



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

Division of Public Works
Design and Construction
Project No. 81016R – Contract A

August 6, 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 construction contract with LGR 1 Inc. (VC# 280546) Lowell, MA, for a total price not to exceed \$920,000, for the Adjutant General Department's Manchester Readiness Center Roof Replacement, Manchester, NH. This contract is effective upon Governor and Council approval through December 14, 2018, unless extended in accordance with the contract terms. 50% General Capital Funds and 50% Federal Funds.
- 2). Further authorize that a contingency in the amount of \$70,000 be approved for unanticipated structural expenses and owner initiated changes for the Roof and Structural Repairs Transportation Bldg., bringing the total to \$990,000. **50% General Capital Funds and 50% Federal Funds**.
- 3). Further authorize the amount of \$10,000 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 \$1,000,000. 100% Federal Funds.

Funding is available in account titled Adjutant General as follows:

Sub-Total	\$ 960,000
034-500162 – Repairs/Renovations Bldgs. 034-500162 – Contingency	\$ 890,000
02-12-12-120030-15310000 Manchester Roof Repairs	<u>SYF 19</u>

His Excellency, Governor Christopher T. Sununu and the Honorable Council August 6, 2018 Page 2 of 2

02-12-12-120010-22400000 Army and State 50/50

103-500736 – Contract Repairs/Bldgs. & Grounds

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

217-502682 – DPW Fees Interagency

\$ 10,000

30.000

Grand Total

\$1,000,000

EXPLANATION

Chapter 228:1, I, H, Laws of 2017 for the Manchester Readiness Center Roof replacement. This project will remove approximately 22,600SF of SBS modified roofing system and replace with EPDM. Remove and replace the roofing systems on the barrel vaulted roof in-kind (approximately 14,000SF SBS modified and 16,000SF asphalt shingles). Remove and replace fire escapes per plans and specifications.

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 50%. 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:

\$899,800

Contract Amount:

\$920,000

Over Estimate:

\$ 20,200

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT:

DPW Project No. 81016R, Contract A - Manchester

Readiness Center Roof Replacement, Manchester, New

Hampshire.

DESCRIPTION:

Remove approximately 22,600SF of SBS modified roofing system and replace with EPDM. Remove and replace the roofing systems on the barrel vaulted roof in-kind (approximately 14,000SF SBS modified and 16,000SF asphalt shingles). Remove and replace fire escapes per

plans and specifications.

EXPLANATION:

The roof warranty on the Manchester Readiness Center has expired and the building is experiencing roof leaks. In order to protect the Owner's property in the building as well as preserve the building as whole, the roof requires

replacement.

OVER ESTIMATE

EXPLANATION:

The difference between the Department estimate and the low bid was 2% and it's considered within industry

standard.

DEPARTMENT

ESTIMATE:

\$899,800

LOW BID:

\$920,000

ABC Bid Data



MANCHESTER 81016RA NON-FEDERAL

PROJE	CT:		
-		-	ı

STATE PROJECT NUMBER: 81016RA

FED. PROJECT NUMBER: DATE BIDS OPEN: SCOPE OF WORK:

MANCHESTER

NON-FEDERAL

July 11, 2018, 02:00 PM MANCHESTER READINESS CENTER ROOF REPLACEMENT

COMPLETION DATE:

December 14, 2018

LOCATION:

Hillsborough

Awarded To:

Award Date:

Amount:

\$0.00

Certified by:

Theodore Kupper

Summary of Bidders

Contractor	Bld Amount	Rank
LGR 1 INC	\$920,000.00	A
165 CHELMSFORD STREET, LOWELL MA 01851		
SMITH & SON INC, KEVIN W	\$1,073,000.00	В
580 RICHVILLE ROAD, STANDISH ME 04084		
CARENO CONSTRUCTION CO., LLC	\$1,653,000.00	С
270 WEST ROAD, STE 4, PORTSMOUTH NH 03801-7611		

BUREAU OF PUBLIC WORKS Award to A' Bidder	\$ 920,000
Hold for Negotiation	
Cancel Contract	
User Agency NHARNG	
Authorized byMLT	
Date 7/18/18	

