

State of New Hampshire

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

25
Jm

LINDA M. HODGDON
Commissioner
(603) 271-3201

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

Bureau of Public Works
Design and Construction
Project No. 80665R – Contract B

March 25, 2013

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

REQUESTED ACTION

1). Authorize the Bureau of Public Works Design and Construction to enter into a contract with Keymont Construction, Inc. (VC# 231068) Laconia, NH, for a total price not to exceed \$964,100, for the Construction of Salt Buildings, Statewide. This contract is effective upon Governor and Council approval through September 30, 2013, unless extended in accordance with the contract terms. **100% Capital – Highway Funds.**

2). Further authorize the amount of \$28,880 be approved for payment to the Department of Administrative Services, Bureau of Public Works Design and Construction (VC# 177875), for engineering services provided, bringing the total to \$992,980. **100% Capital – Highway Funds.**

Funding is available in account titled Dept. of Transportation as follows:

04-96-96-120010-86970000	Statewide Salt Sheds	<u>SFY13</u>
034-500162	– Contract Repairs/Bldgs. & Grounds	\$ 964,100
034-500162	– BPW Fees Interagency	<u>\$ 28,880</u>
	Sub-Total	\$ 992,980
	Grand Total	\$ 992,980

EXPLANATION

Per Chapter 253:2, III, C, Laws of 2011, for the Statewide Salt Sheds. This project consists of furnishing all labor, material, tools, equipment, transportation and supervision necessary and required to construct a replacement salt storage building in Lebanon and a new salt storage building in Lancaster.

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 Transportation has certified that the necessary funds are available. Copies of the fully executed contract are on file at the Secretary of State's Office and the Department of Administrative Services, Bureau of Public Works Design and Construction.

Attached please find a copy of the tabulation of bids for this project along with the contract supplemental information sheet.

Respectfully submitted,


Linda M. Hodgdon
Commissioner

Department Estimate: \$1,065,000
Contract Amount: \$ 964,100
Under Estimate: \$ 100,900

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80665R, Contract B – Construct Salt Buildings, Statewide.

DESCRIPTION: The project consists of furnishing all labor, material, tools, equipment, transportation and supervision necessary and required to construct a replacement salt storage building in Lebanon and a new salt storage building in Lancaster.

EXPLANATION: As assessment of the existing salt storage building in Lebanon determined that it was structurally deficient and the site in Lancaster has no storage facility and the Department of Transportation is forced to store salt outdoors. The Department of Transportation has been systematically replacing or supplying inadequate sites with new, higher capacity structures.

UNDER
ESTIMATE

EXPLANATION: The Bureau's estimate for the buildings and site-work was based on pricing of previous salt storage shed projects and falls within the range of bids. Due to the number of bidders and the North Country site locations, the Bureau believes this project had more competitive bidding than previous salt storage shed projects.

BID ALTERNATE
ADD

EXPLANATION: Add Alternate No. 1 and 2 are for covered additions that attach to the north and south side of the Lancaster salt building. The lean-to structures will provide covered storage space for equipment and materials.

DEPARTMENT

ESTIMATE: \$1,065,000

LOW BID: \$ 964,100



- Search
- By Business Name
- By Business ID
- By Registered Agent
- Annual Report
- File Online

Receive your Annual Report Notice by email!

You asked and we delivered! To receive your Annual Report Reminder Notice by email, click [here](#) to complete the online request form.

Who needs to file? If your entity is registered as a Corporation, Limited Liability Company, Professional Corporation, Professional LLC, Limited Liability Partnership, New Hampshire Investment Trust, Consumer Cooperative, Cooperative Marketing and Rural Electrification Association, you need to file annually.

Note: You will need your Business Identification Number to enroll. If you do not have it handy, you may easily look it up by using our [Business name Lookup](#) tool.

Search Type: Starting With
Search Date: 3/25/2013

Search Criteria: keymont construction
Search Time: 09:17

Click on the Entity Name or Business ID to view more information.

Entity Name	Business ID	Type	Entity Status	Entity Creation Date
KEYMONT CONSTRUCTION, INC.	83118	Corporation	Good Standing	3/29/1985

Records Returned 1 to 1

Important Note: The status reflected for each entity on this website only refers to the status of the entity's filing requirements with this office. It does not necessarily reflect the disciplinary status of the entity with any state agency. Requests for disciplinary information should be directed to agencies with licensing or other regulatory authority over the entity.

