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# State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES

25 Capitol Street - Room 100

Concord, New Hampshire 03301

Office@das.nh.gov

Charles M. Arlinghaus  
Commissioner  
(603) 271-3201

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

Sheri L. Rockburn  
Assistant Commissioner  
(603) 271-3204

Division of Public Works  
Design and Construction  
Project No. 81011- Contract B

July 12, 2022

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 WeatherGuard Industries/SMJ Metals, LLC. (VC #287857), North Hampton, Massachusetts for a total price not to exceed \$137,000, for State House Courtyard Roof Replacement, Concord, New Hampshire. This contract is effective upon Governor and Council approval through November 1, 2022, unless extended in accordance with the contract terms. **100% Capital - State Funds.**
- 2). Further authorize that a contingency in the amount of \$25,000 be approved for unanticipated site expenses for State House Courtyard Roof Replacement, Concord, New Hampshire, bringing the total to \$162,000. **6% Capital - State Funds, 62% General Funds, 32% Transfers from Agency**
- 3). Further authorize the amount of \$5,700 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 \$167,700. **66% General Funds, 34% Transfers from Agency**

Funding is available in account titled Department of Administrative Services, as follows:

### FY 2023

01-14-14-146030-49750000 15-220:1-II-B81 - State & Walker 034-500162 - Capital Projects	\$ 137,000
01-14-14-146030-49750000 15-220:1-II-B81 - State & Walker 034-500162 - Capital Projects - Contingency	\$ 1,505

01-14-14-141510-29500000 General Services Maint & Grnds	
048-500226 – Contractual Maint Build-Grn - Contingency	\$ 23,495
01-14-14-141510-29500000 General Services Maint & Grnds	
048-500226 – Contractual Maint Build-Grn – DPW Fees	<u>\$ 5,700</u>
<b>Grand Total =</b>	<b>\$ 167,700</b>

### EXPLANATION

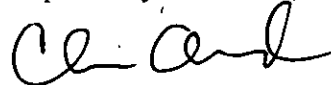
Per Chapter 220:1, II, B8 Laws of 2015, as amended by Chapter 228:22, 21, Laws of 2017; State House, Upham Walker House, and Legislative Office Building Repairs. The scope of the project is to remove the rubber membrane roofing and stone ballast, and replace with a fully-adhered rubber membrane roofing on the 1-story structure located in the courtyard of the State House. The new roofing system will have a 30-year warranty. The existing brick/granite veneer wall flashing will be removed and replaced with new wall flashing.

The existing roofing of the courtyard structure has exceeded its warranty and is well beyond its life expectancy. There have been many leaks over the past several years, creating damage to the interior of the building. The existing brick/granite veneer wall flashing contains asbestos material and will be abated.

The contractor has been pre-qualified by the Department of Transportation. The contract has been approved by the Attorney General as to form and execution; and the Department of Administrative Services 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:	\$ 101,623
Low bid:	<u>\$ 112,000</u>
Over estimate:	\$ 10,377

## CONTRACT SUPPLEMENTAL INFORMATION SHEET

**PROJECT:** DPW Project No. 81011 Contract B  
State House Courtyard Roof Replacements, Concord NH

**DESCRIPTION:** The scope of the project is to remove the rubber membrane roofing and stone ballast, and replace with a fully-adhered rubber membrane roofing on the 1-story structure located in the courtyard of the State House. The new roofing system will have a 30-year warranty. The existing brick/granite veneer wall flashing will be removed and replaced with new wall flashing.

**EXPLANATION:** The existing roofing of the courtyard structure has exceeded the warranty and is well beyond its life expectancy. There have been many leaks over the past several years, creating damage to the interior of the building. The existing brick/granite veneer wall flashing contains asbestos material and will be abated.

**OVER ESTIMATE**

**EXPLANATION:** The low bid is approximately 9% over the Department estimate, which is well within industry standards.

**ALTERNATES**

**EXPLANATION:** Alternate #1 State House Courtyard Vestibule, ADD \$25,000. This work includes the following work on the Courtyard vestibule: remove and replace the existing roof framing, sheathing, roofing material, and window sash above the door frame. The existing roofing system is leaking and is improperly flashed into the wall, causing an additional area of leaking and water damage.

