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# State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES  
25 Capitol Street - Room 120  
Concord, New Hampshire 03301  
Office @ das.nh.gov

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. 80929 - Contract R

June 3, 2019

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 amendment (Contract 1060613-1) with Turnstone Corporation (VC# 169530) Milford, New Hampshire, to amend the contingency for Steam Conversion at the State House, State House Annex, and State Library, in Concord New Hampshire, originally approved by Governor and Council on April 17, 2019, item #150, by increasing it by \$500,000, from \$500,000 to \$1,000,000. The contingency would be made available to increase the contract amount from \$7,649,000 to \$8,149,000. This amendment does not alter the current completion date in effect of October 30, 2019, unless extended in accordance with the contract terms. **100% General Funds.**

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

01-14-14-141510-69370000	Heating-State Owned Bldgs.	<b><u>SFY19</u></b>
103-500736	- Heating-State Owned Bldgs.	\$500,000
<b>Grand Total</b>		<b>\$500,000</b>

His Excellency, Governor Christopher T. Sununu  
and the Honorable Council

June 3, 2019

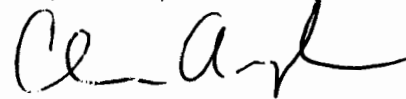
Page 2 of 2

### **EXPLANATION**

The original contract with Turnstone Corporation was originally approved by Governor and Council on March 21, 2018, item #75. This request is to make funds available to increase the amount in the contingency by \$500,000 to make monies available to resolve any additional unforeseen conditions identified during construction. Construction efforts in the City streets and sidewalks will exhaust the original contingency requested in April due to anticipated encountered obstructions that are in the proposed path of the underground piping.

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, Division of Public Works Design and Construction.

Respectfully submitted,



Charles M. Arlinghaus  
Commissioner

cc: Beverly Kowalik, Division of  
Public Works Design & Construction  
Michael Connor, Dept. of  
Administrative Services

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 80929, Contract R–Steam Conversion-State House, State House Annex and State Library

DESCRIPTION: Scope of the project includes the construction of a new boiler building at 33 Green Street along with the installation of a complete boiler system in the building; the installation of a new steam and condensate line distribution system along Green Street, Park Street, and School Street to serve the State House, State House Annex and State Library, as well as minor construction in the State House, State House Annex and State Library.

EXPLANATION: With the closing of Concord Steam, there are a total of 26 State Buildings that require heating system installations in order to maintain space temperatures during the winter months. This project will provide permanent boiler solutions to serve the State House, State House Annex and the State Library.

**AMENDMENT**

**AMOUNT:** **\$500,000 contingency Increase**

**AMENDMENT**

**EXPLANATION:** This request is to make available an increase the amount in the contingency by \$500,000 to make monies available to resolve any additional unforeseen conditions identified during construction. Construction efforts in the City streets and sidewalks will exhaust the original contingency and the increase requested in March due to anticipated encountered obstructions that are in the proposed path of the underground piping.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/04/2019

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).

<b>PRODUCER</b> CROSS INSURANCE - LACONIA 155 Court Street  Laconia NH 03246		<b>CONTACT NAME:</b> Tracy Andriski, CISR <b>PHONE (A/C, No, Ext):</b> (603) 524-2425 <b>FAX (A/C, No):</b> (603) 524-3666 <b>E-MAIL ADDRESS:</b> tandriski@crossagency.com	
<b>INSURED</b> Turnstone Corporation 479 Nashua Street  Milford NH 03055-0539		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Firemen's Ins. Co. of Washington D.C. NAIC # 21784 <b>INSURER B:</b> Acadia Ins Co. 31325 <b>INSURER C:</b> Indian Harbor Ins Co <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** CL18121772350      **REVISION NUMBER:**

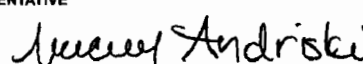
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			CPA0065107-28	12/31/2018	12/31/2019	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	<b>AUTOMOBILE LIABILITY</b> <input checked="" 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 <input type="checkbox"/> AUTOS ONLY			CAA0065120-30	12/31/2018	12/31/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			CUA0065121-29	12/31/2018	12/31/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 Comp Ops Aggregate \$ 5,000,000
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WPA0095615-27	12/31/2018	12/31/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Steam Conversion Project #80929R  
 State of New Hampshire, Department of Administrative Services is an additional insured for ongoing operations performed by or on behalf of Turnstone Corporation when required in a written contract.

