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State of New Hampshire

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DEPARTMENT OF ADMINISTRATIVE SERVICES
25 Capitol Street - Room 120
Concord, New Hampshire 03301
Office@das.nh.gov

Charles M. Arlinghaus
Commissioner
(603) 271-3201

Joseph B. Bouchard
Assistant Commissioner
(603) 271-3204

Catherine A. Keane
Deputy Commissioner
(603) 271-2059

Division of Public Works
Design and Construction
Project No. 81042R - Contract C

May 21, 2020

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 Rick Lamarre & Son, Inc. (VC# 161909), Pelham, NH, for a total price not to exceed \$160,000, for the Rebid of Headquarters Roofing Project at the State of NH Liquor Commission Headquarters, Concord, N. H. This contract is effective upon Governor and Council approval through September 1, 2020, unless extended in accordance with the contract terms. **100% Capital - General.**
- 2). Further authorize that a contingency in the amount of \$60,000 be approved for unanticipated site expenses for the Rebid of Headquarters Roofing Project at the State of NH Liquor Commission Headquarters, Concord, N.H., bringing the total to \$220,000. **100% Capital - General Funds.**
- 3). Further authorize the amount of \$7,255 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC# 311152), for engineering services provided, bringing the total to \$227,255. **100% Capital- General Funds.**

Funding is available in account titled NH State Liquor Commission Concord Warehouse and Headquarters Roof as follows:

01-77-77-770030-5280000 Concord Warehouse and headquarters roof" 15-220:1-XI-A

	<u>SFY20</u>
034-500162 – Repair/Renovations Bldgs.	\$ 160,000
034-500162 – Repair/Renovations Bldgs.	60,000
034-500162 - Interagency DPW Fees	<u>7,255</u>
GRAND TOTAL	\$227,255

EXPLANATION

This project is to remove and replace approximately 9,290 sf of existing single-ply membrane roofing, insulation, curbs, roof drains, flashing, drip-edge and all related work for a complete new roofing system. The existing roof is beyond the warranty and is suffering from active leaks.

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; and the State of NH 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,



Charles M. Arlinghaus,
Commissioner

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 81042R, Contract C
Headquarters Roofing Project

DESCRIPTION: Remove and replace approximately 9,290 sf of existing single-ply membrane roofing, insulation, curbs, roof drains, flashing, drip edge and all related work for a complete new roofing system.

EXPLANATION: Existing roof is beyond the warranty and is suffering from active leaks.

UNDER ESTIMATE

EXPLANATION: The Low Bid was approximately 5% below the Department estimate. The difference is within Industry Standards and reflects a robust construction market. Low bid price reflects a very competitive bidding market for a re-roofing project with very limited rooftop mechanical equipment and simple staging requirements.

DEPARTMENT	
ESTIMATE:	\$243,785.00
LOW BID:	\$160,000.00



ABC Bid Data

CONCORD
81042RC
NON-FEDERAL

PROJECT: CONCORD
STATE PROJECT NUMBER: 81042RC
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: February 19, 2020, 2:00 PM
SCOPE OF WORK: REBID - HEADQUARTERS ROOFING PROJECT
COMPLETION DATE: September 01, 2020
LOCATION: Merrimack

Certified by: _____

Summary of Bidders

Contractor	Bid Amount	Rank
RICK LAMARRE & SON INC 16 PULPIT ROACK ROAD, PELHAM NH 03076	\$160,000.00	A
SKYLINE ROOFING SERVICES LLC 861 PAGE STREET, MANCHESTER NH 03109	\$225,000.00	B
WEATHERGUARD INDUSTRIES/SMJ METALS, LLC 36 SMITH STREET, NORTHHAMPTON MA 01060	\$235,600.00	C
TERRIEN, A. W. CO., INC. 189 HAYWARD STREET, MANCHESTER NH 03103	\$267,680.00	D
ROCKWELL ROOFING, INC. 44 POND STREET, LEOMINSTER MA 01453-0479	\$268,000.00	E

