

# State of New Hampshire

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

63 *JB*

LINDA M. HODGDON  
Commissioner  
(603) 271-3201

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

Bureau of Public Works  
Design and Construction  
Project No. 80766 – Contract B

October 16, 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 Daniel T. Ladd Sitework, LLC (VC# 262301) Loudon, NH, for a total price not to exceed \$161,500, for the Dolloff Building Water Main Replacement – Governor Hugh Gallen Office Park, Concord, NH. This contract is effective upon Governor and Council approval through December 31, 2014, unless extended in accordance with the contract terms. **100% Capital - General Funds.**

2). Further authorize that a contingency in the amount of \$30,000 be approved for unanticipated civil/culvert water main issues for the Dolloff Building Water Main Replacement, bringing the total to \$191,500. **100% Operating - General Funds.**

3). Further authorize pursuant to 195:12, Laws of 2013, the amount of \$4,400 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 \$195,900. **100% Capital – General Funds.**

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

01-14-14-149030-12770000	Dolloff Domestic Water Main Replacement	<u>SFY15</u>
	034-500162 - Repair/Renovations Bldgs.	\$161,500
	034-500162 - Contingency	\$ 30,000
	034-500162 - BPW Fees Interagency	<u>4,400</u>
	<b>Grand Total</b>	<b>\$195,900</b>

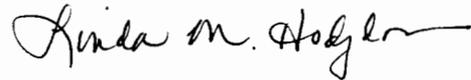
**EXPLANATION**

Per Chapter 195:1, II, C, 1 Laws of 2013, for the Dolloff Domestic Water Main Replacement, this project will relocate and replace an existing, (leaking), 8" water main that is located under the Dolloff Building foundation.

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. 80766, Contract B – Dolloff Building Water Main Replacement, Concord.

DESCRIPTION: Relocation and Replacement of an existing, (leaking), 8" water main that is located under the Dolloff Building foundation.

EXPLANATION: Dolloff Building was constructed on top of an 8" water main and part of the old Bow Brook culvert, and as a result has experience numerous ground water problems in the basement, sink holes, and settlement of the building. Bow Brook culvert was relocated away from the building in 2011, and this alleviated some of the problems. Recently the water main began to leak, and water continues to flood the basement floor of the building.

This project will both stop the leak and relocate the water main away from the building foundation.

Due to the large amount of latent conditions that we have encountered with previous drainage and water pipe projects in the area we are requesting a contingency of approximately 18.6% to immediately address any unforeseen issues that may arise.

UNDER ESTIMATE

EXPLANATION: The Estimated Construction Cost Opinion (\$195,413) included a contingency (\$23,450). Delay of the bid until late summer, when contractors are lining up work for the fall and winter, resulted in a competitive bidding environment (five bids), and lower than expected figures (17% less).

DEPARTMENT

ESTIMATE: \$195,413.00  
LOW BID: \$161,500.00

**BIDDER SUMMARY**

PROJECT NAME: **DOLLOFF BUILDING WATER MAIN REPLACEMENT NON-FEDERAL 80766-B**  
PROJECT NUMBER: **80766-B**  
COUNTY: **MERRIMACK COUNTY 013**  
BID OPENING DATE: **09/11/2014**  
SCOPE OF WORK: **DOLLOFF BUILDING WATER MAIN REPLACEMENT**  
LOCATION: **CONCORD NH**  
COMPLETION DATE: **12/31/2014**

**BID RESULTS**

DANIEL T. LADD SITEWORK LLC - 592 LOUDON RIDGE ROAD LOUDON, NH 03307	\$ 161,500.00	ACCEPTED
CONNIES SEPTIC SERVICE INC D/B/A C - 513 DONALD ST BEDFORD, NH 03110	\$ 164,975.00	ACCEPTED
RM PIPER INC (R001) - PO BOX 490 PLYMOUTH, NH 03264	\$ 169,740.00	ACCEPTED
NORTHEAST EARTH MECHANICS INC (B001) - 159 BARNSTEAD RD PITTSFIELD, NH 03263	\$ 219,400.00	ACCEPTED
R. J. OLSZAK CONSTRUCTION - RT 3A, BRIDGEWATER, NH 03222	\$ 248,500.00	ACCEPTED

