

70 dm



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

VICKI V. QUIRAM
Commissioner
(603)-271-3201

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

Division of Public Works
Design and Construction
Project No. 80913R – Contract A

August 29, 2016

Her Excellency, Governor Margaret Wood Hassan
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 T. Buck Construction, Inc. (VC# 156635) located in Turner, ME, for a total price not to exceed \$711,333, for the New Hampshire Army National Guard Building, Building 'G'CSMS Annex Renovations located in Concord, NH. This contract is effective upon Governor and Council approval through July 1, 2017, unless extended in accordance with the contract terms. **100% Federal Funds.**

2). Further authorize that a contingency in the amount of \$40,000 be approved for unanticipated structural expenses or owner initiated changes for the Building 'G'CSMS Annex Renovations, bringing the total to \$751,333. **100% Federal Funds.**

3). Further authorize the amount of \$35,000 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 \$786,333. **100% Federal Funds.**

Funding is available in account titled Adjutant General as follows:

02-12-12-120010-22450000 Army Guard Facilities	<u>FY 17</u>
103-500736 – Contract Repairs/Bldgs. & Grounds	\$596,333
103-500736 – Contingency	<u>\$ 40,000</u>
Sub-Total	\$636,333

02-12-12-120010-22480000 Electronic Security 231-500766 – Security Expenses	\$115,000
02-12-12-120010-22550000 Inter-Agency Payments 217-502682 – DPW Fees Interagency	<u>\$ 35,000</u>
Grand Total	\$ 786,333

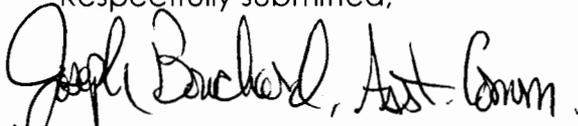
EXPLANATION

The project will replace the existing roof, new doors and windows, interior renovations, electrical and mechanical systems upgrades, new roof structure between two existing buildings, and demolition of existing metal building. The work will also include electronic security work as well as gate widening on the existing entrance gate on Regional Drive.

The Federal funds to pay for this contract are provided to the Adjutant General's Department by the National Guard Bureau pursuant to a Federal-State Master Cooperative Agreement for the mutual support of the State of New Hampshire and the New Hampshire Army National Guard. The cost of this contract shall be reimbursed to the State by the Federal government at a rate of 100%. In the event that federal funds are not available, General funds will not be requested to support this program.

The contractor has been pre-qualified by the Department of Transportation, and the contract has been approved by the Department of Justice as to form, substance; and execution. 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,

for Vicki V. Quiram
Commissioner

Department Estimate: \$1,067,632
Contract Amount: \$ 711,330
Under Estimate: \$ 356,302

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80913R, Contract A – Building “G” CSMS Annex Renovations, Concord, New Hampshire.

DESCRIPTION: Work of the Building “G” includes replacement of the existing roof, new doors and windows, interior renovations, electrical and mechanical system upgrades, new roof structure between two existing buildings and demolition of an existing metal building. Also included is work at the existing entrance gate on Regional Drive, Concord, New Hampshire.

EXPLANATION: Building “G” is in need of upgrades. The existing windows are not energy efficient, the roof is past its warranty period, the bathroom needs upgrading and the electrical and mechanical systems are in need of an upgrade. The existing metal building will be torn down and the existing concrete pad will provide more space for parking vehicles waiting for service.

UNDER ESTIMATE

EXPLANATION: Project budget estimate included a \$100,000 contingency. In addition, the breakdown of pricing showed a difference between the estimate and the low bid price for the work at the entrance gate of -\$74,000 and for the canopy roof structure of -\$69,000. These differences bring the budget estimate to \$824,632 more in line with the low bid.

DEPARTMENT

ESTIMATE: \$1,067,632

LOW BID: \$711,330



Division of Public Works

ABC Bid Data

NON-FEDERAL

PROJECT: CONCORD
STATE PROJECT NUMBER: 80913R Contract A
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: August 03, 2016, 02:00 PM
SCOPE OF WORK: Building G CSMS Annex Renovations
COMPLETION DATE: July 01, 2017
LOCATION: Merrimack

Summary of Bidders

Contractor	Bid Amount	Rank
BUCK, T. CONSTRUCTION, INC. 302B AUBURN ROAD, TURNER ME 04282	\$711,333.00	A
TURNSTONE CORPORATION 479 NASHUA STREET, MILFORD NH 03055-3705	\$764,100.00	B
DEW CONSTRUCTION CORP SUITE 130, 277 BLAIR PARK ROAD, WILLISTON VT 05495	\$769,810.00	C
BROOKSTONE BUILDERS, INC. 600 HARVEY ROAD, MANCHESTER NH 03103-3320	\$876,800.00	D
SCHROEDER CONSTRUCTION MGMT IN 2 TOWNSEND WEST, UNIT 3, NASHUA NH 03063	\$896,400.00	E
MERIDIAN CONSTRUCTION CORP. 32 ARTISAN COURT #4, GILFORD NH 03249-6603	\$1,015,000.00	F

BUREAU OF PUBLIC WORKS

Award to T. Buck Construction, Inc
 Hold for Negotiation
 Cancel Contract
 User Agency Adv. General
 Authorized by [Signature]
 Date 5/5/16

Item No.	Description	Unit	Quantity	DEW CONSTRUCTION		BROOKSTONE BUILDERS, INC.	
				Unit Price	Total	Unit Price	Total
				CORP SUITE 130 WILLISTON, VT 05495		600 HARVEY ROAD MANCHESTER, NH 03103-	