				PS&E		165 CHE	1 INC MSFORD REET	SMITH & SON INC, KEV W 580 RICHVILLE ROAD		
ltem No.	Description	Unit	Quantity	Unit Price	Total	Unit Price	Total	Unit Price	Total	
Items				,						
901	REPLACE FLAT ROOFS "A", "B" & "C"	U	1.00	\$283,000.00	\$283,000.00	\$450,000.00	\$450,000.00	\$461,000.00	\$461,000.00	
902	REPLACE BARREL VAULTED ROOF "D"	U	1.00	\$385,000.00	\$385,000.00	\$350,000.00	\$350,000.00	\$417,000.00	\$417,000.00	
903	REPLACE FIRE ESCAPES	υ	1.00	\$130,000.00	\$130,000.00	\$30,000.00	\$30,000.00	\$80,000.00	\$80,000.00	
904	REPLACE AND TEST LIGHTNING PROTECTION SYSTEM	IJ	1.00	\$36,800.00	\$36,800.00	\$25,000.00	\$25,000.00	\$50,000.00	\$50,000.00	
905	ALLOWANCE FOR UNFORESEEN CONDITIONS AND/OR OWNER INITIATED CHANGES	\$	65,000.00	\$1.00	\$65,000.00	\$1.00	****		\$65,000.00	
	- 17 - 19		Totals:		\$899,800.00		\$920,000.00		\$1,073,000.00	
			Alt. Totals:							
			Totals:		\$899,800,00		\$920,000.00		1.073.000.00	

, ,				PS	&E	CAR CONSTRUC	CTION CO.,		
Item No.	Description	Unit	Quantity	Unit Price	Total	Unit Price	Total	Unit Price	Total
Items									
901	REPLACE FLAT ROOFS "A", "B" & "C"	U	1.00	\$283,000.00	\$283,000.00	\$785,000.00	\$785,000.00	· · ·	7
902	REPLACE BARREL VAULTED ROOF "D"	U	1.00	\$385,000.00	\$385,000.00	\$695,000.00	\$695,000.00		
903	REPLACE FIRE ESCAPES	v	1.00	\$130,000.00	\$130,000.00	\$50,000.00	\$50,000.00		1
904	REPLACE AND YEST LIGHTNING PROTECTION SYSTEM	U	1.00	\$36,800.00	\$36,800.00	\$58,000.00	\$58,000.00		
905	ALLOWANCE FOR UNFORESEEN CONDITIONS AND/OR OWNER INITIATED CHANGES	\$	65,000.00	\$1.00	\$65,000.00	\$1.00	\$65,000.00		
			Totals:		\$899,800.00		\$1,653,000.00		
			Alt. Totals:						
			Totals:		\$899,800.00		1,653,000.00		

Wadnesday, July 11, 2018 Page t of 1



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/02/2018

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.

