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STATE OF NEW HAMPSHIRE  
DEPARTMENT of RESOURCES and ECONOMIC DEVELOPMENT  
DIVISION OF PARKS AND RECREATION

172 Pembroke Road Concord, New Hampshire 03301  
Phone: (603) 271-3556 Fax: (603) 271-3553 E-Mail: nhparks@dred.nh.gov  
Web: www.nhstateparks.org

March 2, 2016

Her Excellency, Governor Margaret Wood Hassan  
and the Honorable Executive Council  
State House  
Concord, New Hampshire 03301

**REQUESTED ACTION**

Authorize the Department of Resources and Economic Development, Division of Parks and Recreation (Division) to enter into a **SOLE SOURCE** contract amendment with the Student Conservation Association, Inc. (VC #173352), Charlestown, NH, by increasing the contract amount by \$17,925 from \$171,500 to \$189,425 to provide interpretive services at various parks upon Governor and Executive Council approval through June 30, 2017. No additional time is involved in this increase. The original contract was approved by Governor and Executive Council on April 22, 2015, Item #53. 100% Park Fund

Funding is available as follows with the authority to adjust encumbrances in each of the State fiscal years through the Budget Office if needed and justified:

|   | <u>FY 2016</u> | <u>FY 2017</u> |
|---|----------------|----------------|
| 03-35-35-351510-37200000                  |                |                |
| Service Parks                             | \$3,600        | \$14,325       |
| 102-500731 Contracts for Program Services |                |                |

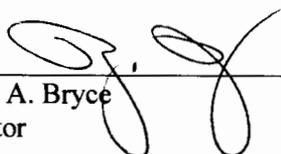
**EXPLANATION**

The Student Conservation Association (SCA) is a residential national service program based at Bear Brook State Park which has collaborated with the Division and the Corporation for National Service since 1994. The Discover the Power of Parks program is presented by the Division in collaboration with the SCA. The Division provides significant soft matching funds through the value of facilities and the SCA provides an intern at no cost as part of the partnership. The contract is part of an entire service learning program offered through this partnership. Under the contract, the SCA recruits, trains, and supervises interns who provide interpretive services for the Division at various parks. Interpretive services focus on connecting participants with nature and building appreciation for New Hampshire's unmatched natural heritage, adding value to the camping and day-use visitor experience. Services include but are not limited to: guided hikes, interpretive tours, and imaginative environmental workshops for children and families. The program has served over 30,000 participants a year over the past three summers. The requested contract amendment is to increase the number of interns by 2 from 7 to 9 in order to provide roving interns based at White Lake and Bear Brook State Parks to service multiple parks. For these reasons and in order to continue this important partnership with the SCA, the Division respectfully requests sole source approval of this contract amendment.

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

Respectfully submitted,

Concurred,

  
Philip A. Bryce  
Director

  
Jeffrey J. Rose  
Commissioner

AMENDMENT OF P-37 CONTRACT

The Department of Resources and Economic Development and The Student Conservation Association, Inc., hereby mutually agree to amend the contract to provide interpretive services at various parks, originally approved by the Governor and Executive Council on April 22, 2015, Item #53, with a completion date of June 30, 2017.

- 1. Amend Exhibit A, Scope of Work, by increasing the total of interns by 2 from 7 to 9;
2. Amend Exhibit B, Contract Amount, by increasing the total by \$17,925 from \$171,500 to \$189,425;
3. All other terms and conditions of the original contract shall remain the same in full force and effect as originally set forth; and
4. This amendment is subject to approval by the Governor and Executive Council.

IN WITNESS WHEREOF, the parties hereto have set their hands as of the day and year written.

The Student Conservation Association, Inc.

