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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. 80862R – Contract E

December 7, 2017

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

**REQUESTED ACTION**

Authorize the Division of Public Works Design and Construction to enter into a contract amendment (Contract 7002105-1) with Meridian Construction Corporation (VC# 157328) Gilford, NH, originally approved by Governor and Council on April 5, 2017, Item #38, for the New Hampshire Liquor Commission Renovation of Warehouse Space to Office Space, Concord, NH, by increasing the base contract amount by \$75,000 from \$1,985,900 to \$2,060,900. This amendment will be effective upon Governor and Council approval through March 31, 2018, unless extended in accordance with the contract terms. **100% Capital - Other Funds.**

Funding is available in account titled Liquor Commission as follows:

02-77-77-171530-17150000	Headquarters Renovations	<u>SFY18</u>
034-500162	– Repair/Renovations Bldgs.	\$ 75,000

**EXPLANATION**

Per Chapter 228:1, XV, E to Complete Headquarters Renovation. This project provides office space for the NHLC Marketing and Enforcement groups by expanding into the existing warehouse area in Concord. Additional funds are required to complete the project and obtain a Certificate of Occupancy from the NH State Fire Marshall. Rather than going through a new bid process, it would be more efficient and less expensive if the current contractor on-site could make the required changes and improvements.

His Excellency, Governor Christopher T. Sununu  
and the Honorable Council  
December 7, 2017  
Page 2 of 2

The contractor has been pre-qualified by the Department of Transportation. The contract has been approved by the New Hampshire Department of Justice as to form and execution, and the Liquor Commission 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,

A handwritten signature in black ink, appearing to read "Charles M. Arlinghaus". The signature is fluid and cursive, with the first name "Charles" being more prominent than the last name "Arlinghaus".

Charles M. Arlinghaus  
Commissioner

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 80862R, Contract E – Renovation of Warehouse Space to Office Space, Concord New Hampshire - Amendment.

DESCRIPTION: This project provides office space for the NHLC Marketing and Enforcement groups by expanding into the existing warehouse area in Concord.

AMENDMENT  
EXPLANATION: Additional funds are needed to complete the project and obtain a Certificate of Occupancy from the NH State Fire Marshal. Rather than going through a new bid process, it would be more efficient and less expensive if the current contractor on site could make the required changes and improvements prior to the Enforcement Division moving in.

**AMENDMENT  
AMOUNT: \$75,000.00**



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

VICKI V. QUIRAM  
 Commissioner  
 (603)-271-3201

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

Division of Public Works  
 Design and Construction  
 Project No. 80862R – Contract E

March 10, 2017

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

4/5/2017

**REQUESTED ACTION**

1). Authorize the Division of Public Works Design and Construction to enter into a contract with Meridian Construction Corp. (VC# 157328) Gilford, NH, for a total price not to exceed \$1,985,900, for the New Hampshire Liquor Commission Renovation of Warehouse space to Office Space, Concord, NH. This contract is effective upon Governor and Council approval through December 1, 2017, unless extended in accordance with the contract terms. **87% Capital – Other Funds, 13% Other Funds (Store Operations Funds).**

2). Further authorize the amount of \$50,000 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC# 177875), for engineering services provided, bringing the total to \$2,035,900. **100% Other Funds (Store Operations Funds).**

Funding is available in account titled Liquor Commission as follows:

02-77-77-770030-50980000 Renovate Warehouse for Enforcement and Maint.	<u>SFY17</u>
034-500162 – Repair/Renovation Bldgs.	\$1,720,139
02-77-77-771512-10300000 Store Operations	
024-500225 – Maint. Other than Bldgs-Grn	\$ 265,761
024-500225 – Interagency Fees	<u>50,000</u>
Sub-Total	\$ 315,761
<b>Grand Total</b>	<b>\$2,035,900</b>

**RECEIVED**

MAR 27 2017

### EXPLANATION

Per Chapter 220:14, XII, D, Laws of 2015 for Renovate Warehouse for the Enforcement and Maintenance. This project will provide office space for the NHLC Marketing and Enforcement groups by expanding into the existing warehouse area in Concord.

