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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. 80972– Contract B

October 22, 2021

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Division of Public Works Design and Construction to enter into a contract amendment (Contract 7002854-1) with Turnstone Corporation (VC# 169530) Milford, New Hampshire, to establish an allowance increase, **retroactive** to May 28, 2021, for Main Building North ADA Access & Emergency Egress, 105 Pleasant Street, Concord, NH. This request would increase the contract by $60,000 from $1,518,000 to $1,578,000 (established by approved alteration order), which was originally approved by Governor and Council on October 23, 2019, Item #93. The amended contract completion date of February 28, 2022 remains unchanged. Effective upon Governor and Council approval for the period of May 28, 2021 to February 28, 2022. **100% General Funds.**

Funding is available in account titled Department of Health and Human Services Management Support as follows:

05-95-95-953010-56850000 Management Support

048-500226 – Contractual Maintenance Build $60,000

EXPLANATION

The contract amendment of $60,000 is required to increase the funds in the allowance to make monies available to partially cover the cost of a 58-day construction delay and address any unforeseen conditions identified during construction. The 58-day delay was due to added work to the contract and delays caused by State entities. Unforeseen conditions were encountered when tying the new construction to the existing structure. This resulted in exploratory work and a re-design of the connection to the foundation. In addition, other items beyond the contractor's control caused delays to the work schedule, such as: the unanticipated requirement of background checks for all construction personnel working in the building; lengthy review and approval process by the NH State Fire Marshal's Office for

the plumbing permit (4 months); and redesign of the hallway layout to improve circulation. All of these issues ultimately extended the construction schedule beyond the original contract completion date and into the winter season. Winter construction requires special methods and equipment to accommodate cold-weather conditions.

Initially, the contractor expected all of these delays to be absorbed into the original construction schedule with no need for additional compensation. However, unanticipated delays associated with original contract work used most of the extra time the contractor built into the schedule, necessitating the request for reimbursement of the 58-day delay costs.

The total delay cost was $97,500 and includes General Conditions (supervision, trailers, insurances, etc.) and Winter Conditions (enclosures, heating equipment and fuel). Of that amount, $44,500 has already been paid to the contractor through the funds available in the contract. This contract increase will cover the remaining $53,000, **retroactive** to May 28, 2021, plus an additional $7,000 to be held in the allowance for any unforeseen conditions encountered through the end of the project. The amended contract completion date of February 28, 2022 remains unchanged.

The Department of Health and Human 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, Division of Public Works Design and Construction.

Respectfully submitted,

Charles M. Arlinghaus
Commissioner

Current Contract:	$ 1,518,000
Contract Increase:	$ 60,000
New Contract Amount:	$ 1,578,000

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 80972, Contract B – Main Building – North End ADA Access & Emergency Egress

DESCRIPTION: This project will demolish the existing porch and access ramp and construct a three-story corridor with an elevator to connect the Peaslee Wing with North Pavilion. Improvements will also be made to the underground storm drainage system and parking lot.

EXPLANATION: The Main Building at State Office Park South has a number of ADA access deficiencies. This project provides access to employees with disabilities to three floors of the Peaslee Wing and connects Peaslee to North Pavilion wing to improve circulation and allow more efficient egress in case of an emergency.

CONTRACT INCREASE: This contract increase is necessary to partially cover costs associated with a 58-day delay in construction and address any additional unforeseen conditions identified during construction. The 58-delay was due to added work to the contract and delays caused by State entities. Unforeseen conditions were encountered when tying the new construction to the existing structure. This resulted in exploratory work and a re-design of the connection to the foundation. In addition, other items beyond the contractor's control caused delays to the work schedule, such as: the unanticipated requirement of background checks for all construction personnel working in the building; lengthy review and approval process by the NH State Fire Marshal's Office for the plumbing permit (4 months); and redesign of the hallway layout to improve circulation. All of these issues ultimately extended the construction schedule beyond the original contract completion date and into the winter season. Winter construction requires special methods and equipment to accommodate cold-weather conditions.

