



State of New Hampshire

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

61 [Signature]

LINDA M. HODGDON
Commissioner
(603) 271-3201

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

Bureau of Public Works
Design and Construction
Project No. 80768 – Contract B

September 17, 2014

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

REQUESTED ACTION

1). Authorize the Bureau of Public Works Design and Construction to enter into a contract with Meridian Construction Corp., (VC #157328) Gilford, NH, for a total price not to exceed \$999,400, for Main Building Window Replacement and ACM (Asbestos-Containing Material) & LBP (Lead-Based Paint) Removal, Concord, NH. This contract is effective upon Governor and Council approval through May 29, 2015, unless extended in accordance with the contract terms. **100% Capital - General Funds.**

2). Further authorize pursuant to 195:12, Laws of 2013, the amount of \$21,000 be approved for payment to the Department of Administrative Services, Bureau of Public Works Design and Construction (VC# 177875), Capital Clerk for oversight and engineering services provided, bringing the total to \$1,020,400. **100% Capital – General Funds.**

3). Further authorize the amount of \$1,824 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 \$1,022,224. **38% Federal Funds, 62% Transfer Funds.**

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

01-14-14-149030-12810000	Main Building Windows	<u>SFY15</u>
034-500162	– Repair/Renovations Bldgs.	\$ 387,036
01-14-14-149030-12790000	Main Building Abatement	
034-500162	– Repair/Renovations Bldgs.	\$ 454,100
034-500162	– Interagency BPW Fees	<u>21,000</u>
	Sub-Total	\$ 475,100

01-14-14-141510-20420000 Facilities – Assets Management

048-500162 – Contractual Maint. – Bldgs. & Grounds	\$ 55,000
048-500162 – Interagency BPW Fees	<u>684</u>

Sub-Total \$ 55,684

05-95-95-953010-56850000 Management Support

103-502664 – Contracts For Operational Services	\$ 103,264
103-502664 – Interagency BPW Fees	<u>1,140</u>

Sub-Total \$ 104,404

Grand Total \$1,022,224

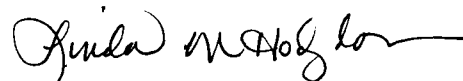
EXPLANATION

Per Chapter 195:1, II, C, 4, Laws of 2013 for Main Building Window Replacement Phase I and Chapter 195:, II, C, 3, Laws of 2013, for Main Building Asbestos Abatement/Lead Paint Control. Work of the project includes removal and replacement of windows, casings and trim, abatement of asbestos-containing materials (ACM) and lead-based paint (LBP), and installation of architectural finishes, as outlined on the plans and in the specifications.

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, 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: \$832,000
Contract Amount: \$999,400
Over Estimate: \$167,400

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80768, Contract B – Main Building Window Replacement and Asbestos-Containing Material Lead-Based Paint Removal, Concord.

DESCRIPTION: This project includes removing and replacing 260 windows, casings and trim, abatement of asbestos-containing materials (ACM), lead-based paint (LBP), and installation of architectural finishes, as outlined on the plans and in the specifications.

EXPLANATION: Abatement of these hazardous materials is necessary for employee and worker safety. Some of these areas are currently vacant with plans in the near future to occupy. Other areas are already occupied and need to be decontaminated to ensure healthy working conditions.

OVER ESTIMATE

EXPLANATION: The abatement portion of the work came in higher than estimated based on lead based paint removal costs.

DEPARTMENT

ESTIMATE: \$832,000

LOW BID: \$999,400

BIDDER SUMMARY

PROJECT NAME: MAIN BLDG WINDOW REPLACEMENT AND ACM & LBP REMOVAL NON-FEDERAL 80768-B
 PROJECT NUMBER: 80768-B
 COUNTY: MERRIMACK COUNTY 013
 BID OPENING DATE: 08/07/2014
 SCOPE OF WORK: REMOVAL AND REPLACEMENT OF WINDOWS, CASING AND ABATEMENT OF ACM AND LBP AND INSTALLATION OF ARCHITECTURAL FINISHES
 LOCATION: STATE OFFICE PARK SOUTH, CONCORD NH
 COMPLETION DATE: 05/29/2015

