



# State of New Hampshire

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

6/1 [Signature]

LINDA M. HODGDON  
Commissioner  
(603) 271-3201

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

Bureau of Public Works  
Design and Construction  
Project No. 80793R – Contract B

November 18, 2014

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 Meridian Construction Corporation (VC# 157328) Gilford NH, for a total price not to exceed \$393,587, for the Welcome and Information Center Improvements, Statewide. This contract is effective upon Governor and Council approval through May 1, 2015, unless extended in accordance with the contract terms. **100% Capital - Highway Funds.**
- 2). Further authorize the amount of \$23,615 be approved for payment to the Department of Administrative Services, Bureau of Public Works Design and Construction (VC# 177875), for engineering services provided, bringing the total to \$417,202. **100% Capital - Highway Funds.**

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

04-96-96-960030-79890000	Welcome Information Ctr.	<u>SFY15</u>
034-500162	– Repair/Renovations Bldgs.	\$ 393,587
034-500162	– BPW Fees/Interagency	<u>\$ 23,615</u>
<b>Grand Total</b>		<b>\$ 417,202</b>

**EXPLANATION**

Per Chapter 195:2, II, D, Laws of 2013. This project consists of, but is not limited to, building upgrades to six (6) different Welcome and Information Centers. The six (6) are in Sutton, Sanbornton, Littleton, Canterbury, Lebanon, and Salem.

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 Transportation 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,

A handwritten signature in black ink, appearing to read "Linda M. Hodgdon", with a long horizontal flourish extending to the right.

Linda M. Hodgdon  
Commissioner

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80793R, Contract B – Welcome and Information Center Improvements, Statewide.

DESCRIPTION: The work for this project consist of, but is not limited to, building upgrades to six (6) different Welcome and Information Centers. The six (6) are in Sutton, Sanbornton, Littleton, Canterbury Lebanon and Salem.

EXPLANATION: All of the areas listed are over 20 years old and this project will upgrade them as follows: Sutton will get new bathroom fixtures and toilet partitions, Sanbornton will receive new bathroom fixtures, toilet partitions and roof. Littleton will receive a new roof. Canterbury will receive new bathroom fixtures, toilet partitions and roof. Lebanon will receive new bathroom fixtures and toilet partitions. Salem will receive a new tile floor in the bathrooms (3) as well as repairs to existing windows and flashing on the roof. All will receive cleaning and repairs to existing wall and floor tile.

OVER ESTIMATE

EXPLANATION: This project was difficult to estimate as it is spread out across the State in six (6) different locations. We could not account for the proximity to some of the areas to lower travel cost for a Contractor.

As part of the negotiations we removed the following from the scope of work:

Eliminate requirement to hand nail roof shingles	\$3,384
Eliminate roof and gutter work at Sutton Welcome Center	\$10,553
Eliminate 4 spare hand dryers	<u>\$3,196</u>
Total deduction	\$17,113

We will check pneumatic nail guns to ensure that the Contractor is using the appropriate nails and pressure settings

The roof at the Sutton Welcome Center is in pretty good shape. State forces will work on flashing the chimney

DEPARTMENT

ESTIMATE: \$375,000

LOW BID: \$393,587 (negotiated)

**BIDDER SUMMARY**

PROJECT NAME: WELCOME & INFORMATION CENTER IMPROVEMENTS NON-FEDERAL 80793R-B  
PROJECT NUMBER: 80793R-B  
COUNTY: MERRIMACK COUNTY 013  
BID OPENING DATE: 09/25/2014  
SCOPE OF WORK: WELCOME & INFORMATION CENTER IMPROVEMENTS  
LOCATION: MISCELLANEOUS REPAIRS AT SIX (6) WELCOME CENTERS. SALEM,  
CANTERBURY, SANBORNTON, SUTTON, LEBANON, LITTLETON, NH  
COMPLETION DATE: 05/01/2015

