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State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES

25 Capitol Street - Room 100
Concord, New Hampshire 03301
(603) 271-3201 | Office@das.nh.gov

Charles M. Arlinghaus
Commissioner

Catherine A. Keane
Deputy Commissioner

Sheri L. Rockburn
Assistant Commissioner

Division of Public Works
Design and Construction
Project No. 81199- Contract A

August 1, 2022

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 Meridian Construction Corp. (VC #157328), 32 Artisan Court, Unit #4, Gilford, New Hampshire, 03249-6603 for a total price not to exceed \$1,029,377 for ARPA – Lamott Building Roof Replacement, Benton, New Hampshire. This contract is effective upon Governor and Council approval through November 25, 2022, unless extended in accordance with the contract terms. **100% Federal Funds.**
- 2). Further authorize that a contingency in the amount of \$60,000 be approved for unanticipated site expenses for ARPA – Lamott Building Roof Replacement, Benton, New Hampshire, bringing the total to \$1,089,377. **100% Federal Funds.**
- 3). Further authorize the amount of \$40,000 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC# 311152), for engineering services provided, bringing the total to \$1,129,377. **27% Federal Funds, 73% General Funds.**

Funding is available in account titled Department of Health and Human Services, as follows:

	<u>FY 2023</u>
05-94-94-940010-24650000 ARPA DHHS FISCAL RECOVERY FUND	
103-502507 – Contracts for Op Services	\$ 1,029,377
05-94-94-940010-24650000 ARPA DHHS FISCAL RECOVERY FUND	
103-502507 – Contracts for Op Services - Contingency	\$ 60,000

05-94-94-940010-24650000 ARPA DHHS FISCAL RECOVERY FUND	
103-502507 – Contracts for Op Services – DPW Fees	\$ 10,623
05-95-95-953010-56850000 MANAGEMENT SUPPORT	
103-500737 – Contracts for Op Services – DPW Fees	<u>\$ 29,377</u>
Grand Total	\$ 1,129,377

EXPLANATION

This project will replace the existing asphalt shingles with a new metal roofing system, on the Lamott Building at the Glencliff Home for the Elderly. The exterior wood trim will be repainted.

The asphalt shingle roofing is beyond its warranty. The shingles have deteriorated and many have become dislodged and fallen off the roof, allowing water to enter the building. The water intrusion has caused damage to the building interior. The paint on the exterior wood trim is peeling and needs to be repaired to maintain the integrity of the wood.

A public bid opening was held on May 25, 2022. Two bid proposals were received and the contract was awarded to the lowest qualified bidder. The low bid was within 1% of the Department estimate and considered within industry standards.

This contract contained two (2) Alternate Bid Items (Alternates). Alternates are not included in the Base Bid and, therefore, not used to determine the low bid. Once the low bid is established, the Department may add or deduct scope as described in the Alternates and per the Alternate bid prices provided by the low bidder.

The Department accepted Alternate #1, which substitutes the metal shingle roofing system, which was included in the base bid, with a standing seam metal roofing system. As a result of the Alternate #1 substitution, Meridian was able to reduce their original bid by \$87,474 because the standing seam metal roofing has a shorter lead time and would decrease the duration of the contract.

Base Bid: \$1,116,851
Less Alternate #1: (\$87,474)
Contract Amount: \$1,029,377

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 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 Charles M. Arlinghaus,
Commissioner

Department Estimate:	\$ 1,132,500
Low Base Bid (without Alternates):	<u>\$ 1,116,851</u>
Under Estimate:	\$ 15,649

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 81199, Contract A
ARPA Lamott Building Roof Replacement, Benton NH

DESCRIPTION: This project will remove the existing asphalt shingles and replace them with a new metal roofing system on the Lamott Building at the Glencliff Home for the Elderly. The existing exterior wood trim will be repainted.

