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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

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

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

Division of Public Works
Design and Construction
Project No. 80933R, Contract B

March 22, 2017

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 The Melanson Company, Inc., (VC# 154233) Keene, NH, for a total price not to exceed \$175,000, for the Tactical Center Roof Replacement in Concord, NH. This contract is effective upon Governor and Council approval through June 30, 2017, unless extended in accordance with the contract terms. **100% General Funds.**
- 2). Further authorize that a contingency in the amount of \$20,000 be approved to provide for additional unanticipated expenses for the Tactical Center Roof Replacement, bringing the total to \$195,000. **100% General Funds.**

Funding is available in account titled Police Standards – Tactical Ctr. Roof Replacement as follows:

06-87-87-870010-50240000 Tactical Ctr. Roof Replacement	<u>SFY17</u>
048-500226 – Repair/Renovation Buildings	\$175,000
048-500226– Contingency	<u>\$ 20,000</u>
Total	\$195,000

EXPLANATION

This project includes the removal of the existing epdm membrane roofing and associated flashings at the tactical center and the connecting bridge. New insulation will be installed over the existing insulation and wood blocking for support of ductwork and mechanical equipment will be replaced.

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 Police Standards and Training Council 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,



Vicki V. Quiram
Commissioner

Department Estimate:	\$373,000
Contract Amount:	<u>\$175,000</u>
Under Estimate:	\$198,000

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 80933, Contract B – Tactical Center Roof Replacement Police Standards and Training, Concord, NH.

DESCRIPTION: Work of the Project includes the removal and replacement of membrane roof, gravel ballast, flashing, underlayment, insulation, damaged substrates and all associated flashing.

EXPLANATION: This project includes the removal of the existing epdm membrane roofing and associated flashings at the tactical center and the connecting bridge. New insulation will be installed over the existing insulation and wood blocking for support of ductwork and mechanical equipment will be replaced.

UNDER ESTIMATE

EXPLANATION: The bids ranged from \$325,000 down to the low bid of \$175,000, spaced fairly evenly throughout that range. We had 10 bidders for this project, indicating the roofing companies are aggressively pursuing Spring work.

DEPARTMENT

ESTIMATE: \$373,000

LOW BID: \$175,000



ABC Bid Data

CONCORD
80933-B
NON-FEDERAL

Division of Public Works

PROJECT: CONCORD
STATE PROJECT NUMBER: 80933-B
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: February 14, 2017, 02:00 PM
SCOPE OF WORK: Tactical Center Roof Replacement. Remove and replace existing roofing and insulation with new roofing and insulation
COMPLETION DATE: June 30, 2017
LOCATION: Merrimack

Certified by: _____
Tabor's Kluge

Summary of Bidders

Contractor	Bid Amount	Rank
MELANSON COMPANY INC. 353 WEST STREET, PO BOX 523, KEENE NH 03431	\$175,000.00	A
R & H ROOFING LLP 59 SOUTH STREET, EASTHAMPTON MA 01027	\$190,232.00	B
LGR1 INC 165 CHELMSFORD STREET, LOWELL MA 01851	\$197,000.00	C
ROCKWELL ROOFING, INC. 44 POND STREET, LEOMINSTER MA 01453-0479	\$203,550.00	D
SKYLINE ROOFING & SHEET METAL 861 PAGE STREET, MANCHESTER NH 03109	\$216,000.00	E
EAGLE RIVET ROOF SERVICE CORP 15 BRITTON DRIVE, BLOOMFIELD CT 06002	\$236,250.00	F
J.N.R. GUTTERS INC 38-40 LANCASTER STREET, HAVERHILL MA 01830	\$241,000.00	G
AULSON COMPANY LLC 49 DANTON DR, STE 201, METHUEN MA 01844	\$256,921.00	H
VIKING ROOFING INC 10 CLINTON DRIVE, HOLLIS NH 03049	\$316,062.08	I
SMITH & SON INC. KEVIN W 580 RICHVILLE ROAD, STANDISH ME 04084	\$325,000.00	J

BUREAU OF PUBLIC WORKS

Award to 'A' Bidder
 Hold for Negotiation
 Cancel Contract
 User Agency Police Standards
 Authorized by MLJ
 Date 2/17/17

\$ 175,000

				PS&E	MELANSON COMPANY INC. 353 WEST STREET KEENE, NH 03431	R & H ROOFING LLP 59 SOUTH STREET EASTHAMPTON, MA 01027	
Item No.	Description	Unit	Quantity	Unit Price	Total	Unit Price	Total

