



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. 80919R – Contract A

August 2, 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 CMGC Building Corporation (VC# 165548) Manchester, NH, for a total price not to exceed \$408,000, for Renovations to Dining Facility – Building 5, at the New Hampshire Army National Guard Training Site in Center Strafford, NH. This contract is effective upon Governor and Council approval through November 18, 2016, unless extended in accordance with the contract terms. **100% Federal Funds.**
- 2). Further authorize that a contingency in the amount of \$25,000 be approved for unanticipated expenses and owner initiated changes Renovations to Dining Facility – Building 5, bringing the total to \$433,000. **100% Federal Funds.**
- 3). Further authorize the amount of \$23,000 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 \$456,000. **100% Federal Funds.**

Funding is available in account titled Adjutant General as follows:

02-12-12-120010-22450000	Army Guard Facilities	<u>SFY17</u>
103-500736	– Contract Repairs/Bldgs. & Grounds	\$408,000
103-500736	– Contingency	<u>\$ 25,000</u>
	Sub-Total	\$433,000

02-12-12-120010-22550000 Inter-Agency Payments

217-502682 – BPW Fees Interagency	<u>\$ 23,000</u>
Grand Total	\$456,000

EXPLANATION

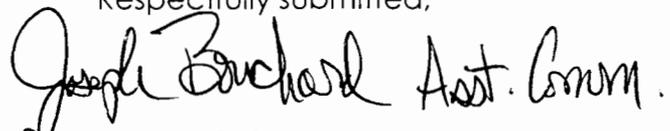
The project includes renovations in building #5 at Center Strafford including two existing bathrooms, construction of a bathroom in the existing office off of the kitchen, construction of a patio, replacement of out of warranty roof and upgrades to the existing serving line.

The Federal funds available for this contract are provided to the Adjutant General's Department by the National Guard Bureau pursuant to a Federal-State Master Cooperative Agreement for the mutual support of the State of New Hampshire and the New Hampshire Army 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 requested to support this program.

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 substance, and the Adjutant General's Department 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,


for Vicki V. Quiram
Commissioner

Department Estimate: \$665,000
Contract Amount: \$408,000
Under Estimate: \$257,000



Division of Public Works

ABC Bid Data

CENTER STRAFFORD
80919R Contract A
NON-FEDERAL

PROJECT: Center Strafford
STATE PROJECT 80919R Contract A
FED. PROJECT NON-FEDERAL
SCOPE OF WORK: Renovations to Dining Facility Building 5
COMPLETION November 18, 2016
LOCATION: Strafford

Summary of Bidders

Contractor	Bid Amount	Rank
CMGC BUILDING CORP 360 HARVEY ROAD, STE 1, MANCHESTER NH 03103	\$408,000.00	A
PROJECT RESOURCE GROUP LLC 237 PLEASANT POND ROAD, PO BOX 43, FRANCESTOWN NH 03043	\$441,245.00	B
MERIDIAN CONSTRUCTION CORP. 32 ARTISAN COURT #4, GILFORD NH 03249-6603	\$603,000.00	C
J.C.N.CONSTRUCTION CO., INC. 155 DOW ST, SUITE 301, MANCHESTER NH 03101	\$637,400.00	D

Handwritten notes:
 Item 201: \$355,816.92
 Item 202: \$16,200.00
 Item 203: \$3,000.00
 Item 204: \$25,000.00
 Item 205: \$25,000.00
 Total: \$408,000.00

BUREAU OF PUBLIC WORKS
 Award to CMGC Building Corp
 Hold for Negotiation
 Cancel Contract
 User Agency ADJ - General
 Authorized by [Signature]
 Date 06/27/2016
 EBC ✓

Item No.	Description	Unit	Quantity	PS&E		CMGC BUILDING CORP 360 HARVEY ROAD, STE 1 MANCHESTER, NH 03103		PROJECT RESOURCE GROUP LLC 237 PLEASANT POND ROAD FRANCESTOWN, NH 03043	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items

