



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 and Construction
 Project No. 80808R – Contract B

May 27, 2015

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

REQUESTED ACTION

1). Authorize the Bureau of Public Works Design and Construction to enter into a contract with Denron Plumbing and HVAC, LLC (VC# 1658500) Manchester, NH, for a total price not to exceed \$146,000, for Upgrades to the North Pavilion Wing Air Conditioning, Concord, NH and Heat Loop Repairs at the Sununu Youth Center, Manchester, NH. This contract is effective upon Governor and Council approval through September 30, 2015, unless extended in accordance with the contract terms. **34% General Funds, 66% Federal Funds.**

2). Further authorize the amount of \$4,532 be approved for payment to the Department of Administrative Services, Bureau of Public Works Design and Construction (VC# 177875), for engineering services provided, bringing the total to \$150,532. **60% General Funds, 40% Federal Funds.**

Funding is available in account titled Department of Health and Human Services as follows:

05-95-95-953010-56850000	Management Support	<u>\$FY15</u>
	103-502664 – Contracts For Operational Services	\$ 96,250
	103-502664 – BPW Fees	<u>4,532</u>
	Sub-total	\$100,782
05-42-42-421510-79140000	Maintenance	
	048-500226 – Contracts For Operational Services	\$ 49,750
	Grand Total	\$ 150,532

EXPLANATION

The project includes installing a Variable Refrigerant Flow AC system at the North Pavilion Wing of the Main Building. The proposed work will include installing the AC unit in the basement and running lines through the existing chases to the second floor which will supply mini split fans with cooling in the office space. The Sununu Youth Services Center will be installing a new heat loop system to provide heat throughout the building. The proposed work will include lowering the existing ceiling at each location to accommodate the installation of the new heat loops.

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 Health and Human 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,



Vicki V. Quiram,
Commissioner

Department Estimate:	\$136,200
Contract Amount:	<u>\$146,000</u>
Over Estimate:	\$ 9,800

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80808R, Contract B – North Pavilion Wing AC Upgrade, 105 Pleasant Street, Concord and Sununu Youth Services Center Heat Loop Repair, 1056 N. River Road, Manchester.

DESCRIPTION: The project includes installing a Variable Refrigerant Flow AC system at the North Pavilion Wing of the Main Building. The proposed work will include installing the AC unit in the basement and running lines through the existing chases to the second floor which will supply mini split fans with cooling in the office space. The Sununu Youth Services Center will be repairing six heat loop couplings to provide heat throughout the building along with installing air vents in three mechanical rooms. The proposed work will include lowering the existing ceiling at each location to accommodate the installation of the new heat loops.

EXPLANATION: The space in the North Pavilion Wing was recently renovated at the Main Building to provide a new office space and is cooled with window AC units that need to be installed and removed each season. This project includes the installation of a variable refrigerant flow system that will provide more efficient cooling with strategically placed mini split fans. The Sununu Youth Services Center's current heat loop system has six flex couplings that have been experiencing leaks for a number of years. These flex couplings were also not installed per the original design as heat loops were originally intended. This work will correct the leak issues as well as reflect the original design intended for the building when it was constructed.

**OVER ESTIMATE
EXPLANATION:**

The base bid is higher than the estimate for two reasons:
1) At the North Pavilion Wing, the estimate was made when the space was vacant. The State is now

occupying the space and the contractor will need to coordinate with the employees while working within the office space. 2) The Sununu Youth Services Center is a secure facility. As a result, the Contractor will be required to secure each work area before moving onto the next area. This will require the contractor more time to complete the work than if they had access to all the work areas at the same time.

DEPARTMENT

ESTIMATE: \$136,200

LOW BID: \$146,000

BIDDER SUMMARY

PROJECT NAME: NORTH PAVILION WING AC UPGRADE & HEAT LOOP REPAIR NON-FEDERAL 80808R-B
PROJECT NUMBER: 80808R-B
COUNTY: STATEWIDE
BID OPENING DATE: 04/07/2015
SCOPE OF WORK: CONSTRUCTION OF VARIABLE REFRIGERANT FLOW AC SYSTEM AT N. PAVILION WING. REPAIR/REPLACE 6 FAILING FLEX COUPLINGS ALONG THE MAINS AT SYSC AND INSTALL AIR VENTS AT TOP OF EACH HOT WATER SUPPLY/RETURN RISER TO MEZZANINE IN 3 MECHANICAL ROOMS.
LOCATION: 105 PLEASANT ST, CONCORD, NH 1056 N. RIVER ROAD, MANCHESTER, NH
COMPLETION DATE: 09/30/2015

BID RESULTS

A DENRON PLUMBING & HVAC, LLC - 605 FRONT STREET MANCHESTER, NH 03102 \$ 146,000.00 ACCEPTED

Item 1: \$62,300.-
Item 2: 5,000.-
Item 3: 13,700.-
Item 4: 5,000.-
\$146,000.-

BUREAU OF PUBLIC WORKS
Award to Denron Plumbing & HVAC, LLC
Hold for Negotiation
Cancel Contract
User Agency DHS
Authorized by [Signature]
Date 04/24/2015

