

4/20/24



*William Cass, P.E.*  
*Commissioner*

**THE STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF TRANSPORTATION**

47



*David Rodrigue, P.E.*  
*Assistant Commissioner*  
*Andre Briere, Colonel, USAF (RET)*  
*Deputy Commissioner*

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

Bureau of Highway Maintenance  
(Well Section)  
May 22, 2024

**REQUESTED ACTION**

Authorize the Department of Transportation to enter into a contract with Skillings & Sons, LLC of Amherst, NH (Vendor 161456) in the amount of \$38,000 for a 6-inch drilled well and pump on the NH DOT Bridge Maintenance site located at 38 NH 108 Newfields (Newfields Project No. 44774), from the date of Governor and Council approval through December 6, 2024, unless extended by the Department in accordance with the Standard Specifications. 100% Highway Funds.

Funding is available in State Fiscal Year 2025 as follows:

	<u>FY 2025</u>
04-96-96-960515-3048	
Asset Maintenance and Critical Repair	
400-500870 Highway Contract Payments	\$38,000

**EXPLANATION**

This project replaces an existing failed well, which can no longer supply the NH DOT Bridge Maintenance facility with water. This contract was advertised, and the bid was publicly opened on May 2, 2024. Skillings & Sons, LLC of Amherst, NH was the sole bidder at \$38,000 and the Department considers this bid to be reasonable.

The Contractor has been prequalified by this Department. The Contract has been approved by the Attorney General as to form and execution and the Department 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' Office, and subsequent to Governor and Council approval will be on file at the Department of Transportation.

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Your approval of this resolution is respectfully requested.

Sincerely,



William J. Cass, P.E.  
Commissioner

WJC/pcj

Department Estimate: \$38,140  
Contract Amount: \$38,000  
Under Estimate: \$ 140  
Attachments



# ABC Bid Data

NEWFIELDS  
44774  
NON-FEDERAL

PROJECT: NEWFIELDS  
STATE PROJECT NUMBER: 44774  
FED. PROJECT NUMBER: NON-FEDERAL  
DATE BIDS OPEN: May 02, 2024, 2:00 PM  
SCOPE OF WORK: Replace facility well  
COMPLETION DATE: December 06, 2024  
LOCATION: Rockingham

Awarded To: SKILLINGS & SONS LLC  
9 COLUMBIA DRIVE  
AMHERST, NH 03031

Amount: \$38,000.00  
Award Date:

Certified by: WILLIAM.J.OLDENBURG  
Director of Project Development

## Summary of Bidders

Contractor	Bid Amount	Rank
SKILLINGS & SONS LLC 9 COLUMBIA DRIVE, AMHERST NH 03031	\$38,000.00	A

# ABC Bid Data

NEWFIELDS  
 44774  
 NON-FEDERAL

Item No.	Description	Unit	Quantity	PS&E		SKILLINGS & SONS LLC 9 COLUMBIA DRIVE AMHERST, NH 03051		Unit Price	Total
				Unit Price	Total	Unit Price	Total		

**Items**

662.1626	6" DRILLED WELL	LF	600.00	\$19.00	\$11,400.00	\$18.00	\$10,800.00		
662.166	PILOT HOLE FOR 6" WELL (INCLUDES 6" CASING)	LF	180.00	\$77.00	\$13,860.00	\$65.00	\$11,700.00		
662.41	TRENCH AND PIPE	LF	75.00	\$30.00	\$2,250.00	\$24.00	\$1,800.00		
662.52010	SUBMERSIBLE PUMP (1.0 HP) AND ACCESSORIES	EA	1.00	\$5,030.00	\$5,030.00	\$7,100.00	\$7,100.00		
692.	MOBILIZATION	U	1.00	\$2,000.00	\$2,000.00	\$3,000.00	\$3,000.00		
1008.11	ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK	\$	3,000.00	\$1.00	\$3,000.00	\$1.00	\$3,000.00		
1008.18	ALTERATIONS AND ADDITIONS AS NEEDED - PUMPING TEST	\$	600.00	\$1.00	\$600.00	\$1.00	\$600.00		
<b>Totals:</b>					<b>\$38,140.00</b>		<b>\$38,000.00</b>		
<b>Alt. Totals:</b>									
<b>Totals:</b>					<b>\$38,140.00</b>		<b>\$38,000.00</b>		



