



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 Glencliff 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 – Glencliff Home. 100% General - Operating Funds.

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

05-91-91-910010-78920000 Maintenance

SFY 19

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,

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 2<sup>nd</sup> 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 Glenlciff 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 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 (608) 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 Glencliff 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 Glencliff 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 Glencliff 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 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.

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 – Glencliff 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 cistem. 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 2<sup>nd</sup> 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**



GLENCLIFF 80848 NON-FEDERAL

PROJECT:
STATE PROJECT HUMBER:
PED, PROJECT HUMBER:
OATE BIDS OFFIC:
SCOIPE OF WORK:
COMPLETION DATE:
LUCATON:

Grafton

GLENCLEP\* 808498 NOS-PELENAL AUGUST 15, 2018, 02:00 PM GLENCLEP HONE POTABLE WATER SYSTEM - PHASE I August 01, 2019

Curtified by:

#### **Summary of Bidders**

Contractor	Bld Amount	Renk
PIPER, R. M. INC.	\$812,500.00	A
141 SMITH BRIDGE RD, PO BOX 490, PLYMOUTH NH 03284-0490		
141 SMITH BRIDGE RD, PO BOX 490, PLYMOUTH NH 03284-0490 LATULIPPE CONSTRUCTION, M.E. 979 Rumney, Route 25, RUMNEY NH 03286 HEBERT, DANIEL INC. 12 PLEASANT ST., COLEBROOK NH 03576	<b>\$940,545.00</b> .	В
979 Rumney, Route 25, RUMNEY NH 03286	•	
HEBERT, DANIEL INC.	\$1,014,812.00	C
12 PLEASANT ST., COLEBROOK NH 03576		
N.A. Manosh, Inc.	\$1,247,680.00	D
120 Northgato Pizza, MORRISVILLE VT 05861		
HEBERT, DANIEL INC.  12 PLEASANT ST., COLEBROOK NH 03576  N.A. Manosh, inc.  120 Northgato Phaza, MORRISVILLE VT 05861		
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490? X 617! X XX 1/ / AW	ard to PM PIDAV, INC	-
#903   8121 AN HO	ld for Negotiation	
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Authorized by		
DateO8	119/18	

				PSAE		PIPER, R. 141 SMITH B PLYMOUTH, N	RIDGE RD 1 03254-0490	LATULIPPE CONSTRUCTION, M.E. 979 Runney, Route 25 Runney, NH 03266	
Item No.	Description	Unit	Quantity	UNIX PRICE	TOP	Unit Price	रिस्ता	Unit Price	TOTAL
200.15									
901	CONSTRUCT POTABLE WATER SYSTEM	U	1.00	\$905,000.00	\$905,000.00	\$722,500,00	\$722,500.00	\$883,545.00	\$863,845.00
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	81.00	\$75,000.00	\$1.00	\$75,000.00
	- 4	Totals:	~ . ~ ~ ·, ·2	\$1,020,000.00		\$812,560.00		\$940,545.00	
	NTES 80864B WATE #1		_				<del> </del>		
991.	ADD ALTERNATE & ADD BOOST PUMP STATION PER PLANS AND SPECS	U	1.00	\$548,000.00	\$548,000.00	\$427,500.00	\$427,500.00	\$428,380.00	\$426,380.00
ALTE	HATE #2				-			•	
992	ADD ALTERNATE #2 ADD PORTABLE GENERATOR (FOR MULTI SITE USE)	υ	1.00	\$60,000.00	\$50,000.00	\$45,000.00	\$45,000.00	\$50,000.00	\$50,000.00
			Alt. Totals:						
			Totales		\$1,020,000.00		\$812,500.00		\$940,545.00

