



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

Bureau of Public Works  
Design and Construction  
Project No. 80814R – Contract B

August 17, 2015

Her Excellency, Governor Margaret Wood Hassan  
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 Ray's Electric Inc. (VC# 154714) Berlin, NH, for a total price not to exceed \$572,000, for the Jericho Mountain Bathhouse Replacement, Berlin, NH. This contract is effective upon Governor and Council approval through May 20, 2016, unless extended in accordance with the contract terms. **50% General – Capital Funds, 50% Federal Funds.**

2). Further authorize pursuant to 195:12, Laws of 2013, the amount of \$22,500 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 \$594,500. **50% Capital – General Funds, 50% Federal Funds.**

3). Further authorize the amount of \$22,500 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 \$617,000. **50% Capital – General Funds, 50% Federal Funds.**

Funding is available in account titled Department of Resources and Economic Development as follows:

03-35-35-350030-79580000 State Park Improvement	<u>SFY16</u>
034-500162 – Repair/Renovations Buildings	\$ 286,000
034-500162 – Interagency Fees	<u>22,500</u>
Sub-Total	\$ 308,500

03-35-35-351510-37170000 Parks & Recreation - LWCF Grants

072-500573 – Repair/Renovations Buildings	\$ 286,000
072-500573– Interagency Fees	<u>22,500</u>
Sub-Total	\$ 308,500
<b>Grand Total</b>	<b>\$ 617,000</b>

**EXPLANATION**

Per Chapter 195:1, XIII, A, Laws of 2013, as extended by Chapter 220:23, 87, Laws of 2015 for State Park Improvements, this project will demolish the old bathhouse, provide and install materials to construct a new approx. 1,472SF bathhouse consisting of toilet fixtures, showers, changing stalls, laundry facilities, family bathroom, and space for a park store.

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 Resources and Economic Development 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,



Vicki V. Quiram  
Commissioner

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80814R - Contract B – REBID Jericho Mountain Bathhouse Replacement, Berlin.

DESCRIPTION: Demolish the old bathhouse, provide and install materials to construct a new approx. 1,472SF bathhouse consisting of toilet fixtures, showers, changing stalls, laundry facilities, family bathroom, and space for a park store.

EXPLANATION: The existing bathhouse at Jericho Mountain State Park has deteriorated to the point where it cannot be used by the public. This project will remove the existing structure in its entirety and replace it with modern facilities to provide park visitors washroom amenities in a remote location.

OVER ESTIMATE

EXPLANATION: The remote location of the site played a large role in the A-Bidder's price, which exceeded the Department's estimate by approximately 9%. Pricing from specialty vendors who do not typically operate in the North Country such as epoxy flooring, toilet partitions, mechanical, and overhead door contractors included a premium for travel and overnight accommodations. Concrete is also expensive in the North Country, as there isn't any competition from other concrete vendors like there is in the central and southern parts of the State.

DEPARTMENT

ESTIMATE: \$521,000

LOW BID: \$572,000

**BIDDER SUMMARY**

PROJECT NAME: **REBID JERICHO MOUNTAIN BATHHOUSE REPLACEMENT NON-FEDERAL 80814R-8**  
PROJECT NUMBER: **80814R-8**  
COUNTY: **COOS COUNTY 007**  
BID OPENING DATE: **07/22/2015**  
SCOPE OF WORK: **DEMOLISH THE OLD BATHHOUSE, PROVIDE AND INSTALL MATERIALS TO CONSTRUCT A NEW APPROX. 1,472SF BATHHOUSE CONSISTING OF TOILET FIXTURES, SHOWERS, CHANGING STALLS, LAUNDRY FACILITIES, FAMILY BATHROOM, AND SPACE FOR A PARK STORE**  
LOCATION: **298 JERICHO LAKE RD BERLIN, NH**  
COMPLETION DATE: **05/20/2016**

**BID RESULTS**

A RAYS ELECTRIC INC (8001) - PO BOX 597 BERLIN, NH 03570  
B A.R. COUTURE CONSTRUCTION CORP. - 1803 RIVERSIDE DR., BERLIN, NH 03570

