

State of New Hampshire 4:01 DAS

DEPARTMENT OF ADMINISTRATIVE SERVICES

OFFICE OF THE COMMISSIONER 25 Capitol Street - Room 120 Concord, New Hampshire 03301

> JOSEPH B. BOUCHARD Assistant Commissioner

(603) 271-3204

Division of Public Works Design and Construction Project No. 81065, Contract B

January 29, 2020

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) Manchester, New Hampshire, for a total price not to exceed \$197,330.00, for the Install Emergency Power for New Heating Systems at Spaulding and Legislative Office Building, Concord, NH. This contract is effective upon Governor and Council approval through October 1, 2020, 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 site expenses for the Install Emergency Power for New Heating Systems at Spaulding and Legislative Office Building, Concord, bringing the total to \$217,330. 100% Capital - General Funds.
- Further authorize the amount of \$5,000 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC# 311152), for engineering services provided, bringing the total to \$222,330. 100% Capital-General Funds.

TDD Access: Relay NH 1-800-735-2964

His Excellency, Governor Christopher T. Sununu and the Honorable Council January 29, 2020 Page 2 of 2

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

01-14-14-140030-71890000 19-146:1IIC2 Emergency Back

034-500162 – Repair/Renovation Buildings	\$ 197,330
034-500162 - Contingency	\$ 20,000
034-500162 – DPW Fees	<u>\$ 5,000</u>

Grand Total.

\$ 222,330

EXPLANATION

The scope of this project includes work to provide emergency backup power for the heating systems at the Spaulding Building and the Legislative Office Building. This is due to the old steam plant closing down and new boilers being installed at state owned buildings.

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, Division 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,

Charles M. Arlinghaus,

Commissioner

Department Estimate: \$198,000 Contract Amount: \$197,330 Under Estimate: \$670

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT:

DPW Project No. 81065, Contract B - Install Emergency

Power for New Heating Systems at Spaulding and LOB.

DESCRIPTION:

Install new generators to provide backup power for

heating systems at Spaulding Building and the Legislative

Office Building.

EXPLANATION:

Since the old steam plant closed down new boilers have been installed at state owned buildings. This project will

provide emergency backup power for the heating systems at the Spaulding Building and the Legislative

Office Building.

UNDER ESTIMATE

EXPLANATION: The bids came in less than 1% of the estimate.

DEPARTMENT

ESTIMATE:

\$198,000

LOW BID:

\$197,330

ABC Bid Data



CONCORD 81065B NON-FEDERAL

PROJECT: STATE PROJECT NUMBER: FED. PROJECT NUMBER: DATE BIDS OPEN: SCOPE OF WORK: COMPLETION DATE:

LOCATION:

CONCORD 810658 NON-FEDERAL

December 18, 2019, 2:00 PM INSTALL EMERGENCY POWER FOR NEW HEATING SYSTEMS AT SPAULDING & LOB

October 01, 2020

Memmack

Summary of Bidders

 Contractor
 Bid Amount
 Rank

 LAFLAMME, INC. GERARD A.
 \$197,330.00
 A

 100 HARVEY ROAD, PO BOX 5706, MANCHESTER NH 03108
 A

BUREAU OF PUBLIC WORKS

______ Award to Sevand A-LuFlamme, Inc
_____ Hold for Negetiation
_____ Cancel Contract
User Agency _____ NHD AS
Authorized by _______ T2242019

Itau 901 = \$82,480. 902 = \$89,900. 903 = \$25,000. Total = \$197,330.

				PS8	LE	100 H	E, INC. GERARD A. ARVEY ROAD STER, NH 03108
	Description	Unit	Quantity	Unit Price	Total	Unit Price	Total
Items							-
901	ELECTRICAL WORK AT LOB	U	1.00	\$58,000.00	\$58,000.00	\$82,430.00	\$82,430.00
902	ELECTRICAL WORK AT THE SPAULDING BUILDING	U	1.00	\$115,000.00	\$115,000.00	\$89,900.00	\$89,900.00
903	UNFORESEEN CONDITIONS AND OWNER INITIATED CHANGES	\$	25,000.00	\$1.00	\$25,000.00	\$1.00	\$25,000.00
			Totals:		\$198,000.00		\$197,330.00
			Alt. Totals: Totals:		\$198,000.00		\$197,330.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/3/2020

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(les) 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 ileu of such endorsement(s).

