

57 lam



Victoria F. Sheehan
Commissioner

THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION



William Cass, P.E.
Assistant Commissioner

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

Bureau of Construction
May 11, 2018

REQUESTED ACTION

Authorize the Department of Transportation to enter into a contract with L.A. Brochu, Inc. (Vendor 154371) of Concord, NH on the basis of a single bid of \$196,822.50 for establishing wildflower beds along road ways throughout the State utilizing funds through the Moose Plate Program in accordance with RSA 261:97-b, from the date of Governor and Council approval through October 31, 2019 unless extended by the Department in accordance with the Standard Specifications. 100% Agency Funds.

Funding to support this request is available in the following account in State FY 2018:

Funding is available as follows:	<u>FY 2018</u>
04-96-96-962015-3025	
Highway Design	
405-500881 Lilac Program	\$196,822.50

EXPLANATION

This project is part of the State's Highway Bridge and Betterment Program. This project establishes Wildflower beds along road ways throughout the State utilizing funds through the Moose Plate Program in accordance with RSA 261:97-b. The project will enhance New Hampshire's roadsides with the establishment of these sites. It will assist to inform and educate the public on planting, care, and identification of wildflowers and will help foster a positive attitude towards the State of New Hampshire and the Department of Transportation.

The intent of this project is to enhance roadway aesthetics, welcome tourists and minimize maintenance through reduced mowing. The wildflower planting beds will be distributed throughout the entire state, one in each District of the six Maintenance Districts and Turnpikes. Each District will have a total of approximately one acre of wildflowers with a total of approximately 7 acres. Locations were chosen in high traffic areas such as Interstates and through requests from communities

Page 2

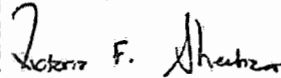
Although there was only one bid received and the bid costs exceeded the Department's estimate by 8.37%, this bid is felt to be reasonable for the work involved. Re-advertising this project would result, in our opinion, in higher prices and prevent the completion of the work in a timely manner. The Department considers it to be in the best interest of the State to accept this bid.

The Contractor has been prequalified by this Department. The Contract has been approved by the Attorney General as to form and execution, and the Department has certified that the necessary funds are available and the bid reasonably conforms to the engineer's estimate in accordance with State procedure. Copies of the fully executed contract are on file at the Secretary of State's Office and the Department of Administrative Service's Office, and subsequent to Governor and Council approval will be on file at the Department of Transportation.

This project funding is 100% Agency Funds.

A copy of the Tabulation of Bids received for this project is attached along with the Contract Supplemental Sheet and a map indicating the location of the project.

Sincerely,



Victoria F. Sheehan
Commissioner

VFS/md

Department Estimate: \$181,620.00
Contract Amount: \$196,822.50
Over Estimate: \$ 15,202.50
Attachments

STATEWIDE
41732

April 10, 2018

SUPPLEMENTAL PROJECT INFORMATION SHEET

DESCRIPTION: This project establishes Wildflower beds along road ways throughout the State utilizing funds through the Moose Plate Program in accordance with R.S.A. 261:97-b. The project will enhance New Hampshire's roadsides with the establishment of these sites. It will assist to inform and educate the public on planting, care, and identification of wildflowers and will help foster a positive attitude towards the State of New Hampshire and the Department of Transportation.

FEDERAL FUNDING: 0% (100% Agency Funds: Native Wildflower Program/Moose Plate)

