



State of New Hampshire

FEB 17 15 AM 9:10 DAS

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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. 80722 – Contract B

February 5, 2015

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

REQUESTED ACTION

Authorize the Department of Administrative Services, Bureau of Public Works Design & Construction to enter into a contract amendment (Contract # 7001464-1) with Turnstone Corporation, (Vendor #169530) for the Main Building Kitchen Demolition, Concord N.H., by increasing the amount by \$22,625 from \$111,650 to \$134,275. The original contract and expenditure was approved by Governor and Council on November 12, 2014, Item #63, for a total price not to exceed \$115,250, (including \$3,600 for BPW fees). The contract is effective from the date of Governor and Council approval through May 15, 2015, unless extended by the Department in accordance with the contract. **100% General - Capital Funds.**

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

01-14-14-149030-09370000 Kitchen Roof	<u>SFY15</u>
034-500162 – Repair/Renovations Bldgs.	<u>\$ 22,625</u>
Grand Total	\$ 22,625

EXPLANATION

This request is required to pay for the contractor to remove asbestos containing material discovered in a space above the existing walk in coolers and in the roofing material.

The roof where the asbestos material was discovered has deteriorated and failed. Large sections are falling in so the asbestos abatement will need to be completed in conjunction with the demolition. The asbestos removal was not included in the basis scope of work.

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.

Respectfully submitted,

A handwritten signature in black ink that reads "Linda M. Hodgdon" with a long horizontal flourish extending to the right.

Linda M. Hodgdon
Commissioner

CONTRACT SUPPLEMENTAL INFORMATION SHEET
CONTRACT INCREASE

PROJECT: BPW Project No. 80722, Contract B – Kitchen Demolition
105 Pleasant St., Concord.

DESCRIPTION: Work of the Project includes the demolition of walls, roof structure and utilities of the Kitchen area of the Main Building. Infill of existing openings, cutting of floor slab to allow drainage and infilling lower floor level with common fill.

EXPLANATION: The roof on the Kitchen area of the Main Building has failed and caused extensive structural damage. Roof beams have failed and the roof is falling in causing damage to exterior walls.

**CONTRACT
INCREASE**

EXPLANATION: Asbestos containing material was discovered in a space above the existing walk in coolers and in the roofing material. The roof where the asbestos material was discovered has deteriorated and failed. Large sections are falling in so the asbestos abatement will need to be done in conjunction with the demolition.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/23/2015

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
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Acadia Insurance Group, LLC	NAIC # 31325
INSURED State of NH, Dept of Administrative Services c/o Turnstone Corporation 51 Franklin Street Milford NH 03055-0539	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL14101421084 **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			OCP5178909-10	10/15/2014	10/15/2015	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$
	<input checked="" type="checkbox"/> Owners & Contractors						PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY						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) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			N/A			OT-H-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							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)
Re: Kitchen Demolition, 105 Pleasant Street, Concord, NH - Job #80722 Contract B

CERTIFICATE HOLDER State of New Hampshire Department of Administrative Services Bureau of Public Works Design & Construct PO Box 483 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 J Bagley, CIC/JB8 <i>Janice Bagley</i>



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
1/23/2015

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 Peerless Ins 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 IM8994357
INSURED State of NH, Dept of Administrative Services c/o Turnstone Corporation 51 Franklin Street Milford NH 03055-0539		EFFECTIVE DATE 10/15/2014	EXPIRATION DATE 4/15/2015	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION
Loc# 00001
105 Pleasant Street
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	134,275	1,000

REMARKS (Including Special Conditions)

Re: Kitchen Demolition, 105 Pleasant Street, Concord, NH
Job #80722 Contract B

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 Bureau of Public Works Design & Construct PO Box 483 Concord, NH 03302	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
LOAN #		
AUTHORIZED REPRESENTATIVE Janice Bagley, CIC/JB8 <i>Janice Bagley</i>		



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/2/2015

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.

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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
	INSURER(S) AFFORDING COVERAGE INSURER A: Fireman's Ins. Co. of INSURER B: Acadia Ins Co. INSURER C: INSURER D: INSURER E: INSURER F:

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 - COMPOP 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						
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB			CUA0065121-24	12/31/2014	12/31/2015	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						
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
	Y/N N/A						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Project #80722 Contract B - Kitchen Demolition, 105 Pleasant Street, Concord, NH

State of New Hampshire, Department of Administrative Services is an additional insured for ongoing operations performed by or on behalf of Turnstone Corporation when required in a written contract.

