

15 *JB*



# State of New Hampshire

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. 80668 – Contract B

November 5, 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 Bauen Corporation (VC# 157033) Meredith, NH, for a total price not to exceed \$106,450, for the Lakes Region Facility Roof Replacement – Powell Building, Laconia, N. H. This contract is effective upon Governor and Council approval through April 25, 2014, unless extended in accordance with the contract terms. **100% Capital - General Funds.**
- 2). Further authorize that a contingency in the amount of \$10,000 be approved for unanticipated structural expenses for the Lakes Region Roof Replacement – Powell Building, bringing the total to \$116,450. **100% Capital - General Funds.**
- 3). Further authorize pursuant to Chapter 253:10, Laws of 2011, the amount of \$5,000 be approved for payment to the Department of Administrative Services, Bureau of Public Works Design and Construction (VC# 177875), a capital clerk oversight and engineering services provided, bringing the total to \$121,450. **100% Capital – General Funds.**

Funding is available in account titled Department of Administrative Services as follows:

01-14-14-149030-09380000	Campus Roof	<u>SFY14</u>
034-500162	– Repair/Renovations Bldgs.	\$ 106,450
034-500162	- Contingency	10,000
034-500162	- BPW Fees Interagency	<u>5,000</u>
<b>Grand Total</b>		<b>\$ 121,450</b>

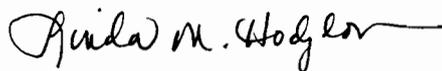
### EXPLANATION

This project will include the removal and replacement of approximately 1,800 square feet of membrane roofing, the replacement of the existing insulation and flashing. A new Styrene Butadiene Styrene (SBS) roofing system will be installed which has a 20-year total system warranty.

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, 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:	\$100,000
Contract Amount:	<u>\$106,450</u>
Over Estimate:	\$ 6,450

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: Lakes Region Facility Roof Replacement-Powell Building  
BPW Project No. 80668, Contract "B"

DESCRIPTION: This project will include the removal and replacement of approximately 1,800 square feet of membrane roofing, and the replacement of the existing insulation and flashing. A new Styrene Butadiene Styrene (SBS) roofing system will be installed which has a 20-year total system warranty.

EXPLANATION: The existing roofing system is well beyond the life expectancy and needs to be replaced. In the section of the building that is being demolished, the existing roofing system has failed and cannot be replaced at a reasonable cost. There is also mold in the building, which will be abated prior to the new roof being installed.

This project also includes the demolition of one exterior room of about 800 Square Feet. The roof on this section of the Powell building is in such poor condition that the demolition of this room is less costly than replacing the roof. The existing roof has failed and will not make it through this winter with anticipated snow loads.

OVER ESTIMATE

EXPLANATION: This project was 6.45% (\$6,450.00) over estimate. The reason this estimate was slightly over estimate is due to the need to get this project completed this fall/early winter. Unknown winter conditions caused the cost increase.

DEPARTMENT

ESTIMATE: \$ 100,000

LOW BID: \$ 106,450

# BIDDER SUMMARY

PROJECT NAME: Lakes Region Facility Roof Replacement/Repairs NON-FEDERAL 80668-B  
PROJECT NUMBER: 80668-B  
COUNTY: BELKNAP COUNTY 001  
BID OPENING DATE: 10/24/2013  
SCOPE OF WORK: LAKES REGION FACILITY ROOF REPLACEMENT POWELL BUILDING  
LOCATION: LACONIA NH  
COMPLETION DATE: 04/25/2014

## BID RESULTS

A	BAUEN CORPORATION - 177 WAUKEWAN STREET MEREDITH, NH 03253	\$	106,450.00	ACCEPTED
B	TURNSTONE CORP (B001) - 51 FRANKLIN ST MILFORD, NH 03055-3705	\$	121,705.00	ACCEPTED
C	MERIDIAN CONSTRUCTION CORP (B001) - 32 ARTISAN COURT 4 GILFORD, NH 03249	\$	147,400.00	ACCEPTED
D	DL KING & ASSOCIATES INC (B001) - 27 TANGLEWOOD DR NASHUA, NH 03062-1044	\$	152,200.00	ACCEPTED

## BUREAU OF PUBLIC WORKS

Award to A Bidder  
 Hold for Negotiation  
 Cancel Contract \$ 106,450.00  
User Agency DAS  
Authorized by MLJ  
Date 10/29/13

ITEM NO.	DESCRIPTION	UNIT	QUANTITY	PS&E		A		B	
				UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
901.00	DEMO ROOF, MASONRY WALLS, CONCRETE SLAB IN AREA A	EA	1.00	\$ 43,000.00	\$ 43,000.00	\$ 18,250.00	\$ 18,250.00	\$ 14,700.00	\$ 14,700.00
902.00	REMOVE & REPLACE ROOFING ON POWELL BLDG IN AREA B	EA	1.00	\$ 42,000.00	\$ 42,000.00	\$ 78,200.00	\$ 78,200.00	\$ 97,005.00	\$ 97,005.00
903.00	ALLOWANCE #1	\$	10,000.00	\$ 1.00	\$ 10,000.00	\$ 1.00	\$ 10,000.00	\$ 1.00	\$ 10,000.00
					\$ 95,000.00		\$ 106,450.00		\$ 121,705.00

