



State of New Hampshire

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

MLC
87

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. 81121- Contract B

July 6, 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 Brookstone Builders, Inc. (VC #155834), Manchester, New Hampshire for a total price not to exceed \$1,296,939, for State House A/C for First Floor and Basement, Concord, New Hampshire. This contract is effective upon Governor and Council approval through November 1, 2023, unless extended in accordance with the contract terms. **100% Capital - State Funds.**
- 2). Further authorize that a contingency in the amount of \$150,000 be approved for unanticipated site expenses for State House A/C for First Floor and Basement, Concord, New Hampshire, bringing the total to \$1,446,939. **100% Capital - State Funds.**
- 3). Further authorize the amount of \$40,000 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 \$1,486,939. **100% Capital - State Funds.**

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

	<u>FY 2023</u>
01-14-14-140030-15030000 17-228:1-II:B4 – State owned buildings	
034-500162 – Repair/Renovation Buildings	\$ 1,486,939

EXPLANATION

Per Chapter 228:1, II:B4, Laws of 2017, State Owned Buildings – Security Upgrades. The project includes installing a new variable refrigerant flow air conditioning system in the basement level and first floor exterior rooms. Also, the basement level windows with existing window air conditioners will be removed and replaced with new windows to match existing, and have new security grates installed.

The current air conditioning system in the State House consists of residential window units in various locations around the building. These units are noisy and inefficient and pose a security risk as they are easily dislodged and have allowed people to enter the building after hours. The new system will provide quiet, efficient air conditioning for