



State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES

25 Capitol Street - Room 120
Concord, New Hampshire 03301

86 me

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. 80985R - Contract F

February 28, 2022

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 Ray's Electric and General Contracting Inc. (VC# 323734) Berlin, New Hampshire, for a total price not to exceed \$758,000 for the Construct Milan Salt Building, Milan, New Hampshire. This contract is effective upon Governor and Council approval through September 30, 2022, unless extended in accordance with the contract terms.

100% Highway Funds.

2). Further authorize the amount of \$49,800 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 \$807,800. **100%**

Highway Funds.

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

	<u>SFY22</u>
04-96-96-960030-13480000 19-146:2II E Statewide Salt	
034-500161 New Construction	<u>\$ 758,000</u>
Subtotal	\$ 758,000
04-96-96-960030-13480000 19-146:2II E Statewide Salt	
034-500161 New Construction - DPW Fees	<u>\$ 49,800</u>
Grand Total	\$ 807,800

EXPLANATION

This project will construct a new 3,520 square foot salt storage building to replace the existing salt shed at the Milan Patrol Station 106.

An assessment of the existing 1,350 square foot salt shed determined that it is structurally deficient and no longer holds the amount of salt necessary to properly maintain the State roadways. The new salt building will provide the additional storage capacity needed.

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 Transportation 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:	\$510,000
Contract Amount:	<u>\$758,000</u>
Over Estimate:	\$248,000

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 80985R, Contract F
Construct Salt Building, Milan, NH

DESCRIPTION: This project will construct a new 3,520 square foot salt storage building to replace the existing salt shed at the Milan Patrol Station 106.

EXPLANATION: An assessment of the existing 1,350 square foot salt shed determined that it is structurally deficient and no longer holds the amount of salt necessary to properly maintain the State roadways. The new salt building will provide the additional storage capacity needed.

OVER ESTIMATE

EXPLANATION: The Division's estimate for the building and sitework were based on pricing from previous salt storage building projects. However, the historical bid prices may not have adequately reflected the recent volatility in bid prices due to the COVID pandemic.

DEPARTMENT ESTIMATE:	\$ 510,000
LOW BID:	<u>\$ 758,000</u>
OVER ESTIMATE:	\$ 248,000



Division of Public Works

ABC Bid Data

MILAN
80985RF
NON-FEDERAL

PROJECT: MILAN
STATE PROJECT NUMBER: 80985RF
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: December 22, 2021,
SCOPE OF WORK: CONSTRUCT SALT BUILDING
COMPLETION DATE: September 30, 2022
LOCATION: Coos

Awarded To:

Amount: \$0.00

Award Date:

Certified by: _____

Director of Project Development

Summary of Bidders

Contractor

RAY'S ELECTRIC, & GENERAL CONTRACTING INC
PO BOX 597, BERLIN NH 03570

Bid Amount

Rank

\$758,000.00

A

BUREAU OF PUBLIC WORKS

☒ Award to Ray's Electric & General
☐ Hold for Negotiation Contracting, Inc.
☐ Cancel Contract
User Agency NH DOT
Authorized by [Signature]
Date 10/05/2022

Item # 901: \$ 597,000.-
Item # 902: \$ 131,000.-
Item # 903: \$ 30,000.-
Total = \$ 758,000.-



Division of Public Works

ABC Bid Data

MILAN
80985RF
NON-FEDERAL

Item No.	Description	Unit	Quantity	PS&E		RAY'S ELECTRIC, & GENERAL CONTRACTING INC PO BOX 597 BERLIN, NH 03570		Unit Price	Total
				Unit Price	Total	Unit Price	Total		

Items

901	CONSTRUCT SALT BUILDING	U	1.00	\$385,000.00	\$385,000.00	\$597,000.00	\$597,000.00		
902	ALL SITEWORK FOR SALT BUILDING	U	1.00	\$95,000.00	\$95,000.00	\$131,000.00	\$131,000.00		
903	ALLOWANCE FOR ADDITIONS FOR MODIFICATIONS TO THE CONTRACT	\$	30,000.00	\$1.00	\$30,000.00	\$1.00	\$30,000.00		
Totals:				\$510,000.00		\$758,000.00			
Alt. Totals:									
Totals:				\$510,000.00		\$758,000.00			

State of New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that RAY'S ELECTRIC AND GENERAL CONTRACTING, INC. is a New Hampshire Profit Corporation registered to transact business in New Hampshire on June 18, 1971. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 17837

Certificate Number: 0005337807



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 2nd day of April A.D. 2021.

A handwritten signature in cursive script, reading "Wm Gardner".

