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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

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. 81010R – Contract A

November 29, 2018

His Excellency, Governor Christopher T. Sununu  
and the Honorable Executive 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 Fulcrum Associates, Inc., (VC# 281079) Amherst, NH, for a total price not to exceed \$2,600,315, for the Adjutant General Department's New Hampshire Army National Guard Civil Support Team Unit (CST), Bldg. #2, located in Concord, NH. This contract is effective upon Governor and Council approval through September 2, 2019, unless extended in accordance with the contract terms. **100% Federal Funds.**

2). Further authorize the amount of \$89,000 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 \$2,689,315. **100% Federal Funds.**

Funding is available in account titled Adjutant General as follows:

02-12-12-120030-08530000	Unspecified Minor Military Construction	<b><u>SFY19</u></b>
034-500162	– Repair/Renovations Bldgs.	\$2,600,315
034-500162	– Interagency – DPW Fees	<u>\$ 89,000</u>
	<b>Total</b>	<b>\$2,689,315*</b>

**\*Pending Availability of Federal Funds.**

**EXPLANATION**

Per Chapter 195:1, 1 A, Laws of 2013 for Unspecified Minor Military Construction, extended by Chapter 220:23, Laws of 2015, further extended by Chapter 228:22, Laws of 2017. This project includes a 6,300 square foot steel frame addition with masonry veneer and partial renovation of adjoining spaces in an existing building.

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 execution, 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,



Charles M. Arlinghaus  
Commissioner

Department Estimate:	\$2,682,000
Contract Amount:	<u>\$2,600,315</u> (w/alternates)
Under Estimate:	\$ 81,685

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 81010R, Contract A – Civil Support Team (CST) Addition, Building 2, located at 1 Minuteman Way, Concord, N. H.

DESCRIPTION: Work of the Projects includes a 6,300 square foot steel frame addition with masonry veneer and partial renovation of adjoining spaces in an existing building.

EXPLANATION: The National Guard CST division is in need of more space for their emergency response vehicles. This project will give them the space they need for the larger vehicles as well and new vehicles.

UNDER ESTIMATE

EXPLANATION: Some of the low bid line items that are below the estimate are Site Work, Masonry and Structural Steel. The Estimate prices were developed during the peak construction season and reflect the maximum for that time.

ALTERNATES

EXPLANATION: The National Guard requires that Alternates be included in the project to be used in negotiations if required. Funding allowed us to accept the Add Alternates as part of the project.

DEPARTMENT

ESTIMATE: \$2,682,000  
LOW BID: \$2,559,553 w/o alternates



# ABC Bid Data

CONCORD  
81016RA  
NON-FEDERAL

PROJECT: CONCORD  
STATE PROJECT NUMBER: 81016RA  
FED. PROJECT NUMBER: NON-FEDERAL  
DATE BIDS OPEN: October 03, 2018, 02:00 PM  
SCOPE OF WORK: CST ADDITION  
COMPLETION DATE: September 02, 2019  
LOCATION: Merrimack

Certified by: \_\_\_\_\_

## Summary of Bidders

Contractor	Bid Amount	Rank
FULCRUM ASSOCIATES INC 5 TECH CIRCLE, AMHERST NH 03031	\$2,559,553.00	A
MERIDIAN CONSTRUCTION CORP. 32 ARTISAN COURT #4, GILFORD NH 03249-6603	\$2,638,118.00	B
CHARTERS BROTHERS CONST LLC 27 MAIN STREET, DANVILLE NH 03819	\$2,680,562.00	C
CARENO CONSTRUCTION CO., LLC 270 WEST ROAD, STE 4, PORTSMOUTH NH 03801-7811	\$2,720,000.00	D
BROOKSTONE BUILDERS, INC. 600 HARVEY ROAD, MANCHESTER NH 03103-3320	\$2,786,645.00	E
BUCK, T. CONSTRUCTION, INC. 302B AUBURN ROAD, TURNER ME 04282	\$2,788,373.00	F
MARK CARRIER CONSTRUCTION INC SUITE 101, 175 LINCOLN STREET, MANCHESTER NH 03103-6031	\$3,062,202.00	G
KINSMEN CORPORATION 35 LONDONDERRY TPK, SUITE A, PO BOX 18117, HOOKSETT NH 03106-6117	\$3,166,000.00	H

Item 901 = \$2,409,553.-  
 Item 902 = \$125,000.-  
 Item 903 = \$252,000.-  
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 Total = \$2,559,553.-  
 Add Alternates Accepted = \$40,762.00  
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 Total for Project = 2,600,315.-

