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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. 80863R – Contract B

July 8, 2016

Her Excellency, Governor Margaret Wood Hassan
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 Rockwell Roofing, Inc. (VC# 260012) Leominster, Massachusetts, for a total price not to exceed \$612,000, for the Liquor Commission Warehouse Roof Replacement in Concord, New Hampshire. This contract is effective upon Governor and Council approval through November 1, 2016, unless extended in accordance with the contract terms. **100% Other Funds (Liquor Commission Funds).**

2). Further authorize that a contingency in the amount of \$48,000 be approved for latent conditions, unanticipated roofing, or mechanical expenses for the Liquor Commission Warehouse Roof Replacement, bringing the total to \$660,000. **100% Other Funds (Liquor Commission Funds).**

3). Further authorize the amount of \$15,000 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 \$675,000. **100% Other Funds (Liquor Commission Funds).**

Funding is available in account titled Liquor Commission as follows:

Funding is available in account titled Liquor Commission as follows:

02-77-77-770030-52800000	Concord Warehouse	<u>SFY17</u>
034-500162	– Contract Repairs/Bldgs. & Grounds	\$612,000
034-500162	– Contingency	\$ 48,000
034-500162	– BPW Fees Interagency	<u>\$ 15,000</u>
Grand Total		\$675,000

EXPLANATION

Per Chapter 220:l, XI, A, Laws of 2015 for the Concord Warehouse Roof Replacement, This project will remove and replace the back portion of the Liquor Warehouse Roof including removal of existing roof and insulation, repair of tectum decking as required, replacement of tapered insulation, cover board and 90 mil EPDM roof. In addition there is some minor mechanical work required with the re-roofing. The new total roof system meets state energy requirements and has 30 year total system warranty.

The contractor has been pre-qualified by the Department of Transportation. The contract has been approved by the Attorney General as to form and substance, and the Liquor Commission 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:	\$815,600
Contract Amount:	<u>\$612,000</u>
Under Estimate:	\$203,600

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80863R, Contract B – Liquor Commission Warehouse Roof Replacement, 50 Storrs Street, Concord, New Hampshire.

DESCRIPTION: Remove and replace (back) Liquor Warehouse Roof including removal of existing roof and insulation, repair of tectum decking as required, replacement of tapered insulation, cover board and 90 mil EPDM roof. In addition there is some minor mechanical work required with the re-roofing. The new total roof system meets state energy requirements and has 30 year total system warranty.

EXPLANATION: Existing roof is out of warranty, leaks and does not meet minimum state required R values.

UNDER ESTIMATE

EXPLANATION: The low bid was significantly less than the average bid for this project. The median bid was slightly higher, but in line with A/E and DPW estimates. The A/E and DPW estimates anticipated less competition and higher labor and material costs in a recovering construction market; and used bid data from recent projects. However, it appears that there is now increased competition and a cooling roofing market; yielding a better bid low bid than anticipated.

DEPARTMENT

ESTIMATE: \$815,600
LOW BID: \$612,000

BIDDER SUMMARY

LIQUOR COMMISSION WAREHOUSE ROOF REPLACEMENT

PROJECT NAME: **80863R-B**
 PROJECT NUMBER: MERRIMACK COUNTY 013
 COUNTY: 04/20/2016
 BID OPENING DATE: REMOVAL AND REPLACEMENT OF APPROXIMATELY 42,000 SQUARE FEET OF
 SCOPE OF WORK: EPDM MEMBRANE ROOF AND ROOF INSULATION OVER A TECTUM DECK;
 REMOVAL AND REPLACEMENT OF EXISTING FLASHING; AND REMOVAL OR
 ADJUSTMENT OF EXISTING ROOF MOUNTED MECHANICAL EQUIPMENT.

