

101 *DM*

JUL 10 2015



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. 80633 – Contract C

July 10, 2015

Her Excellency, Governor Margaret Wood Hassan
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 Turnstone Corporation (VC# 169530) Milford, NH, for a total price not to exceed \$971,100, for the State House Dome Repairs – Platform Construction, Concord, NH. This contract is effective upon Governor and Council approval through November 2, 2015, unless extended in accordance with the contract terms. **100% Capital - General Funds.**

2). Further authorize that a contingency in the amount of \$50,000 be approved for unanticipated structural expenses for the State House Dome Repairs – Platform Construction, bringing the total to \$1,021,100. **100% Capital - General Funds.**

3). Further authorize pursuant to Chapter 220, 13, Laws of 2015, the amount of \$9,275 be approved for payment to the Department of Administrative Services, Bureau of Public Works Design and Construction (VC# 177875), for Capital Clerk oversight services provided, bringing the total to \$1,030,375 **100% Capital - General Funds.**

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

01-14-14-146030-49760000	State House Dome Repair	<u>SFY16</u>
034-500162	-Contract Repairs/Bldgs. & Grounds	\$ 971,100
034-500162	-Contingency	\$ 50,000
034-500162	-Interagency Fees (Capital Clerk)	<u>9,275</u>
	Grand Total	\$1,030,375

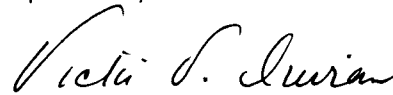
EXPLANATION

Per Chapter 220:1, II, B, 9, Laws of 2015, for the State House Dome Repairs. This project includes constructing new platform base for future scaffolding and dome repairs. Platform framing will be constructed above the existing roof structure and supported on existing reinforced structure. The platform will surround the existing dome. The contractor will be required to remove portion of existing gable roof structure and provide a watertight building.

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

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80633, Contract C – State House Dome Repairs – Platform Construction, Concord, N.H.

DESCRIPTION: Construct a new platform base to support future scaffolding and dome repairs. Platform framing will be above existing roof structure and supported on existing reinforced structure. The platform will surround the existing dome. Remove portion of existing gable roof structure and provide a watertight building. Platform to have side wall closure panels with decorative millwork detailing.

EXPLANATION: The existing white dome base and lantern (cupola) above the dome are in need of repairs, refurbishment, and new paint. The existing roof support has been evaluated to support the required scaffolding for this project. The structural report indicates that the existing roof support cannot support the proposed scaffolding. This platform base will provide support for all future scaffolding. This project must be complete prior to any future work on the dome or lantern.

ESTIMATE

EXPLANATION: The cost for the mechanical and fire alarm suppression work came in higher than anticipated.

BID ALTERNATE \$158,000 - Not accepted.

ADD NO 1

EXPLANATION: Decorative millwork detailing at the platform walls. This work will be completed as part of the work included in the dome and lantern repairs (Contract B). All millwork repairs will be similar in profile and completed by the same contractor.

DEPARTMENT

ESTIMATE: \$937,000

LOW BID: \$971,100

BIDDER SUMMARY

PROJECT NAME: STATE HOUSE DOME REPAIRS -- PLATFORM CONSTRUCTION NON-FEDERAL 80633C
 PROJECT NUMBER: 80633C
 COUNTY: MERRIMACK COUNTY 013
 BID OPENING DATE: 05/28/2015
 SCOPE OF WORK: NEW PLATFORM CONSTRUCTION BASE FOR FUTURE SCAFFOLDING AND DOME REPAIRS
 LOCATION: CONCORD, NH
 COMPLETION DATE: 11/02/2015

BID RESULTS

A TURNSTONE CORP (B001) - 51 FRANKLIN ST MILFORD, NH 03055-3705 \$ 971,100.00 ACCEPTED
 B DL KING & ASSOCIATES INC (B001) - 27 TANGLEWOOD DR NASHUA, NH 03062-1044 \$ 979,985.00 ACCEPTED

Platform Mechanical Electrical
 Item # - \$667,000 -
 901 - 132,800 - Unforeseen construction
 902 - 109,000 - Platform Scaffolding
 903 - 40,000 - Platform Construction
 904 - 15,000 -
 905 - \$971,100. #1
 906 -
 \$907.00 - Alternative #1
 NOT ACCEPTED.