BID RESULTS

- A MERIDIAN CONSTRUCTION CORP (B001) - 32 ARTISAN COURT 4 GILFORD, NH 03249
- B PELLOWE CONSTRUCTION (B001) - PO BOX 1003 ALTON, NH 03809
- C MARTINI NORTHERN, LLC (B001) - 299 HANOVER ST PORTSMOUTH, NH 03801
- D DL KING & ASSOCIATES INC (B001) - 27 TANGLEWOOD DR NASHUA, NH 03062-1044
- E TURNSTONE CORP (B001) - 51 FRANKLIN ST MILFORD, NH 03055-3705

\$ 999,400.00 ACCEPTED
 \$ 1,026,608.00 ACCEPTED
 \$ 1,098,500.00 ACCEPTED
 \$ 1,198,500.00 ACCEPTED
 \$ 1,199,000.00 ACCEPTED

Item #1: \$ 379,900.
 Item #2: 37,200.
 Item #3: 144,500.
 Item #4: 374,300.
 Item #5: -35,000.
 Item #6: 28,500.
 \$ 999,400.

BUREAU OF PUBLIC WORKS
 Award to Meridian Const. Corp
 Hold for Negotiation
 Cancel Contract
 User Agency DAS/BFAM
 Authorized by [Signature]
 Date 08/21/2014

ITEM NO.	DESCRIPTION	PS&E			A		
		UNIT	QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
901.00	REMOVE AND REPLACE WINDOW RUMFORD, FISK, ADMIN, KIMBALL, CHANDLER	EA	1.00	\$ 285,000.00	\$ 285,000.00	\$ 379,900.00	\$ 379,900.00
902.00	REMOVE AND REPLACE WINDOW NORTH PAVILION	EA	1.00	\$ 40,000.00	\$ 40,000.00	\$ 37,200.00	\$ 37,200.00
903.00	REMOVE AND REPLACE WINDOW NORTH PAVILION WING	EA	1.00	\$ 167,000.00	\$ 167,000.00	\$ 144,500.00	\$ 144,500.00
904.00	ACM/LBP REMOVAL REPLACE CHANDLER AND RUMFORD	EA	1.00	\$ 276,500.00	\$ 276,500.00	\$ 374,300.00	\$ 374,300.00
905.00	ALLOWANCE #1 UNFORESEEN CONDITIONS WINDOW REPLACEMENTS	\$	35,000.00	\$ 1.00	\$ 35,000.00	\$ 1.00	\$ 35,000.00
906.00	ALLOWANCE #2 UNFORESEEN CONDITIONS ACM/LBP REMOVAL	\$	28,500.00	\$ 1.00	\$ 28,500.00	\$ 1.00	\$ 28,500.00
					\$ 832,000.00		\$ 999,400.00

ITEM NO.	DESCRIPTION	PS&E			B		
		UNIT	QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
901.00	REMOVE AND REPLACE WINDOW RUMFORD, FISK, ADMIN, KIMBALL, CHANDLER	EA	1.00	\$ 285,000.00	\$ 285,000.00	\$ 292,135.00	\$ 292,135.00
902.00	REMOVE AND REPLACE WINDOW NORTH PAVILION	EA	1.00	\$ 40,000.00	\$ 40,000.00	\$ 40,113.00	\$ 40,113.00
903.00	REMOVE AND REPLACE WINDOW NORTH PAVILION WING	EA	1.00	\$ 167,000.00	\$ 167,000.00	\$ 145,560.00	\$ 145,560.00
904.00	ACM/LBP REMOVAL REPLACE CHANDLER AND RUMFORD	EA	1.00	\$ 276,500.00	\$ 276,500.00	\$ 485,300.00	\$ 485,300.00
905.00	ALLOWANCE #1 UNFORESEEN CONDITIONS WINDOW REPLACEMENTS	\$	35,000.00	\$ 1.00	\$ 35,000.00	\$ 1.00	\$ 35,000.00
906.00	ALLOWANCE #2 UNFORESEEN CONDITIONS ACM/LBP REMOVAL	\$	28,500.00	\$ 1.00	\$ 28,500.00	\$ 1.00	\$ 28,500.00
					\$ 832,000.00		\$ 1,026,608.00