[Signature]
Aimee Dobrzeniecki, CFO

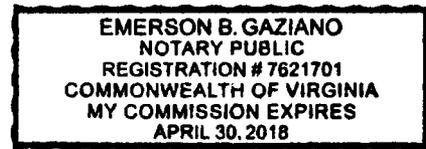
2/4/16
Date

STATE OF VA

COUNTY OF Arlington

On this the 4 day of February, before me Emerson Gaziano, the undersigned officer, personally appeared Aimee Dobrzeniecki, 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 whereof, I hereunto set me hand and official seal:

[Signature]
Notary Public



My Commission Expires: April 30, 2018

Department of Resources and Economic Development

[Signature]
Jeffrey J. Rose, Commissioner

3/8/2016
Date

Approved as to form, substance and execution:

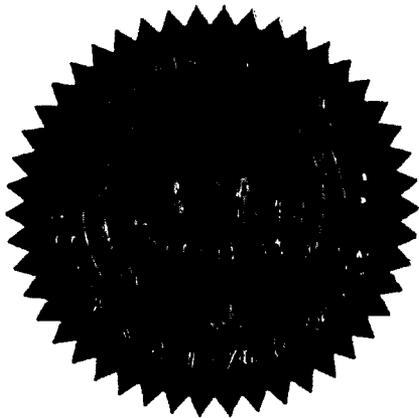
[Signature]
Attorney General

3/21/16
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 The Student Conservation Association, a(n) New York nonprofit corporation, registered to do business in New Hampshire on January 22, 2016. I further certify that it is in good standing as far as this office is concerned, having paid the fees required by law.



In TESTIMONY WHEREOF, I hereto  
set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 2<sup>nd</sup> day of March, A.D. 2016

A handwritten signature in black ink, appearing to read "William M. Gardner". The signature is written in a cursive style with a long, sweeping tail.

William M. Gardner  
Secretary of State



## SCA Board of Directors Resolution Regarding Cooperative Agreements

**WHEREAS**, pursuant to Article VI, Section 4 of the Bylaws of The Student Conservation Association, Inc. (the "Corporation"), the President is expressly authorized to execute on behalf of the Corporation all cooperative agreements and other contracts requiring such execution except to the extent the signing and execution thereof shall be expressly delegated by the Board of Directors to another agent of the Corporation; and

**WHEREAS**, the Board of Directors hereby intends to confer the power to execute on behalf of the Corporation cooperative agreements and other contracts requiring such execution to certain additional duly authorized officers of the Corporation when they do so at the direction of the President; and

**NOW THEREFORE, BE IT RESOLVED**, that, upon the direction of the President/Chief Executive Officer, Jaime Berman Matyas, each of the: Chief Financial Officer, Aimee Dobrzeniecki; the Senior Vice President for Advancement, Karen Davis; the Senior Vice President for Program, Laura Herrin; and Chief Counsel/Assistant Secretary, Barbara Gonzalez-McIntosh; be and each hereby is, individually authorized, empowered and directed to execute on behalf of the Corporation all cooperative agreements and other contracts requiring such execution, and to make, execute and deliver, under the corporate seal of the Corporation or otherwise, any and all written instruments necessary or proper to effectuate the power and authority hereby conferred.

**Dated:** October 24, 2015

Barbara Gonzalez-McIntosh  
Assistant Secretary

### CERTIFICATION

The foregoing is a true and complete copy of the resolution adopted by the SCA Board of Directors at a regular meeting held on October 24, 2015, and the same has not been amended, modified or withdrawn.

