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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. 80897 – Contract B

November 23, 2016

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

**REQUESTED ACTION**

1). Authorize the Division of Public Works Design and Construction to enter into a contract with D. L. King & Associates, Inc. (VC# 168979) Nashua, NH, for a total price not to exceed \$198,500, for the New Hampshire State House Improvements – Exterior Painting, Concord, NH. This contract is effective through September 28, 2018, unless extended in accordance with the contract terms. **100% Capital - General Funds.**

2). Further authorize that a contingency in the amount of \$20,000 be approved for unanticipated structural expenses for the New Hampshire State House Improvements – Exterior Painting, bringing the total to \$218,500. **100% Capital - General Funds.**

3). Further authorize pursuant to Chapter 220:13, Laws of 2015, the amount of \$15,700 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC# 177875), Capital Clerk for oversight and engineering services provided, bringing the total to \$234,200. **100% Capital – General Funds.**

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

|                          |   |                     |
|--------------------------|---|---------------------|
| 01-14-14-146030-49750000 | State House and Upham<br>Walker House Repairs | <b><u>SFY17</u></b> |
|                          | 034-500162 – Repair/Renovations Bldgs.        | \$198,500           |
|                          | 034-500162 – Contingency                      | \$ 20,000           |
|                          | 034-500162 – Interagency Fees - DPW           | <u>\$ 15,700</u>    |
|                          | <b>Grand Total</b>                            | <b>\$234,200</b>    |

**EXPLANATION**

Per Chapter 220:1, II, B, 8, Laws of 2015 for the State House and Upham Walker House Repairs, the project includes preparation and painting of all the exterior windows of the perimeter and courtyard walls. The work also includes preparation and painting of the Portico ceiling at the east entrance to the State House.

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, Bureau 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

|                      |                  |
|----------------------|------------------|
| Department Estimate: | \$185,000        |
| Contract Amount:     | <u>\$198,500</u> |
| Over Estimate:       | \$ 13,500        |

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 80897R, Contract B – New Hampshire State House Improvements – Exterior Painting, Concord

DESCRIPTION: Work of the project includes preparation and painting of all the exterior windows of the perimeter and courtyard walls. The work also includes preparation and painting of the Portico ceiling at the east entrance to the State House.

EXPLANATION: The paint is peeling and moisture is getting into the wood, leading to deterioration. If left unrepaired, water infiltration could lead to further damage of these historical windows and building entrance.

OVER ESTIMATE

EXPLANATION: The low bid is within 7% of the engineering estimate which is considered within industry standards.

DEPARTMENT

ESTIMATE: \$185,000

LOW BID: \$198,500



# ABC Bid Data

CONCORD  
80897, Contract B  
NON-FEDERAL

PROJECT: CONCORD  
STATE PROJECT NUMBER: 80897, Contract B  
FED. PROJECT NUMBER: NON-FEDERAL  
DATE BIDS OPEN: October 26, 2016, 02:00 PM  
SCOPE OF WORK: NH STATE HOUSE IMPROVEMENTS-EXTERIOR PAINTING  
COMPLETION DATE: September 28, 2018  
LOCATION: Merrimack

## Summary of Bidders

| Contractor   | Bid Amount   | Rank |
|--|--------------|------|
| D. L. KING & ASSOCIATES INC.<br>27 TANGLEWOOD DRIVE, NASHUA NH 03062-1044<br>AULSON COMPANY LLC<br>49 DANTON DR, STE 201, METHUEN MA 01844 | \$198,500.00 | A    |
|  | \$227,555.00 | B    |

901...  
902...  
10255201  
1735201  
1981300  
H

BUREAU OF PUBLIC WORKS  
 Award to DL Kingst Assoc. Inc.  
 Hold for Negotiation  
 Cancel Contract  
User Agency NH DAS  
Authorized by [Signature]  
Date 10/26/16

ipd ✓

| Item No. | Description | Unit | Quantity | PS&E       |       | D. L. KING & ASSOCIATES<br>INC.<br>27 TANGLEWOOD DRIVE<br>NASHUA, NH 03062-1044 | AULSON COMPANY LLC<br>49 DANTON DR, STE 201<br>METHUEN, MA 01844 |
|----------|-------------|------|----------|------------|-------|---|--|
|          |             |      |          | Unit Price | Total |   |  |