ITEM NO.	DESCRIPTION	PS&E			C			D		
		UNIT	QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	
901.00	DEMO ROOF, MASONRY WALLS, CONCRETE SLAB IN AREA A	EA	1.00	\$ 43,000.00	\$ 43,000.00	\$ 39,700.00	\$ 39,700.00	\$ 6,200.00	\$ 6,200.00	
902.00	REMOVE & REPLACE ROOFING ON POWELL BLDG IN AREA B	EA	1.00	\$ 42,000.00	\$ 42,000.00	\$ 97,700.00	\$ 97,700.00	\$ 136,000.00	\$ 136,000.00	
903.00	ALLOWANCE #1	\$	10,000.00	\$ 1.00	\$ 10,000.00	\$ 1.00	\$ 10,000.00	\$ 1.00	\$ 10,000.00	
					\$ 95,000.00		\$ 147,400.00		\$ 152,200.00	



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/30/2013

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> <b>THE ROWLEY AGENCY INC.</b> 139 Loudon Road P.O. Box 511 Concord NH 03302-0511	<b>CONTACT NAME:</b> Danielle Rice <b>PHONE (A/C, No, Ext):</b> (603)224-2562 <b>E-MAIL ADDRESS:</b> drice@rowleyagency.com	<b>FAX (A/C, No):</b> (603)224-8012
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> <b>Bauen Corporation</b> P.O. Box 1621 Meredith NH 03253	<b>INSURER A:</b> Firemen's Ins Co of Wash. DC	
	<b>INSURER B:</b> Acadia Insurance Company	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **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			CPA004079925	5/27/2013	5/27/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMPIOP AGG \$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						\$
A	AUTOMOBILE LIABILITY			CAA011144920	5/27/2013	5/27/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
\$							
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		CUA004081025	5/27/2013	5/27/2014	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WPA004080625	5/27/2013	5/27/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 100,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Project #80668 Lakes Region Roof Replacement - Powell Building, Right Way Path, Laconia, NH. State of NH Department of Administrative Services is an additional insured on all liability policies, except workers compensation, when required by written contract.

<b>CERTIFICATE HOLDER</b>  State of NH Department of Administrative Services PO Box 483 Concord, NH 03302-0483	<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  Danielle Rice/DJR <i>Danielle Rice</i>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/30/2013

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> <b>THE ROWLEY AGENCY INC.</b> 139 Loudon Road P.O. Box 511 Concord NH 03302-0511	<b>CONTACT NAME:</b> Danielle Rice <b>PHONE (A/C, No, Ext):</b> (603) 224-2562 <b>E-MAIL ADDRESS:</b> drice@rowleyagency.com	<b>FAX (A/C, No):</b> (603) 224-8012
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURER A:</b> Peerless Insurance Companies		<b>NAIC #</b>
<b>INSURED</b> <b>Bauen Corporation; State of NH Department of Administrative Services, Any &amp; All Subs.</b> P.O. Box 1621 Meredith NH 03253	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **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
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> 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						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <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) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <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						<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Builders Risk			IM 8968656	11/4/2013	11/4/2014	Limit: 106,450

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Project #80668 Lakes Region Roof Replacement - Powell Building, Right Way Path, Laconia, NH.

<b>CERTIFICATE HOLDER</b>  State of NH Department of Administrative Services PO Box 483 Concord, NH 03302-0483	<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.
	<b>AUTHORIZED REPRESENTATIVE</b>  Danielle Rice/DJR



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/30/2013

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> <b>THE ROWLEY AGENCY INC.</b> 139 Loudon Road P.O. Box 511 Concord NH 03302-0511	<b>CONTACT NAME:</b> Danielle Rice <b>PHONE (A/C, No, Ext):</b> (603) 224-2562 <b>E-MAIL ADDRESS:</b> drice@rowleyagency.com	<b>FAX (A/C, No):</b> (603) 224-8012
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Acadia 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:**                      **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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b>		OCP5127508	11/4/2013	11/4/2014	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					MED EXP (Any one person) \$
	<input checked="" type="checkbox"/> Owners & Contractors					PERSONAL & ADV INJURY \$
	<input type="checkbox"/> Protective Liability					GENERAL AGGREGATE \$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			\$			
	<b>AUTOMOBILE LIABILITY</b>					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) \$
						\$
	<input type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCC' PENCE \$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$				\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>					WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" 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)  
Project #80668 Lakes Region Roof Replacement - Powell Building, Right Way Path, Laconia, NH.

<b>CERTIFICATE HOLDER</b>  State of NH Department of Administrative Services PO Box 483 Concord, NH 03302-0483	<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.
	<b>AUTHORIZED REPRESENTATIVE</b>  Danielle Rice/DJR