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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. 80901 – Contract B

October 25, 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 D.L. King and Associates, Inc., (VC# 168979) Nashua, NH, for a total price not to exceed \$109,850, for the Administration Building Restroom Upgrades, Sununu Youth Center, Manchester, NH. This contract is effective upon Governor and Council approval through March 17, 2017, unless extended in accordance with the contract terms. **88% Capital – General Funds. 12% Federal Funds.**

2). Authorize pursuant to 220:13, Laws of 2015, the amount of \$7,500 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC# 177875), capital clerk for oversight and engineering services provided, bringing the total to \$117,350. **100% Capital – General Funds.**

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

05-42-42-421530-52660000	SYSC Admin. Building	<u>SFY 17</u>
034-500162	– Repair/Renovations Bldgs.	\$ 96,500
034-500162	– BPW Fees Interagency	<u>7,500</u>
	Sub-Total	\$ 104,000

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

05-95-95-953010-56850000	Management Support	
105-500736	– Contracts for Operational Services	<u>\$ 13,350</u>
	Grand Total	\$ 117,350

EXPLANATION

Per Chapter 220:1, VII, E, Laws of 2015, for the Administration Building Restroom Upgrades at the Sununu Youth Center, Manchester, NH. The project includes renovations to two existing restrooms to bring them into compliance with current ADA requirements, per plans and specifications.

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 Sununu Youth Center – Department of Health and 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,



Vicki V. Quiram
Commissioner

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 80901, Contract B – Sununu Youth Services Center Administration Building Restroom Upgrades.

DESCRIPTION: Renovate two existing restrooms to bring into compliance with current ADA requirements, per plans and specifications.

EXPLANATION: The Administration Building on the Sununu Youth Services Center campus lacks accessible restrooms for individuals with disabilities. This project brings two restrooms on the first floor of the building into ADA compliance.

OVER ESTIMATE

EXPLANATION: The estimate is within 10% of the original estimate.

DEPARTMENT

ESTIMATE: \$100,000

LOW BID: \$109,850



ABC Bid Data

MANCHESTER
80901 Contract B
NON-FEDERAL

PROJECT: MANCHESTER
STATE PROJECT NUMBER: 80901 Contract B
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: September 28, 2016, 02:00 PM
SCOPE OF WORK: SYSC Administration Building Restroom Upgrades
COMPLETION DATE: March 17, 2017
LOCATION: Hillsborough

Summary of Bidders

Contractor	Bid Amount	Rank
D. L. KING & ASSOCIATES INC. 27 TANGLEWOOD DRIVE, NASHUA NH 03062-1044	\$109,850.00	A
PAXOR CONSTRUCTION LLC PO BOX 1401, MERRIMACK NH 03054	\$111,467.22	B
SMART ASSISTIVE TECHNOLOGIES SUITE 2, 16 WHITEHALL ROAD, ROCHESTER NH 03867	\$117,801.31	C
TURNSTONE CORPORATION 479 NASHUA STREET, MILFORD NH 03055-3705	\$126,500.00	D

901 - \$48,000.00
 902 - \$46,850.00
 903 - \$15,000.00

 \$109,850.00

BUREAU OF PUBLIC WORKS
 Award to DL King & Assoc, Inc.
 Hold for Negotiation
 Cancel Contract
 User Agency: HHS
 Authorized by: [Signature]
 Date: 10/10/2016
 [Signature]

Item No.	Description	Unit	Quantity	PS&E		D. L. KING & ASSOCIATES INC.		PAXOR CONSTRUCTION LLC	
				Unit Price	Total	Unit Price	Total	Unit Price	Total
901	RENOVATE EXISTING KITCHEN AREA 109 INTO ADA COMPLIANT RESTROOM PER PLANS AND SPECS	U	1,000	\$50,000.00	\$50,000.00	\$48,000.00	\$48,000.00	\$62,784.89	\$62,784.89
902	RENOVATE EXISTING RESTROOM 112 INTO ADA COMPLIANT RESTROOM PER PLANS AND SPECS	U	1,000	\$35,000.00	\$35,000.00	\$46,850.00	\$46,850.00	\$33,682.33	\$33,682.33
903	ALLOWANCE FOR UNFORESEEN CONDITIONS OR OWNER INITIATED CHANGES	\$	15,000.000	\$1.00	\$15,000.00	\$1.00	\$15,000.00	\$1.00	\$15,000.00
Totals:					\$100,000.00		\$109,850.00		\$111,467.22

Item No.	Description	Unit	Quantity	PS&E		SMART ASSISTIVE TECHNOLOGIES SUITE 2 ROCHESTER, NH 03867		TURNSTONE CORPORATION 479 NASHUA STREET MILFORD, NH 03055-3705	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

901	RENOVATE EXISTING KITCHEN AREA 109 INTO ADA COMPLIANT RESTROOM PER PLANS AND SPECS	U	1.000	\$50,000.00	\$50,000.00	\$66,293.23	\$66,293.23	\$58,500.00	\$58,500.00
902	RENOVATE EXISTING RESTROOM 112 INTO ADA COMPLIANT RESTROOM PER PLANS AND SPECS	U	1.000	\$35,000.00	\$35,000.00	\$36,508.08	\$36,508.08	\$53,000.00	\$53,000.00
903	ALLOWANCE FOR UNFORESEEN CONDITIONS OR OWNER INITIATED CHANGES	\$	15,000.000	\$1.00	\$15,000.00	\$1.00	\$15,000.00	\$1.00	\$15,000.00