Barbara Gonzalez-McIntosh  
Assistant Secretary

Dated: February 4, 2016



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/31/2015

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

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

| <b>PRODUCER</b><br>Fred C. Church, Inc.<br>41 Wellman Street<br>Lowell, MA 01851<br>1-800-225-1865      | <b>CONTACT NAME:</b> Joan Aucoin<br><b>PHONE (A/C No. Ext):</b> 978-322-7321<br><b>FAX (A/C No):</b> 978-454-1865<br><b>E-MAIL ADDRESS:</b> jaucoin@fredchurch.com   |                               |        |                                       |  |                                      |  |            |  |            |  |            |  |            |  |
|---|--|-------------------------------|--------|---------------------------------------|--|--------------------------------------|--|------------|--|------------|--|------------|--|------------|--|
| <b>INSURED</b><br>The Student Conservation Association, Inc.<br>689 River Road<br>Charlestown, NH 03603 | <table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: United Educators Insurance</td> <td></td> </tr> <tr> <td>INSURER B: Hanover Insurance Company</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: United Educators Insurance |  | INSURER B: Hanover Insurance Company |  | INSURER C: |  | INSURER D: |  | INSURER E: |  | INSURER F: |  |
| INSURER(S) AFFORDING COVERAGE   | NAIC #   |                               |        |                                       |  |                                      |  |            |  |            |  |            |  |            |  |
| INSURER A: United Educators Insurance   |  |                               |        |                                       |  |                                      |  |            |  |            |  |            |  |            |  |
| INSURER B: Hanover Insurance Company  |  |                               |        |                                       |  |                                      |  |            |  |            |  |            |  |            |  |
| INSURER C:  |  |                               |        |                                       |  |                                      |  |            |  |            |  |            |  |            |  |
| INSURER D:  |  |                               |        |                                       |  |                                      |  |            |  |            |  |            |  |            |  |
| INSURER E:  |  |                               |        |                                       |  |                                      |  |            |  |            |  |            |  |            |  |
| INSURER F:  |  |                               |        |                                       |  |                                      |  |            |  |            |  |            |  |            |  |

**COVERAGES**      **CERTIFICATE NUMBER:** 43437635      **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 INSR | SUBR WVD | POLICY NUMBER   | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|---|-----------|----------|-----------------|-------------------------|-------------------------|--|
| A        | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GENL AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          | CGL201500420300 | 04/01/15                | 04/01/16                | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ Included<br>GENERAL AGGREGATE \$ 3,000,000<br>PRODUCTS - COMPROP AGG \$ Included<br>\$ |
| B        | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS   |           |          | AHN9487242      | 04/01/15                | 04/01/16                | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
| A        | <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ 1,000,000  |           |          | GLX201500420300 | 04/01/15                | 04/01/16                | EACH OCCURRENCE \$ 25,000,000<br>AGGREGATE \$ 25,000,000<br>\$<br>WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$     |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |           |          |                 |                         |                         |  |

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

As required by contract and as their interest may apply, the Certificate Holder is an Additional Insured with respect to General Liability Coverage.

**CERTIFICATE HOLDER**

NH DRED Div of Parks&amp;Recreation

Johanna Lyons  
PO Box 1856

Concord, NH 03302

USA

**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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ACORD 25 (2010/05)

The ACORD name and logo are registered marks of ACORD

jbyk

43437635



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/20/2016

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

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

|  |   |                                    |
|--|---|------------------------------------|
| <b>PRODUCER</b><br>Arthur J. Gallagher Risk Management Services, Inc.<br>5500 Maryland Way, Suite 330<br>Brentwood TN 37027        | <b>CONTACT NAME:</b> April Osborne<br><b>PHONE (A/C, No, Ext):</b> 615-377-5155<br><b>E-MAIL ADDRESS:</b> april_osborne@ajg.com | <b>FAX (A/C, No):</b> 615-263-5881 |
|  | <b>INSURER(S) AFFORDING COVERAGE</b>  |                                    |
| <b>INSURED</b> THESTUD-01<br>The Student Conservation Assoc., Inc.<br>689 River Road<br>P. O. Box 550<br>Charlestown NH 03603-0550 | <b>INSURER A :</b> Liberty Mutual Fire Insurance Compa <b>NAIC #</b> 23035  |                                    |
|  | <b>INSURER B :</b>  |                                    |
|  | <b>INSURER C :</b>  |                                    |
|  | <b>INSURER D :</b>  |                                    |
|  | <b>INSURER E :</b>  |                                    |
|  | <b>INSURER F :</b>  |                                    |

**COVERAGES** **CERTIFICATE NUMBER:** 1577315327 **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   |
|----------|--|-----------|----------|-----------------|-------------------------|-------------------------|--|
|          | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          |                 |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$         |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS                           |           |          |                 |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$  |           |          |                 |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N<br>N  | N/A      | WC2Z11253482016 | 3/20/2016               | 3/20/2017               | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$500,000<br>E.L. DISEASE - EA EMPLOYEE \$500,000<br>E.L. DISEASE - POLICY LIMIT \$500,000 |