**CERTIFICATE HOLDER****CANCELLATION**

State of New Hampshire Department of Administrative Services 7 Hazen Drive  Concord NH 03302	<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.</b>  <b>AUTHORIZED REPRESENTATIVE</b> 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/4/2019

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> CROSS INSURANCE - LACONIA 155 Court Street  Laconia NH 03246	<b>CONTACT NAME:</b> Tracy Andriski, CISR <b>PHONE (A/C, No, Ext):</b> (603) 524-2425 <b>E-MAIL ADDRESS:</b> tandriski@crossagency.com	<b>FAX (A/C, No):</b> (603) 524-3666
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> State of NH - Department of Administrative Services c/o Turnstone Corporation 479 Nashua Street Milford NH 03055-0539	<b>INSURER A:</b> Acadia Ins Co.	<b>NAIC #</b> 31325
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** CL1821540183      **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	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>Owners &amp; Contractors Protec</b>			0CP5340059-10	2/16/2018	2/16/2020	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 OTHER:						
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED 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: \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ OTHER: \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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)**  
Steam Conversion Project #80929R

<b>CERTIFICATE HOLDER</b>  State of New Hampshire Department of Administrative Services Contract Office, Room 130 7 Hazen Drive Concord, NH 03302	<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.
	<b>AUTHORIZED REPRESENTATIVE</b>  T Andriski, CISR/TA5 <i>Tracy Andriski</i>



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
6/04/2019

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 Acadia Ins Co. One Acadia Commons P.O. Box 9010 Westbrook ME 04098-5010	
FAX (A/C, No): (603) 524-3666	E-MAIL ADDRESS: dhaley@crossagency.com			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #: 00178165		LOAN NUMBER		POLICY NUMBER CIM5335788-10
INSURED c/o Turnstone Corporation 479 Nashua Street Milford NH 03055-0539		EFFECTIVE DATE 2/16/2018	EXPIRATION DATE 2/16/2020	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

### PROPERTY INFORMATION

LOCATION/DESCRIPTION State House, State Annex, State Library 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	7,149,000	1,000

### REMARKS (Including Special Conditions)

Steam Conversion Project #80929R
----------------------------------

### 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  State of New Hampshire Department of Administrative Services Contract Office, Room 130 7 Hazen Drive Concord, NH 03302	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE Tracy Andriski, CISR/TA5 <i>Tracy Andriski</i>	

# State of New Hampshire

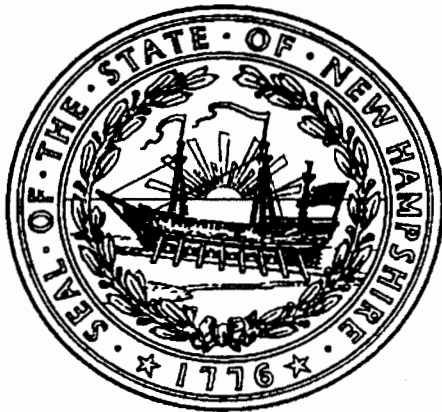
## Department of State

### CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that TURNSTONE CORPORATION is a New Hampshire Profit Corporation registered to transact business in New Hampshire on April 17, 2002. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **403646**

Certificate Number: **0004523327**



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 3rd day of June A.D. 2019.

A handwritten signature in black ink, appearing to read "Wm Gardner".

