



State of New Hampshire

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

106 mll

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. 80929- Contract BB

August 9, 2019

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, NH, for a total price not to exceed \$101,100, for Install Emergency Power for New Heating Systems, Concord NH. This contract is effective through May 15, 2020, unless extended in accordance with the contract terms. **100% Capital General Funds.**

2). Further authorize the amount of \$10,000 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 \$111,100. **100% Capital General Funds.**

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

01-14-14-140030-71890000 Emergency Back-Up Power to New Boilers	
	<u>SFY20</u>
034-500162 - Repair/Renovations Bldgs	\$101,100
034-500162 - Interagency - DPW Fees	<u>\$ 10,000</u>
Grand Total	\$111,100

EXPLANATION

This project consists of moving the existing heating system electrical circuits to an existing generator panel at the Department of Revenue. It also includes moving existing heating system electrical circuits to a new panel and installing a portable generator docking station at the Department of Justice. Finally, the electric service conductors for the Paint and Carpentry Shop, which feeds the Grounds Shop at State Office Park South will be moved to the Brown Building Generator Panel.

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:	\$145,000
Contract Amount:	<u>\$101,100</u>
Under Estimate:	\$ 43,900

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 80929, Contract BB – Install Emergency Power for New Heating Systems, Concord, New Hampshire.

DESCRIPTION: The project consists of moving the existing heating system electrical circuits to an existing generator panel at the Department of Revenue. It also includes moving existing heating system electrical circuits to a new panel and installing a portable generator docking station at the Department of Justice. Finally the electric service conductors for the Paint and Carpentry Shop which feeds the Grounds Shop at State Office Park South will be moved to the Brown Building Generator Panel.

EXPLANATION: The project allows the heating systems in the Department of Revenue, the Department of Justice and the Grounds Shop at the State Office Park South to operate during a power failure.

UNDER ESTIMATE

EXPLANATION: The estimate was based on recent emergency power bid results in which the bids were submitted by General Contractors. This bid was submitted directly by an electrical contractor without the general contractor markup so the bids came in a little lower.

DEPARTMENT

ESTIMATE: \$145,000.00

LOW BID: \$101,100.00



ABC Bid Data

CONCORD
80929BB
NON-FEDERAL

PROJECT: CONCORD
STATE PROJECT NUMBER: 80929BB
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: August 07, 2019, 02:00 PM
SCOPE OF WORK: INSTALL EMERGENCY POWER FOR NEW HEATING SYSTEMS
COMPLETION DATE: May 15, 2020
LOCATION: Merrimack

Certified by: _____
Administrator

Summary of Bidders

Contractor	Bid Amount	Rank
LAFLAMME, INC. GERARD A. 100 HARVEY ROAD, PO BOX 5706, MANCHESTER NH 03108	\$101,100.00	A

BUREAU OF PUBLIC WORKS
 Award to Gerard A. LaFlamme, Inc.
 Hold for Negotiation
 Cancel Contract
User Agency DAS
Authorized by [Signature]
Date 08082019

Item No.	Description	Unit	Quantity	PS&E		LAFLAMME, INC. GERARD A. 100 HARVEY ROAD MANCHESTER, NH 03108	
				Unit Price	Total	Unit Price	Total

Items

901	ELECTRICAL WORK AT THE DEPT OF JUSTICE BUILDING	U	1.00	\$35,000.00	\$35,000.00	\$37,700.00	\$37,700.00
902	ELECTRICAL WORK AT THE DEPT OF REVENUE BUILDING	U	1.00	\$35,000.00	\$35,000.00	\$11,300.00	\$11,300.00
903	ELECTRICAL WORK A THE BROWN BLDG AND CARPENTER SHOP FOR THE GROUNDS SHOP	U	1.00	\$50,000.00	\$50,000.00	\$27,100.00	\$27,100.00
904	ALLOWANCE FOR UNFORESEEN CONDITIONS AND OWNER INTIATED CHANGES	\$	25,000.00	\$1.00	\$25,000.00	\$1.00	\$25,000.00
Totals:					\$145,000.00		\$101,100.00
Alt. Totals:							
Totals:					\$145,000.00		\$101,100.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/12/2019

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. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Kelley Massey	
	PHONE (A/C, No. Ext): (603) 224-2562	FAX (A/C, No): (603) 224-8012
E-MAIL ADDRESS: kmassey@rowleyagency.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Acadia Insurance Company		31325
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

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

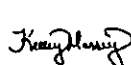
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			OCP08122019	8/12/2019	8/12/2020	EACH OCCURRENCE	\$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	<input checked="" type="checkbox"/> Owners & Contractors						MED EXP (Any one person)	\$
	<input type="checkbox"/> Protective Liability						PERSONAL & ADV INJURY	\$
GENTL AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,000,000
<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG	\$
OTHER:								\$
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$
<input type="checkbox"/> ANY AUTO	<input type="checkbox"/> SCHEDULED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per person)	\$
<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> HIRE AUTOS	<input type="checkbox"/> AUTOS					BODILY INJURY (Per accident)	\$
<input type="checkbox"/> HIRED AUTOS							PROPERTY DAMAGE (Per accident)	\$
								\$
UMBRELLA LIAB							EACH OCCURRENCE	\$
EXCESS LIAB							AGGREGATE	\$
DED								\$
RETENTION \$								\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH-ER
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDENT	\$
If yes, describe under DESCRIPTION OF OPERATIONS below							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)
Install Emergency Power For New Heating Systems (Contract BB) (#80929), Department of Justice, 33 Capitol Street, Concord, NH.