ITEM NO.	ITEM	QUANTITIES	UNIT	TOTAL	UNIT	TOTAL	UNIT	TOTAL
1	CONSTRUCT SALT BLDG. IN LANCASTER PER THE PLANS & SPECS	1 UNIT	\$292,000.00	\$292,000.00	\$324,293.00	\$324,293.00	\$378,000.00	\$378,000.00
2	CONSTRUCT GRAVEL & PAVEMENT SECTION IN LANCASTER PER THE PLANS & SPECS	1 UNIT	\$18,500.00	\$18,500.00	\$17,985.00	\$17,985.00	\$16,100.00	\$16,100.00
3	SALT BRINE COLLECTION SYSTEM IN LANCASTER PER THE PLANS & SPECS	1 UNIT	\$6,300.00	\$6,300.00	\$5,995.00	\$5,995.00	\$5,100.00	\$5,100.00
4	ALL ELECTRICAL WORK IN LANCASTER PER THE PLANS & SPECS	1 UNIT	\$20,500.00	\$20,500.00	\$21,855.00	\$21,855.00	\$20,500.00	\$20,500.00
5	CONSTRUCT SALT BLDG. IN LEBANON PER THE PLANS & SPECS	1 UNIT	\$456,000.00	\$456,000.00	\$452,180.00	\$452,180.00	\$424,000.00	\$424,000.00
6	CONSTRUCT GRAVEL & PAVEMENT SECTION IN LEBANON PER THE PLANS & SPECS	1 UNIT	\$23,300.00	\$23,300.00	\$24,743.00	\$24,743.00	\$20,800.00	\$20,800.00
7	ALL ELECTRICAL WORK IN LEBANON PER PLANS & SPECS	1 UNIT	\$9,500.00	\$9,500.00	\$11,391.00	\$11,391.00	\$12,500.00	\$12,500.00
8	ALLOWANCE #1-MODIFICATIONS AND/OR ADDITIONS IN LANCASTER	1 ALLOW-ANCE	\$20,000.00	\$20,000.00	\$20,000.00	\$20,000.00	\$20,000.00	\$20,000.00
9	ALLOWANCE #2-MODIFICATIONS AND/OR ADDITIONS IN LEBANON	1 ALLOW-ANCE	\$30,000.00	\$30,000.00	\$30,000.00	\$30,000.00	\$30,000.00	\$30,000.00
10	DEMOLITION OF EXISTING SALT BUILDING AND LEAN-TO IN LEBANON	1 UNIT	\$8,000.00	\$8,000.00	\$7,630.00	\$7,630.00	\$8,400.00	\$8,400.00
BASE BID LUMP SUM FOR ITEMS 1 THROUGH 10				\$884,100.00	\$916,072.00			\$935,400.00

ALTERNATE NO. 1 ADD: \$40,000.00
 ALTERNATE NO. 2 ADD: \$40,000.00

\$31,020.00
 \$31,020.00

\$39,000.00
 \$39,000.00

- A. KEYMONT CONSTRUCTION, INC., 116 HOUNSELL AVENUE, UNIT #7, PO BOX 819, LACONIA, NH 03247
- B. GARY CHICOINE CONSTRUCTION CORP., 20 B & B LANE, WEARE, NH 03281
- C. ALVIN J. COLEMAN & SON, INC., 9 NH ROUTE 113, CONWAY, NH 03818
- D. A. R. COUTURE CONSTRUCTION CORP., INC., 1803 RIVERSIDE DRIVE, BERLIN, NH 03570
- E. DANIEL HEBERT, INC., 12 PLEASANT STREET, COLEBROOK, NH 03576
- F. CMGC BUILDING CORPORATION, 20 COMMERCE PARK N., BEDFORD, NH 03110

\$961,000.00
 \$963,046.00
 \$1,031,433.00

BUREAU OF PUBLIC WORKS

Award to A-Bidder
 Hold for Negotiation Base Bid + 2 Alternates
 Cancel Contract \$964,100.00
 User Agency DOT
 Authorized by [Signature]
 Date 3-6-13