**BID RESULTS**

MERIDIAN CONSTRUCTION CORP (B001) - 32 ARTISAN COURT 4 GILFORD, NH 03249	\$ 410,700.00	ACCEPTED
DL KING & ASSOCIATES INC (B001) - 27 TANGLEWOOD DR NASHUA, NH 03062-1044	\$ 424,850.00	ACCEPTED
LAPLANTE BUILDERS INC (B001) - 10 FIELDSTONE DR BOW, NH 03304	\$ 729,089.00	ACCEPTED

~~\$ 495,700 -~~  
~~51,000 -~~  
~~51,000 -~~  
~~\$ 440,700 - \$ 393,587~~  
! Negotiated!

BUREAU OF PUBLIC WORKS  
 Award to Meridian Court Corp.  
 Hold for Negotiation  
 Cancel Contract  
User Agency MERRIMACK COUNTY  
Authorized by \_\_\_\_\_  
Date 10/28/2014

ITEM NO.	DESCRIPTION	UNIT	QUANTITY	UNIT PRICE	TOTAL	PS&E	UNIT PRICE	TOTAL	A	UNIT PRICE	TOTAL
901.00	PERFORM WORK IN PLANS & SPEC AT SIX (6) WELCOME INFORMATION/REST AREAS	EA	1.00	\$ 362,985.00	\$ 362,985.00			\$ 362,985.00		\$ 395,700.00	\$ 395,700.00
902.00	ALLOWANCE #1 FOR UNFORESEEN, LATENT, OR DIFFERING CONDITIONS	\$	10,000.00	\$ 1.00	\$ 10,000.00			\$ 10,000.00		\$ 1.00	\$ 10,000.00
903.00	ALLOWANCE #2 FOR OWNER INITIATED CHANGES	\$	5,000.00	\$ 1.00	\$ 5,000.00			\$ 5,000.00		\$ 1.00	\$ 5,000.00
								\$ 377,985.00			\$ 410,700.00

ITEM NO.	DESCRIPTION	PS&E		B			
		UNIT	QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
01.00	PERFORM WORK IN PLANS & SPEC AT SIX (6) WELCOME INFORMATION/REST AREAS	EA	1.00	\$ 362,985.00	\$ 362,985.00	\$ 409,850.00	\$ 409,850.00
02.00	ALLOWANCE #1 FOR UNFORESEEN, LATENT, OR DIFFERING CONDITIONS	\$	10,000.00	\$ 1.00	\$ 10,000.00	\$ 1.00	\$ 10,000.00
03.00	ALLOWANCE #2 FOR OWNER INITIATED CHANGES	\$	5,000.00	\$ 1.00	\$ 5,000.00	\$ 1.00	\$ 5,000.00
					\$ 377,985.00		\$ 424,850.00

ITEM NO.	DESCRIPTION	PS&E			TOTAL	UNIT PRICE	TOTAL
		UNIT	QUANTITY	UNIT PRICE			
901.00	PERFORM WORK IN PLANS & SPEC AT SIX (6) WELCOME INFORMATION/REST AREAS	EA	1.00	\$ 362,985.00	\$ 362,985.00	\$ 714,089.00	\$ 714,089.00
902.00	ALLOWANCE #1 FOR UNFORESEEN, LATENT, OR DIFFERING CONDITIONS	\$	10,000.00	\$ 1.00	\$ 10,000.00	\$ 1.00	\$ 10,000.00
903.00	ALLOWANCE #2 FOR OWNER INITIATED CHANGES	\$	5,000.00	\$ 1.00	\$ 5,000.00	\$ 1.00	\$ 5,000.00
					\$ 377,985.00		\$ 729,089.00

- ❖ General Contractors
- ❖ Construction Managers
- ❖ Design/Builders



October 22, 2014

Jeffery Shute  
 State of New Hampshire  
 Department of Administrative Services  
 Bureau of Public Works Design & Construction  
 P.O. Box 483  
 Concord, New Hampshire 03302-0483

RE: Letter of Negotiation for Contract  
 Project: Welcome & Information Center Improvement  
 Salem, Sutton, Sanbornton, Littleton, Canterbury, Lebanon  
 Statewide  
 DOT Project No.: 80793R  
 MCC Job: 1408

Dear Mr. Shute,

Per our correspondence, the following items are herewith proposed to amend our bid for the above referenced project and have been defined, presented, reviewed and selected by the Owner and all its agents per Meridian's Value Engineering Proposal for Change #1 dated 10/21/14.

