



# State of New Hampshire

FEB 24 '20 PM 4:01 DAS

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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. 81065, Contract B

January 29, 2020

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

### REQUESTED ACTION

- 1.) Authorize the Division of Public Works Design and Construction to enter into a contract with Gerard A. LaFlamme, Inc. (VC# 174091) Manchester, New Hampshire, for a total price not to exceed \$197,330.00, for the Install Emergency Power for New Heating Systems at Spaulding and Legislative Office Building, Concord, NH. This contract is effective upon Governor and Council approval through October 1, 2020, unless extended in accordance with the contract terms. **100% Capital - General Funds.**
- 2.) Further authorize that a contingency in the amount of \$20,000 be approved for unanticipated site expenses for the Install Emergency Power for New Heating Systems at Spaulding and Legislative Office Building, Concord, bringing the total to \$217,330. **100% Capital - General Funds.**
- 3.) Further authorize the amount of \$5,000 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC# 311152), for engineering services provided, bringing the total to \$222,330. **100% Capital-General Funds.**

Funding is available in account titled Dept. of Administrative Services as follows:

01-14-14-140030-71890000 19-146:111C2 Emergency Back

034-500162 – Repair/Renovation Buildings	\$ 197,330
034-500162 – Contingency	\$ 20,000
034-500162 – DPW Fees	<u>\$ 5,000</u>
<b>Grand Total.</b>	<b>\$ 222,330</b>

#### EXPLANATION

The scope of this project includes work to provide emergency backup power for the heating systems at the Spaulding Building and the Legislative Office Building. This is due to the old steam plant closing down and new boilers being installed at state owned buildings.

The contractor has been pre-qualified by the Department of Transportation. The contract has been approved by the Attorney General as to form and execution; and the Department of Administrative Services has certified that the necessary funds are available. Copies of the fully executed contract are on file at the Secretary of State's Office and the Department of Administrative Services, Division of Public Works Design and Construction.

Attached please find a copy of the tabulation of bids for this project along with the contract supplemental information sheet.

Respectfully submitted,



Charles M. Arlinghaus,  
Commissioner

Department Estimate:	\$198,000
Contract Amount:	<u>\$197,330</u>
Under Estimate:	\$ 670

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 81065, Contract B – Install Emergency Power for New Heating Systems at Spaulding and LOB.

DESCRIPTION: Install new generators to provide backup power for heating systems at Spaulding Building and the Legislative Office Building.

EXPLANATION: Since the old steam plant closed down new boilers have been installed at state owned buildings. This project will provide emergency backup power for the heating systems at the Spaulding Building and the Legislative Office Building.

UNDER ESTIMATE

EXPLANATION: The bids came in less than 1% of the estimate.

DEPARTMENT

ESTIMATE: \$198,000

LOW BID: \$197,330



# ABC Bid Data

CONCORD  
810658  
NON-FEDERAL

PROJECT: CONCORD  
STATE PROJECT NUMBER: 810658  
FED. PROJECT NUMBER: NON-FEDERAL  
DATE BIDS OPEN: December 18, 2019, 2:00 PM  
SCOPE OF WORK: INSTALL EMERGENCY POWER FOR NEW HEATING SYSTEMS AT SPAULDING & LOB  
COMPLETION DATE: October 01, 2020  
LOCATION: Merrimack

## Summary of Bidders

Contractor	Bid Amount	Rank
LAFLAMME, INC. GERARD A. 100 HARVEY ROAD, PO BOX 5706, MANCHESTER NH 03108	\$197,330.00	A

**BUREAU OF PUBLIC WORKS**  
 Award to Gerard A. LaFlamme, Inc  
 Hold for Negotiation  
 Cancel Contract  
User Agency NHDAS  
Authorized by [Signature]  
Date 12242019

Items 901 = \$ 82,480.  
902 = \$ 89,900.  
903 = \$ 25,000.  

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Total = \$ 197,330.

