



80R
57

STATE OF NEW HAMPSHIRE
DEPARTMENT of NATURAL and CULTURAL RESOURCES
DIVISION of FORESTS and LANDS

172 Pembroke Road Concord, New Hampshire 03301
Phone: (603) 271-2214 Fax: (603) 271-6488 www.nhdfi.org

May 6, 2020

His Excellency, Governor Christopher T. Sununu
and the Honorable Executive Council
State House
Concord, NH 03301

REQUESTED ACTION

Authorize the Department of Natural and Cultural Resources, Division of Forests and Lands to enter into a **Retroactive Memorandum of Agreement (MOA)** with the Concord Hospital, Inc. to work cooperatively to provide basic medical and/or advanced life support services, with the option to renew every two years, effective upon Governor and Executive Council approval for the period from April 1, 2020 through March 31, 2022. No State Funding Required.

EXPLANATION

This request is retroactive due to a delay in the acquisition of required contractual documents from the Concord Hospital as their focus has been on the current COVID-19 Pandemic.

Under the authority of RSA 227-G:3 and 227-L:26, the Division of Forests and Lands (Division) responds to wildfire and all hazard events throughout the State, the Region, the United States, and Canada. Along with response to these emergency events, the Division conducts training exercises to maintain proficiency and preparedness of emergency responders. Beyond wildfire, the Division also supports other, all hazard, emergencies within the State including ice storms, tornadoes, and search and rescue responses.

The Division mobilizes firefighters from diverse backgrounds to support the needs of these trainings and mobilizations. Emergency Medical Technicians (EMT's) and Paramedics are often utilized on the front lines and in camps for response to injuries during these hazardous operations. To further support the training, equipment and medical supervision/support for these medical resources, the Division has recognized the need to be licensed as a non-transport Medical Unit Provider (MUP). The authority governing MUPs falls under the Department of Safety, Division of Fire Standards and Training and Emergency Medical Services per RSA 153-A:10 and Administrative Rules Saf-C 5902, 5903, 5904, and 5905. One of the requirements for the MUP is that they have a designated "Medical Response Hospital" (MRH) with a valid agreement on file with the Bureau of Emergency Medical Services. The requested MOA will satisfy this requirement and allow the Division to move forward with the application process to become a non-transport MUP.

The Attorney General's office has reviewed and approved this MOA as to form, substance and execution.

Respectfully submitted,

Sarah L. Stewart
Commissioner

**MEDICAL RESOURCE HOSPITAL/
PRE-HOSPITAL SERVICE AGREEMENT:
NOT FOR PROFIT SERVICE**

This Agreement, effective the 1st of April, 2020 between *Concord Hospital, Inc.*, a corporation duly organized under the laws of New Hampshire with a principal place of business at 250 Pleasant Street, Concord, New Hampshire ("CH") and *State of New Hampshire, Department of Natural and Cultural Resources, Division of Forests and Lands*, with a principal place of business at *172 Pembroke Road, Concord, NH* ("Unit Contractor").

WHEREAS, Unit Contractor desires to maintain an affiliation with a medical resource hospital at the basic and/or advanced life support levels; and

WHEREAS, CH is willing to undertake the responsibility of serving as a medical resource hospital, and to provide medical direction, supervision and training to support pre-hospital medical service(s) for Unit contractor's service within the State of New Hampshire; and

WHEREAS, the parties agree to address medical control, protocols, training, medical equipment and supplies, medications, and related matters, in this agreement.

NOW THEREFORE, in consideration of the mutual covenants herein contained and intending to be legally bound thereby, the parties hereto agree as follows:

I. RESPONSIBILITIES OF CH:

A. Provide an Emergency Medical Services Medical Director ("Medical Director") as defined in Saf-C 5901.79, who shall serve to provide oversight for the Unit Contractor as required under this Agreement, and by Saf-C 5921 and Saf-C 5922. In the event that the Medical Director is changed to another individual, the Unit Contractor shall be notified in writing, within five (5) days of such change.

B. Provide on-line medical direction (24 hours//7 days/week via 2-way radio and/or telephone) and off-line medical direction in accordance with RSA-153-A: 2 XV (a) and (b), and the New Hampshire Patient Care Protocols established in accordance with RSA 153-A: 2 XVII, with established treatment protocols.

