

m.c.



State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES

25 Capitol Street - Room 100
Concord, New Hampshire 03301
Office@das.nh.gov

86

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. 81000- Contract B

June 13, 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 Careno Construction Company, LLC. (VC #159063), Portsmouth, New Hampshire for a total price not to exceed \$439,250, for Spaulding Roof Replacement, Concord, New Hampshire. This contract is effective upon Governor and Council approval through November 15, 2022, unless extended in accordance with the contract terms. **85% Capital - General Funds, 10% General Funds, 3% Transfers from Agency, 2% Other Funds.**
- 2). Further authorize that a contingency in the amount of \$22,000 be approved for unanticipated expenses for Spaulding Roof Replacement, Concord, New Hampshire, bringing the total to \$461,250. **66% General Funds, 19% Transfers from Agency, 15% Other Funds.**
- 3). Further authorize the amount of \$14,500 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 \$475,750. **66% General Funds, 19% Transfers from Agency, 15% Other Funds.**

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

	<u>FY 2023</u>
01-14-14-140030-15020000 17-228:1-II:B3 – Spaulding Roof 034-500162 – Repair/Renovation Buildings	\$ 372,235
01-14-14-140010-29500000 General Services Maint & Grounds 048-500226 – Contract Repairs; Bldg. Grounds	\$ <u>67,015</u>
Sub Total	\$ 439,250
01-14-14-140010-29500000 General Services Maint & Grounds 048-500226 – Contract Repairs; Bldg. Grounds - Contingency	\$ 22,000
048-500226 – Contract Repairs; Bldg. Grounds – DPW Fees	\$ <u>14,500</u>
Grand Total	\$ 475,750

EXPLANATION

The scope of the project is to remove the existing slate, asphalt shingles and rubber membrane, and replace with new asphalt shingles. Damaged roof sheathing will also be replaced. The new roofing system will have a 30-year warranty. Portions of the existing brick and granite veneer will also be repointed and cleaned.

The existing roofing system is failing, in need of constant maintenance, and beyond warranty. There have been many leaks over the past several years, creating damage to the interior of the building.

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:	\$ 419,539
Low bid:	<u>\$ 439,250</u>
Over estimate:	\$ 19,711

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 81000 Contract B
Spaulding Roof Replacement, Concord NH

DESCRIPTION: The scope of the project is to remove the existing slate, asphalt shingles and rubber membrane, and replace with new asphalt shingles. Damaged roof sheathing will also be replaced. The new roofing system will have a 30-year warranty. Portions of the existing brick and granite veneer will also be repointed and cleaned.

EXPLANATION: The existing roofing system is failing, in need of constant maintenance, and beyond warranty. There have been many leaks over the past several years, creating damage to the interior of the building.

OVER ESTIMATE

EXPLANATION: The low bid is approximately 5% over the Department estimate which is well within industry standards.

DEPARTMENT ESTIMATE:	\$ 419,539
LOW BID:	<u>\$ 439,250</u>
OVER ESTIMATE:	\$ 19,711



ABC Bid Data

CONCORD
81000B
NON-FEDERAL

PROJECT: CONCORD
STATE PROJECT NUMBER: 81000B
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: March 02, 2022, 2:00
SCOPE OF WORK: SPAULDING ROOF REPLACEMENT
COMPLETION DATE: November 15, 2022
LOCATION: Merrimack

Awarded To:

Amount: \$0.00

Award Date:

Certified by:

Director of Project Development

Summary of Bidders

Contractor	Bid Amount	Rank
CARENO CONSTRUCTION CO., LLC 270 WEST ROAD STE 4, PORTSMOUTH NH 03801-7611	\$439,250.00	A
WEATHERGUARD INDUSTRIES/SMJ METALS, LLC 36 SMITH STREET, NORTHHAMPTON MA 01060	\$460,150.00	B

Item #901: \$ 405,850.-
#902: \$ 25,000.-
#903: \$ 8,400.-
Total Misc Contract = \$ 439,250.-

BUREAU OF PUBLIC WORKS

✓ Award to Careno Const. Co., LLC
Hold for _____
Cancel _____
User Agency NH D&S
Authorized by [Signature]
Date 105022022



