

Charles M. Arlinghaus Commissioner (603) 271-3201 State of New Hampshire 2:56 RCVD

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

Catherine A. Keane Deputy Commissioner

Sheri L. Rockburn Assistant Commissioner

Division of Public Works Design and Construction Project No. 81247R- Contract C

August 1, 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 Brookstone Builders, Inc. (VC #155834), 600 Harvey Rd, Manchester, New Hampshire 03103 for a total price not to exceed \$3,457,475, for ARPA –  $2^{nd}$  Rebid H&HS and DES Mechanical Replacements and Controls, Concord, New Hampshire. This contract is effective upon Governor and Council approval through November 1, 2024 unless extended in accordance with the contract terms. 63% Capital – State Funds, 37% Federal Funds.

2). Further authorize that a contingency in the amount of 500,000 be approved for unanticipated expenses for the ARPA – 2<sup>nd</sup> Rebid H&HS and DES Mechanical Replacements and Controls, bringing the total to 33,957,475. 100% Federal Funds.

3). Further authorize the amount of \$100,000 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 \$4,057,475. 100% Federal Funds.

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

| 01-14-14-140030-71870000 19-146:11IB8 – HHS and DES Mechanical |  |
|--|--|
| 034-500161– Capital Projects                                   |  |

\$ 994,573

01-14-14-146030-92780000 L21:11D2-HHS/DES Mech Rep & Control 034-500161 – Capital Projects

**1,173,600** 

| and the Honorable Council<br>Page 2 of 2               |       |           | · <del>/</del> |
|--|-------|-----------|----------------|
| 01-14-14-141510-24810000 ARP FRP DEF Maint HVAC Covid  | ` ' 、 |           | 1              |
| 048-500226 – Contractual Maint Build-Grn               | ·     | <u>\$</u> | 1,289,302      |
| Sub Total  |       | \$        | 3,457,475      |
| 01-14-14-141510-24810000 ARP FRP DEF Maint HVAC Covid  |       |           |                |
| 048-500226 – Contractual Maint Build-Grn - Contingency | 1     | \$        | 500,000        |
| 048-500226 - Contractual Maint Build-Grn - DPW Fees    |       | <u>\$</u> | 100,000        |
| Grand Total  |       | \$        | 4,057,475      |

#### **EXPLANATION**

Per Chapter 146:1, II, B, 8, Laws of 2019, HHS and DES Mechanical Replacements, as amended by Chapter 107:16, 9, Laws of 2021; and Chapter 107:1, I, D, 2, Laws of 2021, HHS/DES Mechanical Replacements and Controls. This project will remove and replace nineteen (19) Air Handling Units (AHU's) throughout the HHS/DES facility located on 29 Hazen Drive. Four (4) of the AHU's will be converted from steam to hot water heating by providing a new heat exchanger, trim and pumping system. The controls for all of the new AHU's will be replaced. Four (4) roof mounted condensing units will be replaced and the existing chilled water system will be extended to serve four (4) of the replacement AHU's.

The replacement of the 29 Hazen Drive Core Penthouse and Lower Level air handlers and affected ductwork is necessary to improve airflow reliability and quality. The ductwork internal insulation is deteriorating and blowing fibers into the workspace. The air handler components (coils) are failing with increased frequency, causing loss of heating and cooling.

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 along with the contract supplemental information sheet.

Respectfully submitted,

Charles M. Arlinghaus, Commissioner

| Department Estimate: | \$        | 3,600,000        |
|----------------------|-----------|------------------|
| Contract Amount:     | <u>\$</u> | <u>3,457,475</u> |
| Under Estimate:      | \$        | 142,525          |

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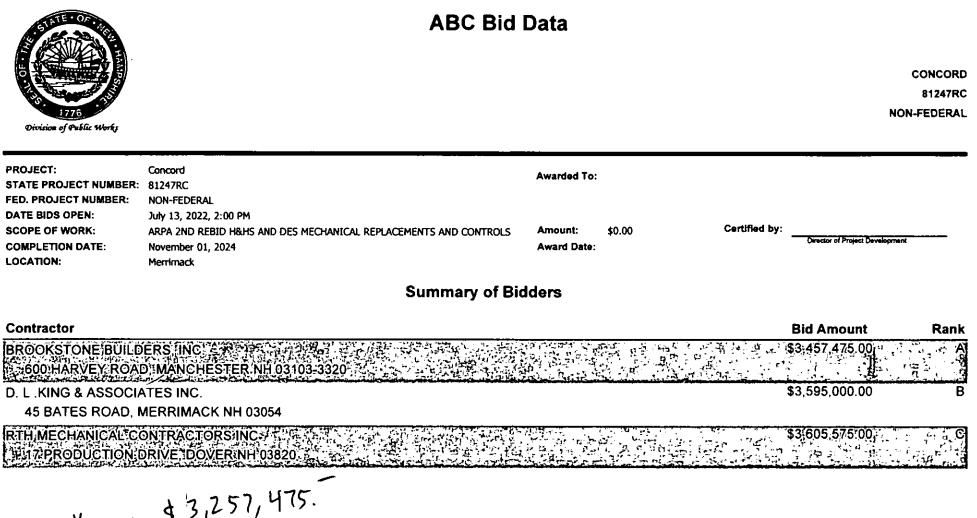
### CONTRACT SUPPLEMENTAL INFORMATION SHEET

