73 mc

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. 81073, Contract B

January 13, 2021

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 $482,700, for Generators in District Courts in Conway, Jaffrey, Lebanon and Plymouth New Hampshire. This contract is effective upon Governor and Council approval through July 30, 2021, unless extended in accordance with the contract terms. **100% Capital - General Funds.**

2). Further authorize the amount of $18,000 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 $500,700. **100% Capital-General Funds**

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

02-14-14-140030-72010000 19-146:1IIID5-Generators

034-500162 – Repair/Renovate Bldgs	$ 482,700
034-500162 – DPW Fees	$ 18,000
GRAND TOTAL	**$ 500,700**

EXPLANATION

The scope of this project includes incorporating new automatic transfer switches and new standby generators into the existing electrical distribution systems at the District Courts in Plymouth, Conway, Jaffrey and Lebanon, NH.

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,

Joseph Boucher, Asst Comm.

Charles M. Arlinghaus,
Commissioner

Department Estimate:	$619,760
Contract Amount:	$482,700
Over Estimate:	$137,000

Division of Public Works

ABC Bid Data

STATEWIDE
81073B
NON-FEDERAL

PROJECT:	STATEWIDE	**Awarded To:**			
STATE PROJECT NUMBER:	81073B				
FED. PROJECT NUMBER:	NON-FEDERAL				
DATE BIDS OPEN:	September 30, 2020,				
SCOPE OF WORK:	GENERATORS-CONWAY, JAFFREY, LEBANON, PLYMOUTH	**Amount:**	$0.00	**Certified by:**	_____ Director of Project Development
COMPLETION DATE:	July 30, 2021	**Award Date:**			
LOCATION:	Grafton				

Summary of Bidders

Contractor	Bid Amount	Rank
LAFLAMME, INC. GERARD A. 100 HARVEY ROAD, PO BOX 5706, MANCHESTER NH 03108	$482,700.00	A
PROJECT RESOURCE GROUP LLC 237 PLEASANT POND ROAD, PO BOX 43, FRANCESTOWN NH 03043	$611,956.00	B

Item # 901: $427,700.00 ✓
Item # 902: 55,000.00 ✓
$482,700

BUREAU OF PUBLIC WORKS
✓ Award to Gerard A. LaFlamme, Inc.
_____ Hold for Negotiation
_____ Cancel Contract
User Agency NH DAS Courts
Authorized by _____
Date 10/21/2020

ABC Bid Data

Division of Public Works

STATEWIDE
81073B
NON-FEDERAL

Item No.	Description	Unit	Quantity	PSAE		LAFLAMME, INC. GERARD A. 189 HARVEY ROAD MANCHESTER, NH 03109		PROJECT RESOURCE GROUP LLC 237 PLEASANT POND ROAD FRANCESTOWN, NH 03043	
				Unit Price	Total	Unit Price	Total	Unit Price	Total
Items									
901	PERFORM ALL WORK AS INDICATED IN THE PLANS AND SPECIFICATIONS	U	1.00	$564,760.00	$564,760.00	$427,700.00	$427,700.00	$556,956.00	$556,956.00
902	ALLOWANCE FOR MODIFICATIONS AND/OR OWNER-INITIATED CHANGES	$	55,000.00	$1.00	$55,000.00	$1.00	$55,000.00	$1.00	$55,000.00
			Totals:		$619,760.00		$482,700.00		$611,956.00
81073B ALTERNATES									
ADD ALTERNATE 1									
991	ADD MAINTENANCE SERVICE CONTRACT INCREASE OF 3 YEARS (36 MONTHS)	U	1.00	$4,000.00	$4,000.00	$19,000.00	$19,000.00	$19,941.00	$19,941.00
ADD ALTERNATE 2									
992	ADD MAINTENANCE SERVICE CONTRACT INCREASE OF 5 YEARS (60 MONTHS)	U	1.00	$9,000.00	$9,000.00	$38,000.00	$38,000.00	$33,901.00	$33,901.00
			Alt. Totals:						
			Totals:		$619,760.00		$482,700.00		$611,956.00

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/3/2020

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	CONTACT NAME: Kelley Massey
THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	PHONE (A/C, No, Ext): (603)224-2562 FAX (A/C, No): (603)224-8012 E-MAIL ADDRESS: kmassey@rowleyagency.com
	INSURER(S) AFFORDING COVERAGE / NAIC #
INSURED	INSURER A: Citizens Insurance Company of America
Gerard A. Laflamme, Inc. P O Box 5706 Manchester NH 03108	INSURER B: Allmerica Financial Benefits Insurance INSURER C: Hanover Insurance Company 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	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [X] PRO-JECT [ ] LOC OTHER:	X		ZBVH461631-00	12/19/2020	12/19/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 300,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
B	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS	X		AMVH440920-00	12/19/2020	12/19/2021	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
C	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 0	X		UHVH462468-00	12/19/2020	12/19/2021	EACH OCCURRENCE AGGREGATE PROD/COMP OPS AGGREGATE	$ 10,000,000 $ 10,000,000 $ 10,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WHVH440919-00 3A STATES: NH, ME, VT	12/19/2020	12/19/2021	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 500,000 $ 500,000 $ 500,000
A	LEASED/RENTED EQUIPMENT			ZBVH461631-00	12/19/2020	12/19/2021	LIMIT	$150,000
A	INSTALLATION FLOATER			ZBVH461631-00	12/19/2020	12/19/2021	LIMIT	$200,000

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

Incorporate new automatic transfer switches and new standby generators into the existing electrical distribution systems at the District Courts in Plymouth, Conway, Jaffrey and Lebanon NH #81073, 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
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

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/30/2020

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PRODUCER	CONTACT NAME: Kelley Massey
THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	PHONE (A/C, No, Ext): (603) 224-2562 FAX (A/C, No): (603) 224-8012 E-MAIL ADDRESS: kmassey@rowleyagency.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A: Acadia Insurance Company — 31325
INSURED Gerard A. Laflamme, Inc.; State of New Hampshire, Dept. of Administrative Services; Any & All Subcontractors P O Box 5706 Manchester NH 03108	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES — CERTIFICATE NUMBER: 20-21 81073B - BR — 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	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ☐ NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N ☐ N/A						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	BUILDERS RISK			CIM5459858	11/2/2020	11/2/2021	LIMIT: $120,675	DED: $1,000
A	BUILDERS RISK			CIM5459721	11/2/2020	11/2/2021	LIMIT: $362,025	DED: $1,000

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

Incorporate new automatic transfer switches and new standby generators into the existing electrical distribution systems at the District Courts in Plymouth, Conway, Jaffrey and Lebanon NH #81073, Contract B.

CERTIFICATE HOLDER

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Department of Administrative Services
7 Hazen Drive, Room 250
Concord, NH 03302

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	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A: Acadia Insurance Company — 31325
INSURED State of New Hampshire c/o Department of Administrative Services 7 Hazen Drive, Room 250 Concord NH 03302-0483	INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** **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 CLAIMS-MADE [X] OCCUR [X] Owners & Contractors Protective Liability GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			OCP5459767-10	11/2/2020	12/30/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 2,000,000 $ $ $ $ 3,000,000 $
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [ ] N/A 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	$ $ $

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Kelley Massey/KCO