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/18/2013

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 Infantine Insurance P. O. Box 5125 Manchester NH 03108		CONTACT NAME: Vivian Pinette PHONE (A/C, No, Ext): (603) 669-0704 FAX (A/C, No): E-MAIL ADDRESS: vivian@infantine.com	
INSURED Keymont Construction, Inc. PO Box 819 Laconia NH 03247		INSURER(S) AFFORDING COVERAGE INSURER A: Firemen's Ins Co of Washington NAIC # 21784 INSURER B: Acadia Insurance Co. 31325 INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL1233003920 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> CG2503 / CG2504			CPA000483229	4/1/2012	4/1/2013	PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 1,000,000
							\$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS			CAA000479029	4/1/2012	4/1/2013	BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB						Uninsured motorist combined \$ 1,000,000
B	<input type="checkbox"/> EXCESS LIAB						EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> CLAIMS-MADE			CUA000483329	4/1/2012	4/1/2013	AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> W/ STAT L TORIAL LIMITS <input checked="" type="checkbox"/> OTH ER
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			WCA100084330	4/1/2012	4/1/2013	E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below			States: NH ME VT MA			E.L. DISEASE - EA EMPLOYEE \$ 500,000
				CPA000483229	4/1/2012	4/1/2013	E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Leased/Rented Equipment						Limit \$150,000

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

Job: Salt Buildings
 120 Etna Road, Lebanon NH
 641 Main Street, Lancaster NH

It is agreed and understood State of New Hampshire Department of Administrative Services is named as additional insured on general liability when required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

State of New Hampshire Department of Administrative Services
 7 Hazen Drive
 PO Box 483
 Concord, NH 03302-0483

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

Chuck Hamlin/BVP

ACORD 25 (2010/05)

INS025 (201005).01

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See Renewal pg 2



CERTIFICATE OF LIABILITY INSURANCE

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3/18/2013

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PRODUCER Infantine Insurance P. O. Box 5125 Manchester NH 03108		CONTACT NAME: Vivian Pinette PHONE (A/C, No, Ext): (603) 669-0704 FAX (A/C, No): E-MAIL ADDRESS: vivian@infantine.com	
INSURED Keymont Construction, Inc. PO Box 819 Laconia NH 03247		INSURER(S) AFFORDING COVERAGE INSURER A: Firemen's Ins Co of Washington NAIC # 21784 INSURER B: Acadia Insurance Co. 31325 INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL1331306467 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CG2503 / CG2504 GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		X	CBA000483230	4/1/2013	4/1/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
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			CAA000479030	4/1/2013	4/1/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist combined \$ 1,000,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			CUA000483330	4/1/2013	4/1/2014	EACH OCCURRENCE \$ 5,000,000 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		Y/N N/A	WCA100084331 State: NH MA VT ME	4/1/2013	4/1/2014	<input checked="" type="checkbox"/> WC STATIL TORY LIMITS <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Leased/Rented Equipment			CBA000483230	4/1/2013	4/1/2014	\$150,000

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

Job: Salt Buildings
120 Etna Road, Lebanon NH
641 Main Street, Lancaster NH

It is agreed and understood State of New Hampshire Department of Administrative Services is named as additional insured on general liability when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

State of New Hampshire Department of Administrative Services
 7 Hazen Drive
 PO Box 483
 Concord, NH 03302-0483

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
 Chuck Hamlin/BVP



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
3/20/2013

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 Infantine Insurance P. O. Box 5125 Manchester NH 03108		PHONE (A.C. No., Ext): (603) 669-0704	COMPANY Acadia Insurance Co. PO Box 9526 Manchester NH 03108-9526	
FAX (A.C. No.):		E-MAIL ADDRESS: sher@infantine.com		
CODE: 3081		SUB CODE:		
AGENCY CUSTOMER ID # 00002028		LOAN NUMBER		POLICY NUMBER CIM509351510
INSURED Keymont Construction, Inc., State Department of Administrative Services, Any & All Subcontractors ATIMA Laconia NH 03247		EFFECTIVE DATE 3/15/2013	EXPIRATION DATE 3/15/2014	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION
Locations:
120 Etna Road, Lebanon NH
641 Main Street, Lancaster 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
Job Specific Builders Risk, Special Form	964,100	1,000
Transit	482,050	1,000
Storage	482,050	1,000

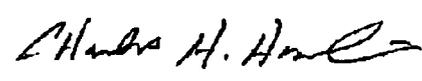
REMARKS (Including Special Conditions)

Project #80665R-B, Contract B - Construct salt buildings

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

NAME AND ADDRESS	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE Chuck Hamlin/BVP 		

ACORD 27 (2009/12)

INS027 (200912).02

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