



94A JR

STATE OF NEW HAMPSHIRE
DEPARTMENT of RESOURCES and ECONOMIC DEVELOPMENT
DIVISION of TRAVEL and TOURISM DEVELOPMENT
172 Pembroke Road, Concord, New Hampshire 03301

Jeffrey J. Rose
Commissioner

Victoria Cimino
Director

TEL: 603-271-2665
FAX: 603-271-6870
TRAVEL GUIDE: 800-386-4664
WEBSITE: www.visitnh.gov
E-MAIL: travel@dred.state.nh.us

May 23, 2017

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

REQUESTED ACTION

Authorize the Department of Resources and Economic Development (DRED), Division of Travel and Tourism Development, Bureau of Visitor Services to enter into a Memorandum of Understanding (MOU) with Stay, Work, Play New Hampshire (SWP). This MOU forms a partnership between DRED and SWP in which SWP will occupy space within the Southbound Hooksett Welcome and Information Center for promotional and advertising opportunities. Effective upon Governor and Executive Council approval through June 30, 2019.

EXPLANATION

The Bureau of Visitor Services (BVS) currently occupies 800 square feet of space within the Southbound Hooksett Welcome and Information Center through a ground lease agreement with Granite State Hospitality and is responsible for staffing and managing the visitor information booth within the center. Through this MOU, DRED would allow SWP to occupy 200 square feet of the space that BVS is not utilizing to promote and advertise New Hampshire's unique economic opportunities for both businesses and employees. The intent of the agreement is to clearly outline the conditions and responsibilities of both parties.

The Attorney General's office has reviewed and approved this agreement as to form, substance and executive.

Respectfully submitted,

Victoria Cimino
Director

Concurred,

Jeffrey J. Rose
Commissioner

(5)



**Memorandum of Understanding Between
Stay, Work, Play and
New Hampshire Department of Resources and Economic Development
For a Marketing Partnership**

1. This Memorandum of Understanding (MOU) constitutes an agreement between Stay Work Play New Hampshire (SWP), located at 235 Hanover Street, Suite 1 Manchester, NH 03104 and the New Hampshire Department of Resources and Economic Development (DRED), Division of Travel and Tourism Development (DTTD), Bureau of Visitor Services (BVS), located at 172 Pembroke Road, Concord, NH 03301.
2. A partnership between SWP and DRED will allow SWP to occupy space within the Southbound Hooksett Welcome and Information Center (WIC) to promote and advertise the economic opportunities that New Hampshire has to offer to both businesses and employees. DRED is entitled to 800 square feet of space within the WIC through the ground lease agreement with Granite State Hospitality. DRED is using approximately 600 square feet of that space. This agreement pertains to the remaining 200 square feet that DRED is not utilizing. DRED will allow SWP to occupy the remaining 200 square feet of space ("the Licensed Area").
3. DRED will have the final authority on promotional and advertisement displays and literature provided by SWP, including the physical placement/installation of any SWP display structures to ensure that such structures do not interfere with BVS operations.
4. DRED agrees to cover utility costs for the space provided to SWP. Any additional expenses will be the sole responsibility of SWP.
5. Indemnification: SWP shall be responsible for mending, at its own expense, any and all breakage or damage done by SWP, its agents, guests, employees or other invitees to any portion of the Licensed Area. SWP shall, further, for itself, its agents, guests, employees or other invitees, comply with all federal, state, and/or local laws, ordinances, codes and regulations dealing with SWP's use of the Licensed Area, and shall save DRED, its agents and employees, harmless from and against any and all damage, penalty or charge imposed or incurred for the violation of any such laws, ordinances, and regulations. All personal property of every kind and nature, belonging to SWP, its agents, guests, employees or invitees, shall be maintained upon the Licensed Area at its own risk of loss by theft, fire or other casualty, and no claim shall be made against DRED for any damage arising from said loss, except to the extent caused by the gross negligence, willful misconduct, or misuse by DRED or any of its employees, agents, contractors, subcontractors, or invitees. To the extent that DRED is made a party to any action or a claim is made against DRED by virtue or on account of the presence of SWP or the act or omission of SWP, its agents, employees or contractors, SWP agrees to indemnify and hold harmless DRED from and against any and all liabilities or damages arising from such claims or actions.
6. The conditions and responsibilities outlined in this agreement are subject to the availability of resources. Either party may terminate this agreement by written notice to the other party effective upon delivery to that party, if funds become unavailable to carry out this agreement.

7. This MOU is effective upon approval by the New Hampshire Attorney General's Office through June 30, 2019.

In witness whereof, the parties hereto have caused this Memorandum of Understanding to be executed:

Stay, Work, Play New Hampshire

Kate Luczko 5/8/17
Kate Luczko Date
President & CEO

New Hampshire Department of Resources and Economic Development

Jeffrey J. Rose 5/30/17
Jeffrey J. Rose Date
Commissioner

Approval by the Attorney General

By Jessica E. Wolley Date: 6/12/17
Assistant Attorney General



Jessica E. Wolley 5-8-17
State of New Hampshire
Hillsborough County

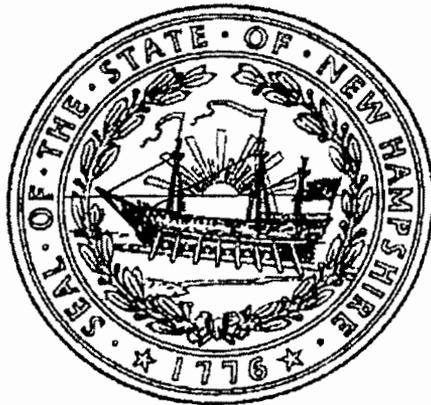
State of New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that STAYWORKPLAYNH, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on April 09, 2009. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 611943



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 23rd day of January A.D. 2017.