Totals:				\$100,000.00	\$117,801.31	\$126,500.00
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/14/2016

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 THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Renee Skillings PHONE (A/C, No, Ext): (603) 224-2562 FAX (A/C, No): (603) 224-8012 E-MAIL ADDRESS: rskillings@rowleyagency.com													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Arbella Insurance Group</td> <td></td> </tr> <tr> <td>INSURER B: Arbella Protection Ins Co</td> <td>41360</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Arbella Insurance Group		INSURER B: Arbella Protection Ins Co	41360	INSURER C:		INSURER D:		INSURER E:		INSURER F:
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INSURER B: Arbella Protection Ins Co	41360													
INSURER C:														
INSURER D:														
INSURER E:														
INSURER F:														
INSURED D.L. King & Associates, Inc. 27 Tanglewood Drive Nashua NH 03062														

COVERAGES **CERTIFICATE NUMBER:** 16-17 All lines **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"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			8500062916	9/3/2016	9/3/2017	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 - COMP/OP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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			1020032951	9/3/2016	9/3/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			4600062918	9/3/2016	9/3/2017	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
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	9126050915 3A States: NH/MA Excluded Officers: Donna & Arthur King, Jr.	9/3/2016	9/3/2017	<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
A	LEASED/RENTED EQUIPMENT			8500062916	9/3/2016	9/3/2017	LIMIT 30,000 DED 500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Project #80901, Contract B, SYSC Admin Bldg Restroom Upgrades, 1056 North River Road, Manchester, NH
 It is agreed and understood The State of NH DOT is included as additional insured with regard to general liability when required by written contract.

CERTIFICATE HOLDER (603) 271-6758 mdrouin@dot.state.nh.us State of New Hampshire Dept of Administrative Services 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 Renee Skillings/RLS <i>Renee A. Skillings</i>
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CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

10/14/2016

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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 THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Renee Skillings PHONE (A/C, No, Ext): (603) 224-2562 FAX (A/C, No): (603) 224-8012 E-MAIL ADDRESS: rskillings@rowleyagency.com PRODUCER CUSTOMER ID: 00007629	
	INSURER(S) AFFORDING COVERAGE	
INSURED D.L. King & Associates, Inc., State of NH Dept of Administrative Services & all Subs on the Project 27 Tanglewood Drive Nashua NH 03062	INSURER A: Peerless Insurance Co. NAIC # 24198	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 16-17 BR #80901B **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Job #80901, Contract B, SYSC Admin Bldg Restroom Upgrades, 1056 North River Road, Manchester, NH

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INSR LTR	TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
	<input checked="" type="checkbox"/>	PROPERTY				BUILDING	\$
		CAUSES OF LOSS				PERSONAL PROPERTY	\$
		BASIC				BUSINESS INCOME	\$
		BROAD				EXTRA EXPENSE	\$
		SPECIAL				RENTAL VALUE	\$
		EARTHQUAKE				BLANKET BUILDING	\$
		WIND				BLANKET PERS PROP	\$
		FLOOD				BLANKET BLDG & PP	\$
							\$
							\$
A	<input checked="" type="checkbox"/>	INLAND MARINE	TYPE OF POLICY			<input checked="" type="checkbox"/> JOBSITE	\$ 109,850
		CAUSES OF LOSS	Builders Risk			<input checked="" type="checkbox"/> TRANSIT	\$ 54,925
		NAMED PERILS	POLICY NUMBER			<input checked="" type="checkbox"/> TEMPORARY STORAGE	\$ 54,925
			BR010142016	10/14/2016	4/14/2017	<input checked="" type="checkbox"/> SOFT COSTS	\$ 50,000
		CRIME					\$
		TYPE OF POLICY					\$
							\$
		BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$
							\$
A		BUILDERS RISK CONTINUED	BR010142016	10/14/2016	4/14/2017	<input checked="" type="checkbox"/> EARTHQUAKE	\$ 109,850
						<input checked="" type="checkbox"/> SEWER BACKUP	\$ 250,000

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

State of New Hampshire
 Dept of Administrative Services
 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

Renee Skillings/RLS

Renee L. Skillings



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/14/2016

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	INSURER(S) AFFORDING COVERAGE	
INSURED State of NH Dept of Administrative Services c/o D.L. King & Associates, Inc. 27 Tanglewood Drive Nashua NH 03062	INSURER A: Great American	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 16-17 OCP #80901B **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY		OCP10142016	10/14/2016	04/14/2017	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input checked="" type="checkbox"/> Owners & Contractors					MED EXP (Any one person) \$
	<input type="checkbox"/> Protective Liability					PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER					GENERAL AGGREGATE \$ 4,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$
	OTHER					\$
	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"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N				PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> N/A				OTHER
	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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 RE: Project #80901, Contract B - SYSC Admin Bldg Restroom Upgrades, 1056 North River Road, Manchester, NH

CERTIFICATE HOLDER State of New Hampshire Dept of Administrative Services 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 Renee Skillings/RLS <i>Renee L. Skillings</i>

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