William M. Gardner  
Secretary of State

MAR26'19 PM 5:13 DAS

4/17/19 mlc 150



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. 80929 – Contract R

March 22, 2019

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 amendment (Contract 1060613-1) with Turnstone Corporation (VC# 169530) Milford, NH, to establish a contingency for Steam Conversion at the State House, State House Annex, and State Library, in Concord, NH. The contingency would increase the contract amount by \$500,000 from \$7,149,000 to \$7,649,000 (established by approved alteration order), which was originally approved by Governor and Council on March 21, 2018, item #75. This amendment does not alter the current completion date in effect of October 30, 2019, unless extended in accordance with the contract terms. **100% General Funds.**

2). Further authorize pursuant to 228:13, Laws of 2017, an increase in the amount of \$160,000, from \$30,000 to \$190,000 be approved for payment (Contract No. 1060684-1) to the Department of Administrative Services, Division of Public Works Design and Construction (VC# 177875), Clerk for oversight and engineering services provided, bringing the total to \$660,000. **100% General Funds.**

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

01-14-14-141510-69370000 Heating-State Owned Bldgs.	<b><u>SFY19</u></b>
103-500736 – Heating-State Owned Bldgs.	\$500,000
103-500736 - Interagency Agency - DPW Fees	<u>160,000</u>
<b>Grand Total</b>	<b>\$660,000</b>



**EXPLANATION**

The first request of \$500,000 is required to increase the funds in the allowance to make monies available to resolve any additional unforeseen conditions identified during construction. The project includes the construction of a new boiler building, as well as the installation of steam and condensate lines along Green, Park and School Streets, and well as minor renovations to the State Library, State House, and State House Annex. Initial construction in the roadway and sidewalks has exhausted the allowance as originally scheduled due to previously unidentified obstructions that are in the proposed path of the underground piping.

The increase of \$160,000 in DPW fees reflects the additional time necessary for Contract Administration and oversight required to ensure adherence to the contract requirements, which the agencies have approved for this purpose.

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, Division of Public Works Design and Construction.

Respectfully submitted,



Charles M. Arlinghaus  
Commissioner

CONTRACT SUPPLEMENTAL INFORMATION SHEET

**PROJECT:** DPW Project No. 80929, Contract R-Steam Conversion-State House, State House Annex and State Library

**DESCRIPTION:** Scope of the project includes the construction of a new boiler building at 33 Green Street along with the installation of a complete boiler system in the building; the installation of a new steam and condensate line distribution system along Green Street, Park Street, and School Street to serve the State House, State House Annex and State Library, as well as minor construction in the State House, State House Annex and State Library.

**EXPLANATION:** With the closing of Concord Steam, there are a total of 26 State Buildings that require heating system installations in order to maintain space temperatures during the winter months. This project will provide permanent boiler solutions to serve the State House, State House Annex and the State Library.

**AMENDMENT  
AMOUNT:** \$500,000 Contingency  
\$160,000 DPW Fees

**AMENDMENT  
EXPLANATION:** The increase of \$160,000 in DPW fees reflects the additional time necessary for Contract Administration and oversight required to ensure adherence to the contract requirements, which the agencies have approved for this purpose.

The second request is to increase the amount in the allowance by \$500,000 to make monies available to resolve any additional unforeseen conditions identified during construction. Initial construction in the roadway and sidewalks has exhausted the allowance as originally scheduled due to previously unidentified obstructions that are in the proposed path of the underground piping.



**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

Division of Public Works  
 Design and Construction  
 Project No. 80929 - Contract R

February 22, 2018

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

*3/21/2018*  
*# 75*

**REQUESTED ACTION**

- 1). Authorize the Division of Public Works Design and Construction to enter into a contract with Turnstone Corporation, (VC# 169530) Milford, NH, for a total price not to exceed \$7,149,000 for Steam Conversion at the State House, State House Annex, and State Library, Concord, NH. This contract is effective through October 30, 2019, unless extended in accordance with the contract terms. **100% General Funds (98% Capital Funds).**
- 2). Further authorize pursuant to Chapter 228:13, Laws of 2017, the amount of \$30,000 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC# 177875), Clerk of the Works for oversight and engineering services provided, bringing the total to \$7,179,000. **100% General Funds.**

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

01-14-14-140030-15200000	Concord Steam	<u>SFY18</u>
	034-500162 - Repair/Renovations Bldgs.	<u>\$7,000,000</u>
01-14-14-141510-69370000	Heating-State Owned Bldgs.	
	103-500736 - Contracts for OP Services	\$ 149,000
	103-500736 - Interagency Fees - DPW	<u>\$ 30,000</u>
	Sub-Total	\$ 179,000
	<b>Grand Total</b>	<b>\$7,179,000</b>

**EXPLANATION**

Per Chapter 228:1, II, B, 10, Laws of 2017, for Concord Steam Conversion. The scope of project includes the construction of a new boiler building at 33 Green Street, installation of complete boiler systems in the building and the removal and installation of a new steam and condensate line distribution system along Green Street, Park Street, and School Street to serve the State House, State House Annex and State Library. The project also includes minor construction in the State House, State House Annex and State Library to connect new steam services and to provide for new condensate removal.

