

148 MC



State of New Hampshire
DEPARTMENT OF ADMINISTRATIVE SERVICES
 OFFICE OF THE COMMISSIONER
 25 Capitol Street – Room 120
 Concord, New Hampshire 03301

CHARLES M. ARLINGHAUS
 Commissioner
 (603)-271-3201

JOSEPH B. BOUCHARD
 Assistant Commissioner
 (603)-271-3204

Division of Public Works
 Design and Construction
 Project No. 80890 – Contract C

May 23, 2018

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 StonCor Group, Inc. (VC# 175815) Maple Shade, NJ, for a total price not to exceed \$88,000, for the Health and Human Services New Lab Floor, Concord, NH. This contract is effective upon Governor and Council approval through December 3, 2018, unless extended in accordance with the contract terms. **100% General – Capital Funds.**

- 2). Further authorize pursuant to 228:13, Laws of 2017, the amount of \$5,488 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC# 177875), Clerk for oversight and engineering services provided, bringing the total to \$93,488. **100% Capital – General Funds.**

Funding is available in account titled Administrative Services – Bureau of General Services as follows:

01-14-14-146030-24210000 DHHS Lab Floor	<u>SFY18</u>
034-500162 - Repair/Renovations Bldgs.	\$ 88,000
034-500162 - Interagency DPW Fees	<u>5,488</u>
Grand Total	\$ 93,488

EXPLANATION

Per Chapter 220:1, II, B, 3 for DHHS Lab Floor. This Project includes: Replace existing epoxy flooring in three BSL-3 laboratories that have numerous cracks. The U.S. Center for

Disease Control does not allow any cracks due to biological hazards. Remove existing epoxy flooring, base and prepare existing concrete floors and cracks at Level One, Level Two and Level Three labs to accept new flooring system and integral cove base. All lab areas are highly secured. The work may be done off-hours due to project coordination with approval from the using agency. Client will coordinate the moving of existing equipment or disassembling of equipment prior to work at any floor. Some equipment will remain in place; scope of work will be to coordinate work around equipment and fume hood's pedestals. Work will be limited, one floor (lab area) to be totally complete prior to the start of another floor (lab area). The using agency will determine which floor (lab area) will be available for work.

The contractor's pre-qualified have been waived 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:	\$ 90,000
Contract Amount:	<u>\$ 88,000</u>
Under Estimate:	\$ 2,000

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80890, Contract C - Rebid Health and Human Services – New Lab Floors, Concord, New Hampshire.

DESCRIPTION: The Scope of work for this Project includes: Replace existing epoxy flooring in three BSL-3 laboratories that have numerous cracks. The U.S. Center for Disease Control does not allow any crack due to biological hazards. Remove existing epoxy flooring, base and prepare existing concrete floors and cracks at Level One, Level Two and Level Three labs to accept new flooring system and integral cove base. All lab areas are highly secured. The work may be done off hours due to project coordination with approval from the using agency. Client will coordinate the moving of existing equipment or disassembling of equipment prior to work at any floor. Some equipment will remain in place; scope of work will be to coordinate work around equipment and fume hood's pedestals. Work will be limited, one floor (lab area) to be totally complete prior to the start of another floor (lab area). The using agency will determine which floor (lab area) will be available for work.

EXPLANATION: The existing epoxy flooring in three BSL-3 laboratories has numerous cracks in the floor finish. Cracks have been repaired only to crack again. The U.S. Center for Disease Control does not allow any cracks due to biological hazards. The existing floors are required to be crack free. The new floor schedule is critical to the Lab operations. Lab operations cannot be down for a long time, that is why we included a contingency to make funds available in a timely manner.

UNDER ESTIMATE
EXPLANATION: The bid waived the pre-qualifications for contractors. This allowed sub-contractors to become the prime and bid directly to the State. This eliminates the additional cost of a General Contractor. The project is so small that no General Contractors offered a bid during the first bid proposal. The apparent "A" bidder had a numerical mistake for their unit cost, they did not account for three levels of work. Their bid was cancelled and the "B" bidder was accepted.