- PROJECT: DPW Project No. 81247R, Contract C ARPA 2nd Rebid H&HS and DES Mechanical Replacements and Controls, Concord NH
- DESCRIPTION: This project will remove and replace nineteen (19) Air Handling Units (AHU's) throughout the facility. Four (4) of the AHU's will be converted from steam to hot water heating by providing a new heat exchanger, trim and pumping system. The controls for all the new AHU's will be replaced. Four (4) roof-mounted condensing units will be replaced and the existing chilled water system will be extended to serve four (4) of the replacement AHU's.
- EXPLANATION: The replacement of the 29 Hazen Drive Core Penthouse and Lower Level air handlers and affected ductwork is necessary to improve airflow reliability and quality. The ductwork internal insulation is deteriorating and blowing fibers into the workspace. The air handler components (coils) are failing with increased frequency, causing loss of heating and cooling.

### UNDER ESTIMATE

EXPLANATION: The bid was within 4% of the Department estimate and considered within industry standards.

| DEPARTMENT ESTIMATE: | \$        | 3,600.000 |
|----------------------|-----------|-----------|
| LOW BID:             | <u>\$</u> | 3,457,475 |
| UNDER ESTIMATE:      | \$        | 142,525   |



Item # 901: \$ 3,257,475. #902: \$ 200,000. Totul This Contract: \$ 3,457, 475.

| BUREAU OF                            | PUBLIC WORKS                                  | 0, ,        |
|--------------------------------------|---|-------------|
| Award to                             | · Brookstorie                                 | Blars, Inc. |
|                                      | Negotiation                                   |             |
| User Agency<br>Authorized by<br>Date | Contract<br>HDAS<br>22<br>07152022<br>C7:41An | <br><br>1   |

# **ABC Bid Data**



|                                  |  |   | CONCORD     |
|----------------------------------|--|---|-------------|
|                                  |  | ~ | 81247RC     |
| 1776<br>Division of Public Works |  |   | NON-FEDERAL |
|                                  |  |   |             |

|          |             |      |          |            | 9162  | 800 HAJ          | BROOKSTONE BUILDERS, INC.<br>500 HARVEY ROAD<br>MANCHESTER, INI 63163-3320 |            | NEBOCIATEB BIC.<br>TES ROAD<br>CK, NH 53054 |
|----------|-------------|------|----------|------------|-------|------------------|--|------------|---|
| Item No. | Description | Unit | Quantity | Unit Price | Total | Unit Price Total |  | Unit Price | Total                                       |

Items

| 901 | REMOVE AND REPLAE 19 AIR HANDLER UNITS AND<br>COMMISSIONING              | U  | 1.00         | \$3,400,000.00 | \$3,400,000.00 | \$3,257,475.00 | \$3,257,475.00 | \$3,395,000.00 | \$3,395,000.00 |
|-----|--|----|--------------|----------------|----------------|----------------|----------------|----------------|----------------|
| 902 | OWNDER'S CHANGES FOR UNKNOWN, LATENT OR<br>DIFFERING EXISTING CONDITIONS | \$ | 200,000.00   | \$1,00         | \$200,000.00   | \$1,00         | \$200,000.00   | \$1.00         | \$200,000,00   |
|     |  |    | Totais:      |                | \$3,600,000.00 |                | \$3,457,475.00 |                | \$3,595,000.00 |
|     |  |    | Alt, Totals: |                |                |                |                |                |                |
|     |  |    | Totals:      | · · · · ·      | \$3,600,000.00 |                | \$3,457,475.00 |                | \$3,595,000.00 |

### **ABC Bid Data**



Division of Public Works

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CONCORD

81247RC

NON-FEDERAL

|          |             |      |          | PSLE       |       | PS&E RTH MECHANICA<br>17 PROD<br>DOVE |       |            |       |
|----------|-------------|------|----------|------------|-------|---------------------------------------|-------|------------|-------|
| Item No. | Description | Unit | Quantity | Unit Price | Total | Unit Price                            | Total | Unit Price | Total |

