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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

Catherine A. Keane
Deputy Commissioner
(603)-271-2059

Division of Public Works
Design and Construction
Project No. 80864R – Contract B

April 19, 2019

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 7002534-1) with R. M Piper, Inc. (VC# 174180) Plymouth, NH, for the Glenclyff Home Potable Water System – Phase I, by increasing the base contract amount by \$104,327.90 from \$1,233,000 to \$1,337,327.90, originally approved by Governor and Council on October 3, 2018 Item #75. This amendment will be effective upon Governor and Council approval through September 27, 2019, as outlined in the amended alteration order, unless extended in accordance with the contract terms. This amendment has been approved by the Department of Health and Human Services – Glenclyff Home. **100% General - Operating Funds.**

Funding is available in account titled Department of Health and Human Services – Glenclyff Home as follows:

05-91-91-910010-78920000 Maintenance	<u>SFY 19</u>
048-500226 – Contractual Maint. – Bldg. & Grounds	\$104,327.90

EXPLANATION

This project will construct a well to provide a second well which is needed for the new potable water system for the facility. Because Phase I of the project only had funding for one

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
April 19, 2019
Page 2 of 2

well, completing this second well for the system will better position Glencliff for the Phase II design, which has been submitted for a capital improvements project FY 2020-2021.

Attached please find supporting documentation for this request.

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" and last name "Arlinghaus" clearly distinguishable.

Charles M. Arlinghaus
Commissioner

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 80864R, Contract B – Glencliff Home Potable Water System – Phase I, Benton, New Hampshire.

DESCRIPTION: The Glencliff Home is a psychiatric nursing home which is a self-sustaining facility. The project includes replacing the existing potable water system, which will include putting the new well No. 3 online, to supply Glencliff Home with a new potable water source. The project also includes installing a new watermain from well #3, up to a new booster pump station, and then tied into the facility's existing water system.

EXPLANATION: Glencliff Home's current potable water system is made up of a combination of 2 drilled wells and a large cistern which relies on groundwater to fill the cistern structure. The Department of Environmental Services has determined that the cistern is no longer a safe source of potable water for the facility, and the Glencliff Home has ordered them to seek a source of potable water to replace the cistern. The two (2), existing drilled wells are very deep and have lost their yield, so a new well (well no.3) was drilled and will be the new source of water. Well 3 has been permitted and approved for drinking by DES. In the future (Phase II), Glencliff plans on requesting additional funds to install a 2nd well to work in sequence with well 3 and will be part of the new potable water system.

**AMENDMENT
AMOUNT: \$104,327.90**

**AMENDMENT
EXPLANATION: Constructing this well will provide a second well which is needed for the new potable water system for the facility. Because Phase I of the project only had funding for one well, completing this second well for the system, will better position Glencliff for the Phase II design, which has been submitted for a capital improvements project FY 2019-2020.**



State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES
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Concord, New Hampshire 03301

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Assistant Commissioner
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Catherine A. Keane
Deputy Commissioner
(603) 271-2059

Division of Public Works
Design and Construction
Project No. 80864R - Contract B

September 17, 2018

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

RECEIVED

SEP 26 2018

Bureau of Public Works

REQUESTED ACTION

1). Authorize the Division of Public Works Design and Construction to enter into a contract with R. M. Piper, (VC# 174180) Plymouth, NH, for a total price not to exceed \$1,233,000, for the Glenclyff Home Potable Water System - Phase I, Benton, N. H. This contract is effective upon Governor and Council approval through August 1, 2019, unless extended in accordance with the contract terms. **77% Capital - General Fund, 7% Operating - General Funds, 16% Federal Funds.**

2). Further authorize pursuant to 228:13, Laws of 2017, the amount of \$31,622 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC# 177875), Capital Clerk for oversight and engineering services provided, bringing the total to \$1,264,622. **77% Capital - General Funds, 23% Federal Funds.**

Funding is available in account titled Department of Department of Health and Human Services as follows:

SFY 19

05-91-91-910030-50450000 Glenclyff Home
Potable Water System

034-500162 - Repair/Renovations Bldgs.	\$ 948,500
034-500162 - Interagency DPW Fees	<u>24,500</u>

Sub-total \$ 973,000

05-91-91-910010-78920000 Maintenance

048-500226 – Contractual Maint. – Bldg. & Grounds \$ 91,622

Sub-Total \$ 91,622

9595
05-91-91-910010-56850000 Management Support

103-500736 – Contract Repairs/Bldg. Grounds \$ 192,878

103-500736 - Interagency DPW Fees 7,122

Sub-total \$ 200,000

Grand Total \$1,264,622

EXPLANATION

Per Chapter 220:1, VII, A, Laws of 2015 for Glenclyff Home Potable Water System, extended by Chapter 228:22, 63, Laws of 2017. The project includes replacing the existing potable water system, which will include putting the new well No. 3 online, to supply Glenclyff Home with a new potable water source. The project also includes installing a new watermain from well #3, up to a new booster pump station, and then tied into the facility's existing water system.