DEPARTMENT
ESTIMATE: \$ 90,000.00
LOW BID: \$ 88,000.00



Division of Public Works

ABC Bid Data

CONCORD
80890C
NON-FEDERAL

PROJECT: CONCORD
STATE PROJECT NUMBER: 80890C
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: February 14, 2018, 02:00 PM
SCOPE OF WORK: REBID HEALTH AND HUMAN SERVICES - NEW LAB FLOOR
COMPLETION DATE: June 15, 2018
LOCATION: Merrimack

Awarded To: STONCOR GROUP INC
1000 EAST PARK AVENUE
MAPLE SHADE, NJ 08052

Amount: \$88,000.00
Award Date:

Certified by: Michelle L. Juliano
Director of Project Development

Summary of Bidders

Contractor	Bid Amount	Rank
STONCOR GROUP INC 1000 EAST PARK AVENUE, MAPLE SHADE, NJ 08052	\$88,000.00	A
G.S. BOLTON 61 AIRPORT DRIVE, UNIT 4, ROCHESTER NH 03867	\$102,500.00	B
TUFF KOTE FLOORING 1704 ROUTE 9, SOUTH GLEN FALLS NY 12803	Non-Responsive	C

BUREAU OF PUBLIC WORKS

Award to A Bidder \$ 88,000
 Hold for Negotiation
 Cancel Contract
 User Agency DAS
 Authorized by MLJ
 Date 3/9/18

Item No.	Description	Unit	Quantity	PS&E		STONCOR GROUP INC 1000 EAST PARK AVENUE MAPLE SHADE , NJ 08052		G.S. BOLTON 61 AIRPORT DRIVE, UNIT 4 ROCHESTER, NH 03867	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items

901	ALL WORK ASSOCIATED WITH PREPARING AND INSTALLING A NEW LAB FLOOR SYSTEM	U	1.00	\$75,000.00	\$75,000.00	\$73,000.00	\$73,000.00	\$87,500.00	\$87,500.00
902	ALLOWANCE FOR UNFORESEEN CONDITIONS OR OWNER INITIATED CHANGES	\$	10,000.00	\$1.00	\$10,000.00	\$1.00	\$10,000.00	\$1.00	\$10,000.00
903	ALLOWANCE FOR TESTING	\$	5,000.00	\$1.00	\$5,000.00	\$1.00	\$5,000.00	\$1.00	\$5,000.00
Totals:					\$90,000.00		\$88,000.00		\$102,500.00
Alt. Totals:									
Totals:					\$90,000.00		\$88,000.00		\$102,500.00

Item No.	Description	Unit	Quantity	PS&E		TUFF KOTE FLOORING 1704 ROUTE 9 SOUTH GLEN FALLS, NY	
				Unit Price	Total	Unit Price	Total

Items

901	ALL WORK ASSOCIATED WITH PREPARING AND INSTALLING A NEW LAB FLOOR SYSTEM	U	1.00	\$75,000.00	\$75,000.00	\$27,500.00	\$27,500.00
902	ALLOWANCE FOR UNFORESEEN CONDITIONS OR OWNER INITIATED CHANGES	\$	10,000.00	\$1.00	\$10,000.00	\$1.00	\$10,000.00
903	ALLOWANCE FOR TESTING	\$	5,000.00	\$1.00	\$5,000.00	\$1.00	\$5,000.00
Totals:					\$90,000.00		\$42,500.00
Alt. Totals:							
Totals:					\$90,000.00		\$42,500.00

SANCTIONS EXCLUSION ENDORSEMENT



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

The following exclusion is added to the policy to which it is attached and supersedes any existing sanctions language in the policy, whether included in an Exclusion Section or otherwise:

SANCTIONS EXCLUSION

Notwithstanding any other terms under this policy, we shall not provide coverage nor will we make any payments or provide any service or benefit to any insured, beneficiary, or third party who may have any rights under this policy to the extent that such cover, payment, service, benefit, or any business or activity of the insured would violate any applicable trade or economic sanctions law or regulation.

