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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

CHARLES M. ARLINGHAUS
Commissioner
(603)-271-3201

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

Division of Public Works
Design and Construction
Project No. 80923R – Contract B

March 5, 2018

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 D. L. King & Associates, Inc. (VC# 168979) Nashua, NH, for a total price not to exceed \$847,000, for the Welcome and Information Center Improvements, Statewide (DOT Project #14899E). This contract is effective upon Governor and Council approval through November 16, 2018, unless extended in accordance with the contract terms. **100% Highway Funds.**
- 2). Further authorize the amount of \$50,562 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 \$897,562. **100% Highway Funds.**

Funding is available in account titled Dept. of Transportation as follows:

04-96-96-960030-79890000	Welcome Information Center	<u>SFY18</u>
034-500162	– Repair/Renovations Bldgs.	<u>\$ 409,713</u>
04-96-96-960030-82910000	Welcome Center	
034-500162	– Repair/Renovations Bldgs.	\$ 437,287
034-500162	– DPW Fees Interagency	<u>\$ 50,562</u>
	Sub-Total	\$ 487,849
	Grand Total	\$ 897,562

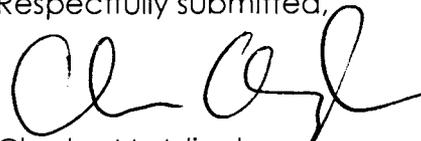
EXPLANATION

Per Chapter 220: 2, III, F, Laws of 2015 as extended by Chapter 228:22, 125, Laws of 2017 for the Welcome and Information Center Capital Improvement, and Chapter 195:2, II, D, Laws of 2013 for the Welcome Information Center Critical and Deferred Maintenance, as extended by 228:22, 131 Laws of 2017 for Welcome Information Center Critical and Deferred Maintenance. This project consists of but is not limited to work at nine (9) different Welcome & Information Centers throughout the State. The Centers are located in Canterbury, Colebrook, Interval, Littleton, Lebanon, Salem, Sanbornton, Springfield and Sutton. Work involves painting, roofing, sidewalk reconfigurations, viewing platforms, structural repairs and bathroom renovations.

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 Transportation 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,



Charles M. Arlinghaus
Commissioner

Department Estimate: \$873,676
Contract Amount: \$847,000
Under Estimate: \$ 26,676



ABC Bid Data

STATEWIDE
6023RB
NON-FEDERAL

PROJECT: STATEWIDE
STATE PROJECT NUMBER: 6023RB
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: February 14, 2018, 02:00 PM
SCOPE OF WORK: WELCOME AND INFORMATION CENTER IMPROVEMENTS
COMPLETION DATE: November 15, 2018
LOCATION:

Certified by: _____

Summary of Bidders

Contractor
D. L. KING & ASSOCIATES INC.
27 TANGLEWOOD DRIVE, NASHUA NH 03062-1044

Bid Amount \$347,000.00 Rank A

Handwritten notes:
9011: \$745,000
9022: \$522,000
9033: \$201,000
9044: \$500,000
9055: \$847,000
Total = \$2,715,000

BUREAU OF PUBLIC WORKS
 Award to DL King + Assoc., Inc
 Hold for Negotiation
 Cancel Contract
User Agency NH DOT
Authorized by [Signature]
Date 10/22/2018

Error Log # 4072157

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 80923R, Contract B – Welcome and Information Center Improvements, Statewide.

DESCRIPTION: This project consists of but is not limited to work at nine (9) different Welcome & Information Centers throughout the State. The Centers are located in Canterbury, Colebrook, Interval, Littleton, Lebanon, Salem, Sanbornton, Springfield and Sutton. Work involves painting, roofing, sidewalk reconfigurations, viewing platforms, structural repairs and bathroom renovations.

EXPLANATION: This project is a continuation of improvements to statewide Welcome and Information Centers. These Centers are in need of these upgrades to extend their life spans. They are sometimes the first impressions of what travelers to New Hampshire see.

UNDER ESTIMATE

EXPLANATION: This is a very difficult project to estimate with all the travel a contractor will have to do between the sites. General Conditions cost is difficult to estimate. The bid being 2.5% below the estimate is very good.

