

# State of New Hampshire

## **DEPARTMENT OF ADMINISTRATIVE SERVICES**

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

Charles M. Arlinghaus Commissioner (603)-271-3201 Joseph B. Bouchard Assistant Commissioner (603)-271-3204

Catherine A. Keane Deputy Commissioner (603)-271-2059

Division of Public Works
Design and Construction
Project No. 80858R/80981- Contract C

January 10, 2019

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.E.W. Construction Corp., (VC# 281050) Williston, VT, for a total price not to exceed \$13,396,353, for the New Hampshire Department's Army National Guard Pembroke Readiness Center and State Active Duty Annex, Pembroke NH. This contract is effective upon Governor and Council approval through June 30, 2020, unless extended in accordance with the contract terms. 80% Federal Funds, 20% General Capital Funds.
- 2). Further authorize that a contingency in the amount of \$645,428 be approved for unanticipated site expenses or owner initiated changes for the Pembroke Readiness Center and State Active Duty Annex, bringing the total to \$14,041,781. **80% Federal Funds**, **20% General Capital Funds**.
- 3). Further authorize that an amount of \$217,500 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (Vendor Code 177875) for engineering services provided, bringing the total to \$14,259,281. **80% Federal Funds**, **20% General Capital Funds**.
- 4). Further authorize, Pursuant to RSA 19-A:9, II, authorize the Adjutant General's Department to pay the amount of \$12,799 for the purchase of art for the Pembroke Readiness Center and State Active Duty Annex, to the State Art Fund within the Department of Natural and Cultural Resources. Funds shall be paid to the appropriation detailed below to: 01-035-035-353510-41000000-406342. 100% General Capital Funds.

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Funding is available in account titled Adjutant General as follows:

02-12-12-120030-19620000	Pembroke Readiness Center (Federal)	<u>\$FY19</u>
034-500161 – New Co 034-500161 – Conting 034-500161 – Interage	ency	\$10,836,618 542,000 185,000
	Sub-Total	\$11,563,618*
*Penc	ding availability of Federal Funds	
02-12-12-120030-15160000	Pembroke Readiness Center And State Active Duty Annex (State)	
034-500161 - New 0 034-500161 - Contir 034-500161 - Intero 034-500161 - ARTS	ngency	\$ 2,559,735 \$ 103,428 \$ 32,500 \$ 12,799
	Sub-Total	\$ 2,708,462
ţ	Grand Total	\$14,272,080
	EVDIANATION	

#### **EXPLANATION**

Per Chapter 228:1, I, A Laws of 2017 I, A, Laws of 2017, Pembroke Readiness Center and Active Duty Annex (Federal and State). This project will construct of a combined 27,700 SF Readiness Center Facility (designed under 80858R) and a 9,100 SF detached General purpose State Active Duty Training Annex (designed under 80981) on the same site in Pembroke, NH. The facility will contain unit storage, platoon storage, arms vault, kitchen and scullery, administrative offices, family readiness space, learning center, classrooms, training rooms, locker/restrooms, physical training and break room for the current mission. The facility will share classrooms, restrooms, kitchen, and assembly hall, allowing use by other public entities. Site work includes but is not limited to, POV (privately-owned vehicle) parking and secured military motor poll area plus appropriate circulation and access driveways, and utilities.

The Adjutant General's Department will be invoiced by the Department of Natural and Cultural Resources for the ARTS allocation of \$12,799.

The Federal funds available for this contract are provided to the Adjutant General's Department by the National Guard Bureau. The cost of this contract shall be reimbursed to the State by the Federal government at a rate of 80%. In the event that federal funds are not available, General funds will not be requested to support this program.

The contractor has been pre-qualified by the Department of Transportation. The contract has been approved by the Department of Justice as to form substance and execution; and the Adjutant General's Department 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.

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Attached please find a copy of the tabulation of bids for this project along with the contract supplemental information sheet.

Respectfully submitted,

Charles M. Arlinghaus

Commissioner

Department Estimate: \$14,008,283 Contract Amount:

Under Estimate:

\$13,396,353 611,930

### CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT:

DPW Project No. 80858R, Contract C – Pembroke Readiness

Center and State Active Duty Annex, Pembroke, New

Hampshire.

DESCRIPTION:

Construction of a combined 27,700 SF Readiness Center Facility (designed under 80858R) and a 9,100 SF detached General purpose State Active Duty Training Annex (designed under 80981) on the same site in Pembroke, NH. The facility will contain unit storage, platoon storage, arms vault, kitchen and scullery, administrative offices, family readiness space, learning center, classrooms, training rooms, locker/restrooms, physical training and break room; for the current mission. The facility will share classrooms, restrooms, kitchen, assembly hall; allowing use by other public entities. Site work includes but is not limited to, POV (privately-owned vehicle) parking and secured military motor poll area plus appropriate circulation and access driveways, and utilities.

**EXPLANATION:** 

Facility is necessary to provide support for the current NH National Guard mission in Pembroke, NH. Project is 80% Federal funding (Readiness Center) and 20% State funding (Active Duty Annex).

UNDER ESTIMATE

EXPLANATION:

Project low bid was under estimate overall. B bidder was at estimate. C and D bidders were over estimate. About 12% separated the A and B bidders.

Many construction companies are still busy, but the construction boom is beginning to cool off. Many companies are looking at the coming year and wondering how they will be able to retain highly qualified employees as bidding

becomes more competitive.

ALTERNATES

EXPLANATION: Project low bid was under estimate overall. However, the

Federal Portion, combined building and site, exceeded the allowable and two deduct alternates had to be taken to bring the federal piece of the project under the federal cap.

**DEPARTMENT** 

ESTIMATE: \$14,008,283.11 (w/o alternates) LOW BID: \$13,694,353.00 (w/o alternates)



PEMBROKE 80858RC

PROJECT: STATE PROJECT NUMBER: FED. PROJECT NUMBER: DATE BDS OPEN: SCOPE OF WORK: COMPLETION DATE: LOCATION: PEHBROKE 808SRC NON-FEDERAL October 17, 2018, 02:00 PM PEHBROKE READDRESS CENTER AND STATE ACTIVE DUTY ANNEX June 30, 2020

fied by:

#### Summary of Bidders

Contractor	Bid Amount	Rank
D.E.W CONSTRUCTION CORP	\$13,694,353.00	* A
SUITE 130, 277 BLAIR PARK ROAD, WILLISTON VT 05495		
TURNSTONE CORPORATION	\$14,780,942.00	В
479 NASHUA STREET, MILFORD NH 03055-3705		
NORTH BRANCH CONSTRUCTION INC.	\$14,797,000.00	, с
76 OLD TURNPIKE ROAD, CONCORD NH 03301-5242	•	
MERIDIAN CONSTRUCTION CORP.	\$15,831,000.00	D
32 ARTISAN COURT #4, GILFORD NH 03249-6603	_	
KINSMEN CORPORATION	\$15,963,000.00	E
35 LONDONDERRY TPK, SUITE A, PO BOX 16117, HOOKSETT NH 03108-6117		•
BUCK, T. CONSTRUCTION, INC.	\$17,717,777.00	F
302B AUBURN ROAD, TURNER ME 04282		

BUREAU OF PUBLIC WORKS

\_\_\_\_\_\_ Award to \_\_\_\_\_ DEN County white Comp
\_\_\_\_\_\_ Hold for Negotiation
\_\_\_\_\_ Cancel Contract
User Agency Adjustment General Pert
Authorized by \_\_\_\_\_\_ Date \_\_\_\_\_ (10.2-2018)

TE: Ded not select Atts 94 19 is 1 pd secouse they were entered as positive not negative values.

