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THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION



Victoria F. Sheehan
Commissioner

William Cass, P.E.
Assistant Commissioner

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

Bureau of Construction
April 24, 2018

REQUESTED ACTION

Authorize the Department of Transportation to enter into a contract with A.J. Cameron Sod Farm, Inc. (Vendor 154277) of Farmington, NH on the basis of a low bid of \$59,650.00 for establishing Lilac beds along road ways throughout the State utilizing funds through the Moose Plate Program in accordance with **R.S.A. 261:97-b.**, from the date of Governor and Council approval through October 26, 2018 unless extended by the Department in accordance with the Standard Specifications. 100% Agency Funds.

Funding is available in State Fiscal Year 2018 and 2019 as follows, with the ability to adjust encumbrances through the Budget Office between State Fiscal Years if needed and justified:

Funding is available as follows:	<u>FY 2018</u>	<u>FY 2019</u>
04-96-96-962015-3025		
Highway Design		
405-500881 Lilac Program	\$20,000.00	\$39,650.00

EXPLANATION

This project is part of the State's Highway Bridge and Betterment Program. This project establishes Lilac beds along road ways throughout the State utilizing funds through the Moose Plate Program in accordance with **R.S.A. 261:97-b.** The project will enhance New Hampshire's roadsides with the establishment of these sites. It will assist to inform and educate the public on planting, care and identification of lilacs the State Flower, and will help foster a positive attitude towards the State of New Hampshire and the Department of Transportation.

The intent of this project is to enhance roadway aesthetics. The project involves construction with plantings of 7 lilac beds, one in each NHDOT district (6) and Turnpikes. Locations were chosen where lilacs would be visible to the traveling public such as Welcome Centers and Interstate exits/on ramps which will enhance New Hampshire's roadsides.

Page 2

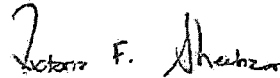
Although the bid costs exceeded the Department's estimate by 19.30%, the low bid of 2 bids received is felt to be reasonable for the work involved. Readvertising this project would result, in our opinion, in higher prices and prevent the completion of the work in a timely manner. The Department considers it to be in the best interest of the State to accept this bid.

The Contractor has been prequalified by this Department. The Contract has been approved by the Attorney General as to form and execution, and the Department has certified that the necessary funds are available and the bid reasonably conforms to the engineer's estimate in accordance with State procedure. Copies of the fully executed contract are on file at the Secretary of State's Office and the Department of Administrative Service's Office, and subsequent to Governor and Council approval will be on file at the Department of Transportation.

This project funding is 100% Agency Funds.

A copy of the Tabulation of Bids received for this project is attached along with the Contract Supplemental Sheet and a map indicating the location of the project.

Sincerely,



Victoria F. Sheehan
Commissioner

VFS/md

Department Estimate: \$50,000.00
Contract Amount: \$59,650.00
Over Estimate: \$ 9,650.00
Attachments

**STATEWIDE
41733**

March 6, 2018

SUPPLEMENTAL PROJECT INFORMATION SHEET

DESCRIPTION: This project establishes Lilac beds along road ways throughout the State utilizing funds through the Moose Plate Program in accordance with R.S.A. 261:97-b. The project will enhance New Hampshire's roadsides with the establishment of these sites. It will assist to inform and educate the public on planting, care and identification of lilacs the State Flower, and will help foster a positive attitude towards the State of New Hampshire and the Department of Transportation.

FEDERAL FUNDING: 0% (100% Agency Funds: Lilac Program/Moose Plate)

