



State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES
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. 81128R - Contract A

August 24, 2020

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 Skyline Roofing Services LLC, (VC# 309328), Manchester, NH, for a total price not to exceed \$882,000., for the Littleton & Franklin Readiness Center Roof replacements, at the Military Affairs and Veterans Services, Littleton and Franklin, NH. This contract is effective upon Governor and Council approval through December 4, 2020, unless extended in accordance with the contract terms. **100% Federal Funds.**

2). Further authorize the amount of \$18,500.00 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC# 311152), for engineering services provided, bringing the total to \$900,500. **100% Federal Funds.**

Funding is available in account titled DMAVS Army Guard Facilities as follows:

01-12-12-120010-22450000 Army Guard Facilities (pending availability of Federal Funds)
SFY21

103-500736 - Army Guard Facilities - Franklin	\$410,800
103-500736 - Army Guard Facilities - Littleton	\$471,200
Sub-Total	\$882,000

01-12-12-120010-22550000 Inter-Agency Payments (pending availability of Federal Funds)

217-502682	Interagency DPW fees - Franklin	\$ 9,250
217-502682	Interagency DPW fees - Littleton	\$ 9,250
	Sub-Total	\$ 18,500
	GRAND TOTAL	\$900,500

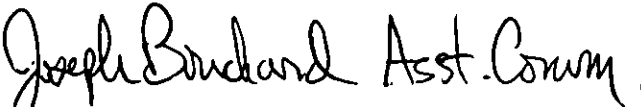
EXPLANATION

This project is to remove and replace existing roofs at two Readiness Centers. New roofs to be 90-Mil EPDM with cover board, insulation and a 30-Year total system warranty.

The contractor has been pre-qualified by the Department of Transportation. The contract has been approved by the Department of Justice as to form and execution; and the Dept. of Military Affairs & Veterans Services has certified that the necessary funds are pending. 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.

Respectfully submitted,


for Charles M. Arlinghaus,
Commissioner

Department Estimate: \$946,000
Contract Amount: \$882,000
Under Estimate: \$ 64,000



ABC Bid Data

STATEWIDE
01128RA
NON-FEDERAL

PROJECT: STATEWIDE
STATE PROJECT NUMBER: 01128RA
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: July 01, 2020, 2:00 PM
SCOPE OF WORK: LITTLETON & FRANKLIN READINESS CENTER ROOF REPLACEMENTS
COMPLETION DATE: December 04, 2020
LOCATION:

Certified by: _____

Summary of Bidders

Contractor	Bid Amount	Rank
SKYLINE ROOFING SERVICES LLC 861 PAGE STREET, MANCHESTER NH 03109	\$882,000.00	A
CARENO CONSTRUCTION CO., LLC 270 WEST ROAD, STE 4, PORTSMOUTH NH 03801-7811	\$1,097,200.00	B

Item #901: \$ 431,200.¹¹¹
 #902: \$ 40,000.
 #903: \$ 362,800.
 #904: \$ 48,000.
 Grand Total: \$ 882,000.

BUREAU OF PUBLIC WORKS
 Award to SKYLINE Roofing SVCS, LLC
 Hold for Negotiation
 Cancel Contract
 User Agency N.G.
 Authorized by [Signature]
 Date 7/07/2020



ABC Bid Data

STATEWIDE
81128RA
NON-FEDERAL

Item No. Items	Description	Unit	Quantity	PS&E		SKYLINE ROOFING SERVICES LLC 861 PAGE STREET MANCHESTER, NH 03109		CARENO CONSTRUCTION CO., LLC 270 WEST ROAD, STE 4 PORTSMOUTH, NH 03801-7611	
				Unit Price	Total	Unit Price	Total	Unit Price	Total
901	REMOVE AND REPLACE ROOF SYSTEM AT LITTLETON READINESS CENTER	U	1.00	\$391,000.00	\$391,000.00	\$431,200.00	\$431,200.00	\$519,200.00	\$519,200.00
902	ALLOWANCE FOR UNFORESEEN CONDITIONS AND OWNER INITIATED CHANGES AT LITTLETON RC	\$	40,000.00	\$1.00	\$40,000.00	\$1.00	\$40,000.00	\$1.00	\$40,000.00
903	REMOVE AND REPLACE ROOF SYSTEM AT FRANKLIN READINESS CENTER	U	1.00	\$467,000.00	\$467,000.00	\$362,800.00	\$362,800.00	\$490,000.00	\$490,000.00
904	ALLOWANCE FOR UNFORESEEN CONDITIONS AND OWNER INTIATED CHANGES AT FRANKLIN RC	\$	48,000.00	\$1.00	\$48,000.00	\$1.00	\$48,000.00	\$1.00	\$48,000.00
Totals:					\$946,000.00		\$882,000.00		\$1,097,200.00