Deduct from the base bid of \$410,700.00 the amount of (\$17,113.00) to remove the following items from the project Scope of Work:

VE1-1. Eliminate requirement for hand nailing of roof shingles at all locations per Specifications 07 31 00, I.I.C.5 and addendum #1

Total Deduct (\$3,384.00)

VE1-2. Eliminate all exterior work at the Sutton Welcome Center as stated below:  
 a.) Eliminate all roof work  
 b.) Eliminate washing of gutters and downspouts

Total Deduct (\$10,533.00)

VE1-8. Eliminate four (4), spare, uninstalled hand dryers as stated in Specifications 10 28 13, I.I.C., Accessory Schedule.

Total Deduct (\$3,196.00)

It is our understanding that this work may be added back to the contract within the sixty day holding period of the bid or November 24, 2014 at the same price. Due to the uncertainty of markets and rising costs of fuel, labor, materials, etc., after November 24, 2014 if additional funding becomes available, we are willing to re-introduce this work into the Contract, however, pricing will need revision to reflect the market at that time.

<b>ORIGINAL TOTAL BID</b>		<b>\$410,700.00</b>
Bid Item #1	Base Bid Work shall be reduced by	Deduct \$[17,113.00]
Bid Item #2	Allowance #1 Price Remains Unchanged	
Bid Item #3	Allowance #2 Price Remains Unchanged	
<b>SUBTOTAL DEDUCTS</b>		<b>[\$17,113.00]</b>
<b>NEW NEGOTIATED CONTRACT AMOUNT</b>		<b>\$393,587.00</b>

MCC   
 DOT

Please do not hesitate to contact this office with any questions or comments that you may have.

Respectfully Submitted,  
Meridian Construction Corporation



Luke Salome  
Project Manager



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
11/5/2014

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 <b>CROSS INSURANCE - LACONIA</b> 155 Court Street  Laconia NH 03246	PHONE (A/C, No, Ext): (603) 524-2425	COMPANY Liberty Mutual Holding Co 175 Running Hill Road Suite 1A South Portland ME 04106
FAX (A/C, No): (603) 524-3666	E-MAIL ADDRESS:	
CODE:	SUB CODE:	
AGENCY CUSTOMER ID #: 00177919		
INSURED State of NH Dept of Administrative Services C/O Meridian Construction Corp 32 Artisan Court, Unit #4 Gilford NH 03249	LOAN NUMBER	POLICY NUMBER IM8993075
	EFFECTIVE DATE 11/5/2014	EXPIRATION DATE 11/5/2015
	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:		

## PROPERTY INFORMATION

LOCATION/DESCRIPTION Welcome & Information Center Improvements Statewide - Job#80793R-B
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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
Builders Risk, replacement cost, special form	393,587	1,000

## REMARKS (Including Special Conditions)

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## 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 Department of Administrative Services PO Box 483 Concord, NH 03302	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE S Cullen, AINS, ACSR/S <i>Sarah Cullen</i>		