RECEIVED

CERTIFICATE HOLDER State of New Hampshire Department of Administrative Services PO Box 483 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. JAN 06 2015 Bureau of Public Works
	AUTHORIZED REPRESENTATIVE J Bagley, CIC/JB8 <i>Janice Bagley</i>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/15/2014

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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
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Acadia Insurance Group, LLC	NAIC # 31325
INSURED State of NH, Dept of Administrative Services c/o Turnstone Corporation 51 Franklin Street Milford NH 03055-0539	INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL14101421084 **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			OCP5178909-10	10/15/2014	10/15/2015	EACH OCCURRENCE \$ 2,000,000
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$
	<input checked="" type="checkbox"/> Owners & Contractors						PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COM/POP AGG \$
							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO						BODILY INJURY (Per person) \$
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	SCHEDULED AUTOS						\$
	NON-OWNED AUTOS						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							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)
 Re: Kitchen Demolition, 105 Pleasant Street, Concord, NH - Job #80722 Contract B

CERTIFICATE HOLDER State of New Hampshire Department of Administrative Services Bureau of Public Works Design & Construct PO Box 483 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 J Bagley, CIC/JB8 <i>Janice Bagley</i>
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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
10/15/2014

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AGENCY CROSS INSURANCE - LACONIA 155 Court Street Laconia NH 03246		PHONE (A/C. No. Ext): (603)524-2425	COMPANY Peerless Ins 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 IM8994357
INSURED State of NH, Dept of Administrative Services c/o Turnstone Corporation 51 Franklin Street Milford NH 03055-0539		EFFECTIVE DATE 10/15/2014	EXPIRATION DATE 4/15/2015	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION

Loc# 00001
105 Pleasant Street
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	111,650	1,000

REMARKS (Including Special Conditions)

Re: Kitchen Demolition, 105 Pleasant Street, Concord, NH
Job #80722 Contract B

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 Bureau of Public Works Design & Construct PO Box 483 Concord, NH 03302	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
LOAN #		
AUTHORIZED REPRESENTATIVE Janice Bagley, CIC/JB8 <i>Janice Bagley</i>		

BPO



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

RECEIVED

OCT 31 2014

Bureau of Public Works

Bureau of Public Works
Design and Construction
Project No. 80722 – Contract B

October 21, 2014

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

11/12/2014

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 \$111,650, for the Kitchen Demolition – Main Building Hugh Gallen Office Park South, Concord, N. H. This contract is effective upon Governor and Council approval through January 30, 2015, unless extended in accordance with the contract terms. **100% Capital - General Funds.**

2). Further authorize pursuant to 195:12, Laws of 2013, the amount of \$3,600 be approved for payment to the Department of Administrative Services, Bureau of Public Works Design and Construction (VC# 177875), Capital Clerk for oversight and engineering services provided, bringing the total to \$115,250. **100% Capital – General Funds.**

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

01-14-14-149030-09370000 Kitchen Roof	<u>SFY15</u>
034-500162 – Repair/Renovations Bldgs	\$ 111,650
034-500162 – BPW Fees Interagency	<u>3,600</u>
Grand Total	\$ 115,250

EXPLANATION

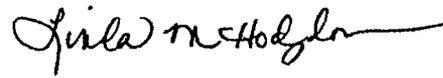
This project will include the demolition of walls, roof structure and utilities of the Kitchen area of the Main Building, as well as Infill of existing openings, cutting of floor slab to allow drainage and infilling lower floor level with common fill.

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
October 21, 2014
Page 2 of 2

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,

A handwritten signature in black ink, appearing to read "Linda M. Hodgdon", with a long horizontal flourish extending to the right.

Linda M. Hodgdon
Commissioner

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80722, Contract B – Kitchen Demolition
105 Pleasant St., Concord.

DESCRIPTION: The Scope of the Project includes the demolition of walls, roof structure and utilities located in the Kitchen area of the Main Building. The project also includes infilling the existing openings, cutting the floor slab to allow drainage and infilling the lower floor level with common fill.

EXPLANATION: The roof on the Kitchen area of the Main Building has failed and caused extensive structural damage. Roof beams have failed and the roof is falling in causing damage to exterior walls. The former kitchen area is located at the rear of the Main Building on Industrial Drive near the steam plant. The former kitchen area has been vacant for several years and is unsafe. It is more cost effective to raze the building than try to repair it. This is in keeping with the master plan for the campus which called for this section of the Main building to be razed to make way for future parking. A parking lot is planned for this site to support continued reuse of the state owned buildings at the Governor Hugh Gallen Office Park.

UNDER ESTIMATE

EXPLANATION: The estimate was based on prices from RS Means and was within 10% of the three higher bidders. The low bidder is using a sub-contractor to do the demolition of the roof structure and walls but will be doing the rest of the work with their own forces. They were looking for work and bid the project aggressively.