The term policy may be comprised of common policy terms and conditions, the declarations, notices, schedule, coverage parts, insuring agreement, application, enrollment form, and endorsements or riders, if any, for each coverage provided. Policy may also be referred to as contract or agreement.

We may be referred to as insurer, underwriter, we, us, and our, or as otherwise defined in the policy, and shall mean the company providing the coverage.

Insured may be referred to as policyholder, named insured, covered person, additional insured or claimant, or as otherwise defined in the policy, and shall mean the party, person or entity having defined rights under the policy.

These definitions may be found in various parts of the policy and any applicable riders or endorsements.

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED

Disclosure Statement



It is our pleasure to present the enclosed policy to you
for presentation to your customer.

INSTRUCTION TO AGENT OR BROKER:

**WE REQUIRE THAT YOU TRANSMIT THE ATTACHED/ENCLOSED DISCLOSURE STATEMENT TO THE CUSTOMER
WITH THE POLICY.**

Once again, thank you for your interest, and we look forward to meeting your needs and those of your customers.

Disclosure Statement



NOTICE OF DISCLOSURE FOR AGENT & BROKER COMPENSATION

If you want to learn more about the compensation Zurich pays agents and brokers visit:

<http://www.zurichproducercompensation.com>

or call the following toll-free number: (866) 903-1192.

This Notice is provided on behalf of Zurich American Insurance Company
and its underwriting subsidiaries.



ZURICH

COMMERCIAL INSURANCE

COMMON POLICY DECLARATIONS

Policy Number OCP 0148999-00

Renewal of Number NEW

Named Insured and Mailing Address

Producer and Mailing Address

STATE OF NEW HAMPSHIRE
DEPT. OF ADMINISTRATIVE SERVIC
7 HAZEN DRIVE
CONCORD NH 03302-0483

MARSH USA INC
200 PUBLIC SQ STE 1000
CLEVELAND OH 44114-2316

Producer Code 25133-000

Policy Period: Coverage begins 09-04-2018 at 12:01 A.M.; Coverage ends 12-03-2018 at 12:01 A.M.

The name insured is Individual Partnership Corporation

X Other: GOVERNMENT

This insurance is provided by one or more of the stock insurance companies which are members of the Zurich-American Insurance Group. The company that provides coverage is designated on each Coverage Part Common Declarations. The company or companies providing this insurance may be referred to in this policy as "The Company", we, us, or our. The address of the companies of the Zurich-American Insurance Group are provided on the next page.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE(S):

GENERAL LIABILITY COVERAGE
issued by ZURICH AMERICAN INSURANCE COMPANY

PREMIUM \$ 3,000.00

THIS PREMIUM MAY BE SUBJECT TO AUDIT.
This premium does not include Taxes and Surcharges.

TOTAL \$ 3,000.00

Taxes and Surcharges

TOTAL \$

The Form(s) and Endorsement(s) made a part of this policy at the time of issue are listed on the SCHEDULE of FORMS and ENDORSEMENTS.

Countersigned this day of

Authorized Representative

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART FORM(S), FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.



ZURICH[®]

Important Notice – In Witness Clause

In return for the payment of premium, and subject to the terms of this policy, coverage is provided as stated in this policy.

IN WITNESS WHEREOF, this Company has executed and attested these presents and, where required by law, has caused this policy to be countersigned by its duly Authorized Representative(s).

