

JUN09'16 PM12:12 393



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

VICKI V. QUIRAM  
Commissioner  
(603)-271-3201

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

Division of Public Works  
Design and Construction  
Project No. 80881R – Contract B

May 17, 2016

Her Excellency, Governor Margaret Wood Hassan  
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 Meridian Construction Corporation (VC# 157328) Gilford, NH, for a total price not to exceed \$600,123, for renovations at two (2) Department of Safety Troop Stations – Epping and Tamworth, New Hampshire. This contract is effective upon Governor and Council approval through December 1, 2016, unless extended in accordance with the contract terms. **100% Capital Funds.**

2). Further authorize the amount of \$28,000 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC# 177875), for engineering services provided, bringing the total to \$628,123. **74.63% Capital Funds, 17.05% General Funds and 8.32% Highway Funds.**

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

02-23-23-230030-82840000	Troop A HVAC and Remodel and Troop E HVAC	
		<u>SFY16</u>
034-500162	– Repair/Renovations Bldgs.	\$600,123
034-500162	– Interagency BPW Fees	<u>20,896</u>
	Sub-Total	\$ 621,019

02-23-23-234015-40100000 Enforcement

103-500736 – Interagency BPW Fees \$ 7,104

**Grand Total \$628,123**

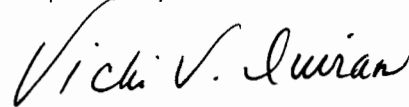
**EXPLANATION**

Per Chapter 220:2, II, B, Laws of 2015, for Troop 'A' HVAC and remodel and HVAC at Troop 'E'. This project will complete renovations at Epping Troop 'A' and Tamworth Troop 'E' stations with three (3) new HVAC systems in Epping and complete renovations in the basement, and the installation of a new HVAC system in Tamworth.

The contractor has been pre-qualified by the Department of Transportation. The contract has been approved by the Attorney General as to form and substance, 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, 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,



Vicki V. Quiram  
Commissioner

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80881R, Contract B – Renovate Two (2) Department of Safety Troop Stations – Epping/Tamworth, NH.

DESCRIPTION: Renovations at Epping Troop 'A' and Tamworth Troop 'E' Stations. Install new HVAC systems in Epping and perform a complete renovation of the basement in Tamworth including the installation of a new HVAC system.

EXPLANATION: The HVAC systems in Epping and Tamworth have reached their limit and need to be replaced.

OVER ESTIMATE

EXPLANATION: The cost of the split systems was higher than expected. As a result we negotiated with the contractor to keep the project within budget. As part of the negotiated contract, the Dept. of Safety agreed to complete the demolition work in the Troop A basement with their own forces. In Tamworth, we have agreed to omit the removal of the existing fuel oil tank. In Tamworth, we are also deleting the requirement to install ductless cooling systems and we are installing cooling coils in the hot air furnaces instead to provide cooling.

DEPARTMENT

ESTIMATE: \$595,000

LOW BID: \$600,123 (Negotiated)

**BIDDER SUMMARY**

PROJECT NAME: **80881R-B RENO 2 DOS TROOP STATIONS-EPPING/TAMWORTH NON-FEDERAL 80881R-B**  
 PROJECT NUMBER: **80881R-B**  
 COUNTY: STATEWIDE  
 BID OPENING DATE: 02/10/2016  
 SCOPE OF WORK: EPPING TROOP A:  
 LOCATION: 315 CALEF HIGHWAY, ROUTE 125, TROOP A, EPPING 1864 WHITE MOUNTAIN HIGHWAY,  
 ROUTE 16, TROOP E, TAMWORTH  
 COMPLETION DATE: 12/01/2016

**BID RESULTS**

A MERIDIAN CONSTRUCTION CORP (B001) - 32 ARTISAN COURT 4 GILFORD, NH 03249	\$ 681,800.00	ACCEPTED
B CHARTERS BROTHERS CONSTRUCTION LLC - 27 MAIN STREET DANVILLE, NH 03819	\$ 817,575.00	ACCEPTED
C DL KING & ASSOCIATES INC (B001) - 27 TANGLEWOOD DR NASHUA, NH 03062-1044	\$ 890,000.00	ACCEPTED
D SMART ATI (ASSISTIVE TECHNOLOGIES LLC) - 16 WHITEHALL ROAD STE 2 ROCHESTER, NH 03867	\$ 904,034.39	ACCEPTED