**81128RA ALTERNATE
DEDUCT ALTERNATE 1**

991	DEDUCT ALTERNATE 1 REMOVE AND REPLACE SEWER LINE PER DRAWING SEWER RECONSTRUCTION PLAN	U	1.00	\$21,000.00	\$21,000.00	\$48,000.00	\$48,000.00	(\$56,000.00)	(\$56,000.00)
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All Totals:									
Totals:					\$946,000.00		\$882,000.00		\$1,097,200.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/25/2020

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 Slawsby Insurance Agency 3 Mound Ct, Suite B PO Box 1807 Merrimack NH 03054-1807	CONTACT NAME: Lisa Falzarano	
	PHONE (A/C, No, Ext): (800) 258-1776 FAX (A/C, No): (603) 429-1843 E-MAIL ADDRESS: lfalzarano@minutemangroup.com	
INSURED Skyline Roofing Services LLC 861 Page Street Manchester NH 03109-4637	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Acadia Insurance	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: 20-21StateofNH 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 checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	CPA5405815-11	08/01/2020	08/01/2021	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 Employee Benefits Liab \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY	Y	Y	CAA5405816-11	08/01/2020	08/01/2021	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	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	CUA5405817-11	08/01/2020	08/01/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 Completed Ops Agg \$ 5,000,000
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	Y	WCA5405818-11 - states below*	08/01/2020	08/01/2021	PER STATUTE <input checked="" 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

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

PROJECT: 81128RA
John La Stella is excluded from Workers Compensation coverage. *Workers Compensation states: 3a states: MA/NH
The State of New Hampshire, its agencies, and its agents and employees are included as Additional Insured for General Liability, Auto Liability, Umbrella Liability is follow form, as required by contract, as their interests may appear in regards to work performed by the Insured. Waiver of Subrogation in favor of the Additional Insured for General Liability; Auto Liability; Umbrella Liability is follow form, as required by contract (Workers Comp excluded as not allowed per New Hampshire state statute). Cancellation notice given to first named insured - 10 days before the effective date of cancellation if carrier cancels for nonpayment; - 30 days before the effective date of cancellation if carrier cancels for any other reason.

CERTIFICATE HOLDER

CANCELLATION

State of New Hampshire, c/o Dept. of Administrative Services 7 Hazen Drive, Room 250 Concord NH 03302	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)
08/25/2020

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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).

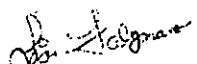
PRODUCER Slawby Insurance Agency 3 Mound Ct, Suite B PO Box 1807 Merrimack NH 03054-1807	CONTACT NAME: Lisa Falzarano PHONE (A.C. No, Ext): (800) 258-1776 FAX (A.C. No): (603) 429-1843 E-MAIL ADDRESS: lfalzarano@minutemangroup.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Acadia Insurance</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Acadia Insurance		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
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INSURER E:														
INSURER F:														
INSURED State of New Hampshire c/o Dept of Administrative Services c/o Skyline Roofing Services LLC 861 Page Street Manchester NH 03109-4637														

COVERAGES **CERTIFICATE NUMBER:** OCP State of NH **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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPI/OP AGG \$ \$
	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) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> 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	Liability			OCP5450317	08/05/2020	08/05/2021	Each Occurrence 2,000,000 General Aggregate 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
PROJECT Number: Statewide 81128RA

CERTIFICATE HOLDER State of New Hampshire c/o Dept 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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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
8/25/2020

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 Slawsby Insurance Agency 3 Mound Ct, Suite B PO Box 1807 Merrimack NH 03054-1807		PHONE (AG. No. Ext): (800) 258-1776	COMPANY Acadia Insurance PO Box 9010 Westbrook ME 04098	
FAX (A/C. No): (603) 428-1843	E-MAIL ADDRESS: tmulligan@minutemangroup.com			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #: 00005630		LOAN NUMBER		POLICY NUMBER CIM5449733-10
INSURED State of NH, Dept of Administrative Services, Skyline Roofing LLC, any and all Subcontractors, 861 Page Street Manchester NH 03109-4637		EFFECTIVE DATE 8/5/2020	EXPIRATION DATE 8/5/2021	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION Loc 1 - 350 Meadow Street, Littleton, NH Loc 2 - 300 South Main Street, Franklin, NH
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 CAT Limit	982,000	10,000

REMARKS (Including Special Conditions)

Project: 81128RA - Littleton Armory/Franklin Readiness Center.
Subcontractor: Electrician - Andrews Construction Co Inc., P O Box 720, Campton, NH 03223.
Waiver of subrogation is included.

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 c/o Dept of Administrative Services 7 Hazen Drive, Room 250 Concord, NH 03302	MORTGAGEE	<input checked="" type="checkbox"/>	ADDITIONAL INSURED
	LOSS PAYEE	<input type="checkbox"/>	
	LOAN #		
AUTHORIZED REPRESENTATIVE Lisa Falzarano/SUEW			