

194 *DM*



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

VICKI V. QUIRAM
 Commissioner
 (603)-271-3201

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

Bureau of Public Works
 Design and Construction
 Project No. 80735 – Contract C

May 20, 2015

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 M. E. Latulippe Construction, Inc. (VC# 157609) Ashland, NH, for a total price not to exceed \$478,785, for the Glencliff Hydro Dam Repair, Benton, NH. This contract is effective upon Governor and Council approval through October 30, 2015, unless extended in accordance with the contract terms. **95% Capital - General Funds, 5% General - Operating Funds.**

2). Further authorize pursuant to 195:12, Laws of 2013, the amount of \$20,400 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 \$499,185. **100% Capital - General Funds.**

Funding is available in account titled Department of Department of Health and Human Services as follows:

05-91-91-910030--29230000 Glencliff Hydro Dam	<u>SFY15</u>
034-500162 - Repair/Renovations Bldgs	\$ 454,429
034-500162 - BPW Fees	<u>20,400</u>
Sub-total	\$ 474,829

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80735, Contract C – Hydro Dam Repair, Glenclyff Home, Benton, NH.

DESCRIPTION: Structural repair of existing dam, and dredging of the Slide Brook Impoundment, both of which are linked to the production of 30% of the Glenclyff campus power needs.

EXPLANATION: The existing Slide Brook Dam was originally constructed in 1929 to impound water for the hydro-generating waterwheel on High St. The dam was reconstructed after a fire in 1933. Over the years since then limited repairs (using un-reinforced cinderblock) have been made to the dam to address only the most critical structural elements caused by erosion, storm events, and the aging of the existing concrete. Currently, the dam is in very severe condition, having aged and suffered from concrete failure and spalling. In addition, significant storm events have transported large quantities of sediment down the Slide Brook into the Impoundment, thus limiting the storage of water for power generation.

UNDER ESTIMATE

EXPLANATION: The apparent low bid is 9% below the designer's construction cost opinion. It is expected that the long, hard, cold and snowy winter may have resulted in increased contractor interest in this specialized project, with five bids.

ALTERNATES

EXPLANATION: Glenclyff wishes to accept Alternate No. 1, Dredging (\$9,000) and Alternate No. 3, Impoundment Water Level Sensor (\$28,000).

DEPARTMENT

ESTIMATE: \$507,595 (includes alternates)
LOW BID: \$441,785

BIDDER SUMMARY

PROJECT NAME: GLENCLIFF HYDRO DAM REPAIR NON-FEDERAL 80735C
 PROJECT NUMBER: 80735C
 COUNTY: GRAFTON COUNTY 009
 BID OPENING DATE: 03/25/2015
 SCOPE OF WORK: STRUCTURAL REPAIRS TO SLIDE BROOK DAM AND DREDGING ON SLIDE BROOK IMPOUNDMENT
 LOCATION: GLENCLIFF HOME, BENTON NH
 COMPLETION DATE: 10/30/2015

BID RESULTS

A M.E. LATULIPE CONSTRUCTION, INC. - 61 THOMPSON ST., PO BOX 729, ASHLAND, NH 03217	\$ 441,785.00	ACCEPTED
B L&M SERVICE CONTRACTORS LLC (B001) - 126 NH RTE 10 ORFORD, NH 03777	\$ 447,500.00	ACCEPTED
C KINGSBURY COMPANIES, LLC - 264 MAD RIVER PARK WAITSFIELD, VT 05673	\$ 512,100.00	ACCEPTED
D NEW ENGLAND INFRASTRUCTURE INC (B001) - 13 BRENT DR HUDSON, MA 01749	\$ 649,000.00	ACCEPTED
E WINTERSET INC (B001) - PO BOX 968 LYNDONVILLE, VT 05851	\$ 798,500.00	ACCEPTED

