



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

Bureau of Public Works  
Design and Construction  
Project No. 80904R – Contract B

March 28, 2016

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 Charters Brothers Construction (VC# 208666) Danville, NH, for a total price not to exceed \$249,400, for the Bureau of Traffic Building A, Boiler Replacement, Concord, NH. This contract is effective upon Governor and Council approval through August 15, 2016, unless extended in accordance with the contract terms. **84% Highway Funds, 16% General Funds.**

2). Further authorize the amount of \$5,027 Public Works Design and Construction (VC# 177875), for engineering services provided, bringing the total to \$254,427. **100% Highway Funds.**

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

04-96-96-960015-30480000	Maintenance Critical Repair	<u>SFY16</u>
048-500226	– Contract Repairs; Bldg. Grounds	\$ 179,400
046-500463	– DPW Fees/Interagency	<u>\$ 5,027</u>
	Sub-Total	\$ 184,427
04-96-96-960015-30090000	Traffic Operations	
048-500162	– Contract Repairs; Bldg. Grounds	\$ 30,000

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

01-14-14-140030-24180000 Statewide Energy Efficiency

034-500162 – Repair/Renovations Bldgs. \$ 40,000

**Grand Total** **\$ 254,427**

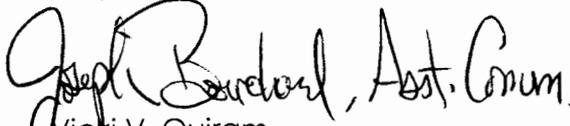
**EXPLANATION**

This project will include all work associated with the demolition of the existing boiler room equipment as well as the removal and reassembly of a new boiler that was installed for temporary heating; work includes the purchase, installation, wiring, and testing of replacement heating system at Traffic Building A. This includes two boilers and associated pumps, accessories, breeching, make up air, and interfacing boilers with the building controls system, as well as testing and balancing the system. Funding in the amount of \$40,000 from the Statewide Energy Efficiency Improvement fund established under Chapter 220:1, II, A, 2 Laws of 2015, will be utilized for this project as well.

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 Transportation and Department of Administrative Services 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.

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

Respectfully submitted,

  
for Vicki V. Quiram  
Commissioner

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 80904R, Contract B – Bureau of Traffic Bldg A Boiler Replacement

DESCRIPTION: All work associated with the demolition of the old existing boiler room equipment as well as the removal and reassembly of a new boiler that was installed for temporary heating; purchase, installation, wiring, and testing of replacement heating system at Traffic Building A. This includes two boilers, and associated pumps, accessories, breeching, make up air, and interfacing boilers with the building controls system, as well as testing and balancing the system.

EXPLANATION: One of the existing boilers installed as part of the original construction of the facility over 30 years ago failed, and the other was repaired and was only able to run at low pressure. A temporary boiler was installed while the new design was completed to replace the heating plant with two new boilers; pumps with VFDs, and improved piping and ventilation arrangements to increase efficiency and maintenance access.

OVER ESTIMATE

EXPLANATION: The estimate of \$240,000 was within 4 percent of the low bid. There may be a couple of different reasons for the differences; the reassembly of the temporary boiler may require a pressure test should the State require this. And the access to the breeching was not fully accessible to the bidders without removing hard ceilings, leaving some room for uncertainty for the contractor. However, none of the contractors specifically submitted questions specific to these items.

DEPARTMENT

ESTIMATE: \$240,000  
LOW BID: \$249,400

# BIDDER SUMMARY

PROJECT NAME: BUREAU OF TRAFFIC BLDG A BOILER REPLACEMENT NON\_FEDERAL 80904R  
 PROJECT NUMBER: 80904R  
 COUNTY: MERRIMACK COUNTY 013  
 BID OPENING DATE: 01/27/2016  
 SCOPE OF WORK: PURCHASE, INSTALLATION, WIRING, AND TESTING OF REPLACEMENT HEATING SYSTEM. THIS INCLUDES TWO BOILERS, AND ASSOCIATED PUMPS, ACCESSORIES, BREECHING, MAKE UP AIR, AND INTERFACING BOILERS WITH THE BUILDING CONTROLS SYSTEM, AS WELL AS TESTING AND BALANCING  
 LOCATION: BUREAU OF TRAFFIC BUILDING A 18 SMOKEY BEAR BLVD CONCORD, NH  
 COMPLETION DATE: 08/15/2016

## BID RESULTS

A	CHARTERS BROTHERS CONSTRUCTION (B001) - 27 MAIN ST DANVILLE, NH 03819	\$ 249,400.00	ACCEPTED
B	RTH MECHANICAL CONTRACTORS INC - 99 PINE ROAD BRENTWOOD, NH 03833-6510	\$ 263,540.00	ACCEPTED
C	NORTHERN PEABODY - PO BOX 569 MANCHESTER, NH 03105	\$ 270,435.00	ACCEPTED
D	PROJECT RESOURCE GROUP LLC (B001) - PO BOX 43 FRANCESTOWN, NH 03043	\$ 278,340.00	ACCEPTED

Item 901: \$ 11,250.  
 902: \$ 5,000.  
 903: \$ 208,150.  
 904: \$ 25,000.  
 -----  
 \$ 249,400.