Item No.	Description	Unit	Quantity	PS&E		LAFLAMME, INC. GERARD A. 100 HARVEY ROAD MANCHESTER, NH 03108	
				Unit Price	Total	Unit Price	Total

901	ELECTRICAL WORK AT LOB	U	1.00	\$58,000.00	\$58,000.00	\$82,430.00	\$82,430.00
902	ELECTRICAL WORK AT THE SPAULDING BUILDING	U	1.00	\$115,000.00	\$115,000.00	\$89,900.00	\$89,900.00
903	UNFORESEEN CONDITIONS AND OWNER INITIATED CHANGES	\$	25,000.00	\$1.00	\$25,000.00	\$1.00	\$25,000.00

<b>Totals:</b>				<b>\$198,000.00</b>		<b>\$197,330.00</b>	
Alt. Totals:							
<b>Totals:</b>				<b>\$198,000.00</b>		<b>\$197,330.00</b>	



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/3/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511		<b>CONTACT NAME:</b> Kelley Massey <b>PHONE (A/C, No, Ext):</b> (603) 224-2562 <b>FAX (A/C, No):</b> (603) 224-8012 <b>E-MAIL ADDRESS:</b> kmassey@rowleyagency.com	
<b>INSURED</b> Gerard A. Laflamme, Inc. P O Box 5706 Manchester NH 03108		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Firemen's Ins Co of Wash. DC <b>INSURER B:</b> Acadia Insurance Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 21784 31325	

**COVERAGES**

CERTIFICATE NUMBER:

REVISION NUMBER:

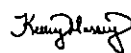
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 checked="" type="checkbox"/> LOC OTHER:		X	CPA023562422	12/19/2019	12/19/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		X	CAA023562523	12/19/2019	12/19/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0		X	CUA023562822	12/19/2019	12/19/2020	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 PRODCOMP OPS AGGREGATE \$ 10,000,000
A	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	WPA027786621 3A STATES: NH, ME, VT	12/19/2019	12/19/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	LEASED/RENTED EQUIPMENT			CPA023562422	12/19/2019	12/19/2020	LIMIT: \$150,000
A	INSTALLATION FLOATER			CPA023562422	12/19/2019	12/19/2020	LIMIT: \$200,000

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

Project Name: Install emergency power for New Heating Systems at Spaulding & LOB, Project #: 81065  
 Contract B. Covering electrical operations of the named insured during the policy period. Cancellation provision: 30 days except 10 days for nonpayment of premium. State of New Hampshire, its agencies, and its agents, employees are additional insureds on all liability policies except workers' compensation where required by written contract. Additional insured with respect to the general liability includes ongoing and completed operations when required by written contract.

**CERTIFICATE HOLDER****CANCELLATION**

State of New Hampshire c/o Department of Administrative Services 7 Hazen Drive, Room 250 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 Kelley Massey/KCO 
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<b>PRODUCER</b> THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511		<b>CONTACT NAME:</b> Kelley Massey <b>PHONE (A/C, No, Ext):</b> (603) 224-2562 <b>FAX (A/C, No):</b> (603) 224-8012 <b>E-MAIL ADDRESS:</b> kmassey@rowleyagency.com	
<b>INSURED</b> Gerard A. Laflamme, Inc. P O Box 5706 Manchester NH 03108		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Firemen's Ins Co of Wash. DC NAIC # 21784 <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:**

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INSR LTR	TYPE OF INSURANCE	ADOL INSD	BUBR 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"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PROP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WPA027786621 3A STATES: NH, ME, VT	12/19/2019	12/19/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Project Name: Install emergency power for New Heating Systems at Spaulding & LOB, Project #: 81065  
 Contract B.

<b>CERTIFICATE HOLDER</b>  State of New Hampshire NH Department of Administrative Services Contract Office Room 130, 7 Hazen Drive Concord, NH 03302-0483	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE Kelley Massey/KCO 
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<b>PRODUCER</b> THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511		<b>CONTACT NAME:</b> Kelley Massey <b>PHONE (A/C, No, Ext):</b> (603) 224-2562 <b>E-MAIL ADDRESS:</b> kmassey@rowleyagency.com <b>FAX (A/C, No):</b> (603) 224-8012	
<b>INSURED</b> State of NH, Department of Administrative Services c/o Gerard A. Laflamme, Inc. PO Box 5706 Manchester NH 03108		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Acadia Insurance Company NAIC # 31325 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

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

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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"/> <b>Owners &amp; Contractors</b> <input type="checkbox"/> <b>Protective Liability</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			OCP542324310	1/3/2020	1/3/2021	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 - COM/PROP 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 (Par person) \$ BODILY INJURY (Par accident) \$ PROPERTY DAMAGE (Par accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> 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 Name: Install emergency power for New Heating Systems at Spaulding & LOB, Project #: 81065  
 Contract B.