DEPARTMENT ESTIMATE:	\$ 101,623
LOW BID:	<u>\$ 112,000</u>
OVER ESTIMATE:	\$ 10,377



## ABC Bid Data

CONCORD  
81011B  
NON-FEDERAL

PROJECT: CONCORD  
STATE PROJECT NUMBER: 81011B  
FED. PROJECT NUMBER: NON-FEDERAL  
DATE BIDS OPEN: March 30, 2022, 2:00  
SCOPE OF WORK: State House Courtyard Roof Replacement  
COMPLETION DATE: November 01, 2022  
LOCATION: Merrimack

Awarded To:

Amount: \$0.00

Award Date:

Certified by:

Director of Project Development

### Summary of Bidders

Contractor	Bid Amount	Rank
WEATHERGUARD INDUSTRIES/SMJ METALS, LLC 36 SMITH STREET, NORTH HAMPTON, MA 01060	\$112,000.00	A
CARENO CONSTRUCTION CO., LLC 270 WEST ROAD STE 4, PORTSMOUTH NH 03801-7611	\$146,500.00	B

Item #901: \$92,000.-  
#902: \$20,000.-  
Base Bid = \$112,000.-  
Add Alt Item #991 = \$25,000.-  
Total This Contract = \$137,000.-  
Wednesday, March 30, 2022

BUREAU OF PUBLIC WORKS  
Award to Weatherguard Industries/SMJ Metals, LLC  
Hold for Negotiation  
Cancel Contract  
User Agency NH DAS  
Authorized by [Signature]  
Date 105022022



# ABC Bid Data

CONCORD  
81011B  
NON-FEDERAL

Item No.	Description	Unit	Quantity	P&E		WEATHERGUARD INDUSTRIES/SMJ METALS, LLC 38 SMITH STREET NORTHAMPTON, MA 01060		CARENO CONSTRUCTION CO., LLC 270 WEST ROAD STE 4 PORTSMOUTH, NH 03801-7011	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

## Items

901	STATEHOUSE COURTYARD ROOF REPLACEMENT	U	1.00	\$81,623.00	\$81,623.00	\$92,000.00	\$92,000.00	\$126,500.00	\$126,500.00
902	ALLOWANCE	\$	20,000.00	\$1.00	\$20,000.00	\$1.00	\$20,000.00	\$1.00	\$20,000.00
Totals:				\$101,623.00		\$112,000.00		\$146,500.00	

## 81011B ADD ALTERNATE

### Add Alternate 1

991	STATE HOUSE COURTYARD VESTIBULE	U	1.00	\$20,000.00	\$20,000.00	\$25,000.00	\$25,000.00	\$35,000.00	\$35,000.00
AR Totals:									
Totals:				\$101,623.00		\$112,000.00		\$146,500.00	

# State of New Hampshire

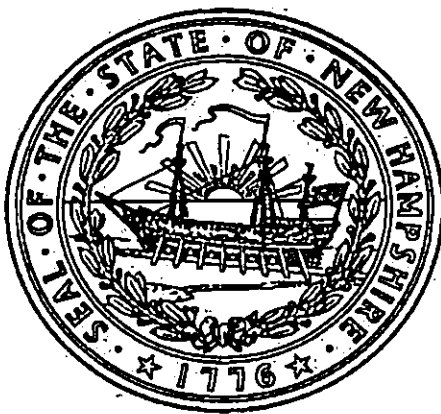
## Department of State

### CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that WEATHERGUARD INDUSTRIES/SMJ METALS, LLC is a Florida Limited Liability Company registered to transact business in New Hampshire on June 12, 2018. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 796885

Certificate Number: 0005788244



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 8th day of June A.D. 2022.

A handwritten signature in black ink, appearing to read "David M. Scanlan".

David M. Scanlan  
Secretary of State

(Limited partnership, Limited liability professional partnership or LLC)

**Limited Partnership or LLC Certification of Authority**

I, DEAN SECCHIAROLI hereby certify that I am a Partner, Member or Manager  
(Name)  
of WEATHERMAN INC. a limited liability partnership under RSA 304-B,  
(Name of Partnership or LLC)  
a limited liability professional partnership under RSA 304-D, or a limited liability company  
under RSA 304-C.

I certify that I am authorized to bind the partnership or LLC. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person listed above currently occupies the position indicated and that they have full authority to bind the partnership or LLC and that this authorization shall remain valid for thirty (30) days from the date of this Corporate Resolution

DATED: MAY 31, 2022

ATTEST:

  
(Name & Title)  
V.P.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/3/2022

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).

<b>PRODUCER</b> Frank H. Furman, Inc. 1314 East Atlantic Blvd. P. O. Box 1927 Pompano Beach FL 33061		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (954) 943-5050 FAX (A/C, No): (954) 942-6310 E-MAIL ADDRESS: Jhaase@furmaninsurance.com	
<b>INSURED</b> Weather Guard Industries/ SMJ Metals. LLC 5051 NW 13th Ave., Suite H Pompano Beach FL 33064		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Continental Casualty Co NAIC # 20443 INSURER B: Continental Insurance Co 35289 INSURER C: Valley Forge Ins 20508 INSURER D: INSURER E: INSURER F:	

**COVERAGES**

CERTIFICATE NUMBER: 2021 Master MA

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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		6056967626	12/1/2021	12/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> 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			6056967612	12/1/2021	12/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<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			6056967376	12/1/2021	12/1/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 Completed Ops. Aggregate \$ 5,000,000
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	N/A	6056967593	12/1/2021	12/1/2022	<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
B	Installation Floater			6080081008	12/1/2021	12/1/2022	Limit: \$1,000,000 Deductible: \$2,500

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

RE: State House Courtyard Roof Replacements - 107 North Main Street Concord, NH 03302

The State of New Hampshire, its agencies, and its agents and employees shall be named as additional insureds as it pertains to General Liability where required by written contract.