			,	P	S&E	HEBERT, DANIEL INC. 12 PLEASANT ST. COLEBROOK, NH 03576		120 Northgate Plaza	
item No.	Description	Unit	Quantity	Unit Price	TOTAL	Unit Price	Total	Unit Price	Total
Items			,		_				-
901	CONSTRUCT POTABLE WATER SYSTEM	υ	1.00	\$905,000.00	\$905,000.00	\$939,612.00	\$939,612.00	\$1,114,680.00	\$1,114,680.00
802	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
	NATE #1		_	•					
991	ADD ALTERNATE #1 ADD BOOST PUMP STATION PER PLANS AND SPECS	υ	1.00	\$548,000.00	\$548,000.00	) \$323,412.00	\$323,412.00	\$87,288.00	\$87,288.00
ALTER	NATE #2		<del></del>						
992	ADD ALTERNATE #2 ADD PORTABLE GENERATOR (FOR MULTI SITE USE)	υ	1.00	\$50,000.00	\$50,000.00	\$45,000.00	\$45,000.00	\$61,255.00	\$61,255.00
			Ait. Totals:						
			Totals:		\$1,020,000.00		\$1,014,812.00	,	\$1,247,680.00

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141 SMITH BRIDGE ROAD
P.O. BOX 490, PLYMOUTH, NH 03264

Commissioners Signature (or designes)

603-536-4154 • FAX 603 5 FA

8/22/18

Mr. Scott Carri, Project Manager
New Hampshire Department of Administrative Services
Division of Public Works
John 0. Morton Building, Room 250
7 Hazen Drive P.O. Box 483
Concord, New Hampshire 03302-0483

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 NH03264.





DATE (MM/DDYYYY) .... 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(les) 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

COLUTICATA BOIDEL IN HAN OF RUCH &	untrougenienis d'alt								
PRODUCER		CONTACT Paggy Johnson							
THE ROWLEY AGENCY INC.		PHONE (603) 224-2562 FAX (AG, No. Ext): (603) 224-2012							
45 Constitution Avenue		ADDRESS: pjohnson@rowleyzgency.com							
P.O. Box 511		INSURER(5) AFFORDING COVERAGE	NAIC #						
Concord NH	03302-0511	DESURERA: Citizens Insurance Co.	31534						
MSURED	<del></del>	MSURER B: Allmorica Financial Benefits	41840						
R.M. Piper, Inc.	•	MSURER C:Hanover Insurance Co.	22292						
P.O. Box 490		MEURERD:Crum & Forster Spec. Ins. Co.							
141 Smith Bridge Road		HSURER E:							
Plymouth MH	03264	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, FXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

E	XCLUSIONS AND CONDITIONS OF SUCH							
INSR	TYPE OF INSURANCE	ADDL	RBUZ	POLICY NUMBER	POLICY EFF	POLICY EXP	LekiTi	l
-50.5	X COMMERCIAL GENERAL LIABILITY			•			EACH OCCURRENCE	1,000,000
A	CLAIMS-MADE X OCCUR			•	ĺ		DAMAGE TO RENTED PREMISES (Es occurrence)	\$ 100,000
				SEVAB5248702	3/1/2018	3/1/2019	MED EXP (Any one person)	10,000
	· · · · · · · · · · · · · · · · · · ·				•		PERSONAL & ADV INJURY	1,000,000
ŀ	GENT AGGREGATE LIMIT APPLIES PER:		7	,			GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO. LOC	1					PRODUCTS - COMPIOP AGG	\$ 2,000,000
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	AUTOMOBILE LIABILITY						COMBINED SINGLE UMIT (En accident)	\$ 1,000,000
l _	X ANY AUTO					;	BODILY INJURY (Per person)	\$
В	ALL OWNED SCHEDULED AUTOS			AWVA85248502	3/1/2018	3/1/2019	BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X MON-OWNED					ļ	PROPERTY DAMAGE (Per accident)	\$
							Medical payments	<u> </u>
	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 5,000,000
l c	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 5,000,000
ľ	DED X RETENTIONS 0			UNIVA85248802	3/1/2018	3/1/2019	Products-Comp/Op Agg	\$ 5,000,000
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	ANY PROPRIETOR/PARTHER/EXECUTIVE	NIA					E.L. EACH ACCIDENT '	\$
	(Mandatory in NH)	7'2					E.L. DISEASE - EA EMPLOYEE	3
·	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	<u>.                                      </u>
С	Leased/Rented Equipment			IRVA05269502	3/1/2010	3/1/2019	\$535,000	
D	Pollution Liability			CPL108304	12/17/2017	12/17/2018	1,000,000	
l						<u> </u>	·	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 181, Additional Remarks Schedule, may be attached it 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	CANCELLATION
State of NH Dept. of Administrative Services	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
7 Hazen Dr. Concord, NH 03302	AUTHORIZED REPRESENTATIVE
,	Peggy Johnson/PAJ Paggy a Johnson

