



# State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES  
OFFICE OF THE COMMISSIONER  
25 Capitol Street – Room 120  
Concord, New Hampshire 03301

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Jm

LINDA M. HODGDON  
Commissioner  
(603) 271-3201

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

Bureau of Public Works  
Design and Construction  
Project No. 80720 – Contract A

August 22, 2013

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 Meridian Construction (VC# 157328) Gilford, NH, for a total price not to exceed \$779,893, for the Center Strafford Barracks Renovations, Center Strafford, NH. This contract is effective upon Governor and Council approval through April 1, 2014, unless extended in accordance with the contract terms. **100% Federal Funds.**

2). Further authorize that a contingency in the amount of \$80,000 be approved for unanticipated pump house structural expenses and water treatment upgrades for the Center Strafford Barracks Renovations, bringing the total to \$859,893. **100% Federal Funds**

3). Further authorize the amount of \$40,000 be approved for payment to the Department of Administrative Services, Bureau of Public Works Design and Construction (VC# 177875), for engineering services provided, bringing the total to \$899,893. **100% Federal Funds.**

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

02-12-12-120010-22450000 Army Guard Facilities	<u>SFY14</u>
103-502664 – Contract Repairs/Bldgs. & Grounds	\$ 723,803
103-502664 – Contingency	<u>80,000</u>
Sub-total	\$ 803,803

02-12-12-120010-22480000	Electronic Security	
231-500766	Security Expenses	\$ 56,090
02-12-12-120010-22550000	Bureau of Public Works Fees	<u>\$ 40,000</u>
217-502682	– Interagency Fees	
	<b>Grand Total</b>	<b>\$ 899,893</b>

**EXPLANATION**

This project includes demolition and renovation of existing bathroom, laundry, boiler rooms and sleeping quarters in two existing barrack structures, Lower Foss and Upper Foss, at the training facility in Center Strafford. The project also includes a new card / proxy reader security system throughout the building and new mechanical AC systems.

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 Adjutant General's Office 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, 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,



Linda M. Hodgdon  
Commissioner

Department Estimate: \$740,000  
Contract Amount: \$779,893  
Over Estimate: \$ 39,893

## CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80720R, Contract A – Center Strafford Barracks Renovations, Adjutant Generals Department (NHARNG), Center Strafford, NH.

DESCRIPTION: This project includes demolition and renovation of existing bathroom, laundry, boiler rooms and sleeping quarters in two existing barrack structures, Lower Foss and Upper Foss, at the training facility in Center Strafford. The project also includes a new card / proxy reader security system throughout the building and new mechanical AC systems.

EXPLANATION: The NHARNG has increased the training operations on the Center Strafford site, resulting in an increased number of troops and activities, creating longer duration of deployment on site. This NHARNG is upgrading the housing requirements to meet the increased demand of the facilities and National Guard Bureau training center standards.

### OVER ESTIMATE

EXPLANATION: The low bid was within five (5) percent of the Bureau's estimate. There were ten (10) bidders on the project and bids were somewhat variable, likely due to the remoteness of the site and the timing of the work. The lowest three bidders were within ten (10) percent of the estimate and were fairly close, indicating a competitive bid.

### ALTERNATES

EXPLANATION: Alternates No. 1 and No. 2 were deducts associated with the new card/proxy reader security system for each building. Neither alternate was accepted, as the low bid was within the available funding.

### DEPARTMENT

ESTIMATE: \$740,000

LOW BID: \$779,893

**BIDDER SUMMARY**

PROJECT NAME:  
PROJECT NUMBER:  
COUNTY:  
BID OPENING DATE:  
SCOPE OF WORK:  
LOCATION:  
COMPLETION DATE:

**CTR STRAFFORD BARRACKS RENOVATIONS NON-FEDERAL 80720R-A**  
**80720R-A**  
STRAFFORD COUNTY (017)  
07/24/2013  
DEMO AND RENOVATION OF EXISTING BATHROOM, LAUNDRY, BOILER ROOMS AND SLEEPING  
QUARTERS IN 2 EXISTING BARRACKS STRUCTURES, UPPER FOSS AND LOWER FOSS. NEW  
CARD/PROXY READER SECURITY SYSTEM. NEW MECHANICAL AC SYSTEM.  
ROUTE 126, STRAFFORD, NH  
04/01/2014