Initially, the contractor expected all of these delays to be absorbed into the original construction schedule with no

need for additional compensation. However, unanticipated delays associated with original contract work used most of the extra time the contractor built into the schedule, necessitating the request for delay costs.

The total delay cost was $97,500 and includes General Conditions (supervision, trailers, insurances, etc.) and Winter Conditions (enclosures, heating equipment and fuel). Of that amount, $44,500 has already been paid to the contractor through the funds available in the contract. This contract increase will cover the remaining $53,000 plus an additional $7,000 to be held in the allowance for use on any unforeseen conditions encountered through the end of the project.

CURRENT CONTRACT:	$1,518,000.00
CONTRACT INCREASE:	$60,000.00
NEW CONTRACT AMOUNT:	$1,578,000.00

THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF ADMINISTRATIVE SERVICES
DIVISION OF PUBLIC WORKS DESIGN & CONSTRUCTION

PROJECT NO.	80972 Contract B	**ALTERATION ORDER NO.**	3
		APPROPRIATION ACCOUNT NO.	030-014-15110000-034-5001
		CONTRACT NO.	7002854-1
Date	7/7/21	**CONTINGENCY NO.**	7002854-2
Vendor No.	169530 B001		

TO: Turnstone Corporation, 479 Nashua Street, Milford NH 03055

In Connection With Your Contract Dated 10/23/2019 For Main Building - North End ADA access and Emergency Egress, Concord, NH

You are authorized to make the following changes in the Contract: *

01	Increase contract by $60,000 to cover the balance of CO#13 and increase the Allowance for unforeseen conditions.	$60,000.00
	All other terms and conditions of the Contract remain the same.	
		$60,000.00

ACCEPTED BY: Date: 8.11.2021

Turnstone Corporation

APPROVED BY:

Theodore Kupper, P.E.
Administrator
Division of Public Works Design & Construction

RECEIVED
AUG 16 2021
DIV OF PUBLIC WORKS

Project No. 80972 Contract B

CONTRACT INCREASE SIGNATURE PAGE:

TURNSTONE CORPORATION

DATED: 9/3/2021

BY: _____

PRINT NAME: Stacy T. Clark

TITLE: President

STATE OF NEW HAMPSHIRE
DEPARTMENT OF ADMINISTRATIVE SERVICES:

DATED: 11-2-21

BY: _____
Charles M. Arlinghaus
Commissioner

PRINT NAME: Charles Arlinghaus

STATE OF NEW HAMPSHIRE
DEPARTMENT OF ADMINISTRATIVE SERVICES:

DATED: 11-2-21

BY: _____
Charles M. Arlinghaus
Commissioner

ATTORNEY GENERAL:

This is to certify that the above contract increase has been reviewed by this office, and is approved as to form and execution.

DATED: 11/9/2021

BY: _____

SECRETARY OF STATE:

This is to certify that the Governor and Council approved this contract agreement/ amendment.

DATED: _____

BY: _____
SECRETARY OF STATE

Certificate of Authority # 1 *(Corporation, Non-Profit Corporation)*

Corporate Resolution

I, William J. Clark, hereby certify that I am duly elected Clerk/Secretary/Officer of
(Name)
Turnstone Corporation. I hereby certify the following is a true copy of a vote taken at
(Name of Corporation)
a meeting of the Board of Directors/shareholders, duly called and held on September 3, 20 21,
at which a quorum of the Directors/shareholders were present and voting.

