

96 m.c.



State of New Hampshire
DEPARTMENT OF ADMINISTRATIVE SERVICES
OFFICE OF THE COMMISSIONER
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. 80988R – Contract B

October 10, 2018

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 Seppala Construction Co., Inc., (VC# 157094) Rindge, NH, for a total price not to exceed \$814,165, for the Main Toilet Building Addition located at the Monadnock State Park, Jaffrey, NH. This contract is effective upon Governor and Council approval through September 1, 2019, unless extended in accordance with the contract terms. **16% General – Capital Funds, 54% Federal Funds, 30% Other Funds.**

2). Further authorize the amount of \$74,000 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 \$888,165. **100% Other Funds.**

3). Further authorize, pursuant to RSA 19-A: 9, II, the transfer of \$635 to the State Art Fund, within the Department of Cultural Resources. This transfer is for the purchase of art for the Monadnock State Park Main Toilet Building, Jaffrey, NH, bringing the total to \$888,800. **Appropriation Account No. 01-035-035-353510-41000000-406342. 100% General – Capital Funds.**

Funding is available in account titled Department of Natural and Cultural Resources as follows:

SFY19

03-35-35-350030-17190000 Roofing & Repair of DRED
(DNCR) Buildings Statewide

034-500162 – Repair/Renovations Bldgs.	\$127,000
034-500162 – ARTS Transfer	<u>\$ 635</u>
	\$127,635
03-35-35-350010-3717000 LW Conserve Fund Grants	
072-500574 – Grants Federal	\$443,165
03-35-35-350010-37200000 Contractual Maintenance	
Building & Grounds	
048-500226 – Contract Repairs/ Building	\$244,000
and Grounds	
048-500226 - Interagency DPW Fees	<u>74,000</u>
	\$318,000
Grand Total	\$888,800

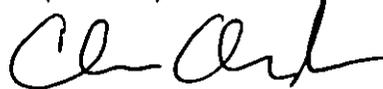
EXPLANATION

Per Chapter 228:1, XVIII, B, Laws of 2017, for Roofing & Repair of DRED (DNCR) Buildings Statewide. This project will add a heated bathroom addition for public use during winter months. The existing bathrooms must be maintained available to the public from March 30, 2019 until September 1, 2019 for the duration of the construction.

The contractor has been pre-qualified by the Department of Transportation. The contract has been approved by the Department of Justice as to form and execution, and the Department of Natural and Cultural Resources 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,



Charles M. Arlinghaus
Commissioner

Department Estimate: \$935,000
Contract Amount: \$814,165
Under Estimate: \$120,835

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 80988R, Contract B – Main Toilet Building Addition, Monadnock State Park, Jaffrey, New Hampshire

DESCRIPTION: Add a heated bathroom addition for public use during winter months. The existing bathrooms must be maintained available to the public from March 30, 2019 until September 1, 2019 for the duration of the construction.

EXPLANATION: Winter Hiking is very popular so it is important to have bathrooms available.

UNDER ESTIMATE

EXPLANATION: It was assumed that construction will be done during winter conditions to meet the schedule. It is difficult to estimate for these conditions.

DEPARTMENT

ESTIMATE: \$935,000

LOW BID: \$814,165



ABC Bid Data

JAFFREY
808888
NON-FEDERAL

PROJECT: JAFFREY
STATE PROJECT NUMBER: 808888
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: September 19, 2018, 02:00 PM
SCOPE OF WORK: MARI TOILET BUILDING ADDITION
COMPLETION DATE: September 01, 2019
LOCATION: Chebire

Certified by: _____

Summary of Bidders

Contractor	Bid Amount	Rank
SEPPALA CONSTRUCTION CO INC 153 HUNT HILL ROAD, RINDGE NH 03481-6820	\$814,165.00	A
D. L. KING & ASSOCIATES INC. 27 TANGLEWOOD DRIVE, NASHUA NH 03062-1044	\$873,950.00	B
MARK CARRIER CONSTRUCTION INC SUITE 101, 175 LINCOLN STREET, MANCHESTER NH 03103-6031	\$917,900.00	C
BROOKSTONE BUILDERS, INC. 800 HARVEY ROAD, MANCHESTER NH 03103-3320	\$1,088,570.00	D
PROJECT RESOURCE GROUP LLC 237 PLEASANT POND ROAD, PO BOX 43, FRANCESTOWN NH 03043	\$1,188,157.00	E