Item 1 : \$ 7,500. -
 Item 2 : 125,000. -
 Item 3 : 231,785. -
 Item 4 : 7,000. -
 Item 5 : 10,500. -
 Item 6 : 10,000. -
 Item 7 : 50,000. -
 Item 8 : 9,000. -
 ATT 1 : \$ 28,000. -
 ATT 3 : \$ 441,785. -
 \$ 441,785. -

BUREAU OF PUBLIC WORKS

Award to ME Latulippe Const., Inc
 Hold for Negotiation
 Cancel Contract
 User Agency ME State Dept of Transp. & Inc.
 Authorized by [Signature]
 Date 04/24/2015

DHHS

ITEM NO.	DESCRIPTION	UNIT QUANTITY	UNIT PRICE	TOTAL	PS&E	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
901.00	SPPP, EMERGENCY ACTION PLAN & CONSTRUCTION PHASING PLAN	EA 1.00	\$ 6,000.00	\$ 6,000.00		\$ 7,500.00	\$ 7,500.00		\$ 7,500.00
902.00	DAM REPAIRS AND FOUNDATIONS	EA 1.00	\$ 130,210.00	\$ 130,210.00		\$ 125,000.00	\$ 125,000.00		\$ 125,000.00
903.00	SITE WORK	EA 1.00	\$ 292,385.00	\$ 292,385.00		\$ 231,785.00	\$ 231,785.00		\$ 231,785.00
904.00	CLASS 1 CONCRETE REPAIRS	SY 10.00	\$ 660.00	\$ 6,600.00		\$ 700.00	\$ 7,000.00		\$ 7,000.00
905.00	CLASS 2 CONCRETE REPAIRS	SY 15.00	\$ 660.00	\$ 9,900.00		\$ 700.00	\$ 10,500.00		\$ 10,500.00
906.00	COMPACTED DAM EMBANKMENTS FILL/CONC CLASS 1 FNDTN SEAL UNDER RIGHT FOOTGS	CY 50.00	\$ 250.00	\$ 12,500.00		\$ 200.00	\$ 10,000.00		\$ 10,000.00
907.00	ALLOWANCE FOR UNFORESEEN CONDITIONS OR OWNER-INIT CHANGES	\$ 50,000.00	\$ 1.00	\$ 50,000.00		\$ 1.00	\$ 50,000.00		\$ 50,000.00
				\$ 507,595.00					\$ 441,785.00

ALTERNATES

991.00	DREDGING	EA 1.00	\$ 14,538.00	\$ 14,538.00		\$ 9,000.00	\$ 9,000.00		\$ 9,000.00
992.00	FLOW METERS	EA 1.00	\$ 6,000.00	\$ 6,000.00		\$ 20,000.00	\$ 20,000.00		\$ 20,000.00
993.00	LEVEL SENSOR	EA 1.00	\$ 16,000.00	\$ 16,000.00		\$ 28,000.00	\$ 28,000.00		\$ 28,000.00

ITEM NO.	DESCRIPTION	UNIT	QUANTITY	UNIT PRICE	TOTAL	PS&E	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
901.00	SPPP EMERGENCY ACTION PLAN & CONSTRUCTION PHASING PLAN	EA	1.00	\$ 6,000.00	\$ 6,000.00				\$ 25,000.00	\$ 25,000.00
902.00	DAM REPAIRS AND FOUNDATIONS	EA	1.00	\$ 130,210.00	\$ 130,210.00				\$ 140,000.00	\$ 140,000.00
903.00	SITE WORK	EA	1.00	\$ 292,385.00	\$ 292,385.00				\$ 195,000.00	\$ 195,000.00
904.00	CLASS 1 CONCRETE REPAIRS	SY	10.00	\$ 660.00	\$ 6,600.00				\$ 1,000.00	\$ 10,000.00
905.00	CLASS 2 CONCRETE REPAIRS	SY	15.00	\$ 660.00	\$ 9,900.00				\$ 1,000.00	\$ 15,000.00
906.00	COMPACTED DAM EMBANKMENTS FILL/CONC CLASS T FNDTN SEAL UNDER RIGHT FOOTGS	CY	50.00	\$ 250.00	\$ 12,500.00				\$ 250.00	\$ 12,500.00
907.00	ALLOWANCE FOR UNFORESEEN CONDITIONS OR OWNER-INIT CHANGES	\$	50,000.00	\$ 1.00	\$ 50,000.00				\$ 1.00	\$ 50,000.00
					\$ 507,595.00					\$ 447,500.00