William M. Gardner
Secretary of State

Business Information

Business Details

Business Name:	RAY'S ELECTRIC AND GENERAL CONTRACTING, INC.	Business ID:	17837
Business Type:	Domestic Profit Corporation	Business Status:	Good Standing
Business Creation Date:	06/18/1971	Name in State of Incorporation:	Not Available
Date of Formation in Jurisdiction:	06/18/1971		
Principal Office Address:	33 JERICHO ROAD, BERLIN, NH, 03570, USA	Mailing Address:	PO BOX 597, BERLIN, NH, 03570, USA
Citizenship / State of Incorporation:	Domestic/New Hampshire		
		Last Annual Report Year:	2022
		Next Report Year:	2023
Duration:	Perpetual		
Business Email:	rays@raysnh.com	Phone #:	NONE
Notification Email:	rays@raysnh.com	Fiscal Year End Date:	NONE

Principal Purpose

S.No	NAICS Code	NAICS Subcode
1	OTHER / ELECTRICAL (1997 AR)	

Principals Information

Name/Title	Business Address
Denis Binette / Vice President	33 Jericho Road Po Box 597, Berlin, NH, 03570, USA
Denis Binette / Treasurer	33 Jericho Road Po Box 597, Berlin, NH, 03570, USA
Steven Binette / Director	33 Jericho Road Po Box 597, Berlin, NH, 03570, USA
Steven Binette / President	33 Jericho Road Po Box 597, Berlin, NH, 03570, USA
Francine Nichols / Secretary	33 Jericho Rd Po Box 597, Berlin, NH, 03570, USA

Page 1 of 1, records 1 to 5 of 5

Registered Agent Information

Name: Binette, Steven M

Registered Office 33 Jericho Road, Berlin, NH, 03570, USA
Address:

Registered Mailing 33 Jericho Road, Berlin, NH, 03570, USA
Address:

Trade Name Information

No Trade Name(s) associated to this business.

Trade Name Owned By

No Records to View.

Trademark Information

Trademark Number	Trademark Name	Business Address	Mailing Address
No records to view.			

[Filing History](#) [Address History](#) [View All Other Addresses](#) [Name History](#) [Shares](#)
[Businesses Linked to Registered Agent](#) [Return to Search](#) [Back](#)

NH Department of State, 107 North Main St. Room 204, Concord, NH 03301 -- [Contact Us](#)
[\(/online/Home/ContactUS\)](#)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/7/2022

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: Rachel Giunta PHONE (A/C, No, Ext): (603) 224-2562 FAX (A/C, No): (603) 224-8012 E-MAIL ADDRESS: rgiunta@rowleyagency.com
INSURED Ray's Electric and General Contracting, Inc. P.O. Box 597 Berlin NH 03570-0597	INSURER(S) AFFORDING COVERAGE INSURER A: Cincinnati Ins INSURER B: Eastern Alliance Insurance Group 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 <input checked="" type="checkbox"/> Contractual <input checked="" type="checkbox"/> X, C, U Hazards GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:			EPP0193760	5/14/2021	5/14/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits Liability \$ 1,000,000
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			EBA0386629	5/14/2021	5/14/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Underinsured motorist combined sir \$ 1,000,000
A	<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			EPP0193760	5/14/2021	5/14/2022	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 Products/Completed Ops \$ 3,000,000
B	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	3A States: NH 01-0000116962	5/14/2021	5/14/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Motor Truck Cargo			EPP0193760	5/14/2021	5/14/2022	Single Conveyance/\$1,000 Ded \$10,000
A	Inland Marine			EPP0193760	5/14/2021	5/14/2022	Leased/Rented Equipment \$100,000

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

Construct Salt Building 80985R, Covering operations usual to insured through out the policy term. The State of New Hampshire, its agencies, and its agents and employees are additional insureds when required by written contract.

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

Rachel Giunta/RG

Rachel A Giunta

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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
1/7/2022

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 Acadia Insurance Company One Acadia Commons P.O. Box 9010 Westbrook ME 04098-5010	
FAX (A/C, No): (603) 224-8012		E-MAIL ADDRESS: ryansimpson@rowleyagency.com			
CODE:		SUB CODE:			
AGENCY CUSTOMER ID#: 00007878		INSURED			
Ray's Electric and General Contracting, Inc. & State of NH Dep of Admin Services P.O. Box 597 Berlin NH 03570-0597		LOAN NUMBER		POLICY NUMBER CIM5435582	
		EFFECTIVE DATE 1/10/2022		EXPIRATION DATE 1/10/2023	
				<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:					

PROPERTY INFORMATION

LOCATION/DESCRIPTION Loc# 00001 32 State Garage Rd Milan, NH 03588
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	\$758,000	\$1,000
Job Specific Earthquake (C)		\$25,000
Job Specific Flood		\$25,000

REMARKS (Including Special Conditions)

Waiver of Subrogation Applies Named Insured also includes: Any & All Subcontractors Project: Milan Salt Shed, 80985R
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CANCELLATION

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ADDITIONAL INTEREST

NAME AND ADDRESS State of New Hampshire Department of Administrative Services 7 Hazen Drive Room 250 Concord, NH 03302	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE Rachel Giunta/RG <i>Rachel A Giunta</i>	

ACORD 27 (2009/12)

INS027 (200912).02

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1/14/2022

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INSURED State of New Hampshire Dept of Administrative Services PO Box 483 Concord NH 03302-0483	INSURER(S) AFFORDING COVERAGE INSURER A: Cincinnati Ins INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE 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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners & Contractors Protec GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ENP1979282	1/10/2022	1/10/2023	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 \$ OTHER \$
	AUTOMOBILE LIABILITY <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) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ OTHER \$
	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 <input type="checkbox"/>	N/A				PER STATUTE 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)

Construct Salt Building 80985R

CERTIFICATE HOLDER

CANCELLATION

State of New Hampshire
c/o Department of Administrative Services
7 Hazen Drive
Room 250
Concord, NH 03302

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AUTHORIZED REPRESENTATIVE

Rachel Giunta/RG

Rachel A Giunta

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ACORD 25 (2014/01)

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