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MLC



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

Catherine A. Keane
 Deputy Commissioner
 (603)-271-2059

Division of Public Works
 Design and Construction
 Project No. 80856R – Contract B

January 31, 2019

His Excellency, Governor Christopher T. Sununu
 and the Honorable Council
 State House
 Concord, New Hampshire 03301

REQUESTED ACTION

1). Authorize the Bureau of Public Works Design and Construction to enter into a contract with Meridian Construction Corp (VC# 157328) Gilford, NH, for a total price not to exceed \$3,475,401, for the Highway Maintenance Facility, Lisbon, NH. This contract is effective upon Governor and Council approval through June 30, 2020, unless extended in accordance with the contract terms. **100% Highway Funds.**

2). Further authorize the amount of \$70,0000 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 \$3,545,401. **100% Highway Funds.**

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

04-96-96-960030-16810000	Lisbon - New Patrol Shed Facilities	<u>SFY19</u>
034-500161-	New Construction	\$ 3,006,364
034-500161-	Interagency DPW Fees	<u>50,000</u>
	Sub-Total	\$ 3,056,364
04-96-96-960030-82860000	Underground Fuel Tank Replacement - Statewide	
034-500162-	Repair/Renovations	\$ 394,486

04-96-96-960030-16830000 Statewide Salt Sheds

034-500162- New Construction	\$ 74,551
034-500162- Interagency - DPW Fees	<u>20,000</u>
Sub-Total	\$ 94,551

Grand Total **\$3,545,401**

EXPLANATION

Per Chapter 228:2, II, A for the Lisbon 114, New Patrol Shed Facilities, Chapter 220:2, III, A, Laws of 2015, extended by Chapter 228:22, 120, Laws of 2017 for Underground Fuel Tank Replacement - Statewide, and Chapter 228:2, II, C, Laws of 2017 for Statewide Salt Sheds. This project includes construction of 6,400 SF Patrol Building, 3,500 SF Salt Building, automated fueling system and miscellaneous site work including demolition of existing 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, 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,



Charles M. Arlinghaus
Commissioner

Department Estimate:	\$2,692,860
Contract Amount:	<u>\$3,475,401</u>
Over Estimate:	\$ 782,541

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 80856R, Contract B – Highway Maintenance Facility, Lisbon, New Hampshire

DESCRIPTION: Work of the Project includes construction of 6,400 SF Patrol Building, 3,500 SF Salt Building, automated fueling system and miscellaneous sitework including demolition of existing buildings.

EXPLANATION: The current DOT patrol shed is undersized for the vehicles and staffing, was originally built in 1902 and cannot be renovated to meet today's building codes. The new facility including a salt shed will meet today's standards and provide adequate storage.

OVER ESTIMATE EXPLANATION: Several factors caused the overage, contractor's experiencing a surplus of work, materials costs rising, and an upcharge for working in the north country to provide personnel onsite and deliveries of materials.

DEPARTMENT
ESTIMATE: \$2,692,860
LOW BID: \$3,475,401



ABC Bid Data

LISBON
80856RF
NON-FEDERAL

PROJECT: LISBON
STATE PROJECT NUMBER: 80856RF
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: December 12, 2018, 02:00 PM
SCOPE OF WORK: HIGHWAY MAINTENANCE FACILITY
COMPLETION DATE: June 30, 2020
LOCATION: Grafton

Certified by: _____

Summary of Bidders

Contractor	Bid Amount	Rank
MERIDIAN CONSTRUCTION CORP. 32 ARTISAN COURT #4, GILFORD NH 03249-8603	\$3,475,401.00	A

BUREAU OF PUBLIC WORKS

Award to A Bidder \$3,475,401
 Hold for Negotiation
 Cancel Contract
 User Agency DOT
 Authorized by MWJ
 Date 1/16/19

Item No.	Description	Unit	Quantity	PS&E		MERIDIAN CONSTRUCTION CORP. 32 ARTISAN COURT #4 GILFORD, NH 03249-8603	
				Unit Price	Total	Unit Price	Total

