



State of New Hampshire

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

JBm 22

LINDA M. HODGDON
Commissioner
(603) 271-3201

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

Bureau of Public Works
Design and Construction
Project No. 80638 – Contract B

April 11, 2013

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

1). Authorize the Bureau of Public Works Design and Construction to enter into a contract with North Branch Construction, Inc. (VC# 154264), Concord, NH, for a total price not to exceed \$2,128,570, for the Exterior Building Improvements – Acute Psychiatric Services Facility, Concord, N.H. This contract is effective upon Governor and Council approval through November 1, 2013, unless extended in accordance with the contract terms. **100% Capital - General Funds.**

2). Further authorize pursuant to Chapter 253:10, Laws of 2011, the amount of \$33,000 be approved for payment to the Department of Administrative Services, Bureau of Public Works Design and Construction (VC# 177875), for Capital Clerk oversight services provided, bringing the total to \$2,161,570. **100% Capital -General Funds.**

Funding is available in account titled New Hampshire Hospital as follows:

05-94-94-940030-09640000	APS Repair/Renovation	<u>SFY13</u>
034-500162	– Contract Repairs/Bldgs. & Grounds	\$2,128,570
034-500162	– Interagency Fees (Capital Clerk)	<u>33,000</u>
Grand Total		\$2,161,570

EXPLANATION

Per Chapter 253:1,VII, D, Laws of 2011, for the APS Repair/Renovation This project includes the removal and replacement of the existing roofing for the entire Acute Psychiatric Services facility. Also included is the replacement of the existing exterior wall panels and a substantial amount of masonry repair work below the wall panels.

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 New Hampshire Hospital 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, Bureau 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,



Linda M. Hodgdon
Commissioner

Department Estimate:	\$3,700,000
Contract Amount:	\$2,128,570
Under Estimate:	\$1,571,430

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80638, Contract B – Exterior Building Improvements, Acute Psychiatric Services Facility, Concord.

DESCRIPTION: This project includes the removal and replacement of the existing roofing for the Acute Psychiatric Services (APS) facility. Also included is the replacement of the existing exterior wall panels and a substantial amount of masonry repair work below the wall panels.

EXPLANATION: The existing roof and wall systems of the APS building are actively leaking. The existing wall panels have deteriorated and fallen off the framing system in places, creating a serious safety issue. There are a number of areas around the building where the masonry needs to be repointed and replaced, due to leaking wall panels.

UNDER ESTIMATE

EXPLANATION: The purpose of the original capital appropriation was to replace and/or repair roofing, windows and curtain walls at the APS facility to address building leaks. A detailed investigation showed that window replacement was not necessary. By eliminating this item, the overall project cost was greatly reduced as compared to the original capital appropriation.

A construction cost estimate with probable costs was developed throughout the design phase to help the project team design a project within the budget. Typically, these costs are conservatively high and use a combination of material cost and current market conditions. An estimate for a project of this nature would be expected to be within eight to ten percent of the bid. While the difference is higher than expected, it is not surprising given the current market conditions and cost range of this project (\$2M-\$5M), which elicits a very competitive bidding environment.

The Bureau investigated the discrepancy between the contractor's bid and the consultant's estimate and determined that the main differences were found in the price for roofing, overhead and profit, wall panels, and contingency. The contractor and consultant both received a large variation of prices for the roofing. The consultant chose a higher price for a conservative estimate and the contractor submitted the lowest price for competitive reasons. The contractor submitted a lower overhead and profit cost than what was estimated, again due to the competitive nature associated with this project. Similar to the roofing costs, the wall panel costs varied greatly among suppliers and the contractor submitted a lower end bid for this item. Lastly, a contingency was included in the consultant's estimate due to the possibility of hidden and unforeseen conditions caused by the building leaks; however, the contractor's bid correctly did not include a contingency.

There were seven bids submitted for this project and six of the seven were closely grouped, further supporting the competitive climate for this project.

BID ALTERNATE
ADDS/DEDUCTS
EXPLANATION:

Bid Alternate No. 1 Deduct was not taken as there was sufficient funding for the project. The deduct alternate was to remove an optional vapor barrier beneath the roof membrane.

