



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. 81091, Contract B

August 27, 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 Gerard A Laflamme, Inc (VC# 174091) Manchester, NH, for a total price not to exceed \$427,600 for Generators for Main Building, Thayer Building, 64 South Street, Concord, New Hampshire. This contract is effective upon Governor and Council approval through October 31, 2021, unless extended in accordance with the contract terms. **100% Capital - General Funds.**

2.) Further authorize the amount of \$30,000 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 \$457,600. **100% Capital-General Funds**

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

02-14-14-140030-71890000 19-146:1111C2-Emergency Back

034-500162 - Repair/Renovate Bldgs	\$ 356,600
034-500162 - DPW Fees	\$ <u>20,000</u>
Sub-Total	\$ 376,600

04-14-14-140030-71890000 19-146:111C4-Thayer Building

034-500162 – Repair/Renovate Bldgs	\$ 71,000
034-500162 – DPW Fees	<u>\$ 10,000</u>
Sub-Total	\$ 81,000
Grand Total	\$457,600

EXPLANATION

The scope of this project includes replacing and upgrading the electrical service at the Thayer Building and purchasing and installing emergency generators for the Main and Thayer buildings located at the State Office Park South as well as a generator at 64 South Street, Concord.

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.

Respectfully submitted,



Charles M. Arlinghaus,
Commissioner

Department Estimate:	\$386,500
Contract Amount:	<u>\$427,600</u>
Over Estimate:	\$41,150



ABC Bid Data

CONCORD
810918
NON-FEDERAL

PROJECT: CONCORD
STATE PROJECT NUMBER: 810918
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: July 08, 2020, 2:00 PM
SCOPE OF WORK: GENERATORS FOR MAIN BLDG, THAYER BLDG, 64 SO STREET
COMPLETION DATE: October 31, 2021
LOCATION: Merrimack

Certified by: _____

Summary of Bidders

Contractor	Bid Amount	Rank
LAFLAMME, INC. GERARD A. 100 HARVEY ROAD, PO BOX 5708, MANCHESTER NH 03108	\$427,600.00 ✓	A

Item 901: \$91,900.-
 902: \$123,700.-
 903: \$121,000.-
 904: \$51,000.-
 905: \$40,000.-

 Total = \$427,600.- ✓

BUREAU OF PUBLIC WORKS
 Award to La Flamme, Inc
 Hold for Negotiation
 Cancel Contract
 User Agency DAS
 Authorized by [Signature]
 Date 07132020



ABC Bid Data

CONCORD
81091B
NON-FEDERAL

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	GENERATOR AND ALL ASSOCIATED WORK FOR MAIN BUILDING	U	1.00	\$ 67,500.00	\$ 67,500.00	\$91,900.00	\$91,900.00
902	GENERATOR AND ALL ASSOCIATED WORK FOR THAYER BUILDING	U	1.00	\$ 112,000.00	\$ 112,200.00	\$123,700.00	\$123,700.00
903	GENERATOR AND ALL ASSOCIATED WORK FOR 64 SOUTH STREET	U	1.00	\$ 118,350.00	\$ 118,350.00	\$121,000.00	\$121,000.00
904	RELOCATE ELECTRICAL SERVICE THAYER BLDG	U	1.00	\$ 48,400.00	\$ 48,400.00	\$51,000.00	\$51,000.00
905	ALLOWANCE	\$	40,000.00	\$ 1.00	\$ 40,000.00	\$1.00	\$40,000.00
Totals:				\$386,450.00		\$427,600.00	
Alt. Totals:							
Totals:				\$386,450.00		\$427,600.00	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/2/2020

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 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 (AC, No, Ext): (603) 224-2562 FAX (AC, No): (603) 224-8012 E-MAIL ADDRESS: kmassey@rowleyagency.com
	INSURER(S) AFFORDING COVERAGE
INSURED Gerard A. Laflamme, Inc. P O Box 5706 Manchester NH 03108	INSURER A: Firemen's Ins Co of Wash. DC NAIC # 21784
	INSURER B: Acadia Insurance Company 31325
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

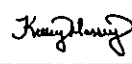
COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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 INSR	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 OTHER:	X		CPA023562422	12/19/2019	12/19/2020	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 <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X		CAA023562523	12/19/2019	12/19/2020	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	X		CUA023562822	12/19/2019	12/19/2020	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 PROD/COMP/OP/AGGREGATE \$ 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/A	WPA027786621	12/19/2019	12/19/2020	<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			CPA023562422	12/19/2019	12/19/2020	LIMIT: \$150,000
A	INSTALLATION FLOATER			CPA023562422	12/19/2019	12/19/2020	LIMIT: \$200,000