VOTED: That Stacy J. Clark, President (may list more than one person) is
(Name and Title)
duly authorized to enter into contracts or agreements on behalf of
Turnstone Corporation with the State of New Hampshire and any of
(Name of Corporation)
its agencies or departments and further is authorized to execute any documents which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract to which this certificate is attached. This authority **remains valid for thirty (30)** days from the date of this Corporate Resolution. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

DATED: September 3, 2021 **ATTEST:** William J. Clark
(Name & Title)
William J. Clark, Secretary

State of New Hampshire

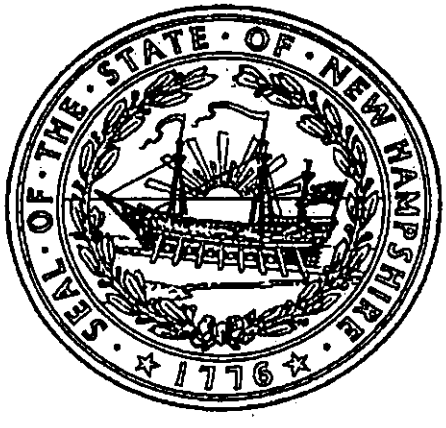
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that TURNSTONE CORPORATION is a New Hampshire Profit Corporation registered to transact business in New Hampshire on April 17, 2002. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **403646**

Certificate Number: **0005357735**



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 27th day of April A.D. 2021.

William M. Gardner
Secretary of State

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/02/2021

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	**CONTACT NAME:** Tracy Andriski, CISR
Cross Insurance-Laconia	**PHONE (A/C, No, Ext):** (603) 524-2425 **FAX (A/C, No):** (603) 524-3666
155 Court Street	**E-MAIL ADDRESS:** tandriski@crossagency.com
Laconia NH 03246	**INSURER(S) AFFORDING COVERAGE** / **NAIC #**
INSURED	**INSURER A:** Firemen's Ins. Co. of Washington D.C. 21784
TURNSTONE CORPORATION	**INSURER B:** Acadia Ins Co. 31325
479 NASHUA STREET	**INSURER C:** Indian Harbor Ins Co
MILFORD NH 03055	**INSURER D:** / **INSURER E:** / **INSURER F:**

COVERAGES **CERTIFICATE NUMBER:** CL2112145909 **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:			CPA0065107-31	12/31/2020	12/31/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 300,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY			CAA0065120-32	12/31/2020	12/31/2021	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
B	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			CUA0065121-31	12/31/2020	12/31/2021	EACH OCCURRENCE AGGREGATE Comp Ops Aggregate	$ 5,000,000 $ 5,000,000 $ 5,000,000
A	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		WPA0095615-29	12/31/2020	12/31/2021	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 500,000 $ 500,000 $ 500,000
C	Professional Liability			PEC0055745	12/31/2020	12/31/2021	Limit Deductible	$1,000,000 $5,000

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

Main Building – North End ADA Access & Emergency Egress, Concord #80972B
The State of New Hampshire, its agencies, and its agents and employees are additional insureds for ongoing operations performed by or on behalf of Turnstone Corporation when required in a written contract.

CERTIFICATE HOLDER

State of New Hampshire 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

Tracy Andriski

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY): 11/8/2021

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 FAX (A/C, No): (603) 524-3666 E-MAIL ADDRESS: david.haley@crossagency.co CODE: SUB CODE: AGENCY CUSTOMER ID #: 00178165	COMPANY: Acadia Ins Co. One Acadia Commons P.O. Box 9010 Westbrook ME 04098-5010
INSURED: State of NH - Dept of Administrative Services Turnstone Corporation & Subcontra 479 Nashua Street Milford NH 03055-0539	LOAN NUMBER: POLICY NUMBER: CIM5406669-12 EFFECTIVE DATE: 9/9/2021 EXPIRATION DATE: 9/9/2022 ☐ CONTINUED UNTIL TERMINATED IF CHECKED THIS REPLACES PRIOR EVIDENCE DATED:

PROPERTY INFORMATION

LOCATION/DESCRIPTION:
Main Building - North End ADA Access & Emergency Egress
Concord #80972B

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 Risks, RC, Special Form	1,456,300	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

NAME AND ADDRESS: State of New Hampshire Department of Administrative Services 7 Hazen Drive Room 250 Concord, NH 03302	☐ MORTGAGEE ☐ LOSS PAYEE ☐ ADDITIONAL INSURED LOAN # AUTHORIZED REPRESENTATIVE T Andriski, CISR/TAS Tracy Andriski