Items

| 901 | REMOVE AND REPLAE 19 AIR HANDLER UNITS AND COMMISSIONING                 | U            | 1.00       | \$3,400,000.00 | \$3,400,000.00 | \$3,405,575.00 | \$3,405,575.00 |  |
|-----|--|--------------|------------|----------------|----------------|----------------|----------------|--|
| 902 | OWNDER'S CHANGES FOR UNKNOWN, LATENT OR<br>DIFFERING EXISTING CONDITIONS | 5            | 200,000.00 | \$1,00         | \$200,000.00   | \$1.00         | \$200,000.00   |  |
|     |  |              | Totais:    |                | \$3,600,000.00 |                | \$3,605,576.00 |  |
|     |  | Alt. Totals: |            |                |                |                |                |  |
|     |  | Totais:      |            |                | \$3,600,000,00 |                | \$3,605,575.00 |  |

## **PS&E** Comparison



CONCORD 81247RC NON-FEDERAL

| · · · · · |             |      |          | A-Bide     | der   | PS8        | lE    |                   |
|-----------|-------------|------|----------|------------|-------|------------|-------|-------------------|
| [A        | Denni-tion  | 11   | 0        |            |       |            |       |                   |
| Item No.  | Description | Unit | Quantity | Unit Price | Total | Unit Price | Total | A-PS&E Difference |

items

| 901 | REMOVE AND REPLAE 19 AIR HANDLER UNITS<br>AND<br>COMMISSIONING              | υ  | 1.00       | \$3,257,475.00 | \$3,257,475.00 | \$3,400,000.00 | \$3,400,000.00 | (\$142,525.00) |
|-----|---|----|------------|----------------|----------------|----------------|----------------|----------------|
| 902 | OWNDER'S CHANGES FOR UNKNOWN,<br>LATENT OR<br>DIFFERING EXISTING CONDITIONS | \$ | 200,000.00 | \$1.00         | \$200,000.00   | \$1.00         | \$200,000.00   | \$0.00         |

Total:

\$3,457,475.00

(\$142,525.00)

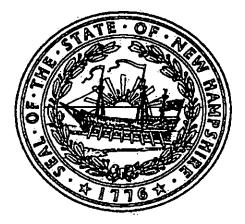
\$3,600,000.00

# State of New Hampshire Department of State

### CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that BROOKSTONE BUILDERS, INC. is a New Hampshire Profit Corporation registered to transact business in New Hampshire on August 09, 1984. 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: 78746 Certificate Number: 0005744793



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 1st day of April A.D. 2022.

William M. Gardner Secretary of State

#### **Corporate Resolution**

I, Albert A. Scales \_\_\_\_\_, hereby certify that I am a duly elected Clerk/Secretary/Office of a vote taken at a meeting of the Board of Directors/Shareholders, duly called and held on July 15, 2022 , at which a quorum of the Directors/Shareholders were present and voting.

VOTED: That: Paula L. Scales, President is duly authorized to enter into contracts or agreements on behalf of Brookstone Builders, Inc.

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

I hereby certify that said vote has been amended or repealed and remains in full force and effect as of the date of this 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.

Japan DATED: July 15, 2022 ATTEST:

| ACORD |
|-------|
|       |

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| A           | ACORD <sup>®</sup> CERTIFICATE OF LIABILITY INSURANCE   |                |                    |  |  |  |               | DATE (MM/DD/YYYY)                               |                       |                 |  |
|-------------|---|----------------|--------------------|--|--|--|---------------|---|-----------------------|-----------------|--|
| _           |   |                |                    |  |  |  |               |   | 7/18/2022             |                 |  |
|             | THIS CERTIFICATE IS ISSUED AS A<br>CERTIFICATE DOES NOT AFFIRMAT<br>BELOW. THIS CERTIFICATE OF INS<br>REPRESENTATIVE OR PRODUCER, | URAN           | CED                | DES NOT CONSTITUTE A                   |  | AITED THE                              | COVEDACE      | AFFORDED BY THE DO                              |                       |                 |  |
|             | IMPORTANT: If the certificate holder  | is an          | ADDI               | TIONAL INSURED the pol                 | licy(ios)  | must be and                            |               |   |                       |                 |  |
|             | the terms and conditions of the polic<br>certificate holder in lieu of such end   | Y. LUT         |                    | ulicies may regivire an end            | dorseme  | nt. A statem                           | ent on this c | ertificate does not confe                       | , subjer<br>er righti | st to<br>to the |  |
|             | ODUCER  |                |                    |  | CONTA  | CT Renee 5                             | Skillings     |   | · · · · ·             | ····            |  |
| TH          | E ROWLEY AGENCY INC.  |                |                    |  | NAME:<br>PHONE   | 1602                                   | 224-2562      | FAX   |                       |                 |  |
| 45          | Constitution Avenue   |                |                    |  | E-MAIL   |  |               | yagency.com                                     | (603)2                | 24-8012         |  |
| ₽.          | 0. Box 511  |                |                    |  | ADDRE  | <u>88: 1561111</u>                     | Ingserowie    | yagency.com                                     |                       |                 |  |
| l co        | ncord NH  | 3302           | -051               | 1                                      | ļ  | NAIC #                                 |               |   |                       |                 |  |
| INS         | URED  |                | 0.01               | ·                                      | INSURE   | 21784                                  |               |   |                       |                 |  |
| Br          | ookstone Builders Inc.  |                |                    |  |  |  | Insurance     |   |                       | 31325           |  |
| Ι.          | 0 Harvey Road   |                |                    |  | INSURE   | RC:Colony                              | Insurance     | e Company                                       |                       |                 |  |
| ľĩ          | · marvey koau   |                |                    |  | INSURE   | RD:                                    |               |   |                       |                 |  |
| INSURER E : |   |                |                    |  |  |  |               |   |                       |                 |  |
| L           |   | 3103           |                    | ······································ | INSURE   | <u>RF:</u>                             |               |   |                       | 1               |  |
|             | VERAGES C   | RTIF           | ICATI              | E NUMBER: 22-23 A11                    | Lines  |  |               | <b>REVISION NUMBER:</b>                         | ·                     |                 |  |
|             | HIS IS TO CERTIFY THAT THE POLICIES   | OF INS         |                    | ICE LISTED BELOW HAVE BE               | EN ISSU  | ED TO THE IN                           | SURED NAME    | DABOVE FOR THE POLICY                           | PERIO                 | 0               |  |
| Ö           | ERTIFICATE MAY BE ISSUED OR MAY P   | RTAIN          | MENI,<br>I THE     | INSURANCE AFEORDED BY                  |  | RACT OR OT                             | HER DOCUME    |   |                       | S               |  |
|             |   | FOLI           | JICO, L            | TWITS SHOWN MAT HAVE BE                | EEN RED  | UCED BY PAIL                           | CLAIMS.       | S SUBJECT TO ALL THE TE                         | KMS,                  |                 |  |
| INSR<br>LTR | TYPE OF INSURANCE   | ADC            | n isuar<br>D i wyd | <u> </u>                               |  | POLICY EFF<br>(MM/DD/YYYY)             | POLICY FYP    | LIMI  | 78                    |                 |  |
|             | X COMMERCIAL GENERAL LIABILITY  | Τ              |                    |  |  |  |               | EACH OCCURRENCE                                 | Ť T                   | 1,000,000       |  |
| λ           | CLAIMS-MADE X OCCUR   | Í              | 1                  |  |  |  |               | DAMAGE TO RENTED                                | 5                     |                 |  |
|             | X Contractual per CG0001  |                |                    | CPA5071222-19                          | 1/1/20   | 1/1/2022                               | 1/1/2023      | PREMISES (Ea occurrence)                        | \$                    | 300,000         |  |
|             |   | - ·            |                    |  |  |  |               | MED EXP (Any one person)                        | \$                    | 10,000          |  |
|             | GEN'L AGGREGATE LIMIT APPLIES PER:  | -              |                    |  |  |  |               | PERSONAL & ADV INJURY                           | 5                     | 1,000,000       |  |
|             | POLICY X PRO- X LOC   |                |                    |  |  |  |               | GENERALAGGREGATE                                | 5                     | 2,000,000       |  |