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

|   |  |
|---|--|
| <b>CERTIFICATE HOLDER</b><br><br>NH DRED - Division of Parks and Recreation<br>PO Box 1856<br>Concord NH 03302-1856 | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|---|--|



Item # 53 4/22/15

STATE OF NEW HAMPSHIRE  
DEPARTMENT of RESOURCES and ECONOMIC DEVELOPMENT  
DIVISION of PARKS and RECREATION  
172 Pembroke Road P.O. Box 1856 Concord, New Hampshire 03302-1856  
PHONE: (603) 271-3556 FAX: (603) 271-3553 E-MAIL: nhparks@dred.state.nh.us  
WEB: www.nhstateparks.org

March 19, 2015

Her Excellency, Governor Margaret Wood Hassan  
and the Honorable Executive Council  
State House  
Concord, New Hampshire 03301

**REQUESTED ACTION**

Authorize the Department of Resources and Economic Development, Division of Parks and Recreation (Division) to enter into a **SOLE SOURCE** contract with the Student Conservation Association, Inc. (VC #173352), Charlestown, NH, in the amount of \$171,500 to provide interpretive services at various parks upon Governor and Executive Council approval through June 30, 2017. 100% Park Fund

Funding is available in account titled, Service Parks, as follows pending budget approval for Fiscal Years 2016 and 2017 with the authority to adjust encumbrances in each of the State fiscal years through the Budget Office if needed and justified:

|  |                |                |                |
|--|----------------|----------------|----------------|
| 03-03-35-351510-37200000-102-500731 Contracts for Program Services | <u>FY 2015</u> | <u>FY 2016</u> | <u>FY 2017</u> |
|  | \$30,000       | \$64,500       | \$77,000       |

**EXPLANATION**

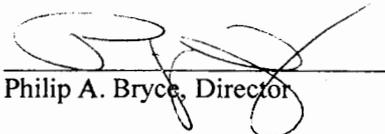
The Student Conservation Association NH Corps (SCA-NH Corps) is a residential national service program based at Bear Brook State Park which has partnered with the Division and the Corporation for National Service since 1994. The Discover the Power of Parks interpretive program is presented by the Division in collaboration with the SCA-NH Corps. The SCA shall recruit, train, and supervise seven interns who will provide interpretive services for the Division at seven parks; Franconia Notch, Bear Brook, Pawtuckaway, Monadnock, Greenfield, Umbagog Lake and White Lake State Parks. The SCA has secured in-kind funding for one intern and is provided at no-cost to the Division for PY 2015. Interpretive services focus on connecting participants with nature and building appreciation for New Hampshire's unmatched natural heritage and enhance the experience for campers and park visitors. Services include but are not limited to: guided hikes, interpretive tours, and imaginative environmental workshops for children and families. This program has served 30,545 participants in the parks and hosted 1,011 students at Bear Brook State Park for field trip in 2014.

For the reasons stated above, the Division respectfully requests sole source approval of this contract to continue this important partnership with the SCA.

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

Respectfully submitted,

Concurred,

  
Philip A. Bryce, Director

(SM)

  
Jeffrey J. Rose, Commissioner

PAT/IJR:jl

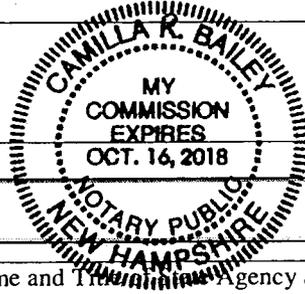
Subject: Interpretive Services FORM NUMBER P-37 ( version 1/09)

