



State of New Hampshire

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

LINDA M. HODGDON
Commissioner
(603) 271-3201

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

Bureau of Public Works
Design and Construction
Project No. 80753 – Contract B

March 10, 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 D. P. Carney Construction, Inc. (VC# 258096) Ware, MA, for a total price not to exceed \$94,115, for the New Hampshire Building – Eastern States Expo – Roof Replacement, Springfield, Massachusetts. This contract is effective upon Governor and Council approval through August 1, 2014, unless extended in accordance with the contract terms. **100% Capital - General Funds.**

Funding is available in account titled Department of Agriculture as follows:

01-18-18-180030-12880000 NH Bldg. at Big E SFY14

034 - 500162 Repair/Renovations Buildings **\$ 94,115**

EXPLANATION

Per Chapter 195:1, III, A, Laws of 2013, for the New Hampshire Building – Eastern States Expo – Roof Replacement. This project consists of removing existing membrane roof and associated materials and installing a new membrane roof.

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council

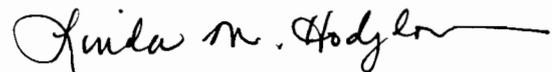
March 10, 2014

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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 Agriculture 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:	\$132,500
Contract Amount:	<u>\$ 94,115</u>
Under Estimate:	\$ 38,385

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80753, Contract B – Membrane Roof Replacement at the NH Building Eastern States Exposition Center.

DESCRIPTION: This project consists of removing existing membrane roof and associated materials and installing a new membrane roof.

EXPLANATION: The existing membrane roof's warranty expired in February of 2006. The roof has leaked off and on for several years and is need of replacement.

UNDER ESTIMATE

EXPLANATION: There were 7 bids received with one of them rejected as irregular. The bids ranged from a high of \$169,500.00 to a low of \$94,115.00. The average of the seven bids was \$129,497.00, which is very close to the project estimate of \$132,500.00. The "B" bidder was only \$1,185.00 higher than the "A" bidder. The Consultant developed the estimate with the assistance of a Consultant that specializes in estimates. He used pricing from past experience along with information from other roofing experts. The Contractor verified his bid was good. He explained he was trying to line up spring work so he was very aggressive with his bid by keeping his profit margin less than what he would use in mid-summer.

DEPARTMENT

ESTIMATE: \$132,500

LOW BID: \$ 94,115

BIDDER SUMMARY

PROJECT NAME: **Membrane Roof Replacement NON-FEDERAL 80753-B**
PROJECT NUMBER: **80753-B**
COUNTY: **HAMPDEN COUNTY**
BID OPENING DATE: **01/16/2014**
SCOPE OF WORK: **REMOVAL AND INSTALLATION OF APPROXIMATELY 8000 SQUARE FEET OF MEMBRANE ROOFING AND ASSOCIATED MATERIAL ON A WOOD FRAMED BUILDING SYSTEM.**
LOCATION: **NEW HAMPSHIRE BUILDING, EASTERN STATES EXPOSITION CENTER, SPRINGFIELD, MASSACHUSETTS**
COMPLETION DATE: **08/01/2014**

BID RESULTS

- A D.P. CARNEY CONSTRUCTION, INC. - 34 HORSESHOE CIRCLE WARE, MA 01082
- B ROCKWELL ROOFING, INC. - 44 POND STREET LEOMINSTER, MA 01453
- C EAGLE RIVET ROOF SERVICE - 15 BRITTON DRIVE BLOOMFIELD, CT 06002
- D A.C. & R. INC. - 165 CHELMSFORD ST LOWELL, MA 01851
- E BOB AILES ROOFING (B001) - 188 MOUNTAIN AVE ST JOHNSBURY, VT 05819
- F KEVIN W SMITH & SON INC (B001) - PO BOX 151 GORHAM, ME 04038
- G MELANSON CO INC (B001) - 353 WEST ST KEENE, NH 03431