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Client#: 13354\*

# CERTIFICA E OF LIABILITY INSURAN

DATE (MAL/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(les) 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). CONTACT Kelly Grahn PRODUCER PHONE 781-939-2004 USI Insurance Solutions LLC FAX (A)C, No): 123 Interstate Drive ADDRESS: kelly.grahn@usl.com West Springfield, MA 01089 HISURER(S) AFFORDING COVERAGE 855 B74-0123 99999 INSURER A : AND NIN WORKERS COMP BIG, Inc INSURED INSURFR 8: R. M. Piper, Inc. MEURER C : P.O. Box 490 MSURER D: Plymouth, NH 03264-0490 MISLINER 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. ADDI BUBR POLICY FFT, PRINTS AFTY TYPE OF MISURANCE POLICÝ NUMBER COMMERCIAL GENERAL LIABILITY **EACH OCCURRENCE** PREMISES (ES COCAMINOS) CLAIMS-MADE OCCUR MED EXP (Any one person) PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE POLICY PRO-PRODUCTS - COMPVOP AGG OTHER: OMBINED SINGLE LIMIT AUTOMOBILE LIABILITY (Ea accident) BODILY INJURY (Per person) 5 OTUA YMA **SCHEDULED** DWNED AUTOS ONLY BODILY INJURY (Per socident) AUTOS NON-OWNED AUTOS ONLY PROPERTY DAMAGE (Per modelent) HIRED ALTOS ONLY \$ 8 UMBRELLA LIAB EACH OCCURRENCE **OCCUR EXCESS UAB** CLADIS-MADE AGGREGATE DED RETENTION \$ WORKERS COMPENSATION HIQ 01/01/2018 01/01/2019 X STATUTE ABC16000318 AND EMPLOYERS LIABILITY \$1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT N EL DISEASE - EA EMPLOYEE \$1,000,000 (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS before EL 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: DPW Project# 80864 Contract B, Glencliff Home Potable Water System - Phase 1 CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE NH Department of Administrative THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Services Division of Public Works AUTHORIZED REPRESENTATIVE