BUREAU OF PUBLIC WORKS

Award to Turnstone Corp
 Hold for Negotiation
 Cancel Contract
 User Agency NH DPAS
 Authorized by [Signature]
 Date 07-07-2015

ITEM NO.	DESCRIPTION	UNIT	QUANTITY	UNIT PRICE	TOTAL	PS&E	UNIT PRICE	TOTAL	A	UNIT PRICE	TOTAL
901.00	PLATFORM CONSTRUCTION	EA	1.00	\$ 825,000.00	\$ 825,000.00		\$ 667,000.00	\$ 667,000.00		\$ 667,000.00	\$ 667,000.00
902.00	DESIGN BUILD WORK FOR MECHANICAL ELECTRICAL	EA	1.00	\$ 25,000.00	\$ 25,000.00		\$ 132,300.00	\$ 132,300.00		\$ 132,300.00	\$ 132,300.00
903.00	DESIGN BUILD WORK FOR FIRE ALARM SUPPRESSION	EA	1.00	\$ 25,000.00	\$ 25,000.00		\$ 109,800.00	\$ 109,800.00		\$ 109,800.00	\$ 109,800.00
904.00	ALLOWANCE #1	\$	40,000.00	\$ 1.00	\$ 40,000.00		\$ 1.00	\$ 40,000.00		\$ 1.00	\$ 40,000.00
905.00	ALLOWANCE #2	\$	15,000.00	\$ 1.00	\$ 15,000.00		\$ 1.00	\$ 15,000.00		\$ 1.00	\$ 15,000.00
906.00	ALLOWANCE #3	\$	7,000.00	\$ 1.00	\$ 7,000.00		\$ 1.00	\$ 7,000.00		\$ 1.00	\$ 7,000.00
					\$ 937,000.00			\$ 937,000.00			\$ 971,100.00

ALTERNATES

907.00	ALTERNATE #1	EA	1.00	\$ 290,000.00	\$ 290,000.00		\$ 158,000.00	\$ 158,000.00		\$ 158,000.00	\$ 158,000.00
--------	--------------	----	------	---------------	---------------	--	---------------	---------------	--	---------------	---------------

ITEM NO.	DESCRIPTION	PS&E			B		
		UNIT	QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
901.00	PLATFORM CONSTRUCTION	EA	1.00	\$ 825,000.00	\$ 825,000.00	\$ 764,000.00	\$ 764,000.00
902.00	DESIGN BUILD WORK FOR MECHANICAL ELECTRICAL	EA	1.00	\$ 25,000.00	\$ 25,000.00	\$ 59,000.00	\$ 59,000.00
903.00	DESIGN BUILD WORK FOR FIRE ALARM SUPPRESSION	EA	1.00	\$ 25,000.00	\$ 25,000.00	\$ 94,985.00	\$ 94,985.00
904.00	ALLOWANCE #1	\$	40,000.00	\$ 1.00	\$ 40,000.00	\$ 1.00	\$ 40,000.00
905.00	ALLOWANCE #2	\$	15,000.00	\$ 1.00	\$ 15,000.00	\$ 1.00	\$ 15,000.00
906.00	ALLOWANCE #3	\$	7,000.00	\$ 1.00	\$ 7,000.00	\$ 1.00	\$ 7,000.00
					\$ 937,000.00		\$ 979,985.00

ALTERNATES

907.00	ALTERNATE #1	EA	1.00	\$ 290,000.00	\$ 290,000.00	\$ 198,975.00	\$ 198,975.00
--------	--------------	----	------	---------------	---------------	---------------	---------------