ALTERNATES

991.00	DREDGING	EA	1.00	\$ 14,538.00	\$ 14,538.00				\$ 50,000.00	\$ 50,000.00
992.00	FLOW METERS	EA	1.00	\$ 6,000.00	\$ 6,000.00				\$ 30,000.00	\$ 30,000.00
993.00	LEVEL SENSOR	EA	1.00	\$ 16,000.00	\$ 16,000.00				\$ 40,000.00	\$ 40,000.00

ITEM NO.	DESCRIPTION	PS&E			C		
		UNIT QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	TOTAL
901.00	SPPP, EMERGENCY ACTION PLAN & CONSTRUCTION PHASING PLAN	EA	1.00 \$ 6,000.00	\$ 6,000.00	\$ 6,600.00	\$ 6,600.00	
902.00	DAM REPAIRS AND FOUNDATIONS	EA	1.00 \$ 130,210.00	\$ 130,210.00	\$ 173,000.00	\$ 173,000.00	
903.00	SITE WORK	EA	1.00 \$ 292,385.00	\$ 292,385.00	\$ 240,000.00	\$ 240,000.00	
904.00	CLASS 1 CONCRETE REPAIRS	SY	10.00 \$ 660.00	\$ 6,600.00	\$ 1,200.00	\$ 12,000.00	
905.00	CLASS 2 CONCRETE REPAIRS	SY	15.00 \$ 660.00	\$ 9,900.00	\$ 1,200.00	\$ 18,000.00	
906.00	COMPACTED DAM EMBANKMENTS FILL/CONC CLASS 1 FNDTN SEAL UNDER RIGHT FOOTINGS	CY	50.00 \$ 250.00	\$ 12,500.00	\$ 250.00	\$ 12,500.00	
907.00	ALLOWANCE FOR UNFORESEEN CONDITIONS OR OWNER-INIT CHANGES	\$	50,000.00 \$ 1.00	\$ 50,000.00	\$ 1.00	\$ 50,000.00	
				\$ 507,595.00		\$ 512,100.00	
ALTERNATES							
991.00	DREDGING	EA	1.00 \$ 14,538.00	\$ 14,538.00	\$ 25,000.00	\$ 25,000.00	
992.00	FLOW METERS	EA	1.00 \$ 6,000.00	\$ 6,000.00	\$ 70,000.00	\$ 70,000.00	
993.00	LEVEL SENSOR	EA	1.00 \$ 16,000.00	\$ 16,000.00	\$ 35,000.00	\$ 35,000.00	

ITEM NO.	DESCRIPTION	PS&E			D		
		UNIT QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	TOTAL
901.00	SPPP, EMERGENCY ACTION PLAN & CONSTRUCTION PHASING PLAN	EA	1.00	\$ 6,000.00	\$ 6,000.00	\$ 20,000.00	\$ 20,000.00
902.00	DAM REPAIRS AND FOUNDATIONS	EA	1.00	\$ 130,210.00	\$ 130,210.00	\$ 100,000.00	\$ 100,000.00
903.00	SITE WORK	EA	1.00	\$ 292,385.00	\$ 292,385.00	\$ 449,000.00	\$ 449,000.00
904.00	CLASS 1 CONCRETE REPAIRS	SY	10.00	\$ 660.00	\$ 6,600.00	\$ 5,000.00	\$ 5,000.00
905.00	CLASS 2 CONCRETE REPAIRS	SY	15.00	\$ 660.00	\$ 9,900.00	\$ 1,000.00	\$ 1,000.00
906.00	COMPACTED DAM EMBANKMENTS FILL/CONC CLASS T FNDTN SEAL UNDER RIGHT FOOTGS	CY	50.00	\$ 250.00	\$ 12,500.00	\$ 200.00	\$ 10,000.00
907.00	ALLOWANCE FOR UNFORESEEN CONDITIONS OR OWNER-INIT CHANGES	\$	50,000.00	\$ 1.00	\$ 50,000.00	\$ 1.00	\$ 50,000.00
				\$ 507,595.00		\$ 649,000.00	

