



State of New Hampshire

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

LINDA M. HODGDON
Commissioner
(603) 271-3201

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

Bureau of Public Works
Design and Construction
Project No. 80629 – Contract B

May 15, 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 Pellowe Construction, LLC (VC# 173260) Alton, NH, for a total price not to exceed \$861,520, for the Main Building ADA Restroom Upgrades and Window Replacement – Governor Hugh Gallen State Office Park, Concord N. H. This contract is effective upon Governor and Council approval through November 1, 2013, unless extended in accordance with the contract terms. **36% Capital - General Funds, 48% Other Funds , 16% Federal Funds.**

2). Further authorize that a contingency in the amount of \$29,800 be approved for unforeseen expenses related to structural and water damage to the Main Building ADA Restroom Upgrades and Window Replacement, bringing the total to \$891,320. **100% Capital - General Funds.**

3). Further authorize the amount of \$42,500 be approved for payment to the Department of Administrative Services, Bureau of Public Works Design and Construction (VC# 177875), for engineering services and capital clerk provided, bringing the total to \$933,820. **83% General – Capital Funds, 17% Federal Funds.**

Funding is available in account titled Dept. Administrative Service – Facilities & Asset Management as follows:

01-14-14-149030-09390000	ADA Restrooms	<u>SFY13</u>
034-500162	– Repair Renovations Bldgs.	\$ 309,900
034-500162	– Interagency Fees (Clerk)	\$ 35,300

034-500162 – Contingency	\$ <u>29,800</u>
Sub-Total	\$ 375,000
01-14-14-141510-20420000 Contractual Maint Bldg. & Grds	
048-500226– Repair Renovations Bldgs.	\$412,101
048-500226 – Interagency Fees	\$ <u>7,200</u>
Sub-Total	\$ 419,301

Funding is available in account titled Dept. Health & Human Services as follows:

05-95-95-953010-56850000 Management Support	
103-500736 – Contracts for OP Services	\$ <u>139,519</u>
Sub-Total	\$ 139,519
Grand Total	\$ 933,820

EXPLANATION

Per Chapter 253:1, II, B, 6 Laws of 2011, for the Governor Hugh Gallen SOP – Main Building ADA Restrooms. This project will provide and install materials necessary to upgrade five (5) existing restrooms and renovate an existing office space into 2 restrooms, all of which will be ADA compliant. The project will replace 514 windows.

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 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, 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: \$915,993 w/alternates
Contract Amount: \$861,520 w/alternates
Under Estimate: \$ 54,473

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80629, Contract B Main Building ADA Restroom Upgrades & Window Replacement – Hugh Gallen State Office Park, Concord.

DESCRIPTION: Provide and install materials necessary to upgrade five existing restrooms and renovate an existing office space into two restrooms, all of which will be ADA compliant. The project also includes 514 window replacements.

EXPLANATION: Many of the restrooms in the Main Building were built before today's accessibility standards were developed. In order for the building to meet current accessibility codes, certain restrooms need to be updated.
Many windows throughout the Main Building are very old, deteriorated, and inefficient. These windows experience severe heat loss and allow water infiltration. Replacing these windows will provide energy cost savings and protect the building interior from water damage.

UNDER ESTIMATE
EXPLANATION: The low bidder is currently working on another project on the campus and is mobilized in the same area. The cost of performing additional work on the same campus is less than another contractor mobilizing. The window replacement was estimated per unit and a bulk order discount was not considered in the Bureau's estimate.

BID ALTERNATE
ADDS/DEDUCTS
EXPLANATION: Alternates 1-10 were accepted due to funding availability. The alternates include:

Alternate # 1: Remove abandoned mechanical equipment in the basement.

Alternates # 2-10: Provide all materials and labor associated with 198 replacement windows of various sizes.

DEPARTMENT
ESTIMATE: \$915,993 (with alternates 1-10)
LOW BID: \$861,520 (with alternates 1-10)

DEPARTMENT OF ADMINISTRATIVE SERVICES
 BIDS WERE OPENED ON THE 16TH DAY OF APRIL, 2013 FOR MAIN BUILDING ADA RESTROOM UPGRADES & WINDOW REPLACEMENT, N. H. HOSPITAL CAMPUS,
 CONCORD, NH
 PROJECT NO.: 80629 CONTRACT B
 COMPLETION DATE: NOVEMBER 1, 2013