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 Health and Human Services – Glenclyff Home 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: \$1,020,000
Contract Amount: \$ 805,500(negotiated)

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 80864, Contract B – Glencliff Home Potable Water System – Phase I, Benton, New Hampshire.

DESCRIPTION: The Glencliff Home is a psychiatric nursing home which is a self-sustaining facility. The project includes replacing the existing potable water system, which will include putting the new well No. 3 online, to supply Glencliff Home with a new potable water source. The project also includes installing a new watermain from well #3, up to a new booster pump station, and then tied into the facility's existing water system.

EXPLANATION: Glencliff Home's current potable water system is made up of a combination of 2 drilled wells and a large cistern which relies on groundwater to fill the cistern structure. The Department of Environmental Services has determined that the cistern is no longer a safe source of potable water for the facility, and has ordered them to seek a source of potable water to replace the cistern. The 2 drilled wells are very deep and have lost their yield, so a new well (well no.3) was drilled and will be the new source of water. Well 3 has been permitted and approved for drinking by DES. In the future (Phase II), Glencliff plans on requesting additional funds to install a 2nd well to work in sequence with well 3 and will be part of the new potable water system.

UNDER ESTIMATE

EXPLANATION: The lowest bid came in below the DPW estimate because the unit cost for rock removal was lower, and it is believed that the contractor anticipated lower mobilization costs because they are located nearby.

ALTERNATES

EXPLANATION: Due to the lower bid received, Glencliff was able to accept alternate #1 for the booster pump station.

DEPARTMENT

ESTIMATE:	\$1,020,000
LOW BID:	\$ 812,500
Negotiated:	\$ 805,500



ABC Bid Data

GLENCLOFF
00843
NON-FEDERAL

PROJECT: GLENCLOFF
STATE PROJECT NUMBER: 806648
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: August 15, 2018, 02:00 PM
SCOPE OF WORK: GLENCLOFF HOME POTABLE WATER SYSTEM - PHASE I
COMPLETION DATE: August 01, 2019
LOCATION: Griffin

Certified by: _____

Summary of Bidders

Contractor	Bid Amount	Rank
PIPER, R. M. INC. 141 SMITH BRIDGE RD, PO BOX 400, PLYMOUTH NH 03264-0490	\$812,500.00	A
LATULPPE CONSTRUCTION, M.E. 979 Rumney, Route 25, RUMNEY NH 03288	\$940,545.00	B
HEBERT, DANIEL INC. 12 PLEASANT ST., COLEBROOK NH 03578	\$1,014,812.00	C
N.A. Menosh, Inc. 120 Northgate Plaza, MORRISVILLE VT 05661	\$1,247,680.00	D

Orig. Bid

Negotiated

Item #901: \$722,500.00 → \$722,500.00

#902: \$15,000.00 → \$15,000.00

#903: \$75,000.00 → \$68,000.00

Alt #1 + \$812,500.00 → \$805,500.00

\$1,233,000.00

BUREAU OF PUBLIC WORKS

Award to RM Piper, Inc

Hold for Negotiation

Cancel Contract

User Agency HHS

Authorized by [Signature]

Date 08/29/18

Item No.	Description	Unit	Quantity	P&S		PIPER, R. M. INC. 141 SMITH BRIDGE RD PLYMOUTH, NH 03254-0430		LATULIPPE CONSTRUCTION, M.E. 979 Rumney, Route 25 Rumney, NH 03266	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

901	CONSTRUCT POTABLE WATER SYSTEM	U	1.00	\$906,000.00	\$906,000.00	\$722,500.00	\$722,500.00	\$883,545.00	\$883,545.00
902	LEDGE AND ROCK REMOVAL AND REPLACE WITH SPECIFIED FILL	CY	200.00	\$200.00	\$40,000.00	\$75.00	\$15,000.00	\$10.00	\$2,000.00
903	ALLOWANCE FOR ADDITIONS AND MODIFICATIONS TO THE CONTRACT	\$	75,000.00	\$1.00	\$75,000.00	\$1.00	\$75,000.00	\$1.00	\$75,000.00
Totals:					\$1,820,000.00		\$812,500.00		\$940,545.00