If sum #901 = \$ 135,000.-
 If sum #902 = \$ 25,000.-

 Total = \$ 160,000.-

BUREAU OF PUBLIC WORKS
 Award to Rick Lamarre + Son, Inc
 Hold for Negotiation
 Cancel Contract
 User Agency Liga Commissioner
 Authorized by [Signature]
 Date 02212020

Item No.	Description	Unit	Quantity	PS&E		RICK LAMARRE & SON INC 16 PULPIT ROACK ROAD PELHAM, NH 03076		SKYLINE ROOFING SERVICES LLC 861 PAGE STREET MANCHESTER, NH 03109	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items

901	RE-ROOF HEADQUARTERS	U	1.00	\$218,785.00	\$218,785.00	\$135,000.00	\$135,000.00	\$200,000.00	\$200,000.00
902	ALLOWANCE FOR UNFORESEEN CONDITIONS AND OWNER INITIATED CHANGES	\$	25,000.00	\$1.00	\$25,000.00	\$1.00	\$25,000.00	\$1.00	\$25,000.00
Totals:					\$243,785.00		\$160,000.00		\$225,000.00
Alt. Totals:									
Totals:					\$243,785.00		\$160,000.00		\$225,000.00

Item No.	Description	Unit	Quantity	PS&E		WEATHERGUARD INDUSTRIES/SMJ METALS, LLC 36 SMITH STREET NORTHHAMPTON, MA 01060		TERRIEN, A. W. CO., INC. 199 HAYWARD STREET MANCHESTER, NH 03103	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items									
Item No.	Description	Unit	Quantity	Unit Price	Total	Unit Price	Total	Unit Price	Total
901	RE-ROOF HEADQUARTERS	U	1.00	\$218,785.00	\$218,785.00	\$210,600.00	\$210,600.00	\$242,680.00	\$242,680.00
902	ALLOWANCE FOR UNFORESEEN CONDITIONS AND OWNER INITIATED CHANGES	\$	25,000.00	\$1.00	\$25,000.00	\$1.00	\$25,000.00	\$1.00	\$25,000.00
Totals:					\$243,785.00		\$235,600.00		\$267,680.00
Alt. Totals:									
Totals:					\$243,785.00		\$235,600.00		\$267,680.00

Item No.	Description	Unit	Quantity	PS&E		ROCKWELL ROOFING, INC. 44 POND STREET LEOMINSTER, MA 01453-0479	
				Unit Price	Total	Unit Price	Total

Items

901	RE-ROOF HEADQUARTERS	U	1.00	\$218,785.00	\$218,785.00	\$243,000.00	\$243,000.00
902	ALLOWANCE FOR UNFORESEEN CONDITIONS AND OWNER INITIATED CHANGES	\$	25,000.00	\$1.00	\$25,000.00	\$1.00	\$25,000.00
Totals:				\$243,785.00		\$268,000.00	
Alt. Totals:							
Totals:				\$243,785.00		\$268,000.00	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/13/2020

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).

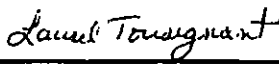
PRODUCER The Getchell Companies 183 Great Road, Unit 15 PO Box 844 Slow MA 01775	CONTACT NAME: Laurel Tousignant PHONE (A/C, No, Ext): (978) 897-7773 FAX (A/C, No): (978) 897-1553 E-MAIL ADDRESS: laural@getchellcompanies.com																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Union Insurance Company</td> <td>25844</td> </tr> <tr> <td>INSURER B:</td> <td>Acadia Insurance</td> <td>31325</td> </tr> <tr> <td>INSURER C:</td> <td>Liberty Mutual Insurance Co.</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Union Insurance Company	25844	INSURER B:	Acadia Insurance	31325	INSURER C:	Liberty Mutual Insurance Co.		INSURER D:			INSURER E:			INSURER F:	
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INSURER A:	Union Insurance Company	25844																			
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INSURER D:																					
INSURER E:																					
INSURER F:																					
INSURED RICK LAMARRE AND SON INC 16 PULPIT ROCK ROAD SUITE 1 PELHAM NH 03076																					

COVERAGES **CERTIFICATE NUMBER:** The State of NH job **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 SUBR INSD	YWR	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 OTHER:			CPA5303004-12	05/01/2020	05/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 GLEXP \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CAA5321649-12	05/01/2020	05/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist BI- \$ 1,000,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			CUA5321650-12	05/01/2020	05/01/2021	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 Completed Ops Aggr \$ 2,000,000
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/A	WC231S387771040	06/17/2020	06/17/2021	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The State of New Hampshire, its agencies, and its agents and employees are named as additional insured. OCP policy issued in the name of the State of New Hampshire. 30 days' prior written notice before and insurance policy is cancelled or modified, or 10 days' prior written notice in the event of non-payment of premium included. Waiver of subrogation included.

