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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

Division of Public Works
Design and Construction
Project No. 80862R – Contract E

March 10, 2017

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 Meridian Construction Corp. (VC# 157328) Gilford, NH, for a total price not to exceed \$1,985,900, for the New Hampshire Liquor Commission Renovation of Warehouse space to Office Space, Concord, NH. This contract is effective upon Governor and Council approval through December 1, 2017, unless extended in accordance with the contract terms. **87% Capital – Other Funds, 13% Other Funds (Store Operations Funds).**

2). Further authorize the amount of \$50,000 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC# 177875), for engineering services provided, bringing the total to \$2,035,900. **100% Other Funds (Store Operations Funds).**

Funding is available in account titled Liquor Commission as follows:

02-77-77-770030-50980000	Renovate Warehouse for Enforcement and Maint.	<u>SFY17</u>
034-500162	– Repair/Renovation Bldgs.	\$1,720,139
02-77-77-771512-10300000	Store Operations	
024-500225	– Maint. Other than Bldgs-Grn	\$ 265,761
024-500225	– Interagency Fees	<u>50,000</u>
	Sub-Total	\$ 315,761
	Grand Total	\$2,035,900

EXPLANATION

Per Chapter 220:14, XII, D, Laws of 2015 for Renovate Warehouse for the Enforcement and Maintenance. This project will provide office space for the NHLC Marketing and Enforcement groups by expanding into the existing warehouse area in Concord.

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 Liquor Commission 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, Division 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: \$2,181,752
Contract Amount: \$1,985,900
Under Estimate: \$ 195,852

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 80862R, Contract E – Renovation of Warehouse Space to Office Space.

DESCRIPTION: This project provides office space for the NHLC Marketing and Enforcement groups by expanding into the existing warehouse area in Concord.

EXPLANATION: Presently the liquor enforcement group is leasing space, so this project uses already State owned space and provides better proximity of enforcement to the Liquor Commission. It also allows the Marketing group to have a consolidated more organized working environment.

UNDER ESTIMATE

EXPLANATION: The estimate was well within the range of all the bids which were very close together.

DEPARTMENT

ESTIMATE: \$2,181,752

LOW BID: \$1,985,900



ABC Bid Data

CONCORD
80862R, Contract E
NON-FEDERAL

Division of Public Works

PROJECT: CONCORD
STATE PROJECT NUMBER: 80862R, Contract E
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: February 01, 2017, 02:00 PM
SCOPE OF WORK: Renovation of warehouse space to office space.
COMPLETION DATE: December 01, 2017
LOCATION: Merrimack

Certified by: Theodore Kupper
Administrator

Summary of Bidders

Contractor	Bid Amount	Rank
MERIDIAN CONSTRUCTION CORP. 32 ARTISAN COURT #4, GILFORD NH 03249-6603	\$1,985,900.00	A
TCD CONSTRUCTION INC 91 HANCOCK RR, STE 3, PETERBOROUGH NH 03458	\$1,999,756.00	B
NORTH BRANCH CONSTRUCTION INC. 76 OLD TURNPIKE ROAD, CONCORD NH 03301-5242	\$2,038,000.00	C
SEAVER CONSTRUCTION INC 215 LEXINGTON STREET, WOBURN MA 01801	\$2,046,000.00	D
CARENO CONSTRUCTION CO., LLC 270 WEST ROAD, STE 4, PORTSMOUTH NH 03801-7611	\$2,090,000.00	E
STRUCTURETONE INC 711 ATLANTIC AVENUE, BOSTON MA 02111-2809	\$2,150,000.00	F
D. L. KING & ASSOCIATES INC. 27 TANGLEWOOD DRIVE, NASHUA NH 03062-1044	\$2,189,800.00	G
BUCK, T. CONSTRUCTION, INC 302B AUBURN ROAD, TURNER ME 04282	\$2,393,180.00	H
J.C.N.CONSTRUCTION CO., INC. 8 MERRILL INDUSTRIAL DRIVE UNIT 8, HAMPTON NH 03842	\$2,498,000.00	I

BUREAU OF PUBLIC WORKS

Award to Meridian Const. Corp

Hold for Negotiation

Cancel Contract

User Agency Kupper

Authorized by _____

Date 03/02/17

\$1,985,900.

Item No.	Description	Unit	Quantity	PS&E		MERIDIAN CONSTRUCTION CORP. 32 ARTISAN COURT #4 GILFORD, NH 03249-6603	TCD CONSTRUCTION INC 91 HANCOCK RR, STE 3 PETERBOROUGH, NH 03458
				Unit Price	Total		

901	RENOVATION OF WAREHOUSE SPACE INTO OFFICE AREAS PER PLANS AND SPECS	U	1,000	\$2,051,752.00	\$2,051,752.00	\$1,855,900.00	\$1,869,756.00
902	ALLOWANCE #1 (SEE SPECIFICATIONS SECTION 01200)	\$	130,000.000	\$1.00	\$130,000.00	\$130,000.00	\$130,000.00

Totals: **\$2,181,752.00** **\$1,985,900.00** **\$1,999,756.00**

Item No.	Description	Unit	Quantity	PS&E		NORTH BRANCH CONSTRUCTION INC.		SEAVER CONSTRUCTION INC	
				Unit Price	Total	Unit Price	Total	Unit Price	Total
901	RENOVATION OF WAREHOUSE SPACE INTO OFFICE AREAS PER PLANS AND SPECS	U	1.000	\$2,051,752.00	\$2,051,752.00	\$1,908,000.00	\$1,908,000.00	\$1,916,000.00	\$1,916,000.00
902	ALLOWANCE #1 (SEE SPECIFICATIONS SECTION 01200)	\$	130,000.000	\$1.00	\$130,000.00	\$1.00	\$130,000.00	\$1.00	\$130,000.00

