



State of New Hampshire

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

LINDA M. HODGDON
Commissioner
(603) 271-3201

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

Bureau of Public Works
Design and Construction
Project No. 80674 – Contract B

May 22, 2013

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

1). Authorize the Bureau of Public Works Design and Construction to enter into a contract with KPMB (VC#172886) Bow, NH, for a total price not to exceed \$280,700, for the Mechanical Upgrades, Statewide N. H. This contract is effective upon Governor and Council approval through August 30, 2013, unless extended in accordance with the contract terms. **11% Capital - General Funds, 72% Operating – General Funds, 17% Highway Funds.**

2). Further authorize the amount of \$22,800 be approved for payment to the Department of Administrative Services, Bureau of Public Works Design and Construction (VC# 177875), for engineering services provided, bringing the total to \$303,500. **10% Other funds, 61% Transfer funds, 29% Highway Funds.**

Funding is available in account titled Administrative Services as follows:

01-14-14-146030-09440000	Energy Improvements	<u>SFY13</u>
034-500162	– Contract Maint/Bldgs. & Grounds	\$ 30,000
01-14-14-140015-20400000	General Services	
048-500226	– Contractual Maint. Bldgs. & Grounds	\$ 28,600
048-500226	- BPW Fees Interagency	\$ 300
	Sub-total	\$ 28,900

01-14-14-140015-20300000 Health and Human Svcs. Bldg.

048-500226 – Contractual Maint. Bldgs. & Grounds	\$ 175,500
048-500226 - BPW Fees Inter-agency	<u>\$ 16,000</u>
Sub-total	\$ 191,500

Funding is available in account titled Department of Transportation as follows:

04-96-96-960515-30090000 Traffic Operations -

048-500226 – Contractual Maint. Bldgs. & Grounds	\$ 42,100
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04-96-96-960015-20730000 Asset Maintenance & Preservation

048-500226 – Contractual Maint. Bldgs. & Grounds	\$ 4,500
048-500226 – BPW Fees Interagency	<u>\$ 6,500</u>
Sub-Total	\$ 11,000

Grand Total	<u>\$ 303,500</u>
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EXPLANATION

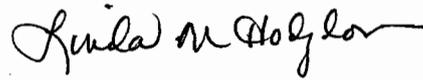
Chapter 253:1, II, D, 2 Laws of 2011, for Energy Improvements. This project will make mechanical upgrades at three buildings. The upgrades at **Health and Human Services Building** at 29 Hazen Drive include installing three combustion air fans; removing two polyethylene tanks with two new stainless steel tanks. At the **Hayes Building**: remove and replace roof drain piping inside building; insulate underground roof drainage piping. At **DOT Traffic Building A**: Remove and replace the air conditioner condensing unit; replace pneumatic controls with direct digital controls and install building management system.

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 and Department of Transportation have 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, Bureau of Public Works Design and Construction.

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
May 22, 2013
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,



Linda M. Hodgdon
Commissioner

Department Estimate:	\$420,000
Contract Amount:	<u>\$280,700</u> (negotiated)
Under Estimate:	\$139,300

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: Mechanical Upgrades #80674R Contract B

DESCRIPTION: This project will make mechanical upgrades at three buildings.

Health and Human Services (29 Hazen Drive): Install three combustion air fans; remove two polyethylene tanks in the basement and replace with two new stainless steel tanks.

Hayes Building: Remove and replace roof drain piping inside building; and insulate underground roof drainage piping.

DOT Traffic Building A: Remove and replace air conditioner condensing unit; replace pneumatic controls with direct digital controls and install building management system.

EXPLANATION: Health and Human Services (29 Hazen Drive): The combustion air for the three boilers needs to be automated for proper operation of the heating system. The polyethylene tanks are damaged and need to be replaced.

Hayes Building: The drain piping is damaged and needs to be replaced inside the building. The underground drainage piping has frozen in the past and needs to be insulated to prevent future drain backup and additional damage.

DOT Traffic Building A: The condenser is old and needs to be replaced. The pneumatic controls are outdated and an updated building automation system will reduce energy consumption and improve occupant comfort.

OVER/UNDER
ESTIMATE

EXPLANATION: While the Bureau's project estimate was within 4% of the overall low bid of \$403,700, bid Item No. 1, Bow and Candia wood boilers, was removed from the project because the payback exceeded the maximum State standard of 10 years.

