



# State of New Hampshire

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

102 Jm

VICKI V. QUIRAM  
Commissioner  
(603) 271-3201

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

Bureau of Public Works  
Design and Construction  
Project No. 80833R – Contract A

July 2, 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 Gerard A. Laflamme, Inc. (VC# 174091) Londonderry, NH, for a total price not to exceed \$300,100, for the Building A Electrical Upgrades and AASF Camera System, Concord, NH. This contract is effective upon Governor and Council approval through September 30, 2016, unless extended in accordance with the contract terms. **100% Federal Funds.**
- 2). Further authorize that a contingency in the amount of \$20,000 be approved for unanticipated electrical expenses and owner initiated changes for the Building A Electrical Upgrades and AASF Camera System, bringing the total to \$320,100. **100% Federal Funds.**
- 3). Further authorize the amount of \$25,000 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 \$345,100. **100% Federal Funds.**

Funds to support this request are anticipated to be available in the following accounts in FY 2016 upon availability and continued appropriation of funds in the future operating budget in account titled Adjutant General as follows:

02-12-12-120010-22450000 Army Guard Facilities	<b><u>SFY15</u></b>
103-500736 – Contract Repairs/Bldgs. & Grounds	\$300,100
103-500736 – Contingency	<u>\$ 20,000</u>
Sub-Total	\$320,100

02-12-12-120010-22550000 Inter-Agency Payments

217-502682 – BPW Fees Interagency \$ 25,000

**Grand Total \$ 345,100**

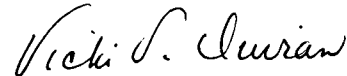
**EXPLANATION**

This project will replace old obsolete electrical panels in Building A and install new camera systems at the AASF. There will be a small utility addition to Building A to house some of the new electrical equipment.

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 Adjutant General 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

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80833, Contract A – Building A Electrical Upgrades and AASF Camera Upgrades, Concord.

DESCRIPTION: The project will replace old obsolete electrical panels in Building A and install new camera systems at the AASF. There will also be a small utility addition to Building A to house some of the new electrical equipment.

EXPLANATION: Building A houses one of the NHARNG DATA Centers making a reliable electrical system a necessity. The cameras at the AASF are obsolete and difficult to support in this critical aviation support facility.

UNDER ESTIMATE

EXPLANATION: It looked like prices for electrical projects were going up so our estimate was high. We think that there may not be as much work for winter so prices may be tighter.

DEPARTMENT

ESTIMATE: \$400,000

LOW BID: \$300,100

**BIDDER SUMMARY**

PROJECT NAME: BLDG A ELECTRICAL UPGRADES AND AASF CAMERA SYSTEM NON-FEDERAL 80833R-A  
 PROJECT NUMBER: 80833R-A  
 COUNTY: MERRIMACK COUNTY 013  
 BID OPENING DATE: 06/11/2015  
 SCOPE OF WORK: THE PROJECT REPLACES OLD OBSOLETE ELECTRICAL PANELS IN BUILDING A AND  
 INSTALLS NEW CAMERA SYSTEMS AT THE AASF. THERE WILL BE A SMALL UTILITY ADDITION  
 TO THE BUILDING TO HOUSE SOME OF THE NEW ELECTRICAL EQUIPMENT.  
 LOCATION: 4 PEMBROKE RD CONCORD, NH  
 COMPLETION DATE: 09/30/2016

**BID RESULTS**

A GERARD A LAFLAMME, INC. - PO BOX 5706 MANCHESTER, NH 03108	\$ 300,100.00	ACCEPTED
B SCHROEDER CONSTRUCTION MGMT (8001) - PO BOX 601 10 DEERHAVEN DR NASHUA, NH 0306	\$ 342,240.00	ACCEPTED
C MERIDIAN CONSTRUCTION CORP (8001) - 32 ARTISAN COURT 4 GILFORD, NH 03249	\$ 368,216.00	ACCEPTED

*Item 902.0 = \$225,100.00  
 Item 902.1 = \$200,100.00*

BUREAU OF PUBLIC WORKS  
 Award to Gerard A. LaFlamme, Inc  
 Hold for Negotiation  
 Cancel Contract  
 User Agency Assistant General  
 Authorized by [Signature]  
 Date 06/23/2015

**ITEM NO.**  
 901.00 BASIC WORK AS DESCRIBED IN PLANS AND SPECS INCL GENERAL CONDITIONS;  
 902.00 ALLOWANCE FOR UNFORESEEN CONDITIONS OR OWNER- INITIATED CHANGE;

		PS&E		A	
UNIT	QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
EA	1.00	\$ 375,000.00	\$ 375,000.00	\$ 275,100.00	\$ 275,100.00
\$	25,000.00	\$ 1.00	\$ 25,000.00	\$ 1.00	\$ 25,000.00
			\$ 400,000.00		\$ 300,100.00

ITEM

NO.