DEPARTMENT

ESTIMATE: \$3,700,000
LOW BID: \$2,128,570

STATE OF NEW HAMPSHIRE
 DEPARTMENT OF ADMINISTRATIVE SERVICES
 BIDS WERE OPENED ON THE 7TH DAY OF FEBRUARY, 2013 FOR EXTERIOR BUILDING IMPROVEMENTS, ACUTE PSYCHIATRIC SERVICES FACILITY,
 CONCORD, NH
 PROJECT NO. 80638 CONTRACT B

COMPLETION DATE: NOVEMBER 1, 2013

ITEM NO.	ITEM	A.			B.			C.		
		QUANTITIES	UNIT	TOTAL	UNIT	TOTAL	UNIT	TOTAL		
1	COMPLETE EXTERIOR BUILDING IMPROVEMENTS TO THE ACUTE PSYCHIATRIC FACILITY AS PER THESE DOCUMENTS	1 UNIT	\$2,028,570.00	\$2,028,570.00	\$2,145,000.00	\$2,145,000.00	\$2,147,000.00	\$2,147,000.00		
2	ALLOWANCE #1 FOR MITIGATION OR REMEDIAL WORK FOR MOLD OR MILDEW DAMAGES INTERIOR OR EXTERIOR THE RESULTS OF PAST LEAKS OR WATER MIGRATION	1 ALLOW- ANCE	\$100,000.00	\$100,000.00	\$100,000.00	\$100,000.00	\$100,000.00	\$100,000.00		
BASE BID LUMP SUM FOR ITEMS 1 THROUGH 2				\$2,128,570.00	\$2,245,000.00	\$2,245,000.00	\$2,247,000.00	\$2,247,000.00		

ALTERNATE NO. 1 DEDUCT: (\$39,000.00) (\$44,000.00) (\$67,000.00)

- A. NORTH BRANCH CONSTRUCTION, INC., 76 OLD TURNPIKE ROAD, CONCORD, NH 03301
- B. HUTTER CONSTRUCTION CORPORATION, PO BOX 257, 801 TURNPIKE RD., NEW IPSWICH, NH 03071
- C. TURNSTONE CORPORATION, 51 FRANKLIN STREET, MILFORD, NH 03055
- D. TPD CONSTRUCTION CO., INC., PO BOX V, SANFORD, ME 04073
- E. MARK CARRIER CONSTRUCTION, INC., 175 LINCOLN STREET, SUITE 101, MANCHESTER, NH 03103
- F. MERIDIAN CONSTRUCTION CORPORATION, 32 ARTISAN COURT, UNIT #4, GILFORD, NH 03249
- G. SEAVER CONSTRUCTION, INC., 215 LEXINGTON STREET, WOBURN, MA 01801

BUREAU OF PUBLIC WORKS

Award to A - Bidder
 Hold for Negotiation \$2,128,570.00
 Cancel Contract
 User Agency New Hampshire Hospital - DHHS
 Authorized by [Signature]
 Date 3-20-13



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/22/2013

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 Infantine Insurance P. O. Box 5125 Manchester NH 03108	CONTACT NAME: Kathy Pettit	
	PHONE (A/C No. Ext): (603) 669-0704	FAX (A/C No.): (603) 669-6831
	E-MAIL ADDRESS: kathy@infantine.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED North Branch Construction, Inc. 76 Old Turnpike Road Concord NH 03301	INSURER A: Firemen's Ins Co of Washington	21784
	INSURER B: Acadia Insurance Co.	31325
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER: 2013-2014 Master** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			CPA024643515	3/1/2013	3/1/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>					MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMPIOP AGG \$ 2,000,000
							\$
A	AUTOMOBILE LIABILITY			CAA024643615	3/1/2013	3/1/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							single limit \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			CUA024643715	3/1/2013	3/1/2014	EACH OCCURRENCE \$ 10,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE \$ 10,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/>				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
RE: Exterior Building Improvements Acute Psychiatric Services Facility, Concord, NH. Project Number 80638, Contract B. It is hereby understood and agreed that State of New Hampshire, Dept. of Administrative Services is included as additional insured on General Liability and Umbrella when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
State of New Hampshire Dept. of Administrative Services 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
	Paul Sullivan/BKP <i>Paul Sullivan</i>