CONTINGENCY: 0%

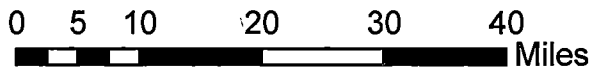
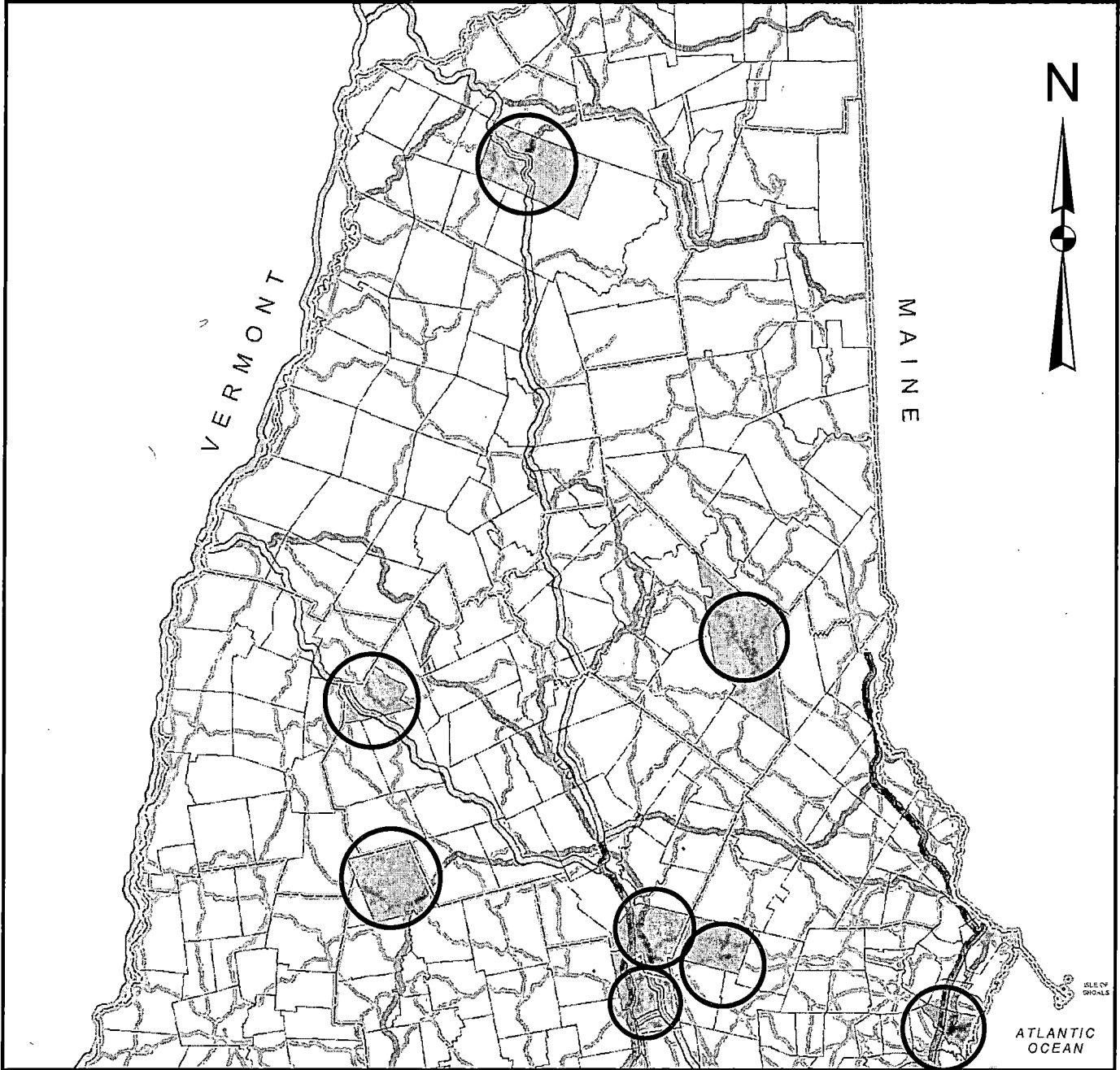
PROJECT INITIATED: State's Highway Bridge and Betterment Program

PROJECT EXPLANATION: The intent of this project is to enhance roadway aesthetics and minimize maintenance through reduced mowing. The lilac planting beds will be distributed throughout the entire state in each District of the Department of Transportation.

TRAFFIC IMPLICATIONS: Minimal traffic implications are anticipated. Work performed on this project will occur off the roadway and should not affect the flow of traffic.

COMPLETION DATE: October 26, 2018

STATEWIDE



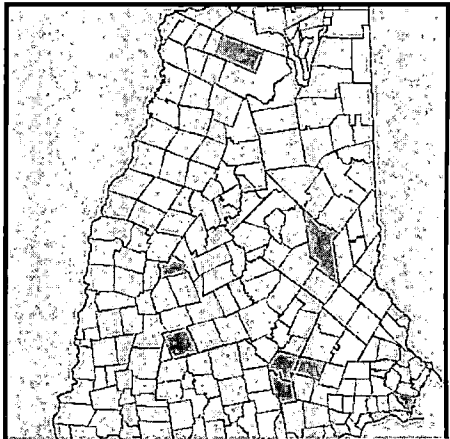
LEGEND

- Streams
- Water Bodies
- US Routes
- State Routes
- Interstates
- Local Roads
- Town Boundary

