OCT 16 '20 AM 10:36 DAS

69 MLC

State of New Hampshire

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

Charles M. Arlinghaus
Commissioner
(603) 271-3201

Joseph B. Bouchard
Assistant Commissioner
(603) 271-3204

Catherine A. Keane
Deputy Commissioner
(603) 271-2059

Division of Public Works
Design and Construction
Project No. 81135R – Contract B

October 15, 2020

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 Charter Brothers Construction, LLC (VC# 208666), Danville, NH, for a total price not to exceed $245,990, for the Headquarters Sewer Repair at the State of NH Liquor Commission Headquarters, Concord, N. H. This contract is effective upon Governor and Council approval through January 29, 2021, unless extended in accordance with the contract terms. **100% Liquor Commission Funds**

2). Further authorize that a contingency in the amount of $20,000 be approved for unanticipated site expenses for the Headquarters Sewer Repair at the State of NH Liquor Commission Headquarters, Concord, N. H., bringing the total to $265,990. **100% Liquor Commission Funds**

3). Further authorize the amount of $30,000 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC# 311152), for engineering services provided, bringing the total to $295,990. **100% Liquor Commission Funds**

Funding is available in account titled Store Operations Contracts for OPS Services as follows:

02-77-77-7700512-10300000 Store Operations Contracts for OPS Services

		SFY21
103-500736 – Contract Repairs; Bldg Grounds		$ 245,990
103-500736 – Contingency Repairs; Bldg Grounds		$ 20,000
103-500736 – Interagency DPW fees		$ 30,000
	Sub-Total	$295,990
	GRAND TOTAL	**$295,990**

EXPLANATION

This project is for the repair and replacement of approx. 50 ft of existing 4" sanitary sewer line, selective demo and reconstruction of office space necessary to access the sewer line, and the renovation of areas damaged by the sewer line failure.

The contractor has been pre-qualified by the Department of Transportation. The contract has been approved by the Department of Justice as to form and execution; and the State of NH Liquor Commission 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:	$155,000
Contract Amount:	$245,990
Over Estimate:	$ 90,990

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/13/2020

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 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
FIAI/Cross Insurance
1100 Elm Street
Manchester NH 03101

CONTACT NAME: Vivian Pinette
PHONE (A/C, No, Ext): (603) 669-3218 FAX (A/C, No): (603) 645-4331
E-MAIL ADDRESS: vpinette@crossagency.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Firemen's Ins. Co. of Washington D.C.	21784
INSURER B: W.R. Berkley Corporation	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Charters Brothers Construction, LLC
27 Main Street
Danville NH 03819

COVERAGES CERTIFICATE NUMBER: 20-21 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	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [X] LOC OTHER:	Y		CPA539623511	05/31/2020	05/31/2021	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
								$
A	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] HIRED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] NON-OWNED AUTOS ONLY			CAA5396236-11	05/31/2020	05/31/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
							Uninsured motorist BI	$ 1,000,000
B	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $	Y		CUA5396237-11	05/31/2020	05/31/2021	EACH OCCURRENCE	$ 10,000,000
							AGGREGATE	$ 10,000,000
							Products-Comp ops Agg	$ 10,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [N] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WPA5396238-11	05/31/2020	05/31/2021	[X] PER STATUTE [ ] 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
	(3a.) WC States: MA ME NH							

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

RE: Concord 81135RB. The Sate of New Hampshire, its agencies, its agents & employees are included as additional insured with respects to the CGL as required by executed written contract with the above named insured. A waiver of subrogation in favor of the above additional insured applies with respects to the CGL as per written contract. Notice of cancellation to certificate holder is 30-days, 10-days non-payment on CGL, BA & umbrella policies.

CERTIFICATE HOLDER
State of New Hampshire c/o Department of Administrative Services
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
DA Schroeder

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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY): 10/13/2020

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
FIAI/Cross Insurance
1100 Elm Street
Manchester NH 03101

PHONE (A/C, No, Ext): (603) 669-3218
FAX (A/C, No): (603) 645-4331
E-MAIL ADDRESS: jschroeder@crossagency.com
CODE:
SUB CODE:
AGENCY CUSTOMER ID #: 00325508

COMPANY
W.R. Berkley Corporation
One Acadia Commons
P.O. Box 9010
Westbrook ME 04098-5010

INSURED
Charters Brothers Construction LLC, State of NH,
Dept of Administrative Serv Any &
All Subcontractors ATIMA
27 Main St, Danville NH 03819

LOAN NUMBER:
POLICY NUMBER: CIM544978310
EFFECTIVE DATE: 10/6/2020
EXPIRATION DATE: 10/6/2021
☐ CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:

PROPERTY INFORMATION

LOCATION/DESCRIPTION
Loc: 50 Storrs St, Concord NH 03301

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 Risk	245,990	1,000
Transit	122,995	1,000
Temporary Storage	122,995	1,000

REMARKS (Including Special Conditions)

RE: Concord 81135RB

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

NAME AND ADDRESS
State of New Hampshire c/o Department of
Administrative Services
7 Hazen Drive, Room 250
Concord, NH 03302