Client#: 1010764

NORTHBRA4

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/26/2013

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: USI Insurance Svcs LLC, PO Box 3600, West Springfield, MA 01090-3600. CONTACT NAME: Kelly Grahn, PHONE: 978-983-6827, FAX: 978-688-5340, E-MAIL ADDRESS: kelly.grahn@usi.biz. 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, ADDL SUBR INSR, WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes sections for General Liability, Automobile Liability, Umbrella/Excess Liability, and Workers Compensation.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Project: Exterior Building Improvements Acute Psychiatric Services Facility, Concord, NH Project# 80638B

CERTIFICATE HOLDER: State of New Hampshire Dept. of Administrative Services, 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: [Signature]



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/22/2013

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PRODUCER Infantine Insurance P. O. Box 5125 Manchester NH 03108	CONTACT NAME: Kathy Pettit PHONE (A/C, No, Ext): (603) 669-0704 E-MAIL ADDRESS: kathy@infantine.com		FAX (A/C, No): (603) 669-6831
	INSURER(S) AFFORDING COVERAGE INSURER A: Acadia Insurance Co.		NAIC # 31325
INSURED State of NH, Dept. of Administrative Services c/o North Branch Construction, Inc. 76 Old Turnpike Road Concord NH 03301	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES CERTIFICATE NUMBER: 2013 OCP Master REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	GENERAL LIABILITY			CLA509456711	4/1/2013	4/1/2014	EACH OCCURRENCE \$ 2,000,000			
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$			
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$			
	<input checked="" type="checkbox"/> Owners & Contractors						PERSONAL & ADV INJURY \$			
	GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE \$ 3,000,000	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG \$		
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$			
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$			
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$			
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$			
							\$			
	UMBRELLA LIAB						EACH OCCURRENCE \$			
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE \$			
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> CLAIMS-MADE					\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$			
							E.L. DISEASE - EA EMPLOYEE \$			
							E.L. DISEASE - POLICY LIMIT \$			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
RE: Exterior Building Improvements, Acute Psychiatric Services Facility, Concord, NH. Project Number 80638, Contract B.

CERTIFICATE HOLDER

CANCELLATION

State of New Hampshire
Department of Administrative Services
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

Paul Sullivan/BKP



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
3/22/2013

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

AGENCY
Infantine Insurance
P. O. Box 5125
Manchester NH 03108

PHONE (A/C, No, Ext): (603) 669-0704
E-MAIL ADDRESS: kathy@infantine.com

FAX (A/C, No):
CODE: 3081
AGENCY CUSTOMER ID #: 00002713

INSURED
North Branch Construction, Inc. and State of NH Dept. of Admin. Services
76 Old Turnpike Road
Concord NH 03301

COMPANY
Firemen's Ins Co of Washington
PO Box 9526
Manchester NH 03108-9526

LOAN NUMBER
POLICY NUMBER
CIM508393711

EFFECTIVE DATE: 4/1/2013
EXPIRATION DATE: 4/1/2014
CONTINUED UNTIL TERMINATED IF CHECKED

THIS REPLACES PRIOR EVIDENCE DATED:

PROPERTY INFORMATION

LOCATION/DESCRIPTION
Project: Exterior Building Improvements Acute Phychiatric Services Facility
36 Clinton Street
Concord, NH

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

COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Job Specific Builders Risks	2,128,570	1,000
Job Specific Flood	1,000,000	25,000
Job Specific Earthquake	1,000,000	25,000

REMARKS (Including Special Conditions)

Named Insured includes: State of New Hampshire, Dept. of Administrative Services
Any and All Subcontractors

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

State of New Hampshire
Dept. of Administrative Services
7 Hazen Drive
Concord, NH 03301

MORTGAGEE	ADDITIONAL INSURED
LOSS PAYEE	
LOAN #	
AUTHORIZED REPRESENTATIVE	
Paul Sullivan/BKP	<i>Paul Sullivan</i>