|     |   |    |            |              |              |              |              |              |              |
|-----|---|----|------------|--------------|--------------|--------------|--------------|--------------|--------------|
| 901 | EXTERIOR PREPARATION AND PAINTING OF<br>ALL WINDOWS AND THE PORTICO AT THE<br>STATE HOUSE | U  | 1,000      | \$160,000.00 | \$160,000.00 | \$173,500.00 | \$173,500.00 | \$202,555.00 | \$202,555.00 |
| 902 | ALLOWANCE #1 (SEE SPECIFICATION SECTION<br>01200 FOR DESCRIPTION)                         | \$ | 25,000.000 | \$1.00       | \$25,000.00  | \$1.00       | \$25,000.00  | \$1.00       | \$25,000.00  |

Totals: \$185,000.00 \$198,500.00 \$227,555.00



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/9/2016

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><b>THE ROWLEY AGENCY INC.</b><br>45 Constitution Avenue<br>P.O. Box 511<br>Concord NH 03302-0511 | <b>CONTACT NAME:</b> Renee Skillings<br><b>PHONE (A/C, No, Ext):</b> (603) 224-2562<br><b>FAX (A/C, No):</b> (603) 224-8012<br><b>E-MAIL ADDRESS:</b> rskillings@rowleyagency.com  |                               |        |  |  |  |       |            |  |            |  |            |  |            |
|---|--|-------------------------------|--------|--|--|--|-------|------------|--|------------|--|------------|--|------------|
|   | <table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A <b>Arbella Insurance Group</b></td> <td></td> </tr> <tr> <td>INSURER B <b>Arbella Protection Ins Co</b></td> <td>41360</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 <b>Arbella Insurance Group</b> |  | INSURER B <b>Arbella Protection Ins Co</b> | 41360 | INSURER C: |  | INSURER D: |  | INSURER E: |  | INSURER F: |
| INSURER(S) AFFORDING COVERAGE   | NAIC #   |                               |        |  |  |  |       |            |  |            |  |            |  |            |
| INSURER A <b>Arbella Insurance Group</b>  |  |                               |        |  |  |  |       |            |  |            |  |            |  |            |
| INSURER B <b>Arbella Protection Ins Co</b>  | 41360  |                               |        |  |  |  |       |            |  |            |  |            |  |            |
| INSURER C:  |  |                               |        |  |  |  |       |            |  |            |  |            |  |            |
| INSURER D:  |  |                               |        |  |  |  |       |            |  |            |  |            |  |            |
| INSURER E:  |  |                               |        |  |  |  |       |            |  |            |  |            |  |            |
| INSURER F:  |  |                               |        |  |  |  |       |            |  |            |  |            |  |            |
| <b>INSURED</b><br><b>D.L. King &amp; Associates, Inc.</b><br>27 Tanglewood Drive<br>Nashua NH 03062                 |  |                               |        |  |  |  |       |            |  |            |  |            |  |            |

**COVERAGES**                      **CERTIFICATE NUMBER: 16-17 All lines**                      **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><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | 8500062916   | 9/3/2016                | 9/3/2017                | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| B        | <input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS   |           |          | 1020032951   | 9/3/2016                | 9/3/2017                | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$  |
| A        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b><br><input type="checkbox"/> EXCESS LIAB<br>OCCUR CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ 10,000   |           |          | 4600062918   | 9/3/2016                | 9/3/2017                | EACH OCCURRENCE \$ 3,000,000<br>AGGREGATE \$ 3,000,000   |
| B        | <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      | 9126050915<br>3A States: NH/MA<br>Excluded Officers:<br>Donna & Arthur King, Jr. | 9/3/2016                | 9/3/2017                | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                |
| A        | <b>LEASED/RENTED EQUIPMENT</b>   |           |          | 8500062916   | 9/3/2016                | 9/3/2017                | LIMIT 30,000<br>DED 500  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Project #80897, Contract B, NH State House improvements-exterior painting, 107 N. Main Street, Concord, NH

It is agreed and understood The State of NH Dept of Administrative Services is included as additional insured with regard to general liability when required by written contract.