Item # 901 = \$729,165.-
 Item # 902 = \$85,000.-
 Total = \$814,165.-

BUREAU OF PUBLIC WORKS

Award to Seppala Const. Co., Inc.
 Hold for Negotiation
 Cancel Contract
 User Agency DNCR
 Authorized by [Signature]
 Date 10/21/2018

Item No.	Description	Unit	Quantity	P&E		SEPPALA CONSTRUCTION CO INC 183 HUNT HILL ROAD RIDGE, NH 03461-6620		D. L. KING & ASSOCIATES INC. 27 TANGLEWOOD DRIVE NASHUA, NH 03062-1044	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items

901	NEW BATHROOM ADDITION AND THE ASSOCIATED WORK PER PLANS AND SPECS	U	1.00	\$850,000.00	\$850,000.00	\$729,165.00	\$729,165.00	\$788,950.00	\$788,950.00
902	ALLOWANCE #1 : (SEE SPECIFICATION SECTION 01200)	\$	85,000.00	\$1.00	\$85,000.00	\$1.00	\$85,000.00	\$1.00	\$85,000.00
Totals:					\$935,000.00		\$814,165.00		\$873,950.00
A.R. Totals:									
Totals:					\$935,000.00		\$814,165.00		\$873,950.00

Item No.	Description	Unit	Quantity	PS&E		MARK CARRIER CONSTRUCTION INC SUITE 101 MANCHESTER, NH 03103-5031		BROOKSTONE BUILDERS, INC. 600 HARVEY ROAD MANCHESTER, NH 03103-3320	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

301	NEW BATHROOM ADDITION AND THE ASSOCIATED WORK PER PLANS AND SPECS	U	1.00	\$850,000.00	\$850,000.00	\$832,900.00	\$832,900.00	\$1,003,670.00	\$1,003,670.00
302	ALLOWANCE #1 : (SEE SPECIFICATION SECTION 01200)	\$	85,000.00	\$1.00	\$85,000.00	\$1.00	\$85,000.00	\$1.00	\$85,000.00
Totals:					\$935,000.00		\$917,900.00		\$1,088,670.00
AR Totals:									
Totals:					\$935,000.00		\$917,900.00		\$1,088,670.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/28/2018

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 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 PIAI/Cross Insurance 1100 Elm Street Manchester NH 03101		CONTACT NAME: Hellen Hill PHONE (A/C No. Ext): (603) 669-3218 FAX (A/C No.): (603) 643-6331 E-MAIL ADDRESS: HHill@crossagency.com															
INSURED Seppala Construction Co., Inc. 153 Hunt Hill Road Rindge NH 03461		INSURER(S) AFFORDING COVERAGE <table border="1"> <tr> <th>INSURER</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: American Fire & Casualty</td> <td>24066</td> </tr> <tr> <td>INSURER B: Ohio Casualty Insurance Company</td> <td>24074</td> </tr> <tr> <td>INSURER C: Ohio Security Ins Co</td> <td>24082</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>		INSURER	NAIC #	INSURER A: American Fire & Casualty	24066	INSURER B: Ohio Casualty Insurance Company	24074	INSURER C: Ohio Security Ins Co	24082	INSURER D:		INSURER E:		INSURER F:	
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COVERAGES CERTIFICATE NUMBER: 18-19 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.