Totals: **\$2,181,752.00** **\$2,038,000.00** **\$2,046,000.00**

Item No.	Description	Unit	Quantity	PS&E		CARENO CONSTRUCTION CO., LLC 270 WEST ROAD, STE 4 PORTSMOUTH, NH 03801-7611		STRUCTURETONE INC 711 ATLANTIC AVENUE BOSTON, MA 02111-2809	
				Unit Price	Total	Unit Price	Total	Unit Price	Total
901	RENOVATION OF WAREHOUSE SPACE INTO OFFICE AREAS PER PLANS AND SPECS	U	1.000	\$2,051,752.00	\$2,051,752.00	\$1,960,000.00	\$1,960,000.00	\$2,020,000.00	\$2,020,000.00
902	ALLOWANCE #1 (SEE SPECIFICATIONS SECTION 01200)	\$	130,000.000	\$1.00	\$130,000.00	\$1.00	\$130,000.00	\$1.00	\$130,000.00
Totals:					\$2,181,752.00		\$2,090,000.00		\$2,150,000.00

Item No.	Description	Unit	Quantity	PS&E		D. L. KING & ASSOCIATES INC. 27 TANGLEWOOD DRIVE NASHUA, NH 03062-1044		BUCK, T. CONSTRUCTION, INC. 302B AUBURN ROAD TURNER, ME 04282	
				Unit Price	Total	Unit Price	Total	Unit Price	Total
901	RENOVATION OF WAREHOUSE SPACE INTO OFFICE AREAS PER PLANS AND SPECS	U	1,000	\$2,051,752.00	\$2,051,752.00	\$2,059,800.00	\$2,059,800.00	\$2,263,180.00	\$2,263,180.00
902	ALLOWANCE #1 (SEE SPECIFICATIONS SECTION 01200)	\$	130,000,000	\$1.00	\$130,000.00	\$1.00	\$130,000.00	\$1.00	\$130,000.00
Totals:					\$2,181,752.00		\$2,189,800.00		\$2,393,180.00

Item No.	Description	Unit	Quantity	PS&E		J.C. N CONSTRUCTION CO., INC. 8 MERRILL INDUSTRIAL DRIVE UNIT 8 HAMPTON, NH 03842	
				Unit Price	Total	Unit Price	Total

901	RENOVATION OF WAREHOUSE SPACE INTO OFFICE AREAS PER PLANS AND SPECS	U	1.000	\$2,051,752.00	\$2,051,752.00	\$2,368,000.00	\$2,368,000.00
902	ALLOWANCE #1 (SEE SPECIFICATIONS SECTION 01200)	\$	130,000.000	\$1.00	\$130,000.00	\$1.00	\$130,000.00

Totals: **\$2,181,752.00** **\$2,498,000.00**

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/07/2017

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).

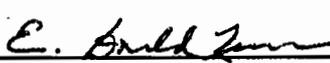
PRODUCER USI Insurance Solutions, LLC 123 Interstate Drive West Springfield, MA 01089 855 874-0123	CONTACT NAME: Lisa M. O'Neil PHONE (A/C, No, Ext): 413-750-4256 E-MAIL ADDRESS: lisa.oneil@usi.com	FAX (A/C, No): 610-537-4670
	INSURER(S) AFFORDING COVERAGE	
INSURED Meridian Construction Corp 32 Artisan Court, Unit#4 Gilford, NH 03249	INSURER A: ABC NH WORKERS COMP SIG, Inc NAIC # 99999	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **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	
	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 - 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	\$
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			ABC00401517	01/01/2017	01/01/2018	X PER STATUTE	OTH-ER
	Y/N N		N/A				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)
Proof of New Hampshire Workers' Compensation Coverage.
Project# 80862R Contract E NHLC Warehouse Convert to Office Space Project

CERTIFICATE HOLDER State of New Hampshire Department of Administrative Services 7 Hazen Drive, Room 130 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)

3/7/2017

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

COVERAGES

CERTIFICATE NUMBER: CL173702726

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	COMMERCIAL GENERAL LIABILITY			OCP5295969-10	3/7/2017	9/7/2018	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input checked="" type="checkbox"/> Owners & Contractors						MED EXP (Any one person) \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$ 3,000,000
							PRODUCTS - COMP/OP AGG \$
							OTHER \$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	EXCESS LIAB						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED						RETENTION \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: NHLC Warehouse Convert existing warehouse space to office space

Project#80862R-E

CERTIFICATE HOLDER**CANCELLATION**

State of New Hampshire Department of Administrative Services 25 Capitol Street 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 S Cullen, AINS, ACSR/ <i>Sarah Cullen</i>
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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
3/7/2017

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 CIM5290129
INSURED State of New Hampshire Dept of Admin Services c/o Meridian Construction Corp 32 Artisan Court, Unit #4 Gilford NH 03249		EFFECTIVE DATE 3/7/2017	EXPIRATION DATE 3/7/2018	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION Loc# 00001 50 Storrs St Concord, 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, Replacement Cost, Special Form	1,985,900	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

State of New Hampshire Department of Administrative Services 25 Capitol Street Concord, NH 03301	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE		
S Cullen, AINS, ACSR/S <i>Sarah Cullen</i>		