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# State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES

25 Capitol Street - Room 100

Concord, New Hampshire 03301

[Office@das.nh.gov](mailto:Office@das.nh.gov)

Charles M. Arlinghaus  
Commissioner  
(603) 271-3201

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

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Assistant Commissioner  
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Division of Public Works  
Design and Construction  
Project No. 81144 - Contract B

August 2, 2022

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 Triple Construction, LLC (VC# 395282), Hudson, New Hampshire for a total price not to exceed \$644,051.11, for Salt Shed Roof Replacements in Hooksett, Nashua, and Hampton, New Hampshire. This contract is effective upon Governor and Council approval through November 22, 2022, unless extended in accordance with the contract terms. **99% Turnpike Funds, 1% Other Funds**

2). Further authorize that a contingency in the amount of \$50,000 be approved for unanticipated site expenses for Salt Shed Roof Replacements in Hooksett, Nashua, & Hampton, New Hampshire, bringing the total to \$694,051.11. **96% Turnpike Funds, 4% Other Funds.**

3). Further authorize the amount of \$42,000 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC# 311152), for engineering services provided, bringing the total to \$736,051.11. **96% Turnpike Funds, 4% Other Funds.**

Funding is available in account titled Department of Transportation, as follows:

### FY 2023

04-96-96-961017-70250000 Renewal - Replacement	
048-500226 - Contract Repairs; Bldg. Grounds	\$ 477,700.63
04-96-96-961017-70250000 Renewal - Replacement	
400-500869 - Construction Buildings - DOT	\$ 166,350.48
<b>Sub Total</b>	<b>\$ 644,051.11</b>

64-96-96-961017-70250000 Renewal - Replacement 400-500869 – Construction Buildings - Contingency	\$ 50,000.00
64-96-96-961017-70250000 Renewal - Replacement 400-500869 – Construction Buildings – DPW Fees	<u>\$ 42,000.00</u>
<b>Grand Total</b>	<b>\$ 736,051.11</b>

### EXPLANATION

The scope of the project is to remove, and replace in kind, the existing asphalt shingle and translucent panel roofing systems on salt storage sheds in Hooksett, Nashua and Hampton

The existing roofing systems are failing, in need of constant maintenance, and beyond warranty. There have been many leaks over the past several years, causing damage to the buildings. Some sections of existing roof decks need replacing due to rot.

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 Department of Administrative Services 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, 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:	\$ 492,520.00
Low bid:	<u>\$ 410,327.38</u>
Under estimate:	\$ 82,192.62

## CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 81144, Contract B  
Hooksett-Nashua-Hampton Salt Shed Roof Replacements, Statewide, NH

DESCRIPTION: The scope of the project is to remove, and replace in kind, the existing asphalt shingle and translucent panel roofing systems on salt storage sheds in Hooksett, Nashua and Hampton.

EXPLANATION: The existing roofing systems are failing, in need of constant maintenance, and beyond warranty. There have been many leaks over the past several years, causing damage to the buildings. Some sections of existing roof decks need replacing due to rot.

ALTERNATES  
EXPLANATION:

ALTERNATE No. 1: HOOKSETT SALT SHED GABLE END SIDING, REMOVE EXISTING WALL SHEATHING AND REPLACE IN KIND. ADD \$49,175.28. The existing T1-11 plywood siding is original to the building, is showing signs of damage and deterioration, and needs to be replaced.

ALTERNATE No. 3: HOOKSETT SALT SHED, REMOVE EXISTING INTERIOR WALL SHEATHING AND REPLACE IN KIND. ADD \$34,519.97. The existing sheathing is damaged to due exposure to moisture, weather conditions and the excessive weight of salt piles, and needs to be replaced.

ALTERNATE No. 4: NASHUA SALT SHED GABLE END SIDING, REMOVE EXISTING WALL SHEATHING AND REPLACE IN KIND. ADD \$41,341.23. The existing T1-11 plywood siding is original to the building, is showing signs of damage and deterioration, and needs to be replaced.

ALTERNATE No. 5: NASHUA SALT SHED ADDITION SIDING, REMOVE EXISTING WALL SHEATHING AND REPLACE IN KIND. ADD \$5,120.44. The existing T1-11 plywood siding is original to the building, is showing signs of damage and deterioration, and needs to be replaced.

