



State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES
OFFICE OF THE COMMISSIONER
25 Capitol Street – Room 120
Concord, New Hampshire 03301

28B
Jm

LINDA M. HODGDON
Commissioner
(603) 271-3201

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

Bureau of Public Works
Design and Construction
Project No. 80703R – Contract D

August 26, 2013

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

1). Authorize the Bureau of Public Works Design and Construction to enter into a contract with D. L. King & Associates, Inc.(VC# 168979) Nashua, NH, for a total price not to exceed \$339,875, for the Design/Build Fire Training Facility, Bethlehem, N. H. This contract is effective upon Governor and Council approval through January 31, 2014, unless extended in accordance with the contract terms. **100% Other- Fee Revenue.**

2). Further authorize the amount of \$18,285 be approved for payment to the Department of Administrative Services, Bureau of Public Works Design and Construction (VC# 177875), for engineering services provided, bringing the total to \$358,160. **100% Other- Fee Revenue.**

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

02-23-23-237010-33290000	North Country Fire Training (Fire & EMS Fund)	<u>SFY14</u>
034-500161	– New construction	\$ 339,875
034-500161	– Interagency Fees	<u>18,285</u>
	Grand Total	\$ 358,160

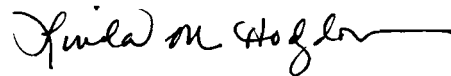
EXPLANATION

The project consists of furnishing all labor, material, tools, equipment, transportation and supervision necessary and required to design and construct a fire fighting simulator building in Bethlehem.

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 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, Bureau 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,



Linda M. Hodgdon
Commissioner

Department Estimate:	\$344,000
Contract Amount:	<u>\$339,875</u>
Under Estimate:	\$ 4,125

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80703R, Contract D – Low-Bid Design-Build Fire Fighting Simulator Building, Bethlehem.

DESCRIPTION: The project consists of furnishing all labor, material, tools, equipment, transportation and supervision necessary and required to design and construct a fire fighting simulator building in Bethlehem.

EXPLANATION: The Department of Safety currently provides one facility, located in Concord, for fire training programs. There is a large demand for this sole State facility, creating scheduling conflicts for the users. By providing another facility in Bethlehem, the demand for the current facility will decrease as will travel times for programs in northern NH.

UNDER
ESTIMATE

EXPLANATION: The Department's estimate is within 1% of the bid amount and is considered an acceptable difference.

DEPARTMENT

ESTIMATE: \$344,000

LOW BID: \$339,875

BIDDER SUMMARY

PROJECT NAME: Design-Build Fire Training Facility NON-FEDERAL 80703R-D
PROJECT NUMBER: 80703R-D
COUNTY: GRAFTON COUNTY 009
BID OPENING DATE: 08/15/2013
SCOPE OF WORK: DESIGN AND CONSTRUCT PRE-ENGINEERED FIRE TRAINING FACILITY
LOCATION: 660 TRUDEAU ROAD, BETHLEHEM, NH
COMPLETION DATE: 01/31/2014

BID RESULTS

A DL KING & ASSOCIATES INC (B001) - 27 TANGLEWOOD DR NASHUA, NH 03062-1044	\$	339,875.00
B HUTTER CONSTRUCTION CORP (B001) - PO BOX 257 NEW IPSWICH, NH 03071	\$	395,000.00
C MERIDIAN CONSTRUCTION CORP (B001) - 32 ARTISAN COURT 4 GILFORD, NH 03249	\$	483,571.00

BUREAU OF PUBLIC WORKS

Award to A-Bidder
 Hold for Negotiation \$ 339,875.00
 Cancel Contract
User Agency Dept. of Safety
Authorized by [Signature]
Date 8-16-13

