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State of New Hampshire  
DEPARTMENT OF ADMINISTRATIVE SERVICES  
OFFICE OF THE COMMISSIONER  
25 Capitol Street – Room 120  
Concord, New Hampshire 03301

VICKI V. QUIRAM  
Commissioner  
(603)-271-3201

JOSEPH B. BOUCHARD  
Assistant Commissioner  
(603)-271-3204

Bureau of Public Works  
Design & Construction

September 21, 2015

Her Excellency, Governor Margaret Wood Hassan  
and the Honorable Council  
State House  
Concord, NH 03301

**REQUESTED ACTION**

Authorize the Department of Administrative Services (the Department), Bureau of Public Works Design and Construction to enter into an agreement with Harriman Associates (Vendor Code153055), Manchester, NH 03103 for Mechanical Engineering Services required for planning, design and construction of various Public Works' Projects as necessary and required by the Department. The contract is effective from the date of Governor and Council approval through June 30, 2018. The amount expended under this agreement shall not exceed \$300,000.00.

**EXPLANATION**

The Department proposes to retain the private consulting firm of Harriman Associates to expedite the current project workload and provide appropriate technical expertise as required for specific projects. This agreement is a proposed contract with the Mechanical Engineering Services firm selected to provide on-call Mechanical Engineering Services. It is anticipated that Mechanical Engineering Services can be handled by four (4) Mechanical firms through the contract period.

The agreement will enable the Department to respond quickly to unscheduled project requests and possible emergencies regarding mechanical issues. The decision as to which projects will be assigned will be made on a case-by-case basis depending on the particular expertise required and the firm's current workload.

This type of consulting agreement will be funded from the monies for each project. The majority of projects needing this type of mechanical consultant work are maintenance and capital funded projects.

The consultant selection process employed by the Department for this project is in accordance with RSAs 21-I:22, 21-I:22-c, and 21-I:22-d, all applicable Federal Laws and the Department's procedures for "Selection of Engineers, Architects and Surveyors dated July 28, 2005.

In April 2015, the Bureau of Public Works Design & Construction advertised in the Union Leader, the Bureau of Public Works Design & Construction website and email notification soliciting interest in providing on-call Mechanical Engineering Services. Fifteen (15) consultant firms submitted letters of interest and were considered for this assignment. The firms were then rated on the basis of comprehension of the assignment, clarity of the proposal, capacity to perform in a timely manner, quality and experience of the project manager and team, and overall suitability for the assignment.

Colby Company, LLC  
CSI Engineering, LLC  
Dubois & King, Inc.  
Fay, Spofford & Thorndike  
Fitzmeyer & Tocci Associates, Inc.  
Harriman  
McFarland Johnson, Inc.  
Oak Point Associates

John F. Penney Consulting Svcs, PC  
Rist-Frost-Shumway Engineering, PC  
SMRT  
Stantec Consulting  
H. L. Turner Group  
WV Engineering Associates, PA  
Yeaton Associates, Inc.

It is now the Department's intent to enter into Statewide Consultant Service Agreements with the four (4) highest rated firms as their legal documentation and Certificate of Insurance become available.

Colby Company, LLC  
Dubois & King

Harriman  
McFarland Johnson

A copy of Harriman Associates' Statement of Qualifications is provided, herewith, for your information and convenience.

The subject agreement has been approved by the Attorney General as to form and execution. Copies of the fully executed agreement are on file at the Secretary of State's Office and the Department of Administrative Services, Bureau of Public Works Design & Construction.

Respectfully submitted,



Vicki V. Quiram  
Commissioner

## Explanation of Statewide Consultant Committee Selection

Members are selected using the approved guidelines for the Bureau of Public Works Design and Construction "Selection of Engineering, Architects, and Surveyor Services". Per these guidelines, the Committee should consist of the Bureau Administrator plus two other Project Managers.

The **Administrator** is a member of all the Selection Committees, serving to provide the larger perspective of the consultant capabilities that are desired, also bringing knowledge of the quantity of work and various types of anticipated projects the consultant may be called on to perform. He brings the perspective of achieving agency goals, using a balance of those consultants who have performed excellent work in the past, along with bringing in new consultant firms.

The **Assistant Administrator** manages the day-to-day oversight of the Consultant assignments, and is the second member of all the selection committees. Her job description specifically outlines her involvement in the management of the consultants. She brings the expertise of the day-to-day working with consultants. Her past and present experience involves frequent interaction with consultants, including review of consultants' proposals and their engineering work.

The **discipline head**, for the specific type of work the consultant is being hired for (i.e. Mechanical, Civil, etc.), brings additional expertise concerning the capabilities of various consultants they have worked with. Their years of project management experience provide the more detailed perspective about the various consultants' strengths or weaknesses and how they would fit with the project needs.

