



# State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES  
25 Capitol Street - Room 120  
Concord, New Hampshire 03301  
Office@das.nh.gov

92 MLC

Charles M. Arlinghaus  
Commissioner  
(603) 271-3201

Joseph B. Bouchard  
Assistant Commissioner  
(603) 271-3204

Catherine A. Keane  
Deputy Commissioner  
(603) 271-2059

Division of Public Works  
Design and Construction  
Project No. 81100, Contract B

August 27, 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 Alliance Mechanical, Inc. (VC# 216534) Essex Junction, VT, for a total price not to exceed \$248,300, for Fire Academy HVAC Upgrades, Dormitory Building at Smokey Bear Boulevard, Concord, New Hampshire. This contract is effective upon Governor and Council approval through November 9, 2020, unless extended in accordance with the contract terms. **100% Capital - General Funds.**

2). 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 \$253,300. **100% Capital-General Funds**

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

01-23-23-230030-13310000 19-146:1XVA Fire Academy HVAC,

034-500162 – Repair/Renovate Bldgs	\$ 248,300
034-500162 – DPW Fees	\$ <u>5,000</u>

**Grand Total \$253,300**

**EXPLANATION**

The scope of this project includes work for Fire Academy HVAC upgrades at the Dormitory Building at Smokey Bear Blvd, Concord, NH. The existing boiler and piping system is over 16 years old and requires regular emergency service to remain functional. This project replaces the end of life boiler and piping with high efficiency equipment to ensure no disruptions in service. The Fire Academy Dormitory building is used to house students during multi-day training programs and also serves as an overflow location for statewide emergency response activities associated with the neighboring incident Planning and Operations Center (IPOC).

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.

Respectfully submitted,

 Asst. Comm.  
for  
Charles M. Arlinghaus,  
Commissioner

Department Estimate:	\$200,000
Contract Amount:	<u>\$248,300</u>
Over Estimate:	\$48,300



ABC Bid Data

CONCORD  
811008  
NON-FEDERAL

PROJECT: CONCORD  
STATE PROJECT NUMBER: 811008  
FED. PROJECT NUMBER: NON-FEDERAL  
DATE BIDS OPEN: June 17, 2020, 2:00 PM  
SCOPE OF WORK: FIRE ACADEMY HVAC UPGRADES CORNHORY BUILDING  
COMPLETION DATE: November 01, 2020  
LOCATION: Vermont

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

Summary of Bidders

Contractor	Bid Amount	Rank
ALLIANCE MECHANICAL INC 6 DAVID DRIVE, ESSEX JUNCTION VT 05452	\$248,300.00	A
NORTHERN PEABODY LLC 25 DEPOT STREET, MANCHESTER NH 03101	\$255,000.00	B
GLOVER PLUMBING & HEATING SERVICES LLC 2035 FRANKLIN PIERCE HWY, BARRINGTON NH 03825	\$256,558.00	C
RTH MECHANICAL CONTRACTORS INC 17 PRODUCTION DRIVE, DOVER NH 03820	\$331,297.00	D

BUREAU OF PUBLIC WORKS

Award to Alliance Mechanical Inc.  
 Hold for Negotiation  
 Cancel Contract  
 User Agency Safety 9  
 Authorized by [Signature]  
 Date 7/1/2020



ABC Bid Data

CONCORD  
 011060  
 NON-FEDERAL

Item No. Items	Description	Unit	Quantity	PS&E		ALLIANCE MECHANICAL INC 6 DAVID DRIVE ESSEX JUNCTION, VT 05452		NORTHERN PEABODY LLC 25 DEPOT STREET MANCHESTER, NH 03101	
				Unit Price	Total	Unit Price	Total	Unit Price	Total
901	REMOVE AND REPLACE BOILER SYSTEM	U	1.00	\$200,000	\$200,000	\$218,300.00	\$218,300.00	\$225,000.00	\$225,000.00
902	ALLOWANCE 1 OWNERS CHANGES FOR UNKNOWN, LATENT, EXISTING CONDITIONS	\$	30,000.00	\$1.00	\$30,000	\$1.00	\$30,000.00	\$1.00	\$30,000.00
Totals:				\$230,000.00		\$248,300.00		\$255,000.00	
Alt. Totals:									
Totals:				\$230,000.00		\$248,300.00		\$255,000.00	



ABC Bid Data

CONCORD  
81100B  
NON-FEDERAL

Item No.	Description	Unit	Quantity	PS&E		GLOVER PLUMBING & HEATING SERVICES LLC 2035 FRANKLIN PIERCE HWY BARRINGTON, NH 03825		RTH MECHANICAL CONTRACTORS INC 17 PRODUCTION DRIVE DOVER, NH 03820	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items

901	REMOVE AND REPLACE BOILER SYSTEM	U	1.00	\$220,000	\$ 220,000.00	\$226,558.00	\$226,558.00	\$301,297.00	\$301,297.00
902	ALLOWANCE 1 OWNERS CHANGES FOR UNKNOWN, LATENT, EXISTING CONDITIONS	\$	30,000.00	\$30,000.00	\$1.00	\$1.00	\$30,000.00	\$1.00	\$30,000.00
Totals:					\$250,000.00		\$256,558.00		\$331,297.00
All Totals:					\$250,000.00		\$256,558.00		\$331,297.00





**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> Hickok & Boardman, Inc.		<b>NAMED INSURED</b> Alliance Group, Inc. dba Alliance Mechanical P.O. Box 666 Essex Junction, VT 05453	
<b>POLICY NUMBER</b> SEE PAGE 1		<b>EFFECTIVE DATE:</b> SEE PAGE 1	
<b>CARRIER</b> SEE PAGE 1	<b>NAIC CODE</b> SEE P 1		

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

**Description of Operations/Locations/Vehicles:**  
 Additional Insured status applies the The State of New Hampshire, its agencies, and its agents under the General Liability per terms and conditions of attached form CG 81 88 03 19. 30 days notice of cancellation provided per terms and conditions of attached form IL-7185 (9-10).