### BUREAU OF PUBLIC WORKS

Award to Fulcrum Assoc., Inc.  
 Hold for Negotiation  
 Cancel Contract  
 User Agency Adjutant General  
 Authorized by [Signature]  
 Date 10/23/2018

Item No.	Description	Unit	Quantity	PS&E		FULCRUM ASSOCIATES INC 5 TECH CIRCLE AMHERST, NH 03031		MERIDIAN CONSTRUCTION CORP. 32 ARTISAN COURT #4 GILFORD, NH 03249-6603	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

801	PERFORM ALL WORK AS INDICATED ON PLANS AND IN SPECIFICATIONS	U	1.00	\$2,532,000.00	\$2,532,000.00	\$2,409,553.00	\$2,409,553.00	\$2,486,118.00	\$2,486,118.00
902	ALLOWANCE #1 FOR MODIFICATIONS AND/OR OWNER INITIATED CHANGES	\$	125,000.00	\$1.00	\$125,000.00	\$1.00	\$125,000.00	\$1.00	\$125,000.00
903	ALLOWANCE #2 INSPECTION FEES	\$	25,000.00	\$1.00	\$25,000.00	\$1.00	\$25,000.00	\$1.00	\$25,000.00

Totals: \$2,682,000.00 \$2,559,553.00 \$2,636,118.00

**ALTERNATES #1010RA  
DEDUCT ALTERNATE #1**

991	DEDUCT ALTERNATE #1: ARCHITECTURAL ALTERNATE #1	U	1.00	\$15,000.00	\$15,000.00	\$15,010.00	\$15,010.00	(\$12,201.00)	(\$12,201.00)
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**ADD ALTERNATE #2**

992	ADD ALTERNATE #2: ARCHITECTURAL ALTERNATE #2	U	1.00	\$8,750.00	\$8,750.00	\$8,207.00	\$8,207.00	\$5,207.00	\$5,207.00
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**DEDUCT ALTERNATE #3**

993	DEDUCT ALTERNATE #3: MEP ALTERNATE #1	U	1.00	\$32,000.00	\$32,000.00	\$8,408.00	\$8,408.00	(\$30,251.00)	(\$30,251.00)
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**ADD ALTERNATE #4**

994	ADD ALTERNATE #4: MEP ALTERNATE #2	U	1.00	\$8,000.00	\$8,000.00	\$13,050.00	\$13,050.00	\$8,248.00	\$8,248.00
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**DEDUCT ALTERNATE #5**

995	DEDUCT ALTERNATE #5: MEP ALTERNATE #3	U	1.00	\$7,500.00	\$7,500.00	\$8,935.00	\$8,935.00	(\$4,437.00)	(\$4,437.00)
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**ADD ALTERNATE #6**

996	ADD ALTERNATE #6: MEP ALTERNATE #4	U	1.00	\$22,500.00	\$22,500.00	\$6,794.00	\$6,794.00	\$4,714.00	\$4,714.00
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**ADD ALTERNATE #7**

997	ADD ALTERNATE #7: MEP ALTERNATE #5	U	1.00	\$14,000.00	\$14,000.00	\$14,711.00	\$14,711.00	\$18,302.00	\$18,302.00
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Alt. Totals: \$2,682,000.00 \$2,559,553.00 \$2,636,118.00



Item No.	Description	Unit	Quantity	Unit Price	Total	Unit Price	Total
						Unit Price	Total

901	PERFORM ALL WORK AS INDICATED ON PLANS AND IN SPECIFICATIONS	U	1.00	\$2,532,000.00	\$2,532,000.00	\$2,638,646.00	\$2,638,646.00
902	ALLOWANCE #1 FOR MODIFICATIONS AND/OR OWNER INITIATED CHANGES	\$	125,000.00	\$1.00	\$125,000.00	\$1.00	\$125,000.00
903	ALLOWANCE #2 INSPECTION FEES	\$	25,000.00	\$1.00	\$25,000.00	\$1.00	\$25,000.00
				Totals:			
				\$2,682,000.00	\$2,682,000.00	\$2,788,646.00	\$2,788,646.00

ALTERNATES B1010RA							
DEDUCT ALTERNATE #1							
991	DEDUCT ALTERNATE #1: ARCHITECTURAL ALTERNATE #1	U	1.00	\$15,000.00	\$15,000.00	\$14,200.00	(\$13,800.00)
ADD ALTERNATE #2							
992	ADD ALTERNATE #2: ARCHITECTURAL ALTERNATE #2	U	1.00	\$6,750.00	\$6,750.00	\$22.00	\$9.37

