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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

Bureau of Public Works  
Design and Construction  
Project No. 80668 – Contract D

May 27, 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 Kevin W. Smith & Son, Inc. (VC# 226642) Gorham, ME, for a total price not to exceed \$169,280, for the Roof Replacement at the Lakes Region Facility – Powell Building, Laconia, NH. This contract is effective through September 30, 2015, unless extended in accordance with the contract terms. **100% Capital - General Funds.**

2). Further authorize pursuant to 195:12, Laws of 2013, the amount of \$17,300 be approved for payment to the Department of Administrative Services, Bureau of Public Works Design and Construction (VC# 177875), Capital Clerk for oversight and engineering services provided, bringing the total to \$186,580. **100% Capital – General Funds.**

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

01-14-14-146030-09380000	Campus Roof Repair	<u>FY 15</u>
	034-500162 - Repair/Renovations Bldgs.	\$ 141,398
	034-500162 - BPW Fees Interagency	<u>17,300</u>
	Sub-Total	\$ 158,698
01-14-14-146030-09430000	Emergency Repairs	
	034-500162 - Repair/Renovations Bldgs.	\$ 27,882
	<b>Grand Total</b>	<b>\$ 186,580</b>

**EXPLANATION**

Per Chapter 253:1,II, B, Laws of 2011, as extended by Chapter 195:47, 10, Laws of 2013 for the Lakes Region Facility Roof Repair and Chapter 253:1, II, D, 1, Laws of 2011, as extended by 195:47, 15, Laws of 2013, for Emergency Repairs – All Buildings. This project will remove the existing roofing system and replace it with a new EPDM complete roofing system. Included will be the installation of new decking, insulation, flashings and associated work required to install a new roofing system.

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.

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:	\$190,000
Contract Amount:	<u>\$169,280</u> (Negotiated)
Under Estimate:	\$ 20,720

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80668 Contract D – Roof Replacement at the Lakes Region Facility, Laconia.

DESCRIPTION: This project will remove the existing roofing system and replace it with a new EPDM complete roofing system. Included will be the installation of new decking, insulation, flashings and associated work required to install a new roofing system.

EXPLANATION: The Powell Building roof is experiencing accelerated deterioration with a number of leaks. These leaks have caused interior damage. Replacing the roof will preserve the State's investment in this building while providing a 25-year full roof system warranty.

UNDER ESTIMATE

EXPLANATION: The Base Bid was negotiated to reduce unit quantities in Item #3 from 8,000 SF to 570 SF after ACM test results were received. Since there was much less ACM found in the roof, we were able to proportionally decrease the A-Bidder's price for the removal of ACM.

DEPARTMENT

ESTIMATE: \$190,000

LOW BID: \$169,280 (negotiated)

**BIDDER SUMMARY**

PROJECT NAME: LAKES REGION FACILITY ROOF REPLACEMENT NON-FEDERAL 80668-D  
 PROJECT NUMBER: 80668-D  
 COUNTY: BELKNAP COUNTY 001  
 BID OPENING DATE: 03/25/2015  
 SCOPE OF WORK: THIS PROJECT WILL REMOVE THE EXISTING ROOFING SYSTEM AND REPLACE IT WITH A NEW EPDM COMPLETE ROOFING SYSTEM. INCLUDED WILL THE INSTALLATION NEW DECKING, INSULATION AND FLASHINGS ASSOCIATED WORKS REQUIRED TO INSTALL A NEW ROOFING SYSTEM.  
 LOCATION: RIGHT WAY PATH LACONIA, NH  
 COMPLETION DATE: 09/30/2015

**BID RESULTS**

A KEVIN W SMITH & SON INC (B001) - PO BOX 151 GORHAM, ME 04038 \$ 199,000.00 ACCEPTED  
 B MAJOR L RODD INC - 49 PERKINS STREET ST. JOHNSBURY, VT 05819 \$ 272,500.00 ACCEPTED  
 C SKYLINE ROOFING INC. - 861 PAGE STREET MANCHESTER, NH 03109 \$ 316,900.00 ACCEPTED

*(Handwritten notes)*  
 Item 1 = \$142,000.00 -  
 Item 2 = \$25,000.00 - (negotiated)  
 Item 3 = \$2,280.00 -  
 Total = \$169,280.00

BUREAU OF PUBLIC WORKS  
 Award to Kevin W. Smith & Son, Inc  
 Hold for Negotiation  
 Cancel Contract  
 User Agency: NHDAS  
 Authorized by: [Signature]  
 Date: 0429/2015



ITEM NO.	DESCRIPTION	PS&E		B	
		UNIT QUANTITY	UNIT PRICE	UNIT PRICE	TOTAL
901.00	REMOVE/REPLACE EXSTG ROOF SYSTEM PER PLANS & SPECS	EA	1.00	\$ 141,000.00	\$ 141,000.00
902.00	ALLOWANCE FOR UNFORESEEN CONDITIONS OR OWNER- INITIATED CHANGE:	\$	25,000.00	\$ 1.00	\$ 25,000.00
903.00	ADDITIONAL COST FOR REMOV & DISPOSAL OF ROOFING IF CONTAINS ACM	SF	8,000.00	\$ 3.00	\$ 24,000.00
					\$ 190,000.00
					\$ 225,900.00
					\$ 1.00
					\$ 21,600.00
					\$ 272,500.00