901	TACTICAL CENTER ROOF REPLACEMENT	U	1.000	\$345,000.00	\$345,000.00	\$154,000.00	\$154,000.00	\$166,232.00	\$166,232.00
902	REPLACE EXISTING ROOF INSULATION WITH NEW TO MATCH EXISTING	SF	1,000.000	\$10.00	\$10,000.00	\$3.00	\$3,000.00	\$6.00	\$6,000.00
903	ALLOWANCE FOR ADDITIONS AND MODIFICATIONS TO THE CONTRACT	\$	18,000.000	\$1.00	\$18,000.00	\$1.00	\$18,000.00	\$1.00	\$18,000.00

Totals:				\$373,000.00	\$175,000.00	\$190,232.00
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Item No.	Description	Unit	Quantity	PS&E		LGR1 INC 165 CHELMSFORD STREET LOWELL, MA 01851		ROCKWELL ROOFING, INC. 44 POND STREET LEOMINSTER, MA 01453-0479	
				Unit Price	Total	Unit Price	Total	Unit Price	Total
901	TACTICAL CENTER ROOF REPLACEMENT	U	1,000	\$345,000.00	\$345,000.00	\$176,000.00	\$176,000.00	\$181,550.00	\$181,550.00
902	REPLACE EXISTING ROOF INSULATION WITH NEW TO MATCH EXISTING	SF	1,000,000	\$10.00	\$10,000.00	\$3.00	\$3,000.00	\$4.00	\$4,000.00
903	ALLOWANCE FOR ADDITIONS AND MODIFICATIONS TO THE CONTRACT	\$	18,000,000	\$1.00	\$18,000.00	\$1.00	\$18,000.00	\$1.00	\$18,000.00
Totals:					\$373,000.00		\$197,000.00		\$203,550.00

Item No. Items	Description	Unit	Quantity	PS&E		SKYLINE ROOFING & SHEET METAL 861 PAGE STREET MANCHESTER, NH 03109	EAGLE RIVET ROOF SERVICE CORP 15 BRITTON DRIVE BLOOMFIELD, CT 06002		
				Unit Price	Total			Unit Price	Total
901	TACTICAL CENTER ROOF REPLACEMENT	U	1.000	\$345,000.00	\$345,000.00	\$194,000.00	\$194,000.00	\$215,000.00	\$215,000.00
902	REPLACE EXISTING ROOF INSULATION WITH NEW TO MATCH EXISTING	SF	1,000.000	\$10.00	\$10,000.00	\$4.00	\$4,000.00	\$3.25	\$3,250.00
903	ALLOWANCE FOR ADDITIONS AND MODIFICATIONS TO THE CONTRACT	\$	18,000.000	\$1.00	\$18,000.00	\$1.00	\$18,000.00	\$1.00	\$18,000.00
Totals:					\$373,000.00		\$216,000.00		\$236,250.00

Item No.	Description	Unit	Quantity	PS&E		J.NR. GUTTERS INC 38-40 LANCASTER STREET HAVERHILL, MA 01830	AULSON COMPANY LLC 49 DANTON DR, STE 201 METHUEN, MA 01844
				Unit Price	Total		
901	TACTICAL CENTER ROOF REPLACEMENT	U	1.000	\$345,000.00	\$345,000.00	\$217,000.00	\$213,921.00
902	REPLACE EXISTING ROOF INSULATION WITH NEW TO MATCH EXISTING	SF	1,000.000	\$10.00	\$10,000.00	\$6.00	\$25,000.00
903	ALLOWANCE FOR ADDITIONS AND MODIFICATIONS TO THE CONTRACT	\$	18,000.000	\$1.00	\$18,000.00	\$1.00	\$18,000.00
Totals:					\$373,000.00	\$241,000.00	\$256,921.00

Item No.	Description	Unit	Quantity	PS&E		VIKING ROOFING INC		SMITH & SON INC, KEVIN W	
				Unit Price	Total	10 CLINTON DRIVE HOLLIS, NH 03049	580 RICHVILLE ROAD STANDISH, ME 04084	Unit Price	Total