**BID RESULTS**

A	MERIDIAN CONSTRUCTION CORP (B001) - 32 ARTISAN COURT 4 GILFORD, NH 03249	\$ 779,893.00	ACCEPTED
B	NORTH & SOUTH CONSTRUCTION SERVICES - 55 CALEF HIGHWAY BARRINGTON, NH 03825	\$ 785,000.00	ACCEPTED
C	BROOKSTONE BUILDERS, INC. - 600 HARVEY ROAD MANCHESTER, NH 03103	\$ 819,000.00	ACCEPTED
D	PROJECT RESOURCE GROUP LLC - PO BOX 43 FRANCESTOWN, NH 03043	\$ 848,124.00	ACCEPTED
E	SCHROEDER CONSTRUCTION MANAGEMENT INC. - 89 AMHERST STREET NASHUA, NH 03064	\$ 853,000.00	ACCEPTED
F	MARK CARRIER CONSTRUCTION, INC. - 175 LINCOLN STREET	\$ 879,900.00	ACCEPTED
G	T BUCK CONSTRUCTION INC - 249 MERROW ROAD AUBURN ME 04210	\$ 889,924.00	ACCEPTED
H	D. L. KING & ASSOCIATES, INC. - 27 TANGLEWOOD DRIVE, NASHUA, NH 03062	\$ 898,435.00	ACCEPTED
I	TPD CONSTRUCTION CO. - 1725 MAIN STREET STE 1A SANFORD, ME 04073	\$ 909,700.00	ACCEPTED
J	CMGC BUILDING CORPORATION - 20 COMMERCE PARK NORTH BEDFORD, NH 03110	\$ -	IRREGULAR

**BUREAU OF PUBLIC WORKS**

Award to A-Bidder  
 Hold for Negotiation \$ 779,893.00  
 Cancel Contract  
User Agency UHA RNF  
Authorized by [Signature]  
Date 8-13-13

ITEM NO.	DESCRIPTION	C			D			E		
		UNIT	QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	
901.00	BARRACKS RENOVATIONS FOR UPPER FOSS BUILDING	EA	1.00	\$ 399,000.00	\$ 399,000.00	\$ 414,351.00	\$ 414,351.00	\$ 421,000.00	\$ 421,000.00	
902.00	BARRACKS RENOVATIONS FOR LOWER FOSS BUILDING	EA	1.00	\$ 400,000.00	\$ 400,000.00	\$ 413,773.00	\$ 413,773.00	\$ 412,000.00	\$ 412,000.00	
903.00	ALLOWANCE FOR NEW ELECTRICAL SERVICE UPPER FOSS BLDG RENOVATIONS	\$	10,000.00	\$ 1.00	\$ 10,000.00	\$ 1.00	\$ 10,000.00	\$ 1.00	\$ 10,000.00	
904.00	ALLOWANCE FOR NEW ELECTRICAL SERVICE LOWER FOSS BLDG RENOVATIONS	\$	10,000.00	\$ 1.00	\$ 10,000.00	\$ 1.00	\$ 10,000.00	\$ 1.00	\$ 10,000.00	
					\$ 819,000.00		\$ 848,124.00		\$ 853,000.00	
<b>Alternates:</b>										
991.01	UPPER FOSS BLDG-DEDUCT COMPLETE SECURITY CARD/ PROXY READER SYSTEM	EA	1.00	No Entry		\$ (27,950.00)	\$ (27,950.00)	\$ (31,685.00)	\$ (31,685.00)	
992.02	LOWER FOSS BLDG-DEDUCT COMPLETE SECURITY CARD/ PROXY READER SYSTEM	EA	1.00	No Entry		\$ (32,500.00)	\$ (32,500.00)	No Entry		

ITEM NO.	DESCRIPTION	UNIT	QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
901.00	BARRACKS RENOVATIONS FOR UPPER FOSS BUILDING	EA	1.00	\$ 439,380.00	\$ 439,380.00	\$ 414,032.00	\$ 414,032.00
902.00	BARRACKS RENOVATIONS FOR LOWER FOSS BUILDING	EA	1.00	\$ 450,320.00	\$ 450,320.00	\$ 417,970.00	\$ 417,970.00
903.00	ALLOWANCE FOR NEW ELECTRICAL SERVICE UPPER FOSS BLDG RENOVATIONS	\$	10,000.00	\$ 1.00	\$ 10,000.00	\$ 1.00	\$ 10,000.00
904.00	ALLOWANCE FOR NEW ELECTRICAL SERVICE LOWER FOSS BLDG RENOVATIONS	\$	10,000.00	\$ 1.00	\$ 10,000.00	\$ 1.00	\$ 10,000.00
					\$ 909,700.00		\$ 852,002.00

**Alternates:**

991.01	UPPER FOSS BLDG-DEDUCT COMPLETE SECURITY CARD/ PROXY READER SYSTEM	EA	1.00	\$ (23,000.00)	\$ (23,000.00)	\$ (31,176.00)	\$ (31,176.00)
992.02	LOWER FOSS BLDG-DEDUCT COMPLETE SECURITY CARD/ PROXY READER SYSTEM	EA	1.00	\$ (27,800.00)	\$ (27,800.00)	\$ (28,851.00)	\$ (28,851.00)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/15/2013

