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State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES
25 Capitol Street - Room 120
Concord, New Hampshire 03301

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. 81095R - Contract B

August 25, 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 Glover Plumbing & Heating Service, LLC. (VC# 138010), Barrington, NH, for a total price not to exceed \$168,750, for the Boiler Upgrade at the Rochester Circuit Court, Rochester, N. H. This contract is effective upon Governor and Council approval through December 7, 2020, unless extended in accordance with the contract terms. 100% Capital - General
- 2). Further authorize that a contingency in the amount of \$5,290 be approved for unanticipated site expenses for the Boiler Upgrade at the Rochester Circuit Court, Rochester, N.H., bringing the total to \$174,040. 100% Capital - General Funds.
- 3). Further authorize the amount of \$6,852. 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 \$180,892. 100% Capital - General Funds.

Funding is available in account titled NH State Rochester Circuit New Boilers as follows:

01-14-14-140030-71980000 Rochester Roof" 19-146:1IID4

	<u>SFY21</u>
034-500226 – Repair/Renovations Bldgs. - Contract	\$ 168,750
034-500226 – Repair/Renovations Bldgs. - Contingency	\$ 5,290
034-500226 - Repair/Renovations Bldgs. – DPW Fees	\$ <u>6,852</u>
Sub-Total	\$180,892
GRAND TOTAL	\$180,892

EXPLANATION

This project is to existing boilers and replace with two boilers and hot water heater with three boilers and hot water heater other appurtenances.

The contractor has been pre-qualified by the Department of Transportation. The contract has been approved by the Department of Justice 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: \$243,785
Contract Amount: \$153,750
Under Estimate: \$ 90,035



ABC Bid Data

ROCHESTER
11958
NON-FEDERAL

PROJECT: ROCHESTER
STATE PROJECT NUMBER: 818050
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: July 27, 2020, 2:00 PM
SCOPE OF WORK: ROCHESTER DISTRICT COURT BOILER UPGRADE
COMPLETION DATE: December 07, 2020
LOCATION: Stratham

Certified by: _____

Summary of Bidders

Contractor	Bid Amount	Rank
GLOVER PLUMBING & HEATING SERVICES LLC 2035 FRANKLIN PIERCE HWY. BARRINGTON NH 03825	\$153,750.00	A
RTH MECHANICAL CONTRACTORS INC 17 PRODUCTION DRIVE, DOVER NH 03820	\$156,235.00	B
INDUSTRIAL STEEL & BOILER SERVICES INC 939 CHICOPEE STREET SUITE 2, CHICOPEE MA 01013	\$164,491.00	C

Base Bid: \$153,750
Add Alt #1: 15,000
\$168,750

BUREAU OF PUBLIC WORKS
 Award to "A" Bidder \$168,750
 Hold for Negotiation
 Cancel Contract
User Agency DAS
Authorized by MLT
Date 7/30/2020



ABC Bid Data

ROCHESTER
81095B
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

901	REMOVE AND REPLACE BOILERS	U	1.00	\$ 195,000.00	\$ 195,000.00	\$148,750.00	\$148,750.00	\$151,235.00	\$151,235.00
902	OWNERS CHANGES FOR UNKNOWN LATENT OR DIFFERING EXISTING CONDITIONS	\$	5,000.00	\$ 1.00	\$ 5,000.00	\$1.00	\$5,000.00	\$1.00	\$5,000.00
Totals:					\$200,000.00		\$153,750.00		\$156,235.00

81095B ALTERNATE
ADD ALTERNATE 1

991	ADD ALTERNATE 1 ADD BOILER NUMBER THREE	U	1.00	\$ 30,000.00	\$ 30,000.00	\$15,000.00	\$15,000.00	\$36,905.00	\$36,905.00
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Alt. Totals:									
Totals:					\$200,000.00		\$153,750.00		\$156,235.00



ABC Bid Data

ROCHESTER
81095B
NON-FEDERAL

Item No. Items	Description	Unit	Quantity	PS&E		INDUSTRIAL STEEL & BOILER SERVICES INC 939 CHICOPEE STREET SUITE 2 CHICOPEE, MA 01013	
				Unit Price	Total	Unit Price	Total

901	REMOVE AND REPLACE BOILERS	U	1.00	\$ 195,000.00	\$ 195,000.00	\$159,491.00	\$159,491.00
902	OWNERS CHANGES FOR UNKNOWN LATENT OR DIFFERING EXISTING	\$	5,000.00	\$1.00	\$5,000.00	\$1.00	\$5,000.00
Totals:					\$200,000.00		\$164,491.00

81095B ALTERNATE
ADD ALTERNATE 1

991	ADD ALTERNATE 1 ADD BOILER NUMBER THREE	U	1.00	\$ 30,000.00	\$ 30,000.00	\$33,500.00	\$33,500.00
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All Totals:							
Totals:					\$200,000.00		\$164,491.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/06/2020

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).

