



# State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES  
25 Capitol Street - Room 120  
Concord, New Hampshire 03301  
[Office@das.nh.gov](mailto:Office@das.nh.gov)

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. 81072, Contract B

November 18, 2019

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 Glover Plumbing & Heating Services (VC# 169898) Barrington, New Hampshire, for a total price not to exceed \$222,188, for the Temporary Boiler Removal at the Department of Justice, Concord, New Hampshire. This contract is effective upon Governor and Council approval through July 31, 2020, unless extended in accordance with the contract terms. **100% Capital - General Funds.**

2). Further authorize that a contingency in the amount of \$22,218 be approved for unanticipated site expenses for the Temporary Boiler Removal at DOJ, bringing the total to \$244,406. **100% Capital - General Funds.**

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

01-14-14-140030-71860000 Temporary Boiler,

034-500161 – New Construction	\$ 222,188
034-500162 – Contingency	<u>\$ 22,218</u>
Sub-Total	\$ 244,406
<b>Grand Total</b>	<b><u>\$244,406</u></b>

**EXPLANATION**

The scope of this project includes work in two phases. Phase 1 will be to disconnect and secure the two temporary boilers located at 33 Capitol Street in anticipation of their removal by the rental company by the end of January. Phase 2 includes work to remove the infrastructure, fencing and associated utilities to return the area to its original use.

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 along with the contract supplemental information sheet.

Respectfully submitted,



Charles M. Arlinghaus,  
Commissioner

Department Estimate: \$250,000  
Contract Amount: \$222,188  
Under Estimate: \$27,812

cc: Michael Connor, Admin. Services  
Beverly Kowalik, Division of Public Works

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 81072, Contract B  
Temporary Boiler Removal at DOJ

DESCRIPTION: The scope of this project includes work in two phases. Phase 1:- disconnect and secure the two temporary boilers located at 33 Capitol Street in anticipation of their removal by the rental company by the end of January. Phase 2: includes work to remove the infrastructure, fencing and associated utilities and to return the area to its original use.

EXPLANATION: New boilers are being designed and installed as part of another project. These new units are slated to be complete and on line to provide steam to the State House, State House Annex and State Library by the end of this year. As such, the temporary boilers currently located at DOJ will no longer be needed, and may be removed and returned to the rental company.

UNDER ESTIMATE

EXPLANATION: The low bidder cost is approximately 10 percent below the project estimate. This is within a typical margin of error when providing estimates for various projects.

DEPARTMENT

ESTIMATE: \$ 250,000

LOW BID: \$ 222,188



# ABC Bid Data

CONCORD  
81072B  
NON-FEDERAL

PROJECT: CONCORD  
STATE PROJECT NUMBER: 81072B  
FED. PROJECT NUMBER: NON-FEDERAL  
DATE BIDS OPEN: November 06, 2019, 2:00 PM  
SCOPE OF WORK: TEMPORARY BOILER REMOVAL AT DOJ  
COMPLETION DATE: July 31, 2020  
LOCATION: Merrimack

Certified by: \_\_\_\_\_  
Administrator

## Summary of Bidders

Contractor	Bid Amount	Rank
GLOVER PLUMBING & HEATING SERVICES LLC 2035 FRANKLIN PIERCE HWY, BARRINGTON NH 03825	\$222,188.00	A
NORTHERN PEABODY LLC 25 DEPOT STREET, MANCHESTER NH 03101	\$408,000.00	B

BUREAU OF PUBLIC WORKS  
 Award to Glover Plumbing & Heating Svs, LLC  
 Hold for Negotiation  
 Cancel Contract  
User Agency NH DAS  
Authorized by [Signature]  
Date 11/07/2019

Item No.	Description	Unit	Quantity	PS&E		GLOVER PLUMBING & HEATING SERVICES LLC 2035 FRANKLIN PIERCE HWY BARRINGTON, NH 03825		NORTHERN PEABODY LLC 25 DEPOT STREET MANCHESTER, NH 03101	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items

901	ALL WORK FOR PHASE 1 AS DESCRIBED IN SECTION 01100	U	1.00	\$50,000.00	\$50,000.00	\$52,412.00	\$52,412.00	\$35,000.00	\$35,000.00
902	ALL WORK FOR PHASE 2 AS DESCRIBED IN SECTION 01100	U	1.00	\$190,000.00	\$190,000.00	\$159,776.00	\$159,776.00	\$363,000.00	\$363,000.00
903	ALLOWANCE	\$	10,000.00	\$1.00	\$10,000.00	\$1.00	\$10,000.00	\$1.00	\$10,000.00
<b>Totals:</b>					<b>\$250,000.00</b>		<b>\$222,188.00</b>		<b>\$408,000.00</b>
<b>Alt. Totals:</b>									
<b>Totals:</b>					<b>\$250,000.00</b>		<b>\$222,188.00</b>		<b>\$408,000.00</b>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/15/2019

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 have ADDITIONAL INSURED provisions or 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> Avery Insurance 21 South Main Street PO Box 1510 Wolfeboro NH 03894-1510	<b>CONTACT NAME:</b> Jessica Hildreth <b>PHONE (A.C. No. Ext.):</b> (803) 589-2515 <b>FAX (A.C. No.):</b> (803) 569-4266 <b>E-MAIL ADDRESS:</b> jessicah@averyinsurance.net																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Motorists Insurance</td> <td>13331</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:	Motorists Insurance	13331	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:	
INSURER(S) AFFORDING COVERAGE		NAIC #																			
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INSURER D:																					
INSURER E:																					
INSURER F:																					
<b>INSURED</b> Glover Plumbing & Heating Service LLC 2035 Franklin Pierce Hwy Barrington NH 03825-7358																					