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, 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:	\$6,221,840
Contract Amount:	<u>\$7,149,000</u>
Over Estimate:	\$ 927,160

CONTRACT SUPPLEMENTAL INFORMATION SHEET

**PROJECT:** DPW Project No. 80929, Contract R-Steam Conversion-  
State House, State House Annex and State Library

**DESCRIPTION:** Scope of project includes the construction of a new boiler building at 33 Green Street; installation of complete boiler systems in the building and the removal and installation of a new steam and condensate line distribution system along Green Street, Park Street, and School Street to serve the State House, State House Annex and State Library. The project also includes minor construction in the State House; State House Annex and State Library to connect new steam services; provide for new condensate removal.

**EXPLANATION:** With the closing of Concord Steam, there are a total of 26 State Buildings that require heating system installations in order to maintain space temperatures during the winter months. This project will provide permanent boiler solutions to serve the State House, State House Annex and the State Library.

**OVER ESTIMATE  
EXPLANATION:**

There were a total of three bids received ranging from about 15-22 percent above the construction estimate. Because of the size of the project, there are a limited pool of contractors qualified to submit bids. These contractors are also typically larger and busier and have a higher mark-up, resulting in higher bid costs.

**DEPARTMENT**

**ESTIMATE:** \$6,221,840

**LOW BID:** \$7,149,000



ABC Bid Data

CONCORD  
2000  
NON-FEDERAL

PROJECT: CONCORD  
STATE PROJECT NUMBER: 0000  
FED. PROJECT NUMBER: 000-FEDERAL  
DATE BIDS OPEN: January 22, 1983, 10:00 AM  
SCOPE OF WORK: STATE COMMISSIONER'S HOUSE, STATE HOUSE ANNEX, STATE LIBRARY  
COMPLETION DATE: October 20, 1983  
LOCATION: Concord

Contract No. \_\_\_\_\_

Summary of Bidders

Contract	Bid Amount	Rank
TURNSTONE CORPORATION - 479 BIRCHMIA STREET, MILFORD NH 03055-5700		
HUTTER CONSTRUCTION CORP. 810 TURNPIKE ROAD, PO BOX 257, NEW IPSWICH NH 03071	\$7,575,000.00	8
MERIDIAN CONSTRUCTION CORP. 32 ARTISAN COURT #4, GILFORD NH 03040-0000		

BUREAU OF PUBLIC WORKS

Award to A Bidder Turnstone Corp  
 Hold for Negotiation 4,149,000  
 Cancel Contract

User Agency DAS  
 Authorized by MLT  
 Date 2/12/83

Item No.	Description	Unit	Quantity	P&M		MERIDIAN CONSTRUCTION CORP. 32 ARTISAN COURT #4 GILFORD, NH 03249-0900	
				Unit Price	Total	Unit Price	Total

801	BOILER BUILDING AND ASSOCIATED WORK	U	1.00	\$2,348,738.00	\$2,348,738.00	\$3,787,018.00	\$3,787,018.00
802	STEAM AND CONDENSATE LINES AND ASSOCIATED WORK - GREEN AND PARK	U	1.00	\$1,088,831.00	\$1,088,831.00	\$2,088,810.00	\$2,088,810.00
803	STEAM AND CONDENSATE LINES AND ASSOCIATED WORK - SCHOOL STREET	U	1.00	\$1,702,834.00	\$1,702,834.00	\$1,727,826.00	\$1,727,826.00
804	WORK IN STATE HOUSE, ANNEX AND LIBRARY	U	1.00	\$783,338.00	\$783,338.00	\$877,528.00	\$877,528.00
805	ALLOWANCE PER OWNERS INITIATED CHANGES PER SPECIFICATIONS	\$	350,000.00	\$1.00	\$350,000.00	\$1.00	\$350,000.00
Totals:					\$6,221,841.00		\$6,480,482.00