Items

901	ALL WORK EXCEPT ASSOCIATED WITH CANOPY AND	U	1.000	\$447,000.00	\$447,000.00	\$576,800.00	\$576,800.00
902	ALL WORK ASSOCIATED WITH INSTALLATION OF ROOF	U	1.000	\$148,000.00	\$148,000.00	\$200,000.00	\$200,000.00
903	ALL WORK ASSOCIATED WITH WORK AT THE ENTRANCE GATE ON REGIONAL DRIVE	U	1.000	\$124,810.00	\$124,810.00	\$50,000.00	\$50,000.00
904	ALLOWANCE #1 FOR UNFORESEEN CONDITIONS	\$	40,000.000	\$1.00	\$40,000.00	\$1.00	\$40,000.00
905	ALLOWANCE #2 FOR TESTING SERVICES AND INITIATED CHANGES	\$	10,000.000	\$1.00	\$10,000.00	\$1.00	\$10,000.00

Totals: \$769,810.00 \$876,800.00

Item No.	Description	Unit	Quantity	SCHROEDER CONSTRUCTION MGMT		MERIDIAN CONSTRUCTION CORP.	
				Unit Price	Total	Unit Price	Total

Items

901	ALL WORK EXCEPT ASSOCIATED WITH CANOPY AND	U	1.000	\$462,000.00	\$462,000.00	\$650,000.00	\$650,000.00
902	ALL WORK ASSOCIATED WITH INSTALLATION OF ROOF	U	1.000	\$265,000.00	\$265,000.00	\$220,000.00	\$220,000.00
903	ALL WORK ASSOCIATED WITH WORK AT THE ENTRANCE GATE ON REGIONAL DRIVE	U	1.000	\$119,400.00	\$119,400.00	\$95,000.00	\$95,000.00
904	ALLOWANCE #1 FOR UNFORESEEN CONDITIONS	\$	40,000.000	\$1.00	\$40,000.00	\$1.00	\$40,000.00
905	ALLOWANCE #2 FOR TESTING SERVICES AND OWNER	\$	10,000.000	\$1.00	\$10,000.00	\$1.00	\$10,000.00

Totals: \$896,400.00 \$1,015,000.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/22/2016

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: Jennifer Galante PHONE (A/C No. Ext): (603) 669-3218 FAX (A/C No.): (603) 645-4331 E-MAIL ADDRESS: jgalante@crossagency.com																						
INSURED T. Buck Construction, Inc. 302B Auburn Road Turner ME 04282		<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Hanover Ins Group</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td>Maine Employers Mutual Ins Co.</td> <td></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:	Hanover Ins Group		INSURER B:	Maine Employers Mutual Ins Co.		INSURER C:			INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																						
INSURER A:	Hanover Ins Group																							
INSURER B:	Maine Employers Mutual Ins Co.																							
INSURER C:																								
INSURER D:																								
INSURER E:																								
INSURER F:																								

COVERAGES **CERTIFICATE NUMBER:** 16-17 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 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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:		X	ZBVA88741600	4/1/2016	4/1/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/>			AHVA88747500	4/1/2016	4/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 2,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		X	UHVA88741700	4/1/2016	4/1/2017	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
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	5101800485 (3a.) MA, ME, NH VT All officers included	4/1/2016	4/1/2017	<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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Job: Building G CSMS Annex Renovations, project #80913R-A. The State of New Hampshire is included as additional insureds with respects to General Liability and Umbrella when required by written contract.

CERTIFICATE HOLDER State of NH Dept of Administrative Services 7 Hazen Drive- Contract Office Room 130 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 J Harrison, V.P./JSC
---	--



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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: Jennifer Galante PHONE (A/C, No, Ext): (603) 669-3218 E-MAIL ADDRESS: jgalante@crossagency.com	FAX (A/C, No): (603) 645-4331
	INSURER(S) AFFORDING COVERAGE	
INSURED NH Department of Administrative Services C/O T. BUCK CONSTRUCTION 302B AUBURN ROAD TURNER ME 04282	INSURER A: Hanover Ins Group	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 16-17 OCP cert **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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners & Contractors			LHVD02502900	8/26/2016	8/26/2017	EACH OCCURRENCE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		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"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED 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"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$							EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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)
Project: Building G CSMS Annex Renovations, contrat #80913R-A

CERTIFICATE HOLDER State of NH Dept of Administrative Services 7 Hazen Drive- Contract Office Room 130 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 J Harrison, V.P./JG3
---	--

© 1988-2014 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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: Jennifer Galante PHONE (A/C, No, Ext): (603) 669-3218 E-MAIL ADDRESS: jgalante@crossagency.com FAX (A/C, No): (603) 645-4331															
INSURED NH Department of Administrative Services c/o T. Buck Construction 302B Auburn Road Turner ME 04282		<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Hanover Ins Group</td> <td></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: Hanover Ins Group		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #																
INSURER A: Hanover Ins Group																	
INSURER B:																	
INSURER C:																	
INSURER D:																	
INSURER E:																	
INSURER F:																	

COVERAGES CERTIFICATE NUMBER: 16-17 BR Cert 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.

INBR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <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 - 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"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Builder's Risk			IRVD02503100	8/26/2016	8/26/2017	Project \$711,333 Deductible \$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Project: Building G CSMS Annex Renovations, contract #80913R-A.

CERTIFICATE HOLDER State of NH Department of Administrative Services 7 Hazen Drive- Contract Office Room 130 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 J Harrison, V.P./JG3
---	--