DEDUCT ALTERNATE #3							
993	DEDUCT ALTERNATE #3: MEP ALTERNATE #1	U	1.00	\$32,000.00	\$32,000.00	(\$28,200.00)	(\$28,900.00)
ADD ALTERNATE #4							
994	ADD ALTERNATE #4: MEP ALTERNATE #2	U	1.00	\$6,000.00	\$6,000.00	\$7,069.00	\$7,095.00
DEDUCT ALTERNATE #5							
995	DEDUCT ALTERNATE #5: MEP ALTERNATE #3	U	1.00	\$7,500.00	\$7,500.00	(\$4,400.00)	(\$7,300.00)
ADD ALTERNATE #6							
996	ADD ALTERNATE #6: MEP ALTERNATE #4	U	1.00	\$22,500.00	\$22,500.00	\$4,722.00	\$9,317.00
ADD ALTERNATE #7							
997	ADD ALTERNATE #7: MEP ALTERNATE #5	U	1.00	\$14,000.00	\$14,000.00	\$16,667.00	\$16,455.00

				All Totals:			
				\$2,682,000.00	\$2,682,000.00	\$2,788,646.00	\$2,788,646.00
				Totals:			

Item No.	Description	Unit	Quantity	PB&E		MARK CARRIER CONSTRUCTION INC SUITE 101 MANCHESTER, NH 03103-5031		KINSMEN CORPORATION 35 LONDONDERRY TPK, SUITE A HOOKBETT, NH 03106-6117	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

901	PERFORM ALL WORK AS INDICATED ON PLANS AND IN SPECIFICATIONS	U	1.00	\$2,532,000.00	\$2,532,000.00	\$2,912,202.00	\$2,912,202.00	\$3,016,000.00	\$3,016,000.00
902	ALLOWANCE #1 FOR MODIFICATIONS AND/OR OWNER INITIATED CHANGES	\$	125,000.00	\$1.00	\$125,000.00	\$1.00	\$125,000.00	\$1.00	\$125,000.00
903	ALLOWANCE #2 INSPECTION FEES	\$	25,000.00	\$1.00	\$25,000.00	\$1.00	\$25,000.00	\$1.00	\$25,000.00
<b>Totals:</b>					<b>\$2,682,000.00</b>		<b>\$3,062,202.00</b>		<b>\$3,166,000.00</b>

**ALTERNATES 61010RA  
DEDUCT ALTERNATE #1**

991	DEDUCT ALTERNATE #1: ARCHITECTURAL ALTERNATE #1	U	1.00	\$15,000.00	\$15,000.00	(\$15,907.00)	(\$15,907.00)	(\$14,000.00)	(\$14,000.00)
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**ADD ALTERNATE #2**

992	ADD ALTERNATE #2: ARCHITECTURAL ALTERNATE #2	U	1.00	\$6,750.00	\$6,750.00	\$6,078.00	\$6,078.00	\$14,000.00	\$14,000.00
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**DEDUCT ALTERNATE #3**

993	DEDUCT ALTERNATE #3: MEP ALTERNATE #1	U	1.00	\$32,000.00	\$32,000.00	(\$30,000.00)	(\$30,000.00)	(\$23,000.00)	(\$23,000.00)
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**ADD ALTERNATE #4**

994	ADD ALTERNATE #4: MEP ALTERNATE #2	U	1.00	\$6,000.00	\$6,000.00	\$6,481.00	\$6,481.00	\$3,000.00	\$3,000.00
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**DEDUCT ALTERNATE #5**

995	DEDUCT ALTERNATE #5: MEP ALTERNATE #3	U	1.00	\$7,500.00	\$7,500.00	(\$7,300.00)	(\$7,300.00)	(\$7,000.00)	(\$7,000.00)
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**ADD ALTERNATE #6**

996	ADD ALTERNATE #6: MEP ALTERNATE #4	U	1.00	\$22,500.00	\$22,500.00	\$7,117.00	\$7,117.00	\$3,000.00	\$3,000.00
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**ADD ALTERNATE #7**

997	ADD ALTERNATE #7: MEP ALTERNATE #5	U	1.00	\$14,000.00	\$14,000.00	\$12,540.00	\$12,540.00	\$15,000.00	\$15,000.00
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<b>All Totals:</b>									
<b>Totals:</b>					<b>\$2,682,000.00</b>		<b>\$3,062,202.00</b>		<b>\$3,166,000.00</b>





**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
11/26/2018

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).

