



State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES
25 Capitol Street – Room 100
Concord, New Hampshire 03301
Office@das.nh.gov

130 m.c.

Charles M. Arlinghaus
Commissioner
(603) 271-3201

Catherine A. Keane
Deputy Commissioner
(603) 271-2059

Sheri L. Rockburn
Assistant Commissioner
(603) 271-3204

Division of Public Works
Design and Construction
Project No. 80838 – Contract E

May 10, 2022

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 Lee T. Corrigan, LLC (VC #131752), Gorham, New Hampshire for a total price not to exceed \$3,313,808, for ARPA – MWSP Water & Wastewater Improvements, Sargent's Purchase, New Hampshire. This contract is effective upon Governor and Council approval through October 15, 2023 unless extended in accordance with the contract terms. **69% Capital – General Funds, 31% Federal Funds**
- 2). Further authorize the amount of \$62,500 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC# 311152), for engineering services provided, bringing the total to \$3,376,308. **100% Capital – General Funds.**

Funding is available in account titled Department of Natural and Cultural Resources as follows:

	FY 2022
03-35-35-350030-13170000 19-146:1XIIB – Mt Wash Sewage 034-500161 – New Construction	\$ 1,500,343
03-35-35-350010-37170000 LW Conserve Fund Grants 072-509073 – Contracts	\$ 793,465

03-35-35-350010-24670000 ARPA DNCR Capital Project Fund 103-502664 – Contracts for Operational Services	\$ <u>1,020,000</u>
Sub Total	\$ 3,313,808
03-35-35-350030-13170000 19-146:1XIIB – Mt Wash Sewage 034-500161– DPW Fees	\$ <u>62,500</u>
Grand Total	\$ 3,376,308

EXPLANATION

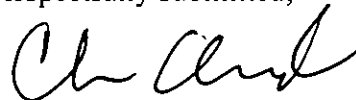
This project will make upgrades to the water and wastewater systems of the Sherman Adams Building at Mount Washington State Park. The work includes replacing the existing wastewater treatment facility with a new, larger facility, and installing two 20,000-gallon water storage tanks. Related internal and external piping and electrical systems for both the water and wastewater systems will also be installed.

The wastewater improvements are necessary in order to meet the demand of the increasing number of visitors at the park. The current facility can handle up to 5,000 gallons per day. The new design will have over twice the capacity and comply with DES standards for effluent discharge. The water improvements consist of replacing two 50-year-old buried steel water tanks that have reached the end of their service life with two new fiberglass tanks. The new tanks will be located next to the building which will limit freezing and make the system available year round.

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,



Charles M. Arlinghaus,
Commissioner

DEPARTMENT ESTIMATE:	\$ 3,104,750
LOW BID:	\$ <u>3,313,808</u>
OVER ESTIMATE:	\$ 209,058

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 80838, Contract E
ARPA – Mount Washington State Park Water and Wastewater Improvements

DESCRIPTION: This project will make upgrades to the water and wastewater systems of the Sherman Adams Building at Mount Washington State Park. The work includes replacing the existing wastewater treatment facility with a new, larger facility, and installing two 20,000-gallon water storage tanks. Related internal and external piping and electrical systems for both the water and wastewater systems will also be installed.

EXPLANATION: The wastewater improvements are necessary in order to meet the demand of the increasing number of visitors at the park. The current facility can handle up to 5,000 gallons per day. The new design will have over twice the capacity and comply with DES standards for effluent discharge.

The water improvements consist of replacing two 50-year-old buried steel water tanks that have reached the end of their service life with two new fiberglass tanks. The new tanks will be located next to the building which will limit freezing and make the system available year round.

OVER ESTIMATE

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

DEPARTMENT ESTIMATE:	\$ 3,104,750
LOW BID:	<u>\$ 3,313,808</u>
OVER ESTIMATE:	\$ 209,058



ABC Bid Data

SARGENT'S PURCHASE
80838E
NON-FEDERAL

PROJECT:	SARGENT'S PURCHASE	Awarded To:	
STATE PROJECT NUMBER:	80838E	Amount:	\$0.00
FED. PROJECT NUMBER:	NON-FEDERAL	Award Date:	
DATE BIDS OPEN:	March 23, 2022, 2:00	Certified by:	_____
SCOPE OF WORK:	ARPA - WATER AND WASTEWATER IMPROVEMENTS		Director of Project Development
COMPLETION DATE:	October 15, 2023		
LOCATION:	Coos		

Summary of Bidders

Contractor	Bid Amount	Rank
LEE T. CORRIGAN LLC 18 Glen Road, GORHAM, NH 03581	\$3,313,808.00	A
KINGSBURY COMPANIES LLC 58 CENTER ROAD, MIDDLESEX, VT 05602	\$4,336,000.00	B

