

## Marie Maruca

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**From:** Paxor Construction <paxorconstruction@gmail.com>  
**Sent:** Thursday, May 12, 2016 12:24 PM  
**To:** Pelham RFP  
**Cc:** rhelminen@icloud.com; rhelminen@icloud.com  
**Subject:** Library Flood Repair Project | Proposal  
**Attachments:** 05.12.2016\_Proposal Flood Damage Repairs.pdf

**5/12/2016**

Brian McCarthy  
Town Administrator  
Town of Pelham  
6 Village Green  
Pelhma, NH 03076  
603-508-3078

**Re: Library Flood Repair Project**

Dear Brian,

We propose furnishing labor and materials to complete your "Flood Repair Project"

Please find attached proposal for your review and approval.

All Equipment and safety provisions are included. Permitting for code compliance is also included.

We appreciate the opportunity to provide you with this proposal and look forward to the possibility of working together.

Please feel free to call if you have any questions.

Sincerely,

Robert Helminen

**paxor**construction  
P.O. Box 1401  
Merrimack, NH 03054  
P: 603-262-1400  
M: 603-493-0678  
F: 877-468-4178

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Prepared For  
**Brian McCarthy**  
**Town Administrator**  
**Town of Pelham, NH**  
**6 Village Green**  
**Pelham, NH 03076**

Prepared by  
Robert Helminen  
**paxor**construction

P.O. BOX 1401  
Merrimack, NH 03054

Tel: 603-262-1400  
Fax: 877-468-4178  
[paxorconstruction@gmail.com](mailto:paxorconstruction@gmail.com)

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BY ACCEPTANCE OF THIS DOCUMENT, THE RECIPIENT AGREES TO BE BOUND BY THE AFOREMENTIONED STATEMENT.

## LIBRARY FLOOD REPAIR PROJECT PROPOSAL COVER SHEET

Firm Name:

Paxor Construction, LLC

Firm Address:

PO BOX 1401 Merrimack, NH 03054

Firm Telephone Number:

603-262-1400

Number of years in existence: 02

Management Contact (person responsible for direct contact with Town):

Name: Robert Helminen

Title: Manager

Telephone Number: 603-262-1400

Email: paxorconstruction@gmail.com

Cell Number:

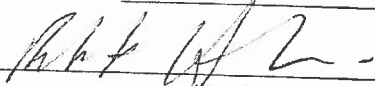
Email:

The undersigned hereby submits the accompanying proposal and, by doing so, agrees that:

1. The firm has carefully reviewed its proposal and understands and agrees that the Town is not responsible for any errors or omissions on the part of the proposer.
2. It is understood and agreed that the Town reserves the right to accept or reject any or all proposals and to waive any informality or irregularity in any proposal received by the Town.
3. The proposal includes all of the terms, conditions, figures, and data required by the proposer to enter into a binding agreement for the services proposed.
4. The proposal shall be valid for ~~12 months~~ from the date of submission.

Name of Firm: Paxor Construction, LLC

By:



(Authorized Signature)

Type Name: Robert Helminen

Title: Manager

Date: 05/12/2016



P O. Box 1401  
Merrimack, NH 03054  
Phone: 603-262-1400 | Fax: 877-468-4178

**Project Qualifications:**

**Project:** Library Flood Repair Project  
6 Village Green  
Pelham, NH 03076

Brian McCarthy  
Town Administrator  
Town of Pelham, NH  
6 Village Green  
Pelham, NH 03076

**1.) Qualifications:**

All work to be performed during normal business hours (M-F 7am-3pm)  
Dumpster to be stored in Driveway.  
Permitting carried for all items applicable to code enforcement.  
Changes to existing conditions declared by building official shall be absorbed by owner.  
Labor for all work put in place is acknowledged with a one year warranty.  
Warranty for materials and equipment that are supplied and installed by Paxor Construction shall be deemed by manufacturer of material or equipment.  
Paxor Construction to provide full time supervision of daily project activities as Required  
Owner, Contractors, Subcontractors, and all vendors, not employed by Paxor Construction must adhere to project schedule, otherwise additional costs will be presented to owner.  
Paxor Construction to provide general labor for project site coordination and organization.  
Sample Project Schedule shall be revised and not binding unless attached to contract.  
Owner to Furnish Products on the Drawings or otherwise indicated  
Owner to provide shop drawings, product data and product samples to the contractor  
Owner will inspect "Owner Furnished" items, products upon delivery to the jobsite and inform paxor construction in writing of acceptance of said products.  
Owner to provide warranty information to paxor construction from all vendors completing work involved in the project under separate contracts.  
Owner to provide power, toilets and lighting for use by construction trades  
Owner to furnish all drawings, specifications and engineering as required by Paxor Construction  
Allowances Carried for Number of Hours requested in the RFP. In the even the hours accumulated are more than the allowance for said items. They will be charge @ time and material rates set by the contractor