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P.O. Box 483

Concord, NH 03302-0483

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DATE (MIW/DDMYYYY) 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 INSURE the terms and conditions of the policy, certain policies may requi								
certificate holder in lieu of such endorsement(s).								
PRODUCER	CONTACT Pegg	Johnson						
THE ROWLEY AGENCY INC.	IAG NO CKIC	3) 224-2562		FAX (A/C, No); (603) 2	24-6012			
45 Constitution Avenue	E-MAIL ADDRESS: Pjoh	nson@rowleys	gency.com					
P.O. Box 511		INSURER(8) AFFOR	DING COVERAGE		NAIC #			
Concord NH 03302-0511	INSURER A :Hand	INSURERA Hanover Insurance Co. 22292						
NAURED	INSURER B :							
State of NH Dept. of Administrative Services	INSURER C:							
7 Hazen Dr.	NSURER D :							
	MEURER E :							
Concord NH 03302	INSURER F:			_				
COVERAGES CERTIFICATE NUMBER:			REVISION NUM	BER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BEL INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CON CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE A EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MA	DITION OF ANY CONTRA AFFORDED BY THE POLI AY HAVE BEEN REDUCED	CT OR OTHER D CIES DESCRIBED BY PAID CLAIMS.	OCUMENT WITH	RESPECT TO JECT TO ALL 1	WHICH THIS			
INÉR TYPE OF INSURANCE RISID MYD POLICY NY	MDER CHARGOTY	POLICY EXP		LIMENTS	<del></del>			
COMMERCIAL GENERAL LIABILITY	ł		EACH OCCURRENCE DAMAGE TO RENTE	5	2,000,000			
A CLAIMS-MADE X OCCUR			PREMISES (Ea ecour)					
X Owners & Contractors LEVD930737638	1/30/20	·* 0/30/2019	MED EXP (Any one pa	-				
Protective		. j	PERSONAL & ADVIN		3,000,000			
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		<u> </u>	PRODUCTS - COMPA	OP AGG   \$				
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ANY AUTO		j f	(Ea ecclosori) BODILY INJURY (Per	person) 5	··			
ALL OWNED SCHEDULED			BODILY INJURY (Per					
AUTOS AUTOS NON-OVANED		<u> </u>	PROPERTY DAMAGE					
HIRED AUTOS AUTOS		l t	(Per accident)					
UNIBRELLA LIAB OCCUR			EACH OCCURRENCE					
EXCESS LIAB CLAIMS-MADE		J 7	AGGREGATE					
DED RETENTIONS		1 1		\$				
WORKERS COMPENSATION		1	PER	OTH-				
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			E.L. EACH ACCIDENT					
OFFICERAMEMBER EXCLUDED? N/A			E.L. DISEASE - EA EM	APLOYEE 8				
If yes, describe under DESCRIPTION OF OPERATIONS below	1		E.L. DISEASE - POLIC	Y LIMIT \$				
				-				
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remark Glencliff Home Potable Water System - Phase I 80	a Schedule, may be exacted if 864 Contract B.	more space le require	वी					
Contractor: R.M. Piper, Inc.		•		,				
CERTIFICATE HOLDER	CANCELLATIO	N						
State of NH Dept. of Administrative Services 7 Hazen Dr.	THE EXPIRATI	F THE ABOVE DE: ON DATE THER WITH THE POLICY	REOF, NOTICE V					
Concord, NH 03302	AUTHORIZED REPRE	SENTATIVE						
	Peggy Johnso	m/PAJ (	Pagys a	John	mon			

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ACORD"	
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DATE (NAVDD/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(les) must be endorsed. If SUBROGATION IS WAIVED, subject to