INBR 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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		BKAS7002630	1/1/2018	1/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 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"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			BAA57002630	1/1/2018	1/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 2,000
B	<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	X		UB057002630	1/1/2018	1/1/2019	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 COMPLETED OPERATIONS \$ 10,000,000
C	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	XWB57002630 (3a.) NA NH NE NY SC VT All officers included	1/1/2018	1/1/2019	<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)
 Re: Main Toilet Building Addition (Monadnock State Park) (Contract B) (#80988R). State of New Hampshire is additional insured as respects general liability for ongoing and completed operations as required by written contract for work performed by the named insured during the policy period.

CERTIFICATE HOLDER**CANCELLATION**

State of New Hampshire
 c/o Department of Administrative Services
 7 Hazen Drive, Room 250
 Concord, NH 03302

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 Harrison, V.P./JSC 

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/28/2018

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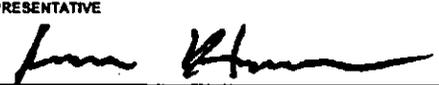
PRODUCER FIAI/Cross Insurance / 1100 Elm Street Manchester NH 03101		CONTACT NAME: Hellen Hill PHONE (A/C, No, Ext): (603) 689-3218 E-MAIL ADDRESS: hhill@crossagency.com FAX (A/C, No): (603) 645-4331	
INSURED State of New Hampshire, Department of Administrative Services c/o Seppala Construction 153 Hunt Hill Road Rindge NH 03481		INSURER(S) AFFORDING COVERAGE INSURER A: Liberty Mutual Holding Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL1892864697 **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 WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners Contractors Protective GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			B1892860272	09/27/2018	09/27/2019	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (E# occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ \$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (E# accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> 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)
 Re: Main Toilet Building Addition (Monadnock State Park) (Contract B) (#80988R).

CERTIFICATE HOLDER State of New Hampshire c/o 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 
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CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

09/28/2018

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PRODUCER FIAI/Cross Insurance 1100 Elm Street Manchester NH 03101	CONTACT NAME: Hellen Hill PHONE (A.C. No. Ext): (603) 669-3218 FAX (A.C. No): (603) 645-4331 E-MAIL ADDRESS: hhill@crossagency.com PRODUCER CUSTOMER ID: 00310494														
INSURED Seppala Construction Co., Inc., State of New Hampshire Department of Administrative Services and any and all subcontractors, ATIMA c/o 153 Hunt Hill Road Rindge NH 03461	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Acadia Ins Co.</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Acadia Ins Co.		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER A: Acadia Ins Co.															
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES **CERTIFICATE NUMBER:** CP1892833174 **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 169 Poole Road, Jaffrey, NH 03452

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
	<input type="checkbox"/> PROPERTY <input type="checkbox"/> CAUSES OF LOSS <input type="checkbox"/> DEDUCTIBLES <input type="checkbox"/> BASIC <input type="checkbox"/> BUILDING <input type="checkbox"/> BROAD <input type="checkbox"/> CONTENTS <input type="checkbox"/> SPECIAL <input type="checkbox"/> EARTHQUAKE <input type="checkbox"/> WIND <input type="checkbox"/> FLOOD				<input type="checkbox"/> BUILDING <input type="checkbox"/> PERSONAL PROPERTY <input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> EXTRA EXPENSE <input type="checkbox"/> RENTAL VALUE <input type="checkbox"/> BLANKET BUILDING <input type="checkbox"/> BLANKET PERS PROP <input type="checkbox"/> BLANKET BLDG & PP	\$
A	<input checked="" type="checkbox"/> INLAND MARINE <input type="checkbox"/> CAUSES OF LOSS <input type="checkbox"/> NAMED PERILS <input checked="" type="checkbox"/> AAIS IM7050 BR Coverage	TYPE OF POLICY Bulder Risk POLICY NUMBER B1892860262	09/27/2018	09/27/2019	<input checked="" type="checkbox"/> Limit <input checked="" type="checkbox"/> Deductible	\$ 814,165 \$ 1,000 \$ \$
	<input type="checkbox"/> CRIME TYPE OF POLICY					\$
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Re: Main Toilet Building Addition (Monadnock State Park) (Contract B) (#80988R).

CERTIFICATE HOLDER State of New Hampshire c/o 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
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