|             | OTHER:  |                |                    |  |  |  |               | PRODUCTS - COMP/OP AGG                          | 5                     | 2,000,000       |  |
|             |   | -+             | +                  |  |  | 1/1/2022                               | 1/1/2023      | COMBINED SINGLE LIMIT                           | \$                    |                 |  |
|             | X ANY AUTO  |                |                    |  |  |  |               | (Ea accident)                                   | 5                     | 1,000,000       |  |
| A           | ALL OWNED SCHEDULED   |                |                    | C115071223 10                          |  |  |               | BODILY INJURY (Per person)                      | 5                     |                 |  |
|             | AUTOS AUTOS NON-OWNED   | ·              |                    | CAA5071223-19                          |  |  |               | BODILY INJURY (Per accident)<br>PROPERTY DAMAGE | \$                    |                 |  |
|             | HIREDAUTOS AUTOS  | 1              |                    |  |  |  |               | (Per accident)                                  | 5                     |                 |  |
|             | X UMBRELLALIAB X OCCUP  |                |                    |  |  |  |               |   | \$                    |                 |  |
|             |   |                |                    |  | 1/1/2022   | 1/1/2022                               | 1/1/2023      | EACH OCCURRENCE                                 | \$                    | 10,000,000      |  |
| B           |   | 틱              |                    | CUA5071225-19                          |  |  |               | AGGREGATE                                       | 5                     | 10,000,000      |  |
| -           |   | <u> </u>       |                    |  |  |  |               | PRODUCOMP OPS AGGREGATE                         | 5                     | 10,000,000      |  |
|             | AND EMPLOYERS' LIABILITY  | . I.           |                    |  |  |  | 1/1/2023      | X PER OTH-<br>STATUTE ER                        |                       |                 |  |
|             | OFFICER/MEMBER EXCLUDED?  |                |                    | 3A STATES: NH/MA/HE                    |  |  |               | E.L. EACH ACCIDENT                              | \$                    | 1,000,000       |  |
| A           | (Mandatory in NH)<br>If yes, describe under   | -1             |                    | WPA5071226-19                          |  | 1/1/2022                               |               | E.L. DISEASE - EA EMPLOYEE                      | \$                    | 1,000,000       |  |
|             | DESCRIPTION OF OPERATIONS below   |                | $\square$          |  |  |  |               |   | \$                    | 1,000,000       |  |
| A           | LEASED/RENTED EQUIPMENT   |                |                    | CPA5071222-19                          | T  | 1/1/2022                               | 1/1/2023      |   |                       |                 |  |
| c           | POLLUTION/PROFESSIONAL LIAB   | í              |                    | SEE ATTACHED                           | ł  |  |               |   |                       | 300,000         |  |
|             |   |                |                    |  |  |  |               |   |                       | 1               |  |
| JESC<br>Ro  | RIPTION OF OPERATIONS / LOCATIONS / VEHICL  | ES (AC         | ORD 10             | 1, Additional Remarks Schedule, mi     | ay be attaci   | hed if more space                      | is required)  |   |                       |                 |  |
| The         | ARPA HiHS and DES Mechanic<br>State of New Hampshire, it  | 1 806<br>1 806 | prac               | ements and Controls                    | s, Conc  | ord, NH,                               | #81247RC      |   |                       |                 |  |
| ces)        | pect to General Liability f   | or or          | goin               | o operations perfor                    | med by   | or on be                               | balf of B     | nai insureds with<br>rockstone Buildere         |                       |                 |  |
| Inc         | . when required in a writte   | n cor          | trac               | et.                                    |  |  |               | Lookacone Sdiideis                              | •                     |                 |  |
|             |   |                |                    |  |  |  |               |   |                       |                 |  |
|             |   |                |                    |  |  |  |               |   |                       |                 |  |
|             |   |                |                    |  |  | •                                      |               |   |                       |                 |  |
| ER          | TIFICATE HOLDER   |                |                    |  | CANCE  |  |               |   |                       |                 |  |
|             | Phyll   | is.C           | . Jou              | velakas@dot.nh.g                       |  |  | <u> </u>      |   |                       | 1               |  |
|             |   | -              |                    |  | SHOU   | DANY OF TH                             | E ABOVE DES   | CRIBED POLICIES BE CANO                         | ELLED                 | BEFORF          |  |
|             | State of New Hampshire  |                |                    |  | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN |  |               |   |                       |                 |  |
|             | Department of Administr   | ativ           | e Se               | rvices                                 | ACCO   | ACCORDANCE WITH THE POLICY PROVISIONS. |               |   |                       |                 |  |
|             | 7 Hazen Drive   |                |                    |  |  |  |               |   |                       |                 |  |
|             | Room 250  |                |                    |  | AUTHORIZED REPRESENTATIVE  |  |               |   |                       |                 |  |