|   |   |
|---|---|
| <b>CERTIFICATE HOLDER</b><br>(603) 271-6758                      mdrouin@dot.state.nh.us<br><br>State of New Hampshire<br>Dept of Administrative Services<br>7 Hazen Drive<br>Concord, NH 03301 | <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>Renee Skillings/RLS <i>Renee L. Skillings</i> |
|---|---|



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/9/2016

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|  |   |               |
|--|---|---------------|
| <b>PRODUCER</b><br>THE ROWLEY AGENCY INC.<br>45 Constitution Avenue<br>P.O. Box 511<br>Concord NH 03302-0511                                       | <b>CONTACT NAME:</b> Renee Skillings<br><b>PHONE (A/C, No, Ext):</b> (603) 224-2562<br><b>FAX (A/C, No):</b> (603) 224-8012<br><b>E-MAIL ADDRESS:</b> rskillings@rowleyagency.com |               |
|  | <b>INSURER(S) AFFORDING COVERAGE</b>  |               |
| <b>INSURED</b><br>State of New Hampshire Dept of Administrative Svcs<br>c/o D.L. King & Associates, Inc.<br>27 Tanglewood Drive<br>Nashua NH 03062 | <b>INSURER A:</b> Great American  |               |
|  | <b>INSURER B:</b>   |               |
|  | <b>INSURER C:</b>   |               |
|  | <b>INSURER D:</b>   |               |
|  | <b>INSURER E:</b>   |               |
| <b>INSURER F:</b>  |   | <b>NAIC #</b> |

**COVERAGES**                      **CERTIFICATE NUMBER:** 16-18 OCP #80897B                      **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        | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> <b>Owners &amp; Contractors</b><br><input type="checkbox"/> <b>Protective Liability</b><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |            | OCP11142016   | 11/14/2016              | 11/14/2017              | EACH OCCURRENCE                      \$ 2,000,000                 |
|          |  |           |            |   |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)                      \$ |
|          |  |           |            |   |                         |                         | MED EXP (Any one person)                      \$                  |
|          |  |           |            |   |                         |                         | PERSONAL & ADV INJURY                      \$                     |
|          |  |           |            | GENERAL AGGREGATE                      \$ 4,000,000 |                         |                         |   |
|          |  |           |            | PRODUCTS - COMP/OP AGG                      \$      |                         |                         |   |
|          |  |           |            |   |                         |                         | \$  |
|          | <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)                      \$       |
|          |  |           |            |   |                         |                         | BODILY INJURY (Per person)                      \$                |
|          |  |           |            |   |                         |                         | BODILY INJURY (Per accident)                      \$              |
|          |  |           |            |   |                         |                         | PROPERTY DAMAGE (Per accident)                      \$            |
|          |  |           |            |   |                         |                         | \$  |
|          | <input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED                      RETENTION \$  |           |            |   |                         |                         | EACH OCCURRENCE                      \$                           |
|          |  |           |            |   |                         |                         | AGGREGATE                      \$                                 |
|          |  |           |            |   |                         |                         | \$  |
|          | <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/A |   |                         |                         | 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)  
RE: Project #80897, Contract B - NH State House improvements-exterior painting

|  |   |
|--|---|
| <b>CERTIFICATE HOLDER</b><br><br>State of New Hampshire<br>Department of Administrative Services<br>7 Hazen Drive<br>Concord, NH 03301 | <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. |
|  | AUTHORIZED REPRESENTATIVE<br><br>Renee Skillings/RLS <i>Renee L. Skillings</i>  |



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

11/9/2016

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

|   |   |                                      |
|---|---|--------------------------------------|
| <b>PRODUCER</b><br><b>THE ROWLEY AGENCY INC.</b><br>45 Constitution Avenue<br>P.O. Box 511<br>Concord NH 03302-0511 | <b>CONTACT NAME:</b> Renee Skillings        |                                      |
|   | <b>PHONE (A/C, No, Ext):</b> (603) 224-2562 | <b>FAX (A/C, No):</b> (603) 224-8012 |
| <b>E-MAIL ADDRESS:</b> rskillings@rowleyagency.com  |   |                                      |
| <b>PRODUCER CUSTOMER ID:</b> 00007629   |   |                                      |
| <b>INSURER(S) AFFORDING COVERAGE</b>  |   | <b>NAIC #</b>                        |
| <b>INSURER A:</b> Peerless Insurance Co.  |   | 24198                                |
| <b>INSURER B:</b>   |   |                                      |
| <b>INSURER C:</b>   |   |                                      |
| <b>INSURER D:</b>   |   |                                      |
| <b>INSURER E:</b>   |   |                                      |
| <b>INSURER F:</b>   |   |                                      |