PRODUCER Avery Insurance 21 South Main Street PO Box 1510 Wolfeboro NH 03894-1510	CONTACT NAME: Jessica Hildreth PHONE (A/C, No, Ext): (603) 569-2515 E-MAIL ADDRESS: jessicah@averyinsurance.net	FAX (A/C, No): (603) 569-4266
	INSURER(S) AFFORDING COVERAGE	
INSURED Glover Plumbing & Heating Service LLC 2035 Franklin Pierce Highway Barrington NH 03825	INSURER A: Motorists Insurance	NAIC # 13331
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL2071310153 **REVISION NUMBER:**

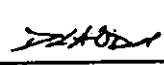
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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	<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 checked="" type="checkbox"/> LOC OTHER:	Y	Y	5000032393	06/27/2020	06/27/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	Y		5000032393	06/27/2020	06/27/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured Motorist \$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	5000032400	06/27/2020	06/27/2021	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	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	5000049654	06/27/2020	06/27/2021	<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

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

Reference: Project #81095B - Rochester District Court Boiler Upgrade
 Where required by written contract, the State of New Hampshire, its agencies, agents, and employees are listed as additional insured. Waiver of subrogation applies, where allowed by State Statute.
 Coverage as per terms and conditions of policy.
 Workers Comp. 3A States: NH
 David Glover is excluded from Workers Compensation coverage.

CERTIFICATE HOLDER**CANCELLATION**

State of New Hampshire c/o Dept of Administrative Services 7 Hazen Drive, Room 250 Concord NH 03302	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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/06/2020

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PRODUCER Avery Insurance 21 South Main Street PO Box 1510 Wolfeboro NH 03894-1510	CONTACT NAME: Jessica Hildreth PHONE (A/C, No, Ext): (603) 569-2515 FAX (A/C, No): (603) 569-4266 E-MAIL ADDRESS: jessicah@averyinsurance.net													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Motorists Insurance</td> <td>13331</td> </tr> <tr> <td>INSURER B:</td> <td></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: Motorists Insurance	13331	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
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INSURER A: Motorists Insurance	13331													
INSURER B:														
INSURER C:														
INSURER D:														
INSURER E:														
INSURER F:														
INSURED State of New Hampshire Dept of Admin Services c/o Glover Plumbing & Heating Service LLC 2035 Franklin Pierce Hwy Barrington NH 03825-7358														

COVERAGES **CERTIFICATE NUMBER:** CL208610241 **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	ADD'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS								
	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 OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$ \$								
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> 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) \$ \$								
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					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	<input type="checkbox"/> Y/N <input type="checkbox"/> N/A				<table border="1"> <thead> <tr> <th>PER STATUTE</th> <th>OTH-ER</th> </tr> </thead> <tbody> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </tbody> </table>	PER STATUTE	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
PER STATUTE	OTH-ER													
E.L. EACH ACCIDENT	\$													
E.L. DISEASE - EA EMPLOYEE	\$													
E.L. DISEASE - POLICY LIMIT	\$													
A	Owners & Contractors Protective		5000138067	08/04/2020	08/04/2021	Each Occurrence \$2,000,000 Aggregate Limit \$3,000,000								

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

Reference: Project #81095B - Rochester District Court Boiler Upgrade

Coverage as per terms and conditions of policy. Waiver of subrogation applies, where allowed by State statute.

CERTIFICATE HOLDER State of New Hampshire c/o Dept of Administrative Services 7 Hazen Drive, Room 250 Concord NH 03302	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 
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CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

08/06/2020

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PRODUCER Avery Insurance 21 South Main Street PO Box 1510 Wolfeboro NH 03894-1510	CONTACT NAME: Jessica Hildreth PHONE (A/C, No, Ext): (603) 569-2515 FAX (A/C, No): (603) 569-4266 E-MAIL ADDRESS: jessicah@averyinsurance.net PRODUCER CUSTOMER ID: 00020869													
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INSURER A: Acadia Insurance Group														
INSURER B:														
INSURER C:														
INSURER D:														
INSURER E:														
INSURER F:														
INSURED Glover Plumbing & Heating Service LLC State of NH Dept of Admin Service & all subcontractors 2035 Franklin Pierce Highway Barrington NH 03825														

COVERAGES

CERTIFICATE NUMBER: CP208601786

REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Project #81095B - Rochester District Court Boiler Upgrade
 Loc#:00001,76 N Main Street,Rochester,NH,03867

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
	<input type="checkbox"/> PROPERTY <input type="checkbox"/> CAUSES OF LOSS <input type="checkbox"/> DEDUCTIBLES <input type="checkbox"/> BASIC <input type="checkbox"/> BUILDING <input type="checkbox"/> BROAD <input type="checkbox"/> CONTENTS <input type="checkbox"/> SPECIAL <input type="checkbox"/> EARTHQUAKE <input type="checkbox"/> WIND <input type="checkbox"/> FLOOD				<input type="checkbox"/> BUILDING <input type="checkbox"/> PERSONAL PROPERTY <input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> EXTRA EXPENSE <input type="checkbox"/> RENTAL VALUE <input type="checkbox"/> BLANKET BUILDING <input type="checkbox"/> BLANKET PERS PROP <input type="checkbox"/> BLANKET BLDG & PP	\$
A	<input checked="" type="checkbox"/> INLAND MARINE <input type="checkbox"/> CAUSES OF LOSS <input type="checkbox"/> NAMED PERILS <input checked="" type="checkbox"/> Special form	TYPE OF POLICY Bulder Risk POLICY NUMBER CIM5448773	08/04/2020	08/04/2021	<input checked="" type="checkbox"/> Builders Risk	\$ 168,750
	<input type="checkbox"/> CRIME TYPE OF POLICY					\$
	<input type="checkbox"/> BOILER & MACHNERY / EQUIPMENT BREAKDOWN					\$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Reference: Project #81095B - Rochester District Court Boiler Upgrade
 Waiver of subrogation applies where allowed by State statute.

Coverage is as per terms and conditions of policy.

CERTIFICATE HOLDER**CANCELLATION**

State of New Hampshire
 c/o Dept of Administrative Ser
 7 Hazen Drive, Room 250
 Concord NH 03302

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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