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**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. 80899R – Contract B

August 1, 2017

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

**REQUESTED ACTION**

1). Authorize the Division of Public Works Design and Construction to enter into a contract with Brookstone Builders, Inc. (VC# 155834) Manchester, New Hampshire, for a total price not to exceed \$740,803, for the New Hampshire State Library Moisture Intrusion Remediation, Concord, New Hampshire. This contract is effective upon Governor and Council approval through November 15, 2018, unless extended in accordance with the contract terms. **100% Capital – General Funds.**

2). Further authorize the amount of \$20,696 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC# 177875), for engineering services provided, bringing the total to \$761,499. **100% Capital – General Funds.**

Funding is available in account titled Administrative Services – Division of Plant & Property Management as follows:

01-14-14-146030-49770000 State Library	<b><u>SFY18</u></b>
034-500162– Repair/Renovations Bldgs.	\$ <u>220,267</u>
<b>Sub-Total</b>	<b>\$ 220,267</b>
01-14-14-146030-15210000 State Library Parapet	
034-500162– Repair/Renovations Bldgs.	\$ 520,536
034-500162- Interagency DPW Fees	<u>20,696</u>
<b>Sub-Total</b>	<b>\$ 541,232</b>
 <b>Grand Total</b>	 <b>\$ 761,499</b>

**EXPLANATION**

Per Chapter 220:1, II, B, 10 Laws of 2015, as extended by Chapter 228:22, State Library Repair Parapet and Ceiling Repair, Laws of 2017 and Chapter 228:1, II, B, 8, Laws of 2017, Library Repair Parapet and Ceiling Repair . The project will complete exterior repointing of the granite parapet on the South face of the building, removal and replacement of existing roofing system at the tower area only. The project also includes repointing of two (2) chimneys.

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: \$681,125 (w/o Alternates)  
Contract Amount: \$372,000 (w/o Alternates)  
Under Estimate: \$309,125

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 80899, Contract B (Rebid), New Hampshire State Library - Moisture Intrusion Remediation, Concord New Hampshire.

DESCRIPTION: Exterior repointing of the granite parapet on the South face of the building, removal and replacement of existing roofing system at the tower area only. The project also includes repointing of two (2) chimneys.

UNDER  
ESTIMATE

EXPLANATION: The low bid was 45% below the budgeted amount for the base bid of this project. This is largely due to the labor intensive nature of this detail work. The work also involves the use of natural cement for the joints to match the original mortar product used on the building. This is not a readily available product and made it very hard to develop an accurate estimate of the value of the work. There was a lower bid, but the bidder realized they had made a mistake in their bid and withdrew their bid.

ALTERNATES

EXPLANATION: **Alternate #1:** Add work to repair joints at parapet on East face of building.  
**Alternate #2:** Add work to repair joints at parapet on North face of building.  
**Alternate #3:** Add work to repair joints at parapet on West face of building.

DEPARTMENT

ESTIMATE: \$681,125 (without Alternates included)  
LOW BID: \$372,000 (without Alternates included)



Division of Public Works

# ABC Bid Data

CONCORD  
80898B  
NON-FEDERAL

PROJECT: CONCORD  
STATE PROJECT NUMBER: 80898B  
FED. PROJECT NUMBER: NON-FEDERAL  
DATE BIDS OPEN: June 14, 2017, 02:00 PM  
SCOPE OF WORK: MOISTURE INTRUSION REMEDIATION-STATE LIBRARY  
COMPLETION DATE: November 15, 2018  
LOCATION: Merrimack

Certified by: \_\_\_\_\_  
\_\_\_\_\_

## Summary of Bidders

Contractor	Bid Amount	Rank
CONTRACTING SPECIALISTS INC 453 SOUTH MAIN STREET, ATTLEBORO MA 02703	\$ 173,885.00	A
BROOKSTONE BUILDERS, INC. 600 HARVEY ROAD, MANCHESTER NH 03103-3320	\$ 372,000.00	B
TURNSTONE CORPORATION 479 NASHUA STREET, MILFORD NH 03055-3705	\$ 435,400.00	C

*Handwritten:*  
 Bid + 3  
 - 2 Bon  
 = 1, 2, 1  
 \$ 372,000.  
 \$ 368,803 = Total  
 \$ 740,803

BUREAU OF PUBLIC WORKS  
 Award to Brookstone Builders, Inc.  
 Hold for Negotiation  
 Cancel Contract  
 User Agency NH DAS  
 Authorized by [Signature]  
 Date 07062017