ITEM NO.	DESCRIPTION	PS&E			C		
		UNIT	QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
901.00	REMOVE AND REPLACE WINDOW RUMFORD, FISK, ADMIN, KIMBALL, CHANDLER	EA	1.00	\$ 285,000.00	\$ 285,000.00	\$ 395,000.00	\$ 395,000.00
902.00	REMOVE AND REPLACE WINDOW NORTH PAVILION	EA	1.00	\$ 40,000.00	\$ 40,000.00	\$ 45,000.00	\$ 45,000.00
903.00	REMOVE AND REPLACE WINDOW NORTH PAVILION WING	EA	1.00	\$ 167,000.00	\$ 167,000.00	\$ 165,000.00	\$ 165,000.00
904.00	ACM/LBP REMOVAL REPLACE CHANDLER AND RUMFORD	EA	1.00	\$ 276,500.00	\$ 276,500.00	\$ 430,000.00	\$ 430,000.00
905.00	ALLOWANCE #1 UNFORESEEN CONDITIONS WINDOW REPLACEMENTS	\$	35,000.00	\$ 1.00	\$ 35,000.00	\$ 1.00	\$ 35,000.00
906.00	ALLOWANCE #2 UNFORESEEN CONDITIONS ACM/LBP REMOVAL	\$	28,500.00	\$ 1.00	\$ 28,500.00	\$ 1.00	\$ 28,500.00
					\$ 832,000.00		\$ 1,098,500.00

ITEM NO.	DESCRIPTION	PS&E			D		
		UNIT	QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
901.00	REMOVE AND REPLACE WINDOW RUMFORD, FISK, ADMIN, KIMBALL, CHANDLER	EA	1.00	\$ 285,000.00	\$ 285,000.00	\$ 415,000.00	\$ 415,000.00
902.00	REMOVE AND REPLACE WINDOW NORTH PAVILION	EA	1.00	\$ 40,000.00	\$ 40,000.00	\$ 130,000.00	\$ 130,000.00
903.00	REMOVE AND REPLACE WINDOW NORTH PAVILION WING	EA	1.00	\$ 167,000.00	\$ 167,000.00	\$ 320,000.00	\$ 320,000.00
904.00	ACM/LBP REMOVAL REPLACE CHANDLER AND RUMFORD	EA	1.00	\$ 276,500.00	\$ 276,500.00	\$ 270,000.00	\$ 270,000.00
905.00	ALLOWANCE #1 UNFORESEEN CONDITIONS WINDOW REPLACEMENTS	\$	35,000.00	\$ 1.00	\$ 35,000.00	\$ 1.00	\$ 35,000.00
906.00	ALLOWANCE #2 UNFORESEEN CONDITIONS ACM/LBP REMOVAL	\$	28,500.00	\$ 1.00	\$ 28,500.00	\$ 1.00	\$ 28,500.00
					\$ 832,000.00		\$ 1,198,500.00

ITEM NO.	DESCRIPTION	PS&E			E		
		UNIT	QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
901.00	REMOVE AND REPLACE WINDOW RUMFORD, FISK, ADMIN, KIMBALL, CHANDLER	EA	1.00	\$ 285,000.00	\$ 285,000.00	\$ 320,000.00	\$ 320,000.00
902.00	REMOVE AND REPLACE WINDOW NORTH PAVILION	EA	1.00	\$ 40,000.00	\$ 40,000.00	\$ 62,500.00	\$ 62,500.00
903.00	REMOVE AND REPLACE WINDOW NORTH PAVILION WING	EA	1.00	\$ 167,000.00	\$ 167,000.00	\$ 173,000.00	\$ 173,000.00
904.00	ACM/LBP REMOVAL REPLACE CHANDLER AND RUMFORD	EA	1.00	\$ 276,500.00	\$ 276,500.00	\$ 580,000.00	\$ 580,000.00
905.00	ALLOWANCE #1 UNFORESEEN CONDITIONS WINDOW REPLACEMENTS	\$	35,000.00	\$ 1.00	\$ 35,000.00	\$ 1.00	\$ 35,000.00
906.00	ALLOWANCE #2 UNFORESEEN CONDITIONS ACM/LBP REMOVAL	\$	28,500.00	\$ 1.00	\$ 28,500.00	\$ 1.00	\$ 28,500.00
					\$ 832,000.00		\$ 1,199,000.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/22/2014

