



# State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES  
25 Capitol Street - Room 120  
Concord, New Hampshire 03301

94 m/c

Charles M. Arlinghaus  
Commissioner  
(603) 271-3201

Joseph B. Bouchard  
Assistant Commissioner  
(603) 271-3204

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

Division of Public Works  
Design and Construction  
Project No. 81133R - Contract A

August 24, 2020

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 Turnstone Corporation, (VC# 169530), Milford, NH, for a total price not to exceed \$526,045. for the Building B Renovations at the Concord Armory in Concord, NH for the Dept. of Military Affairs and Veteran Services. This contract is effective upon Governor and Council approval through March 31, 2021 unless extended in accordance with the contract terms. 100% Federal Funds
- 2). Further authorize that a contingency in the amount of \$50,000. be approved for unanticipated site expenses for the Building B Renovations, bringing the total to \$576,545. 100% Federal Funds.
- 3). Further authorize the amount of \$44,000. 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 \$620,545. 100% Federal Funds

Funding is available in account titled DMAVS Army Guard Facilities as follows:

01-12-12-120010-22450000 Army Guard Facilities (pending availability of Federal Funds).

	<u>SFY21</u>
103-500736 - Army Guard Facilities	\$526,045
103-500736 - Army Guard Facilities - Contingency	\$ 50,000
Sub-Total	\$576,045

01-12-12-120010-22550000 Inter-Agency Payments (pending availability of Federal Funds).

217-502682 Interagency DPW fees	<u>\$ 44,000</u>
<b>GRAND TOTAL</b>	<b>\$620,045</b>

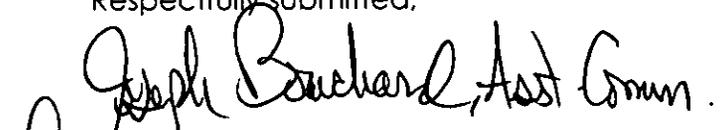
**EXPLANATION**

This project is to renovations and repairs to existing Building B involving removal of paints and finishes and installation of new finishes, soffits, roof canopy and ramp/steps at main entrance. Building area to be renovated is 3,174 square feet.

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 Dept. of Military Affairs & Veterans Services has certified that the necessary funds are pending. 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.

Respectfully submitted,

*for*  *Asst Comm.*  
Charles M. Arlinghaus,  
Commissioner

Department Estimate: \$ 400,000  
Contract Amount: \$ 520,545  
Over Estimate: \$ 120,045



# ABC Bid Data

CONCORD  
81133RA  
NON-FEDERAL

PROJECT: CONCORD  
STATE PROJECT NUMBER: 81133RA  
FED. PROJECT NUMBER: NON-FEDERAL  
DATE BIDS OPEN: July 01, 2020, 2:00 PM  
SCOPE OF WORK: BUILDING B RENOVATIONS  
COMPLETION DATE: March 31, 2021  
LOCATION: Merrimack

Certified by: \_\_\_\_\_

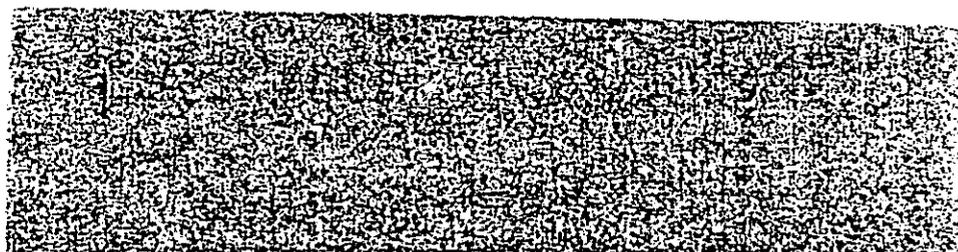
## Summary of Bidders

Contractor	Bid Amount	Rank
TURNSTONE CORPORATION 479 NASHUA STREET, MILFORD NH 03055-3705	\$520,545.00	A
D. L. KING & ASSOCIATES INC. 27 TANGLEWOOD DRIVE, NASHUA NH 03062-1044	\$534,300.00	B
MARK CARRIER CONSTRUCTION INC SUITE 101, 175 LINCOLN STREET, MANCHESTER NH 03103-5031	\$549,935.00	C
MERIDIAN CONSTRUCTION CORP. 32 ARTISAN COURT #4, GILFORD NH 03249-6603	\$551,800.00	D
BROOKSTONE BUILDERS, INC. 600 HARVEY ROAD, MANCHESTER NH 03103-3320	\$621,218.00	E
SCHROEDER CONSTRUCTION MGMT IN 2 TOWNSEND WEST, UNIT 3, NASHUA NH 03063	\$627,100.00	F

Item #901: \$ 470,545.  
 #902: \$ 50,000.  
 Base Total: \$ 520,545.  
 #995: \$ 5,500.  
 Grand Total: \$ 526,045.