<b>CERTIFICATE HOLDER</b> State of New Hampshire c/o Department of Administrative Services 7 Hazen Drive Room 250 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 Kelley Massey/KCO 
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# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
01/03/2020

THIS EVIDENCE OF COMMERCIAL 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.

PRODUCER NAME, CONTACT PERSON AND ADDRESS THE ROWLEY AGENCY INC. Kelley Massey 45 Constitution Avenue Concord NH 03302-0511		PHONE (A.C. No. Ext.): (803) 224-2582	COMPANY NAME AND ADDRESS Acadia Insurance Company One Acadia Commons P.O. Box 9010 Westbrook ME 04098-5010	NAIC NO: 31325
FAX (A.C. No.): (803) 224-8012	E-MAIL ADDRESS: kmassey@rowleyagency.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE:	SUB CODE:		POLICY TYPE Installation/Builder Risk	
AGENCY CUSTOMER ID #: 00004812		LOAN NUMBER	POLICY NUMBER CIM5421816	
NAMED INSURED AND ADDRESS Gerard A. Lafamme, Inc.: State of NH, Department of Administrative Services P O Box 5706 Manchester NH 03108		EFFECTIVE DATE 01/03/2020	EXPIRATION DATE 01/03/2021	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S) Any and All Subcontractors of any tier		THIS REPLACES PRIOR EVIDENCE DATED:		

**PROPERTY INFORMATION (ACORD 101 may be attached if more space is required)**
 BUILDING OR  BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION Legislative Building Concord	33 North State Street NH 03301	Loc# 00001/Bldg# 00001
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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.

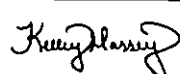
<b>COVERAGE INFORMATION</b>	PERILS INSURED	<input type="checkbox"/> BASIC	<input type="checkbox"/> BROAD	<input checked="" type="checkbox"/> SPECIAL	DED: 1,000
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COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 197,330	YES	NO	N/A	
<input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE				If YES, LIMIT: Actual Loss Sustained; # of months:
BLANKET COVERAGE				If YES, indicate value(s) reported on property identified above: \$
TERRORISM COVERAGE	<input checked="" type="checkbox"/>			Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?				
IS DOMESTIC TERRORISM EXCLUDED?				
LIMITED FUNGUS COVERAGE				If YES, LIMIT: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)				
REPLACEMENT COST	<input checked="" type="checkbox"/>			
AGREED VALUE				
COINSURANCE			<input checked="" type="checkbox"/>	If YES, %
EQUIPMENT BREAKDOWN (If Applicable)	<input checked="" type="checkbox"/>			If YES, LIMIT: DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg				If YES, LIMIT: DED:
- Demolition Costs				If YES, LIMIT: DED:
- Incr. Cost of Construction				If YES, LIMIT: DED:
EARTH MOVEMENT (If Applicable)	<input checked="" type="checkbox"/>			If YES, LIMIT: 197,330 DED: 25,000
FLOOD (If Applicable)	<input checked="" type="checkbox"/>			If YES, LIMIT: 197,330 DED: 25,000
WIND / HAIL INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:				If YES, LIMIT: DED:
NAMED STORM INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:				If YES, LIMIT: DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS				

**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**

<input type="checkbox"/> CONTRACT OF SALE <input type="checkbox"/> MORTGAGEE	<input checked="" type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE Additional Named Insured	LENDER SERVICING AGENT NAME AND ADDRESS
NAME AND ADDRESS State of New Hampshire c/o Department of Administrative Services 7 Hazen Drive, Room 250 Concord NH 03302		AUTHORIZED REPRESENTATIVE 

AGENCY CUSTOMER ID: 00004812

LOC #: \_\_\_\_\_



# ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_\_ of \_\_\_\_\_

AGENCY THE ROWLEY AGENCY INC.		NAMED INSURED Gerard A. Laflamme, Inc.	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 28      FORM TITLE: Evidence of Commercial Property Insurance: Notes

Insurer waives any rights of recovery it may have against contractors, subcontractors when it is required by written contract.