



# State of New Hampshire

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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. 80632 – Contract B

September 19, 2012

His Excellency, Governor John H. Lynch  
and the Honorable Council  
State House  
Concord, New Hampshire 03301

### REQUESTED ACTION

1). Authorize the Bureau of Public Works Design and Construction to enter into a contract with Pellowe Construction, LLC (VC# 173260) Alton, NH, for a total price not to exceed \$80,750, for the Replacement of the State House and LOB (Legislative Office Building) Tunnel Elevettes, Concord, N. H. This contract is effective upon Governor and Council approval through January 15, 2013, unless extended in accordance with the contract terms. **74% General – Capital Funds, 26% General - Transfer Funds(General Services).**

2). Further authorize the amount of \$740 be approved for payment to the Department of Administrative Services, Bureau of Public Works Design and Construction (VC# 177875), for engineering services provided, bringing the total to \$81,490. **99.30% Operating - General Funds, .70% General – Transfer Funds.**

Funding is available in account titled Administrative Services as follows:

01-14-14-146030-09460000	State House-LOB Tunnel	<u>SFY13</u>
034-500162	– Repair/Renovations Bldgs.	\$59,356
01-14-14-141510-2040 – General Services		
048-500226	– Contractual Maint. Bldg. & Grounds	\$21,394
048-500226	– BPW Fees	<u>\$ 740</u>
	Sub-Total	\$22,134
	<b>Grand Total</b>	<b>\$81,490</b>

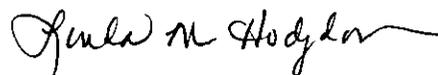
**EXPLANATION**

Per Chapter 253:1, II, D, 4 Laws of 2011, for the State House & LOB Tunnel. This project consists of, but is not limited to the replacement of two (2) Elevettes in the tunnel between the State House and the Legislative Office 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 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,



Linda M. Hodgdon  
Commissioner

Department Estimate:	\$68,000
Contract Amount:	<u>\$80,750</u>
Over Estimate:	\$12,750

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80632, Contract B – Replace State House – LOB Tunnel Elevettes, Concord.

DESCRIPTION: This project consists of, but is not limited to the replacement of two Elevettes in the tunnel between the State House and the Legislative Office Building.

EXPLANATION: The existing Elevettes do not meet current code and do not have the necessary weight capacity. In addition, water is getting into the sumps of the two Elevettes, which will be addressed by adding new sumps, pumps and piping to remove the water. This project will bring the Elevettes up to code.

OVERESTIMATE  
EXPLANATION: The low bid is over our estimate by about 18%. The work in the sumps as well as the installation of the drywell was difficult to estimate. The Contractor must work in a very tight space and some of the existing underground conditions remain unknown until excavations are made.

BID ALTERNATE  
ADDS/DEDUCTS  
EXPLANATION: Bid Alternate No. 1 (add) was not taken due to insufficient funds. Alternate No. 1 was to replace two existing doors.

DEPARTMENT  
ESTIMATE: \$68,000  
LOW BID: \$80,750

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF ADMINISTRATIVE SERVICES

BIDS WERE OPENED ON THE 30<sup>TH</sup> DAY OF AUGUST, 2012 TO REPLACE STATE HOUSE-LOB TUNNEL ELEVETTES, STATE HOUSE/LEGISLATIVE OFFICE BUILDING, CONCORD, NH

COMPLETION DATE: JANUARY 15, 2013

PROJECT NO. 80632 CONTRACT B

ITEM NO.	ITEM	QUANTITIES	A.			B.			TOTAL
			UNIT	TOTAL	UNIT	TOTAL	UNIT	TOTAL	
1	ALL WORK ASSOCIATED WITH REMOVING EXISTING ELEVETTES (2) AND INSTALLING 2 NEW ONES PER THESE CONTRACT DOCUMENTS	1 UNIT	\$64,750.00	\$64,750.00	\$83,256.00	\$83,256.00	\$96,498.00	\$96,498.00	
2	ALLOWANCE #1 IS FOR OWNER INITIATED CHANGES OR FOR UNKNOWN, LATENT OR DIFFERING EXISTING CONDITIONS OR FOR THE REMOVAL OF HAZARDOUS MATERIAL ENCOUNTERED BY CONSTRUCTION	1 ALLOW- ANCE	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00	
3	ALLOWANCE #2 IS FOR OWNER INITIATED CHANGES OR FOR UNKNOWN, LATENT OR DIFFERING EXISTING CONDITIONS RELATED TO ELECTRICAL ISSUES THAT ARE ENCOUNTERED BY CONSTRUCTION	1 ALLOW- ANCE	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	
4	ALLOWANCE #3 IS FOR OWNER INITIATED CHANGES OR FOR UNKNOWN, LATENT OR DIFFERING EXISTING CONDITIONS RELATED TO EXCAVATING FOR THE SUMP OUTLET THAT ARE ENCOUNTERED BY CONSTRUCTION	1 ALLOW- ANCE	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	
<b>BASE BID LUMP SUM FOR ITEMS 1 THROUGH 4</b>				\$80,750.00	\$99,256.00	\$99,256.00	\$112,498.00	\$112,498.00	

ALTERNATE NO. 1 - ADD: \$13,750.00 \$8,900.00 \$7,620.00

- A. PELLOWE CONSTRUCTION, LLC, 50 OLD WOLFEBORO ROAD, PO BOX 1003, ALTON, NH 03809
- B. E. GUIMOND CONSTRUCTION CO., LLC, 103 KNOX ROAD, BOW, NH 03304
- C. SCHROEDER CONSTRUCTION MGMT, INC., 89 AMHERST STREET, PO BOX 601, NASHUA, NH 03064
- D. D. L. KING & ASSOCIATES, INC., 27 TANGLEWOOD DRIVE, NASHUA, NH 03062-1044

\$127,865.00

**BUREAU OF PUBLIC WORKS**

Award to A-Bidder

Hold for Negotiation \$80,750.00

Cancel Contract

User Agency DAS

Authorized by [Signature]

Date 8-4-12



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/21/2012

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).