President

Corporate Secretary

QUESTIONS ABOUT YOUR INSURANCE? Your agent or broker is best equipped to provide information about your insurance. Should you require additional information or assistance in resolving a complaint, call or write to the following (please have your policy or claim number ready):

Zurich in North America
Customer Inquiry Center
1299 Zurich Way
Schaumburg, Illinois 60196-1056
1-800-382-2150 (Business Hours: 8am - 4pm [CT])
Email: info.source@zurichna.com

Policy Number
OCP 0148999-00

SCHEDULE OF FORMS AND ENDORSEMENTS

Zurich American Insurance Company

Named Insured STATE OF NEW HAMPSHIRE

Effective Date: 09-04-18

12:01 A.M., Standard Time

Agent Name MARSH USA INC

Agent No. 25133-000

COMMON & GENERAL LIABILITY FORMS AND ENDORSEMENTS

U-GU-D-310-A	01-93	COMMON POLICY DECLARATIONS
U-GU-319-F	01-09	IMPORTANT NOTICE - IN WITNESS CLAUSE
U-GL-D-275-B CW	01-93	OWNERS CONTRACTORS PROTECTIVE LIAB DEC
U-GL-1113-A CW	10-02	COMM GENERAL LIABILITY COVERAGE SCHEDULE
U-GL-495-A CW	01-93	OCP LIABILITY LOCATION SCHEDULE
U-GU-619-A CW	10-02	SCHEDULE OF FORMS AND ENDORSEMENTS
CG 00 09	04-13	OCP COVERAGE FORM-DESIGNATED CONTRACTOR
UGL1179ACW	07-03	ASBESTOS EXCLUSION ENDORSEMENT
CG 01 02	04-13	NEW HAMPSHIRE CHANGES
CG 28 80	12-04	NEW HAMPSHIRE CHANGES
CG 29 51	12-07	EMPLOYMENT REL PRACTICES EXCL
IL 00 03	09-08	CALCULATION OF PREMIUM
IL 00 21	09-08	NUCLEAR ENERGY LIABILITY EXCLUSION ENDT
U-GU-767-B CW	01-15	CAP ON LOSS FROM CERTIFIED ACTS OF TERR
U-GU-630-D CW	01-15	DISCLOSURE OF INFO RELATING TO TRIA
U-GU-1191-A CW	03-15	SANCTIONS EXCLUSION ENDORSEMENT

**OWNERS AND CONTRACTORS
PROTECTIVE LIABILITY DECLARATIONS**

Insurance for this coverage part provided by:
ZURICH AMERICAN INSURANCE COMPANY

OCCURRENCE COVERAGE

Policy Number OCP 0148999-00

This policy provides only the coverage for which a Limit of Insurance is shown on these Declarations, and for which a Coverage Form is made a part of this policy, except as specifically excluded.

OCP Liability Premium Audit Period:	NOT APPLICABLE
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Limits of Insurance	
Aggregate Limit	\$ 3,000,000
Each Occurrence Limit	\$ 2,000,000

Contractor and Mailing Address:
STONHARD, A DIVISION OF STONCOR GROUP, INC. 100 E. PARK AVE. MAPLE SHADE, NJ 08052

Policy Number: OCP0148999-00

COMMERCIAL GENERAL LIABILITY COVERAGE SCHEDULE

Named Insured: State of New Hampshire, Dept. of Administrative Services Effective Date: 09-04-18
 12:01 A.M., Standard Time

Agent Name: Marsh USA, Inc. Agent No.: 25133-000

Item 5. Location of Premises

Location of All Premises You Own, Rent or Occupy: **See Schedule of Locations**

Code No. 16292	Premium Basis TOTAL COST/NEAREST THOUSAND	Premises/Operations	
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Location 001/001	Exposure \$73,000	Rate 0.040684	Premium \$2,970.00
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Classification: CONSTRUCTION OPERATIONS-OWNER (NOT RAILROADS) – EXCLUDING OPERATIONS ON BOARD SHIPS		Products/Completed Operations	
		Rate	Premium

Code No.	Premium Basis	Premises/Operations	
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Location	Exposure	Rate	Premium \$30.00
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Classification: TERRORISM - CAT		Products/Completed Operations	
		Rate	Premium

