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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. 80872 – Contract B

October 5, 2016

Her Excellency, Governor Margaret Wood Hassan  
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 Brookstone Builders, Inc. (VC# 155834), Manchester, NH, for a total price not to exceed \$842,600, for the Pharmacy and Miscellaneous Office Renovations at New Hampshire Hospital, Concord, NH. This contract is effective upon Governor and Council approval through July 31, 2017, unless extended in accordance with the contract terms. **99.95% Capital - General Funds, 4% Federal Funds, .01% General Operating Funds.**
- 2). Further authorize that a contingency in the amount of \$70,000 be approved for unanticipated expense for the Pharmacy and Miscellaneous Office Renovations at New Hampshire Hospital, bringing the total to \$912,600. **100% Capital - General Funds.**
- 3). Further authorize pursuant to 220:13, Laws of 2015, the amount of \$33,500 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 \$946,100. **100% Capital – General Funds.**
- 4). Further authorize the amount of \$1,500 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC# 177875), for engineering services provided, bringing the total to \$947,600. **96% Capital – Funds, 4% Federal Funds.**

Funding is available in account titled Department of Health and Human Services (NH Hospital) as follows:

05-94-94-940030-52740000 NHH Renovations	<u>SFY17</u>
034-500162 – Repair/Renovations Bldgs.	\$ 698,900
034-500162 – Contingency	70,000
034-500162 - Interagency DPW Fees	<u>33,500</u>
Sub-Total	\$ 802,400
05-94-94-940010-84100000 NHH – Facility/Patient Support	
048-500226 – Repair/Renovations Bldgs.	\$ 135,000
048-500226 – Interagency DPW Fees	<u>\$ 1,500</u>
Sub-Total	\$ 136,500
05-95-95-953010-56850000 Management Support	
103-500736 – Contract Repairs, Building/Grounds	\$ 8,700
<b>Grand Total</b>	<b>\$ 947,600</b>

#### **EXPLANATION**

Per Chapter 220:1, VII, L for New Hampshire Hospital Renovations. This project consists of furnishing all construction services and materials necessary and required to complete the demolition and renovation of various first floor spaces to include the Pharmacy and various office spaces at the Acute Psychiatric Services Building, Hugh J. Gallen State Office Park, Concord, NH in accordance with the contract documents and specification. This includes, but is not limited to the demolition and construction of a new Pharmacy, various office spaces along with the associated mechanical, electrical, plumbing and fire protection work.

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 Health and Human Services – New Hampshire Hospital 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.

Her Excellency, Governor Margaret Wood Hassan  
and the Honorable Council  
October 5, 2016  
Page 3 of 3

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

Respectfully submitted,

A handwritten signature in black ink, reading "Vicki V. Quiram". The signature is written in a cursive style with a large, looping initial "V".

Vicki V. Quiram,  
Commissioner

## CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80872, Contract B Pharmacy and Miscellaneous Office Renovations

DESCRIPTION: Work of the Project consists of furnishing all construction services and materials necessary and required to complete the demolition and renovation of various first floor spaces to include the Pharmacy and various office spaces at the Acute Psychiatric Services Building, Hugh J. Gallen State Office Park, Concord, New Hampshire in accordance with the contract documents and specification. This includes, but is not limited to the demolition and construction of a new Pharmacy, various office spaces along with the associated mechanical, electrical, plumbing and fire protection work.

EXPLANATION: The existing location of the Pharmacy has been problematic in Board of Pharmacy and Joint Commission surveys due to its remote location. It does not provide for proper security of medication inventories; and does not fully comply with the new drug diversion standards. The relocation of this space requires adjacent spaces to be renovated to accommodate the new configuration. The work of this contract also renovates an existing lobby restroom to provide two accessible restrooms for the public.

### UNDER ESTIMATE

EXPLANATION: The bids were all well below the estimate. This could be because there were a total of nine contractors who pulled plans for bidding. Ultimately only four submitted bids, with the average bid 10 percent below the estimate. The bids ranged from \$737,600 to \$920,635.