ITEM NO.	ITEM	QUANTITIES	A.		B.		TOTAL
			UNIT	TOTAL	UNIT	TOTAL	
1	RENOVATE ROOMS A127C AND A129C PER PLANS & SPECS	1 UNIT	\$76,870.00	\$76,870.00	\$78,500.00	\$78,500.00	\$80,853.00
2	RENOVATE ROOMS R142S, R244S AND R334S PER PLANS & SPECS	1 UNIT	\$83,775.00	\$83,775.00	\$117,100.00	\$117,100.00	\$122,837.00
3	RENOVATE ROOM A207C PER PLANS & SPECS	1 UNIT	\$101,000.00	\$101,000.00	\$39,800.00	\$39,800.00	\$121,639.00
4	ALLOWANCE FOR LATENT OR UNFORESEEN CONDITIONS ENCOUNTERED DURING RESTROOM RENOVATIONS	1 ALLOWANCE	\$45,000.00	\$45,000.00	\$45,000.00	\$45,000.00	\$45,000.00
5	DESIGN-BUILD WINDOW REPLACEMENTS	1 UNIT	\$305,882.00	\$305,882.00	\$478,000.00	\$478,000.00	\$627,079.00
6	ALLOWANCE FOR LATENT OR UNFORESEEN CONDITIONS ENCOUNTERED DURING WINDOW REPLACEMENT	1 ALLOWANCE	\$15,000.00	\$15,000.00	\$15,000.00	\$15,000.00	\$15,000.00
BASE BID LUMP SUM FOR ITEMS 1 THROUGH 6				\$627,527.00		\$773,400.00	\$1,012,408.00

ALTERNATE NO. 1 ADD:	\$3,200.00	\$5,940.00	\$6,136.00
ALTERNATE NO. 2 ADD:	\$70,873.00	\$94,380.00	\$69,254.00
ALTERNATE NO. 3 ADD:	\$906.00	\$1,536.00	\$910.00
ALTERNATE NO. 4 ADD:	\$2,049.00	\$2,746.00	\$2,020.00
ALTERNATE NO. 5 ADD:	\$17,446.00	\$23,232.00	\$17,047.00
ALTERNATE NO. 6 ADD:	\$8,484.00	\$3,857.00	\$2,822.00
ALTERNATE NO. 7 ADD:	\$39,957.00	\$53,539.00	\$39,383.00
ALTERNATE NO. 8 ADD:	\$36,265.00	\$47,520.00	\$34,968.00
ALTERNATE NO. 9 ADD:	\$46,597.00	\$61,776.00	\$44,566.00
ALTERNATE NO. 10 ADD:	\$8,216.00	\$10,454.00	\$7,808.00

A. PELLOWE CONSTRUCTION, LLC, 50 OLD WOLFEBORO RD., ALTON, NH 03809
 B. D. L. KING & ASSOCIATES, INC., 27 TANGLEWOOD DRIVE, NASHUA, NH 03062
 C. PROJECT RESOURCE GROUP, LLC, PO BOX 43, FRANCESTOWN, NH 03043
 D. T. BUCK CONSTRUCTION, INC., 249 MERROW ROAD, AUBURN, ME 04210

\$1,199,118.00

BUREAU OF PUBLIC WORKS
 Award to A - Bidder
 Hold for Negotiation Base Bid plus Alt #1-10
 Cancel Contract \$861,520.00
 User Agency DAS Bfam + DHS
 Authorized by [Signature]
 Date 4-19-13



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/26/2013

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: Julie Levesque
	PHONE (A/C No. Ext): (603) 669-0704 FAX (A/C No.): E-MAIL ADDRESS: Jlevesque@infantine.com
INSURED Pellowe Construction, LLC P.O. Box 1003 Alton NH 03809	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A: Netherlands Insurance 24171
	INSURER B: Peerless Insurance 24198
	INSURER C:
	INSURER D:
	INSURER E:

COVERAGES

CERTIFICATE NUMBER: 2012-2013 Master Cert

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			CBP8530309	10/3/2012	10/3/2013	EACH OCCURRENCE \$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						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	
	GEN'L AGGREGATE LIMIT APPLIES PER:							\$
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC						\$	
A	AUTOMOBILE LIABILITY			3A9536108	10/3/2012	10/3/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS	<input type="checkbox"/>					BODILY INJURY (Per person) \$	
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/>					BODILY INJURY (Per accident) \$	
							PROPERTY DAMAGE (Per accident) \$	
							\$	
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			CU8539809	10/3/2012	10/3/2013	EACH OCCURRENCE \$ 2,000,000	
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/>					AGGREGATE \$ 2,000,000	
	<input type="checkbox"/> DED. <input checked="" type="checkbox"/> RETENTION \$ 10,000		<input checked="" type="checkbox"/>				\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			State of NH WC8539308 Douglas Pellowe excluded	10/3/2012	10/3/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L EACH ACCIDENT \$ 500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L DISEASE - EA EMPLOYEE \$ 500,000	
							E.L DISEASE - POLICY LIMIT \$ 500,000	