ALTERNATES

991.00	DREDGING	EA	1.00	\$ 14,538.00	\$ 14,538.00	\$ 125,000.00	\$ 125,000.00
992.00	FLOW METERS	EA	1.00	\$ 6,000.00	\$ 6,000.00	\$ 40,000.00	\$ 40,000.00
993.00	LEVEL SENSOR	EA	1.00	\$ 16,000.00	\$ 16,000.00	\$ 30,000.00	\$ 30,000.00

ITEM NO.	DESCRIPTION	PS&E			E		
		UNIT QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	TOTAL
901.00	SPPP, EMERGENCY ACTION PLAN & CONSTRUCTION PHASING PLAN	1.00	\$ 6,000.00	\$ 6,000.00	\$ 24,000.00	\$ 24,000.00	
902.00	DAM REPAIRS AND FOUNDATIONS	1.00	\$ 130,210.00	\$ 130,210.00	\$ 400,000.00	\$ 400,000.00	
903.00	SITE WORK	1.00	\$ 292,385.00	\$ 292,385.00	\$ 265,000.00	\$ 265,000.00	
904.00	CLASS 1 CONCRETE REPAIRS	10.00	\$ 660.00	\$ 6,600.00	\$ 1,000.00	\$ 10,000.00	
905.00	CLASS 2 CONCRETE REPAIRS	15.00	\$ 660.00	\$ 9,900.00	\$ 1,700.00	\$ 25,500.00	
906.00	COMPACTED DAM EMBANKMENTS FILL/CONC CLASS T FNDJN SEAL UNDER RIGHT FOOTGS	50.00	\$ 250.00	\$ 12,500.00	\$ 480.00	\$ 24,000.00	
907.00	ALLOWANCE FOR UNFORESEEN CONDITIONS OR OWNER-INIT CHANGES	\$ 50,000.00	\$ 1.00	\$ 50,000.00	\$ 1.00	\$ 50,000.00	
				\$ 507,595.00		\$ 798,500.00	

ALTERNATES

991.00	DREDGING	1.00	\$ 14,538.00	\$ 14,538.00	\$ 13,000.00	\$ 13,000.00
992.00	FLOW METERS	1.00	\$ 6,000.00	\$ 6,000.00	\$ 37,000.00	\$ 37,000.00
993.00	LEVEL SENSOR	1.00	\$ 16,000.00	\$ 16,000.00	\$ 36,000.00	\$ 36,000.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/14/2015

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: Susan Gilman PHONE (A/C, No, Ext): (603) 224-2562 FAX (A/C, No): (603) 224-8012 E-MAIL ADDRESS: sgilman@rowleyagency.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Firemen's Ins Co of Wash. DC</td> <td>21784</td> </tr> <tr> <td>INSURER B: Acadia Insurance Company</td> <td>31325</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: Firemen's Ins Co of Wash. DC	21784	INSURER B: Acadia Insurance Company	31325	INSURER C:		INSURER D:		INSURER E:		INSURER F:
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INSURER E:														
INSURER F:														
INSURED M E Latulippe Construction, Inc. 61 Thompson Street P O Box 729 Ashland NH 03217														

