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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. 80910R – Contract B

April 27, 2017

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 Kingdom Construction, Inc. (VC# 162300) Newport, VT, for a total price not to exceed \$639,044, for the Construction of a Salt Building in Littleton, NH. This contract is effective upon Governor and Council approval through September 29, 2017, unless extended in accordance with the contract terms. **100% Capital – Highway Funds.**

2). Further authorize the amount of \$35,000 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 \$674,044. **100% Capital – Highway Funds.**

Funding is available in account titled Dept. of Transportation as follows:

04-96-96-960030-82900000 Salt Sheds	<u>SFY17</u>
034-500162 – Contract Repairs/Bldgs. & Grounds	\$ 639,044
034-500162 – DPW Fees Interagency	<u>\$ 35,000</u>
Grand Total	\$ 674,044

EXPLANATION

Per Chapter 220: 2, III, E, Laws of 2015 for Salt Sheds. This project will construct a new 6,700 square foot salt building and associated site improvements.

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Page 2 of 2

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 Transportation 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,

A handwritten signature in black ink that reads "Vicki V. Quiram Asst. Comm." The signature is written in a cursive style.

Vicki V. Quiram
Commissioner

Department Estimate:	\$745,000
Contract Amount:	<u>\$639,044</u>
Under Estimate:	\$105,956

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 80910R, Contract B – Construction Salt Building, Littleton, New Hampshire

DESCRIPTION: Work of the Project includes construction of new 6,700 square foot salt building and associated site improvements.

EXPLANATION: The current salt storage building does not meet the capacity goal of being able to store a winter season's worth of salt. The new salt building will meet this need and save funds due to being able to purchase and store materials at opportune times.

UNDER ESTIMATE

EXPLANATION: The estimate was based on previous bids received within the last few years for other salt buildings in southern locations. It would appear that the northern part of the state may be experiencing different economies.

DEPARTMENT

ESTIMATE: \$745,000

LOW BID: \$639,044



Division of Public Works

ABC Bid Data

LITTLETON
80910R-B
NON-FEDERAL

PROJECT: LITTLETON
STATE PROJECT NUMBER: 80910R-B
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: March 22, 2017, 02:00 PM
SCOPE OF WORK: Construct Salt Building
COMPLETION DATE: September 29, 2017
LOCATION: Grafton

Certified by: _____
AGENCY:

Summary of Bidders

Contractor	Bid Amount	Rank
KINGDOM CONSTRUCTION INC 227 CITIZENS ROAD, PO BOX 219, NEWPORT VT 05855	\$639,044.00	A
HEBERT, DANIEL INC 12 PLEASANT ST., COLEBROOK NH 03576	\$751,612.00	B
RAY'S ELECTRIC, INC. 33 JERICHO ROAD, PO BOX 597, BERLIN NH 03570	\$764,000.00	C
CARENO CONSTRUCTION CO., LLC 270 WEST ROAD, STE 4 PORTSMOUTH NH 03801-7611	\$768,000.00	D
COUTURE A R. CONSTRUCTION CORP 1803 RIVERSIDE DRIVE, BERLIN NH 03570	\$774,500.00	E

BUREAU OF PUBLIC WORKS
 Award to Kingdom Const., Inc.
 Hold for Negotiation
 Cancel Contract
 User Agency: NH DOT
 Authorized by: [Signature]
 Date: 04/03/2017

Item No.	Description	Unit	Quantity	PS&E		KINGDOM CONSTRUCTION INC		HEBERT, DANIEL INC.	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

901	SALT BUILDING	U	1.000	\$585,000.00	\$585,000.00	\$487,027.00	\$487,027.00	\$655,362.00	\$655,362.00
902	ALL SITEWORK FOR SALT BUILDING	U	1.000	\$125,000.00	\$125,000.00	\$117,017.00	\$117,017.00	\$61,250.00	\$61,250.00
903	ALLOWANCE FOR UNFORESEEN CONDITIONS OR OWNER INTIATED CHANGES	\$	35,000.000	\$1.00	\$35,000.00	\$1.00	\$35,000.00	\$1.00	\$35,000.00

Totals: **\$745,000.00** **\$639,044.00** **\$751,612.00**

Item No.	Description	Unit	Quantity	PS&E		RAY'S ELECTRIC, INC. 33 JERICHO ROAD BERLIN, NH 03570		CARENO CONSTRUCTION CO. 270 WEST ROAD, STE 4 PORTSMOUTH, NH 03801-7611	
				Unit Price	Total	Unit Price	Total	Unit Price	Total
901	SALT BUILDING	U	1.000	\$585,000.00	\$585,000.00	\$623,222.00	\$623,222.00	\$653,000.00	\$653,000.00
902	ALL SITEWORK FOR SALT BUILDING	U	1.000	\$125,000.00	\$125,000.00	\$105,778.00	\$105,778.00	\$80,000.00	\$80,000.00
903	ALLOWANCE FOR UNFORESEEN CONDITIONS OR OWNER INTIATED CHANGES	\$	35,000.000	\$1.00	\$35,000.00	\$1.00	\$35,000.00	\$1.00	\$35,000.00