**BUREAU OF PUBLIC WORKS**

Award to Daniel T. Ladd Sitework, LLC  
 Hold for Negotiation  
 Cancel Contract  
User Agency BFAM Administrative Service  
Authorized by [Signature]  
Date 12/11/14

ITEM NO.	DESCRIPTION	PS&E				A			
		UNIT	QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
901.00	WATER MAIN REPLACEMENT	EA	1.00	\$ 175,413.00	\$ 175,413.00	\$ 140,000.00	\$ 140,000.00	\$ 140,000.00	\$ 140,000.00
902.00	WATER MAIN TESTING	EA	1.00	\$ 5,000.00	\$ 5,000.00	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00
903.00	ALLOWANCE FOR UNKNOWN LATENT & DIFFERING	\$	20,000.00	\$ 1.00	\$ 20,000.00	\$	\$ 1.00	\$ 20,000.00	\$ 20,000.00
					\$ 200,413.00			\$ 161,500.00	\$ 161,500.00

ITEM NO.	DESCRIPTION	PS&E			B		
		UNIT	QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
901.00	WATER MAIN REPLACEMENT	EA	1.00	\$ 175,413.00	\$ 175,413.00	\$ 143,975.00	\$ 143,975.00
902.00	WATER MAIN TESTING	EA	1.00	\$ 5,000.00	\$ 5,000.00	\$ 1,000.00	\$ 1,000.00
903.00	ALLOWANCE FOR UNKNOWN LATENT & DIFFERING	\$	20,000.00	\$ 1.00	\$ 20,000.00	\$ 1.00	\$ 20,000.00
					\$ 200,413.00		\$ 164,975.00

ITEM NO.	DESCRIPTION	PS&E		C	
		UNIT QUANTITY	UNIT PRICE	UNIT PRICE	TOTAL
901.00	WATER MAIN REPLACEMENT	EA 1.00	\$ 175,413.00	\$ 147,240.00	\$ 175,413.00
902.00	WATER MAIN TESTING	EA 1.00	\$ 5,000.00	\$ 2,500.00	\$ 5,000.00
903.00	ALLOWANCE FOR UNKNOWN LATENT & DIFFERING	\$ 20,000.00	\$ 1.00	\$ 1.00	\$ 20,000.00
					\$ 200,413.00
					\$ 169,740.00

ITEM NO.	DESCRIPTION	PS&E			D		
		UNIT QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	TOTAL
901.00	WATER MAIN REPLACEMENT	EA 1.00	\$ 175,413.00	\$ 175,413.00	\$ 198,600.00	\$ 198,600.00	
902.00	WATER MAIN TESTING	EA 1.00	\$ 5,000.00	\$ 5,000.00	\$ 800.00	\$ 800.00	
903.00	ALLOWANCE FOR UNKNOWN LATENT & DIFFERING	\$ 20,000.00	\$ 1.00	\$ 20,000.00	\$ 1.00	\$ 20,000.00	
				\$ 200,413.00		\$ 219,400.00	

ITEM NO.	DESCRIPTION	UNIT	QUANTITY	UNIT PRICE	TOTAL	PS&E	UNIT PRICE	TOTAL	E	TOTAL
901.00	WATER MAIN REPLACEMENT	EA	1.00	\$ 175,413.00	\$ 175,413.00		\$ 221,000.00	\$ 221,000.00		\$ 221,000.00
902.00	WATER MAIN TESTING	EA	1.00	\$ 5,000.00	\$ 5,000.00		\$ 7,500.00	\$ 7,500.00		\$ 7,500.00
903.00	ALLOWANCE FOR UNKNOWN LATENT & DIFFERING	\$	20,000.00	\$ 1.00	\$ 20,000.00		\$ 1.00	\$ 20,000.00		\$ 20,000.00
								\$ 200,413.00		\$ 248,500.00



