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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. 80940R – Contract A

April 5, 2017

His Excellency, Governor Christopher T. Sununu
and the Honorable Executive 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 Charters Brothers Construction, LLC (VC# 208666) Danville, NH, for a total price not to exceed \$968,535, for the Adjutant General Department's New Hampshire Army National Guard Center Strafford Baffle Range, Center Strafford, NH. This contract is effective upon Governor and Council approval through October 31, 2017, unless extended in accordance with the contract terms. **100% Federal Funds.**

2). Further authorize that a contingency in the amount of \$5,000 be approved to provide for additional unanticipated expenses or owner initiated changes for the New Hampshire Army National Guard Center Strafford Baffle Range, bringing the total to \$973,535. **100% Federal Funds.**

3). Further authorize the amount of \$30,000 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 \$1,003,535. **100% Federal Funds.**

Funding is available in account titled Adjutant General as follows:

02-12-12-120010-22450000 Army Guard Facilities	<u>SFY17</u>
103-500736 – Contract Repairs/Bldgs. & Grounds	\$968,535
103-500736 – Contingency	<u>\$ 5,000</u>
Sub-Total	\$973,535

02-12-12-120010-22550000 Inter-Agency Payments

217-502682 – BPW Fees Interagency \$ 30,000

Grand Total **\$1,003,535**

EXPLANATION

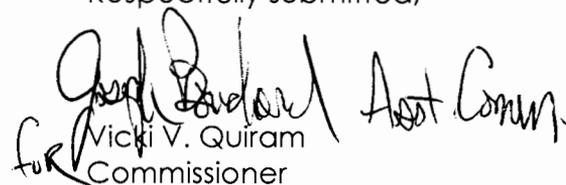
This project will construct an additional live range facility that will supplement the current baffled range in order to expand in-state live fire training opportunities. The construction of a new range would greatly increase the number of NHARNG Soldiers able to conduct simultaneous live fire training. This, along with the reduction of travel time lost transporting units to out-of-state installations, would further maximize available training time. The additional range would also allow units to conduct a greater variety of live fire training concurrently which would not be possible with the single existing range facility. These factors would lend greatly to the mission preparedness of the NHARNG.

The Federal funds available for this contract are provided to the Adjutant General's Department by the National Guard Bureau pursuant to a Federal-State Master Cooperative Agreement for the mutual support of the State of New Hampshire and the New Hampshire Army National Guard. The cost of this contract shall be reimbursed to the State by the Federal government at a rate of 100%. In the event that federal funds are not available, General Funds will not be requested to support this program.

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 Adjutant General's Department 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,


for Vicki V. Quiram
Commissioner

Department Estimate: \$888,900
Contract Amount: \$946,000 w/o alternates
Over Estimate: \$ 57,100

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 80940, Contract A – New Hampshire Army National Guard Center Strafford 2nd Baffle Range, Center Strafford, New Hampshire.

DESCRIPTION: Construction of an additional four-lane, 31-meter, firing range for rifle, machine gun and pistol marksmanship training of military personnel.

EXPLANATION: The NHARNG has a requirement to construct an additional live range facility that will supplement the current baffled range in order to expand in state live fire training opportunities. The construction of a new range would greatly increase the number of NHARNG Soldiers able to conduct simultaneous live fire training. This, along with the reduction of travel time lost transporting units to out of state installations, would further maximize available training time. The additional range would also allow units to conduct a greater variety of live fire training concurrently which would not be possible with the single existing range facility. These factors would lend greatly to the mission preparedness of the NHARNG.

OVER BUDGET
ESTIMATE

EXPLANATION: The apparent low bid is 6.5% above the engineer's construction cost estimate. This increase is due to the cost for the excavation, importing soils and the bullet trap equipment, which is higher than the estimate anticipated.

ALTERNATES

EXPLANATION: No. 2: Add Chain-Link Fence and Sliding Gate: \$12,885.

No. 5: Add Flag Pole and Foundation: \$4,600

No. 6: Move and Relocate Conex Trailer: \$5,050

Total Addition to Bid: \$22,535

DEPARTMENT

ESTIMATE: \$888,900.00

LOW BID: \$ 946,000.00 + \$22,535.00 = \$968,535.00



Division of Public Works

ABC Bid Data

CENTER STRAFFORD
80940R-A
NON-FEDERAL

PROJECT: CENTER STRAFFORD
STATE PROJECT NUMBER: 80940R-A
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: February 22, 2017, 02:00 PM
SCOPE OF WORK: NHARNG CENTER STRAFFORD 2ND BAFFLE RANGE
COMPLETION DATE: October 31, 2017
LOCATION: Strafford