Item # 901: \$ 1,756,000. -
 # 902: \$ 11,925. -
 # 903: \$ 1,266,858. -
 # 904: \$ 49,025. -
 # 905: \$ 155,000. -
 # 906: \$ 75,000. -

Total This Contract = \$ 3,313,808.⁰⁰ -

BUREAU OF PUBLIC WORKS
 Award to Lee T. Corrigan, LLC
 Hold for Negotiation
 Cancel Contract
 User Agency DNCR
 Authorized by [Signature]
 Date 104072022



ABC Bid Data

SARGENT'S PURCHASE

80838E

NON-FEDERAL

Item No.	Description	Unit	Quantity	PE&E		LEE Y CORRIDAN LLC 18 Elm Road GORDHAM, NH 03041		KINGSBURY COMPANIES LLC 26 CENTER ROAD MIDDLESEX, VT 05752	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items

901	WASTEWATER IMPROVEMENTS	U	1.00	\$1,910,000.00	\$1,910,000.00	\$1,756,000.00	\$1,756,000.00	\$2,406,000.00	\$2,406,000.00
902	ROCK EXCAVATION FOR WASTEWATER IMPROVEMENTS	CY	15.00	\$500.00	\$7,500.00	\$795.00	\$11,925.00	\$1,000.00	\$15,000.00
903	WATER IMPROVEMENTS	U	1.00	\$911,000.00	\$911,000.00	\$1,266,858.00	\$1,266,858.00	\$1,500,000.00	\$1,500,000.00
904	ROCK EXCAVATION FOR WATER IMPROVEMENTS	CY	185.00	\$250.00	\$46,250.00	\$265.00	\$49,025.00	\$1,000.00	\$185,000.00
905	ALLOWANCE #1 UNFORESEEN CHANGES FOR WASTEWATER IMPROVEMENTS	\$	155,000.00	\$1.00	\$155,000.00	\$1.00	\$155,000.00	\$1.00	\$155,000.00
906	ALLOWANCE #2 UNFORESEEN CHANGES FOR WATER IMPROVEMENTS	\$	75,000.00	\$1.00	\$75,000.00	\$1.00	\$75,000.00	\$1.00	\$75,000.00

Totals:	\$3,104,750.00	\$3,313,808.00	\$4,338,000.00
All Totals:			
Totals:	\$3,104,750.00	\$3,313,808.00	\$4,338,000.00



PS&E Comparison

SARGENT'S PURCHASE

80838E

NON-FEDERAL

Item No.	Description	Unit	Quantity	A-Bidder		PS&E		A-PS&E Difference
				Unit Price	Total	Unit Price	Total	
Items								
901	WASTEWATER IMPROVEMENTS	U	1.00	\$1,756,000.00	\$1,756,000.00	\$1,910,000.00	\$1,910,000.00	(\$154,000.00)
902	ROCK EXCAVATION FOR WASTEWATER IMPROVEMENTS	CY	15.00	\$795.00	\$11,925.00	\$500.00	\$7,500.00	\$4,425.00
903	WATER IMPROVEMENTS	U	1.00	\$1,266,858.00	\$1,266,858.00	\$911,000.00	\$911,000.00	\$355,858.00
904	ROCK EXCAVATION FOR WATER IMPROVEMENTS	CY	185.00	\$265.00	\$49,025.00	\$250.00	\$46,250.00	\$2,775.00
905	ALLOWANCE #1 UNFORESEEN CHANGES FOR WASTEWATER IMPROVEMENTS	\$	155,000.00	\$1.00	\$155,000.00	\$1.00	\$155,000.00	\$0.00
906	ALLOWANCE #2 UNFORESEEN CHANGES FOR WATER IMPROVEMENTS	\$	75,000.00	\$1.00	\$75,000.00	\$1.00	\$75,000.00	\$0.00
Total:					\$3,313,808.00	\$3,104,750.00		\$209,058.00

State of New Hampshire

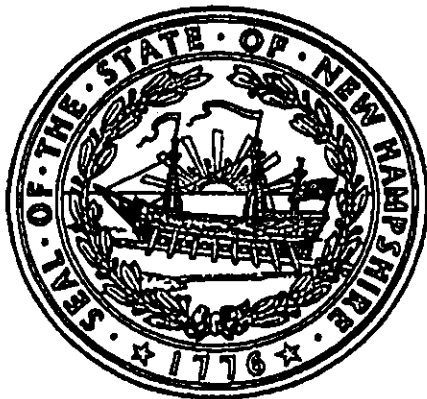
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that LEE T. CORRIGAN, LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on September 03, 2004. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 488069

Certificate Number: 0005756737



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,

this 12th day of April A.D. 2022.

