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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

VICKI V. QUIRAM
Commissioner
(603)-271-3201

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

Division of Public Works
Design and Construction
Project No. 80928R – Contract B

October 24, 2016

Her Excellency, Governor Margaret Wood Hassan
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 \$129,300, for the Marine Patrol Generator Replacement, at the New Hampshire Marine Patrol Headquarters, in Gilford, NH. This contract is effective upon Governor and Council approval through May 12, 2017, unless extended in accordance with the contract terms. **100% Other Funds (Navigation Safety Fund).**

2). Further authorize the amount of \$6,641 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 \$135,941. **100% Other Funds (Navigation Safety Fund).**

Funding is available in account titled Department of Safety as follows:

02-23-23-230030-79850000	NH Marine Patrol	<u>\$FY17</u>
034-500162	– Repair/Renovations Bldgs.	\$129,300
034-500162	– Interagency DPW Fees	<u>6,641</u>
Grand Total		\$ 135,941

EXPLANATION

Per Chapter 195: 2, I, D, Laws of 2013, as extended by Chapter 220:23, 94, Laws of 2015, for the New Hampshire Marine Patrol Headquarters. This project will replace a smaller electrical generator with one that is sized for the entire building load.

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The contractor has been pre-qualified by the Department of Transportation. The contract has been approved by the Attorney General as to form and substance, and the Department of Safety 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,

A handwritten signature in black ink, reading "Vicki V. Quiram". The signature is written in a cursive style with a large, prominent initial "V".

Vicki V. Quiram
Commissioner

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 80897R, Contract B – New Hampshire State Police Marine Patrol Generator Upgrade, Gilford, New Hampshire.

DESCRIPTION: This project replaces a smaller generator with one that is sized appropriately for the entire building electrical load.

EXPLANATION: Due to budgeting constraints the generator from the original marine patrol building was reused as part of the new marine patrol construction project. It is not large enough to support all the electrical loads for the building and it will only support the fire pump and life safety equipment.

The Marine Patrol facility is considered a mission critical facility and requires emergency electrical power to remain fully functional in the event of a power outage. Funding has become available to install a new generator that is large enough to provide emergency power for the entire facility.

UNDER ESTIMATE

EXPLANATION: The original estimate was based on input from a contractor who may have estimated high. It is within an expected range for an estimate.

DEPARTMENT

ESTIMATE: \$140,000
LOW BID: \$129,300



Division of Public Works

ABC Bid Data

GILFORD
80928R, Contract A
NON-FEDERAL

PROJECT: GILFORD
STATE PROJECT NUMBER: 80928R, Contract A
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: October 05, 2016, 02:00 PM
SCOPE OF WORK: Marine Patrol Generator Replacement
COMPLETION DATE: May 12, 2017
LOCATION: Belknap

Summary of Bidders

Contractor	Bid Amount	Rank
LAFLAMME, INC. GERARD A. 100 HARVEY ROAD, PO BOX 5706, MANCHESTER NH 03108	\$129,300.00	A

\$129,300.00

BUREAU OF PUBLIC WORKS

Award to Gerard A. LaFlamme, Inc
 Hold for Negotiation
 Cancel Contract
 User Agency POS
 Authorized by [Signature]
 Date 10/7/16

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

901	INSTALL A NEW GENERATOR AND ASSOCIATED WIRING	U	1.000	\$130,000.00	\$130,000.00	\$119,300.00	\$119,300.00
902	ALLOWANCE #1 (SEE SPECIFICATION SECTION 01200 FOR DESCRIPTION)	\$	10,000.000	\$1.00	\$10,000.00	\$1.00	\$10,000.00

Totals: **\$140,000.00** **\$129,300.00**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/17/2016

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. 139 Loudon Road P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Christine Holman, CPCU, CIC	
	PHONE (A/C, No. Ext): (603) 224-2562	FAX (A/C, No): (603) 224-8012
E-MAIL ADDRESS: cholman@rowleyagency.com		
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:		
INSURED Gerard A. Laflamme, Inc. P O Box 5706 Manchester NH 03108		

COVERAGES CERTIFICATE NUMBER: 15-16 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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			CPA023562419	12/19/2015	12/19/2016	EACH OCCURRENCE \$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						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			CAA023562517	12/19/2015	12/19/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS						BODILY INJURY (Per person) \$	
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per accident) \$
								PROPERTY DAMAGE (Per accident) \$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		CUA023562818	12/19/2015	12/19/2016	EACH OCCURRENCE \$ 5,000,000	
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 5,000,000	
							\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WPA027786616	12/19/2015	12/19/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A					E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$ 500,000
								E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Leased/Rented Equipment			CPA023562418	12/19/2015	12/19/2016	Limit: \$60,000	
A	Installation Floater			CPA023562418	12/19/2015	12/19/2016	Limit: \$100,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Marine Patrol Generator Replacement, Project Number 80928R, Contract A
 Certificate holder is included as an additional insured when required by written contract or agreement

CERTIFICATE HOLDER State of New Hampshire Department of Administrative Services 25 Capitol Street Concord, NH 03301	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 C Holman, CPCU, CIC/C <i>Christine Holman</i>
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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

10/17/2016

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 THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	PHONE (A/C, No, Ext): (603) 224-2562	COMPANY Liberty Mutual Ins Co (Peerless) 62 Maple Ave Keene NH 03431
FAX (A/C, No): (603) 224-8012	E-MAIL ADDRESS: cmasters@rowleyagency.co	
CODE: 8110236	SUB CODE:	
AGENCY CUSTOMER ID #: 00004812		
INSURED Gerard A. Laflamme, Inc. P O Box 5706 Manchester NH 03108	LOAN NUMBER	POLICY NUMBER IM102016
	EFFECTIVE DATE 10/20/2016	EXPIRATION DATE 4/20/2017
	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION

LOCATION/DESCRIPTION Loc# 00001/Bldg# 00001 31 Dock Road Gilford, NH 03249
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 New	130,000	1,000
flood / quake	130,000	25,000
transit	65,000	1,000
temporary storage	65,000	1,000

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 New Hampshire Dept of Administrative Services 25 Capitol Street Concord, NH 03301	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
LOAN #		
AUTHORIZED REPRESENTATIVE		
C Holman, CPCU, CIC/CH <i>Christie Holman</i>		

Additional Named Insureds

Other Named Insureds

Any and All Subcontractors

Nh Dept of Safety, Marine Patrol Div of St Police

State of New Hampshire, Dpt of Administrative Servi



CERTIFICATE OF LIABILITY INSURANCE

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10/17/2016

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PRODUCER THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Christine Holman, CPCU, CIC PHONE (A/C No. Ext): (603) 224-2562 FAX (A/C No): (603) 224-8012 E-MAIL ADDRESS: cholman@rowleyagency.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED State of New Hampshire, Department of Administrative c/o Gerard A. LaFlamme P.O. Box 5706 Manchester NH 03108	INSURER A: Acadia Insurance Company	NAIC # 31325
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: OCP - Gilford

REVISION NUMBER:

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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			OCP102016	10/20/2016	10/20/2017	EACH OCCURRENCE \$ 2,000,00
	<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) \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$ 3,000,000
							PRODUCTS - COMP/OP AGG \$
							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	EXCESS LIAB						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y	<input type="checkbox"/> N				OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

Marine Patrol Generator Replacement, Project Number 80928R, Contract A

CERTIFICATE HOLDER**CANCELLATION**

State of New Hampshire
 Department of Administrative Services
 25 Capitol Street
 Concord, NH 03301

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

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