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State of New Hampshire  
DEPARTMENT OF ADMINISTRATIVE SERVICES  
OFFICE OF THE COMMISSIONER  
25 Capitol Street – Room 120  
Concord, New Hampshire 03301

CHARLES M. ARLINGHAUS  
Commissioner  
(603)-271-3201

JOSEPH B. BOUCHARD  
Assistant Commissioner  
(603)-271-3204

Division of Public Works  
Design and Construction  
Project No. 80929 – Contract W

September 8, 2017

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 D. L King and Associates, Inc., (VC# 168979) Nashua, NH, for a total price not to exceed \$1,098,740, for Steam Conversion of the Spaulding Building, and the closure and securing of the Concord Steam Plant Facility at the Governor Hugh Gallen State Office Park Campus, Concord, NH. This contract is effective through October 15, 2018, unless extended in accordance with the contract terms. **100% General Funds.**

2). Further authorize the amount of \$25,000 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC# 177875), for engineering services provided, bringing the total to \$1,123,740. **100% General Funds.**

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

01-14-14-141510-69370000	Heating-State Owned Bldgs.	<b><u>SFY18</u></b>
	103-500736 – Contracts for OP Services	\$1,098,740
	103-500736 – Interagency – DPW Fees	<u>\$ 25,000</u>
	<b>Total</b>	<b>\$1,123,740</b>

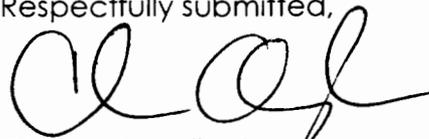
**EXPLANATION**

This project consists of furnishing all required demolition and construction services necessary to complete the installation of the HVAC and associated plumbing, fire protection, electrical, architectural and other building systems as indicated on the attached plans and in these specifications for the Spaulding Building located at the Governor Hugh Gallen State Office Park Campus. In addition, this project includes all work associated with the closure and securing of the existing Concord Steam plant facility as indicated in the attached plans and in these specifications.

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:	\$1,121,000
Contract Amount:	<u>\$1,098,740</u>
Under Estimate:	\$ 22,260

## CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 80929, Contract W – Steam Conversion Spaulding Building and Concord Steam Plant Closure.

DESCRIPTION: This project consists of furnishing all required demolition and construction services necessary to complete the installation of the HVAC and associated plumbing, fire protection, electrical, architectural and other building systems as indicated on the attached plans and in these specifications for the Spaulding building located at the Gov. Hugh Gallen State Office Park Campus. In addition, this project includes all work associated with the closure and securing of the existing Concord Steam plant facility as indicated in the attached plans and in these specifications.

EXPLANATION: With the closing of Concord Steam, there are a total of 26 State Buildings that will require heating system installations in order to maintain space temperatures during the winter months. This project will complete the installation of HVAC systems necessary to provide space heating for these two facilities.

### UNDER ESTIMATE

EXPLANATION: The original bid was approximately 2 percent under the construction estimate. This could have been a result of several items; multiple bidders; and some scope was removed as part of an addendum.

### DEPARTMENT

ESTIMATE: \$1,121,000

LOW BID: \$1,098,740







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/3/2017

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> <b>THE ROWLEY AGENCY INC.</b> 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	<b>CONTACT NAME:</b> Christine Holman, CPCU, CIC <b>PHONE (AG No. Ext.):</b> (603) 224-2562 <b>FAX (AG No.):</b> (603) 224-8012 <b>E-MAIL ADDRESS:</b> cholman@rowleyagency.com
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Arbella Insurance Group <b>INSURER B:</b> Arbella Protection Ins Co 41360 <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b> <b>D.L. King &amp; Associates, Inc.</b> 27 Tanglewood Drive Nashua NH 03062	