## PS&E Comparison

NEWFIELDS  
44774  
NON-FEDERAL

Item No.	Description	Unit	Quantity	A-Bidder		PS&E		A-PS&E Difference
				Unit Price	Total	Unit Price	Total	
<b>Items</b>								
662.1626	6" DRILLED WELL	LF	600.00	\$18.00	\$10,800.00	\$19.00	\$11,400.00	(\$600.00)
662.166	PILOT HOLE FOR 6" WELL (INCLUDES 6" CASING)	LF	180.00	\$65.00	\$11,700.00	\$77.00	\$13,860.00	(\$2,160.00)
662.41	TRENCH AND PIPE	LF	75.00	\$24.00	\$1,800.00	\$30.00	\$2,250.00	(\$450.00)
662.52010	SUBMERSIBLE PUMP (1.0 HP) AND ACCESSORIES	EA	1.00	\$7,100.00	\$7,100.00	\$5,030.00	\$5,030.00	\$2,070.00
692.	MOBILIZATION	U	1.00	\$3,000.00	\$3,000.00	\$2,000.00	\$2,000.00	\$1,000.00
1008.11	ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK	\$	3,000.00	\$1.00	\$3,000.00	\$1.00	\$3,000.00	\$0.00
1008.18	ALTERATIONS AND ADDITIONS AS NEEDED - PUMPING TEST	\$	600.00	\$1.00	\$600.00	\$1.00	\$600.00	\$0.00
<b>Total:</b>					<b>\$38,000.00</b>		<b>\$38,140.00</b>	<b>(\$140.00)</b>

# State of New Hampshire

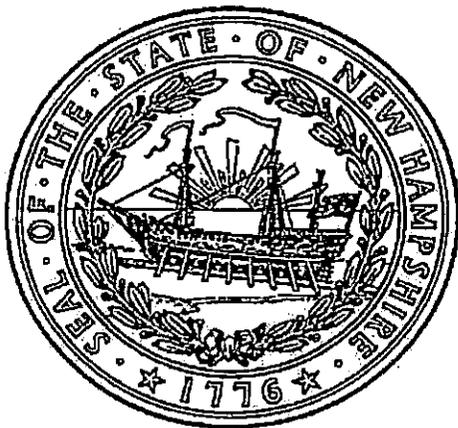
## Department of State

### CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that SKILLINGS & SONS, LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on October 28, 1970. 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: 94006

Certificate Number: 0006755156



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 21st day of August A.D. 2024.

A handwritten signature in black ink, appearing to read "D. Scanlan", is written over a faint circular stamp.

David M. Scanlan  
Secretary of State

CERTIFICATE OF AUTHORITY

I, Deborah Gagne, hereby certify that I am a Member or

Manager of SKillings + Sons LLC a limited liability company under  
(Name of LLC)

RSA 304-C.

VOTED: That Roger Skillings Member is duly authorized to enter  
(Name and Title)

into contracts or agreements on behalf of SKillings + Sons LLC with  
(Name of LLC)

the State of New Hampshire and any of its agencies or departments; and further, is authorized to execute any documents which may, in his judgment, be desirable or necessary to effect the purpose of this vote.

I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person listed above currently occupies the position indicated and that they have full authority to bind the LLC and that this authorization **shall remain valid for thirty (30) days** from the date of this Corporate Resolution.

DATED: 5/22/2024

ATTEST: D. Gagne, Manager  
(Name and Title)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/19/2024

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).

<b>PRODUCER</b> Eaton & Berube Insurance Agency, LLC. 11 Concord Street Nashua NH 03064	<b>CONTACT NAME:</b> Jessica Archambault	
	<b>PHONE (A/C, No, Ext):</b> 603-882-2766	<b>FAX (A/C, No):</b> 603-886-4230
<b>E-MAIL ADDRESS:</b> JArchambault@eatonberube.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> Skillings & Sons, LLC 9 Columbia Drive Amherst NH 03031 SKIL&SO-01	<b>INSURER A:</b> The Hanover Insurance Companies 22292	
	<b>INSURER B:</b> Allmerica Financial Benefits I 41840	
	<b>INSURER C:</b> Westchester Surplus Lines Insurance Co.	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
<b>INSURER F:</b>		

**COVERAGES**      **CERTIFICATE NUMBER:** 125889431      **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 type="checkbox"/> LOC OTHER:	Y	Y	ZBVJ269709	1/1/2024	1/1/2025	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 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 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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	Y	Y	AWWJ269710	1/1/2024	1/1/2025	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 checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	UHVJ269711	1/1/2024	1/1/2025	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
A	<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	Y/N	N/A	WHVJ269705	1/1/2024	1/1/2025	<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
C	Contractors Pollution Liability			G27108453 011	1/21/2024	1/21/2025	Liability \$2,000,000 General Aggregate \$3,000,000 Deductible \$2,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 NH, MA, ME, RI, VT Workers' Compensation Coverage. Excluded Officer: Norman Skillings

Additional insured status applies for ongoing and completed operations on a primary and non-contributory basis, including waiver of subrogation, with respects to general, automobile and umbrella Liability when required by a written contract.

Leased/Rented Equipment: Policy No: IHVJ266766 / Effective: 01/01/2024 - 01/01/2025 / \$200,000 Limit w. \$1,000 Deductible

**CERTIFICATE HOLDER****CANCELLATION**

NH Department of Transportation  
 Office of Access  
 Opportunity and Compliance  
 7 Hazen Drive  
 P.O. Box 483  
 Concord NH 03302-0483

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

*Jane R. Berube*

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