ALTERNATES 80864B

ALTERNATE #1

991	ADD ALTERNATE #1 ADD BOOST PUMP STATION PER PLANS AND SPECS	U	1.00	\$548,000.00	\$548,000.00	\$427,500.00	\$427,500.00	\$426,380.00	\$426,380.00
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ALTERNATE #2

992	ADD ALTERNATE #2 ADD PORTABLE GENERATOR (FOR MULTI SITE USE)	U	1.00	\$50,000.00	\$50,000.00	\$45,000.00	\$45,000.00	\$50,000.00	\$50,000.00
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Alt. Totals:									
Totals:					\$1,820,000.00		\$812,500.00		\$940,545.00

Item No.	Description	Unit	Quantity	PS&E		HEBERT, DANIEL INC. 12 PLEASANT ST. COLEBROOK, NH 03576		N.A. Manosh, Inc. 120 Northgate Plaza Morrisville, VT 05661	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items

901	CONSTRUCT POTABLE WATER SYSTEM	U	1.00	\$905,000.00	\$905,000.00	\$839,612.00	\$839,612.00	\$1,114,680.00	\$1,114,680.00
902	LEDGE AND ROCK REMOVAL AND REPLACE WITH SPECIFIED FILL	CY	200.00	\$200.00	\$40,000.00	\$1.00	\$200.00	\$290.00	\$58,000.00
903	ALLOWANCE FOR ADDITIONS AND MODIFICATIONS TO THE CONTRACT	\$	75,000.00	\$1.00	\$75,000.00	\$1.00	\$75,000.00	\$1.00	\$75,000.00
Totals:					\$1,020,000.00		\$1,014,812.00		\$1,247,680.00

ALTERNATES 80864B

ALTERNATE #1

991	ADD ALTERNATE #1 ADD BOOST PUMP STATION PER PLANS AND SPECS	U	1.00	\$548,000.00	\$548,000.00	\$323,412.00	\$323,412.00	\$87,288.00	\$87,288.00
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ALTERNATE #2

992	ADD ALTERNATE #2 ADD PORTABLE GENERATOR (FOR MULTI SITE USE)	U	1.00	\$50,000.00	\$50,000.00	\$45,000.00	\$45,000.00	\$61,255.00	\$61,255.00
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Alt Totals:									
Totals:					\$1,020,000.00		\$1,014,812.00		\$1,247,680.00


I

R.M. 
PIPER INC.

GENERAL CONTRACTORS
 141 SMITH BRIDGE ROAD
 P.O. BOX 490, PLYMOUTH, NH 03264
 603-536-4154 • FAX 603-536-9499

8/22/18

Mr. Scott Carri, Project Manager
 New Hampshire Department of Administrative Services
 Division of Public Works
 John O. Morton Building, Room 250
 7 Hazen Drive P.O. Box 483
 Concord, New Hampshire 03302-0483

NEGOTIATED LETTER ACCEPTANCE:	
	<u>Admin Svcs</u>
Commissioner's Signature (or designee)	Print Name/Agency
_____	_____
Commissioner's Signature (or designee)	Print Name/Agency
_____	_____
Commissioner's Signature (or designee)	Print Name/Agency
_____	_____
Commissioner's Signature (or designee)	Print Name/Agency
_____	_____

Sent via USPS and e-mail to Scott.carri@das.nh.gov

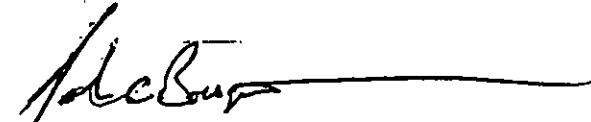
RE: Negotiated Bid Item for Glencliff Potable Waterline – Phase I Project

R.M. Piper agrees to provide the scope of work in Bid Item #3 as outlined in the Plans and Specifications for Project #80864, Contract B, for a reduced sum of \$68,000.00, which is a \$7,000.00 reduction from the original bid. The reduction was made in order for Glencliff Home to be able to accept the add alternate as well as the base bid items.

The revised breakdown for the project is now as follows:

Bid Item #1	\$722,500.00
Bid Item #2	\$15,000.00
Bid Item #3	\$68,000.00
Add Alternate #1	\$427,500.00
Total Bid	\$1,233,000.00

RM Piper agrees to do the Glencliff Home Potable Waterline Project #80864 for \$1,233,000.00, for performing Items #1 through #3 and the alternate item #1 in total.


 John C. Bousquet
 Vice President
 R.M. Piper Inc.
 P.O. Box 490
 Plymouth NH 03264





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/30/2018

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).

