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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

CHARLES M. ARLINGHAUS
Commissioner
(603)-271-3201

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

Division of Public Works
Design and Construction
Project No. 80943R – Contract A

September 12, 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 K-Con, Inc., (VC# 280244) Charlestown, SC, for a total price not to exceed \$2,239,611, for hangar door replacement at the AASF (Army Aviation Support Facility) Hangar of the Adjutant General Department's New Hampshire Army National Guard, located in Concord, NH. This contract is effective upon Governor and Council approval through October 26, 2018, unless extended in accordance with the contract terms. **100% Federal Funds.**

2). Further authorize the amount of \$40,611 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 \$2,280,222. **100% Federal Funds.**

Funding is available in account titled Adjutant General as follows:

02-12-12-120010-22450000 Army Guard Facilities	<u>SFY18</u>
103-500736 – Contract Repairs/Bldgs. & Grounds	\$2,239,611*
02-12-12-120010-22550000 Inter-Agency Payments	
217-502682 – DPW Fees Interagency	\$ <u>40,611</u>
Grand Total	\$ 2,280,222

***Subject to the availability of Federal Funds.**

EXPLANATION

This project consists of, but is not limited to, the replacement of seven (7) hangar doors at the Army Aviation Support Facility (AASF) in Concord, NH.

The Federal Funds available for the purpose of this contract are provided to the State of New Hampshire - Adjutant General's Department by the National Guard Bureau pursuant to a Federal-State Master Cooperative Agreement for the mutual support of the New Hampshire 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 used to support this Federal percentage.

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. 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,



Charles M. Arlinghaus
Commissioner

Department Estimate:	\$1,950,000
Contract Amount:	<u>\$2,239,611</u> (w/o alternates)
Over Estimate:	\$ 289,611

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 80943R, Contract A – AASF Hanger Door Upgrade, Concord.

DESCRIPTION: The project consists of but is not limited to the replacement of seven (7) hanger doors at the Army Aviation Support Facility (AASF) in Concord.

EXPLANATION: The existing doors are not functioning correctly and are in need of repair. The company that originally installed the doors is no longer in business. The doors range in size from 60 feet wide to 114 feet wide by 33 feet tall. This project is going forward "subject to availability of federal funds."

OVER ESTIMATE

EXPLANATION: There were 4 bids received for the project. The range was \$2,239,611 to \$ 2,499,289 which is good tight bidding.

ALTERNATES

EXPLANATION: There were two ADD alternates that were not accepted. Alternate # 1 was for carpeting in several office & conference rooms on the second floor and Alternate # 2 was to add five (5) unit heaters in one of the hanger bays that is not heated.

DEPARTMENT

ESTIMATE: \$1,950,000

LOW BID: \$2,239,611 (w/o alternates)



Division of Public Works

ABC Bid Data

CONCORD
8843RA
NON-FEDERAL

PROJECT: CONCORD
STATE PROJECT NUMBER: 80943RA
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: July 19, 2017, 12:00 PM
SCOPE OF WORK: ASSE Hanger Door Upgrade
COMPLETION DATE: October 26, 2018
LOCATION: Merrimack

Certified by: _____
Administrator

Summary of Bidders

Contractor	Bid Amount	Rank
K-CON, INC 2728 SPRUILL AVENUE, CHARLESTOWN SC 29405	\$2,239,811.00	A
BUCK, T. CONSTRUCTION, INC. 302B AUBURN ROAD, TURNER ME 04282	\$2,284,520.00	B
TURNSTONE CORPORATION 479 NASHUA STREET, MILFORD NH 03055-3705	\$2,379,000.00	C
BROOKSTONE BUILDERS, INC. 600 HARVEY ROAD, MANCHESTER NH 03103-3920	\$2,489,288.00	D

BUREAU OF PUBLIC WORKS

Award to A Bidder # 2,239,611
 Hold for Negotiation
 Cancel Contract
 User Agency NHARRNG Pending
 Authorized by MLJ availability of
 Date 8/11/17 Federal Funds.

