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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

Division of Public Works
Design and Construction
Project No. 80875 – Contract E

July 25, 2018

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 Ray's Electric and General Contracting, Inc., (VC# 154714) Berlin, NH, for a total price not to exceed \$1,335,000, for the Umbagog New Bathhouse, Cambridge, NH. This contract is effective upon Governor and Council approval through June 19, 2019, unless extended in accordance with the contract terms. **67% General – Capital Funds, 33% Other Funds.**
- 2). Further authorize the amount of \$83,000 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC# 177875), for engineering services provided, bringing the total to \$1,418,000. **100% Other Funds.**
- 3). Further authorize, pursuant to RSA 19-A:9, II, the transfer of \$7,000 to the State Art Fund, within the Department of Cultural Resources. This transfer is for the purchase of art for the Umbagog New Bathhouse, Cambridge, NH. Appropriation Account No. **01-035-035-353510-41000000-406342. 100% Other Funds.**

Funding is available in account titled Department of Resources and Economic Development as follows:

03-35-35-350030-52860000 Toilet Building Renovation and Repair	<u>SFY19</u>
034-500161 – New Construction	\$ 463,600
03-35-35-350030-1719000 Roofing & Repair of DRED Buildings Statewide	
034-500161 – New Construction	\$ 307,730

03-35-35-350010-37200000 Contractual Maintenance
Building & Grounds

048-500226 – Contract Repairs/ Building and Grounds	\$ 434,975
048-500226– Interagency Fees – DPW (PM)	83,000
034-500226 – Transfer to Natural & Cultural Resources	<u>\$ 7,000</u>
Sub-total	\$ 524,975

03-35-35-350030-52840000 Roofing & Repairs

034-500161 – New Construction	\$ 80,871
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03-35-35-350030-79580000 State Park Improvements

034-500161 – New Construction	<u>\$ 47,824</u>
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Grand Total **\$1,425,000**

EXPLANATION

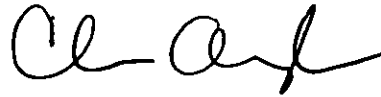
Per Chapter 220:1, XIII, C, I, Laws of 2015, as extended by Chapter 228:22, 105, Laws of 2017 for the Toilet Building Renovation and Repair and Chapter 228:1, XVIII, B, Roofing and Repair of DRED Buildings Statewide, Chapter 220:1, XIII, A, Laws of 2015, as extended by Chapter 228:22, 103 for Roofing and Repairs, Chapter 195:XIII, A, as extended by Chapter 220:23, 87, Laws of 2015, further extended by Chapter 228:22, 106 for State Park Improvements. The project consists of constructing a new bathhouse and some site work. The building is approximately 1,422 square feet, and will have wrap around porches to the building. The basement will be a full, unfinished space, and will be open to walkout on two sides. Site work includes 10 new parking spaces and a new RV dump station.

The contractor has been pre-qualified by the Department of Transportation. The contract has been approved by the Department of Justice as to form and execution, and the Department of Natural and Cultural Resources 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.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
July 25, 2018
Page 3 of 3

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:	\$ 995,000
Contract Amount:	<u>\$1,335,000</u>
Over Estimate:	\$ 340,000

ABC Bid Data



CAMBRIDGE
80875E
NON-FEDERAL

PROJECT: CAMBRIDGE
STATE PROJECT NUMBER: 80875E
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: June 20, 2018, 02:00 PM
SCOPE OF WORK: UMBAGOG NEW BATHHOUSE
COMPLETION DATE: June 19, 2019
LOCATION: Coos

Certified by: Theodore Kupper, Administrator

Summary of Bidders

Contractor	Bid Amount	Rank
RAY'S ELECTRIC, & GENERAL CONTRACTING INC 33 JERICO ROAD, PO BOX 597, BERLIN NH 03570	\$1,335,000.00	A
HEBERT, DANIEL INC. 12 PLEASANT ST., COLEBROOK NH 03576	\$1,360,912.00	B
BUCK, T. CONSTRUCTION, INC. 302B AUBURN ROAD, TURNER ME 04282	\$1,983,820.00	C