C. Provide Operational Medical Direction (OMD) through CH's designated EMS Medical Director. As available, the EMS Medical Director may provide emergency field response to incidents within the service area in order to provide a specialized resource for Unit Contractors, providers and their patients. The OMD program allows the Medical Director to provide direct physician-level clinical care for patients in the field, assist with mass casualty incidents, and provide real time medical control, teaching, and a mentoring environment and performance improvement for providers.

- D. Provide approved ambulance equipment and supplies, as well as medications per Supply Chain Management and Pharmacy policies, in accordance with NH Bureau of EMS Protocols.
- E. With the oversight of the Medical Director or designee, assist in the coordination of continuing education for EMS providers. Said education shall be approved for all levels of EMS Providers (EMR, EMT, AEMT and Paramedic). The Medical Director or designee shall have access to the Unit Contractor education records of all service employees who are licensed EMS providers.
- F. Assist the Unit Contractor in the implementation of a multi-disciplinary quality management program in accordance with Saf-C 5923.02. All records generated in the course of conducting the quality management program shall be protected from discovery in accordance with RSA 153-A: 34, II.
- G. Recognize the current State of New Hampshire Patient Care Protocols as the standard for patient care at the Emergency Medical Responder, Emergency Medical Technician (EMT), Advanced EMT/EMT-Intermediate and Paramedic levels for EMS (Version 7.1 as of the writing of this agreement).
- H. Comply with New Hampshire Statutes Title X: Public Health Chapter 141-G: Notification of Emergency Response/Public Safety Workers after Exposure to Infectious Disease.
- I. Obtain and maintain with commercial carriers, through self-insurance, or some combination thereof, Professional Liability, Premises Liability, and Comprehensive General Liability insurance, with minimum limits of \$1,000,000 per occurrence for CH, its personnel, and its indemnification obligation under this agreement.
- J. Provide electronic and/or paper copies of the Concord Hospital Drop Off form (see II. M).
- K. Maintain an adequate supply of linens, cleaning supplies and a decontamination area for the purpose of cleaning equipment (stretchers, splints, etc.). A linen cart, dirty linen bin and cleaning supplies will be provided for EMS in the ambulance entrance. Access to the hospital decontamination room will be allowed to EMS personnel to retrieve and/or clean EMS equipment on site.

II. RESPONSIBILITIES OF UNIT CONTRACTOR:

- A. Contact CH to obtain a Concord Hospital Medical Resource Hospital /Pre-Hospital Service Agreement, and an Agreement for the Possession Procedures for Controlled Drugs, when operating at the Paramedic level ONLY.
- B. Acquire and maintain the minimum equipment and supplies as established and required by NH Code of Administrative Rule Saf-C 5904.08.
- C. Maintain any equipment, supplies and medications that have been provided by CH in accordance with the policies and procedures set by the CH Pharmacy and EMS Medical Director.