ALTERNATE No. 6: NASHUA SALT SHED, REMOVE EXISTING INTERIOR WALL SHEATHING AND REPLACE IN KIND. ADD \$24,909.38. The existing sheathing is damaged to due exposure to moisture, weather conditions and the excessive weight of salt piles, and needs to be replaced.

ALTERNATE No. 7: HAMPTON SALT SHED GABLE END SIDING, REMOVE EXISTING WALL SHEATHING AND REPLACE IN KIND. ADD \$44,137.46. Existing T1-11 plywood siding is original to the building, and in need of repairs or replacement. Bid item cost

ALTERNATE No. 8: HAMPTON SALT SHED, REMOVE EXISTING INTERIOR WALL SHEATHING AND REPLACE IN KIND. ADD \$34,519.97. The existing sheathing is damaged to due exposure to moisture, weather conditions and the excessive weight of salt piles, and needs to be replaced.

#### UNDER ESTIMATE

EXPLANATION: The low bid was 17% below the estimate, which allowed the Department to accept seven (7) of the ADD Alternates for additional repairs. The low bid reflects an aggressive work schedule for each site and the availability of labor and materials for this type of work. In addition, there was a fair amount of contractor interest, creating a competitive environment and reducing overall prices.

DEPARTMENT ESTIMATE:	\$ 492,520.00
LOW BID:	<u>\$ 410,327.38</u>
UNDER ESTIMATE:	\$ 82,192.62



## ABC Bid Data

STATEWIDE  
81144B  
NON-FEDERAL

PROJECT: STATEWIDE  
STATE PROJECT NUMBER: 81144B  
FED. PROJECT NUMBER: NON-FEDERAL  
DATE BIDS OPEN: April 20, 2022, 2:00  
SCOPE OF WORK: HOOKSETT NASHUA HAMPTON SALT SHED ROOF REPLACEMENT  
COMPLETION DATE: November 22, 2022  
LOCATION: Merrimack

Awarded To:  
Amount: \$0.00  
Award Date:  
Certified by: \_\_\_\_\_  
Director of Project Development

### Summary of Bidders

Contractor	Bid Amount	Rank
TRIPLE CONSTRUCTION, LLC 5 EXECUTIVE DRIVE, SUITE 3, HUDSON, NH 03051	\$410,327.38	A
CARENO CONSTRUCTION CO., LLC 270 WEST ROAD STE 4, PORTSMOUTH NH 03801-7611	\$522,040.00	B
WEATHERGUARD INDUSTRIES/SMJ METALS, LLC 36 SMITH STREET, NORTHAMPTON, MA 01060	\$561,250.00	C

Base Bid - \$410,327.38  
Alt. #1 - 49,175.28  
Alt. #3 - 34,519.97  
Alt. #4 - 41,341.23  
Alt. #5 - 5,120.44  
Alt. #6 - 24,909.38  
Alt. #7 - 44,137.46  
Alt. #8 - 34,519.97  
Total = \$644,051.11

### BUREAU OF PUBLIC WORKS

☒ Award to 'A' Bidder  
☐ Hold for Negotiation  
☐ Cancel Contract  
User Agency DOT  
Authorized by MLJ  
Date 5/13/22



# ABC Bid Data

STATEWIDE  
81144B  
NON-FEDERAL

Item No.	Description	Unit	Quantity	PEAR		TRIPLE CONSTRUCTION LLC 5 EXECUTIVE DRIVE SUITE 3 HUDSON, NH 03051		CARENO CONSTRUCTION CO., LLC 274 WEST ROAD STE 4 PORTSMOUTH, NH 03801-7811	
				Unit Price	Total	Unit Price	Total	Unit Price	Total
Items									
901	HOOKSETT SALT SHED ROOF REPLACEMENT	U	1.00	\$113,600.00	\$113,600.00	\$116,350.48	\$116,350.48	\$145,500.00	\$145,500.00
902	HOOKSETT SALT SHED REPLACE ROOF SHEATHING	SF	1,700.00	\$12.00	\$20,400.00	\$8.66	\$14,722.00	\$8.50	\$14,450.00
903	NASHUA SALT SHED ROOF REPLACEMENT	U	1.00	\$128,440.00	\$128,440.00	\$80,252.82	\$80,252.82	\$110,000.00	\$110,000.00
904	NASHUA SALT SHED REPLACE ROOF SHEATHING	SF	3,840.00	\$12.00	\$46,080.00	\$8.44	\$32,428.80	\$8.50	\$32,640.00
905	HAMPTON SALT SHED ROOF REPLACEMENT	U	1.00	\$113,600.00	\$113,600.00	\$116,350.48	\$116,350.48	\$155,000.00	\$155,000.00
906	HAMPTON SALT SHED REPLACE ROOF SHEATHING	SF	1,700.00	\$12.00	\$20,400.00	\$8.66	\$14,722.00	\$8.50	\$14,450.00
907	ALLOWANCE FOR UNFORESEEN CONDITIONS	\$	50,000.00	\$1.00	\$50,000.00	\$1.00	\$50,000.00	\$1.00	\$50,000.00
Totals:				\$482,820.00		\$418,327.38		\$572,048.00	