901 = \$ 1,260,000.-
 902 = \$ 75,000.-

 Total = \$ 1,335,000.-

BUREAU OF PUBLIC WORKS

Award to Ray's Electric & G.C., Inc.
 Hold for Negotiation
 Cancel Contract
 User Agency NH NCR
 Authorized by [Signature]
 Date 07/06/2018

Item No.	Description	Unit	Quantity	PS&E		RAY'S ELECTRIC, & GENERAL CONTRACTING INC 33 JERICO ROAD BERLIN, NH 03570		HEBERT, DANIEL INC. 12 PLEASANT ST. COLEBROOK, NH 03576	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items

901	UMBAGOG NEW BATHHOUSE PROJECT PER PLANS AND SPECIFICATIONS	U	1.00	\$920,000.00	\$920,000.00	\$1,260,000.00	\$1,260,000.00	\$1,285,912.00	\$1,285,912.00
902	ALLOWANCE FOR ADDITIONS AND MODIFICATIONS TO THE CONTRACT	\$	75,000.00	\$1.00	\$75,000.00	\$1.00	\$75,000.00	\$1.00	\$75,000.00
Totals:					\$995,000.00		\$1,335,000.00		\$1,360,912.00
Alt. Totals:									
Totals:					\$995,000.00		\$1,335,000.00		\$1,360,912.00

Item No.	Description	Unit	Quantity	PS&E		BUCK, T. CONSTRUCTION, INC. 302B AUBURN ROAD TURNER, ME 04282	
				Unit Price	Total	Unit Price	Total

901	UMBAGOG NEW BATHHOUSE PROJECT PER PLANS AND SPECIFICATIONS	U	1.00	\$920,000.00	\$920,000.00	\$1,908,820.00	\$1,908,820.00
902	ALLOWANCE FOR ADDITIONS AND MODIFICATIONS TO THE CONTRACT	\$	75,000.00	\$1.00	\$75,000.00	\$1.00	\$75,000.00

Totals:				\$995,000.00		\$1,983,820.00	
Alt. Totals:							
Totals:				\$995,000.00		\$1,983,820.00	

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 80875, Contract E – Umbagog New Bathhouse, Cambridge, New Hampshire.

DESCRIPTION: The project consists of constructing a new bathhouse, and some site work. The building is approximately 1,422 square feet, and will have wrap around porches to the building. The basement will be a full, unfinished space, and will be open to walkout on two sides. Site work includes 10 new parking spaces and a new RV dump station.

EXPLANATION: The existing toilet and shower buildings are in need of replacement. The new bathhouse will combine the two buildings into one and will provide extra amenities in addition to toilets and showers, such as a family room, laundry room and a new pot washing station.

OVER ESTIMATE

EXPLANATION: The reason for the low bid being higher than the DPW estimate is due to the remote location of Umbagog Campground and the overall rising costs within the industry for building material and labor.

DEPARTMENT

ESTIMATE: \$ 995,000
LOW BID: \$1,335,000



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/19/2018

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Rachel Giunta PHONE (A/C No. Ext): (603) 224-2562 FAX (A/C No): (603) 224-8012 E-MAIL ADDRESS: rgiunta@rowleyagency.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Cincinnati Ins</td> <td></td> </tr> <tr> <td>INSURER B: Eastern Alliance Insurance Group</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Cincinnati Ins		INSURER B: Eastern Alliance Insurance Group		INSURER C:		INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #													
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INSURER D:														
INSURER E:														
INSURER F:														
INSURED Ray's Electric and General Contracting, Inc. P.O. Box 597 Berlin NH 03570-0597														

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJEC <input type="checkbox"/> LOC OTHER:			EPP0193760	5/14/2018	5/14/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOP AGG \$ 2,000,000 Employee Benefits Liability \$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			EBA0386629	5/14/2018	5/14/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Underinsured motorist \$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			EPP0193760	5/14/2018	5/14/2019	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ \$2,000,000 Completed Ops Aggregate \$ \$2,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	3A States: NH 01-0000116962-00	5/14/2018	5/14/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Inland Marine (C)			EPP0193760	5/14/2018	5/14/2019	Motor Truck Cargo \$5,000 Single Conveyance

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 80875, Contract E-Umbagog New Bathhouse. When required by written contract, The State of New Hampshire, its agencies, and its agents and employees shall be named as additional insureds as respects general liability.