**COVERAGES**                      **CERTIFICATE NUMBER:** 17-18 all lines                      **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	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		8500062916	9/3/2017	9/3/2018	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 - COMPROP AGG \$ 2,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		1020032951	9/3/2017	9/3/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		4600062918	9/3/2017	9/3/2018	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
B	<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	Y/N Y N/A	4220057417 3A States: NH/VA Excluded Officers: Donna & Arthur King, Jr.	9/3/2017	9/3/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	<b>LEASED/RENTED EQUIPMENT</b>		8500062916	9/3/2017	9/3/2018	LIMIT 30,000 DED 500

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 re: Steam Conversion Spalding & DEMO Concord Steam Plant; Contract # 89029W -  
 Certificate holder and owner are additional insureds with respects to general liability, automobile and umbrella for both ongoing and completed operation on a primary/noncontributory basis when required by written contract.

<b>CERTIFICATE HOLDER</b>  State of New Hampshire Dept of Administrative Services 7 Hazen Dr. Concord, NH 03301	<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.  <b>AUTHORIZED REPRESENTATIVE</b>  C Holman, CPCU, CIC/C <i>Christine Holman</i>
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/04/2017

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).

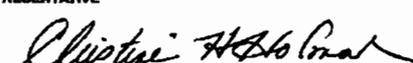
<b>PRODUCER</b> THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	<b>CONTACT NAME:</b> Christine Holman, CPCU, CIC <b>PHONE (A/C No. Ext.):</b> (803)224-2562 <b>FAX (A/C No.):</b> (803)224-8012 <b>E-MAIL ADDRESS:</b> cholman@rowleyagency.com																				
	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>Great American</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Great American		INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:	
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INSURER C:																					
INSURER D:																					
INSURER E:																					
INSURER F:																					
<b>INSURED</b> State of New Hampshire Department of Administrative Services c/o D.L. King & Associates, Inc. 27 Tanglewood Drive Nashua NH 03062																					

**COVERAGES**      **CERTIFICATE NUMBER:** CL179423854      **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.

INBR LTR	TYPE OF INSURANCE	ADDL NUMBER INSD 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"/> Owners & Contractors Protective		02-OCP-1000051	09/05/2017	09/05/2018	EACH OCCURRENCE \$ 2,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:								
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$								
	MED EXP (Any one person) \$								
	<b>AUTOMOBILE LIABILITY</b> <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) \$			
	<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? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				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)**  
 89029W - Steam Conversion Spalding & DEMO Concord Steam Plant;

<b>CERTIFICATE HOLDER</b> State of New Hampshire Dept of Administrative Services 7 Hazen Dr. Concord NH 03301	<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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# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
9/3/2017

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 <b>THE ROWLEY AGENCY INC.</b> 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511		PHONE (A/C, No. Ext): (603) 224-2562		COMPANY <b>Liberty Mutual Ins Co (Peerless)</b> 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 #: 00007629		LOAN NUMBER		POLICY NUMBER <b>IM090517</b>	
INSURED <b>D.L. King &amp; Associates, Inc.</b> 27 Tanglewood Drive Nashua NH 03062		EFFECTIVE DATE <b>9/5/2017</b>	EXPIRATION DATE <b>9/5/2018</b>	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:					

### PROPERTY INFORMATION

LOCATION/DESCRIPTION  
 Loc# 00001/Bldg# 00001  
 123 Pleasant Street  
 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

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Job Specific Builders Risks with Renovations	1,098,740	2500
Soft Costs	250,000	2500
Debris Removal	250,000	2500
Mechanical Breakdown	included	2500

### 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

State of New Hampshire Dept of Administrative Services 7 Hazen Dr. Concord, NH 03301	<input type="checkbox"/> MORTGAGEE	ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE C Holman, CPCU, CIC/CH <i>Christie Holman</i>		

## Additional Named Insureds

### Other Named Insureds

any and all subcontractors

Insured Multiple Names

State of NH - Dept of Admin Services

Government agency, Insured Multiple Names