ITEM NO.	DESCRIPTION	PS&E			A			B		
		UNIT QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL		
901.00	DESIGN PRE-ENGINEERED BUILDING & FOUNDATIONS	EA	\$ 12,500.00	\$ 12,500.00	\$ 8,000.00	\$ 8,000.00	\$ 21,650.00	\$ 21,650.00		
902.00	CONSTRUCT PRE-ENGINEERED BUILDING & FOUNDATIONS	EA	\$ 316,500.00	\$ 316,500.00	\$ 316,875.00	\$ 316,875.00	\$ 358,350.00	\$ 358,350.00		
903.00	ALLOWANCE FOR UNANTICIPATED CHANGES OR ADDITION:	\$	15,000.00	\$ 15,000.00	\$ 15,000.00	\$ 15,000.00	\$ 15,000.00	\$ 15,000.00		
				\$ 344,000.00		\$ 339,875.00		\$ 395,000.00		

ITEM NO.	DESCRIPTION	PS&E		C			
		UNIT QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	
901.00	DESIGN PRE-ENGINEERED BUILDING & FOUNDATIONS	EA	1.00	\$ 12,500.00	\$ 12,500.00	\$ 31,054.00	\$ 31,054.00
902.00	CONSTRUCT PRE-ENGINEERED BUILDING & FOUNDATIONS	EA	1.00	\$ 316,500.00	\$ 316,500.00	\$ 437,517.00	\$ 437,517.00
903.00	ALLOWANCE FOR UNANTICIPATED CHANGES OR ADDITION:	\$	15,000.00	\$ 1.00	\$ 15,000.00	\$ 1.00	\$ 15,000.00
					\$ 344,000.00		\$ 483,571.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/26/2013

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: Renee Skillings PHONE (A/C No. Ext.): (603) 224-2562 FAX (A/C No.): (603) 224-8012 E-MAIL ADDRESS: rskillings@rowleyagency.com																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Patriot Insurance</td> <td></td> <td>32069</td> </tr> <tr> <td>INSURER B: Star Insurance Company</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: Patriot Insurance		32069	INSURER B: Star Insurance Company			INSURER C:			INSURER D:			INSURER E:			INSURER F:	
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INSURER F:																					
INSURED D.L. King & Associates, Inc. 27 Tanglewood Drive Nashua NH 03062																					

COVERAGES CERTIFICATE NUMBER: 13-14 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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Prop Dmg Ded: \$5,000 GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		X	CPP6198700	9/3/2013	9/3/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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 <input checked="" 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			BA6198700	9/3/2013	9/3/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
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 \$ 10,000			CPP6198700	9/3/2013	9/3/2014	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
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 Y	WC0743843 3A: NH Officers Excluded: Donna & Arthur King Jr.	9/3/2013	9/3/2014	<input checked="" type="checkbox"/> WC STATU- TORY LIMITS <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				CPP6198700	9/3/2013	9/3/2014	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Project #80703R-D - New Construction of a D-B Fire Fighting Training Facility, 600 Trudeau Road, Bethlehem, NH 03574.

It is agreed and understood The State of NH Department of Administrative Services is included as additional insured with regard to general liability when required by written contract.

RECEIVED
AUG 27 2013

CERTIFICATE HOLDER (603) 271-6758 MDrouin@dot.state.nh.us State of New Hampshire Department of Administrative Services 7 Hazen Drive PO Box 483 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 Renee Skillings/RLS <i>Renee L. Skillings</i>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/22/2013

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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PRODUCER THE ROWLEY AGENCY INC. 139 Loudon Road P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Renee Skillings PHONE (A/C No. Ext): (603) 224-2562 FAX (A/C No.): (603) 224-8012 E-MAIL ADDRESS: rskillings@rowleyagency.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED State of NH; D.L. King & Associates, Inc. 27 Tanglewood Drive Nashua NH 03062	INSURER A: Great American	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** OCP #80703R-D **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	INSUR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			R03289-080713-29211	8/22/2013	8/22/2014	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X					MED EXP (Any one person) \$
	<input checked="" type="checkbox"/> Owners & Contractors Protective Liability						PERSONAL & ADV INJURY \$
	GENL AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 4,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC						PRODUCTS - COMPROP AGG \$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Per accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS DTH-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 \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Project #80703R-D - New Construction of a D-B Fire Fighting Training Facility, 600 ...
 Bethlehem, NH 03574.