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Renee Skillings/RLS

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Concord, NH 03301

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### COMMENTS/REMARKS

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POLLUTION/PROFESSIONAL LIABILITY Carrier: C Eff: 10/01/2021 - 10/01/2022 POLICY AGGREGATE: \$2,000,000 EACH POLLUTION CONDITION: \$1,000,000 Deductible: \$10,000 PROFESSIONAL LIABILITY: \$1,000,000 (Claims Made - 10/1/2015 Retro Date) Deductible: \$10,000

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### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

L

| _ (  | _   |   | U                   |          |         |                                    |   |                             |                            |  | .07     | /21/2022 |  |
|--|---|---|---------------------|----------|---------|------------------------------------|---|-----------------------------|----------------------------|--|---------|----------|--|
| THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS<br>CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES<br>BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED<br>REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.   |   |   |                     |          |         |                                    |   |                             |                            |  |         |          |  |
| lf s   | IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed.<br>If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on<br>this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). |   |                     |          |         |                                    |   |                             |                            |  |         |          |  |
| PROD   |   |   |                     |          |         |                                    | CONTA                                   |                             | tillings                   |  |         |          |  |
| THE  | RO  | WLEY AGENCY INC.                          |                     |          |         |                                    | RHONE (802) 004 0580 FAX (802) 224 8012 |                             |                            |  |         |          |  |
| 45 C   | ons   | titution Avenue                           |                     |          |         |                                    | ADORE                                   | ss: rskillings(             | growleyagency              |  | •       |          |  |
| P.O.   | Box   | c 511                                     |                     |          |         |                                    |   |                             | SURER(S) AFFOR             | IDING COVERAGE   |         | NAIC #   |  |
| Cone   | cord  | ł   |                     |          |         | NH 03302-0511                      | INSURE                                  | Acadia I                    | surance Com                |  |         | 31325    |  |
| INSUF  | ₹Đ  | -   |                     |          |         |                                    | INSURE                                  |                             |                            |  |         |          |  |
|  |   | State of NH D                             | ept of Admin Svcs   | (OW      | NER)    |                                    | INSURE                                  |                             |                            |  |         |          |  |
|  |   | c/o Brookston                             | e Builders, Inc. (C | ONTF     | ACTO    | OR)                                | INSURE                                  | RD:                         |                            | <u></u>  |         |          |  |
|  |   | 600 Harvey R                              | oad                 |          |         |                                    | INSURE                                  | RE:                         |                            |  |         |          |  |
|  |   | Manchester                                |                     |          |         | NH 03103                           | INSURE                                  | R.F :                       |                            |  |         |          |  |
|  |   | AGES                                      |                     |          | _       | NUMBER: OCP ARPA-81                |   |                             |                            | 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<br>INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS<br>CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,<br>EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. |   |   |                     |          |         |                                    |   |                             |                            |  |         |          |  |
| INSR<br>LTR  |   | TYPE OF INSUF                             |                     | ADDL     | SUBR    |                                    |   | POLICY EFF<br>(MIM/DD/YYYY) | POLICY EXP<br>(MM/DO/YYYY) | LIN  | TŚ      |          |  |
|  |   | COMMERCIAL GENERA                         |                     | ·        |         |                                    |   |                             |                            | EACH OCCURRENCE  | \$ 2,00 | 0,000    |  |
|  |   |   |                     |          |         |                                    |   |                             |                            | DAMAGE TO RENTED<br>PREMISES (En occurrence)                       | \$      |          |  |
| [  | ×   | Owners & Contracto                        | ors Protective      |          |         |                                    |   |                             |                            | MED EXP (Any one person)   | 8       |          |  |
| ^ [  |   |   |                     |          |         | OCP08172022                        | 0                                       | 08/17/2022                  | 11/01/2024                 | PERSONAL & ADV INJURY  |         |          |  |
