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

VICKI V. QUIRAM  
Commissioner  
(603)-271-3201

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

Division of Public Works  
Design and Construction  
Project No. 80817 – Contract C

December 9, 2016

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

**REQUESTED ACTION**

Authorize the Division of Public Works Design and Construction to enter into a contract with Hascall & Hall, Inc., (VC# 219202) Portland, ME, for a total price not to exceed \$75,593, for repointing at the Monadnock Mill Building, Claremont, NH. This contract is effective through June 1, 2017, unless extended in accordance with the contract terms. **99.9% Capital - General Funds, .1% General Funds.**

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

01-14-14-146030-24200000	Monadnock Mills Building	<u>SFY17</u>
	034-500162 – Monadnock Mills Building	\$ 75,532
01-14-14-146010-216700000	Old Mill #1	
	048-500226 – Contractual Maint. Bldg. & Grounds	\$ <u>61</u>
	<b>Grand Total</b>	<b>\$ 75,593</b>

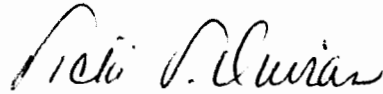
**EXPLANATION**

Per Chapter 220:1, II, B, 2, Laws of 2015 for Monadnock Mill, the project will continue repairing the brick and mortar exterior walls of the Monadnock Mill building and to re-point the stone rubble section of the river retaining wall.

The contractor has been pre-qualified by the Department of Transportation. The contract has been approved by the Attorney General as to form and execution, and the Department of Administrative Services has certified that the necessary funds are available. Copies of the fully executed contract are on file at the Secretary of State's Office and the Department of Administrative Services, Division of Public Works Design and Construction.

Attached please find a copy of the tabulation of bids for this project along with the contract supplemental information sheet.

Respectfully submitted,



Vicki V. Quiram  
Commissioner

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80817, Contract C – Monadnock Mill Re-pointing, 17 Water Street, Claremont.

DESCRIPTION: The State owns a former mill building that borders the Sugar River in Claremont called the Monadnock Mill. The building was renovated by the state into office space and houses state agencies including the department of Health and Human Services, the division of Motor Vehicles and Probation and Parole. This project will continue repairing the brick and mortar exterior walls of the Monadnock Mill building and re-point the stone rubble section of the river retaining wall.

EXPLANATION: This project will be a continuation of the ongoing exterior repairs to the Mill Building. Due to the age of the Mill building, much of the exterior brick has deteriorated over time and needs to be repointed and in some areas replaced all together.

OVER ESTIMATE  
EXPLANATION: The difference between the low bid and the estimate is largely in part because of cost for the type of staging that is required and the level difficulty that will be involved to access the areas of work.

DEPARTMENT  
ESTIMATE: \$60,000  
LOW BID: \$75,593 (negotiated)



# ABC Bid Data

CLAREMONT  
80817 Contract C  
NON-FEDERAL

Division of Public Works

PROJECT: Claremont  
STATE PROJECT NUMBER: 80817 Contract C  
FED. PROJECT NUMBER: NON-FEDERAL  
DATE BIDS OPEN: June 15, 2016, 2:00  
SCOPE OF WORK: Monadnock Mill Repointing replacing and repointing brick masonry on select areas of the Monadnock Mill building  
COMPLETION DATE: October 28, 2016  
LOCATION: Sullivan

## Summary of Bidders

Contractor	Bid Amount	Rank
HASCALL & HALL 273 PRESUMPCOT ST, PO BOX 1838, PORTLAND ME 04104	\$80,593.00	A

*Negotiated*

901 - \$ 271,892.00 -  
 902 - \$ 221,590.00 -  
 903 - \$ 211,211.00 -  
 904 - \$ 4,000.00 -  
 905 - \$ 75,593.00 -

BUREAU OF PUBLIC WORKS

Award to Hascall + Hall  
 Hold for Negotiation  
 Cancel Contract

User Agency NH DAS  
 Authorized by [Signature]  
 Date 07052016

*(pd)*

Item No.	Description	Unit	Quantity	Unit Price	Total	Unit Price	Total

**Items**

901	SOUTH ELEVATION OF TOWER PER PLAN SHEET	U	1,000	\$27,000.00	\$27,000.00	\$27,892.00	\$27,892.00
902	WEST ELEVATION PER PLAN SHEET	U	1,000	\$14,000.00	\$14,000.00	\$22,580.00	\$22,580.00
903	RIVER WALL REPOINTING PER PLAN SHEET	U	1,000	\$15,000.00	\$15,000.00	\$26,121.00	\$26,121.00
904	ALLOWANCE #1 FOR ADDITONS AND MODIFICATIONS	\$	4,000,000	\$1.00	\$4,000.00	\$1.00	\$4,000.00