EXPLANATION: The existing asphalt shingle roofing is beyond its warranty. The shingles have deteriorated and many have become dislodged and fallen off the roof, allowing water to enter the building. The water intrusion has caused damage to the building interior. The paint on the exterior wood trim is peeling and needs to be repaired to maintain the integrity of the wood.

ALTERNATES

EXPLANATION: Alternate #1: Provide Cost to Change New Metal Shingles to New Metal Panels; DEDUCT \$87,474.00. The work of this Alternate bid item was added to the contract and includes replacing the metal shingle roofing system, which was included in the base bid, with a standing seam metal roofing system. The standing seam metal roofing has the same quality as the metal shingle roofing but has a shorter lead time and is less expensive.

UNDER ESTIMATE

EXPLANATION: The low bid is within 1% of the Department estimate and is considered well within industry standards.

DEPARTMENT ESTIMATE:	\$ 1,132,500
LOW BID:	<u>\$ 1,116,851</u>
UNDER ESTIMATE:	\$ 15,649



Division of Public Works

ABC Bid Data

BENTON
81199A
NON-FEDERAL

PROJECT: Benton
STATE PROJECT NUMBER: 81199A
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: May 25, 2022, 2:00 PM
SCOPE OF WORK: ARPA - Lamott Building Roof Replacement
COMPLETION DATE: November 25, 2022
LOCATION: Grafton

Awarded To:

Amount: \$0.00

Award Date:

Certified by: _____
Director of Project Development

Summary of Bidders

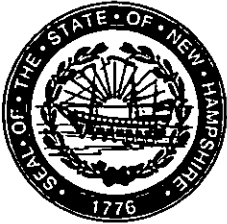
Contractor	Bid Amount	Rank
MERIDIAN CONSTRUCTION CORP. 32 ARTISAN COURT #4, GILFORD NH 03249-6603	\$1,116,851.00	A
WEATHERGUARD INDUSTRIES/SMJ METALS, LLC 36 SMITH STREET, NORTHHAMPTON MA 01060	\$1,140,000.00	B

Item # 901: \$1,051,851.00
 # 902: \$ 65,000.00

 Base Bid = \$ 1,116,851.00
 Alt. # 991 = \$ (87,474.00)

 Total this Contract = \$ 1,029,377.00

BUREAU OF PUBLIC WORKS
 Award to Meridian Construction Corp.
 Hold for Negotiation
 Cancel Contract
 User Agency HHS - Glencite
 Authorized by _____
 Date 06/17/2022
 2:46 pm



Division of Public Works

PS&E Comparison

BENTON
81199A
NON-FEDERAL

Item No.	Description	Unit	Quantity	A-Bidder		PS&E		A-PS&E Difference
				Unit Price	Total	Unit Price	Total	
Items								
901	REMOVE AND REPLACE EXISTING LAMOTT BUILDING ROOF AND PAINT WOODWORK	U	1.00	\$1,051,851.00	\$1,051,851.00	\$1,067,500.00	\$1,067,500.00	(\$15,649.00)
902	ALLOWANCE #1 FOR MODIFICATIONS AND/OR OWNER INITIATED CHANGES	\$	65,000.00	\$1.00	\$65,000.00	\$1.00	\$65,000.00	\$0.00
ALTERNATES 81199A								
ALTERNATE #1								
991	ADD ALTERNATE PROVIDE COST TO CHANGE NEW METAL SHINGLES TO NEW METAL PANELS	U	1.00	(\$87,474.00)	(\$87,474.00)	\$1,497,500.00	\$1,497,500.00	(\$1,584,974.00)
ALTERNATE #2								
992	DEDUCT ALTERNATE PROVIDE COST TO CHANGE NEW METAL SHINGLES TO NEW ASPHALT SHINGLES	U	1.00	(\$224,413.00)	(\$224,413.00)	\$952,500.00	\$952,500.00	(\$1,176,913.00)
Total:					\$1,116,851.00		\$1,132,500.00	(\$15,649.00)