### ALTERNATES

EXPLANATION: Two alternates were included for this project; renovation of the Psychology/Neuropsychology space and the X-Ray Diagnostic space. These were included as alternates and due to the lower than anticipated base bid we have decided to accept the alternates in the scope of work.

### DEPARTMENT

Base Bid ESTIMATE:	\$954,000 (without alternates)
LOW Base BID:	\$737,600 (without alternates)
Total Project Estimate:	\$1,103,800 (including alternates)
Total Project Cost:	\$842,600 (including alternates)



Division of Public Works

# ABC Bid Data

CONCORD  
80872 Contract B  
NON-FEDERAL

PROJECT: CONCORD  
STATE PROJECT NUMBER: 80872 Contract B  
FED. PROJECT NUMBER: NON-FEDERAL  
DATE BIDS OPEN: August 10, 2016, 02:00 PM  
SCOPE OF WORK: Pharmacy and Miscellaneous Office Renovations  
COMPLETION DATE: July 31, 2017  
LOCATION: Merrimack

## Summary of Bidders

Contractor	Bid Amount	Rank
BROOKSTONE BUILDERS, INC. 600 HARVEY ROAD, MANCHESTER NH 03103-3320	\$ 737,600.00	A
TRUMBULL-NELSON CONST CO., INC 200 LEBANON STREET, PO BOX 1000, HANOVER NH 03755	\$ 920,635.00	B
CHARTERS BROTHERS CONST LLC 27 MAIN STREET, DANVILLE NH 03819	\$ 913,503.00	C

Item 901 = \$553,900.  
 " 902 = \$115,000.  
 " 903 = \$8,200.  
 " 904 = \$40,000.  
 " 905 = \$20,000.  
 \$737,600.  
 Plus AHS: 991 = \$70,000.  
 992 = \$35,000.  
 \$842,600.

BUREAU OF PUBLIC WORKS  
 Award to Brookstone Builders, Inc  
 Hold for Negotiation  
 Cancel Contract  
 User Agency HHS  
 Authorized by [Signature]  
 Date 08232016  
 ipd ✓

PS&E	Brookstone Builders Inc. 600 Harvey Road Manchester NH 03103	Chertiers Brothers Const LLC 27 Main Street Danville, NH 03819	Triumbull-Nelson Const Co Inc. 200 Lebanon Street Hanover NH 03755

Item No.	Description	Unit	Quantity	Unit Price	Total	Unit Price	Total	Unit Price	Total
<b>ITEMS</b>									
901	Renovations of First Floor Office Per Contract Plans and Specs	U	1.00	\$ 716,900.00	\$ 716,900.00	\$ 553,900.00	\$ 553,900.00	\$ 681,503.00	\$ 681,503.00
902	Renovation of First Floor Adjacent Areas Per Contract Plans and Specs	U	1.00	\$ 164,300.00	\$ 164,300.00	\$ 115,000.00	\$ 115,000.00	\$ 163,750.00	\$ 163,750.00
903	Sprinkler Work in Pharmacy/Office Renovations Per Contract Plans and Specs	U	1.00	\$ 12,800.00	\$ 12,800.00	\$ 8,700.00	\$ 8,700.00	\$ 8,250.00	\$ 8,250.00
904	Allowance #1 for Bid Item #1- Pharmacy/Office Renovations	\$	40,000.00	\$ 1.00	\$ 40,000.00	\$ 1.00	\$ 40,000.00	\$ 1.00	\$ 40,000.00
905	Allowance #2 for Bid Item #2 - Restrooms/Gift Shop Renovations	\$	20,000.00	\$ 1.00	\$ 20,000.00	\$ 1.00	\$ 20,000.00	\$ 1.00	\$ 20,000.00
					\$ 954,000.00		\$ 737,600.00		\$ 913,503.00
<b>LUMP SUM GRAND TOTAL</b>									
991	Alternate #1 Psychology/Neuropsychology	U	1.00	\$ 113,800.00	\$ 113,800.00	\$ 70,000.00	\$ 70,000.00	\$ 70,000.00	\$ 70,000.00
992	Alternate #2 X-ray/Diagnostics	U	1.00	\$ 36,000.00	\$ 36,000.00	\$ 35,000.00	\$ 35,000.00	\$ 60,000.00	\$ 60,000.00
					\$ 1,033,800.00		\$ 842,600.00		\$ 1,043,503.00
<b>TOTAL WITH ALTERNATES</b>									