t	nis certificate does not confer rights	to th	e cei	rtificate holder in lieu of	such e	endorsement	t(s).	oquilo un ondorsomon	, A 54		
_	DUCER				CONTACT Larry Cowan						
Co	van Insurance Agency, Inc.				PHONE (A/C, No, Ext): (978) 372-1451 (A/C, No): (978) 521-4669						
	Main Street				ADDRESS: larry@cowaninsurance.com						
	rerhill MA 01830				INSURER(S) AFFORDING COVERAGE N						
					INSURE			rance Company			
INS	IRED					RB: Safety In					
	LGR 1 Inc.					Rc: Nautilus					
	165 Chelmsford Street				INSURE						
	Lowell MA 01851				INSURE						
					INSURE						
CC	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:			
11 C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUC	EQUI PERT H PC	RÉME AIN, ILICIE	ENT, TERM OR CONDITION THE INSURANCE AFFORD ES. LIMITS SHOWN MAY H	OF AN	IY CONTRACT THE POLICIE EN REDUCEI	TOR OTHER (S DESCRIBE D BY PAID CL	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO V	WHICH THIS	
INSF LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	<u>s</u>		
	X COMMERCIAL GENERAL LIABILITY		T					EACH OCCURRENCE	s 1,000),000	
Α	CLAIMS-MADE X OCCUR		1					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,00)0	
	x Blanket additional insureds	Υ	Y	USA4223582		06/02/2018	06/02/2019	MED EXP (Any one person)	\$ 5,000)	
ļ	when required by contract	1						PERSONAL & ADV INJURY	\$ 1,000),000	
	GEN'L AGGREGATE LIMIT APPLIES PER:		l				:	GENERAL AGGREGATE	\$ 2,000),000	
	POLICY X PRO-	1	İ					PRODUCTS - COMPIOP AGG	\$ 2,000),000	
	OTHER:								\$		
	AUTOMOBILE LIABILITY		i					COMBINED SINGLE LIMIT (Ea accident)	s 1,000	<u>),000</u>	
В	ANY AUTO					ŀ		BODILY INJURY (Per person)			
	OWNED X SCHEDULED AUTOS			6234898		08/20/2018	08/20/2019	BODILY INJURY (Per accident)	\$.		
	X HIRED X NON-OWNED AUTOS ONLY		1				PROPERTY DAMAGE (Per accident)	\$			
		<u> </u>	ļ						\$		
	X UMBRELLA LIAB X OCCUR	ŀ						EACH OCCURRENCE	\$ 1,000		
C	EXCESS LIAB CLAIMS-MADE	1		AN055430	J08/	08/01/2018	06/02/2019	AGGREGATE	s 1,000		
<u></u>	DED X RETENTION \$10,000	<u> </u>	<u> </u>					Products/CO aggregate	\$ 1,000	<u> </u>	
ŀ	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	N/A						E.L. EACH ACCIDENT	\$	·	
	(Mandatory In NH)							E.L. DISEASE - EA EMPLOYEE			
<u></u>	If yes, describe under DESCRIPTION OF OPERATIONS below		 					E.L. DISEASE - POLICY LIMIT			
	Installation Floater		l	ļ <u></u>			40000040	On Site	\$920		
P	See Certificate of Property Insurance		1	IMP 263-73-74		08/02/2018	10/02/2018	Temporary Site	\$920	,000	
	<u>. </u>	<u> </u>	<u> </u>				<u> </u>	,			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHI										
	# Manchester 81016RA, Manchester Re							nampsnire			
	State of New Hampshire, its agencies, a		-		90 8S 80	igitional insur	eas				
on	the general liability insurance policy as r	equir	өа ру	written contract.							
10-	ofing postsoctor										
	ofing contractor.				CAN	CELLATION					
	RTIFICATE HOLDER				I CAN	CELLATION		<u>. </u>			
1	State of New Hampshire							DESCRIBED POLICIES BE O			
1	Department of Administrative	Serv	ices					EREOF, NOTICE WILL (PROVISIONS.	3E DE	LIVERED IN	
1	7 Hazen Drive, Room 250	JU 1			۱ ^``	ORDANCE WI	IN THE POLICE	T NOTIGIONS.			
1	Concord, NH 03302-0483				AUTHO	RIZED REPRESI	ENTATIVE(/	~ Canar		<lac></lac>	
1					I		J. 6	- Camp-			

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

07/27/2018

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(les) 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).