\$ 572,000.00 ACCEPTED  
\$ 622,000.00 ACCEPTED

Item 901 = \$550,000 -  
Item 902 = \$576,000 -  
Item 903 = \$200,000 -  
Item 904 = \$350,000 -  
Item = \$572,000 -

BUREAU OF PUBLIC WORKS  
 Award to Rays Electric, Inc.  
 Hold for Negotiation  
 Cancel Contract  
User Agency DPED  
Authorized by [Signature]  
Date 6/25/2015

ITEM NO.	DESCRIPTION	UNIT QUANTITY	UNIT PRICE	TOTAL	PS&E	UNIT PRICE	TOTAL	A
901.00	DEMO & DISPOSAL OF THE EXISTING BATHHOUSE	EA 1.00	\$ 14,000.00	\$ 14,000.00		\$ 8,500.00	\$ 8,500.00	
902.00	PROVIDE ALL MATERIALS & LABOR TO CONSTRUCT NEW BATHHOUSE PER PLANS/SPEC	EA 1.00	\$ 470,000.00	\$ 470,000.00		\$ 526,500.00	\$ 526,500.00	
903.00	ALLOWANCE FOR TESTING AND INSPECTIONS	\$ 2,000.00	\$ 1.00	\$ 2,000.00		\$ 1.00	\$ 2,000.00	
904.00	ALLOWANCE FOR OWNER-INITIATED CHANGES OR UNFORESEEN CONDITIONS	\$ 35,000.00	\$ 1.00	\$ 35,000.00		\$ 1.00	\$ 35,000.00	
				\$ 521,000.00			\$ 572,000.00	
991.00	ALTERNATES DEDUCT THE CONCESSIONS AND STORAGE AREA FROM THE CONTRACT	EA 1.00	\$ (60,000.00)	\$ (60,000.00)		\$ (60,000.00)	\$ (60,000.00)	

ITEM NO.	DESCRIPTION	PS&E		B	
		UNIT QUANTITY	UNIT PRICE	UNIT PRICE	TOTAL
901.00	DEMO & DISPOSAL OF THE EXISTING BATHHOUSE	EA 1.00	\$ 14,000.00	\$ 10,000.00	\$ 10,000.00
902.00	PROVIDE ALL MATERIALS & LABOR TO CONSTRUCT NEW BATHHOUSE PER PLANS/SPEC	EA 1.00	\$ 470,000.00	\$ 575,000.00	\$ 575,000.00
903.00	ALLOWANCE FOR TESTING AND INSPECTIONS	\$ 2,000.00	\$ 1.00	\$ 2,000.00	\$ 2,000.00
904.00	ALLOWANCE FOR OWNER- INITIATED CHANGES OR UNFORESEEN CONDITIONS	\$ 35,000.00	\$ 1.00	\$ 35,000.00	\$ 35,000.00
				\$ 521,000.00	\$ 622,000.00
991.00	DEDUCT THE CONCESSIONS AND STORAGE AREA FROM THE CONTRACT	EA 1.00	\$ (60,000.00)	\$ (69,000.00)	\$ (69,000.00)

**ALTERNATES**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/4/2015

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).

<b>PRODUCER</b> THE ROWLEY AGENCY INC. 139 Loudon Road P.O. Box 511 Concord NH 03302-0511		<b>CONTACT NAME:</b> Heather Prescott <b>PHONE (A/C, No, Ext):</b> (603) 224-2562 <b>FAX (A/C, No):</b> (603) 224-8012 <b>E-MAIL ADDRESS:</b> hprescott@rowleyagency.com	
<b>INSURED</b> Ray's Electric Inc PO Box 597 Berlin NH 03570-0597		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Cincinnati Indemnity Company INSURER B: Cincinnati Casualty Company INSURER C: INSURER D: INSURER E: INSURER F:	<b>NAIC #</b> 23280 28665