<b>PRODUCER</b> Davis & Towle Morrill & Everett, Inc. 115 Airport Road Concord, NH 03301	<b>CONTACT NAME:</b> Kathy M. Pettit <b>PHONE (A/C, No, Ext):</b> (603) 715-9739 <b>FAX (A/C, No.):</b> (603) 225-7935 <b>E-MAIL ADDRESS:</b> kpettit@davistowle.com
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Acadia Insurance Company <b>NAIC #:</b> 31325
	<b>INSURED</b> Fulcrum Associates, Inc. 5 Tech Circle Amherst, NH 03031

**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.

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 checked="" type="checkbox"/> LOC OTHER:	X		CPA5173204-14	11/01/2018	11/01/2019	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 - COM/POP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CAA5173205-14	11/01/2018	11/01/2019	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 checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			CUA5173207-14	11/01/2018	11/01/2019	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 Prod./Comp. Ops \$ 10,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WCA5173208-14	11/01/2018	11/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Workers Compensation: 3A States - NH, MA, ME, VT, CT.

RE: Project 81010R - Contract A - CST Addition, 1 Minute Man Way, Concord, NH. It is agreed and understood that the State of New Hampshire, Department of Administrative Services is included as additional Insured on General Liability for ongoing operations when required by written contract.

<b>CERTIFICATE HOLDER</b>  State of New Hampshire Department of Administrative Services Contract Office, Room 130 7 Hazen Drive 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 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/09/2018

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).


<b>PRODUCER</b> Davis & Towle Morrill & Everett, Inc. 115 Airport Road Concord, NH 03301	<b>CONTACT NAME:</b> Kathy M. Pettit	
	<b>PHONE (A/C, No, Ext):</b> (603) 715-9739	<b>FAX (A/C, No):</b> (603) 225-7935
<b>E-MAIL ADDRESS:</b> kpettit@davistowle.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Acadia Insurance Company		<b>31325</b>
<b>INSURED</b>  State of New Hampshire c/o Department of Administrative Services 7 Hazen Drive, Room 250 Concord, NH 03302	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	
	<b>INSURER G:</b>	

**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.

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			OCP5374242-10	11/01/2018	11/01/2019	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"/> Protective Liability						PERSONAL & ADV INJURY	\$
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,000,000
<input checked="" 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 OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS							BODILY INJURY (Per person)	\$
<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
UMBRELLA LIAB <input type="checkbox"/> OCCUR							EACH OCCURRENCE	\$
EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE							AGGREGATE	\$
DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>								\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH-ER
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> 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 81010R - Contract A - CST Addition, 1 Minute Man Way, Concord, NH.

<b>CERTIFICATE HOLDER</b>  State of New Hampshire c/o Department of Administrative Services 7 Hazen Drive, Room 250 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 



# CERTIFICATE OF PROPERTY INSURANCE

KPETTIT

DATE (MM/DD/YYYY)  
11/09/2018

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.

<b>PRODUCER</b> Davis & Towle Morrill & Everett, Inc. 115 Airport Road Concord, NH 03301	<b>CONTACT NAME:</b> Kathy M. Pettit <b>PHONE (A/C, No, Ext):</b> (603) 715-9739 <b>FAX (A/C, No):</b> (603) 225-7935 <b>E-MAIL ADDRESS:</b> kpettit@davistowle.com <b>PRODUCER CUSTOMER ID:</b> FULCASS-01													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : Acadia Insurance Company</td> <td>31325</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 : Acadia Insurance Company	31325	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :
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<b>INSURED</b> Fulcrum Associates, Inc. State of New Hampshire Department of Administrative Services 5 Tech Circle Amherst, NH 03031														


**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

**LOCATION OF PREMISES / DESCRIPTION OF PROPERTY** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 RE: Project 81010R - Contract A - CST Addition, 1 Minute Man Way, Concord, NH.  
 RE: Project 81010R - Contract A - CST Addition, 1 Minute Man Way, Concord, NH.

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
	PROPERTY	DEDUCTIBLES					
	<input type="checkbox"/> CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL <input type="checkbox"/> EARTHQUAKE <input type="checkbox"/> WIND <input type="checkbox"/> FLOOD	<input type="checkbox"/> BUILDING <input type="checkbox"/> CONTENTS				<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	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
<b>A</b>	<input checked="" type="checkbox"/> INLAND MARINE CAUSES OF LOSS <input checked="" type="checkbox"/> NAMED PERILS <input checked="" type="checkbox"/> Special Form	TYPE OF POLICY <b>Builders Risk</b> POLICY NUMBER <b>CIM5374390-10</b>		11/01/2018	11/01/2019	<input checked="" type="checkbox"/> Completed Value <input checked="" type="checkbox"/> Deductible	\$ 2,600,315 \$ 2,500 \$ \$
	<input type="checkbox"/> CRIME TYPE OF POLICY						\$ \$ \$
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN						\$ \$

**SPECIAL CONDITIONS / OTHER COVERAGES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b> State of New Hampshire c/o Department of Administrative Services 7 Hazen Drive, Room 250 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 
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