**AGREEMENT**  
The State of New Hampshire and the Contractor hereby mutually agree as follows:

**GENERAL PROVISIONS**

**1. IDENTIFICATION.**

|   |   |   |  |
|---|---|---|--|
| 1.1 State Agency Name<br><u>DRED Division of Parks and Recreation</u>   |   | 1.2 State Agency Address<br><u>PO Box 1856, Concord NH03302-1856</u>                    |  |
| 1.3 Contractor Name<br><u>The Student Conservation Association, Inc</u>   |   | 1.4 Contractor Address<br><u>PO Box 550, 689 River Rd, Charlestown NH 03063-0550</u>    |  |
| 1.5 Contractor Phone Number<br><u>603-543-1700 x 132</u>  | 1.6 Account Number<br><u>3720000-102-500731</u> | 1.7 Completion Date<br><u>June 30, 2017</u>   | 1.8 Price Limitation<br><u>\$171,500</u> |
| 1.9 Contracting Officer for State Agency<br><u>Johanna Lyons, Program Specialist</u>  |   | 1.10 State Agency Telephone Number<br><u>603-271-3556 x 218</u>                         |  |
| 1.11 Contractor Signature<br><u>Valerie J. Bailey</u>   |   | 1.12 Name and Title of Contractor Signatory<br><u>Valerie J. Bailey, Vice President</u> |  |
| 1.13 Acknowledgement: State of <u>NH</u> , County of <u>Sullivan</u><br>on <u>12/5/14</u> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12. |   |   |  |
| 1.13.1 Signature of Notary Public or Justice of the Peace<br><u>Camilla R. Bailey</u>   |   |   |  |
| 1.13.2 Name and Title of Notary or Justice of the Peace<br><u>Camilla R. Bailey, Notary Public</u>  |   |   |  |
| 1.14 State Agency Signature<br><u>Jeffrey J. Rose</u>   |   | 1.15 Name and Title of State Agency Signatory<br><u>Jeffrey J. Rose, Commissioner</u>   |  |
| 1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable)<br>By: <u>n/a</u> Director, On:   |   |   |  |
| 1.17 Approval by the Attorney General (Form, Substance and Execution)<br>By: <u>[Signature]</u> On: <u>8/13/15</u>  |   |   |  |
| 1.18 Approval by the Governor and Executive Council<br>By: On:  |   |   |  |



**2. EMPLOYMENT OF CONTRACTOR/SERVICES TO BE PERFORMED.** The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT A which is incorporated herein by reference ("Services").

**3. EFFECTIVE DATE/COMPLETION OF SERVICES.**  
3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, this Agreement, and all obligations of the parties hereunder, shall not become effective until the date the Governor and Executive Council approve this Agreement ("Effective Date").  
3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

**4. CONDITIONAL NATURE OF AGREEMENT.** Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

**5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.**  
5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.  
5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.  
5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

**6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/EQUAL EMPLOYMENT OPPORTUNITY.**  
6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. In addition, the Contractor shall comply with all applicable copyright laws.  
6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.  
6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

**7. PERSONNEL.**  
7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.  
7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.  
7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

Contractor Initials UJF  
Date 12/13/14

**8. EVENT OF DEFAULT/REMEDIES.**

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

- 8.1.1 failure to perform the Services satisfactorily or on schedule;
- 8.1.2 failure to submit any report required hereunder; and/or
- 8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

- 8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;
- 8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;
- 8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or
- 8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

**DATA/ACCESS/CONFIDENTIALITY/RESERVATION.**

9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

**10. TERMINATION.** In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination

Report shall be identical to those of any Final Report described in the attached EXHIBIT A.

**11. CONTRACTOR'S RELATION TO THE STATE.** In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

**12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.** The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written consent of the N.H. Department of Administrative Services. None of the Services shall be subcontracted by the Contractor without the prior written consent of the State.

**13. INDEMNIFICATION.** The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

**14. INSURANCE.**

14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$2,000,000 per occurrence; and

14.1.2 fire and extended coverage insurance covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than fifteen (15) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be

Contractor Initials *U/S*  
Date *5/14*

attached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to endeavor to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than ten (10) days prior written notice of cancellation or modification of the policy.

**15. WORKERS' COMPENSATION.**

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("*Workers' Compensation*").

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

**16. WAIVER OF BREACH.** No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

**17. NOTICE.** Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

**18. AMENDMENT.** This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire.

**19. CONSTRUCTION OF AGREEMENT AND TERMS.**

This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual

intent, and no rule of construction shall be applied against or in favor of any party.

**20. THIRD PARTIES.** The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

**21. HEADINGS.** The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

**22. SPECIAL PROVISIONS.** Additional provisions set forth in the attached EXHIBIT C are incorporated herein by reference.