- D. Return ambulance equipment, supplies, CH ID Badge and medication provided by CH, immediately upon receipt of written request to do so.
- E. Comply with the competency and continuing education requirements of RSA 153-A:11 and the NH Code of Administrative Rules Saf-C 5911, 5913 and RSA 153-A: 2 XVI-a.
- F. Comply with New Hampshire Statutes Title X: Public Health Chapter 141-G: Notification of Emergency Response/Public Safety Workers after Exposure to Infectious Disease.
- G. Maintain current protocol competency per the NH Patient Care Protocols.
- H. Require its employees at the EMT level and above to have written approval of the Medical Director(s), or his designee, prior to utilizing the NH Patient Care Protocols at the EMT, AEMT/EMT Intermediate and Paramedic Levels if applicable. This process of credentialing shall include:
- 1) A letter of support from the EMS Unit Leader or Training Officer, which includes verification of completion of the Protocol exam for the NH Patient Care Protocols; and
 - 2) Copies of current certification(s) and license(s) specific to pre-hospital care to include National Registry Certification, NH Provider License, BLS, ACLS (if applicable) and PALS (if applicable).
- I. Staff its ambulance/rescue vehicles with personnel trained, certified, and licensed at the level defined by the NH Code of Administrative Rules, Saf-C 5903.04.
- J. Notify CH of all personnel changes within 7 days of termination of an employee, new hire, licensure restriction including probation, suspension, and revocation at the EMS Unit or State of NH, Department level(s). If the termination or licensure restriction is a result of behavior that is considered a serious patient safety issue, notification to CH shall be within 24 hours of said incident.
- K. Shall be responsible for initiating and coordinating a Quality Management Program to monitor the care, protocol adherence and documentation in the pre-hospital setting. This program shall be established by the Unit Contractor and will be conducted in conjunction with EMS Medical Director, and the EMS Coordinator. The requirements of this program shall be consistent with Saf-C-5923.02
- L. Insurance
- 1) Obtain and maintain with commercial carriers, through self-insurance, or some combination thereof, Professional Liability and Comprehensive General Liability insurance with minimum limits of \$1,000,000 per occurrence for the Unit contractor, its personnel, and its indemnification obligation under this agreement.
 - 2) The Unit contractor's liability insurance will provide bodily injury coverage for negligent acts or omissions by Unit contractor for loading and unloading of patients, but such insurance shall not provide coverage for acts or omissions by CH regarding the loading and unloading of patients in accordance with RSA 507 B:4.

3) Provide CH with current Certificates of Insurance for all of its personal and vehicle liability insurance policies at all times.

4) Require its personal and vehicle liability insurance providers to notify CH of any cancellations in policy within ten days of cancellation.

5) Notify CH in writing thirty (30) days prior to any change in status of any insurance policy that is addressed within this Agreement.

M. Engage in the transfer of patient care from the field to the CH Emergency Department. Unit Contractor shall provide CH with copies of the patient care record (PCR), EKG strips, 12-Lead EKGs and any other documents related to pre-hospital patient care, in accordance with NH Code of Administrative Rules, Saf-C 5902.09. A copy will be incorporated into the patient's medical record at CH. The following timelines shall apply:

-Status 1 Patient: PCR completion before leaving the hospital

-Status 2 Patient: PCR completion within 12 hours

-Status 3 Patient: PCR completion within 24 hours

Status determinations are in accordance with the current NH Patient Care Protocols.

If a PCR is not completed and submitted at the time of service, a Concord Hospital Drop-Off Form will be required. Failure to comply may result in termination of the MRH agreement. Upon discovery that this provision has not been met by a licensed provider in the Unit, the following steps shall take place:

- 1.) Verbal warning to the Head of Unit;
- 2.) Written warning to the Head of Unit with a copy submitted to the Unit's governing body;
- 3.) Initiation of a Performance Improvement Plan (PIP) as outlined in Section IV-A of this Agreement;
- 4.) Termination of this Agreement.

CH acknowledges that response and operational demands that may cause a delay are always taken into consideration.

N. Provide access of training records of Unit personnel to CH EMS Medical Director and EMS Coordinator, upon request.

O. Provide access to all CH medications that have been supplied for random inspection by CH staff or the CH EMS Medical Director.

III. CONCORD HOSPITAL AND UNIT CONTRACTOR AGREE THAT:

A: Unit Contractor shall be included in a multi-disciplinary performance improvement program that shall review the quality of patient care and clinical performance of their service and, as necessary, their licensed providers. This may include the development and implementation of Performance Improvement Plans (PIP) developed in collaboration with the Head of the Unit.

- 1) In the event that the concern arises regarding the clinical care being provided by a licensed provider within the Unit, a PIP shall be initiated. This is a collaborative process involving the EMS Provider, EMS Unit Head, or his/her designee, and the EMS Medical Director, or his/her designee.
- 2) The purpose of a PIP is to assist a licensed provider with improvement of his/her patient care capabilities, will have a specific time frame for completion and will include specific goals.
- 3) Depending on the nature of specific situation, the PIP may include a combination of education, case reviews, observation time and competency evaluation. Meetings will be held between the above named parties to determine whether appropriate progress is being made in meeting the agreed upon goals.
- 4) Should the goals of the PIP not be achieved as identified and agreed upon by all parties outlined in the PIP process, additional measures may be instituted at the discretion of the Medical Director. Such initiatives include: limitation of credentialing to work within the system at a specific protocol level (e.g. Paramedic, AEMT) or suspension of credentialing to work within the system in any patient care capacity. This decision shall be made in collaboration with the Head of the Unit.