### BUREAU OF PUBLIC WORKS

Award to Turnstone Corporation  
 Hold for Negotiation  
 Cancel Contract  
 User Agency N.G.  
 Authorized by [Signature]  
 Date 07222020





ABC Bid Data

CONCORD  
81133RA  
NON-FEDERAL

Item No.	Description	Unit	Quantity	PS&E		TURNSTONE CORPORATION 479 NASHUA STREET MILFORD, NH 03055-3705		D. L. KING & ASSOCIATES INC. 27 TANGLEWOOD DRIVE NASHUA, NH 03062-1044	
				Unit Price	Total	Unit Price	Total	Unit Price	Total
901	BUILDING B RENOVATIONS	U	1.00	\$ 350,000.00	\$ 350,000.00	\$470,545.00	\$470,545.00	\$484,300.00	\$484,300.00
902	ALLOWANCE FOR OWNER CHANGES	\$	50,000.00	\$1.00	\$ 50,000.00	\$1.00	\$50,000.00	\$1.00	\$50,000.00
<b>Totals:</b>					<b>\$400,000.00</b>		<b>\$520,545.00</b>		<b>\$534,300.00</b>

ALTERNATES 81133RA

DEDUCT ALT 1

991	DEDUCT ALT 1 DELETE MASONRY OPENING, PASS THROUGH COUNTER, COILING DOOR IN WARMING KITCHEN	U	1.00	\$ 5,250.00	\$ 5,250.00	(\$7,900.00)	(\$7,900.00)	(\$3,775.00)	(\$3,775.00)
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DEDUCT ALT 2

992	DEDUCT ALT 2 RELOCATE ELECTRICAL PANEL AND DEMOLISH STUD WALL COMPLETE	U	1.00	\$ 8,500.00	\$ 8,500.00	(\$5,000.00)	(\$5,000.00)	(\$3,066.00)	(\$3,066.00)
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DEDUCT ALT 3

993	DEDUCT ALT 3 PROVIDE STANDARD ALUMINUM ENTRY DOOR IN LIEU OF MARVIN WOOD CLAD DOOR	U	1.00	\$ 1,000.00	\$ 1,000.00	(\$848.00)	(\$848.00)	(\$1.00)	(\$1.00)
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DEDUCT ALT 4

994	DEDUCT ALT 4 PROVIDE PORCELAIN FLOOR TILE IN LIEU OF GRANITE TILES	U	1.00	\$ 500.00	\$ 500.00	(\$4,500.00)	(\$4,500.00)	(\$5,652.00)	(\$5,652.00)
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ADD ALT 1

995	ADD ALT 1 SUPPLY AND INSTALL ETCHED FLOOR TILE LOGO	U	1.00	\$ 4,000.00	\$ 4,000.00	\$5,500.00	\$5,500.00	\$2,282.00	\$2,282.00
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<b>Alt. Totals:</b>									
<b>Totals:</b>					<b>\$400,000.00</b>		<b>\$520,545.00</b>		<b>\$534,300.00</b>



ABC Bid Data

CONCORD  
81133RA  
NON-FEDERAL

Item No.	Description	Unit	Quantity	PS&E		MARK CARRIER CONSTRUCTION INC SUITE 101 MANCHESTER, NH 03103-5031		MERIDIAN CONSTRUCTION CORP. 32 ARTISAN COURT #4 GILFORD, NH 03249-6603	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items									
901	BUILDING B RENOVATIONS	U	1.00	\$ 350,000.00	\$ 3,500,000.00	\$499,935.00	\$499,935.00	\$501,800.00	\$501,800.00
902	ALLOWANCE FOR OWNER CHANGES	\$	50,000.00	\$1.00	\$ 50,000.00	\$1.00	\$50,000.00	\$1.00	\$50,000.00
Totals:					\$400,000.00		\$549,935.00		\$551,800.00