\$	94,115.00	ACCEPTED
\$	95,300.00	ACCEPTED
\$	110,600.00	ACCEPTED
\$	141,090.00	ACCEPTED
\$	157,500.00	ACCEPTED
\$	169,500.00	ACCEPTED
\$	-	IRREGULAR

BUREAU OF PUBLIC WORKS
Award to A. Bidder
Hold for Negotiation
Cancel Contract
User Agency Dept. of Agriculture
Authorized by GLJ
Date 1/30/14

φ 94,115.00

ITEM NO.	DESCRIPTION	PS&E			A			B		
		UNIT	QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	
901.00	REMOVALF AND INSTALL NEW MEMBRANCE ROOF PER PLANS AND SPEC	EA	1.00	\$ 110,000.00	\$ 110,000.00	\$ 71,615.00	\$ 71,615.00	\$ 72,800.00	\$ 72,800.00	
902.00	ALLOWANCE #1 - UNFORESEEN CONDITIONS OR REMOVAL OF HAZARDOUS MATERIALS	\$	20,000.00	\$	20,000.00	\$	20,000.00	\$	20,000.00	
903.00	ALLOWANCE #2 - REPAIR OF DAMAGED ROOF DECK	\$	2,500.00	\$	2,500.00	\$	2,500.00	\$	2,500.00	
					\$ 132,500.00		\$ 94,115.00		\$ 95,300.00	

ITEM NO.	DESCRIPTION	PS&E			C			D		
		UNIT	QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	
001.00	REMOVALF AND INSTALL NEW MEMBRANCE ROOF PER PLANS AND SPEC	EA	1.00	\$ 110,000.00	\$ 110,000.00	\$ 88,100.00	\$ 88,100.00	\$ 118,590.00	\$ 118,590.00	
002.00	ALLOWANCE #1 - UNFORESEEN CONDITIONS OR REMOVAL OF HAZARDOUS MATERIALS	\$	20,000.00	\$ 1.00	\$ 20,000.00	\$ 1.00	\$ 20,000.00	\$ 1.00	\$ 20,000.00	
003.00	ALLOWANCE #2 - REPAIR OF DAMAGED ROOF DECK	\$	2,500.00	\$ 1.00	\$ 2,500.00	\$ 1.00	\$ 2,500.00	\$ 1.00	\$ 2,500.00	
					\$ 132,500.00		\$ 110,600.00		\$ 141,090.00	

ITEM NO.	DESCRIPTION	PS&E			E			F		
		UNIT	QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	
901.00	REMOVALF AND INSTALL NEW MEMBRANCE ROOF PER PLANS AND SPEC	EA	1.00	\$ 110,000.00	\$ 110,000.00	\$ 135,000.00	\$ 135,000.00	\$ 147,000.00	\$ 147,000.00	
902.00	ALLOWANCE #1 - UNFORESEEN CONDITIONS OR REMOVAL OF HAZARDOUS MATERIALS	\$	20,000.00	\$	20,000.00	\$	20,000.00	\$	20,000.00	
903.00	ALLOWANCE #2 - REPAIR OF DAMAGED ROOF DECK	\$	2,500.00	\$	2,500.00	\$	2,500.00	\$	2,500.00	
					\$ 132,500.00		\$ 157,500.00		\$ 169,500.00	

ITEM NO.	DESCRIPTION	UNIT	QUANTITY	PS&E		TOTAL	UNIT PRICE	TOTAL	G
				UNIT PRICE	TOTAL				
901.00	REMOVAL AND INSTALL NEW MEMBRANCE ROOF PER PLANS AND SPEC	EA	1.00	\$ 110,000.00	\$ 110,000.00	\$ 110,000.00	\$ 115,875.00	\$ 115,875.00	
902.00	ALLOWANCE #1 - UNFORESEEN CONDITIONS OR REMOVAL OF HAZARDOUS MATERIALS	\$	20,000.00	\$ 1.00	\$ 20,000.00	\$ 20,000.00	\$ 1.00	\$ 20,000.00	
903.00	ALLOWANCE #2 - REPAIR OF DAMAGED ROOF DECK	\$	2,500.00	\$ 1.00	\$ 2,500.00	\$ 2,500.00	\$ 1.00	\$ 2,500.00	
					\$ 132,500.00			\$ 138,375.00	



