

MLC

115



# State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES  
25 Capitol Street – Room 100  
Concord, New Hampshire 03301  
[Office@das.nh.gov](mailto:Office@das.nh.gov)

Charles M. Arlinghaus  
Commissioner

Catherine A. Keane  
Deputy Commissioner

Sheri L. Rockburn  
Assistant Commissioner

Division of Public Works  
Design and Construction  
Project No. 81182R – Contract B

August 23, 2022

His Excellency, Governor Christopher T. Sununu  
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 D.L. King & Associates, Inc. (VC #168979), Merrimack, New Hampshire for a total price not to exceed \$4,279,438 for REBID SMR Addition to Building M, Concord, New Hampshire. This contract is effective upon Governor and Council approval through October 27, 2023, unless extended in accordance with the contract terms. **100% Federal Funds.**
- 2) Further authorize that a contingency in the amount of \$216,662 be approved for unanticipated site expenses for REBID SMR Addition to Building M, Concord, New Hampshire, bringing the total to \$4,496,100. **100% Federal Funds.**
- 3) Further authorize the amount of \$77,000 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC# 311152), for engineering services provided, bringing the total to \$4,573,100. **100% Federal Funds.**

Funding is available in account titled Department of Military Affairs and Veterans Services, as follows:

\*Pending availability of Federal Funds

	<u>FY 2023</u>
02-12-12-120010-22450000- Army Guard Facilities	
103-500736 – Contracts for OP Services	\$ 4,279,438
103-500736 – Contracts for OP Services - Contingency	\$ 216,662
02-12-12-120010-22550000 Bureau of Public Works Fee	
217-502682 – Inter-Agency Payments – DPW Fees	<u>\$ 77,000</u>
<b>Grand Total</b>	<b>\$ 4,573,100</b>

### EXPLANATION

This project will construct an addition of approximately 4,712 SF to Building M at the State Military Reservation (SMR) in Concord. The building addition is required to provide space that supports training, administrative and logistical requirements for the 136<sup>th</sup> Cyber Security Company of the New Hampshire Army National Guard. The Cyber Security Company does not have a dedicated home. They are currently located in several different buildings and sometimes need to set up computer systems temporarily in a conference room. Lack of dedicated space creates overcrowding during drill weekends, creates inefficient training and does not offer the proper security for storage of federal equipment, including complex computer systems. The expansion will create a modernized, safe and secure environment for the Cyber Security Company so they can complete their Federal and State missions.

A public bid opening was held on July 13, 2022. One bid proposal was received and the contract was awarded to the sole bidder as being the lowest qualified bidder. The low bid is 68% over the Department estimate. The bid amount reflects the instability in the market for material and labor costs. Contractors have to anticipate fluctuations in their costs for materials and labor shortages and include those factors in their bid.

This contract contained eleven (11) Alternate Bid Items (Alternates). Alternates are not included in the Base Bid and, therefore, not used to determine the low bid. Once the low bid is established, the Department may add or deduct scope as described in the Alternates and per the Alternate bid prices provided by the low bidder.

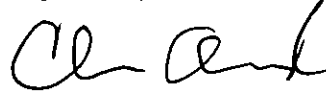
The Department accepted Alternates #1, 3, 5, 6 and 8. Alternate # 1 enlarges the Multi-Purpose training area, storage area and the work bay by 517 SF, increasing the building addition from 4,195 SF to 4,712 SF. This Alternate was selected as a priority so the addition could be constructed to its maximum square footage as originally programmed but later removed due to budget concerns. Several deduct alternates were also selected to balance the additional cost of Add Alternate # 1. The Deduct alternates chosen were: Alternate #3, Remove vehicle exhaust system in the work bay; Alternate #5 Replace the wood slat ceiling with a suspended ceiling; Alternate #6, Substitute PVC for cast iron plumbing pipe; and Alternate #8, Remove CMU veneer in the work bay.