CERTIFICATE HOLDER State of New Hampshire c/o Department of Administrative Services 7 Hazen Drive, Room 250 Concord NH 03302	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 



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
03/17/2020

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.

PRODUCER The Getchell Companies 183 Great Road, Unit 15 PO Box 844 Slow MA 01775		CONTACT NAME: Laurel Tousignant PHONE (A/C, No, Ext): (978) 897-7773 FAX (A/C, No): (978) 897-1553 E-MAIL ADDRESS: laurel@getchellcompanies.com PRODUCER CUSTOMER ID: 00003094	
INSURED Rick Lamarre and Son, Inc., State of NH Dept. of Admn. Services, any and all subs on the project, c/o Rick Lamarre & Son, Inc. 16 Putph Rock Road, Suite 1 Pelham NH 03076		INSURER(S) AFFORDING COVERAGE INSURER A: Acedia Insurance NAIC # 31325 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** Bktra Risk State of NH **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 50 Storrs Street, Concord, NH 03301

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	
A	<input checked="" type="checkbox"/> PROPERTY	CIMS433387-10	04/01/2020	04/01/2021	BUILDING	\$	
	CAUSES OF LOSS				DEDUCTIBLES	PERSONAL PROPERTY	\$
	BASIC				BUILDING	BUSINESS INCOME	\$
	BROAD				CONTENTS	EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL					RENTAL VALUE	\$
	EARTHQUAKE					BLANKET BUILDING	\$
	WIND					BLANKET PERS PROP	\$
	FLOOD					BLANKET BLDG & PP	\$
						<input checked="" type="checkbox"/> Builders Risk	\$ 180,000
						<input checked="" type="checkbox"/> Deductible	\$ 1,000
	INLAND MARINE	TYPE OF POLICY			\$		
	CAUSES OF LOSS	POLICY NUMBER			\$		
	NAMED PERILS				\$		
	CRIME				\$		
	TYPE OF POLICY				\$		
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN				\$		

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 The State of New Hampshire, its agencies, and its agents and employees are named as additional insured. OCP policy issued in the name of the State of New Hampshire. 30 days' prior written notice before and insurance policy is cancelled or modified, or 10 days' prior written notice in the event of non-payment of premium included. Waiver of subrogation included.

CERTIFICATE HOLDER State of New Hampshire c/o Department of Administrative Services 7 Hazen Drive, Room 250 Concord NH 03302		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>Laurel Tousignant</i>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/13/2020

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PRODUCER The Getchell Companies 183 Great Road, Unit 15 PO Box 844 Stow MA 01776	CONTACT NAME: PHONE (AC, No. Ext): (978) 897-7773 FAX (AC, No.): (978) 897-1553 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE INSURER A: Acadia Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
INSURED State of New Hampshire Department of Administrative Services c/o Rick Lamarre & Son, Inc. 16 Pulpit Rock Road, Suite 1 Pelham NH 03076	NAIC #	

COVERAGES CERTIFICATE NUMBER: State of NH OCP policy 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	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners and Contractors Protective Liability Policy GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ. JECT <input type="checkbox"/> LOC OTHER:			OCP5433245	04/01/2020	04/01/2021	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						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		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 \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 181, Additional Remarks Schedule, may be attached if more space is required)
30 days' prior written notice before and insurance policy is cancelled or modified, or 10 days' prior written notice in the event of non-payment of premium included.

CERTIFICATE HOLDER State of New Hampshire c/o Department of Administrative Services 7 Hazen Drive, Room 250 Concord NH 03302	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>Laurie Toussaint</i>
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