CERTIFICATE HOLDER

CANCELLATION

State of New Hampshire c/o Department 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 Kelley Massey/KCO 

© 1988-2014 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/12/2019

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).

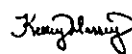
PRODUCER THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Kelley Massey	
	PHONE (A/C, No, Ext): (603) 224-2562 FAX (A/C, No): (603) 224-8012 E-MAIL ADDRESS: kmassey@rowleyagency.com	
INSURED Gerard A. Laflamme, Inc. P O Box 5706 Manchester NH 03108	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Firemen's Ins Co of Wash. DC	21784
	INSURER B: Acadia Insurance Company	31325
	INSURER C:	
	INSURER D:	
	INSURER E:	
	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.

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"/> PROJECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		CPA023562421	12/19/2018	12/19/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 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 checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			CAA023562522	12/19/2018	12/19/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			CUA023562821	12/19/2018	12/19/2019	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 10,000,000
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	N/A	WPA027786620 3A STATES: NH, ME, VT	12/19/2018	12/19/2019	<input checked="" type="checkbox"/> PER STATUTE <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	LEASED/RENTED EQUIPMENT			CPA023562421	12/19/2018	12/19/2019	LIMIT \$ 100,000
A	INSTALLATION FLOATER			CPA023562421	12/19/2018	12/19/2019	LIMIT \$ 200,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Install Emergency Power For New Heating Systems (Contract BB) (#80929), Department of Justice, 33 Capitol Street, Concord, NH. State of New Hampshire, its agencies, and its agents and employees are additional insured with respect to the general liability for ongoing and completed operations when required by written contract.

CERTIFICATE HOLDER State of New Hampshire c/o Department 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 Kelley Massey/KCO 



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
08/12/2019

THIS EVIDENCE OF COMMERCIAL 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.

PRODUCER NAME, CONTACT PERSON AND ADDRESS THE ROWLEY AGENCY INC. Kelley Massey 45 Constitution Avenue Concord NH 03302-0511		PHONE (A/C, No, Ext): (603) 224-2562	COMPANY NAME AND ADDRESS Hanover Ins - Bedford P.O. Box 81042 Woburn MA 01813-1042		NAIC NO:
FAX (A/C, No): (603) 224-8012	E-MAIL ADDRESS: kmassey@rowleyagency.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
CODE: 28-1116	SUB CODE:		POLICY TYPE Installation/Builder Risk		
AGENCY CUSTOMER ID #: 00004812			LOAN NUMBER	POLICY NUMBER IHPH010425	
NAMED INSURED AND ADDRESS Gerard A. Laflamme, Inc.; State of NH, Department of Administrative Services, P O Box 5706 Manchester NH 03108			EFFECTIVE DATE 08/12/2019	EXPIRATION DATE 08/12/2020	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S) Any and All Subcontractors of Any Tier			THIS REPLACES PRIOR EVIDENCE DATED:		


PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION Department of Justice Concord NH 03301	33 Capitol Street NH 03301	Loc# 00001/Bldg# 00001
--	-------------------------------	------------------------

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	<input checked="" type="checkbox"/> SPECIAL	
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE:		\$ 101,100				DED: 1,000
		YES	NO	N/A		
<input type="checkbox"/> BUSINESS INCOME	<input type="checkbox"/> RENTAL VALUE				If YES, LIMIT:	Actual Loss Sustained; # of months:
BLANKET COVERAGE					If YES, indicate value(s) reported on property identified above: \$	
TERRORISM COVERAGE		<input checked="" type="checkbox"/>			Attach Disclosure Notice / DEC	
IS THERE A TERRORISM-SPECIFIC EXCLUSION?						
IS DOMESTIC TERRORISM EXCLUDED?						
LIMITED FUNGUS COVERAGE					If YES, LIMIT:	DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)						
REPLACEMENT COST		<input checked="" type="checkbox"/>				
AGREED VALUE						
COINSURANCE			<input checked="" type="checkbox"/>		If YES, %	
EQUIPMENT BREAKDOWN (If Applicable)		<input checked="" type="checkbox"/>			If YES, LIMIT:	DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg					If YES, LIMIT:	DED:
- Demolition Costs					If YES, LIMIT:	DED:
- Incr. Cost of Construction					If YES, LIMIT:	DED:
EARTH MOVEMENT (If Applicable)		<input checked="" type="checkbox"/>			If YES, LIMIT: 121,100	DED: 25,000
FLOOD (If Applicable)		<input checked="" type="checkbox"/>			If YES, LIMIT: 121,100	DED: 25,000
WIND / HAIL INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:					If YES, LIMIT:	DED:
NAMED STORM INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:					If 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.

<input type="checkbox"/> CONTRACT OF SALE <input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE <input checked="" type="checkbox"/> Additional Named Insured	<input type="checkbox"/> LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
NAME AND ADDRESS State of New Hampshire c/o Department of Administrative Services 7 Hazen Drive, Room 250 Concord NH 03302			AUTHORIZED REPRESENTATIVE 

© 2003-2015 ACORD CORPORATION. All rights reserved.