COVERAGES **CERTIFICATE NUMBER:** 15-16 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 SUBR INSD 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 <input type="checkbox"/> OTHER:		CPA001109131	05/01/2015	05/01/2016	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 Employee Benefits \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <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		CAA001108031	05/01/2015	05/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$
B	<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 \$ 0		CUA001110931	05/01/2015	05/01/2016	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	<input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	WPA001106031 3A States: NH	05/01/2015	05/01/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Leased/Rented Equipment		CNA018376020	05/01/2015	05/01/2016	\$500,000 Limit of Liability

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Project: Glencliff Hydro Dam Repair, Project #80735, Contract C. State of NH, Dept of Administrative Services is an additional insured on general liability when required by written contract with named insured.

CERTIFICATE HOLDER State of New Hampshire Dept. of Administrative Services 25 Capital Street 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 Susan Gilman/SJG 

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/28/2015

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: Susan Gilman PHONE (A/C, No, Ext): (603) 224-2562 FAX (A/C, No): (603) 224-8012 E-MAIL ADDRESS: sgilman@rowleyagency.com	
INSURED State of NH, Dept of Administrative Services P O Box 729 Ashland NH 03217		INSURER(S) AFFORDING COVERAGE INSURER A: Acadia Ins. Co. NAIC # 313251 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** OCP Glencliff **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 INSD 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		OCP6102015	06/10/2015	06/10/2016	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <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) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					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	Y/N	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Contract C, #80735, Glencliff Hydro Dam Repair, Benton, NH.

CERTIFICATE HOLDER State of New Hampshire Dept. of Administrative Services 25 Capital Street 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 Susan Gilman/SJG 
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CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

4/28/2015

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.

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.

PRODUCER THE ROWLEY AGENCY INC. 139 Loudon Road P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Kelley Massey PHONE (A/C No, Ext): (603) 224-2562 FAX (A/C, No): (603) 224-8012 E-MAIL ADDRESS: kmassey@rowleyagency.com PRODUCER CUSTOMER ID: 00001858
	INSURER(S) AFFORDING COVERAGE
INSURED State of NH, Dept. of Admin Services; M E Latulippe Construction, Inc., Any and All Subcontractors P O Box 729 Ashland NH 03217	INSURER A: Peerless Insurance Co. NAIC # 24198
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES **CERTIFICATE NUMBER:** BR Glencliff **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Loc#: 00001, Installation/BuildersRisk

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
	PROPERTY				BUILDING	\$
	CAUSES OF LOSS				PERSONAL PROPERTY	\$
	BASIC DEDUCTIBLES				BUSINESS INCOME	\$
	BROAD BUILDING				EXTRA EXPENSE	\$
	SPECIAL CONTENTS				RENTAL VALUE	\$
	EARTHQUAKE				BLANKET BUILDING	\$
	WIND				BLANKET PERS PROP	\$
	FLOOD				BLANKET BLDG & PP	\$
						\$
						\$
A	<input checked="" type="checkbox"/> INLAND MARINE	TYPE OF POLICY	06/10/2015	06/10/2016	<input checked="" type="checkbox"/> Limit	\$ 478,785
	CAUSES OF LOSS	Installation/Builder			<input checked="" type="checkbox"/> Testing	\$ 478,785
	NAMED PERILS	POLICY NUMBER			<input checked="" type="checkbox"/> Transit	\$ 239,393
	<input checked="" type="checkbox"/> Special	BR6102015			<input checked="" type="checkbox"/> Temp Storage	\$ 239,393
	CRIME					\$
	TYPE OF POLICY					\$
						\$
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$
						\$
						\$
						\$

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Project #80735, Contract C, Glencliff Hydro Dam Repair, Benton, NH.

CERTIFICATE HOLDER**CANCELLATION**

State of NH
 Dept. of Administrative Services
 25 Capital Street
 Concord, NH 03301

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

Susan Gilman/SJG