ACORD 27 (2009/12)

INS027 (200912).02

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 04/08/2021

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	**CONTACT NAME:** Tracy Andriski, CISR
Cross Insurance-Laconia	**PHONE (A/C, No, Ext):** (603) 524-2425 **FAX (A/C, No):** (603) 524-3666
155 Court Street	**E-MAIL ADDRESS:** tracy.andriski@crossagency.com
Laconia NH 03246	**INSURER(S) AFFORDING COVERAGE** / **NAIC #**
INSURED	**INSURER A:** Acadia Ins Co. — 31325
State of NH - Department of Administrative Services	**INSURER B:**
C/O Turnstone	**INSURER C:**
479 Nashua Street	**INSURER D:**
Milford NH 03055	**INSURER E:**
	INSURER F:

COVERAGES **CERTIFICATE NUMBER:** CL214853326 **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:			OCP5410028-11	03/09/2021	12/09/2021	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)

Main Building – North End ADA Access & Emergency Egress, Concord #80972B

CERTIFICATE HOLDER

State of New Hampshire 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

Tracy Andriski

93 mlc

State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES
25 Capitol Street – Room 120
Concord, New Hampshire 03301
Office@das.nh.gov

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. 80972 – Contract B

September 23, 2019

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 Turnstone Corporation (VC #169530), Milford, NH for a total price not to exceed $1,456,300, for the Main Building North ADA Access & Emergency Egress, 105 Pleasant Street, Concord, NH. This contract is effective upon Governor and Council approval through October 30, 2020 unless extended in accordance with the contract terms. **100% Capital – General Funds.**

2). Further authorize that a contingency in the amount of $61,700 be approved for unanticipated site expenses for the Main Bldg North ADA Access & Emergency Egress, bringing the total to $1,518,000. **100% Capital – General Funds.**

3). Further authorize the amount of $25,000 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 $1,543,000. **100% Capital-General Funds.**

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

01-14-14-140030-15110000 Main Bldg North ADA Access & Emergency Egress SFY20

034-500162 – Contract/Building Repair	$1,456,300
034-500162 - Contingency	$ 61,700
034-500162 – Interagency – DPW Fees	$ 25,000
Total	**$1,543,000**

EXPLANATION

Per Chapter 228:1, III, C Laws for Main Building - North End ADA Access & Emergency Egress. The Main Building at State Office Park South has a number of ADA access deficiencies. This project provides access to employees with disabilities to three floors of the Peaslee Wing and connects Peaslee to North Pavilion wing to improve circulation and allow more efficient egress in case of an emergency.

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, 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:	$1,136,400
Contract Amount:	$1,456,300
Over Estimate:	$ 319,900

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 80972, Contract B – Main Building – North End ADA Access & Emergency Egress

DESCRIPTION: Demolish existing porch with access ramp. Construct new three-story corridor with elevator to connect the Peaslee Wing with North Pavilion. Improve underground storm drainage system and reconstruct parking lot.

EXPLANATION: The Main Building at State Office Park South has a number of ADA access deficiencies. This project provides access to employees with disabilities to three floors of the Peaslee Wing and connects Peaslee to North Pavilion wing to improve circulation and allow more efficient egress in case of an emergency.

OVER ESTIMATE
EXPLANATION: The current state of the economy is strong and there is plenty of work for contractors. The demand for construction work remains consistent, which increases prices.

DEPARTMENT
ESTIMATE: $1,136,400.00
LOW BID: $1,456,300.00

ABC Bid Data

CONCORD
809728
NON-FEDERAL

PROJECT: CONCORD
STATE PROJECT NUMBER: 809728
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: August 14, 2019, 02:00 PM
SCOPE OF WORK: MAIN BLDG NORTH BND ADA ACCESS & EMERGENCY EGRESS
COMPLETION DATE: October 30, 2020
LOCATION: Hazelnut