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 Liquor Commission 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,



Vicki V. Quiram  
Commissioner

Department Estimate:	\$2,181,752
Contract Amount:	<u>\$1,985,900</u>
Under Estimate:	\$ 195,852

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 80862R, Contract E – Renovation of Warehouse Space to Office Space.

DESCRIPTION: This project provides office space for the NHLC Marketing and Enforcement groups by expanding into the existing warehouse area in Concord.

EXPLANATION: Presently the liquor enforcement group is leasing space, so this project uses already State owned space and provides better proximity of enforcement to the Liquor Commission. It also allows the Marketing group to have a consolidated more organized working environment.

UNDER ESTIMATE

EXPLANATION: The estimate was well within the range of all the bids which were very close together.

DEPARTMENT

ESTIMATE: \$2,181,752

LOW BID: \$1,985,900



Division of Public Works

# ABC Bid Data

CONCORD  
80862R, Contract E  
NON-FEDERAL

PROJECT: CONCORD  
STATE PROJECT NUMBER: 80862R, Contract E  
FED. PROJECT NUMBER: NON-FEDERAL  
DATE BIDS OPEN: February 01, 2017, 02:00 PM  
SCOPE OF WORK: Renovation of warehouse space to office space.  
COMPLETION DATE: December 01, 2017  
LOCATION: Merrimack

Certified by: Theodore Kupper  
Administrator

## Summary of Bidders

Contractor	Bid Amount	Rank
MERIDIAN CONSTRUCTION CORP. 32 ARTISAN COURT #4, GILFORD NH 03249-6603	\$1,985,900.00	A
TCD CONSTRUCTION INC 91 HANCOCK RR, STE 3, PETERBOROUGH NH 03458	\$1,999,756.00	B
NORTH BRANCH CONSTRUCTION INC. 76 OLD TURNPIKE ROAD, CONCORD NH 03301-5242	\$2,038,000.00	C
SEAVER CONSTRUCTION INC 215 LEXINGTON STREET, WOBURN MA 01801	\$2,046,000.00	D
CARENO CONSTRUCTION CO., LLC 270 WEST ROAD, STE 4, PORTSMOUTH NH 03801-7611	\$2,090,000.00	E
STRUCTURETONE INC 711 ATLANTIC AVENUE, BOSTON MA 02111-2809	\$2,150,000.00	F
D. L. KING & ASSOCIATES INC. 27 TANGLEWOOD DRIVE, NASHUA NH 03062-1044	\$2,169,800.00	G
BUCK, T. CONSTRUCTION, INC. 302B AUBURN ROAD, TURNER ME 04282	\$2,393,180.00	H
J.C.N.CONSTRUCTION CO., INC. 8 MERRILL INDUSTRIAL DRIVE UNIT 8, HAMPTON NH 03842	\$2,498,000.00	I

BUREAU OF PUBLIC WORKS  
 Award to Merridian Const. Corp  
 Hold for Negotiation  
 Cancel Contract  
 User Agency SPW  
 Authorized by [Signature]  
 Date 03/01/2017

\$1,985,900.

Item No.	Description	Unit	Quantity	PS&E		MERIDIAN CONSTRUCTION CORP. 32 ARTISAN COURT #4 GILFORD, NH 03249-6603	TCD CONSTRUCTION INC 91 HANCOCK RR, STE 3 PETERBOROUGH, NH 03458
				Unit Price	Total		

901	RENOVATION OF WAREHOUSE SPACE INTO OFFICE AREAS PER PLANS AND SPECS	U	1.000	\$2,051,752.00	\$2,051,752.00	\$1,855,900.00	\$1,869,756.00
902	ALLOWANCE #1 (SEE SPECIFICATIONS SECTION 01200)	\$	130,000.000	\$1.00	\$130,000.00	\$1.00	\$130,000.00

Totals: **\$2,181,752.00** **\$1,985,900.00** **\$1,999,756.00**

Item No.	Description	Unit	Quantity	PS&E		NORTH BRANCH CONSTRUCTION INC.		SEAYER CONSTRUCTION INC	
				Unit Price	Total	76 OLD TURNPIKE ROAD CONCORD, NH 03301-5242	Unit Price	Total	215 LEXINGTON STREET WOBURN, MA 01801
901	RENOVATION OF WAREHOUSE SPACE INTO OFFICE AREAS PER PLANS AND SPECS	U	1.000	\$2,051,752.00	\$2,051,752.00	\$1,908,000.00	\$1,908,000.00	\$1,916,000.00	\$1,916,000.00
902	ALLOWANCE #1 (SEE SPECIFICATIONS SECTION 01200)	\$	130,000.000	\$1.00	\$130,000.00	\$1.00	\$130,000.00	\$1.00	\$130,000.00