901	TACTICAL CENTER ROOF REPLACEMENT	U	1.000	\$345,000.00	\$345,000.00	\$292,062.08	\$292,062.08	\$300,000.00	\$300,000.00
902	REPLACE EXISTING ROOF INSULATION WITH NEW TO MATCH EXISTING	SF	1,000.000	\$10.00	\$10,000.00	\$6.00	\$6,000.00	\$7.00	\$7,000.00
903	ALLOWANCE FOR ADDITIONS AND MODIFICATIONS TO THE CONTRACT	\$	18,000.000	\$1.00	\$18,000.00	\$1.00	\$18,000.00	\$1.00	\$18,000.00

Totals:		\$373,000.00	\$316,062.08	\$325,000.00
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/07/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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

PRODUCER MCGRIFF, SEIBELS & WILLIAMS, INC. P.O. Box 10265 Birmingham, AL 35202	CONTACT NAME: Tonya Johnson PHONE (A/C, No, Ext): 800-476-2211 E-MAIL ADDRESS: tjohnson@mcgriff.com	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED The Melanson Company, Inc. 5 Ferry Road Bow, NH 03304	INSURER A : Continental Casualty, A CNA Company	
	INSURER B : National Fire Ins. Co. of Hartford	
	INSURER C : American Casualty Company of Reading, PA	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:**LQGNMJQ4 **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
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			5092130901	05/01/2016	05/01/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY			5092130641	05/01/2016	05/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ 10,000			4018063203	05/01/2016	05/01/2017	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
C	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	592131854	05/01/2016	05/01/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 \$ \$ \$ \$

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

State of New Hampshire Department of Administrative Services if required by written contract is/are shown as additional insured with respects to work performed by The Melanson Company, Inc. for Tactical Center Roof Replacement, 17 Institute Drive, Concord, NH, Job #80933.B.
 Certificate Holder and any and all parties required by written contract are shown as additional insured with respects to General Liability as respects to work performed by the named insured.
 WC Statutory coverage in CT,ME,MA,NH,NY,RI and VT. No Executive members or officers excluded.

CERTIFICATE HOLDER

State of New Hampshire Department of Administrative Services
 7 Hazen Drive
 Concord, NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE





Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage Endorsement

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

It is understood and agreed as follows:

- I. The **WHO IS AN INSURED** section is amended to add as an **Insured** any person or organization whom the **Named Insured** is required by **written contract** to add as an additional insured on this **coverage part**, including any such person or organization, if any, specifically set forth on the Schedule attachment to this endorsement. However, such person or organization is an **Insured** only with respect to such person or organization's liability for:
 - A. unless paragraph B. below applies,
 1. **bodily injury, property damage, or personal and advertising injury** caused in whole or in part by the acts or omissions by or on behalf of the **Named Insured** and in the performance of such **Named Insured's** ongoing operations as specified in such **written contract**; or
 2. **bodily injury or property damage** caused in whole or in part by **your work** and included in the **products-completed operations hazard**, and only if
 - a. the **written contract** requires the **Named Insured** to provide the additional insured such coverage; and
 - b. this **coverage part** provides such coverage.
 - B. **bodily injury, property damage, or personal and advertising injury** arising out of **your work** described in such **written contract**, but only if:
 1. this **coverage part** provides coverage for **bodily injury or property damage** included within the **products completed operations hazard**; and
 2. the **written contract** specifically requires the **Named Insured** to provide additional insured coverage under the 11-85 or 10-01 edition of CG2010 or the 10-01 edition of CG2037.
- II. Subject always to the terms and conditions of this policy, including the limits of insurance, the Insurer will not provide such additional insured with:
 - A. coverage broader than required by the **written contract**; or
 - B. a higher limit of insurance than required by the **written contract**.
- III. The insurance granted by this endorsement to the additional insured does not apply to **bodily injury, property damage, or personal and advertising injury** arising out of:
 - A. the rendering of, or the failure to render, any professional architectural, engineering, or surveying services, including:
 1. the preparing, approving, or failing to prepare or approve maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; and
 2. supervisory, inspection, architectural or engineering activities; or
 - B. any premises or work for which the additional insured is specifically listed as an additional insured on another endorsement attached to this **coverage part**.
- IV. Notwithstanding anything to the contrary in the section entitled **COMMERCIAL GENERAL LIABILITY CONDITIONS**, the Condition entitled **Other Insurance**, this insurance is excess of all other insurance available to the additional insured whether on a primary, excess, contingent or any other basis. However, if this insurance



Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage Endorsement

is required by **written contract** to be primary and non-contributory, this insurance will be primary and non-contributory relative solely to insurance on which the additional insured is a named insured.