Administrator PM6	Theodore Kupper – 1 1/2 years State service 35 years private sector
Assist. Administrator PM5	Michelle Juliano- 27 years State service
Mechanical Eng. PM4	Beverly Kowalik - 22 years State service

Interview/Selection date: 7/8/2015

COMMITTEE PROPOSAL RATING FOR  
MECHANICAL STATEWIDE

Consultant Name	Comprehension of Assignment	Clarity of Proposal	Capacity to Perform in a Timely Manner	Quality and Experience of PM/Team	Overall Suitability for the Assignment	Total Score	Cumulative Score
COLBY							67.5
Ted Kupper	4	4.5	2.5	4	4	19	
Michelle Juliano	5	5	5	5	5	25	
Beverly Kowalik	5	4.5	5	4.5	4.5	23.5	
						0	
DUBOIS & KING							69.5
Ted Kupper	4	5	2.5	4	4	19.5	
Michelle Juliano	5	5	5	5	5	25	
Beverly Kowalik	5	5	5	5	5	25	
	0					0	
HARRIMAN							62.5
Ted Kupper	3.5	3.5	2.5	3.5	3.5	16.5	
Michelle Juliano	4	5	4	5	5	23	
Beverly Kowalik	4.5	4.5	4.5	5	4.5	23	
						0	
HL TURNER							60.5
Ted Kupper	4	3.5	3	3.5	4	18	
Michelle Juliano	4	4	4	5	4	21	
Beverly Kowalik	4	4.5	4.5	4.5	4	21.5	
						0	
MC FARLAND JOHNSON							68.5
Ted Kupper	4	4.5	3.5	4	4	20	
Michelle Juliano	4	5	5	5	5	24	
Beverly Kowalik	5	4.5	5	5	5	24.5	
						0	
SMRT							61.5
Ted Kupper	4	4.5	2.5	4	4	19	
Michelle Juliano	4	3	4	5	4	20	
Beverly Kowalik	4.5	5	4.5	4	4.5	22.5	
						0	
YEATON							53.0
Ted Kupper	3.5	3.5	1.5	4	3.5	16	
Michelle Juliano	3	3	3	5	4	18	
Beverly Kowalik	4	4	3	4	4	19	
						0	

<===== Highest Rating

<===== Highest Rating

<===== Highest Rating

<===== Highest Rating



HARRASS-01

SNASON

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/15/2015

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 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**  
Clark Insurance  
2385 Congress Street  
Portland, ME 04104

**CONTACT NAME:** Susan Nason  
**PHONE (A/C, No, Ext):** (207) 523-2236 **FAX (A/C, No):** (207) 774-2994  
**E-MAIL ADDRESS:** snason@clarkinsurance.com

**INSURED**  
Harriman Associates  
46 Harriman Drive  
Auburn, ME 04210

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	XL Specialty Insurance Co	37885
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

### 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	
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED: RETENTION \$						EACH OCCURRENCE AGGREGATE	\$
	<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						<input type="checkbox"/> PER-STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$
A	Prof Liability			DPR9720720	12/31/2014	12/31/2015	Each Claim	2,000,000
A	Deductible - \$75,000			DPR9720720	12/31/2014	12/31/2015	Aggregate	4,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
For Professional Liability coverage, the aggregate limit is the total insurance available for all covered claims presented within the policy period. The limit will be reduced by payments of indemnity and expense.

### CERTIFICATE HOLDER

State of NH  
Department of Administrative Services  
7 Hazen Drive  
PO Box 483  
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



HARRI14

OP ID: SQ

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/15/2015

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**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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> <b>Varney Agency-Scarborough</b> 383 US Rt 1, Suite 1E, Box 5 Scarborough, ME 04074 <b>MICHAEL VARNEY</b>	<b>CONTACT NAME:</b> Sunny Quintal <b>PHONE (A/C, No, Ext):</b> 207-883-8229 <b>FAX (A/C, No):</b> 207-883-4752 <b>E-MAIL ADDRESS:</b> squintal@varneyagency.com
<b>INSURED</b> <b>Harriman Associates</b> 46 Harriman Drive Auburn, ME 04210	<b>INSURER(S) AFFORDING COVERAGE</b>
	<b>INSURER A :</b> HANOVER INSURANCE COMPANY <span style="float: right;"><b>NAIC #</b> 22292</span>
	<b>INSURER B :</b> MAINE EMPLOYERS MUTUAL <span style="float: right;">11149</span>
	<b>INSURER C :</b> <span style="float: right;"> </span>
	<b>INSURER D :</b> <span style="float: right;"> </span>
<b>INSURER E :</b> <span style="float: right;"> </span>	
<b>INSURER F :</b> <span style="float: right;"> </span>	