	he terms and conditions of the policy ertificate holder in lieu of such endo			endorse	mont. A sta	tement on ti	nis certificate does not confer	rights to the			
_	DUCER		,	CONTA	C7 Peggy J	Tobpeon					
	E ROWLEY AGENCY INC.			PHONE	76031	224-2562	FAX (603)	224~8012			
	Constitution Avenue			PHONE (603) 224-2562 FAX (A/C, No): (603) 224-8012 AMAK NO ENDRESS; p johnson@rowleysgency.com							
	D. Box 511										
-		302-05	<b>:</b> 11	MSURER(S) AFFORDING COVERAGE MSURER A:Obio Casualty Company							
	RED	302 03	, <u></u>	1		REURICY	Ompany	<del> </del>			
-	M. Piper Inc, State of NH	Dept o	of Administrative	INSURE				<del> </del>			
	rvices; Any & All Subs & A	-		RSURI				<del>                                     </del>			
	B 490			NSURE				<del> </del>			
		264		INSURE		•		<del></del>			
			TE NUMBER:	INSURE		<del></del>	REVISION NUMBER:	<del></del>			
T II	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY	S OF INS EQUIREM PERTAIN	URANCE LISTED BELOW HA IENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OED BY	Y CONTRACT THE POLICIES	THE INSURE OR OTHER I DESCRIBE	D NAMED ABOVE FOR THE PO DOCUMENT WITH RESPECT TO D HEREIN IS SUBJECT TO ALL	WHICH THIS			
NSR	XCLUSIONS AND CONDITIONS OF SUCH	IA DOLISUE	SRI	EBEEN			· · · · · · · · · · · · · · · · · · ·				
LTR	TYPE OF INSURANCE	INSO W	O POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	OKWOONTY	LIMITS				
	COMMERCIAL GENERAL LIABILITY	1 1					EACH OCCURRENCE 5 DAMAGE TO RENTED				
	CLAMS-MADE CCCUR	1 1					PREMISES (Es occurrence)   \$				
	<del></del>						MED EXP (Any one person) \$				
		i I			i		PERSONAL & ADVINJURY \$				
	GENL AGGREGATE LIMIT APPLIES PER:		•	1			GENERAL AGGREGATE 6	<del></del>			
	POUCY PRO-			ĺ			PRODUCTS - COMPTOP AGG 8				
	AUTOMOBILE LIABILITY	<del>   </del>					COMBINED SINGLE UMIT				
							(Ex socident)  BODILY INJURY (Per person) \$				
	ANY AUTO SCHEDULED	1 1					BODILY INJURY (Per accident) 8				
	AUTOS AUTOS NON-OWNED	J.					PROPERTY DAMAGE				
	HIRED AUTOS AUTOS			- 1		}	(Per accident) s				
	UMBRELLA LIAB OCCUR										
	EXCESS LIAB CLAIMS-MADE			ł	- 1	}	AGGREGATE \$				
	DED RETENTION S	1				}	AGGREGATE \$	<del></del>			
	WORKERS COMPENSATION	<del>                                     </del>			- +	-	PER OTH-				
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE    Y   N	]		ľ	1	ł	EL EACH ACCIDENT \$				
	OFFICERAMEMBER EXCLUDED? (Mandatory in NH)	N/A			1	Ì	E.L. DISEASE - EA EMPLOYEE \$				
	If yes, describe under DESCRIPTION OF OPERATIONS below				[	Ì	ELL DISEASE - POLICY LIMIT \$				
_		<del>                                     </del>		- 1		2/22/22					
λ.	Builder's Risk		IM567485644		8/30/18	8/30/19	¥1,233,000				
	REPTION OF OPERATIONS / LOCATIONS / VEHIC Excliff Home Potable Water					space la requir	ed)	,			
CEF	TIFICATE HOLDER			CANC	ELLATION						
	State of NH Dept. of Administrati 7 Hazen Dr.	ve "Bei	rvices	SHOL THE ACCC	ILD ANY OF THE EXPIRATION ORDANGE WITH	DATE THE	SCRIBED POLICIES BE CANCELL REOF, NOTICE WILL BE DEL PROVISIONS.				
	Concord, NH 03302		,	AUTHOR	ZED REPRESENT		^	ł			
			ļ	Peggy Johnson/PAJ Raggy a Johnson							



15

# 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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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).