V. Solely with respect to the insurance granted by this endorsement, the section entitled **COMMERCIAL GENERAL LIABILITY CONDITIONS** is amended as follows:

The Condition entitled **Duties In The Event of Occurrence, Offense, Claim or Suit** is amended with the addition of the following:

Any additional insured pursuant to this endorsement will as soon as practicable:

1. give the Insurer written notice of any **claim**, or any **occurrence** or offense which may result in a **claim**;
2. except as provided in Paragraph IV. of this endorsement, agree to make available any other insurance the additional insured has for any loss covered under this **coverage part**;
3. send the Insurer copies of all legal papers received, and otherwise cooperate with the Insurer in the investigation, defense, or settlement of the **claim**; and
4. tender the defense and indemnity of any **claim** to any other insurer or self insurer whose policy or program applies to a loss that the Insurer covers under this **coverage part**. However, if the **written contract** requires this insurance to be primary and non-contributory, this paragraph (4) does not apply to insurance on which the additional insured is a named insured.

The Insurer has no duty to defend or indemnify an additional insured under this endorsement until the Insurer receives written notice of a **claim** from the additional insured.

VI. Solely with respect to the insurance granted by this endorsement, the section entitled **DEFINITIONS** is amended to add the following definition:

Written contract means a written contract or written agreement that requires the **Named Insured** to make a person or organization an additional insured on this **coverage part**, provided the contract or agreement:

- A. is currently in effect or becomes effective during the term of this policy; and
- B. was executed prior to:
 1. the **bodily injury** or **property damage**; or
 2. the offense that caused the **personal and advertising injury**for which the additional insured seeks coverage.

Any coverage granted by this endorsement shall apply solely to the extent permissible by law.

All other terms and conditions of the Policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the Policy issued by the designated Insurers, takes effect on the effective date of said Policy at the hour stated in said Policy, unless another effective date is shown below, and expires concurrently with said Policy.

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

PRODUCER MCGRIFF, SEIBELS & WILLIAMS, INC.		INSURED The Melanson Company, Inc.	
POLICY NUMBER			
CARRIER	NAIC CODE	ISSUE DATE: 03/09/2017	

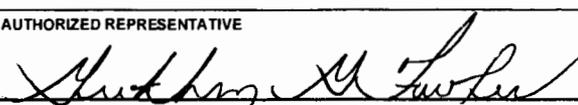
ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: _____ **FORM TITLE:** _____

Owners & Contractors Protective Liability (OCP)
Carrier: CNA
Effective Date: 3/8/2017 - 8/31/2017
Policy No.: 6046212941
Job Description: Commercial Roofing; Job No.: 80933.B
Tactical Center Roof Replacement
17 Institute Drive
Concord, NH 03301
Named Insured: State of NH Department of Administrative Services
Contract: \$175,000
Limits: \$2,000,000 Occurrence
\$3,000,000 Aggregate

ACORD™ INSURANCE BINDER		DATE 03/07/17	
THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.			
PRODUCER Clark-Mortenson Agency, Inc. P.O. Box 606 Keene, NH 03431		COMPANY Liberty Mutual Insurance Company BINDER # BINDER687590	
PHONE (A/C, No, Ext): FAX (A/C, No):		EFFECTIVE TIME 03/08/17 12:01	
CODE: SUB CODE:		EXPIRATION DATE TIME 08/31/17 X 12 01 AM NOON	
AGENCY CUSTOMER ID: 40836 INSURED The Melanson Co., Inc. & State Department of Administrative Services 351 West Street Keene, NH 03431		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) Loc#1: 17 Institute Drive, Concord, NH 03301	

COVERAGES	LIMITS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC	Builders Risk	1,000		175,000
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR RETRO DATE FOR CLAIMS MADE				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT \$ UNINSURED MOTORIST \$
AUTO PHYSICAL DAMAGE DEDUCTIBLE <input type="checkbox"/> COLLISION: <input type="checkbox"/> OTHER THAN COL	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES			ACTUAL CASH VALUE \$ STATED AMOUNT \$ OTHER \$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY \$ EACH ACCIDENT \$ AGGREGATE \$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE			EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				WC STATUTORY LIMITS \$ E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
SPECIAL CONDITIONS/ OTHER COVERAGES				FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$

NAME & ADDRESS		<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
		<input type="checkbox"/> LOSS PAYEE	
		LOAN #	
		AUTHORIZED REPRESENTATIVE 	

CONDITIONS

This Company binds the kind(s) of insurance stipulated on the reverse side. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.