B. The standards of practice and professional duties of Unit contractor and CH personnel shall be determined in accordance with the laws, rules, and regulations of the State of New Hampshire. All applicable provisions of law and other rules and regulations of any and all governmental authorities relating to licensure and regulation of Unit personnel, EMS ambulance services and hospitals shall be fully complied with by all parties hereto.

C. This Agreement is at all times subject to applicable state, local, and federal law. The parties further recognize that the Agreement shall be subject to amendments in accordance with such laws and regulations and to new legislation. Any provisions of law that invalidate, or are inconsistent with the terms of this Agreement, shall supersede the terms of this Agreement. However, the parties shall exercise their best efforts to accommodate the terms and intent of this Agreement to the greatest extent possible consistent with the requirements of law.

D. This Agreement may be modified only in writing executed by all of the parties hereto, with all of the formalities of this Agreement.

E. This Agreement is governed by the laws of the State of New Hampshire.

F. The parties agree that they will comply with the billing requirements of Medicare, Medicaid or any other public or private health care program. Each party represents and warrants to the other that neither it, nor any of its employees or contractors providing services hereunder, has been excluded from participating in Medicare, Medicaid or other federal health care programs. The parties agree to notify the other immediately in the event that it, or any of its employees or contractors, is excluded from Medicare, Medicaid or any other federal health care program during the term of this Agreement, or in the event that any employees or contractors is under an investigation that could lead to such exclusion. If either party is excluded from

participating in Medicare, Medicaid, or any other federal health care program, this Agreement shall terminate automatically, effective as of the date of such exclusion. In the event of exclusion of an individual employee or contractor providing services hereunder, the parties shall have the independent right to terminate this Agreement.

G. Nothing in this Agreement shall be construed to imply that employees of one party are employees, servants or agents of the other party for any purpose whatsoever.

H. With respect to any third party claims, demands, actions, settlements, or judgments against Unit Contractor or CH arising out of activities described in this agreement, it is agreed between Unit Contractor and CH that each party shall be liable and responsible for payment of that portion of any liability and damages resulting from the negligent, acts or omissions of its own agents, officers and employees.

I. Each party shall be responsible for its own negligent, reckless, or intentional acts and omissions arising out of the performance of this Agreement which may result in any loss, damage, claim or liability.

J. This Agreement and the respective rights and obligations created within it shall not be assigned or transferred in any manner without the prior written consent of all parties. This Agreement shall be binding upon and inure to the benefit of the successors, transferees and assignees of the above named parties.

K. Attempted assignment of the rights and obligations created within this Agreement without prior written consent of all parties shall constitute a material breach of this Agreement.

L. This Agreement, together with any attached addenda signed by all parties, represents the entire Agreement between the parties with respect to the subject matter addressed herein. This Agreement supersedes all prior oral or written agreements, commitments, or understandings with respect to the matters addressed herein.

M. The waiver by either party of a breach of, or default under, any of the provisions of this Agreement, or the failure of either party to enforce any of the provisions of this Agreement or to exercise any right or privilege created herein shall not be construed as a waiver of any subsequent breach, default, provision, right or privilege.

N. None of the provisions of this Agreement are intended to create, nor shall be deemed or construed to create, any relationship between the parties, other than that of independent entities contracting with each other hereunder solely for the purpose of effectuating the provisions of this Agreement. Nothing in this Agreement shall be construed to give CH any control over or responsibility for clinical decisions made by Unit Contractor. Each party shall assume exclusive responsibility for their employees for the payment of all wages and salaries, taxes, withholding payments, penalties, fees, fringe benefits, insurance premiums, contributions to insurance and pension or other deferred compensation and Social Security obligations, licensing fees, as well as the filing of all necessary documents, forms, and returns pertinent to the foregoing.

O. Neither party shall originate any publicity, news release, or other public announcements, written or oral, relating to this Agreement, nor services rendered subject to this Agreement, without the prior written consent of the other party. Neither party shall use the name of the other

party or its officers, directors, employees, agents or professional staff, without the prior written consent of the other party.