901 V		Unit		PS&E		WILLIST	ON, VT 05495	TURNSTONE CORPORATION 479 NASHUA STREET MILFORD, NH 03055-3705	
901 F	DEDECOM ALL BUILDING WORK ASSOCIATED		Quantity	Unit Price	Total	Unit Price	Total	Unit Price	Total
901 V	SEDENDM ALL BUILDING WORK ASSOCIATION		•						,
000 P	PERFORM ALL BUILDING WORK ASSOCIATED MITH CONSTRUCTION OF THE NEW 27,000 SF PEMBROKE READINESS CENTER	U	1.00	<b>\$</b> 9, <b>09</b> 1,739.35	<b>\$</b> 9,091,739.35	\$8,536,928.00	\$8,536,928.00	\$9,578,000.00	\$9,578,000.00
	PERFORM ALL SITE WORK ASSOCIATED MITH CONSTRUCTION OF THE NEW PEMBROKE READINESS CENTER	u	1.00	\$2,609,690.43	\$2,609,690,43	\$2,497,690.00	\$2,497,690.00	\$2,373,000.00	\$2,373,000.00
'   <b> </b>	PERFORM ALL BUILDING WORK ASSOCIATED MTH CONSTRUCTION OF THE NEW 9,000 SF STATE ACTIVE DUTY ANNEX	U	1.00	<b>\$1,859,203</b> .10	\$1,859,203.10	\$1,999,728.00	\$1,999,728.00	\$2,203,000.00	\$2,203,000.00
904 V	PERFORM ALL SITE WORK ASSOCIATED MTH CONSTRUCTION OF THE NEW STATE ACTIVE DUTY ANNEX	u	1.00	\$209,650.23	\$209,650.23	\$340,329.00	\$340,329.00	\$249,000.00	\$249,000.00
	PROVIDE AND INSTALL A COMPLETE LIGHTING PROTECTION SYSTEM	υ	1.00	\$20,000.00	\$20,000.00	<b>\$44</b> ,917.00	\$44,917.00	\$69,000.00	\$69,000.00
	PROVIDE AND INSTALL A COMPLETE CARD ACCESS SYSTEM FOR THE BUILDING	υ	1.00	\$5,000.00	\$5,000.00	\$61,761.00	\$61,761.00	\$95,942.00	\$95,942.00
907	A STIPULATED SUM FOR MODIFICATIONS DUE TO OWNER INITIATED CHANGES OR FOR JNKNOWN OR LATENT CONDITION	\$	100,000.00	\$1.00	\$100,000.00	\$1.00	\$100,000.00	\$1,00	\$100,000.00
308 E	A STIPULATED SUM FOR MODIFICATIONS DUE TO OWNER INTIATED CHANGES OF FOR JKNOWN LATENT CONDITIONS AT	s	113,000.00	\$1.00	\$113,000.00	\$1.00	\$113,000.00	\$1.00	\$113,000.00
	<del></del>		Totals:		\$14,008,283.11		\$13,694,353.00	,	\$14,780,942.00
ALTERNATI DEDUCT	ES 'ALTERNATE #1			<u> </u>		-			
997 1	DEDUCT ALT #1: OMIT PHOTO VOLTAIC ARRAY	u	1.00	\$110,000.00	\$110,000.00	\$61,000.00	\$61,000.00	(\$58,000.00)	(\$58,000.00)
DEDUCT	ALTERNATE #2				_				
992	DEDUCT ALT #2; OMIT DISPLAY CASE	U.	1.00	\$10,200.00	\$10,200.00	\$1,300.00	\$1,300.00	(\$12,000.00)	(\$12,000.00)
DEDUCT	ALTERNATE #11					. <u></u>			
9911	DEDUCT ALT #11: OMIT INTERIOR BENCHES	U	1.00	\$1,500,00	\$1,500.00	\$2,500.00	\$2,500.00	(\$1,000.00)	(\$1,000.00)
DEDUCT	ALTERNATE #12								
	DEDUCT ALT #12: OMIT BASKETBALL EQUIPMENT AND PADS	U	1.00	\$20,000.00	\$20,000.00	\$8,900.00	\$8,900.00	(\$10,500.00)	(\$10,500.00)

_ [	9913	DEDUCT ALT #13: OMIT CORNER GUARDS	U	1.00	\$1,440.00	\$1,440.00	\$4,400.00	\$4,400.00	(\$5,300.00)	, (\$5,300.00)
	DEDU	T ALTERNATE #14								
	9914	DEDUCT ALT #14: OMIT METAL MESH PARTITIONS AND DOOR	υ	1.00	\$9,200.00	\$9,200.00	\$35,000.00	\$35,000.00	(\$28,000.00)	(\$28,000.00)
	DEDU	CT ALTERNATE #15								
	9915	DEDUCT ALT #15: OMIT ALUMINUM BLINDS	υ	1.00	\$8,000.00	\$8,000.00	\$0.00	\$0.00	(\$1.00)	(\$1.00)
	DEDU	CT ALTERNATE #16								
	9916	DEDUCT ALT #16: DEDUCT ROLLER SHADES	U	1.00	\$7,350.00	\$7,350.00	\$12,000.00	\$12,000.00	(\$11,000.00)	(\$11,000.00)
	DEDU	CT ALTERNATE #17					ι	. <u>.</u>		
	9917	DEDUCT ALT #17: REPLACE PROPRIETARY EXTERIOR POLE MOUNTED LIGHTING WITH ALTERNATE POLE	U	1.00	\$8,000.00	\$8,000.00	\$1.01	\$1.01;	(\$1.00)	(\$1.00)
	DEDU	CT ALTERNATE #18								
	9918	DEDUCT ALT #18: OMIT BACKUP STANDBY GENERATOR AND SERVICE ENTRANCE RATED ATS	U	1.00	\$150,000.00	\$150,000.00	\$166,000.00	\$166,000.00	(\$140,000.00)	(\$140,000.00)
	DEDU	CT ALTERNATE #19								
<del>)</del>	9919	DEDUCT ALT #19: REPLACE CONCRETE PAVING IN MOV PARKING WITH ASPHALT	υ	1.00	\$150,000.00	\$150,000.00	\$275,000.00	\$275,000.00	(\$152,000.00)	(\$152,000.00)
•	DEDU	CT ALTERNATE #20							_	
	9920	DEDUCT ALT #20: DELETE WIDENED ACCESS ROAD	U	1.00	\$14,040.00	\$14,040.00	\$28,000.00	\$28,000.00	(\$20,000.00)	(\$20,000.00)
	DEDU	CT ALTERNATE #3	<u>,</u>				<b></b> -		,	
	993	DEDUCT ALT #3: DELETE RESILIENT ATHLETIC FLOORING	U	1.00	\$51,000.00	\$51,000.00	\$29,000.00	\$29,000.00	(\$58,000.00)	(\$58,000.00)
	DEDU	CT ALTERNATE #21		<del></del>	-					
	9921	DEDUCT ALT #21: REPLACE FLEX PAVING IN THE POV PARKING AREA WITH GRAVEL PAVING	U	1.00	\$28,870.00	\$28,870.00 •	\$14,600.00	\$14,600.00	(\$13,000.00)	(\$13,000,00)
	DEDU	CT ALTERNATE #22						<u> </u>		,
	9922	DELETE ALT #22: DELETE SOLAR WALL AT ACTIVE DUTY ANNEX BUILDING	U	1.00	\$50,000.00	\$50,000.00	\$20,000.00	\$20,000.00	(\$18,000:00)	(\$18,000.00)
	DEDU	CT ALTERNATE #4			• .					,
	994	DEDUCT ALT #4: OMIT PAINTING OF EXPOSED STRUCTURES IN SUPPORT AND STORAGE ROOMS	U	1.00	\$80,000.00	\$80,000.00	\$3,000.00	\$3,000.00	(\$3,000.00)	(\$3,000.00)
	DEDU	CT ALTERNATE #5								
	995	DEDUCT ALT #5: OMIT VISUAL DISPLAY BOARDS	υ	1.00	\$5,000.00	\$5,000.00	\$2,000.00	\$2,000.00	(\$5,700.00)	(\$5,700.00)
	DEDU	CT ALTERNATE #6								
	996	DEDUCT ALT #6: DELETE WOOD TRIM AND ASSOCIATED CHAIR RAIL	U	1.00	\$9,750.00	\$9,750,00	\$12,800.00	\$12,800.00	(\$11,500.00)	(\$11,500.00)