DEPARTMENT

ESTIMATE: \$873,676

LOW BID: \$847,000



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/25/2018

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 THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511 INSURED D.L. King & Associates, Inc. 27 Tanglewood Drive Nashua NH 03062	CONTACT NAME: Christine Holmaan, CPCU, CIC PHONE (A/C, No, Ext): (603) 224-2562 FAX (A/C, No): (603) 224-8012 E-MAIL ADDRESS: cholman@rowleyagency.com INSURER(S) AFFORDING COVERAGE INSURER A: Arbella Insurance Group INSURER B: Arbella Protection Ins Co INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 41360
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COVERAGES **CERTIFICATE NUMBER: 17-18 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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
X	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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
A	CLAIMS-MADE X OCCUR		8500062916	9/3/2017	9/3/2018	
	GEN'L AGGREGATE LIMIT APPLIES PER POLICY X PRO-JECT LOC OTHER					
X	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS HIRED AUTOS		1020032951	9/3/2017	9/3/2018	
X	UMBRELLA LIAB					EACH OCCURRENCE \$ 5,000,000
A	EXCESS LIAB CLAIMS-MADE		4600062918	9/3/2017	9/3/2018	AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000
	DED X RETENTION \$ 10,000					
X	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		4220057417	9/3/2017	9/3/2018	X PER STATUTE OTH-ER
B	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y N/A	3A States: NH/MA Excluded Officers: Donna & Arthur King, Jr.			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		8500062916	9/3/2017	9/3/2018	LIMIT 30,000 DED 500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: building upgrades Project No. 80923R-B in the City/Town of Statewide in the county of Varies The State of New Hampshire. Certificate holder is included as an additional insured under general liability when required by written contract.

CERTIFICATE HOLDER State of New Hampshire Department of Administrative Services Contract officer 7 Hazen Drive Room 130 Concord, NH 03302-0483	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 C Holman, CPCU, CIC/C <i>Christine Holman</i>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/25/2018

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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).

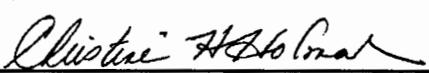
PRODUCER THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Christine Holman, CPCU, CIC PHONE (A/C No, Ext): (603)224-2562 FAX (A/C, No): (603)224-8012 E-MAIL ADDRESS: cholman@rowleyagency.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Great American</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Great American		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
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INSURER A: Great American														
INSURER B:														
INSURER C:														
INSURER D:														
INSURER E:														
INSURER F:														
INSURED State of New Hampshire Department of Administrative Services c/o D.L. King & Associates, Inc. 27 Tanglewood Drive Nashua NH 03062														

COVERAGES **CERTIFICATE NUMBER:** 17-18 OCP 80923R-B **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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners & Contractors Protective			02OCP1000690	02/26/2018	02/26/2019	EACH OCCURRENCE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						GENERAL AGGREGATE \$ 4,000,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						PRODUCTS - COMP/OP AGG \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							EACH OCCURRENCE \$
							AGGREGATE \$
							PER STATUTE OTH-ER
							E.L. EACH ACCIDENT \$
							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)
 building upgrades Project No. 80923R-B in the City/Town of Statewide in the county of Varies The State of New Hampshire.

CERTIFICATE HOLDER State of New Hampshire Dept of Admin Services PO Box 483 Concord NH 03302-0483	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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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
2/25/2018

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. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511		PHONE (A/C. No. Ext): (603) 224-2562		COMPANY Liberty Mutual Ins Co (Peerless) 62 Maple Ave Keene NH 03431	
FAX (A/C. No.): (603) 224-8012 E-MAIL ADDRESS: ehorner@rowleyagency.com		CODE: 8110236 SUB CODE:		LOAN NUMBER POLICY NUMBER IM022618	
AGENCY CUSTOMER ID #: 00007629		INSURED D.L. King & Associates, Inc., State of NH Dept of Admin Ser; all subs 27 Tanglewood Dr. Nashua NH 03062		EFFECTIVE DATE 2/26/2018	
				EXPIRATION DATE 2/26/2019	
				<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:					

PROPERTY INFORMATION

LOCATION/DESCRIPTION
Loc# 00001/Bldg# 0001 - various welcome center upgrades throughout the State of NH - 80923R-B

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
Job Specific Builders Risks with Renovations		
Job Specific Special form	847000	1,000
Equipment Breakdown	847000	2,500

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 Dept of Administrative Services PO Box 483 Concord, NH 03302-0483	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE C Holman, CPCU, CIC/CH <i>Christie Holman</i>	