Certified by: _____

Summary of Bidders

Contractor	Bid Amount	Rank
TURNSTONE CORPORATION 479 NASHUA STREET, MILFORD NH 03055-3705	$1,456,300.00	A
MARTINI NORTHERN LLC 299 HANOVER STREET, PORTSMOUTH NH 03801	$1,463,000.00	B
D. L .KING & ASSOCIATES INC. 27 TANGLEWOOD DRIVE, NASHUA NH 03062-1044	$1,598,500.00	C
MARK CARRIER CONSTRUCTION INC SUITE 101, 175 LINCOLN STREET, MANCHESTER NH 03103-5031	$1,697,320.00	D
BROOKSTONE BUILDERS, INC. 600 HARVEY ROAD, MANCHESTER NH 03103-3320	$1,707,458.00	E

BUREAU OF PUBLIC WORKS

✓ Award to 'A' Bidder $ 1,456,300

_____ Hold for Negotiation

_____ Cancel Contract

User Agency DAS

Authorized by MLJ

Date 8/30/19

Item No.	Description	Unit	Quantity	PS&E		TURNSTONE CORPORATION 479 NASHUA STREET MILFORD, NH 03055-3705		MARTINI NORTHERN LLC 299 HANOVER STREET PORTSMOUTH, NH 03801	
Items				Unit Price	Total	Unit Price	Total	Unit Price	Total
901	CONSTRUCT THREE STORY CORRIDOR AND SITE WORK	U	1.00	$916,400.00	$916,400.00	$1,177,000.00	$1,177,000.00	$1,125,849.00	$1,125,849.00
902	CONSTRUCT ELEVATOR	U	1.00	$130,000.00	$130,000.00	$189,300.00	$189,300.00	$247,151.00	$247,151.00
903	ALLOWANCE FOR UNFORESEEN CONDITIONS, OWNER INTIATED CHANGES	$	90,000.00	$1.00	$90,000.00	$1.00	$90,000.00	$1.00	$90,000.00
			Totals:		$1,136,400.00		$1,456,300.00		$1,463,000.00
			Alt. Totals:						
			Totals:		$1,136,400.00		$1,456,300.00		$1,463,000.00

Item No.	Description	Unit	Quantity	PS&E		D. L .KING & ASSOCIATES INC. 27 TANGLEWOOD DRIVE NASHUA, NH 03062-1044		MARK CARRIER CONSTRUCTION INC SUITE 101 MANCHESTER, NH 03103-5031	
				Unit Price	Total	Unit Price	Total	Unit Price	Total
Items									
901	CONSTRUCT THREE STORY CORRIDOR AND SITE WORK	U	1.00	$916,400.00	$916,400.00	$1,308,300.00	$1,308,300.00	$1,490,700.00	$1,490,700.00
902	CONSTRUCT ELEVATOR	U	1.00	$130,000.00	$130,000.00	$200,200.00	$200,200.00	$116,620.00	$116,620.00
903	ALLOWANCE FOR UNFORESEEN CONDITIONS, OWNER INTIATED CHANGES	$	90,000.00	$1.00	$90,000.00	$1.00	$90,000.00	$1.00	$90,000.00
			Totals:		$1,136,400.00		$1,598,500.00		$1,697,320.00
			Alt. Totals:						
			Totals:		$1,136,400.00		$1,598,500.00		$1,697,320.00

Item No.	Description	Unit	Quantity	PS&E		BROOKSTONE BUILDERS, INC. 600 HARVEY ROAD MANCHESTER, NH 03103-3320	
				Unit Price	Total	Unit Price	Total
Items							
001	CONSTRUCT THREE STORY CORRIDOR AND SITE WORK	U	1.00	$918,400.00	$918,400.00	$1,489,208.00	$1,489,208.00
002	CONSTRUCT ELEVATOR	U	1.00	$130,000.00	$130,000.00	$128,250.00	$128,250.00
003	ALLOWANCE FOR UNFORESEEN CONDITIONS, OWNER INTIATED CHANGES	$	90,000.00	$1.00	$90,000.00	$1.00	$90,000.00
			Totals:		$1,138,400.00		$1,707,458.00
			Alt. Totals:				
			Totals:		$1,138,400.00		$1,707,458.00

