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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

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:

02-12-12-120030-15310000 Manchester Roof Repairs	<b><u>SYF 19</u></b>
034-500162 – Repairs/Renovations Bldgs.	\$ 890,000
034-500162 – Contingency	<u>70,000</u>
<b>Sub-Total</b>	<b>\$ 960,000</b>

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

103-500736 – Contract Repairs/Bldgs. & Grounds \$ 30,000

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

217-502682 – DPW Fees Interagency \$ 10,000

**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  
S1016RA  
NON-FEDERAL

PROJECT: MANCHESTER  
STATE PROJECT NUMBER: S1016RA  
FED. PROJECT NUMBER: NON-FEDERAL  
DATE BIDS OPEN: July 11, 2018, 02:00 PM  
SCOPE OF WORK: MANCHESTER READINESS CENTER ROOF REPLACEMENT  
COMPLETION DATE: December 14, 2018  
LOCATION: Hillsborough

Awarded To:

Amount: \$0.00

Award Date:

Certified by: Theodore Kupper

## Summary of Bidders

Contractor	Bid Amount	Rank
LGR 1 INC 165 CHELMSFORD STREET, LOWELL MA 01851	\$920,000.00	A
SMITH & SON INC, KEVIN W 580 RICHVILLE ROAD, STANDISH ME 04084	\$1,073,000.00	B
CARENO CONSTRUCTION CO., LLC 270 WEST ROAD, STE 4, PORTSMOUTH NH 03801-7811	\$1,653,000.00	C

### BUREAU OF PUBLIC WORKS

Award to A Bidder \$ 920,000  
 Hold for Negotiation  
 Cancel Contract  
 User Agency NHAEPL  
 Authorized by MLT  
 Date 7/18/18

Item No.	Description	Unit	Quantity	PS&E		LGR 1 INC 165 CHELMSFORD STREET		SMITH & SON INC, KEVIN W 580 RICHVILLE ROAD	
				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	U	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	U	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	\$1.00	\$65,000.00
<b>Totals:</b>					<b>\$899,800.00</b>		<b>\$920,000.00</b>		<b>\$1,073,000.00</b>
<b>Alt. Totals:</b>									
<b>Totals:</b>					<b>\$899,800.00</b>		<b>\$920,000.00</b>		<b>\$1,073,000.00</b>

Item No.	Description	Unit	Quantity	PS&E		CARENO CONSTRUCTION CO., LLC		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		
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	U	1.00	\$130,000.00	\$130,000.00	\$50,000.00	\$50,000.00		
904	REPLACE AND TEST 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	\$899,800.00	\$1,653,000.00	\$1,653,000.00		
Alt. Totals:									
Totals:				\$899,800.00	\$899,800.00	\$1,653,000.00	\$1,653,000.00		



# 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. 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 Cowan Insurance Agency, Inc. 359 Main Street Haverhill MA 01830	CONTACT NAME: Larry Cowan
	PHONE (A/C No., Ext): (978) 372-1451 FAX (A/C No.): (978) 521-4669
	E-MAIL ADDRESS: larry@cowaninsurance.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: United Specialty Insurance Company
INSURED LGR 1 Inc. 165 Chelmsford Street Lowell MA 01851	INSURER B: Safety Insurance
	INSURER C: Nautilus
	INSURER D: Great American
	INSURER E:
	INSURER F:

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 <input checked="" type="checkbox"/> Blanket additional insureds when required by contract  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	USA4223582	06/02/2018	06/02/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea. occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOP AGG \$ 2,000,000 \$
B	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			6234898	08/20/2018	08/20/2019	COMBINED SINGLE LIMIT (Ea. accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<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			AN055430	08/01/2018	06/02/2019	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 Products/CO aggregate \$ 1,000,000 PER STATUTE OTH-ER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
D	Installation Floater See Certificate of Property Insurance			IMP 263-73-74	08/02/2018	10/02/2018	On Site \$920,000 Temporary Site \$920,000

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

Job # Manchester 81016RA, Manchester Readiness Center Roof Replacement, 1059 Canal Street, Manchester New Hampshire  
The State of New Hampshire, its agencies, and its agents and employees are listed as additional insureds on the general liability insurance policy as required by written contract.

Roofing contractor.

<b>CERTIFICATE HOLDER</b> State of New Hampshire Department of Administrative Services 7 Hazen Drive, Room 250 Concord, NH 03302-0483	<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:  <LAC>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
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.

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<b>PRODUCER</b> <b>COWAN INSURANCE AGENCY INC</b>  359 MAIN ST HAVERHILL MA 01830	<b>CONTACT NAME:</b> Larry Cowan <b>PHONE (A/C No, Ext):</b> (978) 372-1451 <b>E-MAIL ADDRESS:</b> larry@cowaninsurance.com	<b>FAX (A/C, No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> <b>LGR 1 INC</b>  165 CHELMSFORD STREET LOWELL MA 01851	<b>INSURER A:</b> AIM MUTUAL INS CO	<b>NAIC #</b> 33758
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER: 296377**      **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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	<b>COMMERCIAL GENERAL LIABILITY</b> <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:		N/A			EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$		
	<b>AUTOMOBILE LIABILITY</b> <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		N/A			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$		
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$		N/A			EACH OCCURRENCE \$ AGGREGATE \$ \$		
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	N/A	N/A	AWC40070355132018A	05/04/2018	05/04/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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
			N/A					

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

Workers' Compensation benefits will be paid to Massachusetts employees only. Pursuant to Endorsement WC 20 03 06 B, no authorization is given to pay claims for benefits to employees in states other than Massachusetts if the insured hires, or has hired those employees outside of Massachusetts.

This certificate of insurance shows the policy in force on the date that this certificate was issued (unless the expiration date on the above policy precedes the issue date of this certificate of insurance). The status of this coverage can be monitored daily by accessing the Proof of Coverage - Coverage Verification Search tool at [www.mass.gov/lwd/workers-compensation/investigations/](http://www.mass.gov/lwd/workers-compensation/investigations/).

<b>CERTIFICATE HOLDER</b>  State of New Hampshire co 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.
	<b>AUTHORIZED REPRESENTATIVE</b>  Daniel M. Crowley, CPCU, Vice President - Residual Market - WCRIBMA





# CERTIFICATE OF LIABILITY INSURANCE

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

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<b>PRODUCER</b> Cowan Insurance Agency, Inc. 359 Main Street Haverhill MA 01830	<b>CONTACT NAME:</b> Larry Cowan <b>PHONE (A/C No, Ext):</b> (978) 372-1451 <b>E-MAIL ADDRESS:</b> larry@cowaninsurance.com <b>FAX (A/C No):</b> (978) 521-4669																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Nautilus</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td>Great American</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></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:	Nautilus		INSURER B:	Great American		INSURER C:			INSURER D:			INSURER E:			INSURER F:	
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INSURER E:																					
INSURER F:																					
<b>INSURED</b> State of New Hampshire Department of Administrative Services 7 Hazen Drive, Room 250 Concord NH 03302-0483																					

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> OCP GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			NN969647	08/02/2018	10/01/2018	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ COMBINED SINGLE LIMIT (EA ACCIDENT) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						EACH OCCURRENCE \$ AGGREGATE \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						
B	Installation Floater Details on Certificate of Property Ins			IMP 263-73-74	08/02/2018	10/02/2018	On site \$920,000 In Transit \$250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (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

<b>CERTIFICATE HOLDER</b> State of New Hampshire Department of Administrative Services 7 Hazen Drive, Room 250 Concord, NH 03302-0483	<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 <i>Jam Cowan</i> <LAC>
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