Cel	tificate holder in lieu of such endor	seme	nt(s)	·							
PROD	JCER				CONTACT NAME: Larry Cowan						
co	WAN INSURANCE AGENCY	INC			PHONE (A/C, No. Ext): (978) 372-1451 FAX (A/C, No):						
_					ADDRESS: lany@cowaninsurance.com						
359	MAIN ST								NAIC#		
	ERHILL			MA 01830	INSURE					33758	
INSUR	· · · · · · · · · · · · · · · · · · · 				INSURER A: AIM MUTUAL INS CO 33						
	R 1 INC				INSURE				t		
LG	1 1140				INSURE					 	
400	OUT MOTORS STREET				·						
	CHELMSFORD STREET			MA 01851	INSURE	•			-		
LOV		TICIC	ATE	NUMBER: 296377	INSURE	KF:		REVISION NUMBER:			
COV	ERAGES CER S IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO			E POLI	CY PERIOD	
INE	ICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	QUIR	EMEI	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER (S DESCRIBE(OCUMENT WITH RESPECT	T TO V	VHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WAD.	FOLIGI ROMBER		Imminute 1 (1)	(10 m) 6 6 (1 (1))	·	<u> </u>		
	CLAIMS-MADE OCCUR						į	DAMAGE TO RENTED	<u>.</u> S		
l								MED EXP (Any one person)	<u> </u>		
				N/A			1	PERSONAL & ADV INJURY 1	5		
ו ו	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:							. L	S		
	AUTOMOBILE LIABILITY			" - '				COMBINED SINGLE LIMIT (Ea accident)	\$		
i	ANY AUTO					•			\$		
l	ALL OWNED SCHEDULED			N/A				BODILY INJURY (Per accident)	\$		
l	AUTOS AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
F	HIRED AUTOS AUTOS								\$		
	UMBRELLA LIAB OCCUR				-	i		EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE			N/A					<u> </u>		
l	ODS. MOTOR			,,					s		
- ,	DED RETENTION \$							X PER OTH-	*		
	AND EMPLOYERS' LIABILITY								s 1,00	0.000	
l A h	NYPROPRIETOR/PARTNER/EXECUTIVE N/A	N/A	N/A	'AWC40070355132018A		05/04/2018	05/04/2019		s 1,00		
l 1	Mandatory in NH) f yes, describe under	ĺ				1			s 1,00		
	DÉSCRIPTION OF OPERATIONS below		_					E.L. DISEASE - POLICY LIMIT	3 1,00	0,000	
				N/A							
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)			
Wor	kers' Compensation benefits will be pa ns for benefits to employees in states o	id ta l	Mass	achusetts employees only.	Pursua	ant to Endorse	ement WC 20	03 06 B, no authorization i	is give setts.	n to pay	
This	certificate of insurance shows the poli- e date of this certificate of insurance).	cy in t	force statu	on the date that this certific s of this coverage can be r	cate wa	es issued (unl	ess the expire cessing the P	ation date on the above political formation of Coverage - Coverage	icy pre ge Ver	cedes the Ification	
Sea	ch tool at www.mass.gov/lwd/workers	count	pensa	ation/investigations/.		, -,	•	•	-		
CER	TIFICATE HOLDER				CAN	CELLATION					
				-	THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL BI LY PROVISIONS.			
Sta	te of New Hampshire co Departm	ent	of Ac	dministrative Services							
7 H	izen Drive Room 250				AUTHO	RIZED REPRESE	NTATIVE				
I					\Box	DWG-					
Con	cord			NH 03302	Dani	el M. Crowley	, CPCU, Vice	President - Residual Mark	ket – V	/CRIBMA	
Ь				·				ORD CORPORATION. A			



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DO/YYYY) 08/01/2018

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(les) 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).