Totals: **\$745,000.00** **\$764,000.00** **\$768,000.00**

Item No.	Description	Unit	Quantity	PS&E		COUTURE,A.R. CONSTRUCTION CORP 1803 RIVERSIDE DRIVE BERLIN, NH 03570	
				Unit Price	Total	Unit Price	Total

901	SALT BUILDING	U	1.000	\$585,000.00	\$585,000.00	\$679,500.00	\$679,500.00
902	ALL SITEWORK FOR SALT BUILDING	U	1.000	\$125,000.00	\$125,000.00	\$60,000.00	\$60,000.00
903	ALLOWANCE FOR UNFORESEEN CONDITIONS OR OWNER INITIATED CHANGES	\$	35,000.000	\$1.00	\$35,000.00	\$1.00	\$35,000.00

Totals: **\$745,000.00** **\$774,500.00**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2017

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 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 Essex Agency, Inc. 2 Railroad Street P.O. Box 239 Essex Junction VT 05452-0239		CONTACT NAME: Michelle Southwell PHONE (A/C, No, Ext): (802) 878-5334 FAX (A/C, No): (802) 878-0852 E-MAIL ADDRESS: michelle@essexagency.com	
INSURED Kingdom Construction Inc PO Box 219 Newport VT 05855		INSURER(S) AFFORDING COVERAGE INSURER A: The Ohio Casualty Insurance Company NAIC # 24074 INSURER B: West American Insurance Company 44393 INSURER C: Peerless Indemnity Insurance 18333 INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 17-18 Master **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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		BK057873551	3/5/2017	3/5/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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 Owners or Lessees \$
B	AUTOMOBILE LIABILITY <input checked="" 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	X		BAW57873551	3/5/2017	3/5/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist combined \$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$ 10,000 <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE			UB057873551	3/5/2017	3/5/2018	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC8838668	3/5/2017	3/5/2018	PER STATUTE 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
B	Installation Floater			IM8005704	3/5/2017	3/5/2018	Limit \$33,000 Ded: \$250

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

Job: Littleton 80910R, Contract B- Construct Salt Building, 201 Dells Rd, Littleton, NH

The Contractor shall indemnify, defend and hold harmless the State of New Hampshire, its Agencies, and its agents and employees from and against any and all claims, liabilities, suits or penalties arising out of (or which may be claimed to arise out of) acts or omissions of the Contractor or subcontractors in the performance of work covered by the contractor.

CERTIFICATE HOLDER

State of New Hampshire
 Dept of Administrative Services
 Division of Public Works
 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

M Southwell/MICH

Michelle Southwell

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COMMENTS/REMARKS

The certificate holder is named as an additional insured.

3 years of Products/Completed Operations is in effect.

There will be a (30) day notice of cancellation or modification of the policy or (10) day notice in the case of non-payment of premium.

Additional Named Insureds

Other Named Insureds

Luc Quirion & Karl Chaffee

Also Known As



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/19/2017

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PRODUCER Essex Agency, Inc. 2 Railroad Street P.O. Box 239 Essex Junction VT 05452-0239	CONTACT NAME: Missy Luke PHONE (A/C, No, Ext): (802) 878-5334 E-MAIL ADDRESS: missy@essexagency.com	FAX (A/C, No): (802) 878-0852
	INSURER(S) AFFORDING COVERAGE	
INSURED State of New Hampshire, Dept of Administrative Srv c/o Kingdom Construction Inc PO Box 219 Newport VT 05855-0219	INSURER A: Evanston Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** NH Salt Bldg OCP **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
	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)	\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTHER
A	Owner & Contractors Protective	X		OCP04182017	4/18/2017	4/18/2018	Occurrence Limit	\$2,000,000
							Aggregate Limit	\$3,000,000

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

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CERTIFICATE HOLDER**CANCELLATION**

State of New Hampshire
 Department of Administrative Services
 Division of Public Works
 7 Hazen Drive
 Concord, NH 03302-0483

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AUTHORIZED REPRESENTATIVE

M Southwell/JWAFER

M. Southwell

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COMMENTS/REMARKS

The certificate holder is named as an additional insured.

3 years of Products/Completed Operations is in effect.

There will be a (30) day notice of cancellation or modification of the policy or (10) day notice in the case of non-payment of premium.

COMMENTS/REMARKS

Kingdom Construction, Inc, PO Box 219, Newort, VT 05855-0219 is an additional insured on this policy.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/19/2017

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	INSURER(S) AFFORDING COVERAGE	
INSURED Kingdom Construction Inc PO Box 219 Newport VT 05855-0219	INSURER A: Liberty Mutual	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** NH Salt Bldg BR **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSP WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR 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"/> 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) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED 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	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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 \$
A	Builders Risk	X	BR04182017	1/18/2017	1/18/2018	Limit: \$750,000

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

Job: Littleton 80910R, Contract B- Construct Salt Building

The certificate holder is named as an additional insured.

3 years of Products/Completed Operations is in effect.

30 days notice of cancellation or alteration is in effect and 10 days for non-payment of premium.

CERTIFICATE HOLDER**CANCELLATION**

State of New Hampshire
 Department of Administrative Services
 Division of Public Works
 7 Hazen Drive
 Concord, NH 03302-0483

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AUTHORIZED REPRESENTATIVE

M Southwell/JWAFER

Michelle Southwell

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