Totals: \$2,181,752.00 \$2,038,000.00 \$2,046,000.00

Item No.	Description	Unit	Quantity	PS&E		CARENO CONSTRUCTION CO., LLC 270 WEST ROAD, STE 4 PORTSMOUTH, NH 03801-7811		STRUCTURETONE INC 711 ATLANTIC AVENUE BOSTON, MA 02111-2809	
				Unit Price	Total	Unit Price	Total	Unit Price	Total
901	RENOVATION OF WAREHOUSE SPACE INTO OFFICE AREAS PER PLANS AND SPECS	U	1,000	\$2,051,752.00	\$2,051,752.00	\$1,960,000.00	\$1,960,000.00	\$2,020,000.00	\$2,020,000.00
902	ALLOWANCE #1 (SEE SPECIFICATIONS SECTION 01200)	\$	130,000,000	\$1.00	\$130,000.00	\$1.00	\$130,000.00	\$1.00	\$130,000.00
<b>Totals:</b>					<b>\$2,181,752.00</b>		<b>\$2,090,000.00</b>		<b>\$2,150,000.00</b>

Item No.	Description	Unit	Quantity	PS&E		D. L. KING & ASSOCIATES INC. 27 TANGLEWOOD DRIVE NASHUA, NH 03082-1044	BUCK, T. CONSTRUCTION, INC. 302B AUBURN ROAD TURNER, ME 04282
				Unit Price	Total		
901	RENOVATION OF WAREHOUSE SPACE INTO OFFICE AREAS PER PLANS AND SPECS	U	1.000	\$2,051,752.00	\$2,051,752.00	\$2,059,800.00	\$2,263,180.00
902	ALLOWANCE #1 (SEE SPECIFICATIONS SECTION 01200)	\$	130,000.000	\$1.00	\$130,000.00	\$130,000.00	\$130,000.00

Totals: **\$2,181,752.00**      **\$2,189,800.00**      **\$2,393,180.00**

Item No.	Description	Unit	Quantity	PS&E		J.C.N.CONSTRUCTION CO., INC. 8 MERRILL INDUSTRIAL DRIVE UNIT 8 HAMPTON, NH 03842	
				Unit Price	Total	Unit Price	Total

901	RENOVATION OF WAREHOUSE SPACE INTO OFFICE AREAS PER PLANS AND SPECS	U	1.000	\$2,051,752.00	\$2,051,752.00	\$2,368,000.00	\$2,368,000.00
902	ALLOWANCE #1 (SEE SPECIFICATIONS SECTION 01200)	\$	130,000.000	\$1.00	\$130,000.00	\$1.00	\$130,000.00

Totals: **\$2,181,752.00** **\$2,498,000.00**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/7/2017

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).

PRODUCER CROSS INSURANCE - LACONIA 155 Court Street  Laconia NH 03246	CONTACT NAME: Sarah Cullen, AINS, ACSR
	PHONE (A/C, No, Ext): (603) 524-2425 FAX (A/C, No): (603) 524-3666 E-MAIL ADDRESS: scullen@crossagency.com
INSURED MERIDIAN CONSTRUCTION CORP. 32 ARTISAN COURT UNIT #4 GILFORD NH 03249	INSURER(S) AFFORDING COVERAGE INSURER A: Firemen's Ins. Co. of Washington NAIC # 21784 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: CL16112192604 REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input 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:			CPA5221144-11	10/31/2016	10/31/2017	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 Employment Practices Liability \$ 150,000
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			CAA5221145-11	10/31/2016	10/31/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			CUA5221146-11	10/31/2016	10/31/2017	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Project: NHLC Warehouse convert to office space. Project#80862R-E

State of New Hampshire Department of Administrative Services is listed as an additional insured for ongoing operations performed by or on behalf of Meridian Construction Corp when required in a written contract.

