

# State of New Hampshire

40 *JBm*

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

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

June 4, 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 add a contingency for unforeseen and latent conditions in the amount of \$275,000 to the contract with North Branch Construction, Inc. (VC# 154264), Concord, NH approved by Governor & Council on May 1, 2013, Item 22 for contract amount of \$2,161,570 for the Exterior Building Improvements – Acute Psychiatric Services Facility, Concord, NH, the total to \$2,436,570. Effective upon Governor and Council approval through November 1, 2013. **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	\$ 275,000

### 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. Given the duration that the roof and curtain walls were leaking, this project has a significant potential to encounter unforeseen conditions that will require remedial action by the contractor. The original Governor & Council approval request was planned to include a \$275,000.00 contingency; however, the contingency was inadvertently left off of the original letter.

Her Excellency, Governor Margaret Wood Hassan  
and the Honorable Council

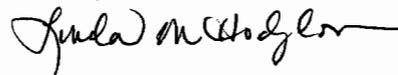
June 4, 2013

Page 2 of 2

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:	<u>\$2,128,570</u>
Under Estimate:	(\$1,571,430)

## CONTRACT SUPPLEMENTAL INFORMATION SHEET

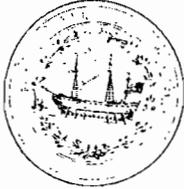
**PROJECT:** BPW Project No. 80638, Contract B – Exterior Building Improvements, Acute Psychiatric Services Facility, Concord.

**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.

**CONTINGENCY:** **Given the duration that the roof and curtain walls were leaking, this project has a significant potential to encounter unforeseen conditions that will require remedial action by the contractor. The original Governor & Council approval request was planned to include a \$275,000.00 contingency; however, the contingency was inadvertently left off of the original letter.**

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



# 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>
	<b>Grand Total</b>	<b>\$2,161,570</b>

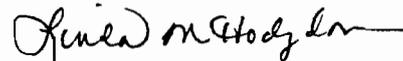
**EXPLANATION**

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 7<sup>TH</sup> 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
<b>BASE BID LUMP SUM FOR ITEMS 1 THROUGH 2</b>				\$2,128,570.00	\$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 3-26-13



# 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 <b>Infantine Insurance</b> P. O. Box 5125  <b>Manchester NH 03108</b>		CONTACT NAME: <b>Kathy Pettit</b> PHONE (A/C No. Ext): <b>(603) 669-0704</b> FAX (A/C No.): <b>(603) 669-6831</b> E-MAIL ADDRESS: <b>kathy@infantine.com</b>
INSURED <b>North Branch Construction, Inc.</b> 76 Old Turnpike Road <b>Concord NH 03301</b>		INSURER(S) AFFORDING COVERAGE INSURER A: <b>Firemen's Ins Co of Washington</b> NAIC # <b>21784</b> INSURER B: <b>Acadia Insurance Co.</b> <b>31325</b> 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 SUBR INSR WVR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	CPA024643515	3/1/2013	3/1/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC					
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS		CAA024643615	3/1/2013	3/1/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ single limit \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 0		CUA024643715	3/1/2013	3/1/2014	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					WG STATUTORY LIMITS OTH-ER 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. 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  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  Paul Sullivan/BKP <i>Paul Sullivan</i>
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# 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).

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

**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"/> PROJECT <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	<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	DED	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						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.

<b>CERTIFICATE HOLDER</b>  State of New Hampshire Department of Administrative Services 7 Hazen Drive Concord, NH 03301	<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  Paul Sullivan/BKP <i>Paul Sullivan</i>
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# 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. Exl): (603) 669-0704	COMPANY Firemen's Ins Co of Washington PO Box 9526  Manchester NH 03108-9526
FAX (A/C, No): CODE: 3081	E-MAIL ADDRESS: kathy@infantine.com	
AGENCY CUSTOMER ID #: 00002713		
INSURED North Branch Construction, Inc. and State of NH Dept. of Admin. Services 76 Old Turnpike Road Concord NH 03301	LOAN NUMBER	POLICY NUMBER CIM508393711
	EFFECTIVE DATE 4/1/2013	EXPIRATION DATE 4/1/2014
	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:		

### PROPERTY INFORMATION

LOCATION/DESCRIPTION  
Project: Exterior Building Improvements Acute Psychiatric 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	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
LOAN #		
AUTHORIZED REPRESENTATIVE Paul Sullivan/BKP <i>Paul Sullivan</i>		