



# State of New Hampshire

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

LINDA M. HODGDON  
Commissioner  
(603) 271-3201

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

Bureau of Public Works  
Design and Construction  
Project No. 80811 – Contract B

February 24, 2015

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

### REQUESTED ACTION

Authorize the Bureau of Public Works Design and Construction to enter into a contract with Royal Electric Co, Inc. (VC# 154900) Woodsville, NH, for a total price not to exceed \$58,954, for electrical work in the Old Boiler Room at Glenclyff Home, Benton, N. H. This contract is effective upon Governor and Council approval through October 30, 2015, unless extended in accordance with the contract terms. **100% Operating - General Funds.**

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

05-91-91-910010-78920000	Maintenance	<u>SFY15</u>
048-500226	– Contractual Maint. – Bldg. & Grounds	\$ 58,954

### EXPLANATION

This project includes all material, labor, and equipment required to relocate the 2.4 kV electrical feeders as well as the associated pole and transformers; along with the 600V electrical feeder and transformer from the old boiler building to the maintenance building across from the old boiler building in accordance with the provided drawings and specifications.

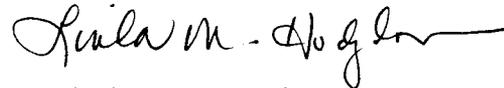
The contractor has been pre-qualified by the Department of Transportation. The contract has been approved by the Attorney General as to form and execution; and the Department of Health and Human Services has certified that the necessary funds are available. Copies of the fully executed contract are on file at the Secretary of State's Office

Her Excellency, Governor Margaret Wood Hassan  
and the Honorable Council  
February 24, 2015  
Page 2 of 2

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,

A handwritten signature in black ink, appearing to read "Linda M. Hodgdon", with a long horizontal flourish extending to the right.

Linda M. Hodgdon  
Commissioner

## CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80811, Contract B – Eliminate Old Boiler Building Electrical Service and Modify Distribution System, Glenclyff Home, Benton.

DESCRIPTION: The work under this project includes all material, labor, and equipment required to relocate the 2.4 kV electrical feeders as well as the associated pole and transformers; along with the 600V electrical feeder and transformer from the old boiler building to the maintenance building across from the old boiler building in accordance with the drawings and specifications.

EXPLANATION: The relocation of the existing transformers is required to bring the facility into compliance with the *NFPA 70, National Electrical Code*. In addition, the old boiler building is no longer utilized and primarily houses only this electrical distribution equipment. So the removal and redistribution will remove these critical functions from a building that is in critical need of structural repairs.

### OVER ESTIMATE

EXPLANATION: The bid came over estimate because there was additional work added for the removal of the existing transformer base and guardrail system. The original bid was \$62,954 and the allowance for unforeseen conditions was reduced from \$8,000 to \$4,000 to the negotiated price of \$58,954

### DEPARTMENT

ESTIMATE: \$55,250  
LOW BID: \$58,954 (negotiated)

**PROJECT NAME: GLENCLIFF-ELIMINATE OLD BOILER NON-FEDERAL 80811-B**

**PROJECT NUMBER: 80811-B**

**COUNTY: GRAFTON COUNTY 009**

**BID OPENING DATE: 01/13/2015**

**SCOPE OF WORK:**

ALL MATERIAL, LABOR, AND EQUIPMENT REQUIRED TO RELOCATE THE 2.4 KV FEEDER AS WELL AS THE ASSOCIATED POLE AND TRANSFORMERS; ALONG WITH THE 600V FEEDER AND TRANSFORMER FROM THE OLD BOILER BUILDING TO THE MAINTENANCE BUILDING ACROSS FROM THE OLD BOILER BLDG

**LOCATION: GLENCLIFF HOME 393 HIGH STREET BENTON, NH**

**COMPLETION DATE: 10/30/2015**

**BID RESULTS**

A ROYAL ELECTRIC CO INC (B001) - 33 CENTRAL ST WOODSVILLE, NH 03785-1006

\$ 62,954.00 ACCEPTED

*Negotiated*

\$ 62,954.00 Original bid  
(\$ 4,000.00) reduction in allowance

\$ 58,954.00 New Negotiated Bid Price

**BUREAU OF PUBLIC WORKS**

Award to Royal Electric Co., Inc  
 Hold for Negotiation  
 Cancel Contract

User Agency RHHS  
Authorized by [Signature]  
Date 01/21/2015

ITEM NO.	DESCRIPTION	UNIT	QUANTITY	UNIT PRICE	TOTAL	PS&E	UNIT PRICE	TOTAL	A	UNIT PRICE	TOTAL
901.00	ELIMINATE OLD BOILER BLDG ELEC SERVICE & MODIFY DISTR SYSTEM PER 01100	EA	1.00	\$ 47,250.00	\$ 47,250.00					\$ 54,954.00	\$ 54,954.00
902.00	ALLOWANCE 1 FOR UNKNOWN, LATENT, OR DIFFERING CONDITIONS PER 0120C	\$	8,000.00	\$ 1.00	\$ 8,000.00					\$ 1.00	\$ 8,000.00
					\$ 55,250.00						\$ 62,954.00

# ROYAL ELECTRIC

Integrity is our energy source.

