



State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES
25 Capitol Street - Room 120
Concord, New Hampshire 03301
Office@das.nh.gov

MAR11 '20 PM 2:27 DAS

187 m/c

Charles M. Arlinghaus
Commissioner
(603) 271-3201

Joseph B. Bouchard
Assistant Commissioner
(603) 271-3204

Catherine A. Keane
Deputy Commissioner
(603) 271-2059

Division of Public Works
Design and Construction
Project No. 80977 - Contract B

February 28, 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 Brookstone Builders, Inc. (VC# 155834), Manchester, NH, for a total price not to exceed \$453,536., for the Repair of Bathroom Floors Medium Custody North & South, Concord, N. H. This contract is effective upon Governor and Council approval through August 28, 2020 unless extended in accordance with the contract terms. **100% Capital - General Funds**
- 2). Further authorize that a contingency in the amount of \$111,464 be approved for unanticipated construction and site expenses for the Repair of Bathroom Floors Medium Custody North & South, bringing the total to \$565,000. **100% Capital - General Funds**
- 3). Further authorize the amount of \$28,000 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC# 177875), for engineering services provided, bringing the total to \$593,000. **100% Capital-General Funds**

Funding is available in account titled Corrections Department as follows:

01-46-46-460030-15610000 17-228:1-IV:B Repair Bathrooms	<u>FY20</u>
034-500162 – Repair Bathrooms	\$ 453,536
034-500162 – Contingency	\$ 111,464
034-500162 - Interagency DPW Fees	<u>\$ 28,000</u>
Grand Total	\$ 593,000

EXPLANATION

This project is for the New Hampshire Department of Corrections Repair Bathroom Floors Medium Custody North and South Housing Units. This project includes installing new stainless steel inserts into shower units and an epoxy coating on the floor surface to prevent the penetration of water through walls and floors.

The contractor has been pre-qualified by the Department of Transportation. The contract has been approved by the Department of Justice as to form and execution; and the Department of Corrections 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: \$564,403
Contract Amount: \$453,536
Under Estimate: \$110,867

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 80977, Contract B – Repair Bathroom Floors Medium Custody N & S

DESCRIPTION: Work of the Project includes installing new stainless steel inserts into shower units and an epoxy coating on the floor surface to prevent the penetration of water through the walls and floors.

EXPLANATION: Due to the high population of the prison facilities, the showers are used more frequently than they were intended for. The constant use does not allow the showers to dry out and water has penetrated the concrete floors and walls. Installing the inserts and epoxy flooring will prevent water from penetrating the walls and floors and causing further damage.

UNDER ESTIMATE

EXPLANATION: The estimate was based on a previous project of similar scope from four years ago. Corrections will be able to allow the contractor to work in two areas at a time so this reduced the price per unit.

DEPARTMENT

ESTIMATE: \$564,403

LOW BID: \$453,536



ABC Bid Data

CONCORD
80977B
NON-FEDERAL

PROJECT: CONCORD
STATE PROJECT NUMBER: 80977B
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: February 05, 2020, 2:00 PM
SCOPE OF WORK: REPAIR BATHROOM FLOORS MEDIUM CUSTODY N&S
COMPLETION DATE: August 28, 2020
LOCATION: Merrimack

Certified by: _____
Administrator

Summary of Bidders

Contractor	Bid Amount	Rank
BROOKSTONE BUILDERS, INC. 600 HARVEY ROAD, MANCHESTER NH 03103-3320	\$453,536.00	A
D. L. KING & ASSOCIATES INC. 27 TANGLEWOOD DRIVE, NASHUA NH 03062-1044	\$467,135.00	B

Item # 901 = \$3,274.⁰⁰
 # 902 = \$55,916.⁰⁰
 # 903 = \$374,346.⁰⁰
 # 904 = \$20,000.⁰⁰
 Total = \$453,536.⁰⁰

BUREAU OF PUBLIC WORKS
 Award to Brookstone Builders, Inc.
 Hold for Negotiation
 Cancel Contract
 User Agency NH DOC
 Authorized by [Signature]
 Date 02-14-2020

Item No.	Description	Unit	Quantity	PS&E		BROOKSTONE BUILDERS, INC. 600 HARVEY ROAD MANCHESTER, NH 03103-3320		D. L. KING & ASSOCIATES INC. 27 TANGLEWOOD DRIVE NASHUA, NH 03062-1044	
				Unit Price	Total	Unit Price	Total	Unit Price	Total
901	PROVIDE NETWORK SWITCH	U	1.00	\$1,500.00	\$1,500.00	\$3,274.00	\$3,274.00	\$1,155.00	\$1,155.00
902	RENOVATIONS TO EXISTING ADA BATHROOM	U	2.00	\$35,894.50	\$71,789.00	\$27,958.00	\$55,916.00	\$30,000.00	\$60,000.00
903	RENOVATIONS TO EXISTING BATHROOMS	U	14.00	\$33,651.00	\$471,114.00	\$26,739.00	\$374,346.00	\$27,570.00	\$385,980.00
904	ALLOWANCE WILL MAKE MONEY AVAILABLE FOR MODIFICATIONS AND/OR OWNER INITATED CHANGES AND FOR ADDITION	\$	20,000.00	\$1.00	\$20,000.00	\$1.00	\$20,000.00	\$1.00	\$20,000.00
Totals:					\$564,403.00		\$453,536.00		\$467,135.00
Alt. Totals:									
Totals:					\$564,403.00		\$453,536.00		\$467,135.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/19/2020

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).

