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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

CHARLES M. ARLINGHAUS
Commissioner
(603)-271-3201

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

Division of Public Works
Design and Construction
Project No. 80926R – Contract B

December 8, 2017

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 Crocker Architectural Sheet Metal Co., Inc. (VC# 281536) Oxford, MA, for a total price not to exceed \$417,000, for Statewide Roofing Projects. This contract is effective upon Governor and Council approval through September 28, 2018, unless extended in accordance with the contract terms. **100% Turnpike Funds.**
- 2). Further authorize that a contingency in the amount of \$20,000 be approved for unanticipated structural expenses for the Statewide Roofing Projects, bringing the total to \$437,000. **100% Turnpike Funds.**
- 3). Further authorize the amount of \$8,100 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 \$445,100. **100% Turnpike Funds.**

Funding is available in account titled Dept. of Transportation as follows:

04-96-96-961017-70250000	Renewal – Replacement	<u>SFY18</u>
400-500869	– Contract Repairs/Bldgs. & Grounds	\$ 417,000
400-500869	– Contingency	\$ 20,000
046-500463	– DPW Fees Interagency	<u>\$ 8,100</u>
	Grand Total	\$ 445,100

EXPLANATION

This project will remove existing shingle roofing and installation of standing seam metal roofing at the Nashua Motor Vehicle E-ZPass Walk-In Center and the Department of Transportation Maintenance building in Nashua. Project also includes installation of snow guards at Hooksett, Hampton, Merrimack and the Dover Department of Transportation Maintenance buildings.

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 Transportation 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,



Charles M. Arlinghaus
Commissioner

Department Estimate:	\$381,498
Contract Amount:	<u>\$417,000</u>
Over Estimate:	\$ 35,502

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 80926R-B - Statewide Roofing Projects
(DOT Project No. 40855).

DESCRIPTION: Removal of existing shingle roofing and installation of standing seam metal roofing at Nashua DMV and DOT Maintenance Building in Nashua. Project also includes installation of snow guards at Hooksett, Hampton, Merrimack and Dover DOT Maintenance buildings.

EXPLANATION: Includes the removal of asphalt shingle roofing, flashing, underlayment, and damaged substrates and replacement with new standing seam metal roofing at two buildings. It also includes installation of snow guards on existing standing seam metal roofing at several maintenance buildings statewide.

OVER ESTIMATE

EXPLANATION: We received two bids for this project. The low bid was approximately 7% higher than the estimate. This is within a reasonable range and may reflect the fact that there were only two bidders and work is not scheduled to start until next spring.

DEPARTMENT

ESTIMATE: \$381,498
LOW BID: \$417,000

Item No.	Description	Unit	Quantity	PS&E		CROCKER ARCHITECTURAL SHEET METAL CO INC		ROCKWELL ROOFING, INC.	
				Unit Price	Total	Unit Price	Total	Unit Price	Total
901	STATEWIDE ROOFING PROJECTS	U	1.00	\$361,498.00	\$361,498.00	\$397,000.00	\$397,000.00	\$429,000.00	\$429,000.00
902	ALLOWANCE #1 ALLOWANCE FOR ADDITIONS AND MODIFICATIONS	\$	20,000.00	\$1.00	\$20,000.00	\$1.00	\$20,000.00	\$1.00	\$20,000.00
Totals:					\$381,498.00		\$417,000.00		\$449,000.00
Totals:					\$381,498.00		\$417,000.00		\$449,000.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/19/2017

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 Marsh & McLennan Agency LLC 100 Front St, Ste 800 Worcester MA 01608	CONTACT NAME: PHONE (A/C, No, Ext): 888-850-9400 E-MAIL ADDRESS: MMA.NewEngland.CLines@marshmc.com	FAX (A/C, No): 866-795-8016
	INSURER(S) AFFORDING COVERAGE	
INSURED CROCKARCHI2 Crocker Architectural Sheet Metal Co, Inc 129 Southbridge Rd. North Oxford MA 01537	INSURER A: Tokio Marine Specialty Insurance Co. NAIC # 23850	
	INSURER B: Travelers Insurance Company 25682	
	INSURER C: Navigators Insurance Company 42307	
	INSURER D: Acadia Insurance Company 31325	
	INSURER E: Great American Insurance Company 16691	
	INSURER F: Hanover Insurance Company 22292	

COVERAGES **CERTIFICATE NUMBER:** 1819859127 **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 INSP, 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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		PPK1549656	9/1/2017	9/1/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		BA9E251680	9/1/2017	9/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0		GA17EXC883464IV	9/1/2017	9/1/2018	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A	VTARP300239	9/1/2017	9/1/2018	<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
E	<input type="checkbox"/> OCP <input type="checkbox"/> Builders Risk		02OCP1000321 IHND42888500	12/1/2017 11/1/2017	9/30/2018 11/1/2018	Each Occurrence/Agg Limit \$ 3,000,000 417,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Job: Statewide Roofing Projects 80926R Contract B
 The State of New Hampshire, its agencies, and its agents and employees are included as additional insureds if required by written contract for work performed by the named insured.

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
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	INSURER(S) AFFORDING COVERAGE INSURER A : Hanover Insurance Company	NAIC # 22292
INSURED State of New Hampshire, care of Crocker Architectural Sheet Metal Co,In 129 Southbridge Rd. North Oxford MA 01537	CROCKARCHI2	
INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :		

COVERAGES **CERTIFICATE NUMBER: 1800531** **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.

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	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	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 \$
A	Builders Risk			IHND42888500	11/1/2017	11/1/2018	Limit 417,000

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