**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 JWVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="checked" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="checked" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="checked" type="checkbox"/> LOC OTHER:	X		ODPA53869200	02/01/2015	02/01/2016	EACH OCCURRENCE \$ <b>2,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Any one person) \$ <b>10,000</b> PERSONAL & ADV INJURY \$ <b>2,000,000</b> GENERAL AGGREGATE \$ <b>4,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>4,000,000</b> \$
A	<b>AUTOMOBILE LIABILITY</b>  <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="checked" type="checkbox"/> HIRED AUTOS <input checked="checked" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			ODPA53869200	02/01/2015	02/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ <b>Included</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="checked" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="checked" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="checked" type="checkbox"/> RETENTIONS \$ <b>10,000</b>			ODPA53869200	02/01/2015	02/01/2016	EACH OCCURRENCE \$ <b>5,000,000</b> AGGREGATE \$ <b>5,000,000</b> \$
B	<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	5101800100	02/01/2015	02/01/2016	<input checked="checked" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>500,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>500,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>

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

Certificate holder is also an additional insured with respect to general liability as required per written contract.

**CERTIFICATE HOLDER****CANCELLATION**

State of NH  
 Department of  
 Administrative Services  
 PO Box 483; 7 Hazen Dr.  
 Concord, NH 03302

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  
**MICHAEL VARNEY**

## Mary Kibbee-Lee

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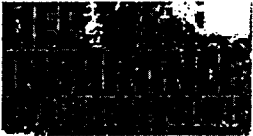
**From:** Sunny Quintal <squintal@varneyagency.com>  
**Sent:** Friday, September 18, 2015 12:13 PM  
**To:** Mary Kibbee-Lee  
**Cc:** 'Leonard A. Lamoreau'  
**Subject:** Harriman Associates  
**Attachments:** SquintalEmail.pdf

**Importance:** High

Good afternoon Mary,

I received your voicemail. The entity, Harriman Associates, does not own any vehicles, so they only have coverage for Hired & Non Owned- Auto Liability. This Hired & Non-Owned Liability coverage is included within their Businessowners Liability/General Liability coverage. I have attached the form from their policy here hoping that will help you, but please let me know if you have further questions.

Thank you,



*Have you been thinking about Life Insurance? We can help. [Click here to get started.](#)*

**Sunny Quintal | Varney Customer Advocate- Agent**

Varney Agency | Insurance & Bonding

383 US Route 1, Scarborough ME 04074

direct 207.385.2201,x1713 | fax 207.883.4752

[squintal@varneyagency.com](mailto:squintal@varneyagency.com) | [varneyagency.com](http://varneyagency.com)

**VarneyAgency**  
INSURANCE  
& BONDING

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## HIRED AUTO AND NON-OWNED AUTO LIABILITY

This endorsement modifies insurance provided under the following:

**BUSINESSOWNERS COVERAGE FORM**

### SCHEDULE

Coverage	Additional Premium
<b>A. Hired Auto Liability:</b>	<b>\$ INCLUDED</b>
<b>B. Non-Owned Auto Liability:</b>	<b>\$ INCLUDED</b>
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**A. Insurance is provided only for those coverages for which a specific premium charge is shown in the Declarations or in the Schedule.**

**1. Hired Auto Liability**

The insurance provided under Paragraph **A.1. Business Liability in Section II - Liability**, applies to "bodily injury" or "property damage" arising out of the maintenance or use of a "hired auto" by you or your "employees" in the course of your business.

**2. Non-Owned Auto Liability**

The insurance provided under Paragraph **A.1. Business Liability in Section II - Liability**, applies to "bodily injury" or "property damage" arising out of the use of any "non-owned auto" in your business by any person.

**B. For insurance provided by this endorsement only:**

**1. The exclusions, under the Paragraph B.1. Applicable To Business Liability Coverage in Section II - Liability, other than Exclusions a., b., d., f. and i. and the Nuclear Energy Liability Exclusion, are deleted and replaced by the following:**

**a. "Bodily injury" to:**

- (1) An "employee" of the insured arising out of and in the course of:
  - (a) Employment by the Insured; or
  - (b) Performing duties related to the conduct of the Insured's business; or

(2) The spouse, child, parent, brother or sister of that "employee" as a consequence of Paragraph (1) above.

This exclusion applies:

- (1) Whether the insured may be liable as an employer or in any other capacity; and
- (2) To any obligation to share damages with or repay someone else who must pay damages because of injury.

This exclusion does not apply to:

- (1) Liability assumed by the Insured under an "insured contract"; or
- (2) "Bodily Injury" arising out of and in the course of domestic employment by the insured unless benefits for such injury are in whole or in part either payable or required to be provided under any workers compensation law.

**b. "Property damage" to:**

- (1) Property owned or being transported by, or rented or loaned to the insured; or
- (2) Property in the care, custody or control of the Insured.