☐ MORTGAGEE ☐ ADDITIONAL INSURED
☐ LOSS PAYEE
LOAN #

AUTHORIZED REPRESENTATIVE
Jeff Schroeder/VP2 JSchroeder

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COMMENTS/REMARKS

Waiver of subrogation in favor of any Contractors, Subcontractors or other parties employed on the premises as required by written contract with named insured.
Notice of cancellation is 30-days, 10-days non-payment

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CERTIFICATE OF LIABILITY INSURANCE

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E-MAIL ADDRESS: vpinette@crossagency.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: W.R. Berkley Corporation	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
State of New Hampshire
c/o Department of Administrative Services
7 Hazen Drive, Room 250
Concord NH 03302

COVERAGES CERTIFICATE NUMBER: CL2010836314 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 ☐ CLAIMS-MADE ☒ OCCUR ☒ Owners & Contractors Protective GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:			OCP5456570-10	10/06/2020	10/06/2021	EACH OCCURRENCE	$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$ 3,000,000
							PRODUCTS - COMP/OP AGG	$
								$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N ☐ If yes, describe under DESCRIPTION OF OPERATIONS below	N / A						☐ 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)

RE: Concord 81135RB
Notice of cancellation is 30-days, 10-days non-payment

CERTIFICATE HOLDER

State of New Hampshire c/o Department of Administrative Services
7 Hazen Drive, Room 250
Concord NH 03302

CANCELLATION

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AUTHORIZED REPRESENTATIVE

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ABC Bid Data

Division of Public Works

CONCORD
81135RB
NON-FEDERAL

PROJECT:	Concord	**Awarded To:**			
STATE PROJECT NUMBER:	81135RB				
FED. PROJECT NUMBER:	NON-FEDERAL				
DATE BIDS OPEN:	August 26, 2020, 2:00				
SCOPE OF WORK:	Liquor Commission Headquarters Sewer Repair	**Amount:**	$0.00	**Certified by:**	Director of Project Development
COMPLETION DATE:	January 29, 2021	**Award Date:**			
LOCATION:	Merrimack				

Summary of Bidders

Contractor	Bid Amount	Rank
CHARTERS BROTHERS CONST LLC 27 MAIN STREET, DANVILLE NH 03819	$245,990.00	A
PROJECT RESOURCE GROUP LLC 237 PLEASANT POND ROAD, PO BOX 43, FRANCESTOWN NH 03043	$255,197.00	B
SCHROEDER CONSTRUCTION MGMT IN 2 TOWNSEND WEST,UNIT 3, NASHUA NH 03063	$278,180.00	C
SOLID ROOTS CONSTRUCTION LLC 159 South MAIN STREET, MANCHESTER NH 03102	$346,000.00	D

Item 901: $ 225,990.-
902: $ 20,000.-
Total: $ 245,990.-

BUREAU OF PUBLIC WORKS
✓ Award to Charters Bros. Const., LLC
____ Hold for Negotiation
____ Cancel Contract
User Agency LC
Authorized by
Date 09/23/2020

Division of Public Works

ABC Bid Data

CONCORD
81135RB
NON-FEDERAL

Item No.	Description	Unit	Quantity	PS&E Unit Price	PS&E Total	CHARTERS BROTHERS CONST LLC 27 MAIN STREET DANVILLE, NH 03819 Unit Price	Total	PROJECT RESOURCE GROUP LLC 237 PLEASANT POND ROAD FRANCESTOWN, NH 03043 Unit Price	Total
Items									
901	DEMOLITION, SEWER REPAIR, AND OFFICE REHABILITATION	U	1.00	$135,000.00	$135,000.00	$225,990.00	$225,990.00	$235,197.00	$235,197.00
902	UNFORESEEN CONDITIONS OR OWNER INITIATED CHANGES	$	20,000.00	$1.00	$20,000.00	$1.00	$20,000.00	$1.00	$20,000.00
			Totals:		$155,000.00		$245,990.00		$255,197.00
			Alt. Totals:						
			Totals:		$155,000.00		$245,990.00		$255,197.00

ABC Bid Data

Division of Public Works

CONCORD
81135RB
NON-FEDERAL

Item No.	Description	Unit	Quantity	PS&E Unit Price	PS&E Total	SCHROEDER CONSTRUCTION MGMT IN 2 TOWNSEND WEST,UNIT 3 NASHUA, NH 03063 Unit Price	Total	SOLID ROOTS CONSTRUCTION LLC 159 South MAIN STREET MANCHESTER, NH 03102 Unit Price	Total
Items									
901	DEMOLITION, SEWER REPAIR, AND OFFICE REHABILITATION	U	1.00	$135,000.00	$135,000.00	$258,180.00	$258,180.00	$326,000.00	$326,000.00
902	UNFORESEEN CONDITIONS OR OWNER INITIATED CHANGES	$	20,000.00	$1.00	$20,000.00	$1.00	$20,000.00	$1.00	$20,000.00
			Totals:		$155,000.00		$278,180.00		$346,000.00
			Alt. Totals:						
			Totals:		$155,000.00		$278,180.00		$346,000.00