| ļ  | GEM   | NLAGGREGATE LIMIT AP                      | PLIES PER:          | ļ        |         |                                    |   |                             |                            | GENERALAGGREGATE   | \$ 3,00 | 0,000    |  |
|  |   | POLICY PRO-<br>JECT                       | LOC                 |          |         |                                    |   |                             |                            | PRODUCTS - COMP/OP AGG   | 3       |          |  |
|  |   | OTHER:                                    |                     | <u> </u> |         | -                                  |   |                             |                            | COMBINED SINGLE LIMIT  | 8       |          |  |
| ŀ  | AUI   | ANY AUTO                                  |                     |          |         |                                    |   |                             |                            | (Ea socident)<br>BODILY INJURY (Per person)                        | 5       |          |  |
|  |   | OWNED                                     | ) SCHEDULED         |          |         |                                    |   |                             |                            | BODILY INJURY (Per accident)                                       |         |          |  |
| ŀ  |   | AUTOS ONLY                                | NON-OWNED           |          | 1       |                                    |   |                             |                            | PROPERTY DAMAGE  | 5       | · · ·    |  |
| ł  |   | AUTOS ONLY                                | AUTOS ONLY          |          |         |                                    |   |                             |                            | (Per accident)   | \$      |          |  |
|  |   | UNBRELLA LIAB                             |                     |          |         | ···                                |   |                             |                            | EACH OCCURRENCE  | 5       |          |  |
|  |   | EXCESS LIAB                               | CLAINS-MADE         |          |         |                                    |   |                             |                            | AGGREGATE  | \$      |          |  |
| [  |   | DED RETENTIO                              | ж <b>s</b>          |          |         |                                    |   |                             |                            |  | \$      |          |  |
|  |   | KERS COMPENSATION<br>EMPLOYERS' LIABILITY | Y/N                 |          |         |                                    |   |                             |                            | PER OTH-<br>STATUTE ER   | ļ       |          |  |
|  | ANY   | PROPRIETOR/PARTNER/                       | EXECUTIVE           | N/A      |         |                                    |   |                             |                            | E.L. EACH ACCIDENT   | \$      |          |  |
| (Mandatory in NH)  |   |   |                     |          |         |                                    |   |                             | E.L. DISEASE - EA EMPLOYEE |  |         |          |  |
|  | DÉS   | CRIPTION OF OPERATION                     | NS below            |          |         |                                    |   |                             |                            | E.L. DISEASE - POLICY LIMIT  | \$      |          |  |
|  |   |   |                     |          |         |                                    |   |                             |                            |  |         |          |  |
| DESCI  | RIPT  | ION OF OPERATIONS / LI                    | OCATIONS / VEHICLE  | LS (AC   | ORD 1   | 01, Additional Remarks Schedule, I | may be at                               | tached if more sp           | ace is required}           |  |         | {        |  |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 191, Additional Remarks Schedule, may be attached if more space is required)<br>ARPA-2nd Rebid H&HS & DES Mechanical Replacements & Controls (Contract C) (81247R)   |   |   |                     |          |         |                                    |   |                             |                            |  |         |          |  |
|  |   |   |                     |          |         |                                    |   |                             |                            | •  |         |          |  |
|  |   |   |                     |          |         |                                    |   |                             |                            |  |         |          |  |
|  |   |   |                     |          |         |                                    |   |                             |                            |  |         |          |  |
| CERTIFICATE HOLDER CANCELLATION  |   |   |                     |          |         |                                    |   |                             |                            |  |         |          |  |
|  |   |   |                     |          |         |                                    |   |                             |                            |  |         |          |  |
|  |   | State of New F                            | Hampshire Dept of   | Admi     | inistra | tive Services                      | THE                                     |                             | ATE THEREOF                | SCRIBED POLICIES BE CA<br>, NOTICE WILL BE DELIVE<br>, PROVISIONS. |         | BEFORE   |  |
|  |   | 7 Hazen Dr.                               |                     |          |         |                                    | A117140                                 | NZED REPRESEN               |                            |  |         |          |  |
|  |   | Room 250                                  |                     |          |         |                                    | AUTINU                                  | VLEU REPRESEN               |                            | ODLM: ADV  | ,       |          |  |
|  | Concord NH 03301  |   |                     |          |         |                                    |   | Rence & Stellings, CRIS     |                            |  |         |          |  |

