



Victoria F. Sheehan  
Commissioner

THE STATE OF NEW HAMPSHIRE  
DEPARTMENT OF TRANSPORTATION



William Cass, P.E.  
Assistant Commissioner

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Beane

May 10, 2016  
Bureau of Mechanical Services

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

**REQUESTED ACTION**

Authorize the Department of Transportation to enter into a contract amendment with Consolidated Utility Equipment Service Incorporated (Vendor 163127) of Amherst NH, to increase the FY16 value of the contract by \$11,900.00 from the amount of \$146,620.00 to \$158,520, effective upon Governor and Council approval through June 30, 2017. The original contract was approved by Governor and Council on June 24, 2015, Item # 91. 95% Highway funds, 5% other funds.

Funding is available as follows:

04-96-96-960515-3005	<u>FY 2016</u>
Mechanical Services	
024-500225 Contract Repairs; Machine-Equip	\$11,900.00

**EXPLANATION**

The service contract is necessary to perform safety inspections, repairs and unscheduled service to the department's truck cranes. The intent of this amendment is to replace the contingency funds provided for in the contract as the original contingency funds have been utilized to pay for necessary unscheduled emergency repairs in the truck crane fleet. The revised contract total value would be increased to \$158,520.00.

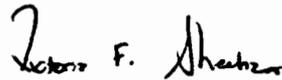
The Department of Transportation, Bureau of Mechanical Services currently owns fourteen (14) truck cranes that are used for lifting and setting signs, signals and lighting work as well as tree work, bridge work and various other functions. The truck cranes require yearly safety inspections, repair and maintenance. Once the inspection is completed, the Bureau is provided an explanation of repairs and maintenance needed, and the associated costs.

All other provisions of this agreement shall remain in effect.

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 Service's Office, and subsequent to Governor and Council approval will be on file at the Department of Transportation.

Your approval of this contract Amendment is respectfully requested.

Sincerely,

A handwritten signature in black ink that reads "Victoria F. Sheehan". The signature is written in a cursive style with a large initial 'V'.

Victoria F. Sheehan  
Commissioner

**STATE OF NEW HAMPSHIRE  
DEPARTMENT OF TRANSPORTATION  
TRUCK CRANE INSPECTION & REPAIRS  
CONTRACT 2015-05 CONTRACT AMENDMENT 1**

WHEREAS, pursuant to an Agreement approved by Governor and Council, on June 24, 2015, Item #91, (herein after referred to as the "Agreement"), **Consolidated Utility equipment Service Inc.** agreed to supply **TRUCK CRANE INSPECTION & REPAIRS** per the terms and conditions specified in the Agreement and in consideration of payment by the Department of Transportation.

WHEREAS, the price limitation in Section 1.8, as amended, is \$146,620.00 and Exhibit A, as amended, describes the scope of work and exhibit B, as amended, describes the budget.

WHEREAS, the Department of Transportation has additional available funds for the **Truck Crane Inspection & repairs.**

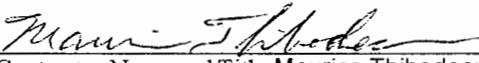
**RESOLVED, that the agreement be amended as follows:**

Page 1, Section 1.8" price Limitation" of the P-37 form be amended to read \$158,520.00, (increase of \$11,900.00);

Exhibit B, Budget Contract value; be revised to include \$11,900.00 to the FY16 "Unscheduled Emergency Repairs" Line

Except as provided herein, all provisions of the Agreement shall remain in full force and effect. This modification shall take effect upon the approval date from the Governor and the Executive Council.

IN WITNESS WHEREOF, the parties have hereunto set their hands as of the day and year first above written.

  
Contractor Name and Title Maurice Thibodeau, Service Director

Consolidated Utility Equipment Service, Inc.  
COMPANY NAME

Date: 3/15/16

Corporate Signature Notarized:

STATE OF Connecticut

COUNTY OF New London

On this the 15th day of March, 2016, before me,

Debra Anderson, the undersigned Officer Maurice Thibodeau, personally Appeared and

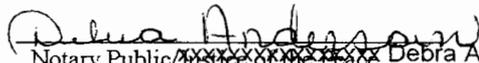
Acknowledged her/him to be the Service Director, of

CUES, Inc., a corporation, and that she/he, as such

Service Director being authorized to do so, executed the foregoing instrument for the purposes

Therein contained, by signing the name of the corporation by her/himself as Service Director.