ALTERNATES 81133RA  
DEDUCT ALT 1

991	DEDUCT ALT 1 DELETE MASONRY OPENING, PASS THROUGH COUNTER, COILING DOOR IN WARMING KITCHEN	U	1.00	\$ 5,250.00	\$ 5,250.00	(\$6,610.00)	(\$6,610.00)	(\$7,501.00)	(\$7,501.00)
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DEDUCT ALT 2

992	DEDUCT ALT 2 RELOCATE ELECTRICAL PANEL AND DEMOLISH STUD WALL COMPLETE	U	1.00	\$ 8,500.00	\$ 8,500.00	\$1,898.00	\$1,898.00	(\$3,241.00)	(\$3,241.00)
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DEDUCT ALT 3

993	DEDUCT ALT 3 PROVIDE STANDARD ALUMINUM ENTRY DOOR IN LIEU OF MARVIN WOOD CLAD DOOR	U	1.00	\$ 1,000.00	\$ 1,000.00	\$688.00	\$688.00	(\$2,306.00)	(\$2,306.00)
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DEDUCT ALT 4

994	DEDUCT ALT 4 PROVIDE PORCELAIN FLOOR TILE IN LIEU OF GRANITE TILES	U	1.00	\$ 500.00	\$ 500.00	(\$6,392.00)	(\$6,392.00)	(\$2,011.00)	(\$2,011.00)
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ADD ALT 1

995	ADD ALT 1 SUPPLY AND INSTALL ETCHED FLOOR TILE LOGO	U	1.00	\$ 4,000.00	\$ 4,000.00	\$3,680.00	\$3,680.00	\$5,798.00	\$5,798.00
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Alt. Totals:									
Totals:					\$400,000.00		\$549,935.00		\$551,800.00



ABC Bid Data

CONCORD  
81133RA  
NON-FEDERAL

Item No.	Description	Unit	Quantity	PS&E		BROOKSTONE BUILDERS, INC. 600 HARVEY ROAD MANCHESTER, NH 03103-3320		SCHROEDER CONSTRUCTION MGMT IN 2 TOWNSEND WEST, UNIT 3 NASHUA, NH 03063	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items									
901	BUILDING B RENOVATIONS	U	1.00	\$ 350,000.00	\$ 350,000.00	\$571,218.00	\$571,218.00	\$577,100.00	\$577,100.00
902	ALLOWANCE FOR OWNER CHANGES	\$	50,000.00	\$1.00	\$ 50,000.00	\$1.00	\$50,000.00	\$1.00	\$50,000.00
Totals:					\$400,000.00		\$621,218.00		\$627,100.00

ALTERNATES 81133RA  
DEDUCT ALT 1

991	DEDUCT ALT 1 DELETE MASONRY OPENING, PASS THROUGH COUNTER, COILING DOOR IN WARMING KITCHEN	U	1.00	\$ 5,250.00	\$ 5,250.00	(\$4,975.00)	(\$4,975.00)	(\$7,622.00)	(\$7,622.00)
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DEDUCT ALT 2

992	DEDUCT ALT 2 RELOCATE ELECTRICAL PANEL AND DEMOLISH STUD WALL COMPLETE	U	1.00	\$ 8,500.00	\$ 8,500.00	(\$3,316.00)	(\$3,316.00)	(\$8,860.00)	(\$8,860.00)
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DEDUCT ALT 3

993	DEDUCT ALT 3 PROVIDE STANDARD ALUMINUM ENTRY DOOR IN LIEU OF MARVIN WOOD CLAD DOOR	U	1.00	\$ 1,000.00	\$ 1,000.00	(\$3,780.00)	(\$3,780.00)	(\$2,618.00)	(\$2,618.00)
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DEDUCT ALT 4

994	DEDUCT ALT 4 PROVIDE PORCELAIN FLOOR TILE IN LIEU OF GRANITE TILES	U	1.00	\$ 500.00	\$ 500.00	(\$6,392.00)	(\$6,392.00)	(\$6,115.00)	(\$6,115.00)
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ADD ALT 1

995	ADD ALT 1 SUPPLY AND INSTALL ETCHED FLOOR TILE LOGO	U	1.00	\$ 4,000.00	\$ 4,000.00	\$6,762.00	\$6,762.00	\$8,841.00	\$8,841.00
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Alt. Totals:									
Totals:					\$400,000.00		\$621,218.00		\$627,100.00