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/09/2019

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 CROSS INSURANCE - LACONIA 155 Court Street Laconia NH 03246	CONTACT NAME: Tracy Andriski, CISR PHONE (A/C, No, Ext): (603) 524-2425 FAX (A/C, No): (603) 524-3668 E-MAIL ADDRESS: tandriski@crossagency.com
INSURED Turnstone Corporation 479 Nashua Street Milford NH 03055-0539	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: Firemen's Ins. Co. of Washington D.C. — 21784 INSURER B: Acadia Ins Co. — 31325 INSURER C: Indian Harbor Ins Co INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: CL18121772350 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:			CPA0065107-26	12/31/2018	12/31/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 300,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY			CAA0065120-30	12/31/2018	12/31/2019	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
B	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			CUA0065121-29	12/31/2018	12/31/2019	EACH OCCURRENCE AGGREGATE Comp Ops Aggregate	$ 5,000,000 $ 5,000,000 $ 5,000,000
A	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		WPA0095615-27	12/31/2018	12/31/2019	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 500,000 $ 500,000 $ 500,000

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

Main Building – North End ADA Access & Emergency Egress, Concord #80972B
The State of New Hampshire, its agencies, and its agents and employees are additional insureds for ongoing operations performed by or on behalf of Turnstone Corporation when required in a written contract.

CERTIFICATE HOLDER

State of New Hampshire 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

Tracy Andriski

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY): 9/9/2019

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) 524-2428 FAX (A/C, No): (603) 524-3444 E-MAIL ADDRESS: dhaley@crossagency.com CODE: SUB CODE: AGENCY CUSTOMER ID #: 00178165	COMPANY Acadia Ins Co. One Acadia Commons P.O. Box 9010 Westbrook ME. 04098-5010
INSURED State of NH-Dept of Administrative Services Turnstone Corp & Subcontractors 479 Nashua Street Milford NH 03055-0539	LOAN NUMBER POLICY NUMBER: CIM5406669-10 EFFECTIVE DATE: 9/9/2019 EXPIRATION DATE: 9/9/2020 ☐ CONTINUED UNTIL TERMINATED IF CHECKED THIS REPLACES PRIOR EVIDENCE DATED:

PROPERTY INFORMATION

LOCATION/DESCRIPTION
Main Building - North End ADA Access & Emergency Egress
Concord #80972B

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, RC, Special Form	1,456,300	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

NAME AND ADDRESS State of New Hampshire Department of Administrative Services 7 Hazen Drive Room 250 Concord, NH 03302	☐ MORTGAGEE ☐ ADDITIONAL INSURED ☐ LOSS PAYEE LOAN # AUTHORIZED REPRESENTATIVE T Andriski, CISR/TAS Tracey Andriski

ACORD 27 (2009/12)
INS027 (2009/12).02

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/09/2019

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PRODUCER CROSS INSURANCE - LACONIA 155 Court Street Laconia NH 03246	CONTACT NAME: Tracy Andriski, CISR PHONE (A/C, No, Ext): (603) 524-2425 FAX (A/C, No): (603) 524-3666 E-MAIL ADDRESS: tandriski@crossagency.com
INSURED State of NH - Department of Administrative Services C/O Turnstone 479 Nashua Street Milford NH 03055	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: Acadia Ins Co. — 31325 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: CL199699073 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 [X] OCCUR [X] Owners & Contractors Protective GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [ ] PRO-JECT [ ] LOC OTHER:			OCP5410028-10	09/09/2019	03/09/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 2,000,000 $ $ $ $ 3,000,000 $
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS 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? Y / N [ ] (Mandatory in NH) 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)

Main Building – North End ADA Access & Emergency Egress, Concord #809728

CERTIFICATE HOLDER

State of New Hampshire Department of Administrative Services
7 Hazen Drive
Room 250
Concord NH 03302

CANCELLATION

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AUTHORIZED REPRESENTATIVE

Tracy Andriski