Certified by: Frederic Kippen

Summary of Bidders

Contractor	Bid Amount	Rank
CHARTERS BROTHERS CONST LLC 27 MAIN STREET, DANVILLE NH 03819 BERKELEY BUILDING COMPANY 129 MARKET STREET, UNIT C, STE B, PORTSMOUTH NH 03801	\$ 946,000.00	A
	\$ 978,600.00	B

Base Bid \$ 946,000
 Alt.# 2 12,885
 Alt.# 5 4,600
 Alt.# 6 5,050
 \$ 968,535

BUREAU OF PUBLIC WORKS
 Award to A Bidder \$ 948,535
 Hold for Negotiation
 Cancel Contract
 User Agency ARNG
 Authorized by MLJ
 Date 3/2/17

Item No.	Description	Unit	Quantity	PS&E		CHARTERS BROTHERS CONST LLC 27 MAIN STREET DANVILLE, NH 03819	BERKELEY BUILDING COMPANY 129 MARKET STREET, UNIT C, STE B PORTSMOUTH, NH 03801
				Unit Price	Total		

Items

901	CONSTRUCT (4) FOUR LANE BAFFLED RANGE	U	1.000	\$860.000 00	\$860.000 00	\$915.700 00	\$949.000 00
902	REMOVAL OF ROCK/BOULDERS AND REPLACE WITH STRUCTURAL FILL	CY	20.000	\$125.00	\$2.500 00	\$230.00	\$4.000 00
903	REMOVAL OF UNSUITABLE SOIL AND REPLACE WITH STRUCTURAL FILL	CY	20.000	\$70.00	\$1.400 00	\$35.00	\$600.00
904	ALLOWANCE FOR ADDITIONS AND MODIFICATIONS TO THE CONTRACT	\$	25.000.000	\$1.00	\$25.000 00	\$1.00	\$25.000 00

Totals:		\$888.900.00	\$946.000.00	\$978.600.00
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80940R-A NHARNG Ctr Stafford
80940R-A NHARNG

991	ADD FIRING LANE #6 AS SHOWN ON PLANS AND PROJECT SPECIFICATIONS	U	1 000	\$1 00	\$1 00	\$129 500 00	\$129 500 00	\$144 000 00	\$144 000 00
992	ADD CHAIN LINK FENCE AND SLIDING GATE AS SHOWN ON PLANS AND PROJECT SPECIFICATIONS	U	1 000	\$1 00	\$1 00	\$12 885 00	\$12 885 00	\$10 500 00	\$10 500 00
993	ADD TARGET STORAGE SHED, SLAB AND ENLARGED GRAVEL AREA AS SHOWN ON PLANS AND PROJECT SPECIFICATIONS	U	1 000	\$1 00	\$1 00	\$29 250 00	\$29 250 00	\$18 000 00	\$18 000 00
994	ADD CANOPY SHELTER STRUCTURE, SLAB AND FOUNDATION AS SHOWN ON PLANS AND PROJECT	U	1 000	\$1 00	\$1 00	\$41 600 00	\$41 600 00	\$34 000 00	\$34 000 00
995	ADD FLAG POLE AS SHOWN ON PLANS AND PROJECT SPECIFICATIONS	U	1 000	\$1 00	\$1 00	\$4 500 00	\$4 500 00	\$2 400 00	\$3 100 00
996	MOVE AND RELOCATE CONEX TRAILER AS SHOWN ON PLANS AND PROJECT SPECIFICATIONS	U	1 000	\$1 00	\$1 00	\$5 050 00	\$5 050 00	\$3 500 00	\$3 500 00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/18/2017

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 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 FIAI/Cross Insurance 1100 Elm Street Manchester NH 03101	CONTACT NAME: Vivian Pinette
	PHONE (A/C, No, Ext): (603) 669-3218 FAX (A/C, No): (603) 645-4331 E-MAIL ADDRESS: vpinette@crossagency.com
INSURED STATE OF NEW HAMPSHIRE Department of Transportation C/O CHARTERS BROTHERS CONSTRUCTION 27 MAIN STREET DANVILLE NH 03819	INSURER(S) AFFORDING COVERAGE
	INSURER A: Acadia Ins Co. NAIC # 31325
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL1741806841 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 YWVD	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 GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			OCP5297221-10	3/15/2017	3/15/2018	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 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 (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 DED 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			PER STATUTE 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)
 Loc: NH Route 126, Center Strafford NH Project #80940R Contract A

CERTIFICATE HOLDER	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 Jeff Schroeder/VP2 <i>Jeff Schroeder</i>

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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