901	BATHROOM RENOVATIONS AND ROOF REPLACEMENT	U	1.000	\$597,300.00	\$597,300.00	\$358,018.00	\$358,018.00	\$371,109.00	\$371,109.00
902	ALL WORK ASSOCIATED WITH THE PATIO AREA	U	1.000	\$35,000.00	\$35,000.00	\$16,982.00	\$16,982.00	\$37,136.00	\$37,136.00
903	ALLOWANCE #1 STATE OF NH PLUMBING & ELECTRICAL INSPECTION FEE	EA	3,000.000	\$1.00	\$3,000.00	\$1.00	\$3,000.00	\$1.00	\$3,000.00
904	ALLOWANCE #2 FOR COST TO REPLACE DAMAGED ROOF DECK MATERIAL	EA	5,000.000	\$1.00	\$5,000.00	\$1.00	\$5,000.00	\$1.00	\$5,000.00
905	ALLOWANCE #3 OWNER INITIATED CHANGES AND UNFORESEEN CONDITIONS	EA	25,000.000	\$1.00	\$25,000.00	\$1.00	\$25,000.00	\$1.00	\$25,000.00

Totals:				\$665,300.00	\$665,300.00	\$408,000.00	\$408,000.00	\$441,245.00	\$441,245.00
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Item No.	Description	Unit	Quantity	PS&E		MERIDIAN CONSTRUCTION CORP.		J.C.N.CONSTRUCTION CO., INC.	
				Unit Price	Total	Unit Price	Total	Unit Price	Total
901	BATHROOM RENOVATIONS AND ROOF REPLACEMENT	U	1.000	\$597,300.00	\$597,300.00	\$534,300.00	\$ 534,300.00	\$574,000.00	\$ 574,000.00
902	ALL WORK ASSOCIATED WITH THE PATIO AREA	U	1.000	\$35,000.00	\$35,000.00	\$ 35,700.00	\$ 35,700.00	\$ 30,400.00	\$ 30,400.00
903	ALLOWANCE #1 STATE OF NH PLUMBING & ELECTRICAL INSPECTION FEE	EA	3,000.000	\$1.00	\$3,000.00	\$1.00	\$3,000.00	\$ 1.00	\$ 3,000.00
904	ALLOWANCE #2 FOR COST TO REPLACE DAMAGED ROOF DECK MATERIAL	EA	5,000.000	\$1.00	\$5,000.00	\$1.00	\$5,000.00	\$ 1.00	\$ 5,000.00
905	ALLOWANCE #3 OWNER INITIATED CHANGES AND UNFORESEEN CONDITIONS	EA	25,000.000	\$1.00	\$25,000.00	\$1.00	\$25,000.00	\$ 1.00	\$ 25,000.00
Totals:					\$665,300.00		\$603,000.00		\$637,400.00

Items



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
7/27/2016

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.

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: Laureen Hilton PHONE (A/C, No. Ext): (603) 224-2562 E-MAIL ADDRESS: lhilton@rowleyagency.com PRODUCER CUSTOMER ID: 00006770	FAX (A/C, No): (603) 224-8012
	INSURER(S) AFFORDING COVERAGE	
INSURED CMGC Building Corp., State of NH Dept. of Admin. Services & all subcontractors on the project 360 Harvey Road Manchester NH 03103	INSURER A: Liberty Mutual Ins Co (Peerless)	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** BR - Center Strafford **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Loc#: 00001, 1 Route 126, Building 5, Center Strafford, NH, 03815

