

State of New Hampshire

68 Jm

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

AM 9:15 DAS

LINDA M. HODGDON
Commissioner
(603) 271-3201

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

Bureau of Public Works
Design and Construction
Project No. 80819R – Contract B

February 5, 2015

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

Retractive

REQUESTED ACTION

1). Authorize the Bureau of Public Works Design and Construction to **retroactively** enter into a contract with D. L. King & Associates, Inc. (VC# 168979) Nashua, NH, for a total price not to exceed \$169,900, for the Walk-in Freezer Replacement - Surplus Distribution Facility Concord, NH. This contract is effective upon Governor and Council for the period of February 6, 2015 through June 30, 2015, unless extended in accordance with the contract terms. **55% Federal Funds, 45% Capital - General Funds.**

2). Further authorize pursuant to 195:12, Laws of 2013, the amount of \$7,640 be approved for payment to the Department of Administrative Services, Bureau of Public Works Design and Construction (VC# 177875), Capital Clerk for oversight and engineering services provided, bringing the total to \$177,540. **100% Capital – General Funds.**

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

01-14-14-141510-81850000	State Admin. Expense	<u>SFY15</u>
	030-500331 – Equipment New Replacement	\$93,328
01-14-14-146030-09430000	Emergency Repairs	
	034-500162 - Repair/Renovations Bldgs.	\$76,572
	034-500162 - BPW Fees Interagency	<u>7,640</u>
	Sub-Total	\$ 84,212
	Grand Total	\$177,540

EXPLANATION

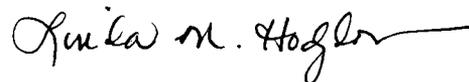
This request is retroactive because currently the State is renting temporary freezers causing additional expense until the new freezer can be installed. In order to expedite the emergency repairs the Bureau of Public Works issued a notice to proceed on February 6, 2015. Funds will come from the federal surplus food program and from the State Capital Budget Emergency Repair Fund that was authorized under Chapter 253:1, II, D, 1, Laws of 2011. This project will install a new freezer at the Surplus Distribution Facility Concord, N. H. The contractor is ordering all the parts. In order to minimize the cost, Administrative Services is completing the mechanical and electrical work. The Contractor is installing the freezer.

The Department of Administrative Services oversees a federal surplus food program that provides USDA food to all the school districts throughout the state. As part of this program they manage a warehouse that is located at 12 Hills Avenue in Concord, NH. Repair workers discovered mold in the walls and ceiling of one of the walk in freezers during their annual maintenance last August. The freezer is over 20 years old and had to be demolished to remove the mold and determine the source of the moisture. The Bureau of Public Works hired an engineering firm to review the freezer and make recommendations to prevent any future water incursions. Plans and specifications were put together beginning in October and the project was put out to bid in late December of 2014. Four bids were received on January 13, 2015.

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

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80819R, Contract B – Walk-in Freezer Replacement at the Surplus Distribution Facility, Concord.

DESCRIPTION: Install a new freezer. The contractor is ordering all the parts. The Department of Administrative Services is completing the mechanical and electrical work. The Contractor is installing the freezer.

EXPLANATION: The existing freezer had mold and needed to be removed. Currently the Department of Administrative Services is renting temporary freezers until the new freezer is installed.

UNDER ESTIMATE

EXPLANATION: The engineer's original estimate was \$224,000.00 for all work to be completed by contractor. BPW had estimated \$300,000 for work by contractor. Estimate was decreased to \$250,000.00 with State completing mechanical and electrical labor. Engineer's estimate \$224,000.00 - \$50,000.00 (State Labor) = \$175,000.00 which is closer to the low bid amount.