Item No.	Description	Unit	Quantity	P&M		TUCKERSTONE CORPORATION 479 NASHUA STREET MILFORD, NH 03055-3705		MUTTER CONSTRUCTION CORP. 818 TOWNPARK ROAD NEW IPSWICH, NH 03071	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

001	BOILER BUILDING AND ASSOCIATED WORK	U	1.00	\$2,348,738.00	\$2,348,738.00	\$3,846,000.00	\$3,846,000.00	\$3,146,000.00	\$3,146,000.00
002	STEAM AND CONDENSATE LINES AND ASSOCIATEDWORK - GREEN AND PARK STREET	U	1.00	\$1,068,831.00	\$1,068,831.00	\$1,847,000.00	\$1,847,000.00	\$1,800,000.00	\$1,800,000.00
003	STEAM AND CONDENSATE LINES AND ASSOCIATED WORK - SCHOOL STREET	U	1.00	\$1,702,834.00	\$1,702,834.00	\$1,088,000.00	\$1,088,000.00	\$1,600,000.00	\$1,600,000.00
004	WORK IN STATE HOUSE, ANNEX AND LIBRARY	U	1.00	\$783,838.00	\$783,838.00	\$821,000.00	\$821,000.00	\$880,000.00	\$880,000.00
008	ALLOWANCE PER OWNERS INITIATED CHANGES PER SPECIFICATIONS	\$	380,000.00	\$1.00	\$380,000.00	\$1.00	\$380,000.00	\$1.00	\$380,000.00
<b>Totals:</b>					<b>\$6,221,241.00</b>		<b>\$7,148,000.00</b>		<b>\$7,776,000.00</b>





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/16/2018

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 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> CROSS INSURANCE - LACONIA 155 Court Street  Laconia NH 03246	<b>CONTACT NAME:</b> Tracy Andriiski, CISR <b>PHONE:</b> (603) 524-2425 <b>FAX:</b> (603) 524-3486 <b>EMAIL:</b> tandriiski@crossagency.com
<b>INSURED</b> Turnstone Corporation 479 Nashua Street  Milford NH 03055-0539	<b>INSURERS AFFORDING COVERAGE</b> INSURER: Firemen's Ins. Co. of Washington NAIC # 21784 INSURER: Acadia Ins Co. 31325 INSURER: Indian Harbor Ins Co <b>INSURED:</b> <b>PRODUCER:</b> <b>INSURER:</b>

**COVERAGES**      **CERTIFICATE NUMBER:** CL17122734455      **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.

TYPE OF INSURANCE	AGGREGATE LIMIT	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
<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"/> PRO-ECT <input checked="" type="checkbox"/> LOC OTHER:		CRA0065107-27	12/31/2017	12/31/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per 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 Employee Benefits \$ 1,000,000
<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		CRA0065180-28	12/31/2017	12/31/2018	OWNED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<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 type="checkbox"/> RETENTIONS		CRA0065121-27	12/31/2017	12/31/2018	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 Prod & Comp Ops Aggregate \$ 5,000,000
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/BOARDER EXCLUDED? (mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N/A	WRA0095615-25	12/31/2017	12/31/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 300,000
<input checked="" type="checkbox"/> Professional Liability <input checked="" type="checkbox"/> Pollution Liability		FRC004891501 FRC004891501	12/31/2017 12/31/2017	12/31/2018 12/31/2018	Per claim/aggregate 1,000,000 Per claim/aggregate 1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
Steam Conversion Project #80929X  
State of New Hampshire, Department of Administrative Services is an additional insured for ongoing operations performed by or on behalf of Turnstone Corporation when required in a written contract.