New Hampshire
DOT
Department of Transportation

State #: 41733
Federal #: -

LOCATION MAP





ABC Bid Data

STATEWIDE
41733
NON-FEDERAL

PROJECT: STATEWIDE
STATE PROJECT NUMBER: 41733
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: April 05, 2018, 2:00
SCOPE OF WORK: Establishment of Lilacs throughout the state
COMPLETION DATE: October 26, 2018
LOCATION:

Awarded To: CAMERON, A. J. SOD FARM
INC
926 NH ROUTE 11
FARMINGTON, NH 03835

Amount: \$59,650.00

Award Date:

Certified by: PETER.E.STAMNAS

Director of Project Development

Summary of Bidders

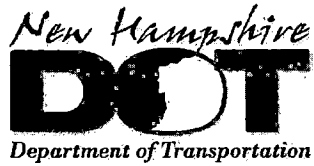
Contractor	Bid Amount	Rank
CAMERON, A. J. SOD FARM INC 926 NH ROUTE 11, FARMINGTON NH 03835	\$59,650.00	A
BROCHU, L.A. INC. 121 COMMERCIAL ST, CONCORD NH 03301	\$97,000.00	B

Item No.	Description	Unit	Quantity	PS&E		CAMERON, A. J. SOD FARM INC 826 NH ROUTE 11 FARMINGTON, NH 03835		BROCHU, L.A. INC. 121 COMMERCIAL ST CONCORD, NH 03301	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items

618.61	UNIFORMED OFFICERS WITH VEHICLE	\$	3,000.00	\$1.00	\$3,000.00	\$1.00	\$3,000.00	\$1.00	\$3,000.00
619.1	MAINTENANCE OF TRAFFIC	U	1.00	\$4,000.00	\$4,000.00	\$245.00	\$245.00	\$4,000.00	\$4,000.00
650.201	LANDSCAPING	U	1.00	\$2,625.00	\$2,625.00	\$3,381.00	\$3,381.00	\$10,000.00	\$10,000.00
650.202	LANDSCAPING	U	1.00	\$2,625.00	\$2,625.00	\$3,381.00	\$3,381.00	\$10,000.00	\$10,000.00
650.203	LANDSCAPING	U	1.00	\$3,000.00	\$3,000.00	\$3,864.00	\$3,864.00	\$9,000.00	\$9,000.00
650.204	LANDSCAPING	U	1.00	\$2,625.00	\$2,625.00	\$3,381.00	\$3,381.00	\$9,000.00	\$9,000.00
650.205	LANDSCAPING	U	1.00	\$10,500.00	\$10,500.00	\$13,524.00	\$13,524.00	\$18,000.00	\$18,000.00
650.206	LANDSCAPING	U	1.00	\$3,125.00	\$3,125.00	\$8,050.00	\$8,050.00	\$9,000.00	\$9,000.00
650.207	LANDSCAPING	U	1.00	\$10,500.00	\$10,500.00	\$13,524.00	\$13,524.00	\$18,000.00	\$18,000.00
659.401	LANDSCAPE ESTABLISHMENT CREW (4 MEN - 8 HR DAY)	DAY	.50	\$4,000.00	\$2,000.00	\$2,600.00	\$1,300.00	\$2,000.00	\$1,000.00
1007.1	MISCELLANEOUS LANDSCAPE TREATMENT	\$	6,000.00	\$1.00	\$6,000.00	\$1.00	\$6,000.00	\$1.00	\$6,000.00

Totals:	\$50,000.00	\$59,650.00	\$97,000.00
Alt. Totals:			
Totals:	\$50,000.00	\$59,650.00	\$97,000.00