Code No.	Premium Basis	Premises/Operations	
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Location	Exposure	Rate	Premium
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Classification:		Products/Completed Operations	
		Rate	Premium

Code No.	Premium Basis	Premises/Operations	
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Location	Exposure	Rate	Premium
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Classification:		Products/Completed Operations	
		Rate	Premium

**OWNERS AND CONTRACTORS
PROTECTIVE LIABILITY LOCATION SCHEDULE**

Policy Number OCP 0148999-00

Location of Covered Operations		
Loc. No.	(Address, City, State, Zip Code)	Description of Operation
	NEW HAMPSHIRE STATE LAB CONTRACT C REBID HEALTH & HUMAN SERVICES NEW LAB FLOORS, 6 HAZEN DRIVE, CONCORD, NH 03301	

Asbestos Exclusion Endorsement

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer	Add'l Prem.	Return Prem.
OCP 0148999-00	09/04/2018	12/03/2018		25133000	\$ INCL	\$

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

**Products/Completed Operations Liability Coverage Part
Owners and Contractors Protective Liability Coverage Part
Railroad Protective Liability Coverage Part**

The following exclusion is added to paragraph 2. Exclusions of Section I - Coverages – Bodily Injury And Property Damage Liability:

2. Exclusions

This insurance does not apply to:

Asbestos

- A. "Bodily injury" or "property damage" arising out of or which would not have occurred, in whole or in part, but for the actual, alleged or threatened discharge, dispersal, release, leakage, leaching, friability, flaking, escape or presence of asbestos, regardless of whether any other cause, event, material or product contributed concurrently or in any sequence to the injury or damage; or
- B. Any sums that any insured or other entity must pay, repay or reimburse because of any:
 1. Request, demand, order, statutory or regulatory requirement, direction or determination that any insured or others test for, investigate, monitor, clean up, remove, study, contain, treat, encapsulate, control or take any other action regarding asbestos; or
 2. Claim or "suit" for damages arising out of or relating in any way to any request, demand, order, statutory or regulatory requirement, direction or determination that any insured or others test for, investigate, monitor, clean up, remove, study, contain, treat, encapsulate, control or take any other action regarding asbestos; or
- C. Any other loss, cost or expense arising out of or relating in any way to asbestos.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/18/2018

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA INC. 200 PUBLIC SQUARE, SUITE 3760 CLEVELAND, OH 44114-1824		CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL: ADDRESS:	
34492 - StowP-18-19	160	032921	
INSURED RPM INTERNATIONAL INC. & ITS SUBSIDIARIES (SUB: STONHARD, DIVISION OF STONCOR GROUP, INC) 2628 PEARL ROAD MEDINA, OH 44258		INSURER(S) AFFORDING COVERAGE INSURER A: First Continental Services Co. INSURER B: Zurich American Insurance Company INSURER C: Starr Surplus Lines Insurance Company INSURER D: American Zurich Insurance Company INSURER E: N/A INSURER F:	
		NAIC # 16535 13804 40142 N/A	