P. All notices, demands, requests, or other communications which may be or are required to be given, served or sent by either party to the other party pursuant to this Agreement shall be in writing and shall be communicated by one of the following methods: hand-delivery; mailing via first-class registered or certified mail; secure email or transmitted by facsimile transmission.

Correspondence will be addressed as follows:

1. Craig Clough, EMS Coordinator
Concord Hospital
250 Pleasant Street
Concord, NH 03301
Fax: 603-230-7218
cclough@crhc.org
2. Dr. Robert Rix, EMS Medical Director
Concord Hospital
250 Pleasant Street
Concord, NH 03301
Fax: 603-230-7218
rrix@crhc.org
3. Brad Simpkins, Director
Division of Forests and Lands
172 Pembroke Road
Concord, NH 03301
Fax: 603-271-6488
Brad.simpkins@dncr.nh.gov
4. Steven Sherman, Chief
Division of Forests and Lands
172 Pembroke Road
Concord, NH 03301
Fax: 603-271-6488
Steven.sherman@dncr.nh.gov

Q. Term. Subject to the exceptions outlined below, this Agreement shall have a term of 2 years, beginning on 4/1/2020 and will end on 3/31/2022. This contract will be subject to renewal every two years thereafter. 

R. Termination. This Agreement may be terminated immediately, as follows:

1. If any party fails to cure a breach or default in the performance of any material term, condition, or undertaking set forth herein within thirty (30) days of its receipt of written

notice from the non-defaulting party describing in detail the occurrence and nature of the breach or default. In the event the breach or default will require longer than 30 days curing, the non-defaulting party may at its option accept a plan for curing the breach or default within such thirty (30) day period, such acceptance to be evidenced by a writing signed by the non-defaulting party. If the non-defaulting party chooses to accept such a plan, it may nonetheless still terminate this Agreement if the other party thereafter fails to diligently cure the breach or default pursuant to the plan.

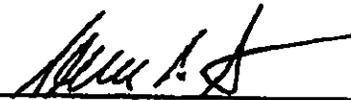
2. By any party automatically upon the dissolution, discontinuation of operations of the other or commencement of insolvency or bankruptcy proceedings by or against the other where such proceedings are not discharged within sixty (60) days; or

3. By either party automatically upon the termination or suspension of the other from participation in the Medicaid and/or Medicare program, or loss of the other's applicable Federal and/or State Licenses, Permits, or Certifications.

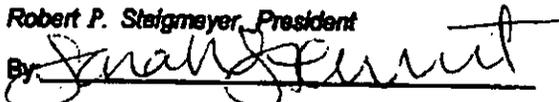
4. Conviction of any of Unit's employees of any crime punishable as a felony involving moral turpitude, immoral conduct, or as a result of a violation of Medicare or Medicaid laws which in CH's reasonable judgment prevents Unit from meeting its obligations under this Agreement.

5. In the event any party fails to maintain all Insurance Coverage as required by Section I (I) or Section II (L).

6. By the EMS Medical Director or CH Administration, in response to repetitive violations of the NH BEMS Protocols, violating the Possession Procedure for Controlled Drug contract, and / or negligence in the treatment of patients.

By: 

Robert P. Staigmeyer, President

By: 

Department Head

BY 

ATTORNEY GENERAL OFFICE

3/19/2020

Date

5/11/2020

Date

5/12/20

DATE

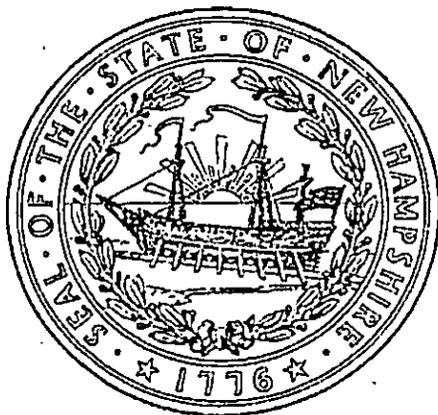
State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that CONCORD HOSPITAL, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on January 29, 1985. 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: 74948

Certificate Number: 0004796966



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,

this 5th day of February A.D. 2020.