<b>Totals:</b>	\$80,000.00	\$80,593.00
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June 30, 2016

Mr. Scott Carri, Project Manager  
New Hampshire Department of Administrative Services  
Division of Public Works  
John O. Morton Building, Room 250  
7 Hazen Drive P.O. Box 483  
Concord, New Hampshire 03302-0483

Sent via USPS and e-mail to [SCarri@dot.state.nh.us](mailto:SCarri@dot.state.nh.us)

RE: Monadnock Mill, Claremont, New Hampshire

Hascall & Hall agrees to provide the scope of work in Bid Item #3 as outlined in the Plans and Specifications for Project #80817, Contract C, for a reduced sum of \$21,121.00, which is a \$5,000.00 reduction from the original bid. The reduction was made after deciding to access the river wall area using a single person "man" basket, owned and operated by Hascall & Hall, instead of hiring a staging and scaffolding subcontractor.

The revised breakdown for the project is now as follows:

Bid Item #1	\$27,892.00
Bid Item #2	22,580.00
Bid Item #3	21,121.00
Bid Item #4	<u>4,000.00</u>
Total Base Bid	<u>\$75,593.00</u>

Hascall & Hall agrees to do the Monadnock Mills Re-pointing Project #80817 for \$75,593.00, if performing Items #1 through #4 in total, as these are not stand-alone prices.

Sincerely,

Robert L. Bergeron  
President

RLB/cc



MWJ  
9/20/16

September 13, 2016

Mr. Scott Carri, Project Manager  
New Hampshire Division of Public Works  
John O. Morton Building, Room 250  
7 Hazen Drive P.O. Box 483  
Concord, New Hampshire 03302-0483

Sent via USPS and e-mail to [SCarri@dot.state.nh.us](mailto:SCarri@dot.state.nh.us)

RE: Monadnock Mill Masonry Repairs  
17 Water Street, Claremont, New Hampshire

Dear Mr. Carri:

This letter is to confirm that Hascall & Hall will honor our price of \$75,593.00 for Project # 80817, Contract C, to be performed in the spring of 2017 when the weather allows us to begin.

Hascall & Hall would like to request a new completion date of June 1, 2017. Our intention is to begin work in early April if the temperatures will allow us to do so, and our work scope will take us approximately three to four weeks, weather permitting.

Please don't hesitate to contact us if you have any questions or require any further information.

Sincerely,

Glen O'Donnell  
Estimator

GO/cc



HASCHAL-01

SWING

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/30/2016

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> United Insurance - Portland 470 Forest Avenue Portland, ME 04101	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (207) 797-9400      FAX (A/C, No): (207) 523-8057 E-MAIL: ADDRESS:												
<b>INSURER(S) AFFORDING COVERAGE</b>													
<b>INSURED</b>  Hascall & Hall P.O. Box 1838 Portland, ME 04104	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURER A : <b>Netherlands Insurance Co</b></td> <td style="width: 20%;">NAIC # <b>24171</b></td> </tr> <tr> <td>INSURER B : <b>Peerless Insurance Co</b></td> <td><b>24198</b></td> </tr> <tr> <td>INSURER C : <b>Maine Employers Mutual Insurance Co</b></td> <td><b>11149</b></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER A : <b>Netherlands Insurance Co</b>	NAIC # <b>24171</b>	INSURER B : <b>Peerless Insurance Co</b>	<b>24198</b>	INSURER C : <b>Maine Employers Mutual Insurance Co</b>	<b>11149</b>	INSURER D :		INSURER E :		INSURER F :	
INSURER A : <b>Netherlands Insurance Co</b>	NAIC # <b>24171</b>												
INSURER B : <b>Peerless Insurance Co</b>	<b>24198</b>												
INSURER C : <b>Maine Employers Mutual Insurance Co</b>	<b>11149</b>												
INSURER D :													
INSURER E :													
INSURER F :													

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

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>GL Extension Endorse</b>	<b>X</b>		<b>CBP8654835</b>	<b>04/27/2016</b>	<b>04/27/2017</b>	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER:						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b>
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						MED EXP (Any one person) \$ <b>5,000</b>
	OTHER:						PERSONAL & ADV INJURY \$ <b>1,000,000</b>
							GENERAL AGGREGATE \$ <b>2,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
							<b>CONTRACTUAL</b> \$ <b>1,000,000</b>
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	<b>X</b>		<b>BA8655338</b>	<b>04/27/2016</b>	<b>04/27/2017</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
<b>B</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	<b>X</b>		<b>CU8652042</b>	<b>04/27/2016</b>	<b>04/27/2017</b>	EACH OCCURRENCE \$ <b>5,000,000</b>
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ <b>10,000</b>						AGGREGATE \$ <b>5,000,000</b>
							\$
<b>C</b>	<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	<b>N/A</b>		<b>5101800066-08</b>	<b>01/01/2016</b>	<b>01/01/2017</b>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
							E.L. EACH ACCIDENT \$ <b>500,000</b>
							E.L. DISEASE - EA EMPLOYEE \$ <b>500,000</b>
							E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>