DEPARTMENT

ESTIMATE: \$420,000

LOW BID: \$280,700 (Negotiated)

STATE OF NEW HAMPSHIRE
DEPARTMENT OF ADMINISTRATIVE SERVICES

BIDS WERE OPENED ON THE 16TH DAY OF APRIL, 2013 FOR MECHANICAL UPGRADES AT 29 AND 33 HAZEN DRIVE AND 18 SMOKEY BEAR BOULEVARD, CONCORD, NH - 376 OLD CANDIA ROAD, CANDIA, NH - 670 ROUTE 3A, BOW, NH
COMPLETION DATES: DECEMBER 31, 2013 FOR WOOD BOILERS, DRAIN REPAIR, COMBUSTION AIR AND CONDENSER REPLACEMENT; MARCH 31, 2014 FOR REPLACING TWO POLY TANKS AT 29 HAZEN DRIVE; INTERIM COMPLETION DATE FOR THE SUBMITTAL OF THE DESIGN/BUILD WOOD BOILERS IS AUGUST 30, 2013.

ITEM NO.	ITEM	A.			B.			C.		
		QUANTITIES	UNIT	TOTAL	UNIT	TOTAL	UNIT	TOTAL		
1	DESIGN/BUILD BOW AND CANDIA WOOD BOILERS PER PLANS L1, L2 & SPECIFICATIONS	1 UNIT	\$123,000.00	\$123,000.00	\$111,515.00	\$111,515.00				
2	REMOVE & REPLACE ROOF DRAIN LEADERS & FITTINGS. PROVIDE & INSTALL DRAIN PIPE INSULATION PER PLANS A1, A2, A3, A4, C1 & SPECIFICATIONS	1 UNIT	\$28,600.00	\$28,600.00	\$14,635.00	\$14,635.00				
3	INSTALL COMBUSTION AIR SYSTEM FOR BOILER ROOM PER PLANS M101, M102 & SPECIFICATIONS	1 UNIT	\$74,500.00	\$74,500.00	\$78,755.00	\$78,755.00				
4	REMOVE & REPLACE TWO POLY TANKS PER PLAN M103, M104 & SPECIFICATIONS	1 UNIT	\$81,000.00	\$81,000.00	\$111,450.00	\$111,450.00				
5	ALLOWANCE NO. 1 FOR UNANTICIPATED CHANGES TO WORK PER SPECIFICATIONS SECTION 01200, FOR BID ITEMS 2, 3 & 4	1 ALLOW- ANCE	\$20,000.00	\$20,000.00	\$20,000.00	\$20,000.00				
6	REMOVE & REPLACE CONDENSER AT DOT TRAFFIC PER PLAN M201, M202, M203 & SPECIFICATIONS	1 UNIT	\$43,600.00	\$43,600.00	\$45,650.00	\$45,650.00				
7	ALLOWANCE NO. 2 FOR UNANTICIPATED CHANGES TO WORK PER SPECIFICATIONS SECTION 01200, FOR BID ITEM 6	1 ALLOW- ANCE	\$3,000.00	\$3,000.00	\$3,000.00	\$3,000.00				
8	ALLOWANCE NO. 3 FOR REFERENCE PLAN M301, M302 & SPECIFICATIONS SECTION 01200 CONTROLS	1 ALLOW- ANCE	\$30,000.00	\$30,000.00	\$30,000.00	\$30,000.00				
BASE BID LUMP SUM FOR ITEMS 1 THROUGH 8				\$402,766.00 \$ 280,766.00		\$415,005.00				

A. KPMB ENTERPRISES, LLC, 29 RIVER ROAD, BOW, NH 03304
B. NORTHERN PEABODY, LLC, PO BOX 569, MANCHESTER, NH 03105
C. ARMAND E. LEMIRE CO., INC., 7 DARTMOUTH ST., HOOKSETT, NH 03106

IRREGULAR

BUREAU OF PUBLIC WORKS
 X Award to A - Bricker
 Hold for Negotiation \$ 280,766.00
 Cancel Contract
 User Agency DAS + DCJ
 Authorized by [Signature]
 Date 5-7-13

KPMB Enterprises LLC
MECHANICAL CONTRACTORS

April 22, 2013

David W. Goulet
Project Manager
Department of Administrative Services
Bureau of Public Works Design & Construction
John O. Morton Building, Room 250
7 Hazen Drive, POB 483
Concord, NH 03302-0483

RECEIVED

APR 23 2013

BUREAU OF PUBLIC WORKS

Re: State of NH Mechanical Upgrades Project #80674R Contract B

Dear David:

Per your request, deleting all work associated with Bid Item 1, Bow and Candia Wood Boilers, reduces Bid Item 1 to \$0.00 and the Bid Total to \$280,700.00.

