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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

Division of Public Works
Design and Construction
Project No. 80893R – Contract B

August 4, 2016

Her Excellency, Governor Margaret Wood Hassan
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 JNR Gutters, Inc., (VC# 258689), Haverhill, MA, for a total price not to exceed \$252,475, for PSAP Operations Facility Roofing, Laconia, NH, and Troop "E" Roof Replacement, in Tamworth, NH. This contract is effective upon Governor and Council approval through November 1, 2016, unless extended in accordance with the contract terms. **80% Capital Funds, 20% Other Funds (State Police Forfeiture Account).**
- 2). Further authorize that a contingency in the amount of \$20,000 be approved for unanticipated structural expenses for the PSAP Operations Facility Roofing Replacement, bringing the total to \$272,475. **100% Capital Funds.**
- 3) Further authorize the amount of \$10,000 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC# 177875), for engineering services provided, bringing the total to \$282,475. **80% Capital Funds, 20% Other Fund (State Police Forfeiture Account).**

Funding is available in account titled Department of Safety as follows:

02-23-23-230030-52930000 PSAP Operations Facility Roofing Laconia

SFY17

034-500162 - Repair/Renovations Bldgs.	\$ 201,325
034-500162 - Contingency	20,000
034-500162 - Interagency DPW Fees	<u>8,000</u>
Sub Total	\$ 229,325

02-23-23-234010-40130000 State Police Forfeiture Acct.

103-500736 – Contract Repairs – Bldg. & Grounds	\$ 51,150
103-500736 – Interagency DPW Fees	<u>\$ 2,000</u>
Sub Total	\$ 53,150
Grand Total	\$282,475

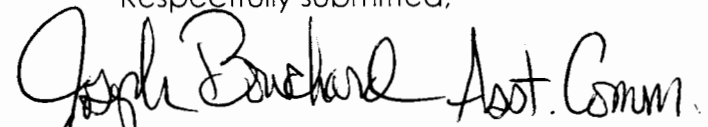
EXPLANATION

Per Chapter 220:1, XIV, A, Laws of 2015, for Laconia PSAP Data Operations Facility Roofing. This project will complete roof replacements at the PSAP Operations Facility and Troop "E", which are both out of warranty and in need of repair.

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 Safety 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, Division 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,


for Vicki V. Quiram
Commissioner

Department Estimate:	\$262,000
Contract Amount:	<u>\$252,475</u>
Under Estimate:	\$9,525

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 80893R, Contract B – PSAP Operations Facility Roof, Laconia and Troop 'E' Roof Replacement, Tamworth, New Hampshire.

DESCRIPTION: 1. PSAP Operations Facility Roof Replacement - Laconia, NH: Remove 60mil EPDM and insufficient sloped roof insulation on three major roofs and 6 minor roof areas totaling approximately 10,000sf; and replace with new sloped roof insulation and 90mil EPDM roofing. Work includes addition of a roof drain. Current roof is out of warranty and in need of repair for this critical facility.
2. Troop 'E' Re-roofing - Tamworth, NH: Remove old/damaged shingles on sloped roof and replace with new ice/water shield and architectural shingles. Roof area is approximately 4000sf. Current roof is out of warranty and in need of repair.

EXPLANATION: 1. The existing PSAP Operations Roof (Dwinnell Building, Lakes Region Facility) is out of warranty, leaks in several locations and does not meet minimum state required R values.
2. The existing Troop 'E' Roof shingles are out of warranty curling up and there are leaks in several locations.

UNDER ESTIMATE

EXPLANATION: All the bids were below the A/E estimate. The low combined project Bid was approximately 4% less than the adjusted A/E budget estimate.
The A/E and DPW estimates anticipated slightly higher labor and material costs in a recovering construction market (especially for the EPDM roofing work). Initial estimates were adjusted based upon recent roofing bid data and thus were only slightly high.

ALTERNATES

EXPLANATION: Alternates totaling \$11,200 were provided in case bids came in higher than anticipated. Alternate #1 adds two minor roof canopies back into the project. Alternate #2 adds snow guards on the existing metal roof back into the project. Both alternates can be accommodated within the project budget.