<b>CERTIFICATE HOLDER</b>  State of New Hampshire Department of Administrative Services Contract Office, Room 130 7 Hazen Drive Concord, NH 03302	<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  T Andriiski, CISR/TA5 <i>Tracy Andriiski</i>
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/16/2018

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 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> CROSS INSURANCE - LACONIA 155 Court Street  Laconia NH 03246	<b>CONTACT NAME</b> Tracy Andriiski, CISR <b>PHONE</b> (603) 524-2425 <b>FAX</b> (603) 524-2446 <b>EMAIL</b> tandriiski@crossagency.com
<b>INSURED</b> State of NH - Department of Administrative Services c/o Turnstone Corporation 479 Nashua Street Milford NH 03055-0539	<b>INSURER(S) AFFORDING COVERAGE</b> MUNERA Acadia Ins Co. 31325 <b>INSURER G:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES** CERTIFICATE NUMBER: CL1821540183 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.

FORM	TYPE OF INSURANCE	INSURER(S)	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Gross & Contractors GEN'L AGGREGATE LIMIT APPLIED PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> SUBJECT <input type="checkbox"/> LOC OTHER:		OCPS240059-10	2/16/2018	2/16/2020	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Each occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ OTHER \$
	<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 (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <b>DED</b> <input type="checkbox"/> <b>RETENTIONS</b>					EACH OCCURRENCE \$ AGGREGATE \$ OTHER \$
	<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Indicate by X or N/A) If yes, describe why: DESCRIPTION OF OPERATIONS: None		N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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)  
Steas Conversion Project #80929R

<b>CERTIFICATE HOLDER</b> State of New Hampshire Department of Administrative Services Contract Office, Room 130 7 Hazen Drive Concord, NH 03302	<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 T Andriiski, CISR/TA5 <i>Tracy Andriiski</i>
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# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
2/16/2018

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.

<b>AGENCY</b> CROSS INSURANCE - LACONIA 155 Court Street Laconia NH 03246 PHONE: (603) 324-2425 FAX: (603) 324-3944 EMAIL: dhaley@crossagency.com CODE:                      SUB CODE: AGENCY IDENTIFICATION: 00178165		<b>COMPANY</b> Acadia Ins Co. One Acadia Commons P.O. Box 9010 Westbrook ME 04098-5010	
<b>INSURED</b> State of NH - Dept of Administrative Services c/o Turnstone Corporation 479 Mashua Street Milford NH 03055-0539		<b>LOAN NUMBER</b>  	<b>POLICY NUMBER</b> CIM5335788-10
		<b>EFFECTIVE DATE</b> 2/16/2018	<b>EXPIRATION DATE</b> 2/16/2020
		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:			

**PROPERTY INFORMATION**

LOCATION/DESCRIPTION  
 State House, State Annex, State Library  
 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	7,149,000	1,000

**REMARKS (Including Special Conditions)**

Steam Conversion Project #80929R

**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 Department of Administrative Services Contract Office, Room 130 7 Hazen Drive Concord, NH 03302	<input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> ADDITIONAL INSURED
	LOAN #  AUTHORIZED REPRESENTATIVE	

## Business Information

### Business Details

<b>Business Name:</b> TURNSTONE CORPORATION	<b>Business ID:</b> 403646
<b>Business Type:</b> Domestic Profit Corporation	<b>Business Status:</b> Good Standing
<b>Business Creation Date:</b> 04/17/2002	<b>Name in State:</b> of Not Available
<b>Date of Formation in Jurisdiction:</b> 04/17/2002	<b>Incorporation:</b>
<b>Principal Office Address:</b> 479 Nashua Street, Milford, NH, 03055, USA	<b>Mailing Address:</b> 479 Nashua Street, Milford, NH, 03055, USA
<b>Citizenship / State of Incorporation:</b> Domestic/New Hampshire	
	<b>Last Annual Report Year:</b> 2019
	<b>Next Report Year:</b> 2020
<b>Duration:</b> Perpetual	
<b>Business Email:</b> ssandhage@turnstonecorp.com	<b>Phone #:</b> NONE
<b>Notification Email:</b> ssandhage@turnstonecorp.com	<b>Fiscal Year End Date:</b> NONE

### Principal Purpose

S.No	NAICS Code	NAICS Subcode
1	OTHER / GENERAL CONTRACTORS - GENERAL CONSTRUCTION	

Page 1 of 1, records 1 to 1 of 1

(/online/Home/)  Back to Home (/online)

**State of New Hampshire**  
**Department of State**

**CERTIFICATE**

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that TURNSTONE CORPORATION is a New Hampshire Profit Corporation registered to transact business in New Hampshire on April 17, 2002. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 403646

Certificate Number : 0004183712



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 10th day of September A.D. 2018.