Document Number: LJ-20799-1

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Date 1/19/15

Beverly Kowalik, PE  
Bureau of Public Works Design and Construction  
7 Hazen Drive, Room 250  
Concord, NH 03302-0483

Re: Glenciff-Eliminate Old Boiler Building Electrical Service  
And Modify Distribution System  
Project Number 80811 Contract B

Dear Beverly,

The following is our negotiated bid price based on your request that the allowance we were requested to carry in the bid specifications be reduced from \$8,000.00 to \$4,000.00.

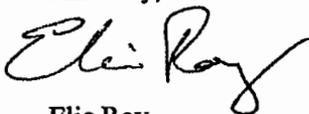
Original bid: \$ 62,954.00

Reduction in Allowance: (\$ 4,000.00)

**New Negotiated Bid Price: \$ 58,954.00**

If you have any questions or comments, please give me a call.

Sincerely,



Elie Roy

603-747-2722 • 800-497-8384 • Fax: 603-747-3851

33 Central Street • Woodsville, NH 03785



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/13/2015

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> Infantine Insurance P. O. Box 5125  Manchester NH 03108		<b>CONTACT NAME:</b> Yvette Fanaras <b>PHONE (A/C, No, Ext):</b> (603) 669-0704 <b>FAX (A/C, No):</b> 603-669-6831 <b>E-MAIL ADDRESS:</b> yvette@infantine.com	
<b>INSURED</b>  Royal Electric Co., Inc 33 Central Street Woodsville NH 03785		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Netherlands Insurance <b>INSURER B:</b> Liberty Mutual Insurance <b>INSURER C:</b> AmGuard 43290 <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** 2014/2015 Master      **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	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		CBP9269532	9/1/2014	9/1/2015	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
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC						
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS			BA9263912	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	SCHEDULED AUTOS NON-OWNED AUTOS						
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE	X		CU9262933	9/1/2014	9/1/2015	EACH OCCURRENCE \$ 12,000,000 AGGREGATE \$ 12,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						
C	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	ROWC508118 STATES: NH, NY, ME, VT, PA, MA	9/1/2014	9/1/2015	<input checked="" type="checkbox"/> WC STATL TORY LIMITS <input checked="" 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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
**Project:** Electrical Service & Modify Distribution System @ Glencliff Home, Benton NH  
 It is agreed and understood State of New Hampshire Department of Administrative Services is named as additional insured with respects to General Liability and Umbrella when required by written contract.

<b>CERTIFICATE HOLDER</b>  State of New Hampshire Department of Administrative Services PO Box 483 7 Hazen Drive Concord, NH 03302-0483	<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  Jim Harrison/BYM 



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
2/13/2015

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 Infantine Insurance P. O. Box 5125 Manchester NH 03108	PHONE (A.C., No., Ext): (603) 669-0704	COMPANY Acadia Insurance Co. PO Box 9526 Manchester NH 03108-9526
FAK (A.C. No): CODE: 3081	E-MAIL ADDRESS: jim@infantine.com SUB CODE:	
AGENCY CUSTOMER ID # 00000052		
INSURED Royal Electric Co., Inc., State of NH Department of 33 Central Street Woodsville NH 03785	LOAN NUMBER	POLICY NUMBER CIM5195317
	EFFECTIVE DATE 2/9/2015	EXPIRATION DATE 2/9/2016
	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:		

### PROPERTY INFORMATION

LOCATION/DESCRIPTION Loc# 00001 Installation/BuildersRisk
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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
Job Specific Builders Risk, Special Form Including Theft	62,954	1,000

### REMARKS (Including Special Conditions)

Named Insureds: Administrative Services, Any and All Subcontractors

### 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

NAME AND ADDRESS	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE	
	Jim Harrison/BYM	



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/13/2015

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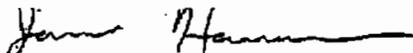
<b>PRODUCER</b> Infantine Insurance P. O. Box 5125  Manchester NH 03108	<b>CONTACT NAME:</b> Yvette Fanaras <b>PHONE (A/C, No, Ext):</b> (603) 669-0704 <b>FAX (A/C, No):</b> 603-669-6831 <b>E-MAIL ADDRESS:</b> yvette@infantine.com																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Peerless Indemnity</td> <td>18333</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> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Peerless Indemnity	18333	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 NH Department of Administrative C/O Royal Electric Company Inc. 33 Central Street Woodsville NH 03785																					

**COVERAGES**                      **CERTIFICATE NUMBER:** 2015/2016 OCP                      **REVISION NUMBER:**

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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>			GL8022649	2/9/2015	2/9/2016	EACH OCCURRENCE	\$ 2,000,000
	GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							DAMAGE TO RENTED PREMISES (Ea occurrence)
	<b>AUTOMOBILE LIABILITY</b> <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)	\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						BODILY INJURY (Per person)	\$
	<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			N/A			BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COM/OP AGG	\$
							EACH OCCURRENCE	\$
							AGGREGATE	\$
							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)  
 Project: Electrical Service & Modify Distribution System ~ Glencliff Home-Eliminate Old Boiler Building  
 ~ Contract B #80811

<b>CERTIFICATE HOLDER</b>  State of New Hampshire Department of Administrative Services 7 Hazen Drive 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  Jim Harrison/BYM 
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