<b>PRODUCER</b> Infantine Insurance P. O. Box 5125  Manchester NH 03108		<b>CONTACT NAME:</b> Gail Shaw, AAI <b>PHONE (A/C No. Ext.):</b> (603) 669-0704 <b>FAX (A/G. No.):</b> <b>E-MAIL ADDRESS:</b> gshaw@infantine.com	
<b>INSURED</b> Fellowe Construction, LLC P.O. Box 1003  Alton NH 03809		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Netherlands Insurance 24171 <b>INSURER B:</b> Peerless Insurance 24198 <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

COVERAGES      CERTIFICATE NUMBER: CL1292105216      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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X	CBP6530309	10/3/2012	10/3/2013	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		BAB536108	10/3/2012	10/3/2013	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist combined \$ 1,000,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	X	CUB539809	10/3/2012	10/3/2013	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	WC8539308	10/3/2012	10/3/2013	WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 500,000 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)  
 Job: Replace State House - Lob Funnell Elevettes (State House/Legislative Office Building), #80632  
 Contract B, Concord, NH.  
 It is hereby agreed and understood that the State of New Hampshire, Department of Administrative Services is included as additional insured on General Liability and Umbrella when required by written contract.

<b>CERTIFICATE HOLDER</b>  State of New Hampshire Department of Administrative Services 7 Hazen Drive Concord, NH 03301	<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  Chuck Hamlin/GES
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/11/2012

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).

<b>PRODUCER</b> Infantine Insurance P. O. Box 5125  Manchester NH 03108	<b>CONTACT NAME:</b> Gail Shaw <b>PHONE (A/C, No, Ext):</b> (603) 669-0704 <b>E-MAIL ADDRESS:</b> gshaw@infantine.com	<b>FAX (A/C, No):</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> State of NH, Dept. of Administrative Services c/o Pellow Construction 7 Hazen Drive Concord NH 03301	<b>INSURER A:</b> Peerless Insurance		24198
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
<b>INSURER F:</b>			

**COVERAGES** CERTIFICATE NUMBER: 11/12 OCP 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			GL89206456	9/12/2012	9/12/2013	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"/> Owners & Contractors						PERSONAL & ADV INJURY	\$
	<input type="checkbox"/> Protective Liability					GENERAL AGGREGATE	\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COM/PO/AGG	\$	
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$	
	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	\$
	<input type="checkbox"/> EXCESS LIAB		<input type="checkbox"/> OCCUR				AGGREGATE	\$
			<input type="checkbox"/> CLAIMS-MADE					\$
	DED		RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/> Y/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)  
RE: Replace State House - Lob Tunnell Elevettes (State House/Legislative Office Building), #80632  
Contract B, Concord, NH.

<b>CERTIFICATE HOLDER</b>  State of New Hampshire Department of Administrative Services 7 Hazen Drive Concord, NH 03301	<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>  Chuck Hamlin/BKP <i>Charles H. Hamlin</i>



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
9/11/2012

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 <b>Infantine Insurance</b> P. O. Box 5125  Manchester NH 03108		PHONE (A/C, No, Ext): (603) 669-0704	COMPANY <b>Acadia Insurance Co.</b> PO Box 9526  Manchester NH 03108-9526	
FAX (A/C, No): E-MAIL ADDRESS: <b>gshaw@infantine.com</b>		LOAN NUMBER		
CODE: <b>3081</b> SUB CODE:		POLICY NUMBER <b>CIM506500010</b>		CONTINUED UNTIL TERMINATED IF CHECKED
AGENCY CUSTOMER ID #: <b>00016769</b>		EFFECTIVE DATE <b>9/12/2012</b>	EXPIRATION DATE <b>9/12/2013</b>	<input type="checkbox"/>
INSURED <b>Fellowe Construction, LLC, State of NH</b> <b>Dept of Admin. Services</b> <b>P.O. Box 1003</b> <b>Alton NH 03809</b>		THIS REPLACES PRIOR EVIDENCE DATED:		

### PROPERTY INFORMATION

LOCATION/DESCRIPTION  
**Project: Replace State House - Lob Tunnel Eleveltes (State House/Legislative Office Building)**  
**107 North Main 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
<b>Builders Risk - Completed Value Form</b>	<b>80,750</b>	<b>1,000</b>

### REMARKS (Including Special Conditions)

**Named insured includes: State of New Hampshire, Dept. of Administrative Services**  
**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 of New Hampshire Dept. of Admin. Services 7 Hazen Drive Concord, NH 03301	<input type="checkbox"/> MORTGAGEE	ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE Chuck Hamlin/BKP <i>Chuck Hamlin</i>		