Base Bid:	\$ 4,282,000
Add Alternate #1:	\$ 102,438
Less Alternate #3:	\$ (19,300)
Less Alternate #5:	\$ (52,400)
Less Alternate #6:	\$ (26,300)
Less Alternate #8:	<u>\$ (7,000)</u>
Contract Amount:	\$ 4,279,438

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, Division of Public Works Design and Construction.

Attached please find a copy of the tabulation of bids for this project.

Respectfully submitted,



Charles M. Arlinghaus,  
Commissioner

Department Estimate:	\$2,545,494
Low Base Bid (without Alternates):	<u>\$4,282,000</u>
Over Estimate:	\$1,736,506



Division of Public Works

# ABC Bid Data

CONCORD  
81182RB  
NON-FEDERAL

PROJECT: CONCORD  
STATE PROJECT NUMBER: 81182RB  
FED. PROJECT NUMBER: NON-FEDERAL  
DATE BIDS OPEN: July 13, 2022, 2:00 PM  
SCOPE OF WORK: REBID SMR ADDITION TO BUILDING M  
COMPLETION DATE: October 27, 2023  
LOCATION: Merrimack

Awarded To:

Amount: \$0.00

Award Date:

Certified by:

Director of Project Development

## Summary of Bidders

Contractor	Bid Amount	Rank
D. L. KING & ASSOCIATES, INC. 45 BATES ROAD, MERRIMACK, NH 03054	\$4,282,000.00	A

Item #901: \$4,202,000.  
 #902: \$ 80,000.  
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 Sub-Total = \$4,282,000. = Base Bid.  
 Alt. Item #991 = \$ 102,438.  
 #993 = (\$19,300.-)  
 #995 = (\$52,400.-)  
 #996 = (\$26,300.-)  
 #998 = (\$ 7,000.-)  
 -----  
 Total This Contract = \$4,279,438

### BUREAU OF PUBLIC WORKS

Award to DL King Assoc, Inc  
 Hold for Negotiation  
 Cancel Contract  
 User Agency ALG  
 Authorized by [Signature]  
 Date 10/8/2022

8:14 AM



Division of Public Works

# ABC Bid Data

CONCORD  
81182RB  
NON-FEDERAL

Item No.	Description	Unit	Quantity	PRICE		D. L. JONG & ASSOCIATES INC. 48 BATES ROAD MERRIMACK, NH 03064		Unit Price	Total
				Unit Price	Total	Unit Price	Total		

**Items**

901	ADDITION TO BUILDING M	U	1.00	\$2,465,494.00	\$2,465,494.00	\$4,202,000.00	\$4,202,000.00		
902	UNFORESEEN OR OWNER INITIATED CHANGES	\$	80,000.00	\$1.00	\$80,000.00	\$1.00	\$80,000.00		
<b>Totals:</b>					<b>\$2,545,494.00</b>		<b>\$4,282,000.00</b>		

**ALTERNATES 81182R**

**ALTERNATE #1**

991	ADD ALTERNATE ENLARGE MP, STORAGE AND WORK BAY	U	1.00	\$154,722.00	\$154,722.00	\$102,438.00	\$102,438.00		
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**ALTERNATE #10**

1000	DEDUCT ALTERNATE REMOVE ALL WORK ASSOCIATED WITH ROOMS 160, 161, AND 152	U	1.00	(\$98,653.00)	(\$98,653.00)	(\$144,350.00)	(\$144,350.00)		
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**ALTERNATE #11**

1001	DEDUCT ALTERNATE SPECIAL RECEPTACLES AND WIRING ASSOCIATED WITH NOTE 2, 3, 4, AND 5 ON PAGE E-4.1 AN	U	1.00	(\$6,272.00)	(\$6,272.00)	(\$2,500.00)	(\$2,500.00)		
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**ALTERNATE #2**

