

# State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES  
OFFICE OF THE COMMISSIONER  
25 Capitol Street – Room 120  
Concord, New Hampshire 03301

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Jm

LINDA M. HODGDON  
Commissioner  
(603) 271-3201

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

Bureau of Public Works  
Design and Construction  
Project No. 80755 – Contract B

May 29, 2014

Her Excellency, Governor Margaret Wood Hassan  
and the Honorable Council  
State House  
Concord, New Hampshire 03301

### REQUESTED ACTION

Authorize the Bureau of Public Works Design and Construction to enter into a contract with T. Buck Construction, Inc. (VC# 156635) Auburn, ME, for a total price not to exceed \$496,630, for the Sherman Adams Building Entrance Improvements, Sargents Purchase, NH. This contract is effective upon Governor and Council approval through October 17, 2014, unless extended in accordance with the contract terms. **100% Operating - General Funds.**

Funding is available in account titled Department of Resources and Economic Development as follows:

05-35-35-350030-79600000	Sherman Adams Building	<u>SFY14</u>
034-500162	– Repair/Renovations Bldgs.	\$ 304,000
05-35-35-350030-79590000	Roofing & Repair State Parks	
034-500162	– Repair/Renovations Bldgs.	<u>\$ 192,630</u>
	<b>Grand Total</b>	<b>\$496,630</b>

**EXPLANATION**

Per Chapter 195:1, XIII, C, Laws of 2013 for the Sherman Adams Building Entrance Replacement and Chapter 195:1, XIII, B, Laws of 2013 for the Roofing and Repair State Parks. This project consists of furnishing all labor, material, tools, equipment, transportation, and supervision necessary and required to replace and renovate the entrance to the Sherman Adams 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 Resources and Economic Development 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,



Linda M. Hodgdon  
Commissioner

Department Estimate:	\$380,000
Contract Amount:	<u>\$496,630</u>
Over Estimate:	\$116,630

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80755R, Contract B – Sherman Adams Building Entrance Improvements, Mount Washington State Park, Sargent's Purchase.

DESCRIPTION: The project consists of furnishing all labor, material, tools, equipment, transportation, and supervision necessary and required to replace and renovate the entrance to the Sherman Adams Building.

EXPLANATION: After 32 years of service in extreme weather conditions, the existing entrance is in need of replacement. In addition, there is a need to create a vestibule to separate the outside weather from the building entrance in order to reduce heat loss and provide a safer entrance from extreme conditions.

OVER ESTIMATE EXPLANATION: Based on a comparison between the estimated price and contractor's bid prices, it appears that the factor to work at the Mount Washington State Park was underestimated. Transportation costs, unpredictable weather and the short construction season all contribute to the price escalation.

DEPARTMENT  
ESTIMATE: \$380,000  
LOW BID: \$496,630

# BIDDER SUMMARY

PROJECT NAME: SHERMAN ADAMS BUILDING ENTRANCE IMPROVEMENTS NON-FEDERAL  
PROJECT NUMBER: 80755-B  
COUNTY: COOS COUNTY 007  
BID OPENING DATE: 04/30/2014  
SCOPE OF WORK: EXTEND ENTRANCE TO VISITORS CENTER ON SUMMIT OF MT WASHINGTON  
LOCATION: SARGENTS PURCHASE NH  
COMPLETION DATE: 10/17/2014

## BID RESULTS

A T BUCK CONSTRUCTION INC (B001) - 249 MERROW RD AUBURN, ME 04210  
B A.R. COUTURE CONSTRUCTION CORP. - 1803 RIVERSIDE DR., BERLIN, NH 03570  
C D. L. KING & ASSOCIATES, INC. - 27 TANGLEWOOD DRIVE, NASHUA, NH 03062

\$	496,630.00	ACCEPTED
\$	498,700.00	ACCEPTED
\$	533,750.00	ACCEPTED

\$ 100,000.  
+ \$ 361,630.  
- \$ 35,000.  

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\$ 496,630.

## BUREAU OF PUBLIC WORKS

Award to A bidder  
 Hold for Negotiation  
 Cancel Contract  
User Agency R.F.O  
Authorized by [Signature]  
Date 05 07 2014

ITEM NO.	DESCRIPTION	UNIT	QUANTITY	PS&E			A			B		
				UNIT PRICE	TOTAL							
901.00	ALL SITE WORK & ASSOCIATED SPECS SHOWN ON SHTS C1.0, C2.0, C3.0	EA	1.00	\$ 66,000.00	\$ 66,000.00	\$ 100,000.00	\$ 100,000.00	\$ 30,000.00	\$ 30,000.00	\$ 30,000.00	\$ 30,000.00	
902.00	ALL OTHER BUILDING ENTRANCE IMPROVEMENTS	EA	1.00	\$ 279,000.00	\$ 279,000.00	\$ 361,630.00	\$ 361,630.00	\$ 433,700.00	\$ 433,700.00	\$ 433,700.00	\$ 433,700.00	
903.00	UNFORESEEN CONDITIONS OR OWNER INITIATED CHANGES	\$	35,000.00	\$ 1.00	\$ 35,000.00	\$ 1.00	\$ 35,000.00	\$ 1.00	\$ 35,000.00	\$ 1.00	\$ 35,000.00	
					\$ 380,000.00		\$ 496,630.00		\$ 498,700.00		\$ 498,700.00	