## ALTERNATE 81144B

### ALTERNATE 81144B #7

997	HAMPTON SALT SHED REPLACE GABLE END SIDING	U	1.00	\$47,510.00	\$47,510.00	\$44,137.40	\$44,137.40	\$30,000.00	\$30,000.00
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### ALTERNATE 81144B #1

991	HOOKSETT SALT SHED REPLACE GABLE END SIDING	U	1.00	\$40,642.00	\$40,642.00	\$40,175.26	\$40,175.26	\$50,000.00	\$50,000.00
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### ALTERNATE 81144B #2

997	HOOKSETT SALT SHED REPLACE LEAN TO SIDING	U	1.00	\$3,290.00	\$3,290.00	\$3,365.43	\$3,365.43	\$10,000.00	\$10,000.00
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### ALTERNATE 81144B #3

993	HOOKSETT SALT SHED REPLACE INTERIOR SHEATHING	U	1.00	\$14,700.00	\$14,700.00	\$14,519.97	\$14,519.97	\$10,000.00	\$10,000.00
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### ALTERNATE 81144B #4

994	NASHUA SALT SHED REPLACE GABLE END SIDING	U	1.00	\$37,200.00	\$37,200.00	\$41,341.23	\$41,341.23	\$4,000.00	\$4,000.00
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### ALTERNATE 81144B #5

Wednesday, April 20, 2022



# ABC Bid Data

STATEWIDE  
81144B  
NON-FEDERAL

Item No.	Description	Unit	Quantity	PS&J		TRIPLA CONSTRUCTION LLC 1 EXECUTIVE DRIVE SUITE 2 HUDSON, NH 03041		CAPSHO CONSTRUCTION CO. LLC 278 WEST ROAD STE 4 PORTSMOUTH, NH 03801-7511	
				Unit Price	Total	Unit Price	Total	Unit Price	Total
975	NASHUA SALT SHED REPLACE SHED ADDITION SIDING	U	1.00	\$3,354.00	\$3,354.00	\$3,120.44	\$3,120.44	\$32,000.00	\$32,000.00

## ALTERNATE 81144B #6

976	NASHUA SALT SHED REPLACE INTERIOR SHEATHING	U	1.00	\$33,680.00	\$33,680.00	\$24,500.38	\$24,500.38	\$30,000.00	\$30,000.00
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## ALTERNATE 81144B #8

990	HAMPTON SALT SHED REPLACE INTERIOR SHEATHING	U	1.00	\$40,300.00	\$40,300.00	\$34,519.97	\$34,519.97	\$40,000.00	\$40,000.00
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Alt. Totals:			
Totals:	\$492,520.00	\$410,327.38	\$522,040.00



# ABC Bid Data

STATEWIDE  
81144B  
NON-FEDERAL

Item No.	Description	Unit	Quantity	P&H		WEATHERSHIELD INDUSTRIES/SHU METALS, LLC 30 SMITH STREET NORTHAMPTON, MA 01068		Unit Price	Total
				Unit Price	Total	Unit Price	Total		
Items									
981	HOOKSETT SALT SHED ROOF REPLACEMENT	U	1.00	\$113,600.00	\$113,600.00	\$172,000.00	\$172,000.00		
982	HOOKSETT SALT SHED REPLACE ROOF SHEATHING	SF	1,709.00	\$12.00	\$20,400.00	\$6.25	\$10,825.00		
983	NASHUA SALT SHED ROOF REPLACEMENT	U	1.00	\$128,440.00	\$128,440.00	\$122,000.00	\$122,000.00		
984	NASHUA SALT SHED REPLACE ROOF SHEATHING	SF	3,840.00	\$12.00	\$46,080.00	\$6.25	\$24,000.00		
985	HAMPTON SALT SHED ROOF REPLACEMENT	U	1.00	\$113,600.00	\$113,600.00	\$172,000.00	\$172,000.00		
986	HAMPTON SALT SHED REPLACE ROOF SHEATHING	SF	1,709.00	\$12.00	\$20,400.00	\$6.25	\$10,825.00		
987	ALLOWANCE FOR UNFORESEEN CONDITIONS	\$	30,000.00	\$1.00	\$50,000.00	\$1.00	\$50,000.00		
Totals:				\$482,570.00		\$561,250.00			