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
	<input type="checkbox"/> PROPERTY <input type="checkbox"/> CAUSES OF LOSS <input type="checkbox"/> DEDUCTIBLES <input type="checkbox"/> BASIC <input type="checkbox"/> BUILDING <input type="checkbox"/> BROAD <input type="checkbox"/> CONTENTS <input type="checkbox"/> SPECIAL <input type="checkbox"/> EARTHQUAKE <input type="checkbox"/> WIND <input type="checkbox"/> FLOOD				<input type="checkbox"/> BUILDING <input type="checkbox"/> PERSONAL PROPERTY <input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> EXTRA EXPENSE <input type="checkbox"/> RENTAL VALUE <input type="checkbox"/> BLANKET BUILDING <input type="checkbox"/> BLANKET PERS PROP <input type="checkbox"/> BLANKET BLDG & PP	
A	<input checked="" type="checkbox"/> INLAND MARINE <input type="checkbox"/> CAUSES OF LOSS <input type="checkbox"/> NAMED PERILS	TYPE OF POLICY Builder Risk Renovation POLICY NUMBER IM0218687	7/25/2016	7/25/2017	<input checked="" type="checkbox"/> Jobsite <input checked="" type="checkbox"/> Transit <input checked="" type="checkbox"/> Temporary Storage <input checked="" type="checkbox"/> Soft Costs	\$ 408,000 \$ 204,000 \$ 204,000 \$ 50,000
	<input type="checkbox"/> CRIME TYPE OF POLICY					
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					
A	Builders Risk Continued	IM0218687	7/25/2016	7/25/2017	<input checked="" type="checkbox"/> Flood/Quake <input checked="" type="checkbox"/> Sewer Backup	\$ 408,000 \$ 250,000

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 RE: Project 80919R. Renovations to Dining Facility - Building 5, 1 Route 125, Center Strafford, New Hampshire.
 Deductible: \$1,000
 \$25,000 ded for Flood & Quake

CERTIFICATE HOLDER State of New Hampshire Department 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 Laureen Hilton/LPH <i>Laureen Hilton</i>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/27/2016

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: Laureen Hilton PHONE (A/C, No. Ext): (603) 224-2562 FAX (A/C, No): (603) 224-8012 E-MAIL ADDRESS: lhilton@rowleyagency.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Cincinnati Ins</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></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> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Cincinnati Ins		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A: Cincinnati Ins														
INSURER B:														
INSURER C:														
INSURER D:														
INSURER E:														
INSURER F:														
INSURED State of New Hampshire, Department of Administrative c/o CMGC Building Corp. 360 Harvey Road Manchester NH 03103														

COVERAGES **CERTIFICATE NUMBER:** OCP - Center Strafford **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	COMMERCIAL GENERAL LIABILITY			OCP1093280	7/25/2016	7/25/2017	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 checked="" type="checkbox"/> OCP						PERSONAL & ADV INJURY \$
	GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 3,000,000
	OTHER:						PRODUCTS - COM/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						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE \$
		<input type="checkbox"/> CLAIMS-MADE					\$
	DED	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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 80919R. Renovations to Dining Facility - Building 5, 1 Route 125, Center Strafford, New Hampshire.

CERTIFICATE HOLDER State of New Hampshire Department 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 Laureen Hilton/LPH 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/27/2016

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PRODUCER THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Laureen Hilton	
	PHONE (A/C No. Ext): (603) 224-2562 FAX (A/C No): (603) 224-8012 E-MAIL ADDRESS: lhilton@rowleyagency.com	
INSURED CMGC Building Corp. 360 Harvey Road Manchester NH 03103	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Cincinnati Insurance Company	10677
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: 16-17 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 <input checked="" type="checkbox"/> Contractual Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			CPP1093280	8/1/2016	8/1/2017	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 Employee Benefits \$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			EBA0218687	8/1/2016	8/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
A	<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			CPP1093280	8/1/2016	8/1/2017	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	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				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Leased/Rented Equipment			CPP1093280	8/1/2016	8/1/2017	Limit: \$200,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Project 80919R. Renovations to Dining Facility - Building 5, 1 Route 125, Center Strafford, New Hampshire. State of New Hampshire is included as additional insured on the general liability policy as required by written contract.

CERTIFICATE HOLDER

CANCELLATION

State of New Hampshire Department of Administrative Services 7 Hazen Drive Concord, NH 03301	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 Laureen Hilton/LPH 
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