Sincerely,



KPMB Enterprises, LLC

Phillip M. D'Addio
Managing Member

cc: Project File

HVAC PLUMBING FIRE PROTECTION

29 River Road, Unit 15 • Bow, New Hampshire 03304 • (603) 224-9953 • Fax (603) 224-9376

www.kpmbnh.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/9/2013

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

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

PRODUCER THE ROWLEY AGENCY INC. 139 Loudon Road P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Karen Stapley PHONE (A/C No. Ext.): (603) 224-2562 E-MAIL ADDRESS: kstapley@rowleyagency.com	FAX (A/C No.): (603) 224-8012
	INSURER(S) AFFORDING COVERAGE	
INSURED KPMB Enterprises, LLC 29 River Road, Unit #15 Bow NH 03304	INSURER A: Citizens Insurance Co.	
	INSURER B: Hanover Insurance Co.	
	INSURER C:	
	INSURER D:	
	INSURER E:	

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			ZBP 7140983	2/11/2013	2/11/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY			ABP 7132930	2/11/2013	2/11/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
<input checked="" type="checkbox"/>	ANY AUTO ALL OWNED AUTOS	<input type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per person) \$
<input type="checkbox"/>	HIRED AUTOS	<input type="checkbox"/>	NON-OWNED AUTOS				BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							Uninsured motorist combined \$ 1,000,000
B	UMBRELLA LIAB	<input checked="" type="checkbox"/>	OCCUR	UHP7140984	2/11/2013	2/11/2014	EACH OCCURRENCE \$ 5,000,000
	EXCESS LIAB	<input type="checkbox"/>	CLAIMS-MADE				AGGREGATE \$ 5,000,000
	DED		RETENTION \$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			N/A			WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	Y/N				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
A	Installation Floater			ZBP 7140983	2/11/2013	2/11/2014	Limit: \$125,000 Temp/Transit: \$100,000 Ded: \$1000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 RE: Project #80674R, contract B Mechanical Upgrades.

CERTIFICATE HOLDER

State of NH
 Dept. of Administrative Services
 25 Capitol St.
 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

Karen Stapley/KS *Karen Stapley*



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/13/13

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PRODUCER Aon Risk Services, Inc of Florida 1001 Brickell Bay Drive, Suite #1100 Miami, FL 33131-4937	CONTACT NAME: Aon Risk Services, Inc of Florida	
	PHONE (A/C, No, Ext): 800-743-8130	FAX (A/C, No): 800-522-7514
EMAIL ADDRESS: ADP.COI.Center@Aon.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: New Hampshire Ins Co		23841
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 564497 **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. LIMITS SHOWN ARE AS REQUESTED.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEC <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC 038087780 NH	07/01/12	07/01/13	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 All worksite employees working for the above named client company, paid under ADP TOTALSOURCE, INC.'s payroll, are covered under the above stated policy. The above named client is an alternate employer under this policy.
 Re:Project #80674R, Contract B, Mechanical Upgrades

CERTIFICATE HOLDER State of NH Dept. of Administrative Services 25 Capitol St 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 <i>Aon Risk Services, Inc of Florida</i>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/9/2013

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

PRODUCER THE ROWLEY AGENCY INC. 139 Loudon Road P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Karen Stapley PHONE (A/C No. Ext.): (603) 224-2562 E-MAIL ADDRESS: kstapley@rowleyagency.com	FAX (A/C. No.): (603) 224-8012
	INSURER(S) AFFORDING COVERAGE	
INSURED State of NH - Dept. of Admin. Service c/o KPMB Enterprises LLC 29 River Road, Unit #15 Bow NH 03304	INSURER A: Hanover Insurance Co.	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			LHP9935946	6/19/2013	6/19/2014	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners Protective Liability						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$ 3,000,000
							PRODUCTS - COMP/OP AGG \$
							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
	RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS OTH-ER
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 RE: Project #80674R, contract B Mechanical Upgrades.

CERTIFICATE HOLDER**CANCELLATION**

State of NH Dept. of Administrative Services 25 Capitol St. Concord, NH 03301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Karen Stapley/KS <i>Karen Stapley</i>
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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
5/9/2013

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

AGENCY THE ROWLEY AGENCY INC. 139 Loudon Road P.O. Box 511 Concord NH 03302-0511	PHONE (A/C, No, Ext): (603) 224-2562	COMPANY Peerless Insurance Companies 62 Maple Ave Keene NH 03431
FAX (A/C, No): (603) 224-8012	E-MAIL ADDRESS: glapierre@rowleyagency.c	
CODE: 8110236	SUB CODE:	
AGENCY CUSTOMER ID #: 00003382	INSURED KPMB Enterprises, LLC; State of NH-Dept of Admin Services, and any & all subs 29 River Road, Unit #15 Bow NH 03304	LOAN NUMBER
		POLICY NUMBER IM 8948188
		EFFECTIVE DATE 6/19/2013
		EXPIRATION DATE 6/19/2014
		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION

LOCATION/DESCRIPTION Project #80674R, Contract B. Mechanical upgrades

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Builders Risk	280,700	1,000
Temp/Transit Limit	140,350	1,000
Equipment Breakdown/Testing	Incl	1,000

REMARKS (Including Special Conditions)

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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.

ADDITIONAL INTEREST

State of NH Dept. of Administrative Services 25 Capitol St. Concord, NH 03301	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE Karen Stapley/KS	<i>Karen Stapley</i>