CONTINGENCY: 0%

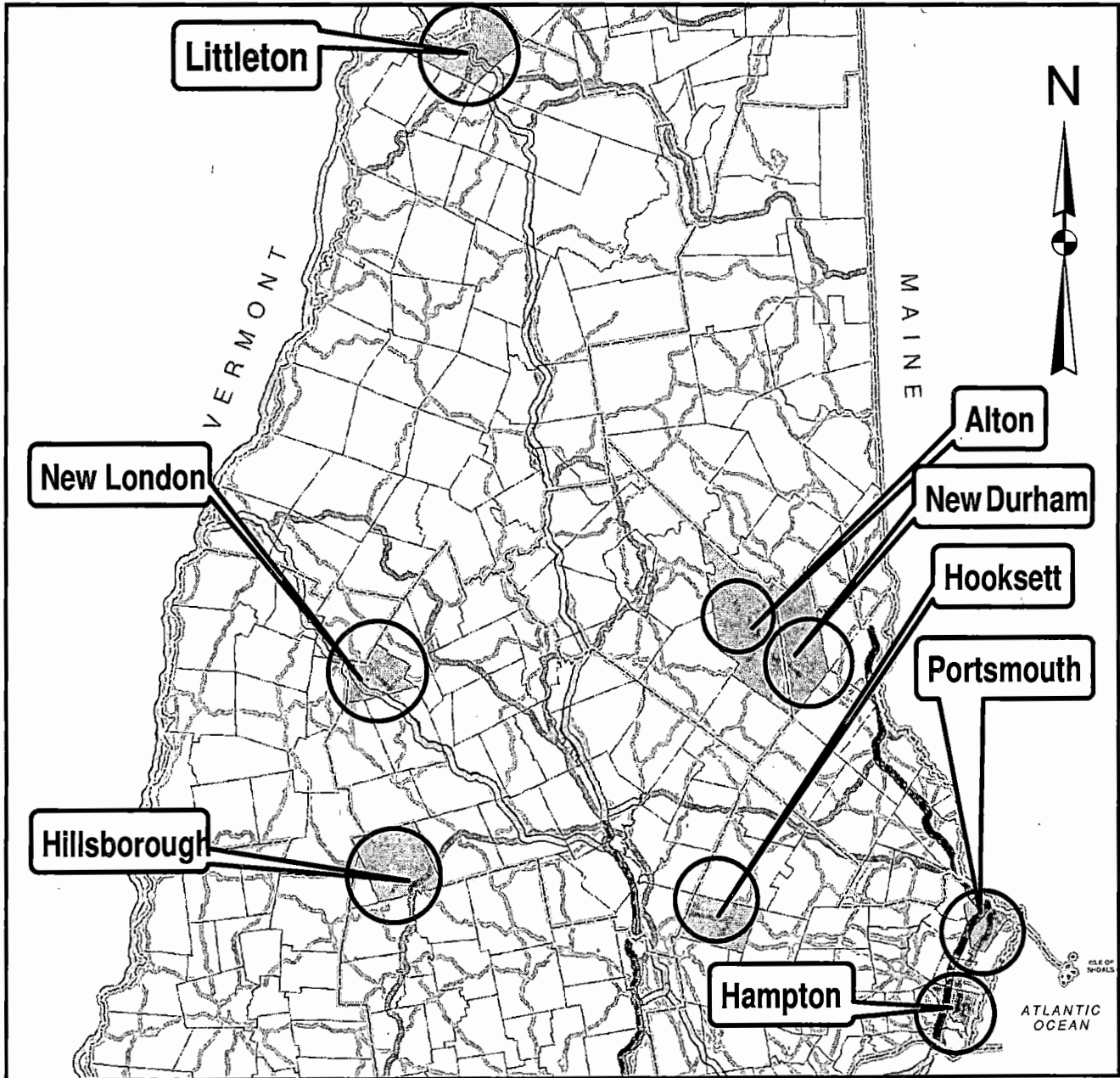
PROJECT INITIATED: State's Highway Bridge and Betterment Program

PROJECT EXPLANATION: The intent of this project is to enhance roadway aesthetics and minimize maintenance through reduced mowing. The wildflower planting beds will be distributed throughout the entire state in each District of the Department of Transportation.

TRAFFIC IMPLICATIONS: Minimal traffic implications are anticipated. Work performed on this project will occur off the roadway and should not affect the flow of traffic.

COMPLETION DATE: October 31, 2019

STATEWIDE WILDFLOWER 41732



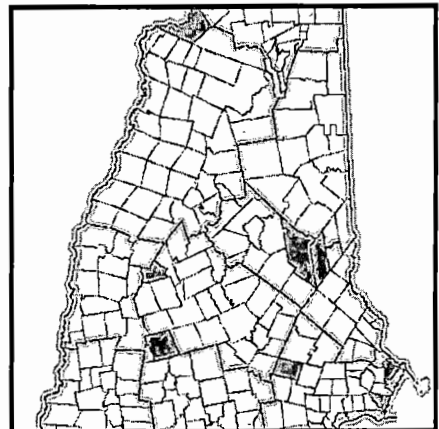
0 5 10 20 30 40 Miles

LEGEND

- Streams
- Water Bodies
- US Routes
- State Routes
- Interstates
- Local Roads
- Town Boundary

New Hampshire
DOT
Department of Transportation

State #: 41732
Federal #: N/A
LOCATION MAP





ABC Bid Data

STATEWIDE
41732
NON-FEDERAL

PROJECT: STATEWIDE
STATE PROJECT NUMBER: 41732
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: May 10, 2018, 2:00 PM
SCOPE OF WORK: Establishment of Native Wildflower plantings statewide
COMPLETION DATE: October 31, 2019
LOCATION:

Awarded To: BROCHU, L.A. INC.
121 COMMERCIAL ST
CONCORD, NH 03301

Amount: \$196,822.50
Award Date:

Certified by: PETER.E.STAMNAS
Director of Project Development

Summary of Bidders

Contractor	Bid Amount	Rank
BROCHU, L.A. INC. 121 COMMERCIAL ST, CONCORD NH 03301	\$196,822.50	A

Item No.	Description	Unit	Quantity	PS&E		BROCHU, L.A. INC. 121 COMMERCIAL ST CONCORD, NH 03301		Unit Price	Total
				Unit Price	Total	Unit Price	Total		

Items

618.61	UNIFORMED OFFICERS WITH VEHICLE	\$	3,000.00	\$1.00	\$3,000.00	\$1.00	\$3,000.00		
619.1	MAINTENANCE OF TRAFFIC	U	1.00	\$11,420.00	\$11,420.00	\$7,000.00	\$7,000.00		
644.91	WILDFLOWER ESTABLISHMENT (WITH HERBICIDE, COMPOST AMEND., AND STRAW MULCH)	A	4.65	\$24,000.00	\$111,600.00	\$25,850.00	\$120,202.50		
644.91004	WILDFLOWER ESTABLISHMENT (WITH HERBICIDE, 4" COMPOST AMEND., AND STRAW MULCH)	A	.92	\$29,000.00	\$26,680.00	\$32,000.00	\$29,440.00		
644.92	WILDFLOWER ESTABLISHMENT (WITH HERBICIDE, COMPOST AMEND., AND MATTING)	A	.92	\$26,000.00	\$23,920.00	\$34,000.00	\$31,280.00		
644.95	WILDFLOWER AREA SIGNS	EA	14.00	\$100.00	\$1,400.00	\$100.00	\$1,400.00		
644.958	WILDFLOWER AREA SIGN (SUPPLIED BY DEPARTMENT)	EA	30.00	\$20.00	\$600.00	\$50.00	\$1,500.00		
1007.1	MISCELLANEOUS LANDSCAPE TREATMENT	\$	3,000.00	\$1.00	\$3,000.00	\$1.00	\$3,000.00		

Totals:				\$181,620.00	\$196,822.50				
Alt. Totals:									
Totals:				\$181,620.00	\$196,822.50				



PS&E Comparison

STATEWIDE
41732
NON-FEDERAL

Item No.	Description	Unit	Quantity	A-Bidder		PS&E		A-PS&E Difference
				Unit Price	Total	Unit Price	Total	
Items								
618.61	UNIFORMED OFFICERS WITH VEHICLE	\$	3,000.00	\$1.00	\$3,000.00	\$1.00	\$3,000.00	\$0.00
619.1	MAINTENANCE OF TRAFFIC	U	1.00	\$7,000.00	\$7,000.00	\$11,420.00	\$11,420.00	(\$4,420.00)
644.91	WILDFLOWER ESTABLISHMENT (WITH HERBICIDE, COMPOST AMEND., AND STRAW MULCH)	A	4.65	\$25,850.00	\$120,202.50	\$24,000.00	\$111,600.00	\$8,602.50
644.91004	WILDFLOWER ESTABLISHMENT (WITH HERBICIDE, 4" COMPOST AMEND., AND STRAW MULCH)	A	.92	\$32,000.00	\$29,440.00	\$29,000.00	\$26,680.00	\$2,760.00
644.92	WILDFLOWER ESTABLISHMENT (WITH HERBICIDE, COMPOST AMEND., AND MATTING)	A	.92	\$34,000.00	\$31,280.00	\$26,000.00	\$23,920.00	\$7,360.00
644.95	WILDFLOWER AREA SIGNS	EA	14.00	\$100.00	\$1,400.00	\$100.00	\$1,400.00	\$0.00
644.958	WILDFLOWER AREA SIGN (SUPPLIED BY DEPARTMENT)	EA	30.00	\$50.00	\$1,500.00	\$20.00	\$600.00	\$900.00
1007.1	MISCELLANEOUS LANDSCAPE TREATMENT	\$	3,000.00	\$1.00	\$3,000.00	\$1.00	\$3,000.00	\$0.00
Total:					\$196,822.50		\$181,620.00	\$15,202.50



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/16/2018

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).