992	ADD ALTERNATE SPRINKLER EXISTING BUILDING	U	1.00	\$134,500.00	\$134,500.00	\$357,360.00	\$357,360.00		
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**ALTERNATE #4**

994	ADD ALTERNATE ALL WORK ASSOCIATED WITH THE PV ARRAY. REFER TO PLAN A2.0 AND SPECIFICATION SECTION 28	U	1.00	\$40,000.00	\$40,000.00	\$138,960.00	\$138,960.00		
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**ALTERNATE #5**

995	DEDUCT ALTERNATE REPLACE WOOD SLAT CEILING WITH ACT	U	1.00	(\$12,260.00)	(\$12,260.00)	(\$52,400.00)	(\$52,400.00)		
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**ALTERNATE #6**

998	DEDUCT ALTERNATE SUBSTITUTE PVC FOR CAST IRON PLUMBING PIPE	U	1.00	(\$1,800.00)	(\$1,800.00)	(\$26,300.00)	(\$26,300.00)		
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Division of Public Works

# ABC Bid Data

CONCORD  
81182RB  
NON-FEDERAL

Item No.	Description	Unit	Quantity	PS&E		D. L. KING & ASSOCIATES INC. 48 BATES ROAD MERRIMACK, NH 03004		Unit Price	Total
				Unit Price	Total	Unit Price	Total		

**ALTERNATE #7**

997	ADD ALTERNATE CAT 6A SHIELDED TELECOM COPPER & FIBER	U	1.00	\$163,070.00	\$163,070.00	\$66,360.00	\$66,360.00		
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**ALTERNATE #8**

998	DEDUCT ALTERNATE CMU VENEER IN WORK BAY	U	1.00	(\$13,115.00)	(\$13,115.00)	(\$7,000.00)	(\$7,000.00)		
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**ALTERNATE #9**

999	DEDUCT ALTERNATE REMOVE FINISHES IN ROOMS 150, 151, AND 152	U	1.00	(\$38,726.00)	(\$38,726.00)	(\$20,500.00)	(\$20,500.00)		
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**ALTERNATES 81882R**

**ALTERNATE #3**

993	DEDUCT ALTERNATE ALL WORK ASSOCIATED WITH THE VEHICLE EXHAUST SYSTEM IN ROOM 161	U	1.00	(\$9,250.00)	(\$9,250.00)	(\$19,300.00)	(\$19,300.00)		
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All Totals:									
Totals:				\$2,545,494.00	\$4,282,000.00				



Division of Public Works

## PS&E Comparison

CONCORD  
81182RB  
NON-FEDERAL

Item No.	Description	Unit	Quantity	A-Bidder		PS&E		A-PS&E Difference
				Unit Price	Total	Unit Price	Total	

### Items

901	ADDITION TO BUILDING M	U	1.00	\$4,202,000.00	\$4,202,000.00	\$2,465,494.00	\$2,465,494.00	\$1,736,506.00
902	UNFORESEEN OR OWNER INITIATED CHANGES	\$	80,000.00	\$1.00	\$80,000.00	\$1.00	\$80,000.00	\$0.00

### ALTERNATES 81182R

#### ALTERNATE #1

991	ADD ALTERNATE ENLARGE MP. STORAGE AND WORK BAY	U	1.00	\$102,438.00	\$102,438.00	\$154,722.00	\$154,722.00	(\$52,284.00)
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#### ALTERNATE #10

1000	DEDUCT ALTERNATE REMOVE ALL WORK ASSOCIATED WITH ROOMS 150, 151, AND 152	U	1.00	(\$144,350.00)	(\$144,350.00)	(\$98,653.00)	(\$98,653.00)	(\$45,697.00)
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#### ALTERNATE #11

1001	DEDUCT ALTERNATE SPECIAL RECEPTACLES AND WIRING ASSOCIATED WITH NOTE 2, 3, 4, AND 5 ON PAGE E-4.1 AN	U	1.00	(\$2,500.00)	(\$2,500.00)	(\$6,272.00)	(\$6,272.00)	\$3,772.00
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#### ALTERNATE #2