**COVERAGES**                      **CERTIFICATE NUMBER:** 16-18 BR #80897B                      **REVISION NUMBER:**

**LOCATION OF PREMISES / DESCRIPTION OF PROPERTY** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Project #80897, Contract B, NH State House improvements-exterior painting, 107 N. Main St., Concord, NH

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                   |  | POLICY NUMBER        | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | COVERED PROPERTY                                      | LIMITS     |
|----------|-------------------------------------|--|----------------------|------------------------------------|-------------------------------------|---|------------|
|          | <input type="checkbox"/>            | PROPERTY                                 |                      |                                    |                                     | BUILDING  | \$         |
|          | <input type="checkbox"/>            | CAUSES OF LOSS                           |                      |                                    |                                     | PERSONAL PROPERTY                                     | \$         |
|          | <input type="checkbox"/>            | BASIC                                    |                      |                                    |                                     | BUSINESS INCOME                                       | \$         |
|          | <input type="checkbox"/>            | BROAD                                    |                      |                                    |                                     | EXTRA EXPENSE   | \$         |
|          | <input type="checkbox"/>            | SPECIAL                                  |                      |                                    |                                     | RENTAL VALUE  | \$         |
|          | <input type="checkbox"/>            | EARTHQUAKE                               |                      |                                    |                                     | BLANKET BUILDING                                      | \$         |
|          | <input type="checkbox"/>            | WIND                                     |                      |                                    |                                     | BLANKET PERS PROP                                     | \$         |
|          | <input type="checkbox"/>            | FLOOD                                    |                      |                                    |                                     | BLANKET BLDG & PP                                     | \$         |
|          | <input type="checkbox"/>            |  |                      |                                    |                                     |   | \$         |
|          | <input type="checkbox"/>            |  |                      |                                    |                                     |   | \$         |
| <b>A</b> | <input checked="" type="checkbox"/> | INLAND MARINE                            | TYPE OF POLICY       |                                    |                                     | <input checked="" type="checkbox"/> JOBSITE           | \$ 198,500 |
|          | <input type="checkbox"/>            | CAUSES OF LOSS                           | <b>BUILDERS RISK</b> |                                    |                                     | <input checked="" type="checkbox"/> TRANSIT           | \$ 99,250  |
|          | <input type="checkbox"/>            | NAMED PERILS                             | POLICY NUMBER        |                                    |                                     | <input checked="" type="checkbox"/> TEMPORARY STORAGE | \$ 99,250  |
|          | <input type="checkbox"/>            |  | <b>BR11142016</b>    | <b>11/14/2016</b>                  | <b>11/14/2017</b>                   | <input checked="" type="checkbox"/> SOFT COSTS        | \$ 50,000  |
|          | <input type="checkbox"/>            | CRIME                                    |                      |                                    |                                     |   | \$         |
|          | <input type="checkbox"/>            | TYPE OF POLICY                           |                      |                                    |                                     |   | \$         |
|          | <input type="checkbox"/>            |  |                      |                                    |                                     |   | \$         |
|          | <input type="checkbox"/>            | BOILER & MACHINERY / EQUIPMENT BREAKDOWN |                      |                                    |                                     |   | \$         |
|          | <input type="checkbox"/>            |  |                      |                                    |                                     |   | \$         |
| <b>A</b> | <input type="checkbox"/>            | BUILDERS RISK CONTINUED                  | <b>BR11142016</b>    | <b>11/14/2016</b>                  | <b>11/14/2017</b>                   | <input checked="" type="checkbox"/> EARTHQUAKE        | \$ 198,500 |
|          | <input type="checkbox"/>            |  |                      |                                    |                                     | <input checked="" type="checkbox"/> SEWER BACKUP      | \$ 99,250  |

**SPECIAL CONDITIONS / OTHER COVERAGES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**RE:** Project #80897, Contract B - NH State House improvements-exterior painting

**CERTIFICATE HOLDER**

State of New Hampshire  
 Department of Administrative Services  
 7 Hazen Drive  
 Concord, NH 03301

**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

Skillings, Renee