**CERTIFICATE HOLDER****CANCELLATION**

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

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

Dirk DeJong/LWC

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# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
07/27/2022

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> Frank H. Furman, Inc. 1314 East Atlantic Blvd. P. O. Box 1927 Pompano Beach FL 33061		<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> (954) 943-5050 <b>FAX (A/C, No):</b> (954) 942-6310 <b>E-MAIL ADDRESS:</b> louis@furmaninsurance.com <b>PRODUCER CUSTOMER ID:</b> 00017365	
<b>INSURED</b> Weather Guard Industries/ SMJ Metals. LLC 5051 NW 13th Ave., Suite H Pompano Beach FL 33064		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> American Zurich Insurance Co <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 040142	

**COVERAGES****CERTIFICATE NUMBER:** 21 BR - 107 N Main St**REVISION NUMBER:****LOCATION OF PREMISES / DESCRIPTION OF PROPERTY** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

107 N Main St. 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
	<input type="checkbox"/> <b>PROPERTY</b>				<input type="checkbox"/> <b>BUILDING</b>	\$
	<input type="checkbox"/> <b>CAUSES OF LOSS</b>				<input type="checkbox"/> <b>PERSONAL PROPERTY</b>	\$
	<input type="checkbox"/> <b>BASIC</b>				<input type="checkbox"/> <b>BUSINESS INCOME</b>	\$
	<input type="checkbox"/> <b>BROAD</b>				<input type="checkbox"/> <b>EXTRA EXPENSE</b>	\$
	<input type="checkbox"/> <b>SPECIAL</b>				<input type="checkbox"/> <b>RENTAL VALUE</b>	\$
	<input type="checkbox"/> <b>EARTHQUAKE</b>				<input type="checkbox"/> <b>BLANKET BUILDING</b>	\$
	<input type="checkbox"/> <b>WIND</b>				<input type="checkbox"/> <b>BLANKET PERS PROP</b>	\$
	<input type="checkbox"/> <b>FLOOD</b>				<input type="checkbox"/> <b>BLANKET BLDG &amp; PP</b>	\$
						\$
						\$
	<input type="checkbox"/> <b>INLAND MARINE</b>	<input type="checkbox"/> <b>TYPE OF POLICY</b>				\$
	<input type="checkbox"/> <b>CAUSES OF LOSS</b>	<input type="checkbox"/> <b>POLICY NUMBER</b>				\$
	<input type="checkbox"/> <b>NAMED PERILS</b>					\$
						\$
	<input type="checkbox"/> <b>CRIME</b>					\$
	<input type="checkbox"/> <b>TYPE OF POLICY</b>					\$
						\$
	<input type="checkbox"/> <b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b>					\$
A	Builders Risk/Installation Floater	BR74016032	07/01/2022	01/01/2023	<input checked="" type="checkbox"/> <b>Limit</b>	\$ 137,000
						\$

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

Additional Named Insured:

State of New Hampshire Administrative Services, any and all subcontractors, and others employed on the premises.

Waiver of Subrogation applies in favor of The State of New Hampshire and all subcontractors where required by written contract.

**CERTIFICATE HOLDER****CANCELLATION**State of New Hampshire c/o Department of Administrative Services  
7 Hazen Dr, Room 250

Concord

NH 03302

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)

6/2/2022

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	CONTACT NAME:
Frank H. Furman, Inc.	PHONE (A/C No. Ext): (954) 943-5050
1314 East Atlantic Blvd.	FAX (A/C No.): (954) 942-6310
P. O. Box 1927	E-MAIL ADDRESS: louis@furmaninsurance.com
Pompano Beach FL 33061	INSURER(S) AFFORDING COVERAGE
	INSURER A: Colony Insurance Co
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: OCP - 107 N Main St 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 Y/N	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
	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	<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	DED	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N					PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input 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 \$
A	Owners and Contractors Protective Policy			600 OCP 0209574-00	7/1/2022	7/1/2023	Bodily Injury & Property Damage \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
RE: State House Courtyard Roof Replacements - 107 North Main Street Concord, NH 03302

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

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