992	ADD ALTERNATE SPRINKLER EXISTING BUILDING	U	1.00	\$357,360.00	\$357,360.00	\$134,500.00	\$134,500.00	\$222,860.00
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#### ALTERNATE #4



Division of Public Works

## PS&E Comparison

CONCORD  
81182RB  
NON-FEDERAL

Item No.	Description	Unit	Quantity	A-Bidder		PS&E		A-PS&E Difference
				Unit Price	Total	Unit Price	Total	
994	ADD ALTERNATE ALL WORK ASSOCIATED WITH THE PV ARRAY. REFER TO PLAN A2.0 AND SPECIFICATION SECTION 26	U	1.00	\$138,960.00	\$138,960.00	\$40,000.00	\$40,000.00	\$98,960.00
<b>ALTERNATE #5</b>								
995	DEDUCT ALTERNATE REPLACE WOOD SLAT CEILING WITH ACT	U	1.00	(\$52,400.00)	(\$52,400.00)	(\$12,260.00)	(\$12,260.00)	(\$40,140.00)
<b>ALTERNATE #6</b>								
996	DEDUCT ALTERNATE SUBSTITUTE PVC FOR CAST IRON PLUMBING PIPE	U	1.00	(\$26,300.00)	(\$26,300.00)	(\$1,800.00)	(\$1,800.00)	(\$24,500.00)
<b>ALTERNATE #7</b>								
997	ADD ALTERNATE CAT 6A SHIELDED TELECOM COPPER & FIBER	U	1.00	\$66,360.00	\$66,360.00	\$163,070.00	\$163,070.00	(\$96,710.00)
<b>ALTERNATE #8</b>								
998	DEDUCT ALTERNATE CMU VENEER IN WORK BAY	U	1.00	(\$7,000.00)	(\$7,000.00)	(\$13,115.00)	(\$13,115.00)	\$6,115.00
<b>ALTERNATE #9</b>								
999	DEDUCT ALTERNATE REMOVE FINISHES IN ROOMS 150, 151, AND 152	U	1.00	(\$20,500.00)	(\$20,500.00)	(\$38,726.00)	(\$38,726.00)	\$18,226.00

### ALTERNATES 81882R

#### ALTERNATE #3





Division of Public Works

## PS&E Comparison

CONCORD  
81182RB  
NON-FEDERAL

Item No.	Description	Unit	Quantity	A-Bidder		PS&E		A-PS&E Difference
				Unit Price	Total	Unit Price	Total	
993	DEDUCT ALTERNATE ALL WORK ASSOCIATED WITH THE VEHICLE EXHAUST SYSTEM IN ROOM 161	U	1.00	(\$19,300.00)	(\$19,300.00)	(\$9,250.00)	(\$9,250.00)	(\$10,050.00)
<b>Total:</b>					\$4,282,000.00	\$2,545,494.00	\$1,736,506.00	

# State of New Hampshire

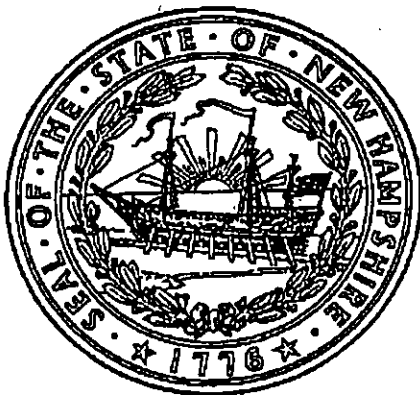
## Department of State

### CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that D.L. KING & ASSOCIATES, INC. is a Illinois Profit Corporation registered to transact business in New Hampshire on December 29, 1999. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 332476

Certificate Number: 0005768163



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 28th day of April A.D. 2022.