A handwritten signature in cursive script, appearing to read "Wm Gardner".

William M. Gardner
Secretary of State

CERTIFICATE

I, William Chapman, Secretary of Concord Hospital, Inc. do hereby certify:

- 1) I maintain and have custody of and am familiar with the seal and minute books of the corporation;
- 2) I am authorized to issue certificates with respect to the contents of such books and to affix such seal to such certificates;
- 3) The following is a true and complete copy of the resolution adopted by the board of trustees of the corporation at a meeting of that board on March 21, 2005 which meeting was held in accordance with the law of the state of incorporation and the bylaws of the corporation:

The motion was made, seconded and the Board unanimously voted that the powers and duties of the President shall include the execution of all contracts and other legal documents on behalf of the corporation, unless some other person is specifically so designated by the Board, by law, or pursuant to the administrative policy addressing contract and expenditure approval levels.

- 4) the foregoing resolution is in full force and effect, unamended, as of the date hereof; and
- 5) the following persons lawfully occupy the offices indicated below:

Robert P. Steigmeyer, President
 Scott W. Sloane, Chief Financial Officer

IN WITNESS WHEREOF, I have hereunto set my hand as the Secretary of the Corporation this 19th day of March, 2020.

(Corporate seal)

William Chapman
 Secretary

State of: New Hampshire

County of: Rockingham

On this, the 30th day of April, 2020, before me a notary public, the undersigned officer, personally appeared William L. Chapman, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same for the purposes therein contained.

In witness hereon, I have hereunto set my hand and official seal.

(Seal)



Janice E. Reed
 Notary Public

My Commission expires: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/11/2020

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 MARSH USA, INC. 99 HIGH STREET BOSTON, MA 02110 Attn: Boston.Centerrequest@Marsh.com		CONTACT NAME: PHONE: (A/C No. Ext): FAX (A/C No): E-MAIL: ADDRESS:	
CN107277064-CHS-gener-20-21		INSURER(S) AFFORDING COVERAGE	
INSURED CAPITAL REGION HEALTHCARE CORPORATION & CONCORD HOSPITAL, INC. ATTN: KATHY LAMONTAGNE, ADMINISTRATION 250 PLEASANT STREET CONCORD, NH 03301		INSURER A: Granite Shield Insurance Exchange INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: NYC-010827206-01 REVISION NUMBER: 2

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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GSIE-PRM-2020-101	01/01/2020	01/01/2021	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 12,000,000 PRODUCTS - COMPOP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	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/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.I. EACH ACCIDENT \$ E.I. DISEASE - EA EMPLOYEE \$ E.I. DISEASE - POLICY LIMIT \$
A	Professional Liability			GSIE-PRM-2020-101	01/01/2020	01/01/2021	SEE ABOVE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 General Liability And Professional Liability Share A Combined Limit Of 2,000,000/12,000,000. Hospital Professional Liability Retro Active-Date 6/24/1985. Each occurrence and aggregate limits are shared amongst The Granite Shield Exchange Hospitals.

CERTIFICATE HOLDER

Division of Forests and Lands
 Department of Natural and Cultural Resources
 172 Pembroke Rd
 Concord, NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
 of Marsh USA Inc.

Elizabeth Stapleton

© 1988-2016 ACORD CORPORATION. All rights reserved.



CAPIREG-01

ASTOBERT

CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 2/18/2020

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 License # 1780862 HUB International New England 100 Central Street, Suite 201 Holliston, MA 01746	CONTACT NAME: Rita Durgin PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: rita.durgin@hubinternational.com <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Safety National Casualty Corporation</td> <td style="text-align: center;">15105</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: Safety National Casualty Corporation	15105	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Safety National Casualty Corporation	15105														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															
INSURED Capital Region Healthcare Corporation Concord Hospital Inc. 250 Pleasant Street Concord, NH 03301															

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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: _____						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea. occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ _____ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea. accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ _____ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ _____ \$
A	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	SP4061435	10/1/2019	10/1/2020	<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)

CERTIFICATE HOLDER DNCR - Division of Forests and Lands 172 Pembroke Road Concord, NH 03301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
---	--