DEPARTMENT

ESTIMATE: \$195,000
LOW BID: \$111,650

BIDDER SUMMARY

PROJECT NAME:
PROJECT NUMBER:
COUNTY:
BID OPENING DATE:
SCOPE OF WORK:

KITCHEN DEMOLITION NON-FEDERAL 80722-B
80722-B
MERRIMACK COUNTY 013
10/09/2014

WORK OF THE PROJECT INCLUDES THE DEMOLITION OF WALLS, ROOF
STRUCTURE AND UTILITIES OF THE KITCHEN AREA OF THE MAIN
BUILDING. INFILL OF EXISTING OPENINGS, CUTTING OF FLOOR SLAB
TO ALLOW DRAINAGE AND INFILLING LOWER FLOOR LEVEL WITH
COMMON FILL.

LOCATION: 105 PLEASANT ST CONCORD, NH
COMPLETION DATE: 01/30/2015

BID RESULTS

- A TURNSTONE CORP (B001) - 51 FRANKLIN ST MILFORD, NH 03055-3705
- B DEC-TAM CORPORATION - 50 CONCORD STREET NORTH READING, MA 01864
- C ALL-WAYS WRECKING - 717 MAYHEW TPK, BRIDGEWATER, NH 03222
- D DL KING & ASSOCIATES INC (B001) - 27 TANGLEWOOD DR NASHUA, NH 03062-1044

\$ 111,650.00 ACCEPTED
\$ 164,626.00 ACCEPTED
\$ 178,222.00 ACCEPTED
\$ 198,850.00 ACCEPTED

BUREAU OF PUBLIC WORKS

Award to Turnstone Corp.
 Hold for Negotiation
 Cancel Contract

\$ 111,650.

User Agency BFAA (Admin Svcs)
Authorized by [Signature]
Date 10/14/2014

ITEM NO. DESCRIPTION

901.00 PERFORM WORK AS INDICATED IN THE SPECIFICATIONS AND ON THE DRAWINGS;

902.00 ALLOWANCE FOR OWNER-INITIATED CHANGES, DIFF EXISTING CONDITIONS

		PS&E		A	
UNIT	QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
EA	1.00	\$ 164,000.00	\$ 164,000.00	\$ 95,650.00	\$ 95,650.00
\$	16,000.00	\$	\$ 16,000.00	\$	\$ 16,000.00
			\$ 180,000.00		\$ 111,650.00

DESCRIPTION

NO. 901.00 PERFORM WORK AS INDICATED IN THE SPECIFICATIONS AND ON THE DRAWINGS;
 902.00 ALLOWANCE FOR OWNER- INITIATED CHANGES, DIFF EXISTING CONDITIONS

FORM

B

UNIT	QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
EA	1.00	\$ 164,000.00	\$ 164,000.00	\$ 148,626.00	\$ 148,626.00
\$	16,000.00	\$	\$ 16,000.00	\$	\$ 16,000.00
			\$ 180,000.00		\$ 164,626.00

ITEM NO. DESCRIPTION
 901.00 PERFORM WORK AS INDICATED IN THE SPECIFICATIONS AND ON THE DRAWINGS;
 902.00 ALLOWANCE FOR OWNER- INITIATED CHANGES, DIFF EXISTING CONDITIONS

	PS&E		C	
UNIT	QUANTITY	UNIT PRICE	TOTAL	TOTAL
EA	1.00	\$ 164,000.00	\$ 164,000.00	\$ 162,222.00
\$	16,000.00	\$ 1.00	\$ 16,000.00	\$ 16,000.00
			\$ 180,000.00	\$ 178,222.00

NO. DESCRIPTION

901.00 PERFORM WORK AS INDICATED IN THE SPECIFICATIONS AND ON THE DRAWINGS

902.00 ALLOWANCE FOR OWNER-INITIATED CHANGES, DIFF EXISTING CONDITIONS

	UNIT QUANTITY	UNIT PRICE	TOTAL	PS&E	D	UNIT PRICE	TOTAL
EA	1.00	\$ 164,000.00	\$ 164,000.00			\$ 182,850.00	\$ 182,850.00
\$	16,000.00	\$ 1.00	\$ 16,000.00			\$ 1.00	\$ 16,000.00
			\$ 180,000.00				\$ 198,850.00

Item No.	Quantity	Unit	Item Description	Unit Price	Amount
901.00	1.00	EA	PERFORM WORK AS INDICATED IN THE SPECIFICATIONS AND ON THE DRAWINGS	\$95,650.00	\$95,650.00
902.00	16,000.00	\$	ALLOWANCE FOR OWNER- INITIATED CHANGES, DIFF EXISTING CONDITIONS	\$1.00	\$16,000.00
Grand Total:					\$111,650.00