A handwritten signature in black ink, appearing to read "D. Scanlan", is written over a faint circular stamp.

David M. Scanlan  
Secretary of State

**Certificate of Authority # 1**

*(Corporation, Non-Profit Corporation)*

**Corporate Resolution**

I, A. Dean King, hereby certify that I am duly elected Clerk/Secretary/Officer of  
*(Name)*

D.L. King & Associates, Inc. I hereby certify the following is a true copy of a vote taken at  
*(Name of Corporation)*

a meeting of the Board of Directors/shareholders, duly called and held on August 19, 2022  
at which a quorum of the Directors/shareholders were present and voting.

**VOTED:** That Lisa m. King, President (may list more than one person) is  
*(Name and Title)*

duly authorized to enter into contracts or agreements on behalf of

D.L. King & Associates, Inc with the State of New Hampshire and any of  
*(Name of Corporation)*

its agencies or departments and further is authorized to execute any documents  
which may in his/her judgment be desirable or necessary to effect the purpose of  
this vote.

**I hereby certify** that said vote has not been amended or repealed and remains in full force  
and effect as of the date of the contract to which this certificate is attached. This authority  
**remains valid for thirty (30) days** from the date of this Corporate Resolution. I further certify  
that it is understood that the State of New Hampshire will rely on this certificate as evidence that  
the person(s) listed above currently occupy the position(s) indicated and that they have full  
authority to bind the corporation. To the extent that there are any limits on the authority of any  
listed individual to bind the corporation in contracts with the State of New Hampshire, all such  
limitations are expressly stated herein.

**DATED:** August 19, 2022

**ATTEST:**

  
*(Name & Title)*

A. Dean King,  
CEO/Secretary



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/22/2022

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> THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511		<b>CONTACT NAME:</b> Renee Skillings <b>PHONE (AC, No Ext):</b> (603) 224-2562 <b>FAX (AC, No):</b> (603) 224-8013 <b>E-MAIL ADDRESS:</b> rskillings@rowleyagency.com															
<b>INSURED</b> D.L. King & Associates, Inc. 45 Bates Rd Merrimack NH 03054		<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Arbella Insurance Group</td> <td></td> </tr> <tr> <td>INSURER B: Arbella Protection Ins Co</td> <td>41360</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: Arbella Insurance Group		INSURER B: Arbella Protection Ins Co	41360	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER B: Arbella Protection Ins Co	41360																
INSURER C:																	
INSURER D:																	
INSURER E:																	
INSURER F:																	

**COVERAGES**      **CERTIFICATE NUMBER:** 22-23 State NH 1M UMB      **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"/> PROJECT <input type="checkbox"/> LOC OTHER:			8500062916	9/3/2022	9/3/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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			1020032951	9/3/2022	9/3/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			4620086375	9/3/2022	9/3/2023	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 PRODUCTS/COMP OPS AGG \$ 1,000,000
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	4220057417 3A States: NH/MA Excluded Officers: Dean & Lisa King	9/3/2022	9/3/2023	<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
A	LEASED/RENTED EQUIPMENT			4620086375	9/3/2022	9/3/2023	LIMIT 35,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Job #81182RB; SMR-Addition to Building M (Construct an addition to Building M at the State Military Reservation (SMR) of approximately 4,195 SF). The State of New Hampshire, its agencies, and its agents and employees shall be named as additional insureds for ongoing and completed operations performed by or on behalf of D.L. King & Associates, Inc., per written contract.