DEPARTMENT

ESTIMATE: \$262,000
LOW BID: \$252,475



Division of Public Works

ABC Bid Data

LACONIA-TAMWORTH
80893R Contract B
NON-FEDERAL

PROJECT: LACONIA-TAMWORTH
STATE PROJECT 80893R Contract B
FED. PROJECT NON-FEDERAL
SCOPE OF WORK: PSAP Operations Facility Roofing and Troop 'E' Roof Replacement
COMPLETION DATE: November 01, 2016
LOCATION: Belknap, Carroll

Summary of Bidders

Contractor	Bid Amount	Rank
JNR GUTTERS INC. 38-40 LANCASTER STREET, HAVERHILL MA 01830 SMITH & SON INC. KEVIN W 580 RICHVILLE ROAD, STANDISH ME 04084	\$252,475.00	A
	\$266,600.00	B

Item 901: \$168,525.-
Item 902: \$42,650.-
Item 903: \$21,500.-
Item 904: \$41,175.-
Item 905: \$27,500.-
Total: \$252,475.-
AT #1 #2
AT #1

BUREAU OF PUBLIC WORKS
Award to JNR Gutters Inc
Hold for Negotiation
Cancel Contract
User Agency DOS
Authorized by [Signature]
Date 06-27-2016

Item No.	Description	Unit	Quantity	Unit Price	Total	JNR GUTTERS INC 38-40 LANCASTER STREET HAVERHILL, MA 01830	SMITH & SON INC, KEVIN W 680 RICHVILLE ROAD STANDISH, ME 04084
				Unit Price	Total	Unit Price	Unit Price

901	PSAP OPERATIONS FACILITY ROOFING LACONIA NH	U	1,000	\$197,188.00	\$197,188.00	\$168,525.00	\$190,000.00
902	TROOP 'E' ROOF REPLACEMENT TOWNORTH NH	U	1,000	\$39,298.00	\$39,298.00	\$47,650.00	\$45,000.00
903	ALLOWANCE PSAP ROOFING LACONIA	\$	21,500.000	\$1.00	\$21,500.00	\$1.00	\$1.00
904	ALLOWANCE TROOP 'E' ROOF	\$	3,500.000	\$1.00	\$3,500.00	\$1.00	\$1.00

Totals: \$281,484.00 \$241,176.00 \$260,000.00

Item No.	Description	Unit	Quantity	Unit Price	Total	JNR GUTTERS INC 38-40 LANCASTER STREET HAVERHILL, MA 01830	SMITH & SON INC, KEVIN W 680 RICHVILLE ROAD STANDISH, ME 04084
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Alternates 80893R Contract B

Add Alternate #1

901	ALTERNATE #1 LACONIA WORK REMOVE REPLACE ROOFING	U	1,000	\$2,639.00	\$2,639.00	\$5,800.00	\$2,000.00
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Add Alternate #2

902	ALTERNATE #2 LACONIA WORK ADD SNOW GUARDS AS DRAWN	U	1,000	\$7,000.00	\$7,000.00	\$5,800.00	\$4,800.00
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Totals \$372,317.00 \$332,476.00 \$358,800.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/3/2016

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 Cross Insurance-Peabody 139 Lynnfield Street Peabody MA 01960		CONTACT NAME: Lauren Goldman PHONE (A/C, No, Ext): (978) 532-5445 FAX (A/C, No): (978) 532-2217 E-MAIL ADDRESS: lgoldman@crossagency.com	
INSURED JNR Gutters, Inc. 38-40 Lancaster Street Haverhill MA 01830		INSURER(S) AFFORDING COVERAGE INSURER A: Employers Mutual Ins Co INSURER B: Merchants Mutual Ins Co INSURER C: Granite State Insurance Company INSURER D: INSURER E: INSURER F:	
		NAIC # 23329	

COVERAGES	CERTIFICATE NUMBER: CL1672980593	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.		