CERTIFICATE HOLDER**CANCELLATION**

State of New Hampshire c/o Department of Administrative Services 7 Hazen Drive, Room 250 Concord, NH 03302	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Rachel Giunta/RG <i>Rachel A Giunta</i>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/19/2018

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PRODUCER THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Rachel Giunta PHONE (A/C, No, Ext): (603) 224-2562 FAX (A/C, No): (603) 224-8012 E-MAIL ADDRESS: rgiunta@rowleyagency.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED State of New Hampshire Department of Admin Services c/o Ray's Electric and General Contracting P.O. Box 597 Berlin NH 03570-0597	INSURER A: Cincinnati Ins	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** Umbagog Bathhouse **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners & Contractors		OCP06202018	7/20/2018	7/20/2019	EACH OCCURRENCE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					DAMAGE TO RENTED PREMISES (Ea occurrence) \$
						MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
			GENERAL AGGREGATE \$ 3,000,000			
			PRODUCTS - COMPAOP AGG \$			
			\$			
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 80875, Contract E-Umbagog New Bathhouse-

CERTIFICATE HOLDER State of New Hampshire c/o Department of Administrative Services 7 Hazen Drive, Room 250 Concord, NH 03302	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Rachel Giunta/RG <i>Rachel A Giunta</i>

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CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

7/19/2018

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.

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

PRODUCER THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Rachel Giunta	
	PHONE (A/C No. Ext): (603) 224-2562	FAX (A/C No.): (603) 224-8012
	E-MAIL ADDRESS: rgiunta@rowleyagency.com	
	PRODUCER CUSTOMER ID: 00007878	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Ray's Electric and General Contracting, Inc. & State of New Hampshire Dept of Admin Services P.O. Box 597 Berlin NH 03570-0597	INSURER A: Acadia Insurance Company 31325	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: Umbagog Bathhouse REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Loc#: 00001, 235 East Route 26, Cambridge, NH, 03579

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/> PROPERTY	BRUMBAGOG	7/20/2018	7/20/2019	BUILDING	\$
	<input type="checkbox"/> CAUSES OF LOSS				PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC				BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD				EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL				RENTAL VALUE	\$
	<input checked="" type="checkbox"/> EARTHQUAKE				BLANKET BUILDING	\$
	<input type="checkbox"/> WIND				BLANKET PERS PROP	\$
	<input checked="" type="checkbox"/> FLOOD				BLANKET BLDG & PP	\$
A	<input checked="" type="checkbox"/> INLAND MARINE	TYPE OF POLICY	7/20/2018	7/20/2019	<input checked="" type="checkbox"/> Building	\$ 1,335,000
	<input type="checkbox"/> CAUSES OF LOSS	Builders Risk			<input checked="" type="checkbox"/> Quake	\$ 1,000,000
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER			<input checked="" type="checkbox"/> Flood	\$ 1,000,000
	<input checked="" type="checkbox"/> See Above	BRUMBAGOG				\$
	<input type="checkbox"/> CRIME					\$
	<input type="checkbox"/> TYPE OF POLICY					\$
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 80875, Contract E-Umbagog New Bathhouse

CERTIFICATE HOLDER State of New Hampshire c/o Department of Administrative Services 7 Hazen Drive, Room 250 Concord, NH 03302	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Rachel Giunta/RG <i>Rachel A Giunta</i>
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