RECEIVED
 AUG 27 2013

Bureau of Public Works

CERTIFICATE HOLDER (603) 271-6758 State of New Hampshire Department of Administrative Services 7 Hazen Drive PO Box 483 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 Renee Skillings/RLS <i>Renee L. Skillings</i>
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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
8/22/2013

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. 139 Loudon Road P.O. Box 511 Concord NH 03302-0511 PHONE (AG, No., Ext): (603) 224-2562		COMPANY Peerless Insurance Companies 62 Maple Ave Keene NH 03431	
FAX (AG, No.): (603) 224-8012 E-MAIL ADDRESS: ehorner@rowleyagency.com CODE: 8110236 SUB CODE:		LOAN NUMBER POLICY NUMBER BR08222013	
AGENCY CUSTOMER ID: 00007629 INSURED D.L. King & Associates, Inc., State of NH Dept of Admin Svcs; all subs on job 27 Tanglewood Drive Naahua NH 03062		EFFECTIVE DATE 8/22/2013	EXPIRATION DATE 8/22/2014
		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:			

PROPERTY INFORMATION

LOCATION/DESCRIPTION
 Loc# 00001/Bldg# 00001
 600 Trudeau Road
 Bethlehem, NH 03574
 Project #0703R-D - New Construction of a D-B Fire Fighting Training Facility

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 Construction (Special form)	339,875	1,000
Transit Limit	169,938	1,000
Temporary Storage limit	169,938	1,000
Soft Costs	50,000	1,000

REMARKS (Including Special Conditions)

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AUG 27 2013

Bureau of Public Works

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

NAME AND ADDRESS	<input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE	ADDITIONAL INSURED
	LOAN #	
	AUTHORIZED REPRESENTATIVE	
	Renee Skillings/RLS <i>Renee L. Skillings</i>	



CERTIFICATE OF LIABILITY INSURANCE

TRACBUI-01

MNOWAK

DATE (MM/DD/YYYY)
08/22/2013

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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PRODUCER Johnson Insurance Madison 525 Junction Road Madison, WI 53717	CONTACT NAME:		
	PHONE (A/C No. Exp): (608) 203-3880	FAX (A/C No.): (877) 254-8588	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Travelers Insurance	NAIC #: 40282
		INSURER B: Lexington Insurance Company	19437
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

INSURED
Trachte Building Systems Inc.; Fire Facilities, Inc.
314 Wilburn Rd
Sun Prairie, WI 53590-1469

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUP		Y6301026C731TIA	11/4/2012	11/4/2013	EACH OCCURRENCE \$ 1,000,000
						DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000
						MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 10,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
	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 (Per accident) \$
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (PER ACCIDENT) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$
						AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY JOINTLY OWNED/OPERATED/CONTROLLED BY (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A			WC STATUTORY LIMITS \$
B	Professional Liab		024647164	1/10/2013	1/10/2014	CL. EACH ACCIDENT \$
B	Professional Liab		024647164	1/10/2013	1/10/2014	E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
						Each Claim 1,000,000
						Aggregate 1,000,000

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

Project #30703R-D - New Construction of a D-B Fire Fighting Training Facility, 600 Trudeau Road, Bethlehem, NH 03574.
It is agreed and understood The State of NH Department of Administrative Services is included as additional insured with regard to general liability when required by written contract

RECEIVED

AUG 27 2013

CERTIFICATE HOLDER State of New Hampshire Department of Administrative Services 7 Hazen Drive PO Box 483 Concord, NH 03301	CANCELLATION Bureau of Public Works 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 <i>[Signature]</i>
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