NSR 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"/> 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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		5X5074817	7/20/2016	7/20/2017	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 - COMPIOP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		MCA7015134	6/21/2016	6/21/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP-Basic \$ 8,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	5J5074817	7/20/2016	7/20/2017	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WC009774192	9/20/2015	9/20/2016	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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 listed as additional insured with respect to liability arising out of the named insured's operations performed on behalf of the certificate holder.
Job locations are at: 1864 White Mountain Highway, Tamworth, NH, 03886 and 62 Communications Drive, Laconia, NH, 03246
PROJECT # 80893R
WORKERS COMPENSATION CLASSIFICATION: ROOFING NOC 5403 APPLIED TO THIS POLICY.

CERTIFICATE HOLDER State of New Hampshire Department of Administrative Services 25 Capitol Street Concord, NH 03301	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 Lauren Goldman/LG4 <i>Lauren E. Goldman</i>
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ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
	Underinsured motorist BI split limit	UNDSP		
Limit 1 100,000	Limit 2 300,000	Limit 3	Deductible Amount	Deductible Type
				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
	Uninsured motorist BI split limit	UMISP		
Limit 1 100,000	Limit 2 300,000	Limit 3	Deductible Amount	Deductible Type
				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
	Medical payments	MEDPM		
Limit 1 5,000	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
	Surcharges	SURC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium \$883.00
Ref #	Description	Coverage Code	Form No.	Edition Date
	Terrorism	TERO		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium \$695.00
Ref #	Description	Coverage Code	Form No.	Edition Date
	Premium discount	PDIS		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium -\$696.00
Ref #	Description	Coverage Code	Form No.	Edition Date
	Expense constant	EXCNT		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium \$338.00
Ref #	Description	Coverage Code	Form No.	Edition Date
	Increased employer's liability	INEL		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium \$232.00
Ref #	Description	Coverage Code	Form No.	Edition Date
	Experience Mod Factor 1	EXP01		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium -\$1,637.00
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium



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PRODUCER Cross Insurance-Peabody 139 Lynnfield Street Peabody MA 01960		CONTACT NAME: Lauren Goldman PHONE (A/C, No, Ext): (978) 532-5445 FAX (A/C, No): (978) 532-2217 E-MAIL ADDRESS: lgoldman@crossagency.com																						
INSURED JNR Gutters Inc. and State of New Hampshire Dept. of Administrative Services 38-40 Lancaster Street Haverhill MA 01830		<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Zurich Insurance</td><td></td></tr><tr><td>INSURER B:</td><td></td><td></td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Zurich Insurance		INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURER D:																								
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INSURER F:																								

COVERAGES

CERTIFICATE NUMBER: CL1672980597

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.

NSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$ \$
	AUTOMOBILE LIABILITY <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) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> 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 <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Builders Risk		ER09472517	08/01/2016	02/01/2017	\$252,475 on Buildings \$1,000 Deductible

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

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Job locations are at: 1864 White Mountain Highway, Tamworth, NH, 03886 and 62 Communications Drive, Laconia, NH 03246

PROJECT # 80893R

CERTIFICATE HOLDER**CANCELLATION**

State of New Hampshire
Department of Administrative Services
25 Capitol Street
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

Lauren Goldman/LG4

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INSURED State of N.H. Department of Administrative Services c/o JNR Gutters Inc. 38-40 Lancaster Street Haverhill MA 01830		INSURER(S) AFFORDING COVERAGE INSURER A: Employers Mutual Ins Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL168381004 REVISION NUMBER:

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	COMMERCIAL GENERAL LIABILITY						
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
	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) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.I. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.I. DISEASE - EA EMPLOYEE \$
							E.I. DISEASE - POLICY LIMIT \$
A	Owners Contractors Protective Liability			5X5145817	7/27/2016	7/27/2017	\$2,000,000/\$3,000,000

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

Job locations: 1864 White Mountain Highway, Tamworth NH 03886 and 62 Communications Drive, Laconia, NH 03246

PROJECT # 80893R

CERTIFICATE HOLDER

State of New Hampshire
Dept of Administrative Services
25 Capitol Street
Concord, NH 03301

CANCELLATION

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AUTHORIZED REPRESENTATIVE

Lauren Goldman/LG4

Lauren E. Goldman

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