Division of Public Works

ABC Bid Data

BENTON

81199A

NON-FEDERAL

Item No.	Description	Unit	Quantity	PS&E		MERIDIAN CONSTRUCTION CORP. 32 ARTISAN COURT #4 OILFORD, NH 03249-4403		WEATHERGUARD INDUSTRIES/MJ METALS, LLC 38 SMITH STREET NORTHAMPTON, MA 01060	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items

901	REMOVE AND REPLACE EXISTING LAMOTT BUILDING ROOF AND PAINT WOODWORK	U	1.00	\$1,067,500.00	\$1,067,500.00	\$1,051,851.00	\$1,051,851.00	\$1,075,000.00	\$1,075,000.00
902	ALLOWANCE #1 FOR MODIFICATIONS AND/OR OWNER INITIATED CHANGES	\$	65,000.00	\$1.00	\$65,000.00	\$1.00	\$65,000.00	\$1.00	\$65,000.00
Totals:					\$1,132,500.00		\$1,116,851.00		\$1,140,000.00

ALTERNATES 81199A

ALTERNATE #1

991	ADD ALTERNATE PROVIDE COST TO CHANGE NEW METAL SHINGLES TO NEW METAL PANELS	U	1.00	\$1,497,500.00	\$1,497,500.00	(\$87,474.00)	(\$87,474.00)	\$5,000.00	\$5,000.00
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ALTERNATE #2

992	DEDUCT ALTERNATE PROVIDE COST TO CHANGE NEW METAL SHINGLES TO NEW ASPHALT SHINGLES	U	1.00	\$952,500.00	\$952,500.00	(\$224,413.00)	(\$224,413.00)	\$325,000.00	\$325,000.00
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Alt. Totals:									
Totals:				\$1,132,500.00	\$1,116,851.00				\$1,140,000.00

State of New Hampshire

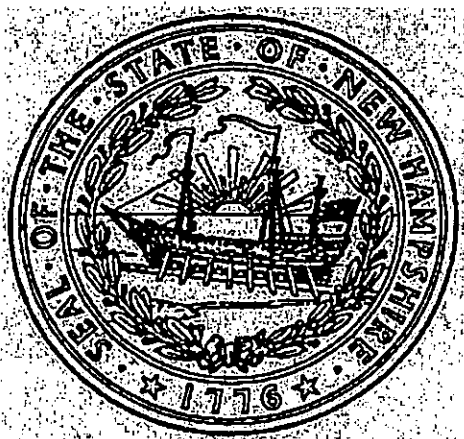
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that MERIDIAN CONSTRUCTION CORPORATION is a New Hampshire Profit Corporation registered to transact business in New Hampshire on March 09, 1993. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 186699

Certificate Number : 0005759320



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 12th day of April A.D. 2022.

A handwritten signature in black ink, appearing to read "David M. Scanlan", is written over a circular embossed seal.

David M. Scanlan
Secretary of State

Certificate of Authority # 1

Corporate Resolution

I, Luke Salome, hereby certify that I am duly elected Clerk/Secretary/Officer of
Meridian Construction Corp.
(Name)
(Name of Corporation) I hereby certify the following is a true copy of a vote taken at

a meeting of the Board of Directors/shareholders, duly called and held on June 20, 2022,
at which a quorum of the Directors/shareholders were present and voting.

VOTED: That Timothy V. Long (may list more than one person) is
(Name and Title)

duly authorized to enter into contracts or agreements on behalf of
Meridian Construction Corp. with the State of New Hampshire and any of
(Name of Corporation)

its agencies or departments and further is authorized to execute any documents
which may in his/her judgment be desirable or necessary to effect the purpose of
this vote.