## ALTERNATE 81144B

### ALTERNATE 81144B #7

987	HAMPTON SALT SHED REPLACE GABLE END SIDING	U	1.00	\$47,610.00	\$47,610.00	\$49,000.00	\$49,000.00		
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### ALTERNATE 81144B #1

981	HOOKSETT SALT SHED REPLACE GABLE END SIDING	U	1.00	\$47,610.00	\$47,610.00	\$44,000.00	\$44,000.00		
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### ALTERNATE 81144B #2

982	HOOKSETT SALT SHED REPLACE LEAN TO SIDING	U	1.00	\$8,200.00	\$8,200.00	\$20,000.00	\$20,000.00		
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### ALTERNATE 81144B #3

983	HOOKSETT SALT SHED REPLACE INTERIOR SHEATHING	U	1.00	\$19,300.00	\$19,300.00	\$29,750.00	\$29,750.00		
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### ALTERNATE 81144B #4

984	NASHUA SALT SHED REPLACE GABLE END SIDING	U	1.00	\$37,200.00	\$37,200.00	\$33,000.00	\$33,000.00		
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### ALTERNATE 81144B #5

Wednesday, April 20, 2022





## ABC Bid Data

STATEWIDE  
81144B  
NON-FEDERAL

Item No.	Description	Unit	Quantity	PS&S		WEATHERCRAFT INDUSTRIAL METALS, LLC 38 SOUTH STREET NORTHAMPTON, MA 01060		Unit Price	Total
				Unit Price	Total	Unit Price	Total		
975	NASHUA SALT SHED REPLACE SHED ADDITION SIDING	U	1.00	\$3,964.00	\$3,964.00	\$14,000.00	\$14,000.00		

### ALTERNATE 81144B #6

996	NASHUA SALT SHED REPLACE INTERIOR SHEATHING	U	1.00	\$35,380.00	\$35,380.00	\$15,300.00	\$15,300.00		
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### ALTERNATE 81144B #8

997	NASHUA SALT SHED REPLACE INTERIOR SHEATHING	U	1.00	\$47,300.00	\$47,300.00	\$22,800.00	\$22,800.00		
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AB Totals:			
Totals:	\$482,520.00	\$561,250.00	



## PS&E Comparison

STATEWIDE  
81144B  
NON-FEDERAL

				A-Bidder		PS&E		
Item No.	Description	Unit	Quantity	Unit Price	Total	Unit Price	Total	A-PS&E Difference
Items								
901	HOOKSETT SALT SHED ROOF REPLACEMENT	U	1.00	\$116,350.48	\$116,350.48	\$113,600.00	\$113,600.00	\$2,750.48
902	HOOKSETT SALT SHED REPLACE ROOF SHEATHING	SF	1,700.00	\$6.66	\$11,322.00	\$12.00	\$20,400.00	(\$9,078.00)
903	NASHUA SALT SHED ROOF REPLACEMENT	U	1.00	\$80,252.82	\$80,252.82	\$128,440.00	\$128,440.00	(\$48,187.18)
904	NASHUA SALT SHED REPLACE ROOF SHEATHING	SF	3,840.00	\$6.44	\$24,729.60	\$12.00	\$46,080.00	(\$21,350.40)
905	HAMPTON SALT SHED ROOF REPLACEMENT	U	1.00	\$116,350.48	\$116,350.48	\$113,600.00	\$113,600.00	\$2,750.48
906	HAMPTON SALT SHED REPLACE ROOF SHEATHING	SF	1,700.00	\$6.66	\$11,322.00	\$12.00	\$20,400.00	(\$9,078.00)
907	ALLOWANCE FOR UNFORESEEN CONDITIONS	\$	50,000.00	\$1.00	\$50,000.00	\$1.00	\$50,000.00	\$0.00
ALTERNATE 81144B								
ALTERNATE 81144B #7								
	200' x 100' x 10' SALT SHED REPLACEMENT	U	1.00	\$44,137.43	\$44,137.43	\$47,610.00	\$47,610.00	(\$3,472.57)
ALTERNATE 81144B #1								
	BLISS POINT SALT SHED REPLACE GABLE END PANEL	U	1.00	\$49,175.28	\$49,175.28	\$49,080.00	\$49,080.00	(\$94.72)
ALTERNATE 81144B #2								
908	HOOKSETT SALT SHED REPLACE LEAN TO ROOF	U	1.00	\$8,505.43	\$8,505.43	\$8,280.00	\$8,280.00	\$225.43