**23. SEVERABILITY.** In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

**24. ENTIRE AGREEMENT.** This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire Agreement and understanding between the parties, and supersedes all prior Agreements and understandings relating hereto.

State of New Hampshire  
 Department of Resources and Economic Development  
 Division of Parks and Recreation

**INTERPRETIVE SERVICES**

**Exhibit A**

The SCA shall recruit, train, and supervise seven interns who will provide interpretive services for the Division at seven parks; Franconia Notch, Bear Brook, Pawtuckaway, Monadnock, Greenfield, Umbagog Lake and White Lake State Parks. The SCA has secured in-kind funding for one intern and is provided at no-cost to the Division for PY 2015. The dates of service shall be: May 1 – October 31, 2015, January 1 – October 31, 2016 and January 1 – June 30, 2017.

**Exhibit B**

The SCA will invoice the Division by June 30<sup>th</sup> and October 31<sup>st</sup> of each program year.

| Program Year                   | FY 2015                       | FY 2016                       | FY 2017                       | Total     |
|--------------------------------|-------------------------------|-------------------------------|-------------------------------|-----------|
| PY 2015<br>May 2015 – Oct 2015 | (May - June 2015)<br>\$30,000 | (July – Oct 2015)<br>\$30,000 |                               | \$60,000  |
| PY 2016<br>Jan 2016 – Oct 2016 |                               | (Jan - Jun 2016)<br>\$34,500  | (July - Oct 2016)<br>\$38,500 | \$73,000  |
| PY 2017<br>Jan 2017 – Jun 2017 |                               |                               | (Jan-Jun 2017)<br>\$38,500    | \$38,500  |
| Totals                         | \$30,000                      | \$64,500                      | \$77,000                      | \$171,500 |

**Total Contract not to exceed:      \$171,500**

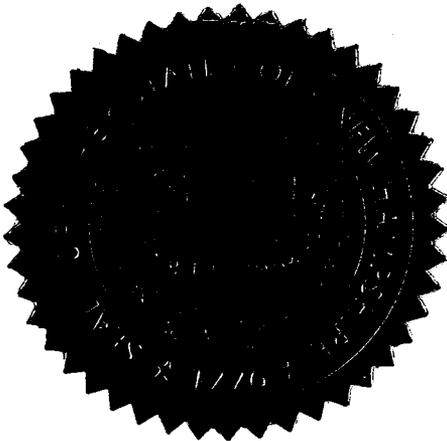
**Exhibit C**

The Division of Parks and Recreation agrees to provide housing for the interns at Spruce Pond camp, Lake Francis, Greenfield State Park, Franconia Notch State Park, Umbagog Lake, Mollidgewock and White Lake State Parks. Interns will be offered the opportunity to camp on-site while offering programming at Pawtuckaway and Monadnock State Park as needed.

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 THE STUDENT CONSERVATION ASSOCIATION, INC., a(n) New York nonprofit corporation, registered to do business in New Hampshire on September 16, 1976. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 15<sup>th</sup> day of December, A.D. 2014

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

William M. Gardner  
Secretary of State

**SCA Board of Directors Resolution Regarding Cooperative Agreements**

**WHEREAS**, pursuant to Article VI, Section 4 of the Bylaws of The Student Conservation Association, Inc. (the "Corporation"), the President is expressly authorized to execute on behalf of the Corporation all cooperative agreements and other contracts requiring such execution except to the extent the signing and execution thereof shall be expressly delegated by the Board of Directors to another agent of the Corporation; and

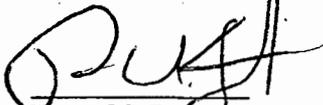
**WHEREAS**, the Board of Directors hereby intends to confer the power to execute on behalf of the Corporation cooperative agreements and other contracts requiring such execution to certain additional duly authorized officers of the Corporation when they do so at the direction of the President; and

**NOW THEREFORE, BE IT RESOLVED**, that, upon the direction of the President/Chief Executive Officer, Jaime Berman Matyas, each of the: Chief Financial Officer, Charles P. Hollands; the Executive Vice President/Assistant Secretary, Valerie Bailey; the Regional Vice President, Robert Coates; and the Senior Vice President for Advancement, Karen Davis; be, and each hereby is, individually authorized, empowered and directed to execute on behalf of the Corporation all cooperative agreements and other contracts requiring such execution, and to make, execute and deliver, under the corporate seal of the Corporation or otherwise, any and all written instruments necessary or proper to effectuate the power and authority hereby conferred.