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 CROSS INSURANCE - LACONIA 155 Court Street Laconia NH 03246	CONTACT NAME: Sarah Cullen, AINS ACSR
	PHONE (A/C No. Ext): (603) 524-2425 FAX (A/C No): (603) 524-3666 E-MAIL ADDRESS: scullen@crossagency.com
INSURED Meridian Construction Corp. 32 Artisan Court, Unit #4 Gilford NH 03249	INSURER(S) AFFORDING COVERAGE
	INSURER A: Travelers Ins. Co.
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: CL13102995999 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			DTCO7531M035COF13	10/31/2013	10/31/2014	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 - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			DT8108282M208COF13	10/31/2013	10/31/2014	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			DTSMCUP8282M21ATIL13	10/31/2013	10/31/2014	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ 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)
Re: Main Building Window Replacement and ACM & LBP Removal, Job #80768 Contract B - 105 Pleasant Street, Concord, NH

State of New Hampshire, Department of Administrative Services is an additional insured for ongoing operations performed by or on behalf of Meridian Construction Corp when required in a written contract.

CERTIFICATE HOLDER State of New Hampshire Department of Administrative Services PO Box 483 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 S Cullen, AINS, ACSR/ <i>Sarah Cullen</i>

Client#: 1005262

MERIDCON6

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/25/2014

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: USI Insurance Solutions, LLC, PO Box 3600, West Springfield, MA 01090-3600. CONTACT NAME: Kelly Grahn, PHONE: 978-983-6827, FAX: 978-688-5340, E-MAIL ADDRESS: Kelly.Grahn@usi.biz. INSURER(S) AFFORDING COVERAGE: ABC NH WORKERS COMP SIG, Inc, NAIC #: 99999.

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes sections for General Liability, Automobile Liability, Umbrella Liab, Excess Liab, and Workers Compensation.

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

Proof of NH Workers Compensation Coverage. Job: 80768 Contract B, Main Building Replacement and ACM & LBP Removal.

CERTIFICATE HOLDER: State of New Hampshire, Department of Administrative Services, PO Box 483, Concord, NH 03302-0483. 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: E. Smith

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/22/2014

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 CROSS INSURANCE - LACONIA 155 Court Street Laconia NH 03246	CONTACT NAME: Sarah Cullen, AINS, ACSR PHONE (A/C No. Ext): (603) 524-2425 E-MAIL ADDRESS: scullen@crossagency.com	FAX (A/C No.): (603) 524-3666
	INSURER(S) AFFORDING COVERAGE	
INSURED State of NH - Dept of Administrative Services c/o Meridian Construction Corp. 32 Artisan Court, Unit #4 Gilford NH 03249	INSURER A: Travelers Indemnity Co NAIC # 25658	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER: CL1482517564** **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			PRS-7E055870-IND	8/22/2014	8/22/2015	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$
	<input checked="" type="checkbox"/> Owners & Contractors						PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$ 3,000,000
							PRODUCTS - COMP/OP AGG \$
							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea 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 \$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE \$
		<input type="checkbox"/> CLAIMS-MADE					\$
	DED	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> 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)
Re: Main Building Window Replacement and ACM & LBP Removal

CERTIFICATE HOLDER State of New Hampshire Department of Administrative Services PO Box 483 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 J Bagley, CIC/JB8 <i>Jance Bagley</i>



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
8/22/2014

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 CROSS INSURANCE - LACONIA 155 Court Street Laconia NH 03246	PHONE (A/C, No, Ext): (603) 524-2425	COMPANY Peerless Ins Co 175 Running Hill Road Suite 1A South Portland ME 04106
FAX (A/C, No): (603) 524-3666	E-MAIL ADDRESS:	
CODE:	SUB CODE:	
AGENCY CUSTOMER ID #: 00177919		
INSURED State of NH - Dept of Administrative Services c/o Meridian Construction Corp 32 Artisan Court, Unit #4 Gilford NH 03249	LOAN NUMBER	POLICY NUMBER IM8997418
	EFFECTIVE DATE 8/22/2014	EXPIRATION DATE 8/22/2015
	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION

LOCATION/DESCRIPTION 105 Pleasant Street, Concord, NH

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
Builders Risk, RC, Special Form	999,400	1,000

REMARKS (Including Special Conditions)

Re: Main Building Window Replacement and ACM & LBP Removal

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	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
LOAN #		
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