I hereby certify that said vote has not been amended or repealed and remains in full force
and effect as of the date of the contract to which this certificate is attached. This authority
remains valid for thirty (30) days from the date of this Corporate Resolution. I further certify
that it is understood that the State of New Hampshire will rely on this certificate as evidence that
the person(s) listed above currently occupy the position(s) indicated and that they have full
authority to bind the corporation. To the extent that there are any limits on the authority of any
listed individual to bind the corporation in contracts with the State of New Hampshire, all such
limitations are expressly stated herein.

DATED: June 20, 2022

ATTEST:



(Name & Title)

Luke Salome, Clerk



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/20/2022

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 Cross Insurance-Laconia 155 Court Street Laconia NH 03246		CONTACT NAME: Sarah Cullen, AINS, ACSR PHONE (A/C, No, Ext): (603) 524-2425 FAX (A/C, No): (603) 524-3668 E-MAIL ADDRESS: sarah.cullen@crossagency.com	
INSURED Meridian Construction Corp. 32 Artisan Court, Unit #4 Gilford NH 03249		INSURER(S) AFFORDING COVERAGE INSURER A: Firemen's Ins. Co. of Washington D.C. NAIC # 21784 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL21102974934 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 type="checkbox"/> LOC OTHER:	Y	Y	CPA5221144-16	10/31/2021	10/31/2022	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 - COMPROP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	CAA5221145-16	10/31/2021	10/31/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	CUA5221146-16	10/31/2021	10/31/2022	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 Completed Ops Agg \$ 10,000,000
A	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	WCA5368721-13	10/31/2021	10/31/2022	<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

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

Project: Lamont Building Roof Replacement Project#81199-A

State of New Hampshire, its agencies, and its agents and employees are an additional insured on a primary and noncontributory basis for ongoing & completed operations performed by Meridian Construction Corp when required in a written contract. Waiver of subrogation applies when allowed by state statute.

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 <i>Sarah Cullen</i>
---	--



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
6/20/2022

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 Cross Insurance-Laconia 155 Court Street Laconia NH 03246		PHONE (A.C. No. Ext): (603) 524-2425	COMPANY Acadia Ins Co. One Acadia Commons P.O. Box 9010 Westbrook ME 04098-5010	
FAX (A.C. No.): (603) 524-3666	E-MAIL ADDRESS:			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #: 00177919		LOAN NUMBER		POLICY NUMBER CIM5520206
INSURED Meridian Construction Corp. & State of New Hampshire Department of Admin Services 32 Artisan Court, Unit #4 Gilford NH 03249		EFFECTIVE DATE 6/20/2022	EXPIRATION DATE 6/20/2023	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION Loc# 00001 393 High Street Benton, NH 03238

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, Special Form, Replacement Cost	1,029,377	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		
NAME AND ADDRESS State of New Hampshire Department of Administrative Services 7 Hazen Drive, Room 250 Concord, NH 03302	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	<input checked="" type="checkbox"/> Owner
	LOAN #	
AUTHORIZED REPRESENTATIVE S Cullen, AINS, ACSR/S <i>Sarah Cullen</i>		

COMMENTS/REMARKS

Any and all subcontractors are included as named insureds.
Waiver of subrogation applies when required by contract.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/20/2022

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PRODUCER Cross Insurance-Laconia 155 Court Street Laconia NH 03246	CONTACT NAME: Sarah Cullen, AINS, ACSR PHONE (A/C, No, Ext): (603) 524-2425 FAX (A/C, No): (603) 524-3666 E-MAIL ADDRESS: sarah.cullen@crossagency.com
	INSURER(S) AFFORDING COVERAGE INSURER A : Acadia Ins Co. NAIC # 31325 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
INSURED State of New Hampshire Department of Administrative Services c/o Meridian Construction Corp 32 Artisan Court, Unit #4 Gilford NH 03249	

COVERAGES CERTIFICATE NUMBER: CL2262200587 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	ADDC INSD	SUBR 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 Protective GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			OCP5523613-10	06/20/2022	06/20/2023	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"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						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)

Project:Lamont Building Roof Replacement Project#81199-A

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

Sarah Cullen

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