**CERTIFICATE HOLDER****CANCELLATION**

State of New Hampshire Department of Administrative Services 7 Hazen Drive Room 250 Concord, NH 03302	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/LPH
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# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

8/19/2022

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

<b>PRODUCER</b> THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511		<b>CONTACT NAME:</b> Renee Skillings <b>PHONE (AC No Exch):</b> (603) 224-2562 <b>FAX (AC No):</b> (603) 224-8012 <b>E-MAIL ADDRESS:</b> rskillings@rowleyagency.com <b>PRODUCER CUSTOMER ID:</b> 00007629	
<b>INSURED</b> D.L. King & Associates, Inc., State of NH Dept of Admin Svcs, any and all subs, and all others employed on the premises; 45 Bates Road Merrimack NH 03054		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Acadia Insurance Company <b>NAIC #</b> 31325 <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** BR-SMR Bldg M 81182RB      **REVISION NUMBER:**

**LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
 Loc#: 00001/Bldg#: 00001, 1 Minuteman Way, Concord, NH, 03301

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
	<input type="checkbox"/> PROPERTY <input type="checkbox"/> CAUSES OF LOSS <input type="checkbox"/> DEDUCTIBLES <input type="checkbox"/> BASIC BUILDING <input type="checkbox"/> BROAD CONTENTS <input type="checkbox"/> SPECIAL <input type="checkbox"/> EARTHQUAKE <input type="checkbox"/> WIND <input type="checkbox"/> FLOOD				<input type="checkbox"/> BUILDING <input type="checkbox"/> PERSONAL PROPERTY <input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> EXTRA EXPENSE <input type="checkbox"/> RENTAL VALUE <input type="checkbox"/> BLANKET BUILDING <input type="checkbox"/> BLANKET PERS PROP <input type="checkbox"/> BLANKET BLDG & PP	
A	<input checked="" type="checkbox"/> INLAND MARINE <input type="checkbox"/> CAUSES OF LOSS <input type="checkbox"/> NAMED PERILS <input checked="" type="checkbox"/> Special form	TYPE OF POLICY <b>Builders Risk</b> POLICY NUMBER BR09212022	9/21/2022	11/21/2023	<input checked="" type="checkbox"/> Completed Value <input checked="" type="checkbox"/> Temporary Storage Limit <input checked="" type="checkbox"/> In Transit Limit <input checked="" type="checkbox"/> Waiver of Subrogation	\$ 4,279,438 \$ 500,000 \$ 500,000 \$ INCLUDED
	<input type="checkbox"/> CRIME <input type="checkbox"/> TYPE OF POLICY					
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					

**SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
 SMR-Addition to Building M #81182RB (Construct an addition to Building M at the State Military Reservation (SMR) of approximately 4,195 SF)

<b>CERTIFICATE HOLDER</b>  State of New Hampshire Department of Administrative Services 7 Hazen Drive Room 250 Concord, NH 03301	<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>  Renee Skillings/RLS <i>Renee Skillings, CRIS</i>
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/19/2022

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 have ADDITIONAL INSURED provisions or 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> THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	<b>CONTACT NAME:</b> Renee Skillings <b>PHONE (A/C, No, Ext):</b> (603) 224-2562 <b>FAX (A/C, No):</b> (603) 224-8012 <b>E-MAIL ADDRESS:</b> rskillings@rowleyagency.com
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Mid Continent Casualty Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
<b>INSURED</b> State of NH Dept of Admin Svcs c/o D.L. King & Associates, Inc. 45 Bates Rd Merrimack NH 03054	<b>NAIC #</b>

**COVERAGES**      **CERTIFICATE NUMBER:** OCP SMR Bldg M 81182RB      **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 checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners & Contractors Protective  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			04OCP002003661	09/21/2022	11/21/2023	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED      RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					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	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N N/A					PER STATUTE      OTH-ER E.I. EACH ACCIDENT \$ E.I. DISEASE - EA EMPLOYEE \$ E.I. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
SMR-Addition to Building M #81182RB (Construct an addition to Building M at the State Military Reservation (SMR) of approximately 4,185 SF)

<b>CERTIFICATE HOLDER</b> State of New Hampshire Department of Administrative Services 7 Hazen Drive Room 250 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 <i>Renee L. Skillings, CRIS</i>
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