ITEM NO.	DESCRIPTION	PS&E		A	
		UNIT QUANTITY	UNIT PRICE	UNIT PRICE	TOTAL
901.00	VARIABLE REFRIGERANT FLOW AC IN N. PAV WING PER M1 M2 AND SPEC:	EA	\$ 57,000.00	\$ 62,300.00	\$ 62,300.00
902.00	ALLOWANCE #1 FOR N PAV WING PER SECTION 01200 OF ATTACHED SPEC:	\$	\$ 1.00	\$ 5,000.00	\$ 5,000.00
903.00	REPAIR/REPLACE FLEX COUPL @ SYSC. ALL OTHER WORK PER M3, M4 AND SPEC:	EA	\$ 69,200.00	\$ 73,700.00	\$ 73,700.00
904.00	ALLOWANCE #2 FOR SYSC PER SECTION 01200 OF ATTACHED SPEC:	\$	\$ 1.00	\$ 5,000.00	\$ 5,000.00
				\$ 136,200.00	\$ 146,000.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/26/2015

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 THE ROWLEY AGENCY INC. 139 Loudon Road P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Christine Holman PHONE (A/C No. Ext.): (603) 224-2562 E-MAIL ADDRESS: cholman@rowleyagency.com		FAX (A/C. No.): (603) 224-8012
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Denron Plumbing and HVAC, LLC 595-605 Front Street Manchester NH 03103	INSURER A: Cincinnati Ins		
	INSURER B: Guard Insurance Group		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** 14-15 all lines/\$5M **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 INSR	SUBR WVO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Blkt Add'l Insd* <input checked="" type="checkbox"/> Primary/noncontributory* GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC			CPP1094875	11/8/2014	11/8/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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 \$
	*when required by written contract or agreement						
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			EBA0288443	11/8/2014	11/8/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$			CPP1094875	11/8/2014	11/8/2017	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
B	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	N/A	3A States: NH, MA, ME DEWC555968	11/8/2014	11/8/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Installation Floater			CPP1094875	11/8/2014	11/8/2017	limit 500,000
A	Leased/Rented			CPP1094875	11/8/2014	11/8/2017	limit 120,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Re: Project #80808R; North Pavilion Wing AC Upgrade & SYSC Heat Loop Repair at 105 Pleasant Street, Concord, NH & 1056 N River Road, Manchester, NH
 Certificate holder and owner are included as an additional insured under all liability policies except workers compensation when required by written contract.

CERTIFICATE HOLDER State of NH, Dept of Admin Svcs Bureau of Public Works Design & Const. 7 Hazen Drive 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 Scott Dearden/SD <i>Scott M. Dearden</i>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/26/2015

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 THE ROWLEY AGENCY INC. 139 Loudon Road P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Renee Skillings PHONE (A/C, No, Ext): (603) 224-2562 E-MAIL ADDRESS: rskillings@rowleyagency.com	FAX (A/C, No): (603) 224-8012
	INSURER(S) AFFORDING COVERAGE	
INSURED State of NH Administrative Services P.O. Box 483 Concord NH 03302	INSURER A: Cincinnati Ins	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER:** OCP-State Proj #80808R **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	INSUR VYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners & Contractors GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CAP5229917	6/1/2015	6/1/2016	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 - COM/OP AGG \$ \$
	AUTOMOBILE LIABILITY <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) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTIONS						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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)
Re: Project #80808R; North Pavilion Wing AC Upgrade & SYSC Heat Loop Repair at 105 Pleasant Street, Concord, NH & 1056 N River Road, Manchester, NH

CERTIFICATE HOLDER Insured	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 Renee Skillings/RLS <i>Renee L. Skillings</i>

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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
5/26/2015

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

AGENCY THE ROWLEY AGENCY INC. 139 Loudon Road P.O. Box 511 Concord NH 03302-0511		PHONE (A/C, No, Ext): (603) 224-2562 COMPANY Liberty Mutual Ins Co (Peerless) 62 Maple Ave Keene NH 03431	
FAX (A/C, No): (603) 224-8012 E-MAIL ADDRESS: ehorner@rowleyagency.com		CODE: 8110236 SUB CODE:	
AGENCY CUSTOMER ID #: 00004470		LOAN NUMBER POLICY NUMBER BR06012015	
INSURED Denron Plumbing and HVAC LLC, State of NH Admin Svcs & all Subs on the Project 595-605 Front Street Manchester NH 03103		EFFECTIVE DATE 6/1/2015	EXPIRATION DATE 6/1/2016
		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:			

PROPERTY INFORMATION

LOCATION/DESCRIPTION
 Loc# 00001/Bldg# 00001: 105 Pleasant St., Concord, NH 03301
 Loc# 00002/Bldg# 00001: 1056 N. River Rd., Manchester, NH 03101
 State Project #80808R

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

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Job Specific Builders Risk (both locations) - Special Form	146,000	1,000
Job Specific Builders Risk - Transit:	73,000	1,000
Job Specific Builders Risk - Off Site:	73,000	1,000
Soft Costs	50,000	1,000

REMARKS (Including Special Conditions)

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

Insured	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
LOAN #		
AUTHORIZED REPRESENTATIVE		
Robert Simpson/RLS		