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| Ą  | ć  | ORD                  | CEF                        | RTIFICATE OF PRO                      | OPERTY   | INSURA                                       | NCE                                   |            | (MM/DD/YYYY) |  |  |  |  |
|--|--|----------------------|----------------------------|---------------------------------------|--|--|---------------------------------------|------------|--------------|--|--|--|--|
| THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS<br>CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES<br>BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED<br>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 CONTACT Rense Skillings   |  |                      |                            |                                       |  |  |                                       |            |              |  |  |  |  |
|  |  | WLEY AGENC           |                            |                                       | PHONE (603) 224-2562 FAX (603) 234-8012 (AIC, No): (603) 234-8012    |  |                                       |            |              |  |  |  |  |
|  |  | stitution<br>iox 511 | Avenue                     |                                       | E-MAIL AODRESS; ISK:   | illings@rowley                               | agency.com                            |            |              |  |  |  |  |
| Con  |  |                      | NH                         | 03302-0511                            | EVSTOMER ID:   | 00006540                                     |                                       | -          | <u> </u>     |  |  |  |  |
| INSURER(S) AFFORDING COVERAGE NAIC &   |  |                      |                            |                                       |  |  |                                       |            |              |  |  |  |  |
| INSU   |  |                      |                            | and a strength of bands for           | INSURER A ; ACE  | INSURERA; Acadia Insurance Company           |                                       |            |              |  |  |  |  |
|  |  |                      |                            | tate of NH Dept of Admin Svc          |  |  |                                       |            | · ··-        |  |  |  |  |
|  |  |                      | and all och                | hers employed on the premises         | INSURER C ;  | <u>.</u>                                     | <u> </u>                              |            |              |  |  |  |  |
| ľ  |  | rvey Road<br>ster    | NH                         | 03103                                 | INSURER D :  |  | <u> </u>                              | -          | <u>  ·</u>   |  |  |  |  |
| Rai  | Cne  | BLWI                 | All                        | 03203                                 | INSURER E :  | <u></u> .                                    |                                       | _          |              |  |  |  |  |
|  |  |                      | ·                          | ACATC NUMBER AND                      | INSURER F:   | <u> </u>                                     | REVISION NUMBER:                      |            | <u> </u>     |  |  |  |  |
|  | COVERAGES CERTIFICATE NUMBER: BR-ARPA- 81247RC REVISION NUMBER:   LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 191, Additional Remarks Schedule, If more space is required) REVISION NUMBER:   |                      |                            |                                       |  |  |                                       |            |              |  |  |  |  |
|  | LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 191, Additional Remarks Schedule, If more space is required)<br>Loc#: 00001/Bldg#: 00001, 29 Haxen Dr, Concord, NH, 03301<br>THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD<br>INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS<br>CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,<br>EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. |                      |                            |                                       |  |  |                                       |            |              |  |  |  |  |
| INSR   |  |                      |                            | POLICY NUMBER                         | POLICY EFFECTIVE   | POLICY EXPIRATION                            | COVERED PROPERTY                      |            | LIMITS       |  |  |  |  |
| LTR  |  | TYPE OF INI          |                            | POCKTWORBER                           | DATE (MM/DD/YYYY)  | DATE (MM/DO/YYYY)                            | BUILDING                              |            | <u> </u>     |  |  |  |  |
|  |  | PROPERTY             |                            |                                       |  |  | PERSONAL PROPERTY                     | \$         | <u> </u>     |  |  |  |  |
|  | CAL  | JSES OF LOSS         | DEDUCTIBLES<br>BUILDING    | 4                                     |  |  | BUSINESS INCOME                       | 5          |              |  |  |  |  |
|  |  | BASIC                | BUILLANG .                 |                                       |  |  | EXTRA EXPENSE                         | \$         |              |  |  |  |  |
| 1  |  | BROAD                | CONTENTS                   | 1                                     |  |  | RENTAL VALUE                          | <b>s</b> ' |              |  |  |  |  |
|  |  | SPECIAL              |                            | 4 1                                   | 1  | }  | BLANKET BUILDING                      | \$         |              |  |  |  |  |
|  |  | EARTHOUAKE           | <b></b>                    | -                                     |  | 1  | BLANKET PERS PROP                     | •          | <u></u>      |  |  |  |  |
|  |  | WND                  |                            | -                                     |  |  | BLANKET BLDG & PP                     | \$         |              |  |  |  |  |
|  | <u> </u>   | FL000                |                            | - · · · ·                             |  |  |                                       | \$         |              |  |  |  |  |
|  |  |                      | <b> </b>                   | -                                     |  |  | }1                                    | \$         |              |  |  |  |  |
| ŀ  | - <u>-</u> -   |                      |                            |                                       | ~  |  | X Builders Risk-Project Cost          | \$         | 3.457.47     |  |  |  |  |
| <b>^</b>   | -  | INLAND MARINE        |                            | Builders Risk                         |  |  | Temporary Storage                     | \$         | 500,00       |  |  |  |  |
|  |  | NAMED PERILS         |                            | POLICY NUMBER                         |  |  | X in Transit                          | \$         | 500,000      |  |  |  |  |
|  | x  | Special form         |                            | BR08172022                            | 8/17/2022  | 11/1/2024                                    | X Welver of Subregation               | \$         | INCLUDE      |  |  |  |  |
| —  | <b>^</b>   | CRUME                | <u>_</u>                   | · · · · · · · · · · · · · · · · · · · |  |  | · · · · · · · · · · · · · · · · · · · | \$         |              |  |  |  |  |
|  |  |                      |                            |                                       |  |  |                                       | \$         |              |  |  |  |  |
| l  | '''  |                      |                            |                                       |  |  |                                       | \$         |              |  |  |  |  |
|  | <u> </u>   | BOBLER & MACH        |                            |                                       |  | [  |                                       | \$         |              |  |  |  |  |
|  | <u> </u>   | EQUIPMENT BRE        | EAKDOWN                    |                                       |  |  | <u> _</u>                             | \$         |              |  |  |  |  |
|  |  |                      |                            |                                       |  |  | Ц                                     | \$         |              |  |  |  |  |
| L  |  |                      |                            |                                       |  | <u>                                     </u> | <u> </u>                              | \$         |              |  |  |  |  |
| SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, & more space is required)<br>ARPA-2nd Rebid H&HS & DES Mechanical Replacements & Controls (Contract C) (81247R)   |  |                      |                            |                                       |  |  |                                       |            |              |  |  |  |  |
| <u>ب</u>   |  |                      | FR                         |                                       | CANCELLAT  | 10N  | <u></u>                               |            |              |  |  |  |  |
|  | s  | tate of N            | lew Hampshi<br>Iministrati |                                       | ESCRIBED POLICIES BE C/<br>F, NOTICE WILL BE DELIVE<br>Y PROVISIONS. | INCELLE<br>ERED IN                           | D BEFORE                              |            |              |  |  |  |  |
|  | F  | loom 250             | :.<br>ЛН 03301.            |                                       | Renee Skil   | Rence Skillings/RLS Rence & Skillings, CRIS  |                                       |            |              |  |  |  |  |
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