UCER					r Intervio	12700		LCONTACT 1 Common							
			ľ	CONTACT Larry Cowan											
an Insurance Agency, Inc.				PHONE (AC. No. Ext): (978) 372-1451 FAX (AC. No.): (978) 521-4669											
Main Street				E-MAIL ADDRES											
rhill MA 01830						NAIC#									
RED				INSURE	_{R.B.:} Great An	nerican									
State of New Hampshire Depart	tment	of A	dministrative	INSURE	RC:										
Services				INSURE	R.D:										
7 Hazen Drive, Room 250				INSURE											
Concord NH 03302-0483				INSURE	RF:										
ERAGES CER	rific	ATE	NUMBER:						07.000.00						
DICATED. NOTWITHSTANDING ANY RE PRIFICATE MAY BE ISSUED OR MAY F CLUSIONS AND CONDITIONS OF SUCI	QUIR ERTA 1 POL	EME IN, T ICIE:	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN ED BY	Y CONTRACT THE POLICIE EN REDUCEI	S DESCRIBED BY PAID CL	DOCUMENT WITH RESPECT D HEREIN IS SUBJECT TO	. 10 1	VITICA I AIS I						
TYPE OF INSURANCE	ADDL S INSD 1	UBR WVD	POLICY NUMBER		POLICY EFF	(MM/DD/YYYY)	LIMOTS								
X COMMERCIAL GENERAL LIABILITY	\Box							<u>\$ 2,000</u>	,000						
CLAIMS-MADE X OCCUR	- [ļ		PREMISES (Fa occurrence)	\$							
x OCP		İ	NN969647	, !	08/02/2018	10/01/2018	MED EXP (Any one person)	\$							
				·		[PERSONAL & ADV INJURY	\$							
GEN'L AGGREGATE LIMIT APPLIES PER:	- 1	ļ					GENERAL AGGREGATE	\$ 3,000),000						
	ŀ						PRODUCTS - COMP/OP AGG	\$							
		_						s							
AUTOMOBILE LIABILITY	Ţ						COMBINED SINGLE LIMIT (Ea accident)	\$							
ANY AUTO	1							\$							
OWNED SCHEDULED	İ							\$							
HIRED NON-OWNED	ļ						PROPERTY DAMAGE (Per accident)	s							
AUTOS ONLY	.							\$							
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$							
							AGGREGATE	\$							
1 1								\$							
WORKERS COMPENSATION							PER OTH- STATUTE ER								
ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$							
OFFICER/MEMBER EXCLUDED?	N/A					!	E.L. DISEASE - EA EMPLOYEE	\$							
		- {					E.L. DISEASE - POLICY LIMIT	\$							
							On site	\$920	,000						
Details on Certificate of Property Ins			IMP 263-73-74		08/02/2018	10/02/2018	In Transit	\$250	,000						
PRINTION OF OPERATIONS / LOCATIONS / VEHIC	LES //	ACOR	D 101, Additional Remarks Sche	dule, may	be attached if m	iore space is req	ulred)								
							•								
								_							
RTIFICATE HOLDER				CAN	ELLATION										
	-							4 14 4 -							
State of New Hampshire Department of Administrative Services					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.										
			•	AUTHO	RIZED REPRESI	ENTATIVE	(; , , , , ,		<lac></lac>						
Concord, NH U3302-0483				Jan Can											
	State of New Hampshire Depart Services 7 Hazen Drive, Room 250 Concord NH 03302-0483 ERAGES CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RESULTED OR MAY FOLUSIONS AND CONDITIONS OF SUCH TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X OCP GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED OFFICERS LIAB CLAIMS-MADE DED RETENTIONS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRETOR PARTINER EXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Installation Floater Details on Certificate of Property Ins REPTION OF OPERATIONS / LOCATIONS / VEHIC Manchester Readiness Center Roof Reg RETIFICATE HOLDER	State of New Hampshire Department Services 7 Hazen Drive, Room 250 Concord NH 03302-0483 FERAGES CERTIFIC. IS IS TO CERTIFY THAT THE POLICIES OF IN DICATED. NOTWITHSTANDING ANY REQUIR RITIFICATE MAY BE ISSUED OR MAY PERTA CLUSIONS AND CONDITIONS OF SUCH POL TYPE OF INSURANCE ADDLE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X OCP GENTL AGGREGATE LIMIT APPLIES PER: POLICY X JECT OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS	State of New Hampshire Department of A Services 7 Hazen Drive, Room 250 Concord NH 03302-0483 FERAGES CERTIFICATE IS IS TO CERTIFY THAT THE POLICIES OF INSURDICATED. NOTWITHSTANDING ANY REQUIREME RITIFICATE MAY BE ISSUED OR MAY PERTAIN, TCLUSIONS AND CONDITIONS OF SUCH POLICIES TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X COMMERCIAL GENERAL LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS OFFICENMEMBER EXCLUDED? WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETORPARTNER/EXECUTIVE DESCRIPTION OF OPERATIONS below Installation Floater Details on Certificate of Property Ins PRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACOR Manchester Readiness Center Roof Replacement, RETIFICATE HOLDER State of New Hampshire Department of Administrative Services 7 Hazen Drive, Room 250	Asin Street rhill MA 01830 State of New Hampshire Department of Administrative Services 7 Hazen Drive, Room 250 Concord NH 03302-0483 ERAGES CERTIFICATE NUMBER: IS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE DICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION RITHERATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD CLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HE TYPE OF INSURANCE COMMERCIAL GENERAL LUBILITY CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE COUCY AUTOS ONLY Main Street rhill MA 01830 State of New Hampshire Department of Administrative Services Services T Hazen Drive, Room 250 Concord NH 03302-0483 ERAGES CERTIFICATE NUMBER: INSURE INSURE IS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEE IS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEE IS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEE IS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEE IS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEE IS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEE IS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEE IS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEE IS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEE IS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEE IS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEE IS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEE INSUR INSURE INSURE INSURE INSURE INSURE INSURE INSURE INSURE INSU	Main Street Additional Street	Agin Street Agin Street Agin MA 01830 State of New Hampshire Department of Administrative Services 7 Hazen Drive, Room 250 Concord NH 03302-0483 ERAGES CERTIFICATE NUMBER: INSURER 1. INSURER 2. INSURER 2. INSURER 2. INSURER 3. Great American INSURER 1. INSURER 2. INSURER 2. INSURER 2. INSURER 3. IN	Administrated Administrative Administrative Administrative Administrative Assurer A : Neutritius State of New Hampshire Department of Administrative Services 7 Hazen Drive, Room 250 Concord NH 03392/0483 Concord NH 03392	Agin Stroet MIN MA 01830 EXECUTED STATES AND STATES A							