**ALTERNATES**

991.00	COST TO PROVIDE GRAPHICS AS SHOWN ON SHEET A5.1 FOR DOOR 305	EA	1.00	\$ 1,000.00	\$ 1,000.00	\$ 10,000.00	\$ 10,000.00	\$ 350.00	\$ 350.00	\$ 350.00	\$ 350.00
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ITEM NO.	DESCRIPTION	UNIT	QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
901.00	ALL SITE WORK & ASSOCIATED SPECS SHOWN ON SHTS C1.0, C2.0, C3.0	EA	1.00	\$ 66,000.00	\$ 66,000.00	\$ 121,000.00	\$ 121,000.00
902.00	ALL OTHER BUILDING EXTRANCE IMPROVEMENTS	EA	1.00	\$ 279,000.00	\$ 279,000.00	\$ 377,750.00	\$ 377,750.00
903.00	UNFORESEEN CONDITIONS OR OWNER INITIATED CHANGES	\$	35,000.00	\$ 1.00	\$ 35,000.00	\$ 1.00	\$ 35,000.00
					\$ 380,000.00		\$ 533,750.00

**ALTERNATES**

991.00	COST TO PROVIDE GRAPHICS AS SHOWN ON SHEET A5.1 FOR DOOR 305	EA	1.00	\$ 1,000.00	\$ 1,000.00	\$ 1,615.00	\$ 1,615.00
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/29/2014

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 Infantine Insurance P. O. Box 5125  Manchester NH 03108	CONTACT NAME: Yvette Fanaras
	PHONE (A/C No. Ext): (603) 669-0704 FAX (A/C No): 603-669-6831
INSURED  T. Buck Construction, Inc. 249 Merrow Road Auburn ME 04210	E-MAIL ADDRESS: yvette@infantine.com
	INSURER(S) AFFORDING COVERAGE NAIC#
	INSURER A: Acadia Insurance Co. 31325
	INSURER B: C. V. Starr & Company (CA)
	INSURER C: MEMIC Indemnity Company
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: 2014/2015 Master 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						EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			CLA5077473	4/1/2014	4/1/2015	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X					MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						\$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO			CAA5077477	4/1/2014	4/1/2015	BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE \$ 10,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 10,000,000
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED RETENTION \$	X		1000020002	4/1/2014	4/1/2015	\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			5101800485	4/1/2014	4/1/2015	E L EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N	N/A	State ME, NH, VT, MA			E L DISEASE - EA EMPLOYEE \$ 500,000
							E L DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Project: Entrance Improvements - Sherman Adams Building #80755B, Sargent Purchase NH  
 It is agreed and understood State Department of Administration Services is named as additional insured with respects to General Liability and Umbrella when required by written contract.

<b>CERTIFICATE HOLDER</b>  State Department of Administrative Servic 7 Hazen Drive Concord, NH 03302-0483	<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  Jim Harrison/BYM 



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/29/2014

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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> Infantine Insurance P. O. Box 5125  Manchester NH 03108	<b>CONTACT NAME:</b> Yvette Fanaras	
	<b>PHONE (A/C No. Ext):</b> (603) 669-0704	<b>FAX (A/C No.):</b> 603-669-6831
	<b>E-MAIL ADDRESS:</b> yvette@infantine.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b>  State Department of Administrative Services 7 Hazen Drive Concord NH 03302	<b>INSURER A:</b> Acadia Insurance Co.	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	

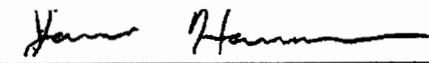
**COVERAGES** CERTIFICATE NUMBER: 2014/2015 OCP Master REVISION NUMBER:

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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b>		OCP515684210	05/15/2014	05/15/2015	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					MED EXP (Any one person) \$
	<input checked="" type="checkbox"/> <b>Owners &amp; Contractors</b>					PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER					GENERAL AGGREGATE \$ 3,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b>					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
						\$
	<input type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>					WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A			E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

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

Project: Mount Washington State Park, Sherman Adams Building #80755B, Sargents Purchase NH

<b>CERTIFICATE HOLDER</b>  State Department of Administrative Services 7 Hazen Drive Concord, NH 03302-0483	<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.
	<b>AUTHORIZED REPRESENTATIVE</b>  Jim Harrison/BKP 



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
5/19/2014

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 Infantine Insurance P. O. Box 5125  Manchester NH 03108 FAX (A/C, No): E-MAIL ADDRESS: jim@infantine.com CODE: 3081 SUB CODE: AGENCY CUSTOMER ID #: 00000569 INSURED T. Buck Construction, Inc., State Department of Administrative Services and 249 Merrow Road Auburn ME 04210	PHONE (A/C, No, Ext): (603) 669-0704	COMPANY Acadia Insurance Co. PO Box 9526  Manchester NH 03108-9526
	LOAN NUMBER	POLICY NUMBER CIM5156838
	EFFECTIVE DATE 5/15/2014	EXPIRATION DATE 5/15/2015
	CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:		

### PROPERTY INFORMATION

LOCATION/DESCRIPTION  
Loc# 00001/Bldg# 00001  
Mount Washington State Park  
Sargents Puchase, NH 00176

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
Job Specific Builders Risk, Special Form Incl Theft	496,630	1,000

### REMARKS (Including Special Conditions)

Named Insureds: Any and All Subcontractors

### 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 Department of Administrative Service 7 Hazen Drive Conrod, NH 03302	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	X Owner, Lessee, Contr (A)
LOAN #		
AUTHORIZED REPRESENTATIVE		
Jim Harrison/BYM		