DEPARTMENT

ESTIMATE: \$250,000
LOW BID: \$169,900

BIDDER SUMMARY

PROJECT NAME: **WALK-IN FREEZER REPLACEMENT NON-FEDERAL 80819R-B**
PROJECT NUMBER: **80819R-B**
COUNTY: **MERRIMACK COUNTY 013**
BID OPENING DATE: **01/13/2015**
SCOPE OF WORK: **INSTALL A NEW WALK-IN FREEZER.**
LOCATION: **SURPLUS DISTRIBUTION FACILITY 12 HILLS AVENUE, CONCORD NH**
COMPLETION DATE:

BID RESULTS

A D. L. KING & ASSOCIATES, INC. - 27 TANGLEWOOD DRIVE, NASHUA, NH 03062	\$ 169,900.00	ACCEPTED
B BAUEN CORPORATION - 177 WAUKEWAN STREET MEREDITH, NH 03253	\$ 190,811.00	ACCEPTED
C PROJECT RESOURCE GROUP LLC (B001) - PO BOX 43 FRANCESTOWN, NH 03043	\$ 222,980.00	ACCEPTED
D TURNSTONE CORP (B001) - 51 FRANKLIN ST MILFORD, NH 03055-3705	\$ 238,900.00	ACCEPTED

Item #1 = \$149,900. -
Item #2 = \$ 20,000. -
Total = \$169,900. -

BUREAU OF PUBLIC WORKS

Award to D.L. King & Assoc., Inc.
 Hold for Negotiation
 Cancel Contract
User Agency NH DAS
Authorized by [Signature]
Date 01262015

ITEM NO.	DESCRIPTION	PS&E			A		
		UNIT	QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
901.00	WALK-IN FREEZER REPLACEMENT PER PLANS AND SPECS	EA	1.00	\$ 230,000.00	\$ 230,000.00	\$ 149,900.00	\$ 149,900.00
902.00	ALLOWANCE NO. 1 PER SPEC SECTION 01200 FOR BID ITEM 1	\$	20,000.00	\$ 1.00	\$ 20,000.00	\$ 1.00	\$ 20,000.00
					\$ 250,000.00		\$ 169,900.00

ITEM NO.	DESCRIPTION	UNIT	QUANTITY	UNIT PRICE	TOTAL	PS&E	UNIT PRICE	TOTAL	B
901.00	WALK-IN FREEZER REPLACEMENT PER PLANS AND SPECS	EA	1.00	\$ 230,000.00	\$ 230,000.00		\$ 170,811.00	\$ 170,811.00	\$ 170,811.00
902.00	ALLOWANCE NO. 1 PER SPEC SECTION 01200 FOR BID ITEM 1	\$	20,000.00	\$ 1.00	\$ 20,000.00		\$ 1.00	\$ 20,000.00	\$ 20,000.00
					\$ 250,000.00			\$ 190,811.00	\$ 190,811.00

ITEM NO.	DESCRIPTION	PS&E			C		
		UNIT	QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
901.00	WALK-IN FREEZER REPLACEMENT PER PLANS AND SPECS	EA	1.00	\$ 230,000.00	\$ 230,000.00	\$ 202,980.00	\$ 202,980.00
902.00	ALLOWANCE NO. 1 PER SPEC SECTION 01200 FOR BID ITEM 1	\$	20,000.00	\$ 1.00	\$ 20,000.00	\$ 1.00	\$ 20,000.00
					\$ 250,000.00		\$ 222,980.00

ITEM NO.	DESCRIPTION	UNIT	QUANTITY	UNIT PRICE	TOTAL	PS&E	UNIT PRICE	TOTAL	D
901.00	WALK-IN FREEZER REPLACEMENT PER PLANS AND SPECS	EA	1.00	\$ 230,000.00	\$ 230,000.00		\$ 218,900.00	\$ 218,900.00	
902.00	ALLOWANCE NO. 1 PER SPEC SECTION 01200 FOR BID ITEM 1	\$	20,000.00	\$ 1.00	\$ 20,000.00		\$ 1.00	\$ 20,000.00	
					\$ 250,000.00			\$ 238,900.00	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/23/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER THE ROWLEY AGENCY INC. 139 Loudon Road P.O. Box 511 Concord NH 03302-0511		CONTACT NAME: Renee Skillings PHONE (A/C, No, Ext): (603) 224-2562 FAX (A/C, No): (603) 224-8012 E-MAIL ADDRESS: rskillings@rowleyagency.com	
INSURED D.L. King & Associates, Inc. 27 Tanglewood Drive Nashua NH 03062		INSURER(S) AFFORDING COVERAGE INSURER A: Arbella Protection Ins Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 41360