Item No. Items	Description	Unit	Quantity	PS&E		K-COM, INC 2728 SPRUILL AVENUE CHARLESTOWN, SC 29405		BUCK, T. CONSTRUCTION, INC. 3025 AUBURN ROAD TURNER, ME 04282	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

901	PROVIDE AND INSTALL SEVEN (7) HANGER DOORS AS PER PLANS AND SPECS	U	1.00	\$1,860,000.00	\$1,860,000.00	\$2,149,611.00	\$2,149,611.00	\$2,194,520.00	\$2,194,520.00
902	ALLOWANCE #1 FOR ADDITIONAL STRUCTURAL SUPPORT FOR HANGER DOORS AND UNFORESEEN CONDITIONS	\$	60,000.00	\$1.00	\$60,000.00	\$1.00	\$60,000.00	\$1.00	\$60,000.00
903	ALLOWANCE #2 FOR UNFORESEEN CONDITIONS AND OWNER INITIATED CHANGES	\$	30,000.00	\$1.00	\$30,000.00	\$1.00	\$30,000.00	\$1.00	\$30,000.00
Totals:					\$1,960,000.00		\$2,239,611.00		\$2,294,520.00

**ADD ALTERNATES 80943RA
ADD ALTERNATE #1**

991	ADD ALTERNATE #1 ALL WORK ASSOCIATED WITH CARPETING ROOMS PER DRAWING G1.1	U	1.00	\$44,000.00	\$44,000.00	\$46,864.00	\$46,864.00	\$35,900.00	\$35,900.00
Totals:					\$44,000.00		\$46,864.00		\$35,900.00

ADD ALTERNATE #2

992	ADD ALTERNATE #2 ALL WORK ASSOCIATED WITH ADDING FIVE(5) UNIT HEATERS & ASSOCIATED MECHANICAL & ELEC	U	1.00	\$155,000.00	\$155,000.00	\$194,119.00	\$194,119.00	\$104,000.00	\$104,000.00
Totals:					\$155,000.00		\$194,119.00		\$104,000.00

Item No.	Description	Unit	Quantity	P&E		TURNSTONE CORPORATION 479 NASHUA STREET MILFORD, NH 03055-3705		BROOKSTONE BUILDERS, INC. 600 HARVEY ROAD MANCHESTER, NH 03103-3320	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

901	PROVIDE AND INSTALL SEVEN (7) HANGER DOORS AS PER PLANS AND SPECS	U	1.00	\$1,860,000.00	\$1,860,000.00	\$2,289,000.00	\$2,289,000.00	\$2,409,289.00	\$2,409,289.00
902	ALLOWANCE #1 FOR ADDITIONAL STRUCTURAL SUPPORT FOR HANGER DOORS AND UNFORESEEN CONDITIONS	\$	60,000.00	\$1.00	\$60,000.00	\$1.00	\$60,000.00	\$1.00	\$60,000.00
903	ALLOWANCE #2 FOR UNFORESEEN CONDITIONS AND OWNER INITIATED CHANGES	\$	30,000.00	\$1.00	\$30,000.00	\$1.00	\$30,000.00	\$1.00	\$30,000.00
Totals:					\$1,960,000.00		\$2,379,000.00		\$2,499,289.00

**ADD ALTERNATES 80943RA
ADD ALTERNATE #1**

991	ADD ALTERNATE #1 ALL WORK ASSOCIATED WITH CARPETING ROOMS PER DRAWING G1.1	U	1.00	\$44,100.00	\$44,100.00	\$44,100.00	\$44,100.00	\$50,599.00	\$50,599.00
Totals:					\$44,100.00		\$44,100.00		\$60,998.00

ADD ALTERNATE #2

992	ADD ALTERNATE #2 ALL WORK ASSOCIATED WITH ADDING FIVE(B) UNIT HEATERS & ASSOCIATED MECHANICAL & ELEC	U	1.00	\$155,000.00	\$155,000.00	\$220,200.00	\$220,200.00	\$235,557.00	\$235,557.00
Totals:					\$155,000.00		\$220,200.00		\$235,557.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/24/2017

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 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 A Marsh & McLennan Agency LLC 5605 Carnegie Blvd Suite 300 Charlotte NC 28209	CONTACT NAME: PHONE (A/C No. Ext): 704-365-6213		FAX (A/C. No.):
	E-MAIL ADDRESS: certificates@rutherford.com		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A: Continental Insurance Company			35289
INSURER B: Continental Casualty Company			20443
INSURER C: Hanover Insurance Company			22292
INSURER D:			
INSURER E:			
INSURER F:			

INSURED KCONINC2
 K-Con, Inc.
 P.O. Box 70904
 Charleston SC 29415

COVERAGES **CERTIFICATE NUMBER: 567884992** **REVISION NUMBER:**

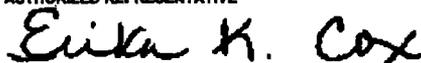
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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	INSR 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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	6046159853	3/15/2017	3/15/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	6046081624	3/15/2017	3/15/2018	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 <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y	Y	6086081588	3/15/2017	3/15/2018	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
B	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	WC430403831	3/15/2017	3/15/2018	<input 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
C	Builders Risk	Y	Y	D1783200	3/15/2017	3/15/2018	Construction Limit \$2,000,000