A handwritten signature in black ink, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State

Board of Directors

Mark M. Brown
Grappone Automotive Group

Graham Chynoweth
DEKA Research & Development

Rachael Comstock
Scribe Software

Johanna Halperin

Mark LaPrade
BerryDunn

Carmen Lorentz
Laconia Area Community Land
Trust

Anna Moskov
The Derryfield School

Kristen Oliveri
New Hampshire Charitable
Foundation

E.J. Powers
Montagne Communications

Michael Skelton
Greater Manchester Chamber of
Commerce

Melinda Treadwell
Antioch University New England

Matt Toy
Oracle + Dyn

Kristyn Van Ostern

Jon Waterhouse
Timberland

Travis York
GYK Antler

Administration

Kate Luczko
President & CEO

Beth San Soucie
Program Manager

Ariel Kapteyn
Administrator

Incorporators

Business and Industry Association
of NH

NH Department of Resources &
Economic Development

NH High Technology Council

NH College & University Council

University System of NH

Contact

603-860-2245
kate@stayworkplay.org
www.stayworkplay.org

Certificate of Authority

I, Travis York, Co-Chair of Stay Work Play NH, certify that
Kate Luczko is authorized to sign contracts on behalf of the
organization.



Signature of Co-Chair

Travis C. York

Print Name

5/8/17

Date

Ina Yamsiger
HR Director
5/8/17

Expires 8/3/2018



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/11/2017

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).

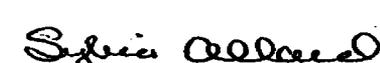
PRODUCER FIAI/Cross Insurance 1100 Elm Street Manchester NH 03101	CONTACT NAME: Sylvia Allard PHONE (A/C No, Ext): (603) 669-3218 E-MAIL ADDRESS: sallard@crossagency.com FAX (A/C No): (603) 645-4331																				
	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>Philadelphia Indemnity Ins Co</td> <td>18058</td> </tr> <tr> <td>INSURER B:</td> <td>FirstComp Ins Co</td> <td>27626</td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Philadelphia Indemnity Ins Co	18058	INSURER B:	FirstComp Ins Co	27626	INSURER C:			INSURER D:			INSURER E:			INSURER F:	
INSURER(S) AFFORDING COVERAGE		NAIC #																			
INSURER A:	Philadelphia Indemnity Ins Co	18058																			
INSURER B:	FirstComp Ins Co	27626																			
INSURER C:																					
INSURER D:																					
INSURER E:																					
INSURER F:																					
INSURED Stay Work Play New Hampshire 235 Hanover Street, Ste 1 Manchester NH 03104																					

COVERAGES **CERTIFICATE NUMBER:** 17-18 GL; UMB; WC **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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK1650657	5/8/2017	5/8/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ Excluded GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Hired and Non-Owned Auto \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			PHPK1650657	5/8/2017	5/8/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
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 checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB583071	5/8/2017	5/8/2018	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	3A. New Hampshire WC0153742-04	4/17/2017	4/17/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 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)
New Hampshire Department of Resources and Economic Development is named additional insured with respect to General Liability pertaining to rental space at the Hooksett Rest Area.

CERTIFICATE HOLDER New Hampshire Department of Resources and Economic Development 172 Pembroke Road 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 Sylvia Allard/SA5 
---	---

© 1988-2014 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/11/2017

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).

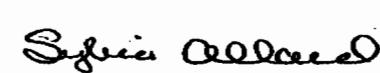
PRODUCER FIAI/Cross Insurance 1100 Elm Street Manchester NH 03101	CONTACT NAME: Sylvia Allard PHONE (A/C, No, Ext): (603) 669-3218 FAX (A/C, No): (603) 645-4331 E-MAIL ADDRESS: ballard@crossagency.com																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Philadelphia Indemnity Ins Co</td> <td>18058</td> </tr> <tr> <td>INSURER B:</td> <td>FirstComp Ins Co</td> <td>27626</td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Philadelphia Indemnity Ins Co	18058	INSURER B:	FirstComp Ins Co	27626	INSURER C:			INSURER D:			INSURER E:			INSURER F:	
INSURER(S) AFFORDING COVERAGE		NAIC #																			
INSURER A:	Philadelphia Indemnity Ins Co	18058																			
INSURER B:	FirstComp Ins Co	27626																			
INSURER C:																					
INSURER D:																					
INSURER E:																					
INSURER F:																					
INSURED Stay Work Play New Hampshire 235 Hanover Street, Ste 1 Manchester NH 03104																					

COVERAGES **CERTIFICATE NUMBER:** 17-18 GL; UMB; WC **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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK1650657	5/8/2017	5/8/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ Excluded GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 Hired and Non-Owned Auto \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			PHPK1650657	5/8/2017	5/8/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
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 checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB583071	5/8/2017	5/8/2018	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/A	3A. New Hampshire WC0153742-04	4/17/2017	4/17/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 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)
Granite State Hospitality is named additional insured with respect to General Liability.

CERTIFICATE HOLDER Granite State Hospitality PO Box 581 Ashland, NH 03217	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 Sylvia Allard/SA5 

© 1988-2014 ACORD CORPORATION. All rights reserved.