A handwritten signature in black ink, appearing to read "William M. Gardner".

William M. Gardner  
Secretary of State



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/03/2019

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).

<b>PRODUCER</b> CROSS INSURANCE - LACONIA 155 Court Street  Laconia NH 03248		<b>CONTACT NAME:</b> Tracy Andriski, CISR <b>PHONE (A/C, No. Ext):</b> (603) 524-2425 <b>FAX (A/C, No.):</b> (603) 524-3686 <b>EMAIL ADDRESS:</b> tandriski@crossagency.com	
<b>INSURED</b> Turnstone Corporation 479 Nashua Street  Milford NH 03055-0539		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Firemen's Ins. Co. of Washington D.C.	<b>NAIC #</b> 21784
		<b>INSURER B:</b> Acadia Ins Co.	31325
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** CL18121772350      **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.

USER LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	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:		CPA0065107-28	12/31/2018	12/31/2019	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 <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY		CAA0065120-30	12/31/2018	12/31/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  DIED RETENTION \$		CUA0065121-29	12/31/2018	12/31/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 Comp Ops Aggregate \$ 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	WPA0095615-27	12/31/2018	12/31/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Steam Conversion Project #80929R  
State of New Hampshire, Department of Administrative Services is an additional insured for ongoing operations performed by or on behalf of Turnstone Corporation when required in a written contract.

**RECEIVED**  
JAN 07 2019

<b>CERTIFICATE HOLDER</b> State of New Hampshire Department of Administrative Services 7 Hazen Drive  Concord NH 03302	<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 <i>Jessie Andriski</i>
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/16/2018

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 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> CROSS INSURANCE - LACONIA 155 Court Street  Laconia NH 03246	<b>CONTACT NAME:</b> Tracy Andriski, CISR <b>PHONE (AC No. Exp):</b> (603) 524-2425 <b>FAX (AC No.):</b> (603) 524-3666 <b>E-MAIL ADDRESS:</b> tandriski@crossagency.com
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Acadia Ins Co. NAIC # 31325 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

**COVERAGES** CERTIFICATE NUMBER: CL1821540183 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.

PROD. ATR	TYPE OF INSURANCE	ADDL. PROD. (INSR) (PROD)	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  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		OCP5340059-10	2/16/2018	2/16/2020	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 \$ \$
	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) \$ \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED. RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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)  
 Steam Conversion Project #80929R

**CERTIFICATE HOLDER****CANCELLATION**

State of New Hampshire  
 Department of Administrative Services  
 Contract Office, Room 130  
 7 Hazen Drive  
 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  
 T Andriski, CISR/TAS *Tracy Andriski*

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# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

2/16/2018

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 (AG. No. Ext): (603) 524-2425 COMPANY <b>Acadia Ins Co.</b> One Acadia Commons P.O. Box 9010 Westbrook ME 04098-5010	
FAX (AG. No.): (603) 524-2666 E-MAIL ADDRESS: dhaley@crossagency.com	CODE: AGENCY CUSTOMER ID: 00178165	LOAN NUMBER	POLICY NUMBER <b>CIM5335788-10</b>
INSURED <b>State of NH - Dept of Administrative Services</b> c/o Turnstone Corporation 479 Nashua Street Milford NH 03055-0539		EFFECTIVE DATE <b>2/16/2018</b>	EXPIRATION DATE <b>2/16/2020</b>
		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:			

## PROPERTY INFORMATION

LOCATION/DESCRIPTION  
 State House, State Annex, State Library  
 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	7,149,000	1,000

## REMARKS (Including Special Conditions)

Steam Conversion Project #80929R

## 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 Department of Administrative Services Contract Office, Room 130 7 Hazen Drive Concord, NH 03302	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE		

ACORD 27 (2009/12)

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