C	rtificate holder in lieu of such endorse	men	t(s).					·	*	
PRO	DUCER		•		CONTAC	T Peggy Jo	ohnson	•		
THE	ROWLEY AGENCY INC.				PHONE IA/C. No	Lene '	224-2562	FAX (AAC	( C, No):   (603) 224-	-0012
45	Constitution Avenue				E-MAIL ADDRES	s; pjohnso	nerowleyag	ency.com		
P.Ç	. Box 511							DING COVERAGE		NAIC #
Con	cord NH 033	02-0	511		INSURE	RA: Citizer	s Insuran	ce Co.		31534
INSU	RED		-	-	MSURER B: Allmerica Financial Benefits					41840
R.M	. Piper, Inc.				NSURER C: Hanover Insurance Co.					22292
P.C	. Box 490			!	INSURE					
141	Smith Bridge Road				INSURE	RE:				
Ply	mouth NH 032	64		·	INSURE	RF:			,	
CO.	VERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBE	R:	
IN CI	IIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQL ERTIFICATE MAY BE ISSUED OR MAY PER' ICLUSIONS AND CONDITIONS OF SUCH P	IIREM TAIN,	ENT, '	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T	Y CONT THE POL	RACT OR OTH	IER OOCUME! BED HEREIN I	NT WITH RESPECT TO	O WHICH THIS	
NSR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DOYYYY)		LIMITS	
LTR	X COMMERCIAL GENERAL LIABILITY	1130		11				EACH OCCURRENCE	\$	1,000,000
A	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrent	ce) \$	100,000
				ZBVA85248703		3/1/2019	3/1/2020	MED EXP (Any one perso		10,000
								PERSONAL & ADV INJU	RY \$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO- LOC							PRODUCTS - COMP/OP /	AGG S	2,000,000
	OTHER:					_			s	•
	AUTOMOBILE LIABILITY			d				COMBINED SINGLE LIMI (Ea accident)	T s	1,000,000
В	X ANY AUTO	į						BOOKLY INJURY (Per per	rson) \$	
•	ALL OWNED SCHEDULED AUTOS			AWVA85248503		3/1/2019	3/1/2020	BODILY INJURY (Per acc	cident) \$	
	X HIRED AUTOS X NON-OWNED							PROPERTY DAMAGE (Per accident)	\$	
				· , ·				Medical payments	\$	
	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	5,000,000
С	EXCESS LIAB CLAIMS-MADE	ļ						AGGREGATE Products-Comp/Op Agg	<u> </u>	5,000,000
	DED X RETENTION \$ 0			UHVA85248803		3/1/2019	3/1/2020		STH-	5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N								ER -	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	s	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPL	OYEE \$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY L	IMIT \$	
С	Leased/Rented Equipment			1HVA85269503		3/1/2019	3/1/2020	\$535,000		
D	Pollution Limbility			CPL109696		12/17/2018	12/17/2019	1,000,000		
Gle age	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Ramarks Schedule, may be attached if more spece 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.									
CE	RTIFICATE HOLDER				CANC	ELLATION				
	State of NH Dept. of Administrative 7 Hazen Dr.	THE	EXPIRATION D	ATE THEREO	SCRIBED POLICIES B F, NOTICE WILL BE DE Y PROVISIONS.		BEFORE			
	Concord, NH 03302				AUTHO	RIZED REPRESEN	ITATIVE	-		
					Peggy Johnson/PAJ Paggy G John				a Johnson	า