**BUREAU OF PUBLIC WORKS**  
 Award to Charters Bros. Construction  
 Hold for Negotiation \_\_\_\_\_  
 Cancel Contract \_\_\_\_\_  
 User Agency MFDIT  
 Authorized by [Signature]  
 Date 01/28/2016

ITEM NO.	DESCRIPTION	UNIT	PS&E			TOTAL
			QUANTITY	UNIT PRICE	UNIT PRICE	
901.00	SELECTIVE DEMO OF EXSTG HEAT SYSTEM EQUIP AND ACCESSORIES & REASSEMBLY	EA	1.00	\$ 11,000.00	\$ 11,000.00	\$ 11,250.00
902.00	ALLOWANCE #1 FOR BID ITEM 1 -DEMO PER SPECIFICATIO SECTION 01200	\$	5,000.00	\$ 1.00	\$ 5,000.00	\$ 5,000.00
903.00	PURCHASE, INSTALL, WIRE & TEST COMPLT REPLACEMENT HEATING SYSTEM	EA	1.00	\$199,000.00	\$199,000.00	\$ 208,150.00
904.00	ALLOWANCE #2 FOR BID ITEM 3-DEMO PER SPECIFICATION SECTION 01200	\$	25,000.00	\$ 1.00	\$ 25,000.00	\$ 25,000.00
					\$240,000.00	\$ 249,400.00

ITEM NO.	DESCRIPTION	UNIT	QUANTITY	PS&E		TOTAL	UNIT PRICE	TOTAL	B	TOTAL
				UNIT PRICE	TOTAL					
901.00	SELECTIVE DEMO OF EXSTG HEAT SYSTEM EQUIP AND ACCESSORIES & REASSEMBLY	EA	1.00	\$ 11,000.00	\$ 11,000.00	\$ 11,000.00	\$ 11,447.00	\$ 11,447.00		\$ 11,447.00
902.00	ALLOWANCE #1 FOR BID ITEM 1 -DEMO PER SPECIFICATIO SECTION 01200	\$	5,000.00	\$ 1.00	\$ 5,000.00	\$ 5,000.00	\$ 1.00	\$ 5,000.00		\$ 5,000.00
903.00	PURCHASE, INSTALL, WIRE & TEST COMPLT REPLACEMENT HEATING SYSTEM	EA	1.00	\$ 199,000.00	\$ 199,000.00	\$ 199,000.00	\$ 222,093.00	\$ 222,093.00		\$ 222,093.00
904.00	ALLOWANCE #2 FOR BID ITEM 3-DEMO PER SPECIFICATION SECTION 01200	\$	25,000.00	\$ 1.00	\$ 25,000.00	\$ 25,000.00	\$ 1.00	\$ 25,000.00		\$ 25,000.00
					\$ 240,000.00	\$ 240,000.00				\$ 263,540.00

ITEM NO.	DESCRIPTION	PS&E				C			
		UNIT	QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
901.00	SELECTIVE DEMO OF EXSTG HEAT SYSTEM EQUIP AND ACCESSORIES & REASSEMBLY	EA	1.00	\$ 11,000.00	\$ 11,000.00	\$ 14,985.00	\$ 14,985.00	\$ 14,985.00	\$ 14,985.00
902.00	ALLOWANCE #1 FOR BID ITEM 1 -DEMO PER SPECIFICATIO SECTION 01200	\$	5,000.00	\$ 1.00	\$ 5,000.00	\$ 1.00	\$ 5,000.00	\$ 1.00	\$ 5,000.00
903.00	PURCHASE, INSTALL, WIRE & TEST COMPLT REPLACEMENT HEATING SYSTEM	EA	1.00	\$ 199,000.00	\$ 199,000.00	\$ 225,450.00	\$ 225,450.00	\$ 225,450.00	\$ 225,450.00
904.00	ALLOWANCE #2 FOR BID ITEM 3-DEMO PER SPECIFICATION SECTION 01200	\$	25,000.00	\$ 1.00	\$ 25,000.00	\$ 1.00	\$ 25,000.00	\$ 1.00	\$ 25,000.00
					\$ 240,000.00		\$ 240,000.00		\$ 270,435.00