COVERAGES CERTIFICATE NUMBER: 14-15 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			8500062916	9/3/2014	9/3/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 15,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
B	AUTOMOBILE LIABILITY			1020032951	9/3/2014	9/3/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" 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) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			4600062918	9/3/2014	9/3/2015	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 1,000,000
	<input checked="" type="checkbox"/> OCCUR						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED <input checked="" type="checkbox"/> RETENTIONS \$ 10,000						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			9126050914	9/3/2014	9/3/2015	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below			Officers Excluded: Donna & Arthur King Jr.			E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	LEASED/RENTED EQUIPMENT			8500062916	9/3/2014	9/3/2015	LIMIT: 30,000 DEDUCTIBLE: 500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Project #80819R-B; Freezer Replacement at State Surplus Distribution Center, 12 Hills Avenue, Concord, NH

It is agreed and understood The State of NH Department of Administrative Services is included as additional insured with regard to general liability when required by written contract.

CERTIFICATE HOLDER (603) 271-6758 MDrouin@dot.state.nh.us State of New Hampshire Department of Administrative Services 7 Hazen Drive PO Box 483 Concord, NH 03301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Renee Skillings/RLS <i>Renee L. Skillings</i>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/4/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER THE ROWLEY AGENCY INC. 139 Loudon Road P.O. Box 511 Concord NH 03302-0511		CONTACT NAME: Renee Skillings PHONE (A/C No. Ext): (603) 224-2562 FAX (A/C. No): (603) 224-8012 E-MAIL ADDRESS: rskillings@rowleyagency.com															
INSURED State of NH Dept of Administrative Services; D.L. King & Associates, Inc. 27 Tanglewood Drive Nashua NH 03062		<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Great American</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: Great American		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #																
INSURER A: Great American																	
INSURER B:																	
INSURER C:																	
INSURER D:																	
INSURER E:																	
INSURER F:																	

COVERAGES **CERTIFICATE NUMBER:** OCP-80819R-B Concord **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	GENERAL LIABILITY	X	02-OCP-000009528	1/23/2015	1/23/2016	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 \$ 4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input 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	<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 OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A					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)
Project #80749-B - Elevator upgrades at Manchester Legislative Office Building, 33 North State St., Concord, NH

CERTIFICATE HOLDER		CANCELLATION	
(603) 271-6758 mdrouin@dot.state.nh.us		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
State of New Hampshire Department of Administrative Services 7 Hazen Drive PO Box 483 Concord, NH 03301		AUTHORIZED REPRESENTATIVE Renee Skillings/RLS <i>Renee R. Skillings</i>	



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

2/3/2015

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 THE ROWLEY AGENCY INC. 139 Loudon Road P.O. Box 511 Concord NH 03302-0511		PHONE (A/C, No. Ext): (603) 224-2562	COMPANY Liberty Mutual Ins Co (Peerless) 62 Maple Ave Keene NH 03431	
FAX (A/C, No.): (603) 224-8012	E-MAIL ADDRESS: ehorner@rowleyagency.com			
CODE: 8110236	SUB CODE:			
AGENCY CUSTOMER ID #: 00007629		LOAN NUMBER		POLICY NUMBER BR01232015
INSURED D.L. King & Associates, Inc; State of NH Admin Svcs & all subs on the project 27 Tanglewood Drive Nashua NH 03062		EFFECTIVE DATE 1/23/2015	EXPIRATION DATE 4/23/2015	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION Loc# 00001/Bldg# 00001 12 Hills Ave Concord, NH 03301

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
Job Specific Builders Risk for demo & replacement	169,900	1,000
Builders Risk - In Transit	84,950	1,000
Builders Risk - Off Site	84,950	1,000
Soft Costs	50,000	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

Insured	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE Renee Skillings/RLS <i>Renee H. Skillings</i>		