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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C	rtificate holder in lieu of such endors	emen	t(s).								
PRO	DUCER			· • • • • • • • • • • • • • • • • • • •	CONTAC NAME:	Peggy Jo	ohnson				
THE	ROWLEY AGENCY INC.				PHONE (A/C, No	LEXTE '	224-2562		FAX (AJC, No);	(603) 224	-8012
45	Constitution Avenue				E-MAIL	s; pjohnsor	nerowleyaç	ency.com			
P.0	. Box 511							DING COVERAGE			NAIC #
Cor	cord NH 03	302-	0511	i	INSURE						22292
INSU					INSURER B: 22292						
	te of NH Dept. of Administra	tive	Set	rvices							
	agen Dr.			<del></del>	INSURER C:						
•				•	INSURER D:						
C^-	cord NH 03	302			INSURE	•					
	<del></del>		ATE	NUMBER.	INSURE	RF:		DEVISION NUI	ADED.		
_	VERAGES CEI HIS IS TO CERTIFY THAT THE POLICIES O			NUMBER:	EN ICCI	ED TO THE IN		REVISION NUI		BEDIAL	
IN CI	DICATED. NOTWITHSTANDING ANY REQ ERTIFICATE MAY BE ISSUED OR MAY PER ICLUSIONS AND CONDITIONS OF SUCH	UIREN TAIN, POLICI	IENT, THE II ES. LI	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T IMITS SHOWN MAY HAVE BE	IY CONT HE POL	RACT OR OTH	IER DOCUME! BED HEREIN I	NT WITH RESPEC	T TO WHI	CH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DO/YYYY)		LIMIT	8	,
	COMMERCIAL GENERAL LIABILITY	T	1					EACH OCCURREN	CE	s	2,000,000
A	CLAIMS-MADE X OCCUR							DAMAGE TO RENTI PREMISES (En occ	D	s	•
	X Owners & Contractors Protec	:		LHVD68275700		8/30/2018	8/30/2019	MED EXP (Any one		\$	
	Protective	1						PERSONAL & ADV		\$	
	GEN'LAGGREGATE LIMIT APPLIES PER:	1						GENERAL AGGREG		\$	3,000,000
	POLICY PRO- JECT LOC					i		PRODUCTS - COMP		s	
	OTHER:									s	
•	AUTOMOBILE LIABILITY		ĺ	:				COMBINED SINGLE (Ea accident)	UMIT	\$	
	ANYAUTO	-				·		BODILY INJURY (P	er person)	\$	
	ALL OWNED SCHEDULED							BODILY INJURY (P	er accident)	3	
	AUTOS AUTOS NON-OWNED	ŀ	ł					PROPERTY DAMAG	1	5	
	HIRED AUTOS AUTOS							(Per accident)		\$	
	UMBRELLA LIAB OCCUR	1						EACH OCCURREN	·	\$	
	EXCESS LIAB CLAIMS-MADE	1		,				AGGREGATE	<u> </u>	<u>:                                    </u>	
	CDAMOMADA	1						AGGREGATE		\$	
	DED RETENTION S WORKERS COMPENSATION	1						PER STATUTE	OTH- ER	•	
	AND EMPLOYERS' LIABILITY									•	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE		\$	
	(Mandatory in NH)							E.L. DISEASE - EA E		\$	<del>_</del> -
	DÉSCRIPTION OF OPERATIONS below	+	├	=				E.L. DISEASE - POL	CYLIMIT	\$	
i											
		1									
DES	DISTINUI DE OBERATIONS EL CONTINUE L'ARRESSE	9 /40	) ) )	4. Additional Remarks Sakadula —	au be se-	shed Marana as as	na la saassissasis				•
	RIPTION OF OPERATIONS/LOCATIONS/VEHICLE ncliff, Home Potable Water Sy				•		pe is required)	•			
Con	tractor: R.M. Piper, Inc.										
Rev	ised Contract Cost: 1,340,28	9									
CE	RTIFICATE HOLDER			<i>Y</i>	CANO	ELLATION					
				•	<u> </u>						
	State of NH				THE	EXPIRATION D	ATE THEREOF	SCRIBED POLICIE , NOTICE WILL BI			BEFORE
	Dept. of Administrative	Ser	vic	<del>0</del> 5	ACC	ORDANCE WIT	THE POLICY	PROVISIONS.			
	7 Hazen Dr.			•	<u> </u>						
	Concord, NH 03302			· <u>-</u>	AUTHOF	UZED REPRESEN	ITATIVE				
	1				Peggy Johnson/PAJ Vagy a Johnson				า		



