



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

Division of Public Works  
Design and Construction  
Project No. 80897 – Contract D

April 6, 2017

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 Gerard A. Laflamme, Inc. (VC# 174091) Londonderry NH, for a total price not to exceed \$158,000, for the New Hampshire State House Improvements – Electrical, Concord, NH. This contract is effective upon Governor and Council approval through October 24, 2017, unless extended in accordance with the contract terms. **100% Capital - General Funds.**
- 2). Further authorize that a contingency in the amount of \$20,000 be approved for unanticipated electrical expenses for the New Hampshire State House Improvements – Electrical, bringing the total to \$178,000. **100% Capital - General Funds.**
- 3). Further authorize pursuant to Chapter 220:13, Laws of 2015, the amount of \$23,000 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC# 177875), Capital Clerk for oversight and engineering services provided, bringing the total to \$201,000. **100% Capital – General Funds.**

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

01-14-14-146030-49750000	State House and Upham Walker House Repairs	<b><u>SFY17</u></b>
	034-500162 – Repair/Renovations Bldgs.	\$158,000
	034-500162 – Contingency	\$ 20,000
	034-500162 – Interagency Fees - DPW	<u>\$ 23,000</u>
	<b>Grand Total</b>	<b>\$201,000</b>

**EXPLANATION**

Per Chapter 220:1, II, B, 8, Laws of 2015 for the State House and Upham Walker House Repairs, the project will supply generator power to various existing lighting, computer and security system circuits.

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, Bureau 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,

  
for Vicki V. Quiram  
Commissioner

Department Estimate: \$193,000  
Contract Amount: \$158,000  
Under Estimate: \$ 35,000

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 80897R, Contract B – New Hampshire State House Improvements – Electrical Upgrades, Concord

DESCRIPTION: This project supplies generator power to various existing lighting, computer and security system circuits.

EXPLANATION: Many areas in the State House do not have adequate coverage of emergency lighting, essential computers for security systems.

UNDER ESTIMATE

EXPLANATION: The State House building is difficult to run wiring in so the estimate reflected the difficulty. The low bidder feels they can overcome the difficulties.

DEPARTMENT

ESTIMATE: \$193,000

LOW BID: \$158,000



# ABC Bid Data

CONCORD  
80897-D  
NON-FEDERAL

Division of Public Works

PROJECT: CONCORD  
STATE PROJECT NUMBER: 80897-D  
FED. PROJECT NUMBER: NON-FEDERAL  
DATE BIDS OPEN: March 14, 2017, 02:00 PM  
SCOPE OF WORK: NH State House Improvements - Electrical Upgrades  
COMPLETION DATE: October 25, 2017  
LOCATION: Merrimack

Certified by: \_\_\_\_\_

ADMINISTRATOR

## Summary of Bidders

Contractor	Bid Amount	Rank
LAFLAMME, INC. GERARD A. 100 HARVEY ROAD, PO BOX 5706, MANCHESTER NH 03108	\$158,000.00	A

901: \$981,000.00  
 902: 601,000.00  
 -----  
 \$1,581,000.00

BUREAU OF PUBLIC WORKS  
 Award to Gerard A. LaFlamme, Inc.  
 Hold for Negotiation  
 Cancel Contract  
 User Agency: DAS  
 Authorized by: [Signature]  
 Date: 10/27/2017

error log # = 3726926





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/28/2017

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).

<b>PRODUCER</b> THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	<b>CONTACT NAME:</b> Christine Holman, CPCU, CIC <b>PHONE (A/C No. Ext):</b> (603) 224-2562 <b>FAX (A/C No.):</b> (603) 224-8012 <b>E-MAIL ADDRESS:</b> cholman@rowleyagency.com													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Firemen's Ins Co of Wash. DC</td> <td>21784</td> </tr> <tr> <td>INSURER B: Acadia Insurance Company</td> <td>31325</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Firemen's Ins Co of Wash. DC	21784	INSURER B: Acadia Insurance Company	31325	INSURER C:		INSURER D:		INSURER E:		INSURER F:
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<b>INSURED</b> Gerard A. Laflamme, Inc. P O Box 5706 Manchester NH 03108														

**COVERAGES**                      **CERTIFICATE NUMBER:** 16-17 All lines                      **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 SUBR INSD 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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		CPA023562418	12/19/2016	12/19/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		CAA023562520	12/19/2016	12/19/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$		CUA023562819	12/19/2016	12/19/2017	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N    N/A	WPA027786618 3A States: NH & ME	12/19/2016	12/19/2017	<input checked="" type="checkbox"/> PER STATUTE <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
A	Leased/Rented Equipment		CPA023562418	12/19/2016	12/19/2017	Limit: \$75,000
A	Installation Floater		CPA023562418	12/19/2016	12/19/2017	Limit: \$150,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Project #80897-D, NH State House Improvements - Electrical Upgrades, Concord, NH. State of NH, Dept. of Administrative Services is an additional insured on general liability when required by written contract with named insured.

**CERTIFICATE HOLDER**

State of New Hampshire  
 Department of Administrative Services  
 7 Hazen Drive, Room 250  
 PO Box 483  
 Concord, NH 03302-0483

**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

C Holman, CPCU, CIC/H

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/24/2017

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	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> State of NH, Dept Administrative Services c/o Gerard A Laflamme, Inc. PO Box 5706 Manchester NH 03108	<b>INSURER A:</b> Acadia Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	<b>NAIC #</b> 21784

**COVERAGES** CERTIFICATE NUMBER: OCP NH Admin #80897D 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	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>Owners, Contractors</b> <b>Protective Liability</b> GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			OCP4192017	04/19/2017	04/19/2018	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 \$ Employee Benefits \$
	<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) \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> <b>EXCESS LIAB</b> <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						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)  
 Project #80897-D, NH State House Improvements - Electrical Upgrades, Concord, NH.

<b>CERTIFICATE HOLDER</b> State of New Hampshire Dept. of Administrative Services 7 Hazen Drive, Room 250 PO Box 483 Concord, NH 03302-0483	<b>CANCELLATION</b> 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 Susan Gilman/SJG <i>Susan Gilman</i>
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<b>INSURED</b> Gerard A. Laflamme, Inc.; State of NH, Dept of Admin Services; Any and All Subcontractors PO Box 5706 Manchester NH 03108		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A Liberty Mutual Ins Co (Peerless)	<b>NAIC #</b>
<b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>			

**COVERAGES** CERTIFICATE NUMBER: BR NH Admin #80897D REVISION NUMBER:

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	<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) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> 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	Y/N	N/A				<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	<b>Builders Risk</b>			BR4192017	4/19/2017	10/19/2017	\$158,000 Limit, \$1000 Ded

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Attesting to builders risk coverage on project #80897-D, NH State House Improvements - Electrical Upgrades, Concord, NH.

<b>CERTIFICATE HOLDER</b>  State of New Hampshire Dept. of Administrative Services 7 Hazen Drive, Room 250 PO Box 483 Concord, NH 03302-0483	<b>CANCELLATION</b>  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 Susan Gilman/SJG <i>Susan Gilman</i>
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