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/5/2014

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>CROSS INSURANCE - LACONIA</b> 155 Court Street  Laconia NH 03246	<b>CONTACT NAME:</b> Sarah Cullen, AINS, ACSR
	<b>PHONE (A/C, No, Ext):</b> (603) 524-2425 <b>FAX (A/C, No):</b> (603) 524-3666 <b>E-MAIL ADDRESS:</b> scullen@crossagency.com
<b>INSURED</b> <b>Meridian Construction Corp.</b> 32 Artisan Court, Unit #4  Gilford NH 03249	<b>INSURER(S) AFFORDING COVERAGE</b>
	<b>INSURER A:</b> Travelers Ins. Co.
	<b>INSURER B:</b>
	<b>INSURER C:</b>
	<b>INSURER D:</b>
	<b>INSURER E:</b>

**COVERAGES**      **CERTIFICATE NUMBER:** CL1411522340      **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	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			DTCO7531M035COF14	10/31/2014	10/31/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			DT8108282M208COF14	10/31/2014	10/31/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			DTSMCUP8282M21ATIL14	10/31/2014	10/31/2015	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	<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		N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER 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: Welcome & Information Center Improvements-Variou Sites**

State of New Hampshire, Department of Administrative Services is an additional insured for ongoing operations performed by or on behalf of Meridian Construction Corp when required in a written contract.

<b>CERTIFICATE HOLDER</b>  State of New Hampshire Department of Administrative Services PO Box 483 Concord, NH 03302	<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  S Cullen, AINS, ACSR/ <i>Sarah Cullen</i>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/5/2014

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<b>PRODUCER</b> <b>CROSS INSURANCE - LACONIA</b> 155 Court Street  Laconia NH 03246	<b>CONTACT NAME:</b> Sarah Cullen, AINS, ACSR <b>PHONE (A/C No. Ext):</b> (603) 524-2425 <b>E-MAIL ADDRESS:</b> scullen@crossagency.com	<b>FAX (A/C No.):</b> (603) 524-3666
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> State of NH Dept of Administrative Services C/O Meridian Construction Corp 32 Artisan Court, Unit #4 Gilford NH 03249	<b>INSURER A:</b> Travelers Ins. Co.	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:** CL1411522400                      **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			PRS-7E057851-IND	11/5/2014	11/5/2015	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	\$
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,000,000
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <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						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS							\$
	<input type="checkbox"/> NON-OWNED AUTOS							\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	DED							\$
	RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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:** Welcome & Information Center Improvements-Variou Sites  
 Lebanon Rest Area/Welcome Center  
 Sutton Rest Area  
 Canterbury Rest Area  
 Salem Rest Area/Welcome Center  
 Littleton Rest Area/Welcome Center  
 Sanbornton Rest Area

<b>CERTIFICATE HOLDER</b>  State of New Hampshire Department of Administrative Services PO Box 483 Concord, NH 03302	<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>  S Cullen, AINS, ACSR/ <i>Sarah Cullen</i>

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<b>PRODUCER</b> USI Insurance Solutions, LLC PO Box 3600 West Springfield, MA 01090-3600	<b>CONTACT NAME:</b> Kelly Grahn <b>PHONE (A/C, No, Ext):</b> 978-983-6827 <b>FAX (A/C, No):</b> 978-688-5340 <b>E-MAIL ADDRESS:</b> Kelly.Grahn@usi.biz													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : ABC NH WORKERS COMP SIG, Inc</td> <td>99999</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 : ABC NH WORKERS COMP SIG, Inc	99999	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A : ABC NH WORKERS COMP SIG, Inc	99999													
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INSURER D :														
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INSURER F :														
<b>INSURED</b> Meridian Construction Corp 32 Artisan Court, Unit#4 Gilford, NH 03249														

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR 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) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<b>ABC00401514</b>	<b>01/01/2014</b>	<b>01/01/2015</b>	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER 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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
**RE: State Project #80793R Contract B, Welcome & Information Center Improvements, Salem, Sutton, Sanbornton Littleton, Canterbury and Lebanon NH.**  
 This Certificate is issued in respects to above referenced.  
 Proof of NH Workers Compensation Coverage.

<b>CERTIFICATE HOLDER</b>  State of New Hampshire Dept. of Administrative Services P.O. 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 
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