A handwritten signature in black ink, appearing to read "David M. Scanlan".

David M. Scanlan

Secretary of State

(Limited partnership, Limited liability professional partnership or LLC)

Limited Partnership or LLC Certification of Authority

I, Lee Corrigan, hereby certify that I am a Partner, Member or Manager
(Name)
of Lee T Corrigan, LLC a limited liability partnership under RSA 304-B,
(Name of Partnership or LLC)
a limited liability professional partnership under RSA 304-D, or a limited liability company
under RSA 304-C.

I certify that I am authorized to bind the partnership or LLC. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person listed above currently occupies the position indicated and that they have full authority to bind the partnership or LLC and that this authorization shall remain valid for thirty (30) days from the date of this Corporate Resolution

DATED: April 18th 2022

ATTEST: Lee Corrigan - Member
(Name & Title)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/11/2022

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 have ADDITIONAL INSURED provisions or 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).

PRODUCER Infinger Insurance - Conway 1205 Eastman Rd PO Box 300 North Conway NH 03880		CONTACT NAME: Kathryn Ela PHONE (A/C, No, Ext): (803) 447-5123 FAX (A/C, No): (803) 447-5126 E-MAIL ADDRESS: kathy@infingerinsurance.com	
INSURED Lee T. Corrigan, LLC 12 Wilfred Street Gorham NH 03581		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Citizens Ins Co of America	NAIC # 31534
		INSURER B: Allmerica Financial Benefit	41840
		INSURER C: Hanover Ins Group	
		INSURER D: Allied Eastern Indemnity Company	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL21101979649 **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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		ZBV H113452 02	11/18/2021	11/18/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		AWV H113300-02	11/18/2021	11/18/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y		UHV H113497 02	11/18/2021	11/18/2022	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 Compl Ops Aggregate \$ 1,000,000
D	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/A	03-0000111125-04	10/08/2021	10/08/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Excavation Contractor and Snow Plowing Contractor.
The State of New Hampshire, its agencies, and its agents and employees are named as additional insured as required by written contract per the terms and conditions of the policy.

CERTIFICATE HOLDER**CANCELLATION**

State of New Hampshire C/O Department of Administrative Services 7 Hazen Drive, Room 250 Concord NH 03302	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>Kathryn Ela</i>
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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
5/11/2022

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 Infinger Insurance - Conway 1205 Eastman Rd PO Box 300 North Conway NH 03860 PHONE (AC. No. Ext): (603) 447-5123		COMPANY Acadia Insurance Group One Acadia Commons P.O. Box 9010 Westbrook ME 04098-5010	
FAX (AC. No.): (603) 447-5126 E-MAIL ADDRESS: kathy@infingerinsurance.com		CODE: AGENCY CUSTOMER ID #: 00167933	
INSURED Lee T. Corrigan, LLC 18 Glen Road Gorham NH 03581		LOAN NUMBER	POLICY NUMBER BINDER BLD RSK ACA
		EFFECTIVE DATE 4/18/2022	EXPIRATION DATE 4/18/2023
		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:			

PROPERTY INFORMATION

LOCATION/DESCRIPTION Loc# 00001 Summit Mt. Washington Sargent's Purchase, NH
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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 Risk New	3,313,808	2,500

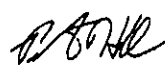
REMARKS (Including Special Conditions)

State of NH Dpmt of Admin Svsc, any & All subs are additional named insureds as required by written contract per the terms and conditions of the policy

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 State of New Hampshire c/o Department of Administrative Services 7 Hazen Drive, Room 250 Concord, NH 03302	<input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE	<input checked="" type="checkbox"/> ADDITIONAL INSURED
	LOAN #	
	AUTHORIZED REPRESENTATIVE Peter Hall/TMF 	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/18/2022

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.

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PRODUCER Infinger Insurance - Conway 1205 Eastman Rd PO Box 300 North Conway NH 03860		CONTACT NAME: Kathryn Ela PHONE (A/C No. Ext): (603) 447-5123 FAX (A/C No.): (603) 447-5128 E-MAIL ADDRESS: kathy@infingerinsurance.com	
INSURED State of New Hampshire 7 Hazen Drive c/o Dept of Administrative Services Concord NH 03302		INSURER(S) AFFORDING COVERAGE INSURER A: Mid-Continent Casualty Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL2241880103 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.

INER LTR	TYPE OF INSURANCE	ADDCSOUR INSD INVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> OCP GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		04OCP002002811	04/15/2022	04/15/2023	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 - COMPROP AGG \$ \$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE UNIT (Ea occurrence) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	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 <input type="checkbox"/> N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> 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)
 Excavation Contractor

CERTIFICATE HOLDER 	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 