PS&E Comparison

STATEWIDE
41733
NON-FEDERAL

Item No.	Description	Unit	Quantity	A-Bidder		PS&E		A-PS&E Difference
				Unit Price	Total	Unit Price	Total	
Items								
618.61	UNIFORMED OFFICERS WITH VEHICLE	\$	3,000.00	\$1.00	\$3,000.00	\$1.00	\$3,000.00	\$0.00
619.1	MAINTENANCE OF TRAFFIC	U	1.00	\$245.00	\$245.00	\$4,000.00	\$4,000.00	(\$3,755.00)
650.201	LANDSCAPING	U	1.00	\$3,381.00	\$3,381.00	\$2,625.00	\$2,625.00	\$756.00
650.202	LANDSCAPING	U	1.00	\$3,381.00	\$3,381.00	\$2,625.00	\$2,625.00	\$756.00
650.203	LANDSCAPING	U	1.00	\$3,864.00	\$3,864.00	\$3,000.00	\$3,000.00	\$864.00
650.204	LANDSCAPING	U	1.00	\$3,381.00	\$3,381.00	\$2,625.00	\$2,625.00	\$756.00
650.205	LANDSCAPING	U	1.00	\$13,524.00	\$13,524.00	\$10,500.00	\$10,500.00	\$3,024.00
650.206	LANDSCAPING	U	1.00	\$8,050.00	\$8,050.00	\$3,125.00	\$3,125.00	\$4,925.00
650.207	LANDSCAPING	U	1.00	\$13,524.00	\$13,524.00	\$10,500.00	\$10,500.00	\$3,024.00
659.401	LANDSCAPE ESTABLISHMENT CREW (4 MEN - 8 HR DAY)	DAY	.50	\$2,600.00	\$1,300.00	\$4,000.00	\$2,000.00	(\$700.00)
1007.1	MISCELLANEOUS LANDSCAPE TREATMENT	\$	6,000.00	\$1.00	\$6,000.00	\$1.00	\$6,000.00	\$0.00
Total:					\$59,650.00	\$50,000.00	\$9,650.00	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/17/2018

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(ies) 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 Bernier Insurance Inc. 32 Wakefield St Rochester, NH 03867	CONTACT NAME: Julie Guyer	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS: jguyer@bernierins.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Liberty Mutual		24198
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED

AJ Cameron Sod Farm Inc
 DBA AJ Cameron Home and Garden Center
 PO Box 536
 Farmington, NH 03835

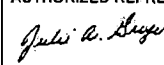
COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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	ADDITIONAL INSURED	SUBROGATION WAIVED	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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	X	BKW58104845	10/01/2017	10/01/2018	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
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	BAW58104845	10/01/2017	10/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical Payment \$ 5,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	X	X	USO58104845	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		XWO58104845	10/01/2017	10/01/2018	<input type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Owners Protective			TBD	04/12/2018	04/12/2019	\$2,000,000 Aggregate 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
As an Officer of the Corporation, Alfred Cameron is excluded from the Workers Compensation Coverage.

NH Department of Transportation, Finance and Contracts is Additional Insured for ongoing and completed operations, on a primary and non-contributory basis, when required by written contract. Waiver of Subrogation applies, with the exception of Workers Compensation. Owner's and Contractor's Protective Liability is provided in the name of NH Department of Transportation, Finance and Contracts.
Project: 41773 - NH Statewide Lilac Planting

CERTIFICATE HOLDER NH Department of Transportation Finance and Contracts 7 Hazen Drive 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 



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/18/2018

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(ies) 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 Bernier Insurance Inc. 32 Wakefield St Rochester, NH 03867	CONTACT NAME: Julie Guyer	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS: jguyer@bernierins.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Liberty Mutual		24198
INSURED NH Department of Transportation C/O AJ Cameron Sod Farms, Inc. PO Box 536 Farmington, NH 03835	INSURER B:	
	INSURER C:	
	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
	COMMERCIAL GENERAL LIABILITY <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 \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N 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 \$
A	Owner's Protective			BLO58774651	04/12/2018	04/12/2019	\$2,000,000 Aggregate 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
As an Officer of the Corporation, Alfred Cameron is excluded from the Workers Compensation Coverage.

Project: 41772 - NH Statewide Lilac Planting

CERTIFICATE HOLDER NH Department of Transportation Finance and Contracts 7 Hazen Drive 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
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AJCAMER-01

GGAGANON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/16/2018

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(ies) 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 Bernier Insurance Inc. 32 Wakefield St Rochester, NH 03867	CONTACT NAME: PHONE (A/C, No, Ext): (603) 335-2345 FAX (A/C, No): (603) 994-4663	
	E-MAIL ADDRESS: info@bernierins.com	
INSURED NH Dept of Transportation c/o AJ Cameron Sod Farms, Inc. PO Box 536 Farmington, NH 03835	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Liberty Mutual	NAIC # 24198
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

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	
	COMMERCIAL GENERAL LIABILITY <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 <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> Hired AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTDS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> 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 \$	
A	Builder's Risk			BINDER	05/16/2018	11/16/2018	\$500 DED	59,650

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Project #41772- NH Statewide Lilac Planting

CERTIFICATE HOLDER NH Department of Transportation Finance and Contracts 7 Hazen Drive 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
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