			Totals:		\$14,008,283.11		\$13,694,353.00	-	\$14,780,942.00
	•		Alt. Totals:			>			
9910	DEDUCT ALT #10: OMIT PERSONAL METAL LOCKERS	U	1.00	\$26,000,00	\$26,000.00	\$17,000.00	\$17,000.00	(\$22,000.00)	(\$22,000.00)
DEDU	CT ALTERNATE #10	-		,	· ·		<u> </u>	· ·	
999	DEDUCT ALT #9: DELETE MOVEABLE/OPERABLE PARTITION (STC-50)	υ	1.00	<b>\$</b> 25,000.00	\$25,000.00	\$23,000.00	\$23,000.00	(\$17,000.00)	(\$17,000.00)
DEDU	CT ALTERNATE #9						<u>-</u>	- <del></del>	
998	DEDUCT ALT #8: OMIT EXTERIOR BENCHES	υ	1.00	\$3,800.00	\$3,800.00	\$5,000.00	\$5,000.00	(\$3,600.00)	(\$3,600.00)
DEDU	CT ALTERNATE #8								
997	DEDUCT ALT #7: DELETE PREFABRICATED FREESTANDING CANOPY	U	1.00	\$75,000.00	\$75,000.00	\$194,000.00	\$194,000.00	(\$120,000.00)	(\$120,000.00)

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7				PS	&E	76 OLD TU	CONSTRUCTION INC. RNPIKE ROAD NH 03301-5242	MERIDIAN CONSTRUCTION CORP. 32 ARTISAN COURT #4 GILFORD, NH 03249-6603	
Item No.	Description	Unit	Quantity	Unit Price	Total	Unit Price	Total	Unit Price	Total
Items					,				
901	PERFORM ALL BUILDING WORK ASSOCIATED WITH CONSTRUCTION OF THE NEW 27,000 SF PEMBROKE READINESS CENTER	υ	1.00	\$9,091,739.35	\$9,091,739.35	\$11,321,140.00	\$11,321,140.00	\$10,977,000.00	\$10,977,000.00
902	PERFORM ALL SITE WORK ASSOCIATED WITH CONSTRUCTION OF THE NEW PEMBROKE READINESS CENTER	u	1.00	<b>\$2</b> ,609,690.43	\$2,609,690.43	\$1,252,460.00 -	\$1,252,460.00	\$2,432,000.00	\$2,432,000.00
903	PERFORM ALL BUILDING WORK ASSOCIATED WITH CONSTRUCTION OF THE NEW 9,000 SF STATE ACTIVE DUTY ANNEX	υ	1.00	- \$1,859,203.10	\$1,859,203.10	\$1,830,000.00	\$1,830,000.00	\$1,847,000.00	\$1,847,000.00
904	PERFORM ALL SITE WORK ASSOCIATED WITH CONSTRUCTION OF THE NEW STATE ACTIVE DUTY ANNEX	U	1.00	\$209,650.23	<b>\$209</b> ,650.23	\$85,400.00	\$85,400.00	\$266,000.00	\$266,000.00
905	PROVIDE AND INSTALL A COMPLETE LIGHTING PROTECTION SYSTEM	U	1.00	\$20,000.00	\$20,000.00	\$40,000.00	\$40,000.00	\$52,000.00	\$52,000.00
906	PROVIDE AND INSTALL A COMPLETE CARD ACCESS SYSTEM FOR THE BUILDING	u	1.00	\$5,000.00	\$5,000.00	\$55,000.00	\$55,000.00	\$44,000.00	\$44,000.00
907	A STIPULATED SUM FOR MODIFICATIONS DUE TO OWNER INITIATED CHANGES OR FOR UNKNOWN OR LATENT CONDITION	\$	100,000.00	\$1.00	\$100,000.00	<b>\$</b> 1,00	\$100,000.00	\$1.00	\$100,000.00
908	A STIPULATED SUM FOR MODIFICATIONS DUE TO OWNER INTIATED CHANGES OF FOR UKNOWN LATENT CONDITIONS AT-\	\$	113,000.00	\$1.00	\$113,000.00	\$1.00	\$113,000.00	\$1.00 -	\$113,000.00
			Totals:		\$14,008,283.11		\$14,797,000.00		\$15,831,000.00
ALTERNA DEDUC	ITES IT ALTERNATE #1								
991	DEDUCT ALT #1: OMIT PHOTO VOLTAIC ARRAY	U	1.00	\$110,000.00	\$110,000.00	(\$60,000.00)	(\$60,000.00)	(\$100,000.00)	(\$100,000.00)
DEDUC	T ALTERNATE #2								<u>.                                    </u>
992	DEDUCT ALT #2: OMIT DISPLAY CASE	U	1.00	\$10,200.00	\$10,200.00	(\$12,000.00)	(\$12,000.00)	(\$7,500.00)	(\$7,500.00)
DEDUC	T ALTERNATE #11						•		
9911	DEDUCT ALT #11: OMIT INTERIOR BENCHES	υ	1.00	\$1,500.00	\$1,500.00	(\$1,125.00)	(\$1,125.00)	(\$1,590.00)	(\$1,590.00)
DEDUC	T ALTERNATE #12		<del>,                                      </del>			_	_	T -	
9912	EQUIPMENT AND PADS	U	1.00	\$20,000.00	\$20,000.00	(\$11,870.00)	(\$11,870.00)	(\$15,000.00)	(\$15,000.00)
DEDUC	CT ALTERNATE #13	-1	· .	· · ·					
9913	DEDUCT ALT #13: OMIT CORNER GUARDS	U	1.00	\$1,440.00	\$1,440.00	(\$3,900.00)	(\$3,900.00)	(\$2,000.00)	(\$2,000.00)