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/10/2014

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>THE ROWLEY AGENCY INC.</b> 139 Loudon Road P.O. Box 511 Concord NH 03302-0511	<b>CONTACT NAME:</b> Susan Gilman <b>PHONE (A/C No. Ext):</b> (603) 224-2562 <b>E-MAIL ADDRESS:</b> sgilman@rowleyagency.com	<b>FAX (A/C No):</b> (603) 224-8012
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> <b>Daniel T. Ladd Site Work LLC</b> 592 Loudon Ridge Road Loudon NH 03307	<b>INSURER A:</b> Firemen's Ins Co of Wash. DC	<b>NAIC #</b> 21784
	<b>INSURER B:</b> Acadia Insurance Company	<b>NAIC #</b> 31325
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** 14/15 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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>GENERAL LIABILITY</b> <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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		CNA017766218	05/22/2014	05/22/2015	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 - COMP/OP AGG	\$ 2,000,000
							\$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		CAA012739820	05/22/2014	05/22/2015	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
						Uninsured motorist BI-single	\$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0		CUA025309016	05/22/2014	05/22/2015	EACH OCCURRENCE	\$ 5,000,000
						AGGREGATE	\$ 5,000,000
							\$
A	<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 checked="" type="checkbox"/> Y    N/A	WPA025308916 3A States: NH Excluded Officer: Daniel Ladd	05/22/2014	05/22/2015	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Project No. 80766, contract B - Dolloff Building Water Main Replacement, Hugh J Gallen State Office park, 105 Pleasant Street, Concord, NH.

<b>CERTIFICATE HOLDER</b>  State of New Hampshire Dept 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>  Susan Gilman/SJG <i>Susan Gilman</i>



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<b>PRODUCER</b> THE ROWLEY AGENCY INC. 139 Loudon Road P.O. Box 511 Concord NH 03302-0511	<b>CONTACT NAME:</b> Susan Gilman <b>PHONE (A/C No. Ext):</b> (603) 224-2562 <b>FAX (A/C No):</b> (603) 224-8012 <b>E-MAIL ADDRESS:</b> sgilman@rowleyagency.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Peerless Insurance Co.</td> <td>24198</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: Peerless Insurance Co.	24198	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
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INSURER A: Peerless Insurance Co.	24198													
INSURER B:														
INSURER C:														
INSURER D:														
INSURER E:														
INSURER F:														
<b>INSURED</b> State of NH, Dept. of Administrative Services; Daniel T Ladd Site Work LLC; Any and All Subs; 592 Loudon Ridge Road Loudon NH 03307														

**COVERAGES**                      **CERTIFICATE NUMBER:** BR Dolloff Bldg.                      **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"/> 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) \$ \$
	<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 \$
<b>A</b>	<b>Builders Risk</b>			BR11122014	11/12/2014	11/12/2015	\$161,500 Limit

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
State of NH #80766, Water Main Replacement, Dolloff Building, 105 Pleasant Street, Concord, NH.

<b>CERTIFICATE HOLDER</b>  State of New Hampshire Dept. 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>  Susan Gilman/SJG 
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<b>INSURED</b> State of NH, Dept. of Administrative Services c/o Daniel T Ladd Site Work LLC 592 Loudon Ridge Road Loudon NH 03307														

**COVERAGES**                      **CERTIFICATE NUMBER:** OCP Dolloff                      **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			OCP11122014	11/12/2014	11/12/2015	EACH OCCURRENCE	\$ 2,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	<input type="checkbox"/> CLAIMS-MADE <input checked="" 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	<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	RETENTION \$			\$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		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)  
State of NH #80766, Contract B - Water Main Replacement, Doffoff Building, 105 Pleasant Street, Concord, NH.

<b>CERTIFICATE HOLDER</b>  State of New Hampshire Dept. 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.
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