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

Re: New generator for main building, Thayer and 64 South Street, Concord, NH. PO# 81091, Contract B. Covering electrical operations of the named insured during the policy period. Cancellation provision: 30 days except 10 days for nonpayment of premium. State of New Hampshire, its agencies, and its agents, employees are additional insureds on all liability policies except workers' compensation where required by written contract. Additional insured with respect to the general liability includes 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 
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EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
07/15/2020

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) 224-2582	COMPANY NAME AND ADDRESS Acadia Insurance Company One Acadia Commons P.O. Box 9010 Westbrook ME 04098-5010		NAIC NO: 31325
FAX (A.C. No.): (603) 224-8012		E-MAIL ADDRESS: kmassey@rowleyagency.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE:		SUB CODE:		POLICY TYPE Installation/Builder Risk	
AGENCY CUSTOMER ID #: 00004812		NAMED INSURED AND ADDRESS Gerard A. Laflamme, Inc., State of NH- NH Department of Administrative Services c/o GA Laflamme PO Box 5706 Manchester NH 03108		LOAN NUMBER POLICY NUMBER CIM5445560	
ADDITIONAL NAMED INSURED(S) Any and All Subcontractors of any tier		EFFECTIVE DATE 07/15/2020		EXPIRATION DATE 07/15/2021	
		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED		THIS REPLACES PRIOR EVIDENCE DATED:	

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

LOCATION / DESCRIPTION Thayer Building Concord NH 03301	64 South Street NH 03301	Loc# 00001/Bldg# 00001
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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.

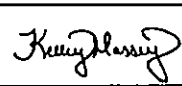
COVERAGE INFORMATION PERILS INSURED: BASIC BROAD SPECIAL

COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 427,600		DED: 1,000	
	YES	NO	N/A
<input type="checkbox"/> BUSINESS INCOME			
<input type="checkbox"/> RENTAL VALUE			
BLANKET COVERAGE		If YES, LIMIT: Actual Loss Sustained; # of months:	
TERRORISM COVERAGE		If YES, indicate value(s) reported on property identified above: \$	
<input checked="" type="checkbox"/> IS THERE A TERRORISM-SPECIFIC EXCLUSION?		Attach Disclosure Notice / DEC	
<input type="checkbox"/> IS DOMESTIC TERRORISM EXCLUDED?			
LIMITED FUNGUS COVERAGE		If YES, LIMIT: DED:	
FUNGUS EXCLUSION (If "YES", specify organization's form used)			
<input checked="" type="checkbox"/> REPLACEMENT COST			
<input type="checkbox"/> AGREED VALUE			
<input checked="" type="checkbox"/> COINSURANCE		If YES, %	
<input checked="" type="checkbox"/> EQUIPMENT BREAKDOWN (If Applicable)		If YES, LIMIT: DED:	
<input type="checkbox"/> ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		If YES, LIMIT: DED:	
<input type="checkbox"/> - Demolition Costs		If YES, LIMIT: DED:	
<input type="checkbox"/> - Incr. Cost of Construction		If YES, LIMIT: DED:	
<input checked="" type="checkbox"/> EARTH MOVEMENT (If Applicable)		If YES, LIMIT: 427,600 DED: 25,000	
<input checked="" type="checkbox"/> FLOOD (If Applicable)		If YES, LIMIT: 427,600 DED: 25,000	
<input type="checkbox"/> WIND / HAIL INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		If YES, LIMIT: DED:	
<input type="checkbox"/> NAMED STORM INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		If YES, LIMIT: DED:	
<input type="checkbox"/> 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.

ADDITIONAL INTEREST

<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 NH Department of Administrative Services 7 Hazen Drive - Room 250 Concord NH 03302			AUTHORIZED REPRESENTATIVE 

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AGENCY CUSTOMER ID: 00004812

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY THE ROWLEY AGENCY INC.		NAMED INSURED Gerard A. Laffamme, Inc.	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 28 FORM TITLE: Evidence of Commercial Property Insurance: Notes

Waiver of Subrogation is applicable when required by written contract.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/15/2020

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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 E-MAIL ADDRESS: kmassey@rowleyagency.com FAX (A/C, No): (603) 224-8012
	INSURER(S) AFFORDING COVERAGE INSURER A: Acadia Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED State of New Hampshire, NH Department of Administrative Services 7 Hazen Drive - Room 250 Concord NH 03302	

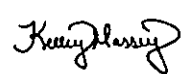
COVERAGES CERTIFICATE NUMBER: 20-21 Thayer REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADOL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners & Contractors Protective Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			OCP5446578-10	07/15/2020	07/15/2021	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 \$ \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/>						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						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)

Generators for main building, Thayer Building, 64 South Street, Concord, NH. Job No. 81091 Contract B.

CERTIFICATE HOLDER State of New Hampshire NH 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 
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