DEDU	CT ALTERNATE #14					1			
9914	DEDUCT ALT #14: OMIT METAL MESH PARTITIONS AND DOOR	U	1.00	\$9,200.00	\$9,200.00	(\$33,948.00)	(\$33,948.00)	(\$20,000.00)	(\$20,000,00
DEDU	CT ALTERNATE #15			•					<u> </u>
9915	DEDUCT ALT #15: OMIT ALUMINUM BLINDS	U	1.00	\$8,000.00	\$8,000.00	(\$1.00)	(\$1,00)	\$0.00	\$0.00
DĖDŲ	CT ALTERNATE #16			•					
9916	DEDUCT ALT #16: DEDUCT ROLLER SHADES	U	1.00	\$7,350.00	\$7,350.00	(\$9,425.00)	(\$9,425.00)	(\$11,000.00)	(\$11,000.00
DEDU	CT ALTERNATE #17	-		-		K.	ve.		
9917	DEDUCT ALT #17: REPLACE PROPRIETARY EXTERIOR	U	1.00	\$8,000.00	\$8,000.00	(\$1.00)	(\$1,00)	\$0.00	\$0.00
ĐEDU	CT ALTERNATE #18								<del></del> -
9918	DEDUCT ALT #18: OMIT BACKUP STANDBY GENERATÖR AND SERVICE ENTRANCE RATED ATS	U	1.00	\$150,000.00	\$150,000.00	(\$150,000.00)	(\$150,000.00)	(\$152,000.00)	(\$152,000.00)
DEDU	CT ALTERNATE #19				<del></del>		•		
9919	DEDUCT ALT #19: REPLACE CONCRETE PAVING IN MOV PARKING WITH ASPHALT	υ	1.00	\$150,000.00	\$150,000.00	(\$179,348.00)	(\$179,348.00)	(\$85,000.00)	(\$85,000.00)
DEDU	CT ALTERNATE #20						<u> </u>	·= ···· ·	
9920	DEDUCT ALT #20: DELETE WIDENED ACCESS ROAD	υ	1.00	\$14,040.00	\$14,040.00	(\$31,718.00)	(\$31,718.00)	(\$40,000.00)	(\$40,000.00)
DEDU	CT ALTERNATE #3							•	•
993	DEDUCT ALT #3: DELETE RESILIENT ATHLETIC FLOORING	U	1.00	\$51,000.00	\$51,000.00	(\$52,178.00)	(\$52,178.00)	(\$35,000.00)	(\$35,000.00)
DEDU	CT ALTERNATE #21							•	<u>_</u>
9921	DEDUCT ALT #21: REPLACE FLEX PAVING IN THE POV PARKING AREA WITH GRAVEL PAVING	U	1.00	\$28,870.00	\$28,870.00	(\$28,236,00)	(\$28,236.00)	(\$30,912.00)	(\$30,912.00)
DEDU	CT ALTERNATE #22								
9922	DELETE ALT #22: DELETE SOLAR WALL AT ACTIVE DUTY ANNEX BUILDING	U	1.00	\$50,000.00	\$50,000.00	(\$40,500.00)	(\$40,500.00)	\$0.00	\$0.00
DEDU	CT ALTERNATE #4	•	-						
994	DEDUCT ALT #4: OMIT PAINTING OF EXPOSED STRUCTURES IN SUPPORT AND STORAGE ROOMS	U	1.00	\$80,000.00	\$80,000.00	(\$3,000.00)	(\$3,000.00)	(\$3,000.00)	(\$3,000.00)
DEDU	CT ALTERNATE #5								<del>,</del>
995	DEDUCT ALT #5: OMIT VISUAL DISPLAY BOARDS	U	1.00	\$5,000.00	\$5,000.00	(\$9,000.00)	(\$9,000.00)	(\$1,500.00)	(\$1,500.00)
DEDU	CT ALTERNATE #6								
996	DEDUCT ALT #6: DELETE WOOD TRIM AND ASSOCIATED CHAIR RAIL	U	1.00	\$9,750.00	\$9,750.00	(\$13,350.00)	(\$13,350.00)	(\$5,000.00)	(\$5,000.00)
DEDU	CT ALTERNATE #7	<u></u>		·					
997	DEDUCT ALT #7: DELETE PREFABRICATED FREESTANDING CANOPY	U	1.00	\$75,000,00	\$75,000.00	(\$150,000.00)	(\$150,000.00)	(\$135,000.00)	(\$135,000.00)
	<u> </u>						L	L	

\*. DEDUCT ALTERNATE #8

Wednesday, October 17, 2018

998	DEDUCT ALT #8: OMIT EXTERIOR BENCHES	υ.	1.00	\$3,800.00	\$3,800.00	(\$4,400.00)	(\$4,400.00)	(\$2,930.00)	(\$2,930.00)			
DEDUCT ALTERNATE #9												
999	DEDUCT ALT #9: DELETE MOVEABLE/OPERABLE PARTITION (STC-50)	U	1.00	\$25,000.00	\$25,000.00	(\$20,000.00)	(\$20,000.00)	(\$20,000.00)	(\$20,000.00)			
DEDU	CT ALTERNATE #10											
9910	DEDUCT ALT #10: OMIT PERSONAL METAL LOCKERS	υ	1.00	\$26,000.00	\$26,000.00	(\$15,000.00)	(\$15,000.00)	(\$22,000.00)	(\$22,000.00)			
<del></del>			Alt. Totals:			· · · · · · · · · · · · · · · · · · ·						
			Totals:		\$14,008,283.11		\$14,797,000.00		\$15,831,000.00			

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				PS&E		35 LONDONDE	CORPORATION RRY TPK, SUITE A , NH 03106-6117	BUCK, T. CONSTRUCTION, INC. 302B AUBURN ROAD TURNER, ME 04282	
item No.	Description	Unit	Quantity	Unit Price	Total	Unit Price	Total	Unit Price	Total
	PERFORM ALL BUILDING WORK ASSOCIATED WITH CONSTRUCTION OF THE NEW 27,000 SF PEMBROKE READINESS CENTER	U	1.00	<b>\$</b> 9,091,739.35	<b>\$</b> 9,091,739.35	\$11,744,700.00	\$11,744,700.00	\$12,120,127.00	<b>\$</b> 12,120,127.00
902	PERFORM ALL SITE WORK ASSOCIATED WITH CONSTRUCTION OF THE NEW PEMBROKE READINESS CENTER	υ	1.00	\$2,609,690.43	\$2,609,690.43	\$1,720,000.00	\$1,720,000.00	\$2,300,000.00	\$2,300,000.00
903	PERFORM ALL BUILDING WORK ASSOCIATED WITH CONSTRUCTION OF THE NEW 9,000 SF STATE ACTIVE DUTY ANNEX	٦	1.00	\$1,859,203.10	\$1,859,203.10	\$1,855,300.00	\$1,855,300.00	\$2,212,000.00	\$2,212,000.00
904	PERFORM ALL SITE WORK ASSOCIATED WITH CONSTRUCTION OF THE NEW STATE ACTIVE DUTY ANNEX	υ	1.00	\$209,650.23	\$209,650.23	\$280,000.00	\$280,000.00	\$736,250.00	\$736,250.00
905	PROVIDE AND INSTALL A COMPLETE LIGHTING PROTECTION SYSTEM	υ	1.00	\$20,000.00	\$20,000.00	\$60,000.00	\$60,000.00	\$55,000.00	\$55,000.00
906	PROVIDE AND INSTALL A COMPLETE CARD ACCESS SYSTEM FOR THE BUILDING	U	1.00	\$5,000.00	\$5,000.00	\$90,000.00	\$90,000.00	\$81,400.00	\$81,400.00
907	A STIPULATED SUM FOR MODIFICATIONS DUE TO OWNER INITIATED CHANGES OR FOR UNKNOWN OR LATENT CONDITION	s	100,000.00	- \$1.00	\$100,000.00	\$1.00	\$100,000.00	\$1.00	\$100,000.00
	A STIPULATED SUM FOR MODIFICATIONS DUE TO OWNER INTIATED CHANGES OF FOR UKNOWN LATENT CONDITIONS AT	\$	113,000.00	\$1.00	\$113,000.00	\$1.00	\$113,000.00	\$1.00	\$113,000.00
			Totals:	,	\$14,008,283.11		\$15,963,000.00		\$17,717,777.00
ALTERNA DEDUC	TES T ALTERNATE #1		•		<del>-</del>				·:
_	DEDUCT ALT #1: OMIT PHOTO VOLTAIC	υ	1.00	\$110,000.00	\$110,000,00	(\$60,000.00)	(\$60,000.00)	\$30,000.00	\$30,000.00
DEDUC	T ALTERNATE #2					<del></del>			<del>-</del> .
992	DEDUCT ALT #2: OMIT DISPLAY CASE	U	1.00	\$10,200.00	. \$10,200.00	(\$10,000.00)	(\$10,000.00)	\$10,000.00	\$10,000.00
DEDUC	T ALTERNATE #11					-			
9911	DEDUCT ALT #11: OMIT INTERIOR BENCHES	υ	1.00	\$1,500.00	\$1,500.00	(\$4,000.00)	(\$4,000.00)	\$2,500.00	\$2,500.00
	T ALTERNATE #12								
	DEDUCT ALT #12: OMIT BASKETBALL EQUIPMENT AND PADS	บ	1.00	\$20,000.00	\$20,000.00	(\$12,000.00)	(\$12,000.00)	\$16,000.00	\$16,000.00
DEDUC	T ALTERNATE #13								
9913	DEDUCT ALT #13: OMIT CORNER GUARDS	U	1.00	\$1,440.00	\$1,440.00	(\$8,000.00)	(\$8,000.00)	\$2,500.00	\$2,500.00