## PS&E Comparison

STATEWIDE  
81144B  
NON-FEDERAL

				A-Bidder		PS&E		
Item No.	Description	Unit	Quantity	Unit Price	Total	Unit Price	Total	A-PS&E Difference
ALTERNATE 81144B #3								
10	REPLACE 115 LITRE RED REPLACE INTERIOR SHOWER	U	1.00	\$34,519.97	\$34,519.97	\$48,300.00	\$48,300.00	(\$13,780.03)
ALTERNATE 81144B #4								
11	REPLACE 115 LITRE RED REPLACE GABLE END SHOWER	U	1.00	\$41,341.23	\$41,341.23	\$37,280.00	\$37,280.00	\$4,061.23
ALTERNATE 81144B #5								
12	REPLACE 115 LITRE RED REPLACE SHOWER	U	1.00	\$5,120.44	\$5,120.44	\$3,864.00	\$3,864.00	\$1,256.44
ALTERNATE 81144B #6								
13	REPLACE 115 LITRE RED REPLACE INTERIOR SHOWER	U	1.00	\$24,909.58	\$24,909.58	\$35,880.00	\$35,880.00	(\$10,970.42)
ALTERNATE 81144B #8								
14	REPLACE 115 LITRE RED REPLACE INTERIOR SHOWER	U	1.00	\$34,519.97	\$34,519.97	\$48,300.00	\$48,300.00	(\$13,780.03)
Total:				\$410,327.38		\$492,520.00		(\$82,192.62)

# State of New Hampshire

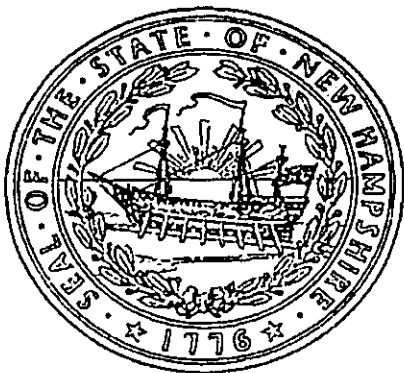
## Department of State

### CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that TRIPLE CONSTRUCTION, LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on January 07, 2016. 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: 737136

Certificate Number: 0005790218



IN TESTIMONY WHEREOF,  
I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 13th day of June A.D. 2022.

A handwritten signature in black ink, appearing to read "David M. Scanlan", is written over a circular stamp that partially overlaps the seal of the State of New Hampshire.

David M. Scanlan  
Secretary of State

*(Limited partnership, Limited liability professional  
partnership or LLC)*

**Limited Partnership or LLC Certification of Authority**

I, Kevin Cormier, hereby certify that I am a Partner, Member or Manager  
(Name)  
of Triple Construction a limited liability partnership under RSA 304-B,  
(Name of Partnership or LLC)

a limited liability professional partnership under RSA 304-D, or a limited liability company  
under RSA 304-C.

I certify that I am authorized to bind the partnership or LLC. I further certify that it is  
understood that the State of New Hampshire will rely on this certificate as evidence that the  
person listed above currently occupies the position indicated and that they have full authority  
to bind the partnership or LLC and that this authorization shall remain valid for thirty (30)  
days from the date of this Corporate Resolution

DATED: 5/30/22

ATTEST: [Signature] member  
(Name & Title)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/01/2022