COVERAGES **CERTIFICATE NUMBER:** CLE-008272692-05 **REVISION NUMBER:** 9

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"/> PROJECT <input type="checkbox"/> LOC OTHER:		1-GLSTO-01/2018	04/01/2018	04/01/2019	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 9,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/>		BAP925878911	04/01/2018	04/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 25,000		1000040057181	04/01/2018	04/01/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
D	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	WC925879011 (WI & MA) WC925878811 (AOS) EWS596599510 (EXCESS OH) 'EXCESS OHIO SIR: \$500,000'	04/01/2018 04/01/2018 04/01/2018	04/01/2019 04/01/2019 04/01/2019	<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)
 THE STATE OF NEW HAMPSHIRE DEPARTMENT OF ADMINISTRATIVE SERVICES IS (ARE) INCLUDED AS ADDITIONAL INSURED(S) UNDER GENERAL LIABILITY PER THE ADDITIONAL INSURED-OWNERS, LESSEES OR CONTRACTORS ENDORSEMENT WITH RESPECT TO STONHARD, A DIVISION OF STONCOR GROUP, INC., PROJECT NO 631661; 447781000. INSTALLATION OF RESINOUS PRODUCTS AT: NEW HAMPSHIRE STATE LAB, CONTRACT C REBID HEALTH & HUMAN SERVICES, NEW LAB FLOORS, CONCORD 80890C, 6 HAZEN DRIVE, CONCORD, NH 03301. THE GENERAL LIABILITY POLICY INCLUDES CONTRACTUAL LIABILITY PER POLICY FORM. EXPLOSION, COLLAPSE UNDERGROUND IS INCLUDED UNDER THE GENERAL LIABILITY POLICY FORM. THE UMBRELLA LIABILITY POLICY INCLUDES A \$5M PRODUCTS/COMPLETED OPERATIONS AGGREGATE.

CERTIFICATE HOLDER		CANCELLATION	
STATE OF NH ADMINISTRATIVE SERVICES 7 HAZEN DRIVE CONCORD, NH 03302-0483		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. Manashi Mukherjee <i>Manashi Mukherjee</i>	

AGENCY CUSTOMER ID: 34492

LOC #: Cleveland



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY MARSH USA INC.		NAMED INSURED RPM INTERNATIONAL INC. & ITS SUBSIDIARIES (SUB: STONHARD, DIVISION OF STONCOR GROUP, INC) 2628 PEARL ROAD MEDINA, OH 44258	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

THE GENERAL LIABILITY PLACEMENT IS A DIRECT PLACEMENT. MARSH MANAGEMENT SERVICES (VERMONT) MANAGES THE CAPTIVE INSURER INDICATED HERE. MARSH USA INC. HAS ONLY ACTED IN THE ROLE OF A CONSULTANT TO THE CLIENT WITH RESPECT TO THIS PLACEMENT, WHICH IS INDICATED HERE FOR YOUR CONVENIENCE.

WORKERS COMPENSATION/EMPLOYERS LIABILITY DEDUCTIBLE: \$750,000 WC & EL, EACH ACCIDENT; \$750,000 WC & EL ARISING OUT OF OCCUPATIONAL DISEASE; EACH EMPLOYEE.

Policy: 1-GLSTO-01/2018

Effective: April 1, 2018

ISO CG 20 10 11 85

**THIS ENDORSEMENT CHANGES THE POLICY.
PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – OWNERS, LESSEES
OR CONTRACTORS (FORM B)**

This endorsement modifies insurance provided as follows:

SCHEDULE

Name of Person or Organization: Any person(s) or organization(s) as required by written contract or agreement and as evidenced on a certificate of insurance issued to such person(s) or organization(s) on file with First Continental Services Co.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured any person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.

4th Floor,
25/28 Adelaide Road,
Dublin D02 RY98, Ireland
Phone Number: +353 6053000
Fax Number: +353 1 6053010

RSIF International d.a.c.

CERTIFICATE OF INSURANCE

We, the undersigned Insurance Company, hereby certify that we insure 100% of the following described insurance which is in force at this date.

COVERAGE: "All Risk" of physical loss or damage including theft, subject to terms, conditions and exclusions in the policy. Policy provides 30 days "Notice of Cancellation" to Insured.

POLICY NO: 198-1-08003-03 2018

PERIOD: From: 1 April 2018 To: 1 April 2019

NAME OF INSURED: RPM International Inc and its affiliated, subsidiary, and associated companies and/or corporations.