Dated: October 24, 2014

**CERTIFICATION:**

The foregoing is a true and complete copy of the resolution adopted by the SCA Board of Directors at a regular meeting held on October 24, 2014, and the same has not been amended, modified or withdrawn.



Peter H. Jost

Secretary

Dated: March 12, 2015



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/31/2015

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

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

|   |  |  |
|---|--|--|
| <b>PRODUCER</b><br>Fred C. Church, Inc.<br><br>41 Wellman Street<br><br>Lowell, MA 01851                        | 1-800-225-1865                               | <b>CONTACT NAME:</b> Joan Aucoin<br><b>PHONE (A/C, No, Ext):</b> 978-322-7321<br><b>FAX (A/C, No):</b> 978-454-1865<br><b>E-MAIL ADDRESS:</b> jaucoin@fredchurch.com |
|   | <b>INSURER(S) AFFORDING COVERAGE</b>         |  |
| <b>INSURED</b><br>The Student Conservation Association, Inc.<br><br>689 River Road<br><br>Charlestown, NH 03603 | <b>INSURER A:</b> United Educators Insurance |  |
|   | <b>INSURER B:</b> Hanover Insurance Company  |  |
|   | <b>INSURER C:</b>                            |  |
|   | <b>INSURER D:</b>                            |  |
|   | <b>INSURER E:</b>                            |  |
|   | <b>INSURER F:</b>                            |  |

**COVERAGES**                      **CERTIFICATE NUMBER:** 43437635                      **REVISION NUMBER:**

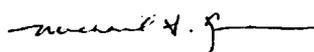
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 INSR | WVD | POLICY NUMBER   | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|----------------|-----|-----------------|-------------------------|-------------------------|--|
| A        | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> <b>CLAIMS-MADE</b> <input checked="" type="checkbox"/> <b>OCCUR</b><br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> <b>POLICY</b> <input type="checkbox"/> <b>PRO-JECT</b> <input type="checkbox"/> <b>LOC</b> |                |     | CGL201500420300 | 04/01/15                | 04/01/16                | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ Included<br>GENERAL AGGREGATE \$ 3,000,000<br>PRODUCTS - COMP/OP AGG \$ Included<br>\$ |
| B        | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> <b>ANY AUTO</b><br><input type="checkbox"/> <b>ALL OWNED AUTOS</b> <input type="checkbox"/> <b>SCHEDULED AUTOS</b><br><input type="checkbox"/> <b>HIRED AUTOS</b> <input type="checkbox"/> <b>NON-OWNED AUTOS</b>   |                |     | AEN9487242      | 04/01/15                | 04/01/16                | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
| A        | <input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> <b>OCCUR</b><br><input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> <b>CLAIMS-MADE</b><br><input type="checkbox"/> <b>DED</b> <input checked="" type="checkbox"/> <b>RETENTION</b> \$ 1,000,000  |                |     | GLX201500420300 | 04/01/15                | 04/01/16                | EACH OCCURRENCE \$ 25,000,000<br>AGGREGATE \$ 25,000,000<br>\$<br>WC STATUTORY LIMITS <input type="checkbox"/> <b>OTHER</b>  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> <b>Y/N</b><br>If yes, describe under DESCRIPTION OF OPERATIONS below  |                | N/A |                 |                         |                         | E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |

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

As required by contract and as their interest may apply, the Certificate Holder is an Additional Insured with respect to General Liability Coverage.

**CERTIFICATE HOLDER****CANCELLATION**

|   |  |
|---|--|
| NH DRED Div of Parks&Recreation<br><br>Johanna Lyons<br>PO Box 1856<br><br>Concord, NH 03302<br><br>USA | 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<br><br>   |

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