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

Surety Bond: SureTec Insurance Company- Bond #4407183- Effective: 8/23/17- \$2,239,611 Limit

GENERAL LIABILITY:
 Certificate Holder is included as additional insured for General Liability per CG2010 (04/13) and CG2037(04/13) for ongoing and completed operations when required by a written contract or agreement. Blanket Waiver of Subrogation (CG2404 0509) and Primary and Non-Contributory insurance basis (UGL 1327BCW 0413) applies for General Liability when required by a written contract or agreement. See Attached...

CERTIFICATE HOLDER New Hampshire Department of Administrative Services Contract Office, Room 130 7 Hazen Drive Concord NH 03302-0483	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 
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ADDITIONAL REMARKS SCHEDULE

AGENCY A Marsh & McLennan Agency LLC		NAMED INSURED K-Con, Inc. P.O. Box 70904 Charleston SC 29415	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

Designated Construction Project(s) General Aggregate Limit per CG2503 0509.
Designated Location(s) General Aggregate Limit per CG 2504 0509.

AUTOMOBILE LIABILITY:

Blanket Additional Insured (CA2048 1013) and Waiver of Subrogation (CA0444 1013) applies for Automobile Liability when required by written contract, or agreement.

WORKERS COMPENSATION:

Waiver of Subrogation applies in favor of certificate holder if the Named Insured has agreed by written contract or agreement executed prior to loss to furnish this waiver WC000313 0484.

EXCESS LIABILITY:

Per Excess Liability coverage form XCU050 0811, additional insureds under the scheduled underlying insurance (General Liability and Automobile Liability) are included as insureds. The insurance is Primary and Non-contributory insurance basis and Transfer of Rights of Recovery/Waiver of Subrogation applies as required by a written contract or agreement.

Project # 80943R Contract A
AASF Hangar Door Upgrade



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/7/2017

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PRODUCER A Marsh & McLennan Agency LLC 5605 Carnegie Blvd Suite 300 Charlotte NC 28209	CONTACT NAME: PHONE (A/C, No, Ext): 704-365-6213 FAX (A/C, No): E-MAIL ADDRESS: certificates@rutherford.com	
	INSURER(S) AFFORDING COVERAGE INSURER A: Continental Insurance Company	NAIC # 35289
INSURED State of New Hampshire 7 Hazen Drive Concord, NH 03301	KCONINC2 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER: 567684992** **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 Owners & Contractors Protective Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	6046159853	4/1/2018	10/1/2018	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 OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000						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/M	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 181, Additional Remarks Schedule, may be attached if more space is required)
Contractor: K-Con, Inc.,

CERTIFICATE HOLDER Evidence of Insurance	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>Erika H. Cox</i>



ADDITIONAL REMARKS SCHEDULE

AGENCY A Marsh & McLennan Agency LLC		NAMED INSURED State of New Hampshire 7 Hazen Drive Concord, NH 03301	
POLICY NUMBER 6046159853		EFFECTIVE DATE:	
CARRIER Continental Casualty Company	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Project # 80943R Contract A
 AASF Hanger Door Upgrade



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/7/2017

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PRODUCER A Marsh & McLennan Agency LLC 5605 Carnegie Blvd Suite 300 Charlotte NC 28209	CONTACT NAME: PHONE (A/C, No, Ext): 704-365-6213 FAX (A/C, No): E-MAIL ADDRESS: certificates@rutherford.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED State of New Hampshire 7 Hazen Drive Concord, NH 03301	KCONINC2	
	INSURER A:	
	INSURER B:	
	INSURER C: Hanover Insurance Company	22292
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 567684992

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDC SUBR INSD 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 Owners & Contractors Protective Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000					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	N/A			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Builders Risk		D1783200	3/15/2017	3/15/2018	Construction Limit \$2,000,000

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

CERTIFICATE HOLDER Evidence of Insurance	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>Erika H. Cox</i>

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ADDITIONAL REMARKS SCHEDULE

AGENCY A Marsh & McLennan Agency LLC		NAMED INSURED State of New Hampshire 7 Hazen Drive Concord, NH 03301	
POLICY NUMBER 6046159853		EFFECTIVE DATE:	
CARRIER Continental Casualty Company	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.
 FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Project # 80943R Contract A
 AASF Hangar Door Upgrade