	REDU	ICT ALT	ERNA	TĘ	#14
3.5	19914	IDEDI	ICT A	T 4	11 <i>4</i> ·

REDI	JCT ALTERNATE #14								
9914	DEDUCT ALT #14: OMIT METAL MESH PARTITIONS AND DOOR	υ	1.00	\$9,200.00	\$9,200.00	(\$30,000.00)	(\$30,000.00)	\$10,000.00	\$10,000.00
DEDI	UCT ALTERNATE #15								-
915	DEDUCT ALT #15: OMIT ALUMINUM BLINDS	U	1.00	\$8,000.00	\$8,000.00	\$0.00	\$0.00	\$0.00	\$0.00
DEDI	UCT ALTERNATE #16								
916	DEDUCT ALT #16: DEDUCT ROLLER SHADES	U	1.00	\$7,350.00	\$7,350.00	(\$12,000.00)	(\$12,000.00)	\$10,000.00	\$10,000.0
DEDI	UCT ALTERNATE #17								
917	DEDUCT ALT #17: REPLACE PROPRIETARY EXTERIOR POLE MOUNTED LIGHTING WITH ALTERNATE POLE	υ	1.00	\$8,000.00	\$8,000.00	\$0.00	\$0.00	\$1.00	\$1.0
DED	UCT ALTERNATE #18								
918	DEDUCT ALT #18: OMIT BACKUP STANDBY GENERATOR AND SERVICE ENTRANCE RATED ATS	U	1.00	\$150,000.00	\$150,000.00	(\$185,000.00)	(\$185,000.00)	\$188,000.00	\$188,000.0
DED	UCT ALTERNATE #19								
919	DEDUCT ALT #19: REPLACE CONCRETE PAVING IN MOV PARKING WITH ASPHALT	U	1.00	\$150,000.00	\$150,000.00	(\$300,000.00)	(\$300,000.00)	\$70,000.00	\$70,000.0
DED	UCT ALTERNATE #20								
920	DEDUCT ALT #20: DELETE WIDENED ACCESS ROAD	U	1.00	\$14,040.00	<b>\$</b> 14,040.00	(\$20,000.00)	(\$20,000.00)	\$20,000.00	\$20,000.00
DED	UCT ALTERNATE #3								<del>.</del>
93	DEDUCT ALT #3: DELETE RESILIENT ATHLETIC FLOORING	U	1.00	\$51,000.00	\$51,000.00	(\$15,000,00)	(\$15,000.00)	\$21,000.00	\$21,000.00
DED	UCT ALTERNATE #21				<u>.</u>		,		
921	DEDUCT ALT #21: REPLACE FLEX PAVING IN THE POV PARKING AREA WITH GRAVEL PAVING	U	1.00	\$28,870.00	\$28,870.00	(\$25,000.00)	(\$25,000.00)	\$30,000.00	\$30,000.00
DED	UCT ALTERNATE #22			<u></u>					
922	DELETE ALT #22: DELETE SOLAR WALL AT ACTIVE DUTY ANNEX BUILDING	U	1.00	\$50,000.00	\$50,000.00	(\$30,000.00)	(\$30,000.00)	\$35,000.00	\$35,000.00
DED	UCT ALTERNATE #4	•							
994	DEDUCT ALT #4: OMIT PAINTING OF EXPOSED STRUCTURES IN SUPPORT AND STORAGE ROOMS	U	1.00	\$80,000,00	\$80,000.00	(\$5,000.00)	(\$5,000.00) ·	\$25,000.00	\$25,000.00
DED	UCT ALTERNATE #5	•		-2					
95	DEDUCT ALT #5: OMIT VISUAL DISPLAY BOARDS	U	1.00	\$5,000.00	\$5,000.00	(\$5,000.00)	(\$5,000.00)	\$5,000.00	\$5,000.00
DED	UCT ALTERNATE #6								
996	DEDUCT ALT #6: DELETE WOOD TRIM AND ASSOCIATED CHAIR RAIL	U	1.00	\$9,750.00	\$9,750.00	(\$12,000.00)	(\$12,000.00)	\$7,500,00	\$7,500.00
DED	UCT ALTERNATE #7								
997	DEDUCT ALT #7: DELETE PREFABRICATED FREESTANDING CANOPY	U	1.00	\$75,000.00	\$75,000.00	(\$185,000.00)	(\$185,000.00)	\$150,000.00	\$150,000.00
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#### **DEDUCT ALTERNATE #8**

DEDU	CI ALIEKNATE #0								
998	DEDUCT ALT #8: OMIT EXTERIOR BENCHES	บ	1.00	\$3,800.00	\$3,800.00	(\$2,000.00)	(\$2,000.00)	\$1,000.00	\$1,000.00
DEDU	ICT ALTERNATE #9			···					
999	DEDUCT ALT #9: DELETE MOVEABLE/OPERABLE PARTITION (STC-50)	U	1.00	\$25,000.00	\$25,000.00	(\$18.000.00)	(\$18,000.00)	\$21,000.00	\$21,000.00
DEDU	ICT ALTERNATE #10		<del></del>			•	•	•	
9910	DEDUCT ALT #10: OMIT PERSONAL METAL LOCKERS	U	1.00	\$26,000.00	\$26,000.00	(\$16,000.00)	(\$16,000.00)	\$55,000.00	\$55,000.00
·	-		Alt. Totals:			-			
					\$14,009,293,44		\$15 063 000 00 l		\$17 717 777 00

# CERTIFICATE OF LIABILITY INSURANCE

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(les) 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).

PRODUCER	CONTACT NAME:	CONTACT NAME: PHONE (866) 282-2122 FAX (800) 363-0105					
Aon Risk Services Central, Inc.	PHÓNE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800)	363-0105					
Chicago IL Office 200 East Randolph Chicago IL 60601 USA	E-MAIL ADDRESS:						
	INSURER(8) AFFORDING COVERAGE	NAIC#					
INSURED	maurera: Zurich American Ins Co	16535					
DEW Construction Corp.	MSURER B: American Zurich Ins Co	40142					
277 Blair Park Road, Suite 130 Williston VT 05495 USA	MSURER C:						
	MISURER D:	<u> </u>					
	NSURER E:						
	INSURER F:						

**CERTIFICATE NUMBER: 570073883297 REVISION NUMBER: COVERAGES** 

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.

Limits shown are as requested.

ISR JR	TYPE OF INSURANCE	ADOUS INSD V	UBR POLICY NUMBER	POLICY EFF (MM/PP/YYY)	POLICYEXP	LINGTS	
*	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	GL0437328710	64/61/2018 0	14/01/2019	EACH OCCURRENCE  DAMAGE TO RENTED PREMISES (Es occurrence)  MED EXP (Any one person)	\$1,000,000 \$500,000 \$15,000
	GENTLAGGREGATE LIMIT APPLIES PER: POLICY X PRO- X LOC OTHER:		,			PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$1,000,00 \$2,000,00 \$2,000,00
Ā	X ANY AUTO  X OWNED AUTOS ONLY  X HIRED AUTOS ONLY  X ONLY  X ONLY  X ONLY  X ONLY		BAP 4373286-10	04/01/2018	04/01/2019	COMBRIED SINGLE LIMIT (Ea sockent)  BODILY INJURY ( Per person)  BODILY INJURY (Per sockent)  PROPERTY DAMAGE (Per sockent)	\$1,000,000
В	UMBRELLA LIAB OCCUR  EXCESS LIAB CLAIMS-MADE  DED RETENTION  WORKERS COMPENSATION AND  EMPLOYERS' LIABILITY  ANY PROPRIETOR / PARTNER / EXECUTIVE  N	N/A	wC437328510	04/01/2018	04/01/2019	E.L. EACH ACCIDENT	\$1,000,00
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE-POLICY LIMIT	\$1,000,00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 161, Additional Remarks Schedule, may be attached if more space is required)

RE: New Project - Pembroke Readiness Center and Training Annex for the NH National Guard, Pembroke 80858RC, Construct 27,700 SF Readiness Center and detached 9,100 SF Training Annex, 80858R Contract C - Pembroke Readiness Center and State Active Duty Annex. State of New Hampshire, its agencies, and its agents and employees are included as Additional Insured in accordance with the policy provisions of the General Liability and Automobile Liability policies. Contractual Liability policy is included, subject to the policy terms, conditions, limitations and exclusions of the General Liability policy. XCU is silent and not specifically excluded from the General Liability policy.