DESCRIPTION

901.00 BASIC WORK AS DESCRIBED IN PLANS AND SPECS INCL GENERAL CONDITIONS;  
 902.00 ALLOWANCE FOR UNFORESEEN CONDITIONS OR OWNER- INITIATED CHANGE;

PS&E

B

UNIT	QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
EA	1.00	\$ 375,000.00	\$ 375,000.00	\$ 317,240.00	\$ 317,240.00
\$	25,000.00	\$ 1.00	\$ 25,000.00	\$ 1.00	\$ 25,000.00
			\$ 400,000.00		\$ 342,240.00

ITEM NO.	DESCRIPTION	PS&E		C	
		UNIT QUANTITY	UNIT PRICE	UNIT PRICE	TOTAL
901.00	BASIC WORK AS DESCRIBED IN PLANS AND SPECS INCL GENERAL CONDITIONS	1.00	\$ 375,000.00	\$ 343,216.00	\$ 343,216.00
902.00	ALLOWANCE FOR UNFORESEEN CONDITIONS OR OWNER- INITIATED CHANGE:	25,000.00	\$ 1.00	\$ 25,000.00	\$ 25,000.00
			\$ 400,000.00		\$ 368,216.00



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/25/2015

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).

<b>PRODUCER</b> THE ROWLEY AGENCY INC. 139 Loudon Road P.O. Box 511 Concord NH 03302-0511	<b>CONTACT NAME:</b> Christine Holman, CPCU, CIC <b>PHONE (A/C, No, Ext):</b> (603) 224-2562 <b>FAX (A/C, No):</b> (603) 224-8012 <b>E-MAIL ADDRESS:</b> cholman@rowleyagency.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Firemen's Ins Co of Wash. DC</td> <td>21784</td> </tr> <tr> <td>INSURER B: Acadia Insurance Company</td> <td>31325</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> </table>	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:
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INSURER F:														
<b>INSURED</b> Gerard A. Laflamme, Inc. P O Box 5706 Manchester NH 03108														

**COVERAGES**      **CERTIFICATE NUMBER:** 14-15 General      **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 VVVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <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 type="checkbox"/> LOC			CPA023562418	12/19/2014	12/19/2015	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 - COM/OP AGG \$ 2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			CAA023562516	12/19/2014	12/19/2015	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      RETENTION \$			CUA023562817	12/19/2014	12/19/2015	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	<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	N/A	WPA027786616 3A States: NH ME	12/19/2014	12/19/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS    OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Leased/Rented Equipment			CPA023562418	12/19/2014	12/19/2015	Limit: \$60,000
A	Installation Floater			CPA023562418	12/19/2014	12/19/2015	Limit: \$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 re: Building A electrical upgrades and AASF Camera system, project #80833R, Contract A. Certificate holder is included as an additional insured under general liability coverage when required by written contract

<b>CERTIFICATE HOLDER</b>  State of NH DAS Bureau of Public Works PO Box 483 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  C Holman, CPCU, CIC/C <i>Christine Holman</i>





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/26/2015

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).

<b>PRODUCER</b> THE ROWLEY AGENCY INC. 139 Loudon Road P.O. Box 511 Concord NH 03302-0511		<b>CONTACT NAME:</b> Christine Holman <b>PHONE (A/C, No, Ext):</b> (603) 224-2562 <b>E-MAIL ADDRESS:</b> cholman@rowleyagency.com <b>FAX (A/C, No):</b> (603) 224-8012	
<b>INSURED</b> State of NH, Dept of Administrative Services c/o Gerard A Laflamme, Inc. PO Box 5706 Manchester NH 03108		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Acadia Ins. Co. NAIC # 313251 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

**COVERAGES** CERTIFICATE NUMBER: OCP - Pembroke 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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>Owners &amp; Contractors</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			OCP062915	06/29/2015	06/29/2016	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 - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input 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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <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) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Building A electrical upgrades and AASF Camera system, 4 Pembroke Road, Concord, NH

<b>CERTIFICATE HOLDER</b> State of New Hampshire Dept of Administrative Services PO Box 483 Concord, NH 03302	<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 C Holman, CPCU, CIC/C <i>Christine Holman</i>
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# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
6/26/2015

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 <b>THE ROWLEY AGENCY INC.</b> 139 Loudon Road P.O. Box 511 Concord NH 03302-0511	PHONE J.A.C. No. Ext: (603) 224-2562	COMPANY <b>Liberty Mutual Ins Co (Memberless)</b> 62 Maple Ave Keene NH 03431
FAX J.A.C. No: (603) 224-8012	E-MAIL ADDRESS: <b>cmasters@rowleyagency.co</b>	
CODE: <b>8110236</b>	SUB CODE:	
AGENCY CUSTOMER ID #: <b>00004812</b>	INSURED <b>State of New Hampshire, Dpt of Admin Services Bureau of Public Works Gerard A. LaFlamme, Inc. Manchester NH 03108</b>	LOAN NUMBER
		POLICY NUMBER <b>IM062915</b>
		EFFECTIVE DATE <b>6/29/2015</b>
		EXPIRATION DATE <b>12/29/2015</b>
		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
		THIS REPLACES PRIOR EVIDENCE DATED:

## PROPERTY INFORMATION

LOCATION/DESCRIPTION <b>Loc# 00001/Bldg# 00001 4 Pembroke Road Concord, NH 03301</b>
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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
<b>Job Specific Builders Risk New</b>	<b>300,100</b>	<b>1000</b>

## REMARKS (Including Special Conditions)

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## 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 NH - Dept of Admin Services Bureau of Public Works PO Box 483 Concord, NH 03302	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE	
	C Holman, CPCU, CIC/CH <i>Christine Holman</i>	