IN WITNESS WHEREOF I hereunto set my hand and official seal.

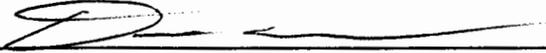
  
Notary Public/Justice of the Peace Debra Anderson

My Commission Expires: 07/31/2018

(SEAL)

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF TRANSPORTATION  
TRUCK CRANE INSPECTION & REPAIRS  
CONTRACT 2015-05 CONTRACT AMENDMENT 1

State of New Hampshire



**Dave Rodrigue, Assistant Director of Operations**  
State of New Hampshire  
Department Of Transportation

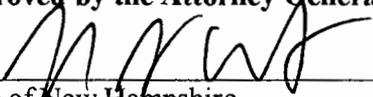
Date 4/12/16



**Victoria F. Sheehan, Commissioner**  
State of New Hampshire  
Department Of Transportation

Date: 4/27/16

**Approved by the Attorney General (Form, Substance and Execution)**



State of New Hampshire  
Department of Justice

Date: 7/26/16

**Approved by Governor & Council**

By: \_\_\_\_\_  
Deputy Secretary of State

Date: \_\_\_\_\_

# State of New Hampshire

## Department of State

### CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that CONSOLIDATED UTILITY EQUIPMENT SERVICE, INCORPORATED is a New Hampshire corporation duly incorporated under the laws of the State of New Hampshire on May 16, 1969. I further certify that all fees required by the Secretary of State's office have been paid and that articles of dissolution have not been filed.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 5<sup>th</sup> day of April, A.D. 2016

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner  
Secretary of State



14 Caldwell Drive  
603-889-4071

Amherst, NH 03031  
FAX: 603-886-5909

53 Lebanon Road  
860-886-7081

North Franklin, CT 06254  
FAX: 860-886-6546

[www.CUESequip.com](http://www.CUESequip.com)

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### CERTIFICATE OF VOTE

I, David Dube, hereby certify that I am the President/CEO of CUES, Inc. in Amherst, NH

I further certify that the following is a true copy of a vote taken at a meeting of CUES, Inc. Management Team (Amherst, NH) duly called and held on 3/15/16 at which a quorum of the CUES, Inc. Management Team was present and voting.

Management Team voted and unanimously agreed to enter into a service contract with the State of New Hampshire to provide the service of inspection and repairs to Truck Cranes (Knuckle Booms) for the State of New Hampshire and Maurice Thibodeau to execute all documents related to service contract.

I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of 3/15/16.

Date: 3/15/16

Attest:  
Signature:

  
\_\_\_\_\_  
David Dube, President/CEO



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: GL

DATE (MM/DD/YYYY)

03/10/16

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> Ford Insurance Agency, Inc. 2 Harold Dow Highway Eliot, ME 03903- Gary L. Lonsinger	<b>207-439-2500</b> <b>207-439-6805</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C No. Ext):</b> <b>FAX (A/C No.):</b> <b>E-MAIL ADDRESS:</b> <b>PRODUCER CUSTOMER ID #: CUESOP0</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> <b>Consolidated Utility Equipment Services, Incorporated</b> <b>dba CUES</b> <b>14 Caldwell Drive</b> <b>Amherst, NH 03031</b>	<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>	

**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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
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		CAA501895313	11/06/15	11/06/16	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
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 <div style="float: right;">             Y/N  <input checked="" type="checkbox"/> N    N/A           </div>		WCA51747902 NH & CT	11/06/15	11/06/16	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
A	Garagekeepers		CAA025829118 CAA025829117	05/14/16 05/14/15	05/14/17 05/14/16	Comp <b>500,000</b> Collision <b>500,000</b>