LOCATION: 50 STORRS STREET, CONCORD, NH 03301
 COMPLETION DATE: 11/01/2016

BID RESULTS

- A ROCKWELL ROOFING, INC. - 44 POND ST., LEOMINSTER, MA 01453
- B SKYLINE ROOFING, INC. - 861 PAGE ST., MANCHESTER, NH 03109
- C THE MELANSON COMPANY, INC. - 5 FERRY RD., BOW, NH 03304
- D J.N.R. GUTTER, INC. - 38-40 LANCASTER ST., HAVERHILL, MA 01830
- E STANLEY ROOFING COMPANY, INC. - 42 MITCHELL ROAD, IPSWICH, MA 01938
- F KEVIN W. SMITH & SON, INC. - PO BOX 151, GORHAM, ME 04038
- G VIKING ROOFING, INC. - 10 CLINTON DRIVE, HOLLIS, NH 03049

\$	612,000.00	ACCEPTED
\$	658,300.00	ACCEPTED
\$	675,850.00	ACCEPTED
\$	685,000.00	ACCEPTED
\$	1,043,500.00	ACCEPTED
\$	-	IRREGULAR
\$	-	IRREGULAR

Item 901 = \$ 488,000.
 Item 902 = \$ 75,000.
 Item 903 = \$ 48,000.
 Item 904 = \$ 1,000.
 Total = \$ 612,000.

BUREAU OF PUBLIC WORKS

Award to Packwell Roofing, Inc.
 Hold for Negotiation
 Cancel Contract
 User Agency Liquor
 Authorized by [Signature]
 Date 10/18/2016

ITEM NO.	DESCRIPTION	UNIT	QUANTITY	UNIT PRICE	TOTAL	PS&E	UNIT PRICE	TOTAL	E
901.00	REROOFING AND ASSOCIATED WORK	EA	1.00	\$ 700,000.00	\$ 700,000.00		\$ 919,000.00	\$ 919,000.00	
902.00	ALLOWANCE #1: UNFORESEEN AND LATENT CONDITIONS, OWNER INITIATED CHANGES AND UNIT PRICE ITEMS AT BID UNIT COST								
903.00	100 SF OF "TECTUM 1 LONG SPAN PLANKS" INSTALLED COMPLETE INCLUDING DEMO OF OLD CWF DECK AND SUPPLY AND INSTALL OF STEEL ANGLES AT UNSUPPORTED EDGES AT JUNCTIONS BETWEEN OLD AND NEW DECK	\$	75,000.00	\$ 1.00	\$ 75,000.00		\$ 1.00	\$ 75,000.00	
904.00	SUPPLY AND INSTALL 100 EACH OF 10 INCH TOGGLE BOLTS	EA	40.00	\$ 1,000.00	\$ 40,000.00		\$ 1,200.00	\$ 48,000.00	
		EA	1.00	\$ 600.00	\$ 600.00		\$ 1,500.00	\$ 1,500.00	
								\$ 1,043,500.00	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/23/2016

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(les) 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 Tonry Insurance Group, Inc. 300 Congress Street Quincy MA 02169		CONTACT NAME: PHONE (A/C, No, Ext): (617) 773-9200 FAX (A/C, No): (617) 773-9920 E-MAIL ADDRESS: certs@tonry.com	
INSURED Rockwell Roofing, Inc. 44 Pond St. Leominster MA 01453-3531		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Tokio Marine Specialty Insurance	NAIC # 23850
		INSURER B: Safety Indemnity	33618
		INSURER C: Riverport Insurance	36684
		INSURER D: Travelers Prop Cas Co of Amer	25674
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CL166813338

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 <input type="checkbox"/> OTHER:	X		PPK1489513	5/1/2016	5/1/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 Employee Benefits \$ 1,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			6203176	5/1/2016	5/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist Bl split limit \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PUB539114	5/1/2016	5/1/2017	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	N/A	WC288300756800	6/20/2016	6/20/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D	Inland Marine Installation Floater			66030858823	5/1/2016	5/1/2017	Scheduled/Leased Rented Per Schedule Stored/On-site/in-transit/temp \$750,000

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

Project: Liquor Commission Warehouse Roof Replacement 80863R - Concord, NH. Additional Insured: State of New Hampshire, Administrative Services.