*Item 901 - \$417,898.00 -  
 Item 902 - \$157,225.00 -  
 Item 903 - \$301,000.00 -  
 Negotiated to \$600,000.00*

BUREAU OF PUBLIC WORKS

Award to Meridian Const. Corp  
 Hold for Negotiation  
 Cancel Contract  
 User Agency Safety  
 Authorized by [Signature]  
 Date 05/03/2016

ITEM NO.	DESCRIPTION	UNIT QUANTITY	UNIT PRICE	TOTAL	PS&E	UNIT PRICE	TOTAL	A	UNIT PRICE	TOTAL
901.00	RENOVATIONS AT EPPING TROOP A PER SPECS AND PLANS	1.00	\$ 400,000.00	\$ 400,000.00			\$ 400,000.00		\$ 453,700.00	\$ 453,700.00
902.00	RENOVATIONS AT TAMWORTH TROOP E PER SPECS AND PLANS	1.00	\$ 165,000.00	\$ 165,000.00			\$ 165,000.00		\$ 198,100.00	\$ 198,100.00
903.00	ALLOWANCE 1 OWNER CHANGES OR UNKNOWN CONDITIONS PER SPEC SECTION 01200	\$ 30,000.00	\$ 1.00	\$ 30,000.00			\$ 30,000.00		\$ 1.00	\$ 30,000.00
							\$ 595,000.00			\$ 681,800.00

ITEM NO.

DESCRIPTION

901.00 RENOVATIONS AT EPPING TROOP A PER SPECS AND PLANS  
902.00 RENOVATIONS AT TAMWORTH TROOP E PER SPECS AND PLANS  
903.00 ALLOWANCE 1 OWNER CHANGES OR UNKNOWN CONDITIONS PER SPEC SECTION 01200

PS&E

B

UNIT	QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
EA	1.00	\$ 400,000.00	\$ 400,000.00	\$ 545,325.00	\$ 545,325.00
EA	1.00	\$ 165,000.00	\$ 165,000.00	\$ 242,250.00	\$ 242,250.00
\$	30,000.00	\$	\$ 30,000.00	\$	\$ 30,000.00
			\$ 595,000.00		\$ 817,575.00

ITEM NO.	DESCRIPTION	UNIT QUANTITY	UNIT PRICE	TOTAL	PS&E	UNIT PRICE	TOTAL	C	UNIT PRICE	TOTAL
901.00	RENOVATIONS AT EPPING TROOP A PER SPECS AND PLANS	1.00	\$ 400,000.00	\$ 400,000.00			\$ 400,000.00		\$ 600,000.00	\$ 600,000.00
902.00	RENOVATIONS AT TAMWORTH TROOP E PER SPECS AND PLANS	1.00	\$ 165,000.00	\$ 165,000.00			\$ 165,000.00		\$ 260,000.00	\$ 260,000.00
903.00	ALLOWANCE 1 OWNER CHANGES OR UNKNOWN CONDITIONS PER SPEC SECTION 01200	30,000.00	\$	\$		1.00	\$ 30,000.00		\$	\$ 30,000.00
							\$ 595,000.00			\$ 890,000.00

ITEM NO.	DESCRIPTION	PS&E		D	
		UNIT QUANTITY	UNIT PRICE	UNIT PRICE	TOTAL
901.00	RENOVATIONS AT LEPPING TROOP A PER SPECS AND PLANS	EA 1.00	\$ 400,000.00	\$ 563,761.55	\$ 563,761.55
902.00	RENOVATIONS AT TAMWORTH TROOP E PER SPECS AND PLANS	EA 1.00	\$ 165,000.00	\$ 310,272.84	\$ 310,272.84
903.00	ALLOWANCE 1 OWNER CHANGES OR UNKNOWN CONDITIONS PER SPEC SECTION 01200	\$ 30,000.00	\$ 1.00	\$ 30,000.00	\$ 30,000.00
				\$ 595,000.00	\$ 904,034.39



- ❖ General Contractors
- ❖ Construction Managers
- ❖ Design/Builders



David Goulet  
 State of New Hampshire  
 Department of Administrative Services  
 Bureau of Public Works Design & Construction  
 P.O. Box 483  
 Concord, New Hampshire 03302-0483

February 29, 2016  
 Revised March 16, 2016  
 Revised March 23, 2016  
 Revised April 8, 2016

RE: Letter of Negotiation #4 – Post Bid De-Scope – FINAL AGREEMENT  
 Project: Epping and Tamworth, DOS Troop Station Renovations