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

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PRODUC	ER	<u> </u>	CONTACT Peggy Johnson							
THE ROWLEY AGENCY INC.					PHONE [AIC, No. Ext): (603) 224-2562 FAX [AIC, No.]: (603) 224-					3) 224-8012
45 Constitution Avenue					E-MAIL ADDRESS: pjohnson@rowleyagency.com					
P.O. Box 511						INSURER(S) AFFORDING COVERAGE				
Concord NH 03302-0511					INSURER		sualty Co			NAIC #
NSURED					INSURER B:					
R.M. Piper Inc; State of NH Dept of Administrative					INSURER C :					i .
Services; Any & All Subs & All Tier Subs					INSURER D:					
POB 490					INSURER E :					1
Plymouth NH 03264				INSURER F:						
COVERAGES CERTIFICAT			ATE	NUMBER:	.,,	<u>.</u>				
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.										
NSR		ADOL	NSD WYD POLICY NUMBER		[	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		<del></del>	
LTR .	COMMERCIAL GENERAL LIABILITY	INSU	MYU.	FOLIGI NUMBER		1mm100(1111)		EACH OCCURRENCE	LIMITS	
	CLAIMS-MADE OCCUR				1			DAMAGE TO RENTED		
-	COMMS-MADE COCON							THE MICE OF THE COOK I STORY		
$\vdash$								MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$		
	LANGE ACCRECATE LINET ACCRECATE ACCRECATE							· 1		<del></del>
GE	PRO-							PRODUCTS - COMP/O		
	POUCY DECT LOC							PRODUCTS - COMP/O	SPAGG \$	•
41	OTHER:				+			COMBINED SINGLE LI		<del></del>
F	<b>1</b>							(Ea accident) BODILY INJURY (Per	<del></del>	
-	ANY AUTO ALL OWNED SCHEDULED				4			BODILY INJURY (Per		
_	AUTOS AUTOS NON-OWNED				- 1			PROPERTY DAMAGE		
-	HIRED AUTOS AUTOS				ĺ			(Per accident)	<u> •</u>	
-	Lunger A A A D					-			\$	
	UMBRELLA LIAB OCCUR				- 1			EACH OCCURRENCE		
_	EXCESS LIAB CLAIMS-MADE				1			AGGREGATE	- 3	
1440	DED RETENTION S				<del></del>			I PER	OTH- ER	
AN	AND EMPLOYERS' LIABILITY Y/N			-			PER STATUTE			
		N/A			- 1			E.L. EACH ACCIDENT		
H y	idatory in NK)				E.L. DISEASE - EA EMPLOYEE \$  E.L. DISEASE - POLICY LIMIT \$					
DÈ	CRIPTION OF OPERATIONS below				<u></u>			E.L. DISEASE - POLICY		
A Bu	nilder's Risk			BMO59149154		8/30/18	8/30/19	\$1,340,289		
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.										
t										
CERTIFICATE HOLDER					CANCELLATION					
ORIGINAL HOLDER										
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					
	<u> </u>		Peggy	reggy Johnson/PAJ Wayy G Johnson						

Client#: 1335482

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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). CONTACT Kelly Grahn **USI Insurance Solutions, LLC** PHONE (A/C, No, Ext): 781-939-2004 711 E. Main Street E-MAIL ADDRESS: kelly.grahn@usi.com Suite 201 INSURER(S) AFFORDING COVERAGE NAIC # Chicopee, MA 01020-3600 NONAIC INSURER A : ABC NH WORKERS COMP BIG, Inc INSURED INSURER R : R. M. Piper, Inc. INSURER C P.O. Box 490 INSURER D Plymouth, NH 03264-0490 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. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE LIMITS POLICY NUMBER COMMERCIAL GENERAL LIABILITY **EACH OCCURRENCE** DAMAGE TO RENTED PREMISES (E8 occurrence) CLAIMS-MADE OCCUR MED EXP (Any one person) \$ PERSONAL & ADV INJURY GENT AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE PRO-JECT PRODUCTS - COMP/OP AG3 POLICY 100 \$ 5 OTHER COMBINED SINGLE LIMIT (En accident) AUTOMOBILE LIABILITY **BODILY INJURY (Per person)** ANY AUTO SCHEDULED AUTOS NON-OWNED AUTOS ONLY OWNED AUTOS ONLY **BODILY INJURY (Per accident)** s PROPERTY DAMAGE HIRED AUTOS ONLY (Per accident) **UMBRELLA LIAB** OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE AGGREGATE 4 DED RETENTION \$ WORKERS COMPENSATION 01/01/2019 01/01/2020 X PER STATUTE ABC16000319 AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE
OFFICER/MEMBER EXCLUDED? s1.000.000 E.L. EACH ACCIDENT N E.L. DISEASE - EA EMPLOYEE \$1,000,000 (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below 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) Evidence of NH Workers' Compensation Coverage. Project: Boscawen 81006R-Contract A, Cemetery Expansion CANCELLATION **CERTIFICATE HOLDER** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE State of NH Department of THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. **Administrative Services** 7 Hazen Drive, Room 250 AUTHORIZED REPRESENTATIVE Concord, NH 03302

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Joseph C. Blanke