Operations usual to a roofing and sheet metal contractor.

CERTIFICATE HOLDER**CANCELLATION**

State of New Hampshire Administrative Services John O. Morton Building 7 Hazen Drive PO Box 483 Concord, MA 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 L Tonry Jr./DCABRA

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/21/2016

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).

PRODUCER Albert J. Tonry & Co., Inc. 300 Congress Street Quincy MA 02169	CONTACT NAME: Deanne Tonry PHONE (A/C No. Ext): (617) 773-9200 FAX (A/C No): (617) 773-9920 E-MAIL ADDRESS: dtonry@tonry.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED NH Department of Administrative Services 7 Hazen Drive Concord NH 03301	INSURER A: Nautilus Insurance Company	NAIC # 23850
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL1471808904 **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 <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners & Contractors GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC			NH483518	6/30/2016	10/30/2016	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"/> 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"/> 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			N/A			<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER 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)
 Designated Contractor: Rockwell Roofing, Inc. Project: Liquor Commission Warehouse Roof Replacement, Concord, NH.
 #80863R; Contract B.

CERTIFICATE HOLDER (603) 271-1558 mdrouin@dot.state.nh.us NH Department of Administrative Services Michelle Drouin, Program Specialist I 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 L Tonry Jr./DCABRA
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CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
6/23/2016

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER Tony Insurance Group, Inc. 300 Congress Street Quincy MA 02169	CONTACT NAME: PHONE (A/C, No, Ext): (617) 773-9200 FAX (A/C, No): (617) 773-9920 E-MAIL ADDRESS: certs@tonry.com	
	PRODUCER CUSTOMER ID: 00002206	
INSURED State of New Hampshire-Administrative Services 7 Hazen Drive Concord MA 03301	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Travelers Prop Cas Co of Amer	NAIC # 25674
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER:** CP1662301029 **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Designated Contractor: Rockwell Roofing, Inc. Project: Liquor Commission Warehouse, Roof Replacement, Concord, NH. #80863R: Contract B.

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
	<input type="checkbox"/> PROPERTY <input type="checkbox"/> CAUSES OF LOSS <input type="checkbox"/> DEDUCTIBLES <input type="checkbox"/> BASIC <input type="checkbox"/> BUILDING <input type="checkbox"/> BROAD <input type="checkbox"/> CONTENTS <input type="checkbox"/> SPECIAL <input type="checkbox"/> EARTHQUAKE <input type="checkbox"/> WIND <input type="checkbox"/> FLOOD				<input type="checkbox"/> BUILDING <input type="checkbox"/> PERSONAL PROPERTY <input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> EXTRA EXPENSE <input type="checkbox"/> RENTAL VALUE <input type="checkbox"/> BLANKET BUILDING <input type="checkbox"/> BLANKET PERS PROP <input type="checkbox"/> BLANKET BLDG & PP	\$
A	<input checked="" type="checkbox"/> INLAND MARINE <input type="checkbox"/> CAUSES OF LOSS <input type="checkbox"/> NAMED PERILS <input checked="" type="checkbox"/> Special form	TYPE OF POLICY Installation Floater POLICY NUMBER 6603085B823	5/1/2016	5/1/2017	<input type="checkbox"/> Builders Risk New <input checked="" type="checkbox"/> Stored Materials <input checked="" type="checkbox"/> On-Site <input checked="" type="checkbox"/> In-Transit	\$ \$ 750,000 \$ 750,000 \$ 750,000
	<input type="checkbox"/> CRIME <input type="checkbox"/> TYPE OF POLICY					\$ \$ \$
	<input type="checkbox"/> BOILER & MACHINERY / <input type="checkbox"/> EQUIPMENT BREAKDOWN					\$ \$ \$

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Project: Liquor Commission Warehouse; Roof Replacement 80863R-Concord, NH.

CERTIFICATE HOLDER (603) 271-1558 mdrouin@dot.state.nh.us NH Department of Administrative Services Michelle Drouin, Program Specialist I 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 L Tony Jr./DCABRA
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