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/8/2015

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 CROSS INSURANCE - LACONIA 155 Court Street Laconia NH 03246	CONTACT NAME: Janice Bagley, CIC
	PHONE (A/C, No. Ext): (603) 524-2425 FAX (A/C, No): (603) 524-3666 E-MAIL ADDRESS: jbagley@crossagency.com
INSURED Turnstone Corporation 51 Franklin Street Milford NH 03055-0539	INSURER(S) AFFORDING COVERAGE
	INSURER A: Fireman's Ins. Co. of
	INSURER B: Acadia Ins Co.
	INSURER C:
	INSURER D:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: **CL14121625450** 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	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			CPA0065107-24	12/31/2014	12/31/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC							
	A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS			CAA0065120-25	12/31/2014	12/31/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist BI-single \$ 1,000,000
		<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						
<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB							EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000	
B	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE			CUA0065121-24	12/31/2014	12/31/2015		
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WPA0095615-22	12/31/2014	12/31/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000	
	DED RETENTION \$							
	Y/N <input checked="" type="checkbox"/> N N/A							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Job Reference: State House Dome Repairs - Platform Construction (Contract C) (#80633)
State of New Hampshire Department of Administrative Service is an additional insured for ongoing operations performed by or on behalf of Turnstone Corporation when required in a written contract.

CERTIFICATE HOLDER State of New Hampshire Department of Administrative Services P.O. Box 483 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 J Bagley, CIC/JB8 <i>Janice Bagley</i>
---------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/9/2015

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 CROSS INSURANCE - LACONIA 155 Court Street Laconia NH 03246	CONTACT NAME: Janice Bagley, CIC PHONE (A/C No, Ext): (603) 524-2425 E-MAIL ADDRESS: jbagley@crossagency.com FAX (A/C, No): (603) 524-3666
INSURED STATE OF NEW HAMPSHIRE, DEPARTMENT OF ADMINISTRATIVE SERVICES, C/O TURNSTONE CORPORATION 51 FRANKLIN STREET MILFORD NH 03055-0539	INSURER(S) AFFORDING COVERAGE INSURER A: Acadia Insurance Group, LLC NAIC # 31325 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: CL157944231 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	ADOL 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 <input type="checkbox"/> Protective GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			OCF5217561-10	7/8/2015	7/8/2016	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 \$ \$
	AUTOMOBILE LIABILITY <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) \$ \$
	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				PER STATUTE OTHER 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 Reference: State House Dome Repairs - Platform Construction (Contract C) (#80633)

CERTIFICATE HOLDER

CANCELLATION

State of New Hampshire Department of Administrative Services P.O. Box 483 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 L Tikkanen, CISR/LXT <i>Linda Tikkanen</i>
------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

© 1988-2014 ACORD CORPORATION. All rights reserved.



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
7/9/2015

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 CROSS INSURANCE - LACONIA 155 Court Street Laconia NH 03246		PHONE (A/C, No, Ext): (603) 524-2425	COMPANY Liberty Mutual Holding Co 175 Running Hill Road Suite 1A South Portland ME 04106	
FAX (A/C, No): (603) 524-3666	E-MAIL ADDRESS:			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #: 00178165		LOAN NUMBER		POLICY NUMBER IM8125460
INSURED State of New Hampshire, Department of Administrative Services c/o Turnstone Corp, 51 Franklin St Milford NH 03055-0539		EFFECTIVE DATE 7/8/2015	EXPIRATION DATE 7/8/2016	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION
Loc# 00001
107 North Main Street
Concord, NH 03301

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 (renovations only)	\$971,000	\$1,000

REMARKS (Including Special Conditions)

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 New Hampshire Department of Administrative Services P.O. Box 483 Concord, NH 03301	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
LOAN #		
AUTHORIZED REPRESENTATIVE L Tikkanen, CISR/LXT <i>Linda Tikkanen</i>		