CERTIFICATE HOLDER  State of New Hampshire Department of Administrative Services 25 Capitol Street Concord, NH 03301	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  S Cullen, AINS, ACSR/ <i>Sarah Cullen</i>

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CERTIFICATE OF LIABILITY INSURANCE

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> USI Insurance Solutions, LLC 123 Interstate Drive West Springfield, MA 01089 855 874-0123	<b>CONTACT NAME:</b> Lisa M. O'Neil	
	<b>PHONE (A/C, No, Ext):</b> 413-750-4256	<b>FAX (A/C, No):</b> 610-537-4670
<b>E-MAIL ADDRESS:</b> lisa.oneil@usi.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> ABC NH WORKERS COMP SIG, Inc		99999
<b>INSURER B:</b>		
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **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
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 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) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			ABC00401517	01/01/2017	01/01/2018	<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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**Proof of New Hampshire Workers' Compensation Coverage.**  
**Project# 80862R Contract E NHLC Warehouse Convert to Office Space Project**

<b>CERTIFICATE HOLDER</b>  State of New Hampshire Department of Administrative Services 7 Hazen Drive, Room 130 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  
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/7/2017

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> CROSS INSURANCE - LACONIA 155 Court Street  Laconia NH 03246	<b>CONTACT NAME:</b> Sarah Cullen, AINS, ACSR <b>PHONE (A/C, No, Ext):</b> (603) 524-2425 <b>E-MAIL ADDRESS:</b> scullen@crossagency.com	<b>FAX (A/C, No):</b> (603) 524-3666
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<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:** CL173702726                      **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"/> Owners & Contractors  GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			OCP5295969-10	3/7/2017	9/7/2018	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"/> 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) \$ \$
	<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			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)  
RE:NHLC Warehouse Convert existing warehouse space to office space  
Project#80862R-E

<b>CERTIFICATE HOLDER</b>  State of New Hampshire Department of Administrative Services 25 Capitol Street Concord, NH 03301	<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  S Cullen, AINS, ACSR/ <i>Sarah Cullen</i>
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# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
3/7/2017

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:	
CODE:	SUB CODE:	
AGENCY CUSTOMER ID #: 00177919		
INSURED State of New Hampshire Dept of Admin Services c/o Meridian Construction Corp 32 Artisan Court, Unit #4 Gilford NH 03249	LOAN NUMBER	POLICY NUMBER CIM5290129
	EFFECTIVE DATE 3/7/2017	EXPIRATION DATE 3/7/2018
	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:		

### PROPERTY INFORMATION

LOCATION/DESCRIPTION Loc# 00001 50 Storrs St Concord, NH
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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, Replacement Cost, Special Form	1,985,900	1,000

### REMARKS (Including Special Conditions)

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### 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 25 Capitol Street Concord, NH 03301	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE		
S Cullen, AINS, ACSR/S <i>Sarah Cullen</i>		





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/28/2017

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> <b>CROSS INSURANCE - LACONIA</b> 155 Court Street  Laconia NH 03246	<b>CONTACT NAME:</b> Sarah Cullen, AINS, ACSR <b>PHONE (A/C, No, Ext):</b> (603) 524-2425 <b>E-MAIL ADDRESS:</b> scullen@crossagency.com	<b>FAX (A/C, No):</b> (603) 524-3666
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Acadia Ins Co.	<b>NAIC #</b> 31325
<b>INSURED</b> State of New Hampshire Department of Administrative C/O Meridian Construction Corp 32 Artisan Court, Unit #4 Gilford NH 03249	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER:** CL173702726 **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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY		OCP5295969-10	3/7/2017	9/7/2018	EACH OCCURRENCE	\$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	<input checked="" type="checkbox"/> Owners & Contractors					MED EXP (Any one person)	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE	\$ 3,000,000
	OTHER:					PRODUCTS - COMP/OP AGG	\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE	\$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE	\$
	DED	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 RE: NHLC Warehouse Convert existing warehouse space to office space  
 Project#80862R-E

<b>CERTIFICATE HOLDER</b>  State of New Hampshire Department of Administrative Services 25 Capitol Street Concord, NH 03301	<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  S Cullen, AINS, ACSR/ <i>Sarah Cullen</i>
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