**COVERAGES**      **CERTIFICATE NUMBER:** CL187509001      **REVISION NUMBER:**

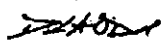
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 SUBR INSD 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 type="checkbox"/> LOC OTHER:	Y Y	5000032393	06/27/2019	06/27/2020	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 - COMPROP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	5000032393	06/27/2019	06/27/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured Motorist \$ 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      RETENTION \$	Y Y	5000032400	06/27/2019	06/27/2020	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
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 Y N/A	5000049654	06/27/2019	06/27/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Reference: Concord 81072B, Temporary Boiler Removal

Coverage as per terms and conditions of policy.  
 Workers Comp. 3A States: NH  
 David Glover is excluded from Workers Compensation coverage.  
 Where required by written contract, the State of New Hampshire, its agencies, agents, and employees are listed as additional insured. Waiver of subrogation applies, where allowed by State Statute.

<b>CERTIFICATE HOLDER</b> State of New Hampshire c/o Department of Administrative Services 7 Hazen Drive, Room 250 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 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/18/2019

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.

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<b>PRODUCER</b> Avery Insurance 21 South Main Street PO Box 1510 Wolfeboro NH 03894-1510	<b>CONTACT NAME:</b> Jessica Hildreth <b>PHONE (A/C, No, Ext):</b> (803) 589-2515 <b>E-MAIL ADDRESS:</b> jessicah@averyinsurance.net	<b>FAX (A/C, No):</b> (803) 589-4268
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> State of New Hampshire, Dept of Administrative Services c/o Glover Plumbing & Heating Service LLC 2035 Franklin Pierce Highway Barrington NH 03825	<b>INSURER A:</b> Motorists Insurance	<b>NAIC #</b> 13331
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

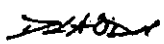
**COVERAGES**      **CERTIFICATE NUMBER:** CL19111809412      **REVISION NUMBER:**

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  <b>GEN'L AGGREGATE LIMIT APPLIES PER:</b> <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PROP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <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	Y/N	N/A			PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Owners & Contractors Protective		5000084998	11/15/2019	11/15/2020	Each Occurrence \$2,000,000 Aggregate \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Reference: Concord 81072B, Temporary Boiler Removal

Coverage as per terms and conditions of policy. Waiver of Subrogation applies, where allowed by State Statute.

<b>CERTIFICATE HOLDER</b> State of New Hampshire c/o Department of Administrative Services 7 Hazen Drive, Room 250 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.  <b>AUTHORIZED REPRESENTATIVE</b> 
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# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
11/19/2019

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.

<b>PRODUCER</b> Avery Insurance 21 South Main Street PO Box 1510 Wolfeboro NH 03894-1510	<b>CONTACT NAME:</b> Jessica Hildreth <b>PHONE (A/C, No, Ext):</b> (603) 569-2515 <b>E-MAIL ADDRESS:</b> jessicah@averyinsurance.net <b>PRODUCER CUSTOMER ID:</b> 00020869	<b>FAX (A/C, No):</b> (603) 569-4268
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Glover Plumbing & Heating Service LLC State of NH Dept of Administrative Services and all subcontractors 2035 Franklin Pierce Highway Barrington NH 03825	<b>INSURER A:</b> Acadia Insurance Co	<b>NAIC #</b> 31325
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** CP19111901658      **REVISION NUMBER:**

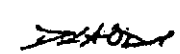
**LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
Project #: Concord, 81072B  
Loc#: 00001, 33 Capitol Street, Concord, NH, 03301

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
	<input type="checkbox"/> PROPERTY <input type="checkbox"/> CAUSES OF LOSS <input type="checkbox"/> DEDUCTIBLES <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL <input type="checkbox"/> EARTHQUAKE <input type="checkbox"/> WIND <input type="checkbox"/> FLOOD				<input type="checkbox"/> BUILDING <input type="checkbox"/> PERSONAL PROPERTY <input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> EXTRA EXPENSE <input type="checkbox"/> RENTAL VALUE <input type="checkbox"/> BLANKET BUILDING <input type="checkbox"/> BLANKET PERS PROP <input type="checkbox"/> BLANKET BLDG & PP	\$
A	<input checked="" type="checkbox"/> INLAND MARINE <input type="checkbox"/> CAUSES OF LOSS <input type="checkbox"/> NAMED PERILS <input checked="" type="checkbox"/> Special form	TYPE OF POLICY Inland Marine (C) POLICY NUMBER CIM 5419026	11/15/2019	11/15/2020	<input checked="" type="checkbox"/> Builders Risk	\$ 222,188
	<input type="checkbox"/> CRIME <input type="checkbox"/> TYPE OF POLICY					\$
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$

**SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Reference: Concord 81072B, Temporary Boiler Removal  
Coverage as per terms and conditions of the policy. Insurer waives any right of subrogation against any contractors, subcontractors, or other parties employed on the premises.

<b>CERTIFICATE HOLDER</b>  State of New Hampshire c/o Department of Administrative Services 7 Hazen Drive, Room 250 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 
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