CERT	 	 

ACORD

#### 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

State of New Hampshire Department of Transportation State of New Hampshire C/o Department of Administrative Service 7 Hazen Drive Room 250 7 Hazen Drive, Room 250 Concord NH 03302 USA

AUTHORIZED REPRESENTATIVE

Aon Risk Services Contral In

#### **ENDORSEMENT**

## **ZURICH AMERICAN INSURANCE COMPANY**

Named Insured DEW CONSTRUCTION CORPORATION

Effective Date:

04-01-18

12:01 A.M., Standard Time

Agent Name

MARSH USA INC

Agent No.

52032-000

#### BLANKET E NOTIFICATION TO OTHERS OF CANCELLATION

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE:

COMMERCIAL GENERAL LIABILITY COVERAGE PART LIQUOR LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

- A. IF WE CANCEL THIS COVERAGE PART BY WRITTEN NOTICE TO THE FIRST NAMED INSURED FOR ANY REASON OTHER THAN NONPAYMENT OF PREMIUM, WE WILL DELIVER ELECTRONIC NOTIFICATION PROVIDING 60 DAYS NOTICE THAT SUCH COVERAGE PART IS BEING CANCELLED TO EACH PERSON OR ORGANIZATION SHOWN IN A SCHEDULE PROVIDED TO US BY THE FIRST NAMED INSURED.
- B. IF WE CANCEL THIS COVERAGE PART BY WRITTEN NOTICE TO THE FIRST NAMED INSURED FOR NONPAYMENT OF PREMIUM, WE WILL DELIVER ELECTRONIC NOTIFICATION PROVIDING 10 DAYS NOTICE THAT SUCH COVERAGE PART IS BEING CANCELLED TO EACH PERSON OR ORGANIZATION SHOWN IN A SCHEDULE PROVIDED TO US BY THE FIRST NAMED INSURED.
- C. THE SCHEDULES DESCRIBED IN PARAGRAPHS A. AND B. OF THIS ENDORSEMENT:
  - 1. MUST BE INITIALLY PROVIDED TO US WITHIN 15 DAYS:
    - A. AFTER THE BEGINNING OF THE POLICY PERIOD SHOWN IN THE DECLARATIONS; OR
    - B. AFTER THIS ENDORSEMENT HAS BEEN ADDED TO THE POLICY;
  - MUST CONTAIN THE NAMES AND E-MAIL ADDRESSES OF ONLY THE PERSONS OR ORGANIZATIONS REQUIRING NOTIFICATION THAT SUCH COVERAGE PART HAS BEEN CANCELLED;
  - MUST BE IN AN ELECTRONIC FORMAT THAT IS ACCEPTABLE TO US;
     AND
  - 4. MUST BE ACCURATE.

SUCH SCHEDULES MAY BE UPDATED AND PROVIDED TO US BY THE FIRST NAMED INSURED DURING THE POLICY PERIOD. SUCH UPDATED SCHEDULES MUST COMPLY WITH PARAGRAPHS 2., 3. AND 4. ABOVE.

- D. OUR DELIVERY OF THE ELECTRONIC NOTIFICATION AS DESCRIBED IN PARAGRAPHS A. AND B. OF THIS ENDORSEMENT WILL BE BASED ON THE MOST RECENT SCHEDULES IN OUR RECORDS AS OF THE DATE THE NOTICE OF CANCELLATION IS MAILED OR DELIVERED TO THE FIRST NAMED INSURED.
- E. PROOF OF EMAILING THE ELECTRONIC NOTIFICATION WILL BE SUFFICIENT PROOF THAT WE HAVE COMPLIED WITH PARAGRAPHS A., B AND D OF THIS ENDORSEMENT.
- F. OUR DELIVERY OF ELECTRONIC NOTIFICATION DESCRIBED IN PARAGRAPHS A., B. AND D. OF THIS ENDORSEMENT IS INTENDED AS A

#### **ENDORSEMENT**

## **ZURICH AMERICAN INSURANCE COMPANY**

Named Insured

DEW CONSTRUCTION CORPORATION

Effective Date:

04-01-18

12:01 A.M., Standard Time

Agent Name

MARSH USA INC

Agent No.

52032-000

#### BLANKET E NOTIFICATION TO OTHERS OF CANCELLATION

COURTESY ONLY. OUR FAILURE TO PROVIDE SUCH DELIVERY OF ELECTRONIC NOTIFICATION WILL NOT:

- EXTEND THE COVERAGE PART CANCELLATION DATE;
- 2. NEGATE THE CANCELLATION; OR
- 3. PROVIDE ANY ADDITIONAL INSURANCE THAT WOULD NOT HAVE BEEN PROVIDED IN THE ABSENCE OF THIS ENDORSEMENT.
- G. WE ARE NOT RESPONSIBLE FOR THE ACCURACY, INTEGRITY, TIMELINESS AND VALIDITY OF INFORMATION CONTAINED IN THE SCHEDULES PROVIDED TO US AS DESCRIBED IN PARAGRAPHS A., B., C. AND D. OF THIS ENDORSEMENT.

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

Insurance for this coverage part provided by:
ZURICH AMERICAN INSURANCE COMPANY

Policy Number BAP 4373286-10 Renewal of Number BAP 4373286-09

#### BLANKET E NOTIFICATION TO OTHERS OF CANCELLATION ENDT

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE: COMMERCIAL AUTOMOBILE COVERAGE PART

- A. IF WE CANCEL THIS COVERAGE PART BY WRITTEN NOTICE TO THE FIRST NAMED INSURED FOR ANY REASON OTHER THAN NONPAYMENT OF PREMIUM, WE WILL DELIVER ELECTRONIC NOTIFICATION PROVIDING 60 DAYS NOTICE THAT SUCH COVERAGE PART IS BEING CANCELLED TO EACH PERSON OR ORGANIZATION SHOWN IN A SCHEDULE PROVIDED TO US BY THE FIRST NAMED INSURED.
- B. IF WE CANCEL THIS COVERAGE PART BY WRITTEN NOTICE TO THE FIRST NAMED INSURED FOR NONPAYMENT OF PREMIUM, WE WILL DELIVER ELECTRONIC NOTIFICATION PROVIDING 10 DAYS NOTICE THAT SUCH COVERAGE PART IS BEING CANCELLED TO EACH PERSON OR ORGANIZATION SHOWN IN A SCHEDULE PROVIDED TO US BY THE FIRST NAMED INSURED.
- C. THE SCHEDULES DESCRIBED IN PARAGRAPHS A. AND B. OF THIS ENDORSEMENT:
- 1. MUST BE INITIALLY PROVIDED TO US WITHIN 15 DAYS:
- A. AFTER THE BEGINNING OF THE POLICY PERIOD SHOWN IN THE DECLARATIONS; OR
- B. AFTER THIS ENDORSEMENT HAS BEEN ADDED TO THE POLICY;
- 2. MUST CONTAIN THE NAMES AND E-MAIL ADDRESSES OF ONLY THE PERSONS OR ORGANIZATIONS REQUIRING NOTIFICATION THAT SUCH COVERAGE PART HAS BEEN CANCELLED:
- 3. MUST BE IN AN ELECTRONIC FORMAT THAT IS ACCEPTABLE TO US; AND
- 4. MUST BE ACCURATE.
- SUCH SCHEDULES MAY BE UPDATED AND PROVIDED TO US BY THE FIRST NAMED INSURED DURING THE POLICY PERIOD. SUCH UPDATED SCHEDULES MUST COMPLY WITH PARAGRAPHS 2. 3. AND 4. ABOVE.
- D. OUR DELIVERY OF THE ELECTRONIC NOTIFICATION AS DESCRIBED IN PARAGRAPHS A. AND B. OF THIS ENDORSEMENT WILL BE BASED ON THE MOST RECENT SCHEDULES IN OUR RECORDS AS OF THE DATE THE NOTICE OF CANCELLATION IS MAILED OR DELIVERED TO THE FIRST NAMED INSURED.
- E. PROOF OF EMAILING THE ELECTRONIC NOTIFICATION WILL BE SUFFICIENT PROOF THAT WE HAVE COMPLIED WITH PARAGRAPHS A., B. AND D. OF THIS ENDORSEMENT.
- F. OUR DELIVERY OF ELECTRONIC NOTIFICATION DESCRIBED IN PARAGRAPHS A., B. AND D. OF THIS ENDORSEMENT IS INTENDED AS A COURTESY ONLY. OUR FAILURE TO PROVIDE SUCH DELIVERY OF ELECTRONIC NOTIFICATION WILL NOT:
- 1. EXTEND THE COVERAGE PART CANCELLATION DATE;