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/24/2016

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> THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 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																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Firemen's Ins Co of Wash. DC</td> <td></td> <td>21784</td> </tr> <tr> <td>INSURER B: Acadia Insurance Company</td> <td></td> <td>31325</td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: Firemen's Ins Co of Wash. DC		21784	INSURER B: Acadia Insurance Company		31325	INSURER C:			INSURER D:			INSURER E:			INSURER F:	
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<b>INSURED</b> Brookstone Builders Inc. 600 Harvey Road Manchester NH 03103																					

**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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual per CG0001 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:		CPA5071222-13	1/1/2016	1/1/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		CAA5071223-13	1/1/2016	1/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0		CUA5071225-13	1/1/2016	1/1/2017	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N N/A	WPA5071226-13 3A STATES: NH/MA/ME	1/1/2016	1/1/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	LEASED/RENTED EQUIPMENT		CPA5071222-13	1/1/2016	1/1/2017	LIMIT 100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Re: Project #80872 Contract B; Pharmacy & Miscellaneous Office Renovations  
 Certificate Holder and Owner are additional insured with respects to General Liability, Automobile, and Umbrella coverage, as required by written contract.

<b>CERTIFICATE HOLDER</b> NH Department of Administrative Services 25 Capitol Street Concord, NH 03301	<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 Renee Skillings/RLS <i>Renee L. Skillings</i>



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

9/13/2016

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 THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511		PHONE (A/C, No, Ext): (603) 224-2562	COMPANY Acadia Insurance Company One Acadia Commons P.O. Box 9010 Westbrook ME 04098-5010	
FAX (A/C, No): (603) 224-8012	E-MAIL ADDRESS: ehorner@rowleyagency.com			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #: 00006540		LOAN NUMBER		POLICY NUMBER BR101516
INSURED Brookstone Builders Inc., State of NH DOT Dept of Admin Svcs & all subs 600 Harvey Road Manchester NH 03103		EFFECTIVE DATE 10/15/2016	EXPIRATION DATE 10/15/2017	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

## PROPERTY INFORMATION

LOCATION/DESCRIPTION Loc# 00001/Bldg# 00001 NH Hospital - Project #80872 - Contract B 36 Clinton St. Concord, NH 03301
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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
Job Specific Builders Risks with Renovations	1,103,800	1,000
Special form - Catastrophe limit	1,603,800	1,000
Earthquake	1,000,000	25,000
Flood	1,000,000	25,000
Temporary Storage Limit	250,000	1,000
In Transit Limit	250,000	1,000

## REMARKS (Including Special Conditions)

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## 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

Insured	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
LOAN #		
AUTHORIZED REPRESENTATIVE Renee Skillings/RLS <i>Renee L. Skillings</i>		



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/13/2016

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<b>PRODUCER</b> THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 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>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Brookstone Builders Inc.; State of NH DOT; Dept of Admin Svcs 600 Harvey Road Manchester NH 03103	<b>INSURER A:</b> Acadia Insurance Company <b>NAIC #:</b> 31325	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** OCP NH Hospital #80872B      **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> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>Owner &amp; Contractors</b> <b>Protective Liability</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			OCP101516	10/15/2016	10/15/2017	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 - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED 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"/> <b>EXCESS LIAB</b> OCCUR CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<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)**  
 Re: Project #80872 - Contract B; Pharmacy & Misc Office Renovations at NH Hospital, 36 Clinton Street, Concord, NH

<b>CERTIFICATE HOLDER</b> State of NH Department of Administrative Services 23 Hazen Drive Concord, NH 03301	<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 Renee Skillings/RLS <i>Renee L. Skillings</i>