CONTRACT

R & H ROOFING, LLP

59 South Street, Easthampton MA 01027
(413) 527-9378- PH
(413) 527-8244 – FX

RESURGAM. CITY OF PORTLAND, MAINE

Reviewed for Code Compliance
Inspections Division
Approved with Conditions

Date: 09/01/16

TO:	JOB NAME:
PORTLAND MUSEUM OF ART ATTN: NICK OLIVER 7 CONGRESS SQUARE PORTLAND, ME 04101	PORTLAND MUSEUM OF ART 7 CONGRESS SQUARE PORTLAND, ME 04101

DESCRIPTION OF PROJECT: NEW ROOF – 3RD LEVEL ROOF SECTION

1. Remove Ballast, EPDM and insulation down to concrete deck.
2. Inspect any existing vapor barrier for continuity (provide price on bid form for installation and labor to torch down one ply vapor barrier in the event it is necessary)
3. Rebuild existing drains assuming they are cast iron drain bowls in good condition, rebuild them with stainless steel hardware, new clamping rings and metal domes, sump drains 4'X4' where possible.
4. Adhere two layers of 2" ISO in Insulock HR at 400 SF per case per ASCE 7 wind uplift calculations. (account for beads 9" on center average)
5. Adhere two plies of Flex Base E 80 in Greenlock Membrane Adhesive at 2.5 gallons per square per ply.
6. Adhere Optimax FR Mineral in Greenlock Membrane Adhesive at 2.5 gallons per square.
7. Flash all curbs and parapet walls with two plies of Flexbase E 80 and Optimax FR Mineral set in Greenlock Flashing Adhesive at 2.5 gallons per square per ply.
8. Three course all flashing laps with Tuff Flash and mesh and embed mineral to match that of cap sheet into laps.
9. Flood test roof section and certify with all parties in agreement prior to sign off and re-location of art work back into galleries under roof section.
10. Clean up and remove all related roofing debris.
11. Includes Garland's 40-year NDL manufacturers labor and materials warranty.

Labor + Materials = $113,460.00
Materials purchased direct from Garland ($38889.56) Labor = $74570.44

*** Add $15.00 per square foot to replace any deteriorate concrete decking if necessary ***

PAYMENT SCHEDULE:

~~$28,365.00~~ - DUE UPON 25% COMPLETION $18,642
~~$28,365.00~~ - DUE UPON 50% COMPLETION $18,642
~~$28,365.00~~ - DUE UPON 75% COMPLETION $18,642
~~$28,365.00~~ - DUE UPON 100% COMPLETION $18644.44

Lawrence Derosier
R & H ROOFING, LLP

DULY AUTHORIZED AGENT

8/23/16
DATE

8.26.16
DATE

Reviewed for Code Compliance
Inspections Division
Approved with Conditions

Date: 09/01/16

PORTLAND MUSEUM OF ART

INSURANCE AND INDEMNIFICATION AGREEMENT

Project and Location: PORTLAND MUSEUM OF ART, 7 CONGRESS SQUARE, PORTLAND MAINE
CSP 3rd FLOOR ROOF REPLACEMENT

Subcontractor: R&H ROOFING, LLP
59 South Street, Easthampton, MA 01027
LAWRENCE DEROSIER
(413) 527-9378

A. Subcontractor shall maintain workers' compensation, general liability, automobile and umbrella insurance for the minimum amount required by the PORTLAND MUSEUM OF ART.
Insurance coverages and certificates shall be provided and include PORTLAND MUSEUM OF ART as an additional insured, on a primary and non-contributory basis, on all liability policies.
The General Liability, Auto Liability, Workers' Compensation and Umbrella policies will include waiver of subrogation in favor of PORTLAND MUSEUM OF ART

B. Minimum required insurance limits (coverage on an occurrence basis):

Commercial General Liability

Each Occurrence	$1,000,000
Damage to Rented Premises (Each Occurrence)	$500,000
Medical Expense (Any one Person)	$5,000
Personal & Advertising Injury	$1,000,000
General Aggregate	$2,000,000
Products and Completed Operations	$1,000,000

Automobile Liability

Combined Single Limit (Each accident) for owned/leased vehicles	$1,000,000
Hired Autos	$1,000,000
Non-Owned Autos	$1,000,000

Commercial Excess Liability ("Umbrella")

Each Occurrence	$5,000,000
Aggregate	$5,000,000

Workers Compensation and Employers Liability

Employers' Liability - Each Accident	$1,000,000
Employers' Liability Disease - Each Employee	$1,000,000
Employers' Liability Disease - Policy Limit	$1,000,000

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C. To the fullest extent permitted by law, the Subcontractor hereby acknowledges and agrees th hold harmless and defend PORTLAND MUSEUM OF ART, the Owner, and any of their officers, agents, affiliates, subsidiaries and partners from and against all claims, damages, losses and ex not limited to, attorney's fees, arising out of or resulting from the performance of the Subcon this Subcontract, provided that any such claim , damage, loss or expenses (1) is attributable t disease or death or injury to or destruction of tangible property (other than to the Work itsel resulting therefrom, and (2) is caused in whole or in part by any acts or omissions of the Subc employees, agents or sub-subcontractors or anyone directly or indirectly employed by any of them or anyone whose acts may be liable.