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

08/02/2018 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. CONTACT NAME: Larry Cowan PRODUCER PHONE (978) 372-1451 FAX, Not: (978) 521-4669 Cowan Insurance Agency, Inc. E-MÁIL ADDRESS: larry@cowaninsurance.com 359 Main Street PRODUCER 9034 Haverhill MA 01830 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Great American INSURED State of New Hampshire Department of Administrative Services INSURER B : LGR1 Inc. INSURER C: 7 Hazen Drive, Room 250 INSURER D : Concord NH 03302-0483 INSURER E INSURER F **REVISION NUMBER: COVERAGES CERTIFICATE NUMBER:** LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Installation Floater for roofing job at: Manchester Rediness Center Roof Replacement, 1059 Canal Street, Manchester NH. Job#81016R 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. POLICY EFFECTIVE POLICY EXPIRATION DATE (MM/DD/YYYY) INSR LTR COVERED PROPERTY LIMITS POLICY NUMBER TYPE OF INSURANCE BUILDING PROPERTY PERSONAL PROPERTY **CAUSES OF LOSS** DEDUCTIBLES BUILDING BUSINESS INCOME BASIC EXTRA EXPENSE BROAD CONTENTS RENTAL VALUE SPECIAL BLANKET BUILDING EARTHQUAKE BLANKET PERS PROP WIND BLANKET BLDG & PP FLOOD At any one site s 920,000 TYPE OF POLICY INLAND MARINE Temporary site s 920,000 08/02/2018 10/02/2018 CAUSES OF LOSS Installation 250,000 In Transit POLICY NUMBER NAMED PERILS s 920,000 Any one loss All perils IMP 263-73-74 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) Job: Manchester Readiness Center Roof Replacement, 1059 Canal Street, Manchester NH #81016R All perils - Replacement Cost coverage subject to \$2,500 deductible. CANCELLATION CERTIFICATE HOLDER State of New Hampshire SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN Department of Administrative Services ACCORDANCE WITH THE POLICY PROVISIONS. 7 Hazen Drive, Room 250 Concord, NH 03302-0483 <LAC> AUTHORIZED REPRESENTATIVE <u>ش</u>ہ'

© 1995-2015 ACORD CORPORATION. All rights reserved.