CERTIFICATE OF LIABILITY INSURANCE

DPCARN1

OP ID: AD

DATE (MM/DD/YYYY)
02/11/2014

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 PHILLIPS INSURANCE AGENCY INC 97 CENTER STREET CHICOPEE, MA 01013 PHILLIPS INSURANCE AGENCY INC	CONTACT NAME: Angela DiAugustino PHONE (A/C, No, Ext): 413-594-5984 E-MAIL ADDRESS: Angela@phillipsinsurance.com	FAX (A/C, No): 413-592-8499
	INSURER(S) AFFORDING COVERAGE	
INSURED D.P. Carney Construction, Inc. Mr. Dan Carney 34 Horseshoe Circle Ware, MA 01082	INSURER A: Admiral Insurance Company	NAIC # 12572
	INSURER B: Selective Insurance	
	INSURER C: Chartis Company	26182
	INSURER D: Admiral Insurance Company	
	INSURER E: Harleysville Mutual Ins. Co.	
	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 SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X	X	CA000018049-01	08/01/2013	08/01/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 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
	GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS	X	X	A9094953	08/01/2013	08/01/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	X	X	EX000013605-01	08/01/2013	08/01/2014	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
C	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	WC009930624	11/15/2013	11/15/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER 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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RE: Membrane Roof Replacement
 New Hampshire Building, Eastern States Exposition Center Springfield, MA
 Dept of Agriculture Bureau of Public Works Project #80753

CERTIFICATE HOLDER

STATENH

State of New Hampshire Dept
 of Administrative Services
 Bureau of Public Works
 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

Joseph M. Phillips

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NOTEPAD:

HOLDER CODE **STATENH**
INSURED'S NAME **D.P. Carney Construction, Inc.**

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Date **02/11/2014**

State of New Hampshire is listed as Additional Insured on the General Liability, Auto and Excess policies due to written contract. Waiver of Subrogation in favor of The State of New Hampshire applies to the General Liability, Auto, Excess and Workers Compensation policies. 30 Day Notice of Cancellation applies.



CERTIFICATE OF LIABILITY INSURANCE

DPCARN1

OP ID: AD

DATE (MM/DD/YYYY)
02/17/2014

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).

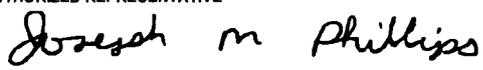
PRODUCER PHILLIPS INSURANCE AGENCY INC 97 CENTER STREET CHICOPEE, MA 01013 PHILLIPS INSURANCE AGENCY INC	CONTACT NAME: Angela DiAugustino PHONE (A/C, No, Ext): 413-594-5984 E-MAIL ADDRESS: Angela@PhillipsInsurance.com	FAX (A/C, No): 413-592-8499
	INSURER(S) AFFORDING COVERAGE	
INSURED The State Department of Administrative Services Mr. Dan Carney 34 Horseshoe Circle Ware, MA 01082	INSURER A : Harleysville Mutual Ins. Co. NAIC # 26182	
	INSURER B : Atain Specialty Ins Co	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> 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						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"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED 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) <input type="checkbox"/> Y / <input type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below			N / A			WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Builders Risk			CIM0000077816S	02/10/2014	02/10/2015	Limit 94,115
B	OCP			CIP199568	02/25/2014	08/25/2014	Limit 2occ/3agg

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

CERTIFICATE HOLDER STATENH State of New Hampshire Dept of Administrative Services Bureau of Public Works P.O 483 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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