Item No.	Description	Unit	Quantity	PS&E		CONTRACTING SPECIALISTS		BROOKSTONE BUILDERS, INC.	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

901	MOISTURE INTRUSION REMEDIATION	U	1.00	\$681,125.00	\$681,125.00	\$149,885.00	\$149,885.00	\$348,000.00	\$348,000.00
902	ALLOWANCE FOR ADDITIONS AND MODIFICATIONS TO THE CONTRACT	\$	24,000.00	\$1.00	\$24,000.00	\$1.00	\$24,000.00	\$1.00	\$24,000.00
			<b>Totals:</b>		<b>\$705,125.00</b>		<b>\$173,885.00</b>		<b>\$372,000.00</b>

**80899B ADD ALTERNATES  
ADD ALTERNATE #1**

991	ADD WORK TO REPAIR JOINTS AT PARAPET ON EAST FACE OF BUILDING	U	1.00	\$319,800.00	\$319,800.00	\$49,110.00	\$49,110.00	\$117,655.00	\$117,655.00
			<b>Totals:</b>		<b>\$319,800.00</b>		<b>\$49,110.00</b>		<b>\$117,655.00</b>

**ADD ALTERNATE #2**

992	ADD WORK TO REPAIR JOINTS AT PARAPET ON NORTH FACE OF BUILDING	U	1.00	\$355,585.00	\$355,585.00	\$53,715.00	\$53,715.00	\$158,382.00	\$158,382.00
			<b>Totals:</b>		<b>\$355,585.00</b>		<b>\$53,715.00</b>		<b>\$158,382.00</b>

**ADD ALTERNATE #3**

993	ADD WORK TO REPAIR JOINTS AT PARAPET ON WEST FACE OF BUILDING	U	1.00	\$201,360.00	\$201,360.00	\$39,200.00	\$39,200.00	\$92,766.00	\$92,766.00
			<b>Totals:</b>		<b>\$201,360.00</b>		<b>\$39,200.00</b>		<b>\$92,766.00</b>

Item No.	Description	Unit	Quantity	PS&E		Turnstone Corporation 479 NASHUA STREET MILFORD, NH 03066-3706
				Unit Price	Total	

901	MOISTURE INTRUSION REMEDIATION	U	1.00	\$681,125.00	\$681,125.00	\$411,400.00	
902	ALLOWANCE FOR ADDITIONS AND MODIFICATIONS TO THE CONTRACT	\$	24,000.00	\$1.00	\$24,000.00	\$24,000.00	
<b>Totals:</b>						<b>\$705,125.00</b>	<b>\$435,400.00</b>

**80699B ADD ALTERNATES  
ADD ALTERNATE #1**

991	ADD WORK TO REPAIR JOINTS AT PARAPET ON EAST FACE OF BUILDING	U	1.00	\$319,800.00	\$319,800.00	\$229,200.00	
<b>Totals:</b>						<b>\$319,800.00</b>	<b>\$229,200.00</b>

**ADD ALTERNATE #2**

992	ADD WORK TO REPAIR JOINTS AT PARAPET ON NORTH FACE OF BUILDING	U	1.00	\$355,585.00	\$355,585.00	\$304,300.00	
<b>Totals:</b>						<b>\$355,585.00</b>	<b>\$304,300.00</b>

**ADD ALTERNATE #3**

993	ADD WORK TO REPAIR JOINTS AT PARAPET ON WEST FACE OF BUILDING	U	1.00	\$201,360.00	\$201,360.00	\$209,100.00	
<b>Totals:</b>						<b>\$201,360.00</b>	<b>\$209,100.00</b>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/16/2017

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> THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	<b>CONTACT NAME:</b> Christine Holman, CPCU, CIC	
	<b>PHONE (A/C, No, Ext):</b> (603) 224-2562	<b>FAX (A/C, No):</b> (603) 224-8012
<b>E-MAIL ADDRESS:</b> cholman@rowleyagency.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Firemen's Ins Co of Wash. DC		21784
<b>INSURER B:</b> Acadia Insurance Company		31325
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES** CERTIFICATE NUMBER: 17-18 All Lines REVISION NUMBER:

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

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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual per CG0001 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:			CPA5071222-14	1/1/2017	1/1/2018	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 \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" 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			CAA5071223-14	1/1/2017	1/1/2018	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 <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			CUA5071225-14	1/1/2017	1/1/2018	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
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/A	WPA5071226-14 3A STATES: NH/MA/ME	1/1/2017	1/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	<b>LEASED/RENTED EQUIPMENT</b>			CPA5071222-14	1/1/2017	1/1/2018	LIMIT: 100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 MOISTURE INTRUSION REMEDIATION-STATE LIBRARY OF NEW HAMPSHIRE, CONCORD, NH, PROJECT NUMBER 80899, CONTRACT B

Certificate holder and all other parties required of the written contract are included as additional insured under general liability

<b>CERTIFICATE HOLDER</b>  State of New Hampshire Department of Administrative Services P.O. Box 483 Concord, NH 03302-0483	<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  C Holman, CPCU, CIC/B <i>Christine Holman</i>
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/16/2017

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**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> THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	<b>CONTACT NAME:</b> Renee Skillings <b>PHONE (A/C, No, Ext):</b> (603) 224-2562 <b>FAX (A/C, No):</b> (603) 224-8012 <b>E-MAIL ADDRESS:</b> rskillings@rowleyagency.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Acadia Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	<b>NAIC #</b> 31325

**COVERAGES**      **CERTIFICATE NUMBER:** OCP - 80899 Cont B      **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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			OCP70717	7/7/2017	7/7/2018	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 \$ \$
	<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) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<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/A			PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
MOISTURE INTRUSION REMEDIATION-STATE LIBRARY OF NEW HAMPSHIRE, CONCORD, NH, PROJECT NUMBER 80899, CONTRACT B

<b>CERTIFICATE HOLDER</b>  State of New Hampshire Department of Administrative Services P.O. Box 483 Concord, NH 03302-0483	<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  C Holman, CPCU, CIC/C <i>Christie Holman</i>
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# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

7/16/2017

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

<b>PRODUCER</b> THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	<b>CONTACT NAME:</b> Renee Skillings	
	<b>PHONE (A/C, No, Ext):</b> (603) 224-2562	<b>FAX (A/C, No):</b> (603) 224-8012
<b>E-MAIL ADDRESS:</b> rskillings@rowleyagency.com		
<b>PRODUCER CUSTOMER ID:</b> 00006540		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Acadia Insurance Company		31325
<b>INSURER B:</b>		
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES**      **CERTIFICATE NUMBER:** BR - Concord Library      **REVISION NUMBER:**

**LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
 Loc#: 00001/Bldg#: 00001, 20 Park Street, Concord, NH, 03301

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
A	<b>PROPERTY</b>	CIM70717	7/7/2017	7/7/2018	BUILDING	\$	
	<b>CAUSES OF LOSS</b>				DEDUCTIBLES	PERSONAL PROPERTY	\$
	BASIC				BUILDING	BUSINESS INCOME	\$
	BROAD				1000	EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL				CONTENTS	RENTAL VALUE	\$
	<input checked="" type="checkbox"/> EARTHQUAKE				25000	BLANKET BUILDING	\$
	<input checked="" type="checkbox"/> FLOOD				25000	BLANKET PERS PROP	\$
				BLANKET BLDG & PP	\$		
					\$		
A	<input checked="" type="checkbox"/> <b>INLAND MARINE</b>	TYPE OF POLICY	7/7/2017	7/7/2018	<input checked="" type="checkbox"/> building	\$ 704,803	
	<b>CAUSES OF LOSS</b>	Installation/Builder			<input checked="" type="checkbox"/> earthquake	\$ 704,803	
	<b>NAMED PERILS</b>	POLICY NUMBER			<input checked="" type="checkbox"/> flood	\$ 704,803	
	<input checked="" type="checkbox"/> see above	CIM70717			\$		
	<b>CRIME</b>				\$		
	<b>TYPE OF POLICY</b>				\$		
	<b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b>				\$		
					\$		
					\$		
					\$		

**SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
 MOISTURE INTRUSION REMEDIATION-STATE LIBRARY OF NEW HAMPSHIRE, CONCORD, NH, PROJECT NUMBER 80899, CONTRACT B

<b>CERTIFICATE HOLDER</b>  State of New Hampshire Department of Administrative Services P.O. Box 483 Concord, NH 03302-0483	<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>  C Holman, CPCU, CIC/C <i>Christie Holman</i>

## Additional Named Insureds

### Other Named Insureds

any and all subcontractors

Insured Multiple Names

State of New Hampshire - Dept of Admin Services

Municipality, Insured Multiple Names