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/31/2020

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 CROSS INSURANCE - LACONIA 155 Court Street  Laconia NH 03246	CONTACT NAME: Tracy Andriski, CISR	
	PHONE (A/C, No, Ext): (603) 524-2425 FAX (A/C, No): (603) 524-3666 E-MAIL ADDRESS: tandriski@crossagency.com	
INSURED  TURNSTONE CORPORATION 479 NASHUA STREET  MILFORD NH 03055	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Firemen's Ins. Co. of Washington D.C.	21784
	INSURER B: Acadia Ins Co.	31325
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES CERTIFICATE NUMBER: CL2011512238 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	ADDITIONAL SUBROGATION (INSR / 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		CPA0065107-30	12/31/2019	12/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 OTHER: \$
A	AUTOMOBILE LIABILITY <input checked="" 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		CAA0065120-31	12/31/2019	12/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER: \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		CUA0065121-30	12/31/2019	12/31/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 Comp Operation aggrog \$ 5,000,000
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	WPA0095615-28	12/31/2019	12/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Leased & Rented Equipment Coverage		CPA0065107-30	12/31/2019	12/31/2020	Limit \$200,000 Deductible \$250

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

Concord Building B Renovations Project No. 81133RA, Concord, NH  
The State of New Hampshire, its agencies, and its agents and employees are additional insureds for ongoing operations performed by or on behalf of Turnstone Corporation when required in a written contract.

## CERTIFICATE HOLDER

## CANCELLATION

State of New Hampshire 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 

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/31/2020

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).

<b>PRODUCER</b> CROSS INSURANCE - LACONIA 155 Court Street  Laconia NH 03246	<b>CONTACT NAME:</b> Tracy Andriski, CISR <b>PHONE (A/C, No, Ext):</b> (603) 524-2425 <b>E-MAIL ADDRESS:</b> tandriski@crossagency.com	<b>FAX (A/C, No):</b> (603) 524-3668
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> State of New Hampshire - Dept of Administrative Services c/o Turnstone Corporation 479 Nashua Street Milford NH 03055-0539	<b>INSURER A:</b> Acadia Ins Co.	<b>NAIC #</b> 31325
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:** CL208430199                      **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		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSD	WVD					
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners & Contractors Protective  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			OCP5448711-10	07/31/2020	10/31/2021	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
	<b>AUTOMOBILE LIABILITY</b> <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)	\$
	<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 \$						BODILY INJURY (Per person)	\$
	<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			N/A			BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							EACH OCCURRENCE	\$
							AGGREGATE	\$
							PER STATUTE	
							OTH-ER	
							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)  
Concord Building B Renovations Project No. 81133RA, Concord, NH

<b>CERTIFICATE HOLDER</b>  State of New Hampshire 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.
	AUTHORIZED REPRESENTATIVE  

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# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
7/31/2020

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY CROSS INSURANCE - LACONIA 155 Court Street  Laconia NH 03246		PHONE (A/C No. Ext): (603) 524-2423	COMPANY Acadia Ins Co. One Acadia Commons P.O. Box 9010 Westbrook ME 04098-5010	
FAX (A/C No.): (603) 524-3666	E-MAIL ADDRESS: dhaley@crossagency.com			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #: 00178165		LOAN NUMBER		POLICY NUMBER CIM5444302-10
INSURED State of NH - Dept of Administrative Services Turnstone Corporation 479 Nashua Street Milford NH 03055-0539		EFFECTIVE DATE 7/31/2020	EXPIRATION DATE 7/31/2021	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

**PROPERTY INFORMATION**

LOCATION/DESCRIPTION  
Concord Building B Renovations Project No. 81133RA  
Concord, NH

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 EVIDENCE OF PROPERTY INSURANCE 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.

**COVERAGE INFORMATION**

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Builders Risk, RC, Special Form	526,045	1,000

**REMARKS (Including Special Conditions)**

**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.

**ADDITIONAL INTEREST**

NAME AND ADDRESS  State of New Hampshire Department of Administrative Services 7 Hazen Drive Room 250 Concord, NH 03302	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
LOAN #		
AUTHORIZED REPRESENTATIVE T Andriski, CISR/TAS <i>Jessy Andriski</i>		

## COMMENTS/REMARKS

Subcontractors are included as named insureds.  
The insurance company waives their right of recovery against anyone contractually agreed  
in writing to obtain such a waiver prior to the loss.