4/18/2017

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 FIAI/Cross Insurance 1100 Elm Street Manchester NH 03101		PHONE (A/C, No, Ext): (603) 669-3218	COMPANY Acadia Ins Co. One Acadia Commons P.O. Box 9010 Westbrook ME 04098-5010	
FAX (A/C, No): (603) 645-4331	E-MAIL ADDRESS: jschroeder@crossagency.c			
CODE: AGENCY CUSTOMER ID#: 00325508	SUB CODE:			
INSURED Charters Brothers Construction, LLC, State of New Hampshire Dept of Administrative Services and ** 27 Main St Danville NH 03819		LOAN NUMBER	POLICY NUMBER CIM529318710	
		EFFECTIVE DATE 3/15/2017	EXPIRATION DATE 3/15/2018	CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION Loc# 00001 NH Route 126 Center Strafford, NH 03815
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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	968,535	1,000
Transit	484,268	1,000
Temporary Storage	484,268	1,000

REMARKS (Including Special Conditions)

**Any & All Subcontractors ATIMA

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

NAME AND ADDRESS	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE		
Jeff Schroeder/VP2		



INSURANCE BINDER

DATE (MM/DD/YYYY)
3/15/2017**THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON PAGE 2 OF THIS FORM.**

AGENCY FIAI/Cross Insurance 1100 Elm Street Manchester NH 03101		COMPANY W.R. Berkley Corporation		BINDER # B1731667569
PHONE (A/C, No, Ext): (603) 669-3218 FAX (A/C, No): (603) 645-4331		DATE EFFECTIVE 3/15/2017 12:01		DATE EXPIRATION 4/14/2017
AGENCY CUSTOMER ID: 00325508		<input type="checkbox"/> THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY # CIM529318710		<input checked="" type="checkbox"/> 12:01 AM <input checked="" type="checkbox"/> NOON
INSURED AND MAILING ADDRESS Charters Brothers Construction, LLC; State of New Hampshire Dept of Administrative Services and ** 27 Main St Danville NH 03819		DESCRIPTION OF OPERATIONS / VEHICLES / PROPERTY (Including Location) Loc# 00001 NH Route 126 Center Strafford, NH 03815		

COVERAGES**LIMITS**

TYPE OF INSURANCE	COVERAGE / FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC	Job Specific Builders Risk New Transit Temporary Storage	1,000	80	968,535
		1,000	80	484,268
		1,000	80	484,268
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 \$		
VEHICLE 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 \$		
VEHICLE PHYSICAL DAMAGE DED <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 \$		
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		PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$		
SPECIAL CONDITIONS / OTHER COVERAGES	**Any & All Subcontractors & Sub-Subcontractors ATIMA	FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$		

NAME & ADDRESS

<input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> ADDITIONAL INSURED
LOAN #: AUTHORIZED REPRESENTATIVE Jeff Schroeder/VP2	



INSURANCE BINDER

DATE (MM/DD/YYYY)
3/15/2017**THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON PAGE 2 OF THIS FORM.**

AGENCY FIAI/Cross Insurance 1100 Elm Street Manchester NH 03101		COMPANY W.R. Berkley Corporation	BINDER # B1732167970
PHONE (A/C, No, Ext): (603) 669-3218	FAX (A/C, No): (603) 645-4331	DATE EFFECTIVE 3/15/2017	TIME 12:01
CODE:	SUB CODE:	DATE EXPIRATION 4/14/2017	TIME 12:01 AM
AGENCY CUSTOMER ID: 00325508		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: OCP529722110	
INSURED AND MAILING ADDRESS State of New Hampshire Dept. of Administrative Services c/o Charters Brothers 27 Main Street Danville NH 03819		DESCRIPTION OF OPERATIONS / VEHICLES / PROPERTY (Including Location) Loc: NH Route 126, Center Strafford NH 03815 Project #80940R Contract A	

COVERAGES**LIMITS**

TYPE OF INSURANCE	COVERAGE / FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners Contractors <input type="checkbox"/> Protective	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$ 2,000,000
		DAMAGE TO RENTED PREMISES		\$
		MED EXP (Any one person)		\$
		PERSONAL & ADV INJURY		\$
		GENERAL AGGREGATE		\$ 3,000,000
		PRODUCTS - COMP/OP AGG		\$
VEHICLE 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		\$
				\$
VEHICLE PHYSICAL DAMAGE DED <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES <input type="checkbox"/> COLLISION: <input type="checkbox"/> OTHER THAN COL:		ACTUAL CASH VALUE		\$
		STATED AMOUNT		\$
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		\$
		PER STATUTE		\$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		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

MORTGAGEE	ADDITIONAL INSURED
LOSS PAYEE	
LOAN #:	
AUTHORIZED REPRESENTATIVE	
Jeff Schroeder/VP2	
<i>Jeff Schroeder</i>	