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

Project # 80629 - Main Building ADA Restroom Upgrade & Window Replacement - NH State Hospital Campus - Contract B

It is agreed and understood The State of New Hampshire Department of Administrative Services is included as additional insured with respects to General Liability and Umbrella when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

State of New Hampshire Department of Administrative Services 7 Hazen Drive, Room 250 P.O. 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/GS5

ACORD 25 (2010/05)

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INS025 (201005) 01

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/26/2013

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.

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PRODUCER Infantine Insurance P. O. Box 5125 Manchester NH 03108	CONTACT NAME: Julie Levesque PHONE (Ac. No. Ext): (603) 669-0704 FAX (Ac. No.): 603-669-6831 E-MAIL ADDRESS: jlevesque@infantine.com
	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Peerless Insurance 24198 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED State of NH Department of Administrative PO Box 1003 Alton NH 03809	

COVERAGES CERTIFICATE NUMBER: 13/14 OCP's 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"/> Owners & Contractors GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC			GL8945076	5/1/2013	5/1/2014	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"/> 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) \$
	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) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Project # 80629 - Main Building ADA Restroom Upgrade & Window Replacement - NH State Hospital Campus - Contract B

CERTIFICATE HOLDER (603) 271-1558 State of NH Department of Administrative Services 7 Hazen Drive, Room 112 P.O. Box 483 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 Chuck Hamlin/BYM
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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

4/26/2013

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 FAX (A/C. No.): E-MAIL ADDRESS: jeff@infantine.com CODE: 3081 AGENCY CUSTOMER ID #: 00016769	PHONE (A/C. No. Ext): (603) 669-0704	COMPANY Acadia Insurance Co. PO Box 9526 Manchester NH 03108-9526
INSURED Pellowe Construction, LLC, State of NH Department of Administrative PO Box 1003 Alton NH 03809	AGENCY CUSTOMER ID #: 00016769	LOAN NUMBER
		POLICY NUMBER CIM5100332
		EFFECTIVE DATE 5/1/2013
		EXPIRATION DATE 5/1/2014
		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
		THIS REPLACES PRIOR EVIDENCE DATED:

PROPERTY INFORMATION

LOCATION/DESCRIPTION Loc# 00001/Bldg# 00001 - Project #80629 36 Clinton Street Concord, NH 03301

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 Including Theft	861,520	1,000

REMARKS (Including Special Conditions)

Named Insured: Any and All Subcontractors

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 Department of Administrative Services 7 Hazen Drive Concord, NH 03301	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	<input checked="" type="checkbox"/> Owner, Lessee, Contr (B)
	LOAN #	
	AUTHORIZED REPRESENTATIVE	
	Chuck Hamlin/BYM	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/30/2013

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.

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PRODUCER Infantine Insurance P. O. Box 5125 Manchester NH 03108	CONTACT NAME: Julie Levesque X242
	PHONE (AG No. Exp): (603) 669-0704 FAX (AG No.): 603-669-6831 E-MAIL ADDRESS: jlevesque@infantine.com
INSURED Pellows Construction, LLC PO Box 1003 Alton NH 03809	INSURER(S) AFFORDING COVERAGE
	INSURER A: Houston Casualty Co
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: 13/14 Professional REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	YWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/POP AGG \$
	GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB OCCUR CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WG STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Contractors Professional Claims Made			HCC1362579 retroactive date	5/1/2013 5/1/2013	5/1/2014	Per Claim \$1,000,000 Aggregate \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Project # 80629 - Main Building ADA Restroom Upgrade & Window Replacement - NH State Hospital Campus -
 Contract B
 Professional Liability deductible: \$1,000

CERTIFICATE HOLDER (603) 271-1558 State of NH Department of Administrative Services 7 Hazen Drive, Room 112 PO Box 483 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 Sherry Harvey/JL1 <i>Sherry E. Harvey</i>
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ACORD 25 (2010/05)
INS025 (201005) 01

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