ALLIGRO-01

MKAVANAGH

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/7/2020

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(ies) must have ADDITIONAL INSURED provisions or 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> Hickok & Boardman, Inc. 346 Shelburne Rd Burlington, VT 05401	<b>CONTACT NAME:</b> Melissa Kavanagh	
	<b>PHONE (A/C, No, Ext):</b> (802) 383-1621	<b>FAX (A/C, No):</b> (802) 658-0541
<b>E-MAIL ADDRESS:</b> mkavanagh@hbinsurance.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAC #</b>
<b>INSURER A:</b> Acadia Insurance Company		<b>31326</b>
<b>INSURER B:</b>		
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**INSURED**

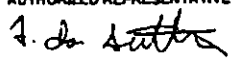
Alliance Group, Inc.  
 P.O. Box 666  
 Essex Junction, VT 05453

**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  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (E & occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <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) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Builders Risk		X	CIM 6448931	8/3/2020	8/3/2021	RC, \$1,000 Ded.      248,300

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
The State of New Hampshire Department of Administrative Services, subs and sub-subs are included as additional named insureds on the above referenced Builders Risk policy. Waiver of Subrogation provided for the State of New Hampshire Department of Administrative Services on the Builders Risk policy.

<b>CERTIFICATE HOLDER</b>  State of New Hampshire Department of Administrative Services 7 Hazen Drive, Rm. 250 POB 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 





ALLIGRO-01

MKAVANAGH

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/13/2020

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**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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> Hickok & Boardman, Inc. 348 Shelburne Rd Burlington, VT 05401	<b>CONTACT NAME:</b> Melissa Kavanagh <b>PHONE (A/C, No, Ext):</b> (802) 383-1621 <b>FAX (A/C, No):</b> (802) 658-0541 <b>E-MAIL ADDRESS:</b> mkavanagh@hbinsurance.com
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Nationwide Mutual Ins Co <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b> State of New Hampshire Department of Administrative Services 7 Hazen Drive, Rm. 250 POB 483 Concord, NH 03302-0483	<b>NAIC #</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 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"/> OCP GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC OTHER:			GL0000007882BJ	8/3/2020	8/3/2021	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 - COMPROP AGG \$ \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						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"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> 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 \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Re: Fire Academy HVAC Upgrades Dormitory Building  
Division of Public Works Project Number 81100, Contract B

<b>CERTIFICATE HOLDER</b> State of New Hampshire Department of Administrative Services 7 Hazen Drive, Rm. 250 POB 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 
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**Nationwide**  
is on your side

Harleysville Worcester Insurance Company  
355 Maple Avenue  
Harleysville, PA 19438-2297

Insured: ALLIANCE GROUP INC DBA  
Agent: HICKOK & BOARDMAN INC

Policy Number: CMB0000004136BD  
Policy Period: 03/19/2020 to 03/19/2021  
NEW BUSINESS

### COMMERCIAL LIABILITY UMBRELLA DECLARATIONS

Form of Business:  Individual  Partnership  Corporation  Joint Venture  Limited Liab. Co.  Other  
Business Description: Contractor

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.**

**LIMITS OF INSURANCE**

EACH OCCURRENCE LIMIT (Liability Coverage)	\$	<u>5,000,000</u>	
PERSONAL & ADVERTISING INJURY LIMIT	\$	<u>5,000,000</u>	Any one person or organization
AGGREGATE LIMIT (Liability Coverage)	\$	<u>5,000,000</u>	(except with respect to "covered autos")
OTHER:	\$		
SELF-INSURED RETENTION:	\$	<u>10,000</u>	

**ALL PREMISES YOU OWN, RENT OR OCCUPY:**

LOCATION NUMBER:	ADDRESS OF ALL PREMISES YOU OWN, RENT OR OCCUPY:
_____	All Underlying Locations
_____	_____
_____	_____

**SCHEDULE OF UNDERLYING INSURANCE**

Commercial Auto:  
Company Name: Harleysville Insurance Company  
Policy Number: BA0000004134BD  
Policy Period: 03/19/2020 - 03/19/2021  
Policy Limits: \$ 1,000,000 CSL

Commercial Garage Liability:  
Company Name:  
Policy Number:  
Policy Period:  
\$ \_\_\_\_\_ occurrence/  
\$ \_\_\_\_\_ aggregate

Commercial General Liability:  
Company Name: Harleysville Preferred Insurance Company  
Policy Number: MPA0000004137BD  
Policy Period: 03/19/2020 - 03/19/2021

General Liability Limits  
\$ 1,000,000 Each Occurrence  
\$ 1,000,000 Personal & Adv. Injury  
\$ 2,000,000 General Aggregate  
\$ 2,000,000 Products-Completed Ops Aggregate

Business Owners Policy:  
Company Name:  
Policy Number:  
Policy Period:  
Business Owners Limits  
\$ \_\_\_\_\_ Liability & Medical Expenses  
\$ \_\_\_\_\_ Products-Completed Ops Aggregate  
\$ \_\_\_\_\_ Other than Products-Compl. Ops. Agg.

**Employer's Liability:**

Company Name: Harleysville Worcester Insurance Company  
Policy Number: WC0000004135BD  
Policy Limits: Bodily injury by accident \$ 1,000,000  
Bodily injury by disease \$ 1,000,000  
Bodily injury by disease \$ 1,000,000

Policy Period: 03/19/2020 - 03/19/2021  
Each Accident  
Each Employee  
Policy Limits