PRODUCER			CONTACT Kelley Massey	
THE ROWLEY AGENCY	INC.		LIAC, NO. EXU.	03) 224-6012
45 Constitution A	renue		E-MAL ADDRESS: kmassey@rowleyagency.com	
P.O. Box 511			INSURER(S) AFFORDING COVERAGE	NAIC #
Concord	NH	03302-0511	INSURERA: Firemen's Ins Co of Wash. DC	21784
INSURED			INSURER B: Acadia Insurance Company	31325
Gerard A. Laflamme	, Inc.		INSURER C:	
P O Box 5706			INSURER O:	
			INSURER E :	
Manchester	NH	03108	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,

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

Project Name: Install emergency power for New Heating Systems at Spaulding & LOB, Project #: 81065

Contract B. Covering electrical operations of the named insured during the policy period. Cancellation provision: 30 days except 10 days for nonpayment of premium. State of New Hampshire, its agencies, and its agents, employees are additional insureds on all liability policies except workers' compensation where required by written contract. Additional insured with respect to the general liability includes ongoing and completed operations when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
State of New Hampshire c/o Department of Administrative Services 7 Hazen Drive, Room 250	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Concord, NH 03302	AUTHORIZED REPRESENTATIVE
1	Kelley Massey/KCO

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E-MAIL kmsssov6 rowleys (A/C, No): (503) 224-8012 45 Constitution Avenue E-MAIL ADDRESS: kmassey@rowleyagency.com P.O. Box 511 INSURER(S) AFFORDING COVERAGE NAIC # Concord NH 03302-0511 INSURERA: Firemen's Ins Co of Wash. DC 21784 INSURED INSURER B : Gerard A. Laflamme, Inc. INSURER C : P O Box 5706 INSURER D INSURER E : Manchester 03108 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. ADOL SUBR INSD WYD INSR LTR POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER LIMITS COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED CLAIMS-MADE PREMISES (Ea occurrence) 1 MED EXP (Any one person) 1 PERSONAL & ADV INJURY \$ GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE POLICY PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY 1 ANY AUTO BODILY INJURY (Per person) ALL OWNED SCHEDULED BODILY INJURY (Per accident) 5 NON-OWNED PROPERTY DAMAGE (Per accident) HIRED AUTOS AUTOS \$ UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE AGGREGATE 1 OED RETENTION \$ 4 WORKERS COMPENSATION X PER STATUTE AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTHER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT 500,000 N (Mandatory in NH) WPA027786621 12/19/2019 12/19/2020 E.L. DISEASE - EA EMPLOYEE \$ 500,000 If yes, describe under DESCRIPTION OF OPERATIONS below 3A STATES: NH, ME, VT E.L. DISEASE - POLICY LIMIT 500,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Project Name: Install emergency power for New Heating Systems at Spaulding & LOB, Project #: 81065 Contract B. **CERTIFICATE HOLDER** CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN State of New Hampshire ACCORDANCE WITH THE POLICY PROVISIONS. NH Department of Administrative Services Contract Office AUTHORIZED REPRESENTATIVE Room 130, 7 Hazen Drive Concord, NH 03302-0483 Kelley Massey/KCO



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Room 250 Concord, NH 03302	c/o Department of Administrati	ive Services	THE EXPIRATION D	ATE THEREOF,	NOTICE WILL BE DELIVE!		BEFORE
Concord, NH 03302		[AUTHORIZED REPRESENTATIVE				
		·	Kelley Massey/K	co		Gun	

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EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS

DATE (MM/DD/YYYY) 81/03/2020

UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST. ODUCER NAME. PRODUCER NAME, CONTACT PERSON AND ADDRESS (AIC, No. Ext): (603) 224-2562 COMPANY NAME AND ADDRESS NAIC NO: 31325 THE ROWLEY AGENCY INC. Acadia Insurance Company Kelley Massey One Acadia Commons 45 Constitution Avenue P.O. Box 511 P.O. Box 9010 Concord NH 03302-0511 Westhmok ME 04098-5010 E-MAIL ADDRESS: FAX (A/C, No): (803) 224-8012 kmassey@rowleyagency.com IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH CODE: POLICY TYPE SUB CODE: AGENCY CUSTOMER ID #: 00004812 Installation/Builder Risk NAMED INSURED AND ADDRESS LOAN NUMBER POLICY NUMBER Gerard A. Laffamme, Inc.; State of NH, Department of Administrative Services CIM5421816 P O Box 5706 EFFECTIVE DATE **EXPIRATION DATE** CONTINUED UNTIL Manchester 01/03/2020 01/03/2021 TERMINATED IF CHECKED ADDITIONAL NAMED INSURED(S) THIS REPLACES PRIOR EVIDENCE DATED: Any and All Subcontractors of any tier PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) ☐ BUILDING OR ☐ BUSINESS PERSONAL PROPERTY LOCATION / DESCRIPTION Legislative Building 33 North State Street Loc# 00001/Bldp# 00001 Concord NH 03301 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 EVIDENCE OF PROPERTY INSURANCE 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. COVERAGE INFORMATION PERILS INSURED BASIC BROAD X SPECIAL COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 197,330 DED: 1 000 YES NO NIA ☐ BUSINESS INCOME TRENTAL VALUE If YES, LIMIT: Actual Loss Sustained: # of months: BLANKET COVERAGE If YES, indicate value(s) reported on property identified above: \$ TERRORISM COVERAGE Attach Disclosure Notice / DEC IS THERE A TERRORISM-SPECIFIC EXCLUSION? IS DOMESTIC TERRORISM EXCLUDED? LIMITED FUNGUS COVERAGE KYES LIMIT DED FUNGUS EXCLUSION (If "YES", specify organization's form used) REPLACEMENT COST AGREED VALUE COINSURANCE ₩ IF YES. EQUIPMENT BREAKDOWN (If Applicable) If YES, LIMIT: DED: ORDINANCE OR LAW - Coverage for loss to undamaged portion of bidg If YES, LIMIT: DED Demolition Costs IFYES, LIMIT: DED: - Incr. Cost of Construction If YES, LIMIT: OED: EARTH MOVEMENT (If Applicable) YYES, LIMIT: 197,330 DED: 25,000 FLOOD (If Applicable) If YES, LIMIT: 197,330 DED: 25,000 WIND / HAIL INCL YES NO Subject to Different Provisions: I YES, LIMIT: DED: NAMED STORM INCL YES NO Subject to Different Provisions: I YES, LIMIT: DED: PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS 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. ADDITIONAL INTEREST CONTRACT OF SALE LENDER'S LOSS PAYABLE LOSS PAYEE LENDER SERVICING AGENT NAME AND ADDRESS MORTGAGEE Additional Named Insured NAME AND ADDRESS State of New Hampshire c/o Department of Administrative Services 7 Hazen Drive, Room 250 **AUTHORIZED REPRESENTATIVE** KunyHassiy Concord NH 03302

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ACORD A	DDITIONAL REMA	RKS SCHEDULE	Page	of
AGENCY		NAMEO INSURED		
THE ROWLEY AGENCY INC.		Gerard A. Laflamme, Inc.		
POLICY NUMBER				
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CARRIER	NAIC CODE			
ADDITIONAL REMARKS		EFFECTIVE DATE:		
THIS ADDITIONAL REMARKS FORM IS A SC FORM NUMBER: 28 FORM TITLE	HEDULE TO ACORD FORM, Evidence of Commercial Property	la aurana and Mada		
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AGENCY CUSTOMER ID: 00004812