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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 7, 2016

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

**REQUESTED ACTION**

Pursuant to RSA 21-I:80, I(b) 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 \$141,554 to provide services for various park projects upon Governor and Executive Council approval through October 31, 2016. 7% Agency Income (Conservation Plate Fund), 36% Capital Fund, 43% Agency Income (State Park Fund) and 14% Agency Income (CLH Endowment 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:

|  | <b><u>FY 2016</u></b> | <b><u>FY 2017</u></b> |
|--|-----------------------|-----------------------|
| 03-35-35-350010-34050000<br>Conservation Plate Funds<br>048-500226 Contractual Maintenance Build-Grn | \$0                   | \$10,111              |
| 03-35-35-350030-79580000<br>13-195:XIII-A State Park Improvements<br>034-500162 Capital Projects     | \$10,111              | \$40,444              |
| 03-35-35-351510-37200000<br>Service Parks<br>102-500731 Contracts for Program Services               | \$40,444              | \$20,222              |
| 03-35-35-351510-37450000<br>CLH Stewardship Endowment<br>102-500731 Contracts for Program Services   | \$0                   | \$20,222              |
| Totals:  | \$50,555              | \$90,999              |

**EXPLANATION**

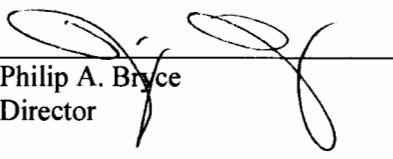
The Student Conservation Association (SCA) is a residential national service program based at Bear Brook State Park which has collaborated with the Division and the Corporation for National Service since 1994. This contract is part of an entire service learning program offered through this partnership. The SCA will recruit, train, and supervise interns who will provide services to the Division for State Park Improvement Projects. The services to be provided will address deferred maintenance, trail maintenance and other necessary projects to improve public recreation areas. These projects include but are not limited to: spring clean-up, scraping and painting buildings, constructing camping and trail shelters, repairing trail bridges, and clearing views. For these reasons and in order to continue this important partnership with the SCA, the Division respectfully requests sole source approval of this contract.

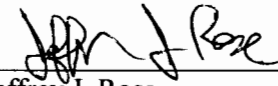
The Attorney General's office has approved this contract as to form, substance and execution.

Respectfully submitted,

Concurred,

*mm*

  
Philip A. Bryce  
Director

  
Jeffrey J. Rose  
Commissioner

PAB/JJR/jjl

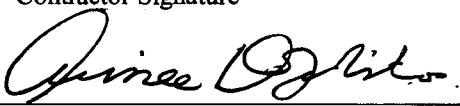
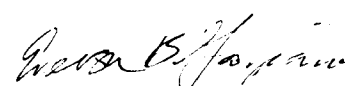
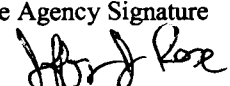
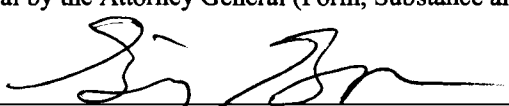
**Notice:** This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

**AGREEMENT**

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

**GENERAL PROVISIONS**

**1. IDENTIFICATION.**

|   |                                    |  |                                   |
|---|------------------------------------|--|-----------------------------------|
| 1.1 State Agency Name<br>DRED Division of Parks and Recreation  |                                    | 1.2 State Agency Address<br>172 Pembroke Rd, Concord NH, 03301   |                                   |
| 1.3 Contractor Name<br>The Student Conservation Association, Inc.   |                                    | 1.4 Contractor Address<br>PO Box 550, 689 River Rd, Charlestown NH 03063-0550  |                                   |
| 1.5 Contractor Phone Number<br>603-543-1700   | 1.6 Account Number<br>See Attached | 1.7 Completion Date<br>October 31, 2016  | 1.8 Price Limitation<br>\$141,554 |
| 1.9 Contracting Officer for State Agency<br>Michael Housman, Supervisor of Parks Operations   |                                    | 1.10 State Agency Telephone Number<br>603-271-3556 x 218   |                                   |
| 1.11 Contractor Signature<br>   |                                    | 1.12 Name and Title of Contractor Signatory<br>Aimee Dobrzeniecki, CFO   |                                   |
| 1.13 Acknowledgement: State of <i>Virginia</i> , County of <i>Arlington</i><br>On <i>2/4/16</i> , 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>[Seal]    |                                    | <div style="border: 2px solid black; padding: 5px; width: fit-content; margin: 0 auto;">                     EMERSON B. GAZIANO<br/>                     NOTARY PUBLIC<br/>                     REGISTRATION # 7621701<br/>                     COMMONWEALTH OF VIRGINIA<br/>                     MY COMMISSION EXPIRES<br/>                     APRIL 30, 2018                 </div> |                                   |
| 1.13.2 Name and Title of Notary or Justice of the Peace<br><i>Emerson Gaziano, Manager of Executive Operations</i>  |                                    |  |                                   |
| 1.14 State Agency Signature<br>  |                                    | 1.15 Name and Title of State Agency Signatory<br>Jeffrey J. Rose, Commissioner   |                                   |
| Date: <i>3/8/16</i>   |                                    |  |                                   |
| 1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable)<br>By: <i>N/A</i> Director, On:   |                                    |  |                                   |
| 1.17 Approval by the Attorney General (Form, Substance and Execution) (if applicable)<br>By:  On: <i>3/21/16</i>   |                                    |  |                                   |
| 1.18 Approval by the Governor and Executive Council (if applicable)<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, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.18, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.14 ("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. This may include the requirement to utilize auxiliary aids and services to ensure that persons with communication disabilities, including vision, hearing and speech, can communicate with, receive information from, and convey information to the Contractor. 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.