ABC Bid Data

CONCORD
81000B
NON-FEDERAL

Item No.	Description	Unit	Quantity	BID		CARENO CONSTRUCTION CO., LLC 278 WEST ROAD STE 4 PORTSMOUTH, NH 03801-7811		WEATHERGUARD INDUSTRIES/METALS, LLC 36 SMITH STREET NORTHAMPTON, MA 01060	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items

901	SPAULDING ROOF REPLACEMENT	U	1.00	\$391,388.00	\$391,388.00	\$405,850.00	\$405,850.00	\$432,000.00	\$432,000.00
902	ALLOWANCE FOR UNFORESEEN CONDITIONS	\$	25,000.00	\$1.00	\$25,000.00	\$1.00	\$25,000.00	\$1.00	\$25,000.00
903	REMOVE EXISTING ROOF SHEATHING AND REPLACE IN KIND	SF	700.00	\$4.50	\$3,150.00	\$12.00	\$8,400.00	\$4.50	\$3,150.00
Totals:				\$419,538.00		\$439,250.00		\$460,150.00	
A/R Totals:									
Totals:				\$419,538.00		\$439,250.00		\$460,150.00	

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 CARENO CONSTRUCTION COMPANY, LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on August 29, 2000. 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: 357470

Certificate Number: 0005774561



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 9th day of May A.D. 2022.

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

David M. Scanlan
Secretary of State



Carena Construction Company, LLC

Design/Build / Construction Managers / General Contractors

CERTIFICATE OF VOTE

(Limited Liability Company)

I, Jeffrey N. Murray, hereby certify that I am duly elected Treasurer of Careno Construction Company, LLC. I hereby certify the following is a true copy of the vote taken at a meeting of the Board of Directors of the Limited Liability Company, duly called and held on May 10, 2022, at which quorum of the Board was present and voting.

VOTED: That Ben Careno and Paul Careno are duly authorized to enter bids and further authorized to execute any documents which in their judgment be desirable or necessary to effect the purpose of this vote.

I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of May 11, 2022, and that Ben Careno and Paul Careno are duly elected Principals of this Limited Liability Company.

Dated: May 11, 2022

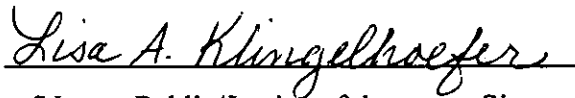
ATTEST:


Jeffrey N. Murray, Owner/Member

On this the 11th day of May 2022, before me Lisa Klingelhofer the undersigned office, personally appeared Jeffrey N. Murray, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged the he/she executed the same for the purposed therein contained. In witness whereof, I hereunto set my hand and official seal.

(NOTARY SEAL)





(Notary Public/Justice of the peace Signature)

270 West Road, Portsmouth, NH 03801

603-436-1006 * Fax: 436-6020 * E-mail: build@carenoconstruction.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/06/2022

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 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 FIAI/Cross Insurance 1100 Elm Street Manchester NH 03101		CONTACT NAME: Janice Jobin PHONE (A/C, No, Ext): (603) 669-3218 FAX (A/C, No): (603) 645-4331 E-MAIL ADDRESS: Manch.Certs@crossagency.com	
INSURED Careno Construction Co., LLC 270 West Road Portsmouth NH 03801		INSURER(S) AFFORDING COVERAGE INSURER A: Selective Insurance Co. of America INSURER B: Selective Insurance Co. of SC INSURER C: Lloyd's of London INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 22-23 All/21-22 Prof **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 INSD 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 checked="" type="checkbox"/> LOC OTHER:		S2398563	03/26/2022	03/26/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 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"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY		S2398563	03/26/2022	03/26/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0		S2398563	03/26/2022	03/26/2023	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 Comp/ops aggregate \$ \$10,000,000
B	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 Y	WC9082564 (3a.) NH	03/26/2022	03/26/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
C	Professional Liability: retro date: 10/15/2019		PSK0234645237	10/15/2021	10/15/2022	Each Claim \$1,000,000 Aggregate \$1,000,000 Deductible \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Project: 95 Pleasant Street, Concord, NH Spaulding Roof Replacement. The State of New Hampshire is included as additional insured with respects to CGL as required by written contract with named insured. Refer to attached policy forms. \$10,000,000 Comp/ops aggregate per attached form CXL 4 04/03