**ENDORSEMENT** 

Insurance for this coverage part provided by:
ZURICH AMERICAN INSURANCE COMPANY

Policy Number BAP 4373286-10 Renewal of Number BAP 4373286-09

#### BLANKET E NOTIFICATION TO OTHERS OF CANCELLATION ENDT

- 2. NEGATE THE CANCELLATION; OR
  3. PROVIDE ANY ADDITIONAL INSURANCE THAT WOULD NOT HAVE BEEN PROVIDED IN THE ABSENCE OF THIS ENDORSEMENT.
- G. WE ARE NOT RESPONSIBLE FOR THE ACCURACY, INTEGRITY, TIMELINESS AND VALIDITY OF INFORMATION CONTAINED IN THE SCHEDULES PROVIDED TO US AS DESCRIBED IN PARAGRAPHS A., B., C. AND D. OF THIS ENDORSEMENT.

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

**ENDORSEMENT** 

Insurance for this coverage part provided by:
AMERICAN ZURICH INSURANCE COMPANY

This endorsement changes the insurance as is afforded by the policy relating to the following:

Named Insured
DEW CONSTRUCTION CORPORATION

Policy Number WC 4373285-10

BLANKET E NOTIFICATION TO OTHERS OF CANCELLATION ENDORSEMENT

THIS ENDORSEMENT IS USED TO ADD THE FOLLOWING TO PART SIX OF THE POLICY.

PART SIX - CONDITIONS
NOTIFICATION TO OTHERS OF CANCELLATION

- 1. IF WE CANCEL THIS POLICY BY WRITTEN NOTICE TO YOU FOR ANY REASON OTHER THAN NONPAYMENT OF PREMIUM, WE WILL DELIVER ELECTRONIC NOTIFICATION PROVIDING 60 DAYS NOTICE THAT SUCH POLICY IS BEING CANCELLED TO EACH PERSON OR ORGANIZATION SHOWN IN A SCHEDULE PROVIDED TO US BY YOU.
- 2. IF WE CANCEL THIS POLICY BY WRITTEN NOTICE TO YOU FOR NONPAYMENT OF PREMIUM, WE WILL DELIVER ELECTRONIC NOTIFICATION PROVIDING 10 DAYS NOTICE THAT SUCH POLICY'IS BEING CANCELLED TO EACH PERSON OR ORGANIZATION SHOWN IN A SCHEDULE PROVIDED TO US BY YOU.
- 3. THE SCHEDULES DESCRIBED IN PARAGRAPHS 1. AND 2. OF THIS ENDORSEMENT:
  - A. MUST BE INITIALLY PROVIDED TO US WITHIN 15 DAYS:
  - (1) AFTER THE BEGINNING OF THE POLICY PERIOD SHOWN IN THE DECLARATIONS; OR
  - (2) AFTER THIS ENDORSEMENT HAS BEEN ADDED TO THE POLICY;
  - B. MUST CONTAIN THE NAMES AND E-MAIL ADDRESSES OF ONLY THE PERSONS OR ORGANIZATIONS REQUIRING NOTIFICATION THAT THIS POLICY HAS BEEN CANCELLED;
  - C. MUST BE IN AN ELECTRONIC FORMAT THAT IS ACCEPTABLE TO US;
  - D. MUST BE ACCURATE.

SUCH SCHEDULES MAY BE UPDATED AND PROVIDED TO US BY YOU DURING THE POLICY PERIOD. SUCH UPDATED SCHEDULES MUST COMPLY WITH PARAGRAPHS B., C. AND D. ABOVE.

4. OUR DELIVERY OF THE ELECTRONIC NOTIFICATION AS DESCRIBED IN PARAGRAPHS 1. AND 2. OF THIS ENDORSEMENT WILL BE BASED ON THE MOST RECENT SCHEDULES IN OUR RECORDS AS OF THE DATE THE NOTICE OF CANCELLATION IS MAILED OR DELIVERED TO YOU.

## WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

#### COMMERCIAL INSURANCE

**ENDORSEMENT** 

Insurance for this coverage part provided by:
AMERICAN ZURICH INSURANCE COMPANY

This endorsement changes the insurance as is afforded by the policy relating to the following:

Named Insured
DEW CONSTRUCTION CORPORATION

Policy Number WC 4373285-10

BLANKET E NOTIFICATION TO OTHERS OF CANCELLATION ENDORSEMENT

- 5. PROOF OF EMAILING THE ELECTRONIC NOTIFICATION WILL BE SUFFICIENT PROOF THAT WE HAVE COMPLIED WITH PARAGRAPHS 1., 2. AND 4. OF THIS ENDORSEMENT.
- 6. OUR DELIVERY OF ELECTRONIC NOTIFICATION DESCRIBED IN PARAGRAPHS
  1., 2. AND 4. OF THIS ENDORSEMENT IS INTENDED AS A COURTESY ONLY.
  OUR FAILURE TO PROVIDE SUCH DELIVERY OF ELECTRONIC NOTIFICATION
  WILL NOT:
  - A. EXTEND THE POLICY CANCELLATION DATE;
  - B. NEGATE THE CANCELLATION; OR
  - C. PROVIDE ANY ADDITIONAL INSURANCE THAT WOULD NOT HAVE BEEN PROVIDED IN THE ABSENCE OF THIS ENDORSEMENT.
- 7. WE ARE NOT RESPONSIBLE FOR THE ACCURACY, INTEGRITY, TIMELINESS AND VALIDITY OF INFORMATION CONTAINED IN THE SCHEDULES PROVIDED TO US AS DESCRIBED IN PARAGRAPHS 1., 2., 3. AND 4. OF THIS ENDORSEMENT.