PRODUCER THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Peggy Johnson PHONE (A/C No. Ext.): (603) 224-2562 E-MAIL ADDRESS: pjohnson@rowleyagency.com		FAX (A/C. No.): (603) 224-8013
	INSURER(S) AFFORDING COVERAGE		
INSURED R.M. Piper, Inc. P.O. Box 490 141 Smith Bridge Road Plymouth NH 03264	INSURER A: Citizens Insurance Co.		NAIC # 31534
	INSURER B: Allmerica Financial Benefits		NAIC # 41840
	INSURER C: Hanover Insurance Co.		NAIC # 22292
	INSURER D: Crum & Forster Spec. Ins. Co.		
	INSURER E:		
	INSURER F:		

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 (INSR NO)	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 type="checkbox"/> LOC OTHER:		IRVA05248702	3/1/2018	3/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS		AMVA05248302	3/1/2018	3/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$
C	<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		UIVA05248802	3/1/2018	3/1/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 Products-Comp/Op Agg \$ 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				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Leased/Rented Equipment		IRVA05269502	3/1/2018	3/1/2019	\$535,000
D	Pollution Liability		CPL108304	12/17/2017	12/17/2018	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Glencliff Home Potable Water System - Phase I 80864 Contract B. The State of New Hampshire, its agencies, and its agents and employees are included as additional insured as respects products-completed operations liability when required by written contract with the insured.

CERTIFICATE HOLDER State of NH Dept. of Administrative Services 7 Hazen Dr. 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 Peggy Johnson/PAJ <i>Peggy A Johnson</i>
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ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/10/2018

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 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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: USI Insurance Solutions LLC, 123 Interstate Drive, West Springfield, MA 01089, 855 874-0123. CONTACT NAME: Kelly Grahn, PHONE: 781-939-2004, FAX: (A/C, No:), EMAIL: kelly.grahn@usi.com. INSURER(S) AFFORDING COVERAGE: INSURER A: ABC NH WORKERS COMP SIG, Inc, NAIC #: 99999.

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDRESS, POLICY NUMBER, POLICY EFF, POLICY EXP, LIMITS. Includes rows for Commercial General Liability, Automobile Liability, Umbrella Liability, and Workers Compensation.

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: DPW Project# 80864 Contract B, Glencliff Home Potable Water System - Phase 1

CERTIFICATE HOLDER: NH Department of Administrative Services, Division of Public Works, P.O. Box 483, Concord, NH 03302-0483. 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: Joseph G. Blawie



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/30/2018

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PRODUCER THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Peggy Johnson PHONE (AG No. Ext.): (603) 224-2562 FAX (AG No.): (603) 224-8012 E-MAIL ADDRESS: pjohnson@rowleyagency.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Hanover Insurance Co.</td> <td>22292</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Hanover Insurance Co.	22292	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A: Hanover Insurance Co.	22292													
INSURER B:														
INSURER C:														
INSURER D:														
INSURER E:														
INSURER F:														
INSURED State of NH Dept. of Administrative Services 7 Hazen Dr. Concord NH 03302														

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

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INER LTR	TYPE OF INSURANCE	ADD. SUBR. INSD. WVD.	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 Protective GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC OTHER:		LEVD938737638	8/30/2018	8/30/2019	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 <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	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)

Glenclyff Home Potable Water System - Phase I 80864 Contract B.

Contractor: R.M. Piper, Inc.

CERTIFICATE HOLDER**CANCELLATION**

State of NH
 Dept. of Administrative Services
 7 Hazen Dr.
 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

Peggy Johnson/PAJ

Peggy A Johnson

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/30/2018

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).

PRODUCER THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511		CONTACT NAME: Peggy Johnson PHONE (AG, Ho, Ext): (603) 224-2562 FAX (AG, Ho): (603) 224-8612 E-MAIL ADDRESS: pjohnson@rowleyagency.com	
INSURED R.M. Piper Inc; State of NH Dept of Administrative Services; Any & All Subs & All Tier Subs POB 490 Plymouth NH 03264		INSURER(S) AFFORDING COVERAGE INSURER A: Ohio Casualty Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

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	ADDITIONAL INFO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE	\$
	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)	\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE	\$
	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 <input type="checkbox"/> N/A				PER STATUTE OTH-ER	\$
A	Builder's Risk		IM567485644	8/30/18	8/30/19	\$1,233,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Glencliff Home Potable Water System - Phase I 80864 Contract B.