CERTIFICATE HOLDER State of New Hampshire c/o Dept. of Administrative Services 7 Hazen Drive, Rm 250 Concord NH 03302	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 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/06/2022

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 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 FIAI/Cross Insurance 1100 Elm Street Manchester NH 03101		CONTACT NAME: Janice Jobin PHONE (A/C, No, Ext): (603) 669-3218 FAX (A/C, No): (603) 645-4331 E-MAIL ADDRESS: manch.certs@crossagency.com	
INSURED State of New Hampshire Department of Administrative Services c/o Careno Construction Co, Inc. 270 West Road Portsmouth NH 03801		INSURER(S) AFFORDING COVERAGE INSURER A: Mid-Continent Casualty Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 22-23 OCP

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			04OCP002003061	05/18/2022	05/18/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$ 4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRE 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"/> EXCESS LIAB						EACH OCCURRENCE \$
							AGGREGATE \$
	DED RETENTION \$						\$
	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				PER STATUTE OTHER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

Project: 95 Pleasant Street, Concord, NH Spaulding Roof Replacement

CERTIFICATE HOLDER

CANCELLATION

State of New Hampshire c/o Dept. of Administrative Services
7 Hazen Drive, Rm 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 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.

PRODUCER FIA/Cross Insurance 1100 Elm Street Manchester NH 03101	CONTACT NAME: Janice Jobin PHONE (A/C, No, Ext): (603) 669-3218 FAX (A/C, No): (603) 645-4331 E-MAIL ADDRESS: manch.certs@crossagency.com PRODUCER CUSTOMER ID: 00327720												
INSURED Careno Construction, State of NH Department of Administrative Services any and all subcontractors and all others employed on the premises 270 West Road Portsmouth NH 03801	INSURER(S) AFFORDING COVERAGE <table><tr><td>INSURER A: Acadia Ins Co.</td><td>NAIC # 31325</td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER A: Acadia Ins Co.	NAIC # 31325	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER A: Acadia Ins Co.	NAIC # 31325												
INSURER B:													
INSURER C:													
INSURER D:													
INSURER E:													
INSURER F:													

COVERAGES**CERTIFICATE NUMBER:** 22-23 Builders Risk**REVISION NUMBER:****LOCATION OF PREMISES / DESCRIPTION OF PROPERTY** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Loc#:00001/Bldg#:00001,95 Pleasant Street,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"/> PROPERTY				<input type="checkbox"/> BUILDING	\$
	<input type="checkbox"/> CAUSES OF LOSS				<input type="checkbox"/> PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC	<input type="checkbox"/> BUILDING			<input type="checkbox"/> BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD	<input type="checkbox"/> CONTENTS			<input type="checkbox"/> EXTRA EXPENSE	\$
	<input type="checkbox"/> SPECIAL				<input type="checkbox"/> RENTAL VALUE	\$
	<input type="checkbox"/> EARTHQUAKE				<input type="checkbox"/> BLANKET BUILDING	\$
	<input type="checkbox"/> WIND				<input type="checkbox"/> BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD				<input type="checkbox"/> BLANKET BLDG & PP	\$
						\$
						\$
	<input checked="" type="checkbox"/> INLAND MARINE	TYPE OF POLICY			<input checked="" type="checkbox"/> Limit at single loc	\$ 439,250
	<input type="checkbox"/> CAUSES OF LOSS	Installation/Bulder Risk			<input checked="" type="checkbox"/> Limit at temp. loc	\$ 219,625
A	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER	05/20/2022	05/20/2023	<input checked="" type="checkbox"/> Deductible	\$ 1000
		CIM5519691				\$
	<input type="checkbox"/> CRIME					\$
	<input type="checkbox"/> TYPE OF POLICY					\$
						\$
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$
						\$
						\$
						\$

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

Project: 95 Pleasant Street, Concord, NH Spaulding Roof Replacement. In the event of any payment under this policy, "we" waive "our" rights of recovery against anyone with whom or for whom you have contractually agreed in writing to obtain such a waiver prior to loss.

*This certificate supersedes certificates received previously

CERTIFICATE HOLDER**CANCELLATION**

State of New Hampshire c/o Dept. 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 
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