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 have ADDITIONAL INSURED provisions or 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> Optisure Risk Partner, LLC d/b/a Aspen Insurance Agency 40 Stark Street Manchester NH 03101		<b>CONTACT NAME:</b> Jen Paquin <b>PHONE (A/C, Ho, Est):</b> (603) 647-0800 <b>FAX (A/C, No):</b> (603) 647-0330 <b>E-MAIL ADDRESS:</b> Jen.paquin@optisure.com	
<b>INSURED</b> TRIPLE CONSTRUCTION LLC 5 EXECUTIVE DRIVE SUITE 3 HUDSON NH 03051-4910		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Selective Ins Co. of South Carolina NAIC # 19259 <b>INSURER B:</b> Allied Eastern Indemnity Company 11242 <b>INSURER C:</b> Hanover Insurance Company 22292 <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER:** CL2242617186**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			S 2399837	04/28/2022	04/28/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			S 2399837	04/28/2022	04/28/2023	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"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			S 2399837	04/28/2022	04/28/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	03-0000118851-04	07/17/2022	07/17/2023	<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
C	Contractor's Equipment			IHV H505331 01	02/14/2022	02/14/2023	Leased/ Rented \$250,000 Deductible \$1,000

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

Work performed during the policy period: Carpentry. Workers' compensation coverage applies in NH, MA & ME. Kevin Cormier is excluded from the workers' compensation coverage.  
Project: (Statewide 81144B) 22-021 Salt Shed Roof Replacement located at 36 Hackett Hill Road, Hooksett NH; 243 Main Dunstable Road, Nashua NH; and 2 Liberty Lane, West Hamplon NH.  
The State of NH Department of Administrative Services and any and all subcontractors as the named insured.  
The State, its agencies, and its agents, and employees are additional insured as respects GL as required by written contract. Waiver of subrogation applies where permitted by state law.

**CERTIFICATE HOLDER****CANCELLATION**

State of New Hampshire c/o Department of Administrative Services 7 Hazen Drive, Room 250  Concord NH 03302	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 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/01/2022

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 have ADDITIONAL INSURED provisions or 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> Optisure Risk Partner, LLC d/b/a Aspen Insurance Agency 40 Stark Street Manchester NH 03101		<b>CONTACT NAME:</b> Jen Paquin <b>PHONE (A/C, No, Ext):</b> (603) 647-0800 <b>FAX (A/C, No):</b> (603) 647-0330 <b>E-MAIL ADDRESS:</b> Jen.paquin@optisure.com	
<b>INSURED</b> Triple Construction LLC 5 Executive Drive Suite 3 Hudson NH 03051		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Hanover Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

## COVERAGES

CERTIFICATE NUMBER: CL226117505

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
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMPROP AGG
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE AGGREGATE
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
A	Builders Risk			IHV J024428 00	05/30/2022	05/30/2023	Project Deductible \$644,052 \$2,500

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

Project: (Statewide 81144B) 22-021 Salt Shed Roof Replacement located at 36 Hackett Hill Road, Hooksett NH; 243 Main Dunstable Road, Nashua NH; and 2 Liberty Lane, West Hampton NH.  
The State of NH Department of Administrative Services, any and all subcontractors, and all others employed on the premises as additional named insureds.  
This policy includes a waiver of subrogation when required by written contract.

## CERTIFICATE HOLDER

## CANCELLATION

State of New Hampshire c/o Department of Administrative Services 7 Hazen Drive, Room 250  Concord NH 03302	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 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/01/2022

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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> Optisure Risk Partner, LLC d/b/a Aspen Insurance Agency 40 Stark Street Manchester NH 03101		<b>CONTACT NAME:</b> Jen Paquin <b>PHONE (A/C, No, Ext):</b> (603) 647-0800 <b>FAX (A/C, No):</b> (603) 647-0330 <b>E-MAIL ADDRESS:</b> Jen.paquin@optisure.com	
<b>INSURED</b> State of NH Dept of Administrative Services c/o Triple Construction LLC 5 Executive Drive, Suite 3 Hudson NH 03051		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Selective Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

## COVERAGES

CERTIFICATE NUMBER: CL226117504

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	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR Owner & Contractor Protective Liab Coverage GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			S2515487	05/30/2022	05/30/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (E& occurrence) \$ 2,000,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ COMBINED SINGLE LIMIT (E& accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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: (Statewide 81144B) 22-021 Salt Shed Roof Replacement located at 36 Hackett Hill Road, Hooksett NH; 243 Main Dunstable Road, Nashua NH; and 2 Liberty Lane, West Hampton NH.

## CERTIFICATE HOLDER

## CANCELLATION

State of New Hampshire c/o Department of Administrative Services  
7 Hazen Drive, Room 250

Concord

NH 03302

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