**RECEIVED**

DOT Project No.: 80881R-B

APR 20 2016

Dear Mr. Goulet,

**Bureau of Public Works**

I have received your email dated March 29, 2016 requesting the following de-scope items which allows you to reach your budget. Meridian agrees to the following changes in scope:

**PART 1 : ACCEPTED BY NHDOT BPW**

- |    |               |   |        |             |
|----|---------------|---|--------|-------------|
| 1. | D1.0 Epping:  | State will complete 100% of the demo except the chimney and cutting/patching of basement floor for plumbing.                  | Deduct | \$9,317.00  |
| 2. | M-1 Epping:   | State will demo all mechanical work, duct work, and two Condensers with concrete pad. Contractor to make safe all electrical. | Deduct | \$1,040.00  |
| 7. | M-6 Tamworth: | The existing oil tank will stay in the ground. All inside piping will remain. Fuel will be transferred by State.              | Deduct | \$10,430.00 |

**Subtotal PART 1 Deduct: \$20,787.00**

**PART 2: ACCEPTED BY NHDOT BPW:** are the changes proposed by Meridian and it's subcontractor EJC Mechanical as outlined below. EJC Mechanical proposes changes that apply to both buildings per the attached drawings.

- Delete combination boiler & domestic water heater:
- Delete Mitsubishi ductless systems:
- Delete EF-1 & EF-2 and associated ductwork:
- Remove all existing oil furnaces, lines and water heaters
- Furnish and install high efficiency (propane) condensing furnaces and air-cooled condenser units ( 120 MBH furnaces and 5 Tons AC units)
- Remove & replace existing attic AC units
- Reuse existing distributions ductwork, clean and fix existing insulation as needed
- Furnish and install new supply diffusers and return grilles
- Install fresh air intake to all new furnaces
- Install new 20 gallons direct-fired condensing water heater (1 per building)
- Reuse existing power circuit to demolished furnaces and outdoor heat pumps on new propane furnace and outdoor AC units
- Furnish and install Panasonic bathroom exhaust fan, associated ductwork and wall cap
- New propane lines to furnaces and water heaters
- Electrical changes as required for equipment changes

**Subtotal PART 2 Deduct: \$60,890.00**

ORIGINAL BID DAY LUMP SUM GRAND TOTAL: \$681,800.00  
Subtotal PART 1 Deduct: \$20,787.00  
Subtotal PART 2 Deduct: \$60,890.00  
NEW NEGOTIATED CONTRACT AMOUNT: \$600,123.00

The State of NH agrees to allow Meridian 160 calendar days from the "Notice to Proceed" to meet the Interim Project completion date for the AHU's installation and operation. The State of NH agrees to allow Meridian 230 calendar days from the "Notice to Proceed" for final Project Completion.

The time period between the original Interim Completion date: September 19, 2016 and the new Interim Completion date [when ability to calculate exists] may require temporary heating. The State of NH agrees to pay for any such measures in providing temporary heat, whether handled in-house or by the contractor.

The new scope of work has been reviewed and approved by the State of NH and WV Engineering who remains the engineer of record. The approved changes, attached exhibits, and revised VE drawings dated April 8, 2016 are now incorporated as a part of this contract. Due to the number of VE changes to the original drawings, this letter shall take precedence over any work shown on the original drawings by WV Engineering.

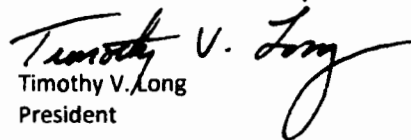
For accounting purposes only: [new breakdown of bid items]

Epping	\$412,898.00	
Tamworth	\$157,225.00	
Allowance	\$30,000.00	
Lump Sum	\$600,123.00	GRAND TOTAL AWARD OF THE NEGOTIATED CONTRACT

We look forward to working with you on this project.  
Please do not hesitate to contact this office with any questions or comments that you may have.

This proposal shall remain valid for 60 days, allowing time for G&C approval.