CERTIFICATE HOLDER: State of New Hampshire, Administrative Services

LOSS PAYEE/ADDITIONAL INSURED: State of New Hampshire, Administrative Services

PARTICULARS: PROJECT NO 631661; 447781000, INSTALLATION OF RESINOUS PRODUCTS AT NEW HAMPSHIRE STATE LAB, CONTRACT C REBID HEALTH & HUMAN SERVICES, NEW LAB FLOORS, CONCORD 80890C, 6 HAZEN DRIVE, CONCORD, NH 03301, valued at \$73,000.

LIMITS: Various (as per policy document)

DEDUCTIBLE: Various (as per policy document)

This Certificate of Insurance is furnished as a convenience only. It provides information about the issuance of the above mentioned policy and sets forth certain features of the coverage as they are stated in the policy as it stands on the date of issue hereof. This certificate confers no rights on the holder(s). Said policy, which contains the full provisions of the contract and of the insurance granted thereby, is subject to endorsement alteration, transfer, assignment, and cancellation without notice to the holder(s) of this certificate.

CERTIFICATE HOLDER:

RSIF International

Date: 16 May 2018

By: _____

Lee Dawson

For and on behalf of RSIF International d.a.c.

4th Floor,
25/28 Adelaide Road,
Dublin D02 RY98, Ireland
Phone Number: +353 6053000
Fax Number: +353 1 6053010

RSIF International d.a.c.

This Policy (Policy Number:198-1-08003-03 2018) also insures the interest of contractors and subcontractors in insured property during construction at an Insured Location or within 1,000 feet thereof, to the extent of the Insured's legal liability for insured physical loss or damage to such property. Such interest of contractors and subcontractors is limited to the property for which they have been hired to perform work and such interest will not extend to any TIME ELEMENT coverage provided under this Policy.

To (Named Insured): RPM International Inc.
 Janeen Kastner
 2628 Pearl Rd
 Medina, Ohio 442569099
 Phone: + 1 (330) 273 8825
 Fax:

From (Marsh): Warren D Printz
 Cleveland
 Phone: +1 (216) 937 1586
 Fax:
 Email: Warren.D.Printz@marsh.com
 Client Executive:

This confirms your instruction to bind the insurance placement(s) presented below.

Fees, taxes and surcharges are not included in the premium figures. If applicable, the premiums may also be subject to audit and retrospective rating. The confirmation applies to subsequent endorsements, audits and extensions under this policy, subject to the same commission and percentage rates.

Quotes

1	Layers/Limit:	Owners&ContractorsProtect(OCP), Primary Layer, Limit: \$2,000,000.00	
		\$2,000,000 each occurrence \$3,000,000 aggregate	
	Insurance Group/Insurer:	**Zurich American Insurance Company	
		Insurer Consulting Compensation - [2%] (See footnotes below)	
	Cost: (USD unless noted)	\$3,000.00 Premium ----- 3,000.00 Total Premium	Commission (included in premium) 0.00 Retail [0%]
	Note:	<i>Stonhard - epoxy flooring job #Concord 80890C- New Hampshire State Lab Contract C Rebid Health & Human Services, New Lab Floors, 6 Hazen Drive, Concord, NH</i>	

Total Premium:	\$3,000.00	Marsh Commission Summary 0.00 Retail
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STONHARD

1000 East Park Avenue
Maple Shade, NJ 08052
P: 856.779.7500
F: 856.321.7637
www.stonhard.com

*Scanned +
sent to Emily
5-31-18
Waf*

May 17, 2018

The State of New Hampshire Department of Transportation
Attn: Contract Dept
7 Hazen Dr.
Concord, NH 03302

Re: Project # 631661

Dear To Whom It May Concern:

The start date for the NH State Lab Project (Stonhard # 631661) will be Sept 4, 2018 and the completion date will be December 3, 2018. There will be no charge from Stonhard to move the schedule to accommodate these dates.

If you have any questions or require further information, please do not hesitate to contact me at 856.321.7568

Sincerely,
Stonhard, Division of StonCor Group, Inc.

Brianna Palmucci

Brianna Palmucci
Supervisor Contract Administration