEL  
 SITE PAD FOR A 50'X100' BLDG CONSTRUCTED BY OTHERS. EXISTING  
 GRAVEL ROADWAY WILL BE RECONSTRUCTED & EXTENDED TO  
 ACCESS THE BLDG PAD AREA. UNDERGROUND ELEC CONDUIT & NAT  
 GAS PIPE INSTALLED FOR FUTURE  
 154 DANIEL WEBSTER HIGHWAY NASHUA, NH  
 08/28/2015

LOCATION:  
 COMPLETION DATE:

**BID RESULTS**

A J. PARKER & DAUGHTERS, INC. - 70 DAROSKA ROAD PITTSFIELD, NH 03263  
 B MORELLO CONSTRUCTION INC (B001) - PO BOX 333 PETERBOROUGH, NH 03458

\$ 128,600.00 ACCEPTED  
 \$ 133,865.00 ACCEPTED

Item #1 \$ 118,600.-  
 Item #2 \$ 10,000.-  
 \$ 128,600.-

**BUREAU OF PUBLIC WORKS**

Award to J. Parker & Daughters, Inc  
 Hold for Negotiation  
 Cancel Contract  
 User Agency Adjustment General  
 Authorized by [Signature]  
 Date 04292015



ITEM NO.	DESCRIPTION	UNIT	QUANTITY	UNIT PRICE	TOTAL	PS&E	UNIT PRICE	TOTAL	B	UNIT PRICE	TOTAL
901.00	CONSTRUCT CHP SITE IMPROVEMENTS PER PLANS & SPECIFICATIONS	EA	1.00	\$ 121,830.00	\$ 121,830.00		\$ 123,865.00	\$ 123,865.00		\$ 123,865.00	\$ 123,865.00
902.00	ALLOWANCE FOR ADDITIONS AND MODIFICATIONS TO THE CONTRACT	\$	10,000.00	\$ 1.00	\$ 10,000.00		\$	\$ 10,000.00		\$ 1.00	\$ 10,000.00
					\$ 131,830.00			\$ 131,830.00			\$ 133,865.00



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/6/2015

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).

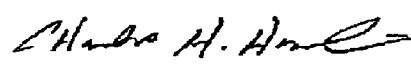
PRODUCER Infantine Insurance P. O. Box 5125  Manchester NH 03108	CONTACT NAME: Julie Levesque, CPCU, CIC X242
	PHONE (A/C. No. Ext): (603) 669-0704 FAX (A/C. No.): 603 669-6831
	E-MAIL ADDRESS: jlevesque@infantine.com
	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A: Firemen's Ins Co of Washington 21784
	INSURER B: Acadia Insurance Co. 31325
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: 15/16 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	ADDITIONAL SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		CPA020551018	4/1/2015	4/1/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>				MED EXP (Any one person) \$ 5,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC	PRODUCTS - COMP/OP AGG \$ 2,000,000					
A	AUTOMOBILE LIABILITY		CAA020551118	4/1/2015	4/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO	<input checked="" type="checkbox"/>				BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS					PROPERTY DAMAGE (Per accident) \$
B	UMBRELLA LIAB		CUA020551318	4/1/2015	4/1/2016	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/>				AGGREGATE \$ 1,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$					
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WPA508768812	4/1/2015	4/1/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS OTHER
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	EL EACH ACCIDENT \$ 500,000				
If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	EL DISEASE - EA EMPLOYEE \$ 500,000				
			BA States: NH			EL DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Job: CEP Site Improvements Contract A (#80832R). It is agreed and understood State of NH Department of Administrative Services is named as additional insured on a primary and non-contributory basis with respects to General Liability, Business Auto & Umbrella when required by written contract. Waiver of Subrogation applies to General Liability and Umbrella when required by written contract.

<b>CERTIFICATE HOLDER</b>  State of NH Department of Administrative Services Contract Office, Room 130 7 Hazen Drive Concord, NH 03302-0483	<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  Charles Hamlin/JLI 



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/11/2015

**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).**

<b>PRODUCER</b> Infantine Insurance P. O. Box 5125  Manchester NH 03108	<b>CONTACT NAME:</b> Julia Levesque, CPCU, CIC <b>PHONE (A/C, No, Ext):</b> (603) 669-0704 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> jlevesque@infantine.com  <b>INSURER(S) AFFORDING COVERAGE</b> NAIC # INSURER A: Acadia Insurance Co. 31325 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
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**COVERAGES** **CERTIFICATE NUMBER:** 15/16 Nashua CHP Site **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	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>OCF Policy</b>  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		OCP520909310	5/11/2015	5/11/2016	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 - COM/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		X				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			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)**  
 Job: CHP Site Improvements Contract A (#80832R). It is agreed and understood State of NH Department of Administrative Services is named as additional insured.

<b>CERTIFICATE HOLDER</b>  State of NH Department of Administrative Services Contract Office, Room 130 7 Hazen Drive Concord, NH 03302-0493	<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 Charles Hamlin/PPI
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# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
5/11/2015

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): CODE: 3081	E-MAIL ADDRESS: rick@infantine.com	
AGENCY CUSTOMER ID # 00013505		
INSURED J. Parker & Daughters Construction, Inc, St of NH DAS any/all Subcontractors 70 Daroska Road Pittsfield NH 03263	LOAN NUMBER	POLICY NUMBER CIM5209133
	EFFECTIVE DATE 5/11/2015	EXPIRATION DATE 5/11/2016
	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:		

### PROPERTY INFORMATION

LOCATION/DESCRIPTION Loc# 00001/Bldg# 00001 154 Daniel Webster Highway Nashua, NH 03060
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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	150,000	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

State of NH Department of Administrative Services 7 Hazen Dr., Room 250 Concord, NH 03302-0483	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	<input checked="" type="checkbox"/> Owner, Lessee, Contr (B)
	LOAN #	
AUTHORIZED REPRESENTATIVE		
Charles Hamlin/PP1		