CERTIFICATE HOLDER**CANCELLATION**

State of NH Dept. of Administrative Services 7 Hazen Dr. 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 Peggy Johnson/PAJ <i>Peggy A Johnson</i>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/17/2019

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.

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PRODUCER THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Peggy Johnson PHONE (A/C No. Ext): (603)224-2562 FAX (A/C. No.): (603)224-8012 E-MAIL ADDRESS: pjohnson@rowleyagency.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Citizens Insurance Co.</td> <td>31534</td> </tr> <tr> <td>INSURER B: Allmerica Financial Benefits</td> <td>41840</td> </tr> <tr> <td>INSURER C: Hanover Insurance Co.</td> <td>22292</td> </tr> <tr> <td>INSURER D: Crum & Forster Spec. Ins. Co.</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Citizens Insurance Co.	31534	INSURER B: Allmerica Financial Benefits	41840	INSURER C: Hanover Insurance Co.	22292	INSURER D: Crum & Forster Spec. Ins. Co.		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A: Citizens Insurance Co.	31534													
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INSURER D: Crum & Forster Spec. Ins. Co.														
INSURER E:														
INSURER F:														
INSURED R.M. Piper, Inc. P.O. Box 490 141 Smith Bridge Road Plymouth NH 03264														

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 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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			ZBVA85248703	3/1/2019	3/1/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	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			AWVA85248503	3/1/2019	3/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$
C	<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			UHVA85248803	3/1/2019	3/1/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 Products-Comp/Op Agg \$ 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 \$
C	Leased/Rented Equipment			IHVA85269503	3/1/2019	3/1/2020	\$535,000
D	Pollution Liability			CPL109696	12/17/2018	12/17/2019	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Glencliff Home Potable Water System - Phase I 80864 Contract B. The State of New Hampshire, its agencies, and its agents and employees are included as additional insured as respects products-completed operations liability when required by written contract with the insured.

CERTIFICATE HOLDER State of NH Dept. of Administrative Services 7 Hazen Dr. 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 Peggy Johnson/PAJ <i>Peggy A. Johnson</i>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/17/2019

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.

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PRODUCER THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Peggy Johnson PHONE (A/C, No. Ext.): (603) 224-2562 E-MAIL ADDRESS: pjohnson@rowleyagency.com FAX (A/C, No.): (603) 224-8012
	INSURER(S) AFFORDING COVERAGE INSURER A: Hanover Insurance Co. NAIC # 22292 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED State of NH Dept. of Administrative Services 7 Hazen Dr. Concord NH 03302	

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners & Contractors Protec <input type="checkbox"/> Protective GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			LHVD68275700	8/30/2018	8/30/2019	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 \$ \$
	<input type="checkbox"/> 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) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> 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)
 Glencliff Home Potable Water System - Phase I 80864 Contract B.
 Contractor: R.M. Piper, Inc.
 Revised Contract Cost: 1,340,289

CERTIFICATE HOLDER State of NH Dept. of Administrative Services 7 Hazen Dr. 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 Peggy Johnson/PAJ <i>Peggy A Johnson</i>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/17/2019

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PRODUCER THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Peggy Johnson PHONE (A/C, No, Ext): (603) 224-2562 FAX (A/C, No): (603) 224-8012 E-MAIL ADDRESS: pjohnson@rowleyagency.com
	INSURER(S) AFFORDING COVERAGE INSURER A: Ohio Casualty Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <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 \$ \$
	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	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Builder's Risk			BHO59149154	8/30/18	8/30/19	\$1,340,280

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Glenclyff Home Potable Water System - Phase I 80864 Contract B.

CERTIFICATE HOLDER State of NH Dept. of Administrative Services 7 Hazen Dr. 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 Peggy Johnson/PAJ
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Client#: 1335482

RMPIPER

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/04/2018

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.

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PRODUCER: USI Insurance Solutions, LLC, 711 E. Main Street, Suite 201, Chicopee, MA 01020-3600. CONTACT NAME: Kelly Grahn, PHONE: 781-939-2004, FAX: (A/C, No):, E-MAIL ADDRESS: kelly.grahn@usi.com. INSURER(S) AFFORDING COVERAGE: INSURER A: ABC NH WORKERS COMP SIG, Inc. NAIC #: NONAIC.

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR YVDR, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes sections for Commercial General Liability, Automobile Liability, Umbrella Liab, and Workers Compensation and Employers' Liability.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required). Evidence of NH Workers' Compensation Coverage. Project: Boscawen 81006R-Contract A, Cemetery Expansion

CERTIFICATE HOLDER: State of NH Department of Administrative Services, 7 Hazen Drive, Room 250, 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: Joseph C. Blawie