**2.) Exclusions:**

Site Surveys | Utility Service Upgrades | Union Labor  
Bid | Payment | Performance Bond costs have been excluded.  
Acts of Terrorism | Builders risk insurance has been excluded.  
Remediation | Mold Removal Etc...  
Pricing strictly excludes handling or working in area where hazardous materials are present.

**3.) Payment Schedule**

Proposed payment schedule as follows:

Upon Signed Contractual Agreement: 50% Deposit of total contract value due.

Upon completion of Scope of Work, including sign off of permits by building officials, 50.00% of total contract value due

<u>Date</u>	<u>Description</u>	<u>Amount</u>
	Contractual Agreement	\$8,870.41
	Final Payment	\$8,870.41

Any work resulting in changes to the contract for any reason what so ever, will be subject to additional invoicing above any beyond herein listed at the sole discretion of the contractor.

Initials \_\_\_\_\_

**Section - 00060****Proposal Form****Library Flood Repair Project****6 Village Green****Pelham, NH 03076****Project:** Library Flood Repair Project**Name of Bidder:** Paxor Construction, LLC**Address:** P.O. BOX 1401  
Merrimack, NH 03054**Phone:** 603-262-1400

If this Proposal is accepted within 05 days from the date of the bid opening, the Undersigned, having familiarized himself with all local conditions affecting the cost of work, hereby proposes furnish all labor, materials and equipment to complete the above named work in accordance with the drawings and specifications as referred to in "Exhibit B" Drawing log., and to enter into an agreement with Town of Pelham, NH 6 Village Green Pelham, NH 03076, for the sum of: \$ 17,740.81

**Dollars (\$ Seventeen Thousand Seven Hundred Forty Dollars & Eighty One Cents )**

Labor: 51%  
Materials: 49%

Estimated Dollar Value of Taxes Included in this Bid: \$ -

**Substitutions:**

The Undersign submits to the Owner, for consideration, the following substitutions with the expressed understanding that the Owner may accept or reject any or all of these proposed substitutions. Any price substitution will be added to or deducted from the lump sum price quoted above.

Alternate No. 1 Add \$ - Deduct \$ -

**Addenda:**

The undersigned acknowledge receipt of the following Addenda covering revisions to the Drawing and/ or specifications and certifies that the cost if any, of such revisions has been included in the lump sum of this proposal.

Addendum No. 1

Dated:

Initial \_\_\_\_\_

**End of Proposal Form**

**ACORD** TM **CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)  
5/15/2014

## PRODUCER

XYZ Insurance Agency

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES

## INSURERS AFFORDING COVERAGE

NAIC #

## INSURED

Sub Contractor

INSURER A: XYZ Insurance Company

INSURER B: XYZ Insurance Company

INSURER C: XYZ Insurance Company

INSURER D: XYZ Insurance Company

INSURER E: XYZ Insurance Company

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
LTR	INSRD					
A		<b>GENERAL LIABILITY</b> <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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	XXXXXXXX	XXXXXX	XXXXXX	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 \$ 1,000,000
A		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	XXXXXXXX	XXXXXX	XXXXXX	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
A		<b>EXCESS/UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$	XXXXXXXX	XXXXXX	XXXXXX	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 2,000,000 \$ \$ \$
A		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below  OTHER	XXXXXXXX	XXXXXX	XXXXXX	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

## DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Project Owner is listed as an additional insured on a primary and non contributory basis.

## CERTIFICATE HOLDER

Project Owner  
Company  
Address  
City, State Zip Code

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

&lt;MW&gt;



## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.