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 12/13/2018

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(9), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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). CONTACT Elizabeth Stillwell Hickok & Boardman, Inc. 346 Shelburne Rd Burlington, VT 05401 PHONE (A/C, No, Ext): (802) 383-1630 (AC, Not: (802) 658-0541 Indees, estilwell@hbinsurance.com INSURER(S) AFFORDING COVERAGE NAIC # 26883 INSURER A: AIG Specialty INSURED INSURER 6 : Berkley Insurance Company INSURER C: Acadla Insurance Company 31325 **DEW Construction Corp.** 277 Blair Park Road Sulte 130 INSURER D : Williston, VT 05495 INSURER E : INSURER F : **COVERAGES CERTIFICATE NUMBER: 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. ADDL SUBR IMBR LTR POLICY NUMBER LIMITS TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurre CLAIMS-MADE OCCUR MED EXP (Any one person) PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE PRO-POLICY PRODUCTS - COMP/OP AGG OTHER COMBINED SINGLE LIMIT (Fa accident) AUTOMOBILE LIABILITY OTUA YMA **BOOKLY INJURY (Per person)** SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per eccident)
PROPERTY DAMAGE
(Per eccident) HIRED ONLY MONSYNED 10.000,000 X UMBRELLA LIAB X OCCUR **EACH OCCURRENCE** 4/1/2019 10,000,000 084504285 4/1/2018 EXCESS UAB CLAIMS-MADE AGGREGATE Prod/Compl Ops 10,000,000 DED X RETENTIONS 10.000 PER STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY. ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below Professional Liab. DISEASE - POLICY LIMIT PCADB-5003798-0318 3/21/2018 3/21/2019 \$2,000,000 ea claim 2,000,000 12/13/2018 12/13/2019 Catastrophe Limit 14,792,325 Bullder's Risk CIM 5375366-10 C DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be strached if more space is required) RE: Pembroke Readiness Center and State Active Duty Annex. Builder's Risk Coverage: Additional Coverages SEE ATTACHED ACORD 101 CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE

ACORD 25 (2016/03)

State of New Hampshire

7 Hazen Drive Room 250

Concord, NH 03302

c/o Department of Administrative Services

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THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

LOC #: 1



## **ADDITIONAL REMARKS SCHEDULE**

Page	1	of	1
6-	•		

AGENCY Hickok & Boardman, Inc.		NAMED INSURED DEW Construction Corp. 277 Blair Park Road Suite 130	
POLICY NUMBER		Williston, VT 05495	
SEE PAGE 1		_!	
CARRIER	NAIC CODE		
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

**ADDITIONAL REMARKS** 

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

In-Transit Limit -\$1,000,000

Temporary Storage Limit-\$1,000000 Contract Change Order Coverage- \$250,000 Equipment Breakdown and testing- included

**Delay in Completion Coverage** 

Additional Construction Expenses- \$1,158,875 Additional Soft Costs 30 Day Limit-\$1,158,875

Sewer Back-up Coverage- \$250,000

Earth Movement- \$5,000,000 Deductible- \$25,000

Builder's Risk Named Insured's Include:

State of New Hampshire, Department of Administrative Services, Subcontractors and Sub-Subcontractors, ATIMA

# ACORD

## CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 01/09/2019

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(les) must have ADDITIONAL INSURED provisions or be endorsed. If Holder Identifier 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). CONTACT NAME: Aon Risk Services Central, Inc. PHONE (AC. No. Ext): (866) 283-7122 (800) 363-0105 FAX (AIC: No.): Chicago IL Office 200 East Randolph Chicago IL 60601 USA E-MAIL AODRESS: NAIC # INSURERIS) AFFORDING COVERAGE 39993 Colony Insurance Company INSURER A: INSUBIED State of New Hampshire c/o Dept. of Administrative Services 7 Hazen Drive, Concord NH 03302 USA INSI IDED A INSURER C: INSLINES OF INSURER E: INSURER F: REVISION NUMBER: CERTIFICATE NUMBER: 570074738643 COVERAGES 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.

Limits shown are as requested. Limits shown are as requested POUCY EFF POUCY EAP (MW/DOYYYY) (MW/DOYYYY) | 01/04/2019 | 06/30/2020 | EACH OCCURRENCE POLICY NUMBER TYPE OF INSURANCE 103GL002710200 CONDIERCIAL GENERAL LIABILITY DAMAGE TO RENTED PREMISES (En occurrence) Ownr&Cont Prot CLAIMS-MADE OCCUR MED EXP (Any one person) PERSONAL & ADV INJURY 570074738643 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER:
POLICY PROJECT LOC PRODUCTS - COMPANY AGG \$2,000,000 Fach Occurrence OTHER COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY Certificate No BODILY INJURY ( Per person) ANY AUTO BODILY INJURY (Per accident) **SCHEDULED** OWNED AUTOS PROPERTY DAMAGE AUTOS ONLY HIRED AUTOS NON-OWNED AUTOS ONLY (Per accident) EACH OCCURRENCE IMPRELIA LIAR OCCUR AGGREGATE EXCESS LIAB CLAIMS-MADE DED RETENTION PER STATUTE WORKERS COMPENSATION AND EMPLOYERS LIABILITY E L. EACH ACCIDENT ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICERAMEMBER EXCLUDED? E.L. DISEASE-EA EMPLOYEE OFFICERMENTS REACTORDY
(Mandatory in NPQ)
If yes, describe under
DESCRIPTION OF OPERATIONS below E.L. DISEASE-POUCY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Owner's and Contractor's Protective Liability (OCP) Coverage for the benefit of the State of New Hampshire Department of Administrative Services RE: Pembroke Readiness Center and State Active Duty Annex, #80858RC. Project Address: 4 Pembroke Road, Pembroke, New Hampshire 03275. Construct 27,700 SF Readiness Center and detached 9.100 SF training annex for NH Army National Guard Frame Construction. CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE State of New Hampshire c/o Dept. of Administrative Services 7 Hazen Drive, Room 250 Concord NH 03302 USA AUTHORIZED REPRESENTATIVE Dan Plish Services Control Inc

AGENCY CUSTOMER ID: 570000076853

LOC#:



AC	CORD	<b>ADDI</b>	TIC	NAL	<b>REMA</b>	RKS SCH	EDULE		Page _ of .
AGEN AON	cy Risk Services Centr	al, Inc.			,	NAMEDINSURED State of New 1	Hampshire		
POLIC	YNUMBER Certificate Number:		8643						
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	Certificate Number:	57007473	8643	<u></u>		EFFECTIVE DATE:			<u> </u>
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	GENERAL LIABILITY				_,				
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#### ESTILLWELL



## CERTIFICATE OF LIABILITY INSURANCE

12/21/2018

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.

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(MM/DD/YYYY) ADDL SUBR INSR L LIMITS POLICY NUMBER TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (En occurrence) OCCUR CLAIMS-MADE I MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: JECT LOC POLICY PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIMIT (Es accident) AUTOMOBILE LIABILITY ANY ALITO BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) NON-SYMED HIRED AUTOS ONLY UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE AGGREGATE DED RETENTION \$ PER STATUTE WORKERS COMPENSATION AND EMPLOYERS: LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) E.L. EACH ACCIDENT <u>E.L. DISEASE - EA EMPLOYEE</u> If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 14,792,325 12/13/2018 | 12/13/2019 | Catastrophe Limit Builder's Risk CIM 5375366-10 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 191, Additional Remarks Schedule, may be attached if more space is required) RE: Pembroke Readiness Center and State Active Duty Annex. Builder's Risk Coverage: Additional Coverages SEE ATTACHED ACORD 101 CANCELLATION **CERTIFICATE HOLDER** 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 c/o Department of Administrative Services 7 Hazen Drive Room 250 AUTHORIZED REPRESENTATIVE Concord, NH 03302

LOC #: 1



## **ADDITIONAL REMARKS SCHEDULE**

Page 1 of 1 .

AGENCY Hickok & Boardman, Inc.		NAMED INSURED State of New Hampshire c/o Department of Administrative Services
POLICY NUMBER		7 Hazen Drive Room 250 Concord, NH 03302
SEE PAGE 1		
CARRIER	NAIC CODE	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles: In-Transit Limit -\$1,000,000

Temporary Storage Limit-\$1,000000 Contract Change Order Coverage- \$250,000 Equipment Breakdown and testing- included

**Delay in Completion Coverage** 

Additional Construction Expenses- \$1,158,875 Additional Soft Costs 30 Day Limit-\$1,158,875

Sewer Back-up Coverage- \$250,000

Earth Movement- \$5,000,000 Deductible- \$25,000

Named Insured's Include:

State of New Hampshire, Department of Administrative Services, Subcontractors and Sub-Subcontractors, ATIMA