#### **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.

#### **9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.**

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 notice and consent of the State. None of the Services shall be subcontracted by the Contractor without the prior written notice and 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 \$1,000,000 per occurrence and \$2,000,000 aggregate; and

14.1.2 special cause of loss coverage form 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 thirty (30) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than thirty (30) 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 unless no

such approval is required under the circumstances pursuant to State law, rule or policy.

**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**

**SCA NH Corps Conservation Services**

**EXHIBIT A**

**I. Conservation Crew Projects – Historic Sites Fund**

The Student Conservation Association, Inc. (SCA) shall provide a 6 person crew for one 10-day hitch to replace steps on the Nansen Ski Jump and remove invasive plants and clear brush at Weeks State Park.

**II. State Park Improvement Projects – Capital Fund**

The SCA shall provide a 6 person crew for five 10-day hitches to scrape, prime and paint various state park buildings and to construct rain shelters and trail bridges, and to perform other projects as assigned by the Supervisor of Park Operations. Other projects performed must benefit the long-term investment into our assets.

The Division of Parks and Recreation shall provide all necessary supplies and materials.

**III. Conservation Crew Projects – Park Fund**

The SCA shall provide the following:

- a) Spring Cleanup – Three 6 person crews for a 10-day hitch to assist the park managers with spring cleanup such as hazardous tree removal, raking campsites, and prep work for season opening; and
- b) Various State Park Projects – Three 6 person crews for a 10-day hitch to construct camping shelters and repair stone steps and retaining wall, and to perform other projects as assigned by the Supervisor of Park Operations.

The Division of Parks and Recreation shall provide all necessary supplies and materials.

**IV. CLH – Stewardship Endowment**

The SCA shall provide two 6 person crews for two 10-day hitches to reestablish the Deer Mountain trail to the Deer Mountain fire tower.

The Division of Parks and Recreation shall provide all necessary supplies and materials.

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

**EXHIBIT B**

**Contract Price:**

|  |           |
|--|-----------|
| <b>I. Conservation Crew Projects – Historic Sites Fund</b>       |           |
| Nansen Ski Jump - Stair replacement                              | \$10,111  |
| Weeks State Park – View clearing                                 |           |
| Sub-Total I:   | \$10,111  |
| <b>II. State Park Improvement Projects – Capital Fund</b>        |           |
| Flume – Replace 3 rain shelters                                  | \$20,222  |
| Crawford Notch – Replace Arethusa Falls Trail bridge             | \$10,111  |
| Pillsbury – Replace 5 Summers Trail bridge                       | \$10,111  |
| Monadnock/Greenfield - Painting                                  | \$10,111  |
| Sub-Total II:  | \$50,555  |
| <b>III. Conservation Crew Projects – Park Fund</b>               |           |
| Spring Cleanup (3 crews)   | \$30,333  |
| White Lake & Crawford Notch – Construct 2 camping shelters       | \$20,111  |
| Mollidgewock – New stairs and retaining wall                     | \$10,111  |
| Sub-Total III:   | \$60,666  |
| <b>IV. Conservation Crew Project – CLH Stewardship Endowment</b> |           |
| Deer Mountain Trail (2 crews)                                    | \$20,222  |
| Sub-Total IV:  | \$20,222  |
| Contract Total:  | \$141,554 |

**Method of Payment:**

The SCA shall provide the Division of Parks and Recreation with an itemized invoice at the completion of each hitch and/or project as provided in the Contract Price above.

**Term:**

This contract shall commence upon approval of Governor and Executive Council with a completion date of October 31, 2016.

**EXHIBIT C**

There are no special or additional provisions to this contract.



# 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 Gardner".

William M. Gardner  
Secretary of State



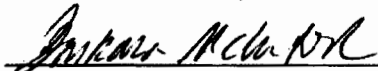
## SCA Board of Directors Resolution Regarding Cooperative Agreements

**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, 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@fredcchurch.com   |
| <b>INSURED</b><br>The Student Conservation Association, Inc.<br>689 River Road<br>Charlestown, NH 03603 | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> United Educators Insurance<br><b>INSURER B:</b> Hanover Insurance Company<br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><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 ISBR 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>GENL 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 - COMPOP 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>HIREN 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        | <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 STATU-TORY LIMITS <input type="checkbox"/> <b>OTH-ER</b>   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> <b>Y/N</b><br>(Mandatory in NH)<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**

DRED Div of Parks&amp;Recreation

 hanna Lyons  
 ) Box 1856

mcord, NH 03302

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

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ACORD 25 (2010/05)

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437635



# 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><br>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><br>23035             |
|   | <b>INSURER B :</b>  |                                    |
|   | <b>INSURER C :</b>  |                                    |
|   | <b>INSURER D :</b>  |                                    |
|   | <b>INSURER E :</b>  |                                    |
|   | <b>INSURER F :</b>  |                                    |

**COVERAGES**                      **CERTIFICATE NUMBER:** 232502912                      **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    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     | N / A    | WC2Z11253482016 | 3/20/2016               | 3/20/2017               | X PER STATUTE    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>New Hampshire D.R.E.D<br>Attn: Johanna Lyons<br>P O Box 186<br>Concord NH 03302 | <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> |
|--|--|