D. The Subcontractor hereby acknowledges its obligation under the foregoing paragraph to indemnify PORTLAND MUSEUM OF ART against judgments suffered because of the Subcontractor's work and to assume the cost of defending PORTLAND MUSEUM OF ART against claims as described in the foregoing paragraph.

THE SUBCONTRACTOR MUST FURNISH PORTLAND MUSEUM OF ART WITH THIS SIGNED SUBCONTRACT AGREEMENT AND VALID CERTIFICATE OF INSURANCE BEFORE THEY ARE APPROVED.

	PORTLAND MUSEUM OF ART	SUBCONTRACTOR
BY:		Teresa Soares R & H ROOFING, LLP
TITLE:	Director	OFFICE MANAGER
DATE:	8·26·16	8/24/16

ACORD

CERTIFICATE OF LIABILITY INSURANCE

F

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON TH CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSU REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBRC the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certifici certificate holder in lieu of such endorsement(s).

RESURGAM CITY OF PORTLAND, MAINE

Reviewed for Code Compliance
Inspections Division
Approved with Conditions

Date: 09/01/16

PRODUCER
HUB International NE LLC formerly FieldEddy
79 Lyman Street
South Hadley, MA 01075

CONTACT NAME: Debora Mello
PHONE (A/C, No, Ext): (413) 733-3131 (A/C, No): (413) 733-3191
E-MAIL ADDRESS: debora.mello@hubinternational.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Admiral Insurance Company	24856
INSURER B : Safety Indemnity	33618
INSURER C : National Union Fire Insurance Co of Pittsburgh, PA	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
R & H Roofing, LLP
Henry Hopkins
59 South St.
Easthampton, MA 01027

COVERAGES CERTIFICATE NUMBER: 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						EACH OCCURRENCE	$	1,000,000
	CLAIMS-MADE X OCCUR	X		CA000021599	05/26/2016	05/26/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	$	300,000
							MED EXP (Any one person)	$	5,000
							PERSONAL & ADV INJURY	$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$	2,000,000
	POLICY X PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$	2,000,000
	OTHER:						EBL AGGREGATE L	$	1,000,000
B	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$	
	ANY AUTO			2433476	08/26/2016	08/26/2017	BODILY INJURY (Per person)	$	
	ALL OWNED AUTOS / X SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	1,000,000
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$	
								$	
C	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$	5,000,000
	X EXCESS LIAB / CLAIMS-MADE			EBU025402076	05/26/2016	05/26/2017	AGGREGATE	$	
	DED RETENTION $						General Agg	$	5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)
Portland Museum of Art is additional insured per written contract

CERTIFICATE HOLDER

Portland Museum of Art
7 Congress Square
Portland, ME 04101

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
HUB International New England, LLC

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CERTIFICATE OF LIABILITY INSURANCE

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROG the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificat certificate holder in lieu of such endorsement(s).

CITY OF PORTLAND, MAINE — RESURGAM

Reviewed for Code Compliance
Inspections Division
Approved with Conditions

Date: 09/01/16

PRODUCER	CONTACT NAME: Linda Landry
HUB INTERNATIONAL NEW ENGLAND LLC	PHONE (A/C, No, Ext): (413) 538-7862 | FAX (A/C, No):
600 LONGWATER DRIVE	E-MAIL ADDRESS: linda.landry@hubinternational.com
NORWELL MA 02061	INSURER(S) AFFORDING COVERAGE — NAIC #
INSURED	INSURER A: AIM MUTUAL INS CO — 33758
R & H ROOFING LLP	INSURER B:
	INSURER C:
59 SOUTH STREET	INSURER D:
EASTHAMPTON MA 01027	INSURER E:
	INSURER F:

COVERAGES **CERTIFICATE NUMBER:** 79984 **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	
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC OTHER:			N/A			EACH OCCURRENCE	$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
							PRODUCTS - COMP/OP AGG	$
								$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS			N/A			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 $			N/A			EACH OCCURRENCE	$
							AGGREGATE	$
								$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: N/A If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	N/A	AWC40070174242015A	10/24/2015	10/24/2016	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
				N/A				

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

Workers' Compensation benefits will be paid to Massachusetts employees only. Pursuant to Endorsement WC 20 03 06 B, no authorization is given to pay claims for benefits to employees in states other than Massachusetts if the insured hires, or has hired those employees outside of Massachusetts.

This certificate of insurance shows the policy in force on the date that this certificate was issued (unless the expiration date on the above policy precedes the issue date of this certificate of insurance). The status of this coverage can be monitored daily by accessing the Proof of Coverage - Coverage Verification Search tool at www.mass.gov/lwd/workers-compensation/investigations/.

CERTIFICATE HOLDER

Portland Museum of Art
7 Congress Square
Portland ME 04010

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

Daniel M. Crowley, CPCU, Vice President – Residual Market – WCRIBMA

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