**ITEM NO.**  
 901.00 REMOVE/REPLACE EXSTG ROOF SYSTEM PER PLANS & SPECS  
 902.00 ALLOWANCE FOR UNFORESEEN CONDITIONS OR OWNER- INITIATED CHANGES  
 903.00 ADDITIONAL COST FOR REMOV & DISPOSAL OF ROOFING IF CONTAINS ACM

		PS&E		C	
UNIT	QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
EA	1.00	\$ 141,000.00	\$ 141,000.00	\$ 211,900.00	\$ 211,900.00
\$	25,000.00	\$ 1.00	\$ 25,000.00	\$ 1.00	\$ 25,000.00
SF	8,000.00	\$ 3.00	\$ 24,000.00	\$ 10.00	\$ 80,000.00
			\$ 190,000.00		\$ 316,900.00

# KEVIN W. SMITH & SON, INC.

PO BOX 151, GORHAM, ME 04038

Phone: 207.642.1015

Fax: 866.964.9333

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## PROPOSAL - LAKES REGION FACILITY ROOF REPLACEMENT

April 27, 2015

Mr. Jonathan Fudala  
NH Dept of Administrative Services  
Bureau of Public Works Design & Construction  
7 Hazen Drive  
Concord, NH 03302

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Project Name: Lakes Region Facility Roof Replacement  
Location: Laconia, NH

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1. Furnish all labor and materials to abate and properly dispose of approximately 570 sf of non-friable roofing felts and flashings
2. Price includes cost of asbestos notification, removal in non friable manner, lined dumpsters and proper disposal
3. Original cost was for 8,000 sf of ACBM removal; New cost is for 570 sf of ACBM removal

Unit price for work above: \$4.00/sf

For the above we are pleased to deduct the following from original bid: \$29,720.00

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*\*Upon acceptance, please sign and return one copy to the address above.*

Proposal Acceptance:

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/22/2015

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> FA Peabody Company 8 Lincoln Street P.O. Box 570 Mars Hill ME 04758		<b>CONTACT NAME:</b> Brittani Switter <b>PHONE (A/C No. Ext):</b> (207) 429-9187 <b>FAX (A/C No.):</b> (207) 429-8007 <b>E-MAIL ADDRESS:</b> brittani.switter@fapeabody.com															
<b>INSURED</b> Kevin Smith & Son, Inc, DBA: Kevin Smith PO Box 151 Gorham ME 04038		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Atain Specialty Insurance Company</td> <td></td> </tr> <tr> <td>INSURER B: Frankenmuth Mutual Ins. Co.</td> <td>13986</td> </tr> <tr> <td>INSURER C: Evanston Insurance Company</td> <td></td> </tr> <tr> <td>INSURER D: Maine Employers Mutual</td> <td>11149</td> </tr> <tr> <td>INSURER E: Progressive Insurance Company</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Atain Specialty Insurance Company		INSURER B: Frankenmuth Mutual Ins. Co.	13986	INSURER C: Evanston Insurance Company		INSURER D: Maine Employers Mutual	11149	INSURER E: Progressive Insurance Company		INSURER F:	
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INSURER F:																	

**COVERAGES**                      **CERTIFICATE NUMBER:** CL1552216499                      **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	UBR 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 checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		CIP209357	6/27/2014	6/27/2015	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 - COMP/OP AGG \$ Included \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X		BA6267635	10/9/2014	10/9/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Broadening Endorsement \$
E				04389851-5	10/09/2014	10/09/2015	
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	X		XOBW5928815	5/22/2015	5/22/2016	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	1810093666	4/15/2015	4/15/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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 named as additional insured, when required by the written contract with respects to the General Liability, Auto Liability, Excess Liability.  
 Project Name: Powell Bldg Contract #80668D, Rightway Path, Laconia NH 03247

<b>CERTIFICATE HOLDER</b>  The State of New Hampshire The Commissioner & Dept of Administrative 7 Hazen Drive Concord, NH 03302	<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 L Hutchinson CPIW/LIS <i>Lisa A. Hutchinson</i>
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5/27/2015

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<b>PRODUCER</b> FA Peabody Company 8 Lincoln Street P.O. Box 570 Mars Hill ME 04758	<b>CONTACT NAME:</b> Brittani Suitter <b>PHONE (A/C, No. Ext):</b> (207) 429-9187 <b>E-MAIL ADDRESS:</b> brittani.suitter@fapeabody.com <b>FAX (A/C, No):</b> (207) 429-8007
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Evanston Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: Liberty Mutual Insurance Company INSURER F:

**COVERAGES**                      **CERTIFICATE NUMBER: CL1552716544**                      **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	ADSL 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 OCP GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		CIP249688	5/22/2015	5/22/2016	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 - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Broadening Endorsement \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED    RETENTION \$					<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE 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				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
E	Installation Builders Risk-Special		TBA	5/22/2015	11/22/2015	Building Limit 169,280 Deductible 1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 The certificate holder is named insured with respects to the OCP Policy. The Certificate Holder is additional insured with respects to the Builders Risk as well as a loss payee on the Builders Risk.

Project Name: Powell Bldg Contract #80668D, Rightway Path, Laconia NH 03247

<b>CERTIFICATE HOLDER</b>  The State of New Hampshire The Commissioner & Dept of Administrative 7 Hazen Drive Concord, NH 03302	<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  B Suitter/BRITT <i>Brittani Suitter</i>

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