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

**CERTIFICATE HOLDER**

State of New Hampshire  
 DOT Mechanics  
 33 Smokey Bear Blvd  
 Concord, NH 03301

**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

Gary L. Lonsinger

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CERTIFICATE OF INSURANCE

NATIONAL CONTINENTAL  
CLEVELAND, OHIO 44101

Date: 05/09/2016

Certificate Holder: NH DEPT OF TRANSP BUREAU OF MECHANICAL  
SERVICES  
33 SMOKEY BEAR  
PO BOX 486  
CONCORD NH 03302

Insured: CONSOLIDATED UTILITY  
EQUIPMENT SERVICE INC DBA  
14 CALDWELL AVE  
AMHERST NH 03031

This is to certify that the insured named above has in force as of the date hereof the following policy or policies:

CNH-000-7111-584-6

Policy Effective Date:

05/08/16

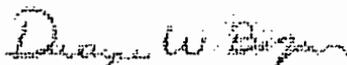
Policy Expiration Date:

05/08/17

KIND OF INSURANCE	POLICY NO.	LIMITS OF LIABILITY
Automobiles: Garage Liability Bodily Injury Liability Property Damage Liability	SEE ABOVE	750,000 CSL
Medical Payments		
Uninsured and/or Underinsured Motorist	SEE ABOVE	750,000 CSL

This certificate of insurance neither affirmatively nor negatively amends, extends or alters the coverage afforded by the policy or policies shown above.

In event of any material change in or cancellation of the policy or policies, the company will make every effort to mail 30 days written notice to the addressee but undertakes no responsibility by reason of failure to do so.



Authorized Representative

NATIONAL CONTINENTAL

Producer: FORD INSURANCE AGENCY



THE STATE OF NEW HAMPSHIRE  
DEPARTMENT OF TRANSPORTATION

MON 09/15 PM 13:40:05



91 JPB

WILLIAM CASS, P.E.  
ASSISTANT COMMISSIONER

Her Excellency, Governor Margaret Wood Hassan  
and the Honorable Council  
State House  
Concord N.H. 03301

Bureau of Mechanical Services  
May 26, 2015

**REQUESTED ACTION**

Authorize the Department of Transportation to enter into a contract with Consolidated Utility Equipment Service, Incorporated (Vendor 163127) of Amherst NH, on the basis of a low bid offer of \$146,620.00 for providing truck crane inspection, repair, scheduled service and unscheduled emergency parts and repair, effective upon Governor and Council approval through June 30, 2017. 95% Highway Funds, 5% Other Funds.

Funding is contingent upon the availability and continued appropriation of funds for FY 2016 and FY 2017 as follows:

	<u>FY 2016</u>	<u>FY 2017</u>
04-96-96-960515-3005 Mechanical Services 024--500225 Contract Repairs; Machine-Equip	\$73,310.00	\$73,310.00

**EXPLANATION**

The service contract is necessary to perform inspections, repairs and service to the Department's truck cranes.

The Department of Transportation, Bureau of Mechanical Services currently owns fourteen (14) truck crane vehicles that are used for lifting and setting of signs, signal & lighting work, tree work and bridge work as well as various other functions. The truck cranes require yearly safety inspections, repair and maintenance. Once the inspection is completed, the Bureau is provided an explanation of repairs and maintenance needed, and the associated costs.

The Department advertised for bids in the Manchester Union Leader for three (3) consecutive business days, May 4, 5 and 6, 2015. The bid opening date was May 11, 2015. Two bids were received, one from Consolidated Utility Equipment Service Incorporated and the other from Hews Co. LLC. The contract amount of \$146,620.00 includes the inspection fee and labor estimated from the past contract period. Consolidated Utility Equipment Service Incorporated bid of \$146,620.00 is reasonable based on previous contracts for similar work. The Department believes it to be in the best interest of the State of New Hampshire to accept this bid to accomplish the needed work.

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 Service's Office, and subsequent to Governor and Council approval will be on file at the Department of Transportation.

The Department of Transportation respectfully requests Governor and Council approval of this contract.

Sincerely,  
  
William Cass, P. E.  
Assistant Commissioner