ITEM NO.	DESCRIPTION	PS&E			D		
		UNIT QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	TOTAL
901.00	SELECTIVE DEMO OF EXSTG HEAT SYSTEM EQUIP AND ACCESSORIES & REASSEMBLY	EA 1.00	\$ 11,000.00	\$ 11,000.00	\$ 12,856.00	\$ 12,856.00	
902.00	ALLOWANCE #1 FOR BID ITEM 1 -DEMO PER SPECIFICATIO SECTION 01200	\$ 5,000.00	\$ 1.00	\$ 5,000.00	\$ 1.00	\$ 5,000.00	
903.00	PURCHASE, INSTALL, WIRE & TEST COMPLT REPLACEMENT HEATING SYSTEM	EA 1.00	\$ 199,000.00	\$199,000.00	\$ 235,484.00	\$ 235,484.00	
904.00	ALLOWANCE #2 FOR BID ITEM 3-DEMO PER SPECIFICATION SECTION 01200	\$ 25,000.00	\$ 1.00	\$ 25,000.00	\$ 1.00	\$ 25,000.00	
				\$240,000.00		\$ 278,340.00	



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/19/2016

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).

<b>PRODUCER</b> Infantine Insurance P. O. Box 5125  Manchester NH 03108	<b>CONTACT NAME:</b> Julie Levesque, CPCU, CIC X242 <b>PHONE (A/C, No, Ext):</b> (603) 669-0704 <b>E-MAIL ADDRESS:</b> jlevesque@infantine.com	<b>FAX (A/C, No):</b> 603 669-6831
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>  Charters Brothers Construction, LLC 27 Main Street Danville NH 03819	<b>INSURER A:</b> Firemen's Ins Co of Washington <b>NAIC #:</b> 21784	<b>INSURER B:</b> Acadia Insurance Co. <b>NAIC #:</b> 31325
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:** 15/16 Master                      **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  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:			CPA034384515	5/31/2015	5/31/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Limited Pollution Coverage \$ 200,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			CAA034384616	5/31/2015	5/31/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			CUA034384715	5/31/2015	5/31/2016	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WPA034384816 3A States: NH; MA; ME	5/31/2015	5/31/2016	<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	Leased/rented equipment			CPA034384515	5/31/2015	5/31/2016	Limit \$50,000 deductible 1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**RE:** Project # 8090R Contract B, Bureau of Traffic Bldg A Boiler Replacement. It is agreed and understood that The State of New Hampshire is included as additional insured with regards to General Liability when required by a written contract.

<b>CERTIFICATE HOLDER</b>  The State of NH Department of Administrative Services PO Box 483 Concord, NH 03302	<b>CANCELLATION</b>  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  Charles Hamlin/JL1
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/19/2016

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).

<b>PRODUCER</b> Infantine Insurance P. O. Box 5125  Manchester NH 03108	<b>CONTACT NAME:</b> Julie Levesque, CPCU, CIC <b>PHONE (A/C No. Ext):</b> (800) 937-0704 <b>E-MAIL ADDRESS:</b> jlevesque@infantine.com	<b>FAX (A/C No.):</b> (603) 669-6831
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Acadia Insurance Group, LLC	<b>NAIC #</b> 31325
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:**16/17 OCP                      **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	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>Owners &amp; Contractors Protector</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			0CP5646084	2/18/2016	2/18/2017	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ Owners Contractors Protective \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<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)  
RE: Project # 80904R Contract B Bureau of Traffic Bldg A Boiler Replacement

<b>CERTIFICATE HOLDER</b>  The State of NH Department of Administration PO Box 483 Concord, NH 03302	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b>  Charles Hamlin/JL6



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
2/19/2016

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 Infantine Insurance P. O. Box 5125  Manchester NH 03108	PHONE (A/C. No. Ext): (800) 937-0704	COMPANY Fireman's Ins. Co. of Washington D.C. One Acadia Commons P.O. Box 9010 Westbrook ME 04098-5010
FAX (A/C. No.): (603) 669-6831	E-MAIL ADDRESS: jlevesque@infantine.com	
CODE: AGENCY CUSTOMER ID #: 00325508	SUB CODE:	
INSURED Charters Brothers Construction, State of NH DAS and any & all contractors 27 Main Street Danville NH 03819	LOAN NUMBER	POLICY NUMBER CIM5246075
	EFFECTIVE DATE 2/18/2016	EXPIRATION DATE 2/18/2017
	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:		

### PROPERTY INFORMATION

LOCATION/DESCRIPTION Loc# 00001 18 Smokey Bear Blvd Concord, NH 03301
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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
Job Specific Builders Risk New Job Specific Specified causes of loss	249,400	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

The State of NH Department of Administrat PO Box 483 Concord, NH 03302	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
LOAN #		
AUTHORIZED REPRESENTATIVE Charles Hamlin/JL6 		