PRODUCER THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Renee Skillings PHONE (A/C No. Ext): (603) 224-2562 E-MAIL ADDRESS: rskillings@rowleyagency.com FAX (A/C No.): (603) 224-8012
INSURED Brookstone Builders Inc. 600 Harvey Road Manchester NH 03103	INSURER(S) AFFORDING COVERAGE
	INSURER A: Firemen's Ins Co of Wash. DC NAIC # 21784
	INSURER B: Acadia Insurance Company 31325
	INSURER C: Colony Insurance Company 39993
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES **CERTIFICATE NUMBER:** 20-21 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 YYYD	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"/> Contractual per CG0001 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			CPA5071222-17	1/1/2020	1/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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 \$
A	AUTOMOBILE LIABILITY <input checked="" 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			CAA5071223-17	1/1/2020	1/1/2021	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 DED <input checked="" type="checkbox"/> RETENTION \$ 0			CUA5071225-17	1/1/2020	1/1/2021	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 PROD/COMP 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	N/A	WPA5071226-17 3A STATES: NH/MA/ME	1/1/2020	1/1/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	LEASED/RENTED EQUIPMENT			CPA5071222-17	1/1/2020	1/1/2021	LIMIT 300,000
C	POLLUTION/PROFESSIONAL			CPLOS4223214	10/01/2019	10/01/2020	EACH CLAIM LIMIT 1,000,000

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

Re: Repair bathroom floors medium custody N&S, 281 North State Street, Concord, NH Department of Corrections, Project #80977, Contract B
The State of New Hampshire, its agencies, and its agents and employees are additional insureds with respect to General Liability for ongoing operations performed by or on behalf of Brookstone Builders, Inc. when required in a written contract."

CERTIFICATE HOLDER

State of New Hampshire
Dept. of Administrative Services
7 Hazen Drive
Room 250
Concord, NH 03302-0483

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
Renee Skillings/RLS *Renee Skillings, F.R.I.S.*

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CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
2/25/2020

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.

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 THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Renee Skillings PHONE (A.C. No. Ext): (603) 224-2562 FAX (A.C. No): (603) 224-8012 E-MAIL ADDRESS: rskillings@rowleyagency.com PRODUCER CUSTOMER ID: 00006540													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Acadia Insurance Company</td> <td>31325</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Acadia Insurance Company	31325	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A: Acadia Insurance Company	31325													
INSURER B:														
INSURER C:														
INSURER D:														
INSURER E:														
INSURER F:														

INSURED Brookstone Builders Inc., State of NH Dept of Admin Svcs, and all Subs on the project 600 Harvey Road Manchester NH 03103	INSURER A: Acadia Insurance Company	31325
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER: 20-21 BR DOC 80977B** **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Loc#: 00001/Bldg#: 00001, 281 North State St, Concord, NH, 03301

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
	<input type="checkbox"/> PROPERTY <input type="checkbox"/> CAUSES OF LOSS <input type="checkbox"/> DEDUCTIBLES <input type="checkbox"/> BASIC BUILDING <input type="checkbox"/> BROAD CONTENTS <input type="checkbox"/> SPECIAL <input type="checkbox"/> EARTHQUAKE <input type="checkbox"/> WIND <input type="checkbox"/> FLOOD				<input type="checkbox"/> BUILDING <input type="checkbox"/> PERSONAL PROPERTY <input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> EXTRA EXPENSE <input type="checkbox"/> RENTAL VALUE <input type="checkbox"/> BLANKET BUILDING <input type="checkbox"/> BLANKET PERS PROP <input type="checkbox"/> BLANKET BLDG & PP	
A	<input checked="" type="checkbox"/> INLAND MARINE <input type="checkbox"/> CAUSES OF LOSS <input type="checkbox"/> NAMED PERILS <input checked="" type="checkbox"/> Special form	TYPE OF POLICY Builders Risk POLICY NUMBER BR03252020	3/25/2020	3/25/2021	<input checked="" type="checkbox"/> Jobsite Limit <input checked="" type="checkbox"/> In Transi Limit <input checked="" type="checkbox"/> Temporary Locations Limit <input checked="" type="checkbox"/> Sewer Backup Limit	\$ 453,536 \$ 226,768 \$ 226,768 \$ 100,000
	<input type="checkbox"/> CRIME <input type="checkbox"/> TYPE OF POLICY					
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Repair Bathroom Floors Medium Custody N&S #80977-B
Insurer waives any rights or recovery it may have against contractors or subcontractors on the project

CERTIFICATE HOLDER State of New Hampshire Dept. of Administrative Services 7 Hazen Drive Room 250 Concord, NH 03302-0483	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 Renee Skillings/RLS <i>Renee Skillings, CRIS</i>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/20/2020

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PRODUCER THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Renee Skillings PHONE (AG, No, Ext): (603) 224-2562 FAX (AG, No): (603) 224-8012 E-MAIL ADDRESS: rskillings@rowleyagency.com
	INSURER(S) AFFORDING COVERAGE INSURER A: Acadia Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED State of NH, Dept of Administrative Services (OWNER) Brookstone Builders, Inc. (CONTRACTOR) 7 Hazen Drive Room 250 Concord NH 03301	

COVERAGES

CERTIFICATE NUMBER: 20-21 OCP DOC 80977B

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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners & Contractors Protective Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			OC903252020	3/25/2020	3/25/2021	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 - COMP/OP AGG	\$
	AUTOMOBILE LIABILITY <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 (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	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)
 Repair Bathroom Floors Medium Custody N&S #80977-B

CERTIFICATE HOLDER**CANCELLATION**

State of New Hampshire Dept. of Administrative Services 7 Hazen Drive Room 250 Concord, NH 03302-0483	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 Renee Skillings/RLS <i>Renee Skillings, RLS</i>
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