901	PATROL BUILDING	U	1.00	\$1,440,000.00	\$1,440,000.00	\$2,093,094.00	\$2,093,094.00
902	ALL SITEWORK FOR HIGHWAY MAINTENANCE FACILITY	U	1.00	\$640,860.00	\$640,860.00	\$613,281.00	\$613,281.00
903	FUEL STATION	U	1.00	\$150,000.00	\$150,000.00	\$360,086.00	\$360,086.00
904	SALT BUILDING	U	1.00	\$352,000.00	\$352,000.00	\$298,940.00	\$298,940.00
905	UNFORESEEN OR OWNER INITIATED CHANGES	\$	85,000.00	\$1.00	\$85,000.00	\$1.00	\$85,000.00
906	UTILITY FEES	\$	25,000.00	\$1.00	\$25,000.00	\$1.00	\$25,000.00
Totals:				\$2,692,860.00		\$3,475,401.00	
Totals:				\$2,692,860.00		\$3,475,401.00	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/22/2019

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		CONTACT NAME: Sarah Cullen, AINS, ACSR	
CROSS INSURANCE - LACONIA		PHONE (A.C. No. Ext): (603) 524-2425	FAX (A.C. No.): (603) 524-3666
155 Court Street		E-MAIL ADDRESS: scullen@crossagency.com	
Laconia NH 03246		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Firemen's Ins. Co. of Washington D.C.	NAIC #: 21784
INSURED		INSURER B:	
MERIDIAN CONSTRUCTION CORP.		INSURER C:	
32 ARTISAN COURT		INSURER D:	
UNIT #4		INSURER E:	
GILFORD NH 03249		INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL18103187824 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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPA5221144-13	10/31/2018	10/31/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Crisis Event \$ 100,000 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			CAA5221145-13	10/31/2018	10/31/2019	EACH OCCURRENCE \$ 8,000,000 AGGREGATE \$ 8,000,000 Products -Comp/Op Agg \$ 8,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			CUA5221146-13	10/31/2018	10/31/2019	<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
A	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	WCA5368721-10	01/01/2019	10/31/2019	

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

Project #80856R) (Contract F) Highway Maintenance Facility, 231 South Main Street, Lisbon NH

State of New Hampshire Department of Transportation is listed as an additional insured for ongoing operations performed by or on behalf of Meridian Construction Corp when required in a written contract.

CERTIFICATE HOLDER State of New Hampshire Department of Transportation PO Box 483 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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/22/2019

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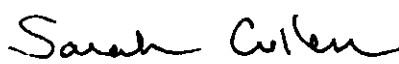
PRODUCER CROSS INSURANCE - LACONIA 155 Court Street Laconia NH 03246		CONTACT NAME: Sarah Cullen, AINS, ACSR PHONE (A/C No. Ext): (603) 524-2425 E-MAIL ADDRESS: scullen@crossagency.com FAX (A/C No): (603) 524-3666	
INSURED State of New Hampshire Department of Transportation C/O Meridian Construction Corp 32 Artisan Court, Unit #4 Gilford NH 03249		INSURER(S) AFFORDING COVERAGE INSURER A: Acadia Ins Co. NAIC # 31325 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL1912376138 **REVISION NUMBER:** 1

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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners & Contractors Protective GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			OCP5382188-10	01/22/2019	07/22/2020	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 - COMPOP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <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			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)
 Project: Highway Maintenance Facility (Contract F) (#80856R)
 231 South Main Street, Lisbon NH

CERTIFICATE HOLDER State of New Hampshire Department of Transportation 7 Hazen Drive, PO Box 483 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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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
1/22/2019

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 CROSS INSURANCE - LACONIA 155 Court Street Laconia NH 03246		PHONE (A/C, No. Ext): (603) 524-2425	COMPANY Acadia Ins Co. One Acadia Commons P.O. Box 9010 Westbrook ME 04098-5010	
FAX (A/C, No.): (603) 524-3666	E-MAIL ADDRESS:			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #: 00177919		LOAN NUMBER		POLICY NUMBER CIM5376527
INSURED State of New Hampshire, Dept of Transportation c/o Meridian Construction Corp 32 Artisan Court, Unit #4 Gilford NH 03249		EFFECTIVE DATE 1/22/2019	EXPIRATION DATE 7/22/2020	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION Highway Maintenance Facility (Contract F) (#80856R) Loc# 00001 231 South Main Street Lisbon, NH
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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, Replacement Cost, Special Form	3,475,401	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

NAME AND ADDRESS State of New Hampshire Department of Transportation 7 Hazen Drive, PO Box 483 Concord, NH 03302	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
LOAN #		
AUTHORIZED REPRESENTATIVE S Cullen, AINS, ACSR/S <i>Sarah Cullen</i>		