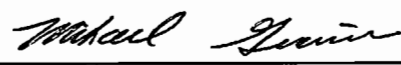
PRODUCER FIAI/Cross Insurance 1100 Elm Street Manchester NH 03101	CONTACT NAME: Lynn Blanchard, CIC, CISR	
	PHONE (A/C, No, Ext): (603) 669-3218 FAX (A/C, No): (603) 645-4331 E-MAIL ADDRESS: LBlanchard@crossagency.com	
INSURED L. A. Brochu, Incorporated 121 Commercial Street Concord NH 03301	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Employers Mutual Ins Co	
	INSURER B: New Hampshire Employers Ins Co	13083
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: 18-19 All lines REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:			816794D04	1/1/2018	1/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 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 Pesticide and Herbicide \$ Included
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			816794B02	1/1/2018	1/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist BI-single \$ 1,000,000
A	<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 type="checkbox"/> RETENTION \$			ECC-600-4000930-2018A	1/1/2018	1/1/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	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	N/A	WC01012018 (3a.) NH All officers included	1/1/2018	1/1/2019	<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 # 41732 Statewide Wildflowers. State of NH Dept of Transportation is included as additional insured with respects to the CGL as per written contract.

CERTIFICATE HOLDER cindy.lovejoy@dot.nh.gov State of NH Dept of Transportation 7 Hazen Drive Concord, NH 03301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE M Guarino/JSC 

© 1988-2014 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/25/2018

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 FIAI/Cross Insurance 1100 Elm Street Manchester NH 03101	CONTACT NAME: Lynn Blanchard, CIC, CISR PHONE (A/C, No, Ext): (603) 669-3218 E-MAIL ADDRESS: lblanchard@crossagency.com FAX (A/C, No): (603) 645-4331
	INSURER(S) AFFORDING COVERAGE INSURER A: Employers Mutual Casualty Co NAIC # 21415 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED State of New Hampshire Department of Transportation c/o L. A. Brochu, Incorporated 121 Commercial Street Concord NH 03301	

COVERAGES CERTIFICATE NUMBER: 18-19 GL OCP REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owner's Protective (OCP) GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC OTHER:			5D87600	6/1/2018	6/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPI/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) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below			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 # 41732 Statewide Wildflowers.

CERTIFICATE HOLDER cindy.lovejoy@dot.nh.gov State of NH Dept of Transportation 7 Hazen Drive Concord, NH 03301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE M Guarino/JSC 
--	---

© 1988-2014 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
5/25/2018

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.

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

PRODUCER
FIAI/Cross Insurance
1100 Elm Street

Manchester NH 03101

CONTACT NAME: Lynn Blanchard, CIC, CISR
PHONE (A/C, No, Ext): (603) 669-3218 FAX (A/C, No): (603) 645-4331
E-MAIL ADDRESS: lblanchard@crossagency.com
PRODUCER CUSTOMER ID: 00222801

INSURED
The State of New Hampshire
L. A. Brochu, Incorporated
121 Commercial Street
Concord NH 03301

INSURER(S) AFFORDING COVERAGE
INSURER A: W.R. Berkley Corporation
INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

COVERAGES CERTIFICATE NUMBER: 18-19 B. Risk REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Project # 41732 Statewide Wildflowers project: Various locations State of NH

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
	PROPERTY				BUILDING	\$
	CAUSES OF LOSS				PERSONAL PROPERTY	\$
	BASIC	BUILDING			BUSINESS INCOME	\$
	BROAD	CONTENTS			EXTRA EXPENSE	\$
	SPECIAL				RENTAL VALUE	\$
	EARTHQUAKE				BLANKET BUILDING	\$
	WIND				BLANKET PERS PROP	\$
	FLOOD				BLANKET BLDG & PP	\$
						\$
A	<input checked="" type="checkbox"/> INLAND MARINE	TYPE OF POLICY			<input checked="" type="checkbox"/> Builders Risk New	\$ 196,323
	CAUSES OF LOSS	Installation/Builder			<input checked="" type="checkbox"/> Limt Temp location	\$ 98,161
	NAMED PERILS	POLICY NUMBER			<input checked="" type="checkbox"/> Deductible	\$ 1,000
	<input checked="" type="checkbox"/> Special form	CIM5354106	6/1/2018	6/1/2019		\$
	CRIME					\$
	TYPE OF POLICY					\$
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$
						\$
						\$
						\$

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER CANCELLATION

cindy.lovejoy@dot.nh.gov

State of NH
Dept of Transportation
7 Hazen Drive
Concord, NH 03301

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

M Guarino/JSC *Michael Guarino*

Additional Named Insureds

Other Named Insureds

All Other Contractors, Subcontractors and others

employed on the premises.