**COVERAGES** CERTIFICATE NUMBER: 15-16 All Lines 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"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			EPP0193760	5/14/2015	5/14/2016	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							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	\$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			EBA0193760	5/14/2015	5/14/2016	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$ 0			EPP0193760	5/14/2015	5/14/2016	EACH OCCURRENCE	\$ 2,000,000
							AGGREGATE	\$ 2,000,000
								\$
B	<input checked="" type="checkbox"/> 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	WC2127526-02 3A STATE: NH	5/14/2015	5/14/2016	<input checked="" type="checkbox"/> PER STATUTE <input 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
A	LEASED/RENTED EQUIPMENT			EPP0193760	5/14/2015	5/14/2016	LIMIT OF INSURANCE:	\$ 25,000
A	MOTOR TRUCK CARGO			EPP0193760	5/14/2015	5/14/2016	LIMIT OF INSURANCE:	\$ 5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Project: Jericho Mountain Bathhouse Replacement (Contract B) (80814R) - 298 Jericho Lake Road, Berlin, NH. State of New Hampshire Department of Administrative Services is an additional insured with respects to General Liability when required by written contract.

<b>CERTIFICATE HOLDER</b> State of New Hampshire Department of Administrative Services P.O. Box 483 7 Hazen Drive Concord, NH 03301-0483	<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 Heather Prescott/HP <i>Heather Prescott</i>
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/4/2015

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**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> THE ROWLEY AGENCY INC. 139 Loudon Road P.O. Box 511 Concord NH 03302-0511		<b>CONTACT NAME:</b> Heather Prescott <b>PHONE (A/C No, Ext):</b> (603) 224-2562 <b>FAX (A/C, No):</b> (603) 224-8012 <b>E-MAIL ADDRESS:</b> hprescott@rowleyagency.com	
<b>INSURED</b> State of New Hampshire Department of Administrative Services c/o Ray's Electric Inc PO Box 597 Berlin NH 03570-0597		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Cincinnati Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

**COVERAGES**

CERTIFICATE NUMBER: OCP - Jericho Mtn Bath

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			CAP5243275	9/16/2015	9/16/2016	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) \$
	<input type="checkbox"/> Protective Liability						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 \$
	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 \$
	EXCESS LIAB						AGGREGATE \$
							\$
	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)

Project: Jericho Mountain Bathhouse Replacement (Contract B) (80814R) - 298 Jericho Lake Road, Berlin, NH.

**CERTIFICATE HOLDER****CANCELLATION**

State of New Hampshire Department of Administrative Services P.O. Box 483 7 Hazen Drive Concord, NH 03301-0483	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 Heather Prescott/HP <i>Heather Prescott</i>
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# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

8/4/2015

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 THE ROWLEY AGENCY INC. 139 Loudon Road P.O. Box 511 Concord NH 03302-0511	PHONE (A/C, No. Ext): (603) 224-2562	COMPANY Peerless Indemnity Ins. Co. 62 Maple Ave Keene NH 03431
FAX (A/C, No): (603) 224-8012	E-MAIL ADDRESS: mcarney@rowleyagency.com	
CODE: 8110236	SUB CODE:	
AGENCY CUSTOMER ID #: 00007878		
INSURED Ray's Electric Inc, State of NH Dept of Admin Services, Any & All Subcontractors PO Box 597 Berlin NH 03570-0597	LOAN NUMBER	POLICY NUMBER IM8141123
	EFFECTIVE DATE 9/16/2015	EXPIRATION DATE 9/16/2016
	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:		

## PROPERTY INFORMATION

LOCATION/DESCRIPTION  
Jericho Mountain Bathhouse Replacement  
298 Jericho Lake Road  
Berlin, NH 03570

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, Special Form, Replacement Cost	572,000	1,000
Temporary Storage Location Limit	286,000	1,000
Transit Limit	286,000	1,000

## REMARKS (Including Special Conditions)

## 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 P.O. Box 483 7 Hazen Drive Concord, NH 03301-0483	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE		
Heather Prescott/HP		<i>Heather Prescott</i>