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> <b>CROSS INSURANCE - LACONIA</b> 155 Court Street  Laconia NH 03246	<b>CONTACT NAME:</b> Tracy Andriski, CISR <b>PHONE (A/C No. Ext.):</b> (603) 524-2425 <b>E-MAIL ADDRESS:</b> tandriski@crossagency.com	<b>FAX (A/C No.):</b> (603) 524-3666
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> <b>Meridian Construction Corp.</b> 32 Artisan Court, Unit #4  Gilford NH 03249	<b>INSURER A:</b> Travelers Ins. Co.	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:** CL12121276439                      **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			DTCO7531M035COF12	10/31/2012	10/31/2013	EACH OCCURRENCE \$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000	
							PERSONAL & ADV INJURY \$ 1,000,000	
							GENERAL AGGREGATE \$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2,000,000	
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$	
A	AUTOMOBILE LIABILITY			DT8108282M208COF12	10/31/2012	10/31/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS						BODILY INJURY (Per person) \$	
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per accident) \$
								PROPERTY DAMAGE (Per accident) \$
							\$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			DTSMCUP8282M21ATIL12	10/31/2012	10/31/2013	EACH OCCURRENCE \$ 5,000,000	
	<input type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR						AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> CLAIMS-MADE						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A				OTH-FR	
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)  
**RE: Improvements & Betterments to the Center Strafford Barracks - Job #807202R Contract A**  
State of New Hampshire, Department of Administrative Services is an additional insured for ongoing operations performed by or on behalf of Meridian Construction Corporation when required in a written contract.

<b>CERTIFICATE HOLDER</b>  State of New Hampshire 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  T Andriski, CISR/TA5 <i>Tracy Andriski</i>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/15/2013

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**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> <b>CROSS INSURANCE - LACONIA</b> 155 Court Street  Laconia NH 03246		<b>CONTACT NAME:</b> Tracy Andriski, CISR <b>PHONE (A/C, No, Ext):</b> (603) 524-2425 <b>FAX (A/C, No):</b> (603) 524-3666 <b>E-MAIL ADDRESS:</b> tandriski@crossagency.com	
		INSURER(S) AFFORDING COVERAGE	
		NAIC #	
<b>INSURED</b> State of NH, Depart of Administrative Services c/o Meridian Construction Corp. 32 Artisan Court, Unit #4 Gilford NH 03249		<b>INSURER A:</b> Travelers Property & Casualty <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:** CL1381691221                      **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			PRS-1D64664A-IND	8/15/2013	8/15/2014	EACH OCCURRENCE \$ 2,000,000			
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$			
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$			
	<input checked="" type="checkbox"/> Owners & Contractors						PERSONAL & ADV INJURY \$			
	GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE \$ 3,000,000	
	<input type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/>				<input type="checkbox"/> LOC			PRODUCTS - COMP/OP AGG \$
										\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$			
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$			
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$			
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$			
							\$			
	UMBRELLA LIAB	<input type="checkbox"/>	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$			
	EXCESS LIAB	<input type="checkbox"/>	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$			
	DED		RETENTION \$				\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	Y/N	N/A			OTH-ER			
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)  
**RE: Improvements & Betterments to the Center Strafford Barracks - Job #807202R Contract A**

<b>CERTIFICATE HOLDER</b>  State of New Hampshire 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  T Andriski, CISR/TA5 <i>Tracy Andriski</i>
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# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
8/15/2013

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 <b>CROSS INSURANCE - LACONIA</b> 155 Court Street  Laconia NH 03246	PHONE (A/C, No, Ext): (603)524-2425	COMPANY <b>Peerless Insurance Company</b> 62 Maple Avenue  Keene NH 03431
FAX (A/C, No): (603)524-3666	E-MAIL ADDRESS:	
CODE:	SUB CODE:	
AGENCY CUSTOMER ID #: 00177919		
INSURED <b>State of NH, Department of Administrative</b> <b>c/o Meridian Construction</b> 32 Artisan Court, Unit #4 Gilford NH 03249	LOAN NUMBER	POLICY NUMBER <b>IM8951888</b>
	EFFECTIVE DATE <b>8/15/2013</b>	EXPIRATION DATE <b>8/15/2014</b>
	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:		

## PROPERTY INFORMATION

LOCATION/DESCRIPTION <b>Improvements &amp; Betterments to the Center Strafford Barracks - Job #80720R Contract A</b>
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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
<b>Builders Risk, RC, Special Form</b>	<b>779,893</b>	<b>1,000</b>

## 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

<b>State of New Hampshire</b> <b>Dept. of Administrative Services</b> <b>PO Box 483</b> <b>Concord, NH 03302</b>	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE T Andriski, CISR/TA5 <i>Murray Andriski</i>		

Client#: 1005262

MERIDCON6

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/15/2013

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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: USI Insurance Solutions, LLC, PO Box 3600, West Springfield, MA 01090-3600. CONTACT NAME: Kelly Grahn, PHONE: 978-983-6827, FAX: 978-688-5340, E-MAIL ADDRESS: kelly.grahn@usi.biz. INSURER(S) AFFORDING COVERAGE: INSURER A: ABC NH WORKERS COMP SIG, Inc, NAIC #: 99999.

COVERAGES CERTIFICATE NUMBER: 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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL SUBR INSR, WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes sections for General Liability, Automobile Liability, Umbrella Liab, Excess Liab, and Workers Compensation and Employers' Liability.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Job# 80720R Contract A-Center Strafford Barracks Renovations

CERTIFICATE HOLDER: State of New Hampshire, Dept. of Administrative Services, P.O. Box 483, 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: [Signature]