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

Subject to the policy's coverage, conditions, exclusions and endorsements as specified in the policy contract the State of New Hampshire, its Agencies, its Agents and its employees are named Additional Insured for ongoing operations, except for Workers Compensation, in regards to work performed by the Named Insured regarding Monadnock Mill Re-pointing Project No. 80817, Contract C as required by written agreement or contract. A 30 Day Cancellation Notice applies except for Non-Payment of Premium.

The Named Insured is transacting business in the State of New Hampshire as Hascall & Hall, Inc. per their Nov 18, 2016 Corporate Resolution

**CERTIFICATE HOLDER****CANCELLATION**

New Hampshire Department of Administrative Services P O Box 483 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 <i>Sandra L. Wing</i>
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/28/2016

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> United Insurance - Portland 470 Forest Avenue Portland, ME 04101	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>(207) 797-9400</b>		FAX (A/C, No): <b>(207) 523-8057</b>	
	<b>E-MAIL ADDRESS:</b>			
<b>INSURED</b> State of New Hampshire New Hampshire Department of Administrative Services P O Box 483 7 Hazen Drive Concord, NH 03302	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>	
	<b>INSURER A : Peerless Insurance Co</b>		<b>24198</b>	
	<b>INSURER B :</b>			
	<b>INSURER C :</b>			
	<b>INSURER D :</b>			
	<b>INSURER E :</b>			

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

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>Owner's &amp; Contractor</b>  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			GL8324881	08/01/2016	08/01/2017	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COM/OP AGG	\$
								\$
							COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
PROPERTY DAMAGE (Per accident)	\$							
	\$							
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<input type="checkbox"/> <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						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)  
 30 Notice of Cancellation applies except for Non-Payment of Premium  
 Coverage provided by the above policy is applicable to Project# 80817, Contract C

<b>CERTIFICATE HOLDER</b>  Hascall & Hall, Inc P.O. Box 1838 Portland, ME 04104	<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 <i>Sandra L. Wing</i>



**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> United Insurance - Portland		<b>NAMED INSURED</b> State of New Hampshire New Hampshire Department of Administrative Services P O Box 483 7 Hazen Drive Concord, NH 03302	
<b>POLICY NUMBER</b> SEE PAGE 1		<b>EFFECTIVE DATE:</b> SEE PAGE 1	
<b>CARRIER</b> SEE PAGE 1	<b>NAIC CODE</b> SEE P 1		

**ADDITIONAL REMARKS**

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

The Named Insured is transacting business in the State of New Hampshire as  
 Hascall & Hall, Inc. per their Nov 18, 2016 Corporate Resolution



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
11/28/2016

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 <b>United Insurance - Portland</b> 470 Forest Avenue Portland, ME 04101		PHONE (A/C, No, Ext): <b>(207) 797-9400</b>	COMPANY <b>Peerless Insurance Co</b>	
FAX (A/C, No): <b>(207) 523-8057</b>	E-MAIL ADDRESS:			
CODE: <b>8210967</b>	SUB CODE:			
AGENCY CUSTOMER ID #: <b>HASCHAL-01</b>		LOAN NUMBER		POLICY NUMBER <b>IM8325969</b>
INSURED <b>State of New Hampshire, Department of Administrative Services</b> c/o Hascall & Hall P.O. Box 1838 Portland, ME 04104		EFFECTIVE DATE <b>10/1/2016</b>	EXPIRATION DATE <b>10/1/2017</b>	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED: <b>8/3/2016</b>				

### PROPERTY INFORMATION

LOCATION/DESCRIPTION

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
Limit at any one location Limit	\$75,593	1,000
Limit per disaster Limit	\$75,593	1,000
Limit at temporary location Limit	\$58,000	1,000

### REMARKS (Including Special Conditions)

Special Conditions:  
The Named Insured is transacting business in the State of New Hampshire as Hascall & Hall, Inc. per their Nov 18, 2016 Corporate Resolution

Builders Risk for Monadnock Mills Repointing Project# 80817, Contract C, 17 Water Street, Claremont, New Hampshire

### 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  <b>Hascall &amp; Hall</b> P O Box 1838 Portland, ME 04101	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE <i>Sandra L. Wing</i>		