Respectfully Submitted,  
Meridian Construction Corporation

  
Timothy V. Long  
President

**RECEIVED**

APR 20 2016

Bureau of Public Works



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/9/2016

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 <b>CROSS INSURANCE - LACONIA</b> 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		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Fireman's Ins. Co. of Washington		
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES CERTIFICATE NUMBER: CL1511654763 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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPA5221144-10	10/31/2015	10/31/2016	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	<input checked="" type="checkbox"/> 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			CAA5221145-10	10/31/2015	10/31/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$			CUA5221146-10	10/31/2015	10/31/2016	OCCUR CLAIMS-MADE 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		Y/N N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Project: Renovations at (2) DOS Troop Stations (Contract B) (#80881R)

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

<b>CERTIFICATE HOLDER</b>  State of New Hampshire D.O.T Finance & Contracts John O Morton Building 7 Hazen Drive, PO Box 483 Concord, NH 03301	<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  S Cullen, AINS, ACSR/ <i>Sarah Cullen</i>

© 1988-2014 ACORD CORPORATION. All rights reserved.

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).

<b>PRODUCER</b> USI Insurance Solutions LLC 123 Interstate Drive West Springfield, MA 01089 855 874-0123	<b>CONTACT NAME:</b> Lisa M. O'Neil <b>PHONE (A/C, No, Ext):</b> 413-750-4256 <b>E-MAIL ADDRESS:</b> lisa.oneil@usi.biz	<b>FAX (A/C, No):</b> 610-537-4670
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Meridian Construction Corp 32 Artisan Court, Unit#4 Gilford, NH 03249	<b>INSURER A:</b> ABC NH WORKERS COMP SIG, Inc	<b>NAIC #</b> 99999
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	


**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 INSR	SUBR 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  GEN'L AGGREGATE LIMIT APPLIES PER: <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 - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <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 (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>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	ABC00401516	01/01/2016	01/01/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L EACH ACCIDENT \$1,000,000 E.L DISEASE - EA EMPLOYEE \$1,000,000 E.L DISEASE - POLICY LIMIT \$1,000,000

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

**Proof of New Hampshire Workers' Compensation Coverage**  
**Project Name: Renovations at Two DOS Troop Stations at Epping and Tamworth**  
**Project Number and Contract Letter: 80881R Contract B**

<b>CERTIFICATE HOLDER</b> NH Department of Administrative Services Contract Office, Room 130 7 Hazen Drive Concord, NH 03302-0483	<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 
---	--



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/9/2016

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 State of New Hampshire D.O.T. Finance & C/O Meridian Construction Corp. 32 Artisan Court, Unit #4  Gilford NH 03249	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: W.R. Berkley Corporation	31325
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: CL1651071887 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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners & Contractors			OCP5258152-10	5/9/2016	6/1/2017	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ OTHER: \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	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 (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER: \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ OTHER: \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 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 \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
RE: Renovations at (2) DOS Troop stations  
Project#80881R Contract B

## CERTIFICATE HOLDER

## CANCELLATION

State of New Hampshire D.O.T Finance & Contracts John O Morton Building 7 Hazen Drive, PO Box 483 Concord, NH 03301	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>
---	--

© 1988-2014 ACORD CORPORATION. All rights reserved.



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
5/09/2016

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 <b>CROSS INSURANCE - LACONIA</b> 155 Court Street  Laconia NH 03246	PHONE (A/C. No. Ext): (603) 524-2425	COMPANY <b>W.R. Berkley Corporation</b> One Acadia Commons P.O. Box 9010 Westbrook ME 04098-5010
FAX (A/C. No.): (603) 524-3666	E-MAIL ADDRESS:	
CODE:	SUB CODE:	
AGENCY CUSTOMER ID #: <b>00177919</b>		
INSURED <b>State of New Hampshire D.O.T Finance &amp; c/o Meridian Construction Corp</b> 32 Artisan Court, Unit #4 Gilford NH 03249	LOAN NUMBER	POLICY NUMBER <b>CIM5243940</b>
	EFFECTIVE DATE <b>5/9/2016</b>	EXPIRATION DATE <b>5/9/2017</b>
	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
	THIS REPLACES PRIOR EVIDENCE DATED:	

## PROPERTY INFORMATION

LOCATION/DESCRIPTION Loc# 1 315 Calef Highway, Route 125, Epping, NH Loc# 2 1864 White Mountain Highway, Rte 16, Tamworth, 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
Location #1 Builders Risk, Replacement Cost, Special Form	419,200	1,000
Location #2 Builders Risk, Replacement Cost, Special Form	180,923	1,000

## REMARKS (Including Special Conditions)

--

## 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

State of New Hampshire D.O.T Finance & Contracts John O Morton Building 7 Haen Dr, PO Box 483 Concord, NH 03301	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE <i>Sarah Cullen</i>	
	S Cullen, AINS, ACSR/S	