DEC10'19 PH12:08 DAS



Charles M. Arlinghaus Commissioner (603) 271-3201 State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES 25 Capitol Street - Room 120 Concord, New Hampshire 03301 <u>Office@das.nh.gov</u>

> 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,

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

His Excellency, Governor Christopher T. Sununu and the Honorable Council November 18, 2019 Page 2 of 2

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,

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Charles M. Arlinghaus, Commissioner

Department Estimate:	\$250,000
Contract Amount:	\$ <u>222,188</u>
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

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PROJECT: STATE PROJECT NUMBER: FED. PROJECT NUMBER: DATE BIDS OPEN: SCOPE OF WORK: COMPLETION DATE: LOCATION:	CONCORD 810728 NON-FEDERAL November 06, 2019, 2:00 PM TEMPORARY BOILER REMOVAL AT DOJ July 31, 2020 Merrimack		Certified by:	
		Summary of Bidders		
Contractor			Bid Amount	Rank
	HEATING SERVICES LLC RCE HWY, BARRINGTON NH 03825		\$222,188.00	A
NORTHERN PEABODY 25 DEPOT STREET	LLC , MANCHESTER NH 03101		\$408,000.00	B

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Award	to Glover Plumbing Heating WCS, LLC	•
Hold fo	or Negotiation	
Cancel	Contract	
User Agency	NHDAS	
Authorized by	The	
Date	11072019	

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				P	PS&E GLOVER PLUMBING & HEATING SERVICES LLC 2035 FRANKLIN PIERCE HWY BARRINGTON, NH 03825		25 DEPC MANCHEST	PEABODY LLC DT STREET TER, NH 03101	
Item No.	Description	Unit	Quantity	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
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CERTIFICATE OF LIABILITY INSURANCE

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

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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. CERTIFICATE HOLDER CANCELLATION State of New Hampshire c/o Department of Administrative Services 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 Authorized Representative Authorized Representative Method and the time of Administrative Services Authorized Representative Method and the time of Administrative Services Authorized Representative Authorized Representative					•							
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CERTIFICATE HOLDER CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. State of New Hampshire c/o Department of Administrative Services Authorized Representative 7 Hazen Drive, Room 250 Concord NH 03302 JMJDJ				Hamp	shire, its agencies, agents, a	nd emplo	oyees are listed	d as additional	Insured. Waiver o	af		
State of New Hampshire SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE State of New Hampshire THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. ACCORDANCE WITH THE POLICY PROVISIONS. 7 Hazen Drive, Room 250 NH 03302 Concord NH 03302	subr	ogation applies, where allowed by State Sta	itute.									
State of New Hampshire SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE State of New Hampshire THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. ACCORDANCE WITH THE POLICY PROVISIONS. 7 Hazen Drive, Room 250 NH 03302 Concord NH 03302						CANC	ELLATION					
State of New Hampshire THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 7 Hazen Drive, Room 250 Authorized Representative Concord NH 03302						I_	•		·			
State of New Hampshire ACCORDANCE WITH THE POLICY PROVISIONS. c/o Department of Administrative Services Authorized Representative 7 Hazen Drive, Room 250 NH 03302	l											BEFORE
State of New Hampshire Authorized Representative c/o Department of Administrative Services Authorized Representative 7 Hazen Drive, Room 250 Authorized Representative Concord NH 03302		Claim of New Homeshine								- DELIVERED I		
7 Hazen Drive, Room 250 Concord NH 03302			e Serv	rices					,			
Concord NH 03302		·				AUTHO	RIZED REPRESE	NTATIVE			-	
					NH 03302				- ili			
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYY)

						11/10/2018			
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(les) 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).									
PRODUCER			CONTACT Jessica H						
Avery Insurance			PHONE (603) 5 (A/C, No, Ext): (603) 5 E-MAIL jessicab/	89-2515	FAX (A/C, No): (60	3) 569-4268			
21 South Main Street			E-MAIL ADDRESS: jessicah@	paveryinsurance	e.net				
PO Box 1510				SURER(S) AFFOR		NAIC #			
Wolfeboro		NH 03894-1510	·····	s Insurance		13331			
INSURED			INSURER B :						
State of New Hampshire, Dept of	f Administra	tive Services							
c/o Glover Plumbing & Heating		•	INSURER C :						
			INSURER D :						
2035 Franklin Pierce Highway		NH 03825	INSURER E :		<u></u>				
Barrington			INSURER F :		DEVENION NUMBER				
	TIFICATE I				REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUI CERTIFICATE MAY BE ISSUED OR MAY PERTA EXCLUSIONS AND CONDITIONS OF SUCH PO	REMENT, TE AIN, THE INS LICIES, LIMI	ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE	CONTRACT OR OTHER E POLICIES DESCRIBE REDUCED BY PAID C	R DOCUMENT I D HEREIN IS S LAIMS.	MITH RESPECT TO WHICH THIS				
INSR LTR TYPE OF INSURANCE	ADOL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DO/YYYY)	LIMITS				
COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE				
CLAIMS-MADE OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$	<u> </u>			
					MED EXP (Any one person) \$				
					PERSONAL & ADV INJURY \$				
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$				
					PRODUCTS - COMP/OP AGG \$				
					\$				
					COMBINED SINGLE LIMIT				
ANYAUTO					(Ea accident)				
			1		BODILY INJURY (Per accident) \$				
AUTOS ONLY AUTOS HIRED NON-OWNED					PROPERTY DAMAGE				
AUTOS ONLY AUTOS ONLY					(Per accident)				
┝━┼╾┼╾────┤╼╷└╌┯─────゠		· · ·							
					EACH OCCURRENCE \$				
EXCESS LIAB CLAIMS-MADE					AGGREGATE\$	<u> </u>			
DED RETENTION \$		<u> </u>			\$ STO				
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER				
	N/A				E.L. EACH ACCIDENT \$				
OFFICER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE \$				
If yes, describe under DESCRIPTION OF OPERATIONS below				l	E.L. DISEASE - POLICY LIMIT				
		·			Each Occurrence	\$2,000,000			
A Owners & Contractors Protective		5000084998	11/15/2019	11/15/2020	Aggregate	\$3,000,000			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLI	ES (ACORD 1	01, Additional Remarks Schedule,	may be attached if more s	pace is required)	•				
Reference: Concord 81072B, Temporary Boiler									
Coverage as per terms and conditions of policy.	Waiver of :	Subrogation applies, where a	llowed by State Statut	8.					
CERTIFICATE HOLDER		<u> </u>	CANCELLATION						
State of New Hampshire			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
c/o Department of Administrativ	e Services		AUTHORIZED REPRESE	NTATIVE	1				
7 Hazen Drive, Room 250									
Concord		NH 03302			Jostop .				

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CERTIFICATE OF PROPERTY INSURANCE

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

CI	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.											
PROC	UCE	R				CONTACT Jessica Hildreth						
l	-	surance			100, NO. 1201	03) 569-2515		FAX (A/C, No)	(603)	569-4266		
-		Main Street			ADDRESS: 100	slcah@averyinsuran	ica.n	et				
		1510			CUSTOMER ID:	0020869				r		
Wolf		O.		NH 03894-1510		INSURER(S) AFFOR	DINC	COVERAGE		NAIC #		
INSU					INSUREN N.	adla Insurance Co				51525		
			ling Service LLC		INSURER B :			· · · · ·		· · · ·		
		•		s and all subcontractors	INSURER C :	·····		······				
		Inklin Pierce Hig	gnway	NH 03825	INSURER D :							
Barr	ាឡូល	Д1 Д		NIT 03023	INSURER E :							
	æ0	AGES	i	CERTIFICATE NUMBER: CP1911190	INSURER F : 01658		RE	ISION NUMBER:				
	_			PERTY (Attach ACORD 101, Additional Remarks I								
Proj	ect #	: Concord, 810								1		
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	-	TYPE OF IN	SURANCE 1	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY		LIMITS		
LTR		PROPERTY	<u></u>				•	BUILDING	5			
	CAL	ISES OF LOSS	OEDUCTIBLES					PERSONAL PROPERTY	5			
	0.10	BASIC	BUILDING					BUSINESS INCOME	5			
		BROAD						EXTRA EXPENSE	s			
		SPECIAL	CONTENTS				<u> </u>	RENTAL VALUE	5			
		EARTHQUAKE						BLANKET BUILDING	5			
		WND	· —					BLANKET PERS PROP	5			
		FLOOD	·					BLANKET BLOG & PP	8			
								1	1			
									5			
	Х	INLAND MARINE	I	TYPE OF POUCY			X	Bullders Risk	\$ 222	,188		
	CAL	USES OF LOSS		Inland Marine (C)					5			
A		NAMED PERILS		POLICY NUMBER	11/15/2019	11/15/2020			5			
	X	Special form		CIM 5419026			<u> </u>		5			
		CRIME				:		· ·	\$			
	TYP	E OF POLICY					<u> </u>		5	. <u> </u>		
					` <u>.</u>	<u>_</u>	L					
		BOILER & MACH					<u> </u>		\$			
				· · ·	<u> </u>			ļ	\$			
	l		,				┣—	ł	3			
							I	l	\$			
Refe Cov	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.											
								-				
	TIE				CANCELLATI		_					
	CERTIFICATE HOLDER					OF THE ABOVE DE	F, NC	NBED POLICIES BE CA DTICE WILL BE DELIVE OVISIONS.		D BEFORE		
			artment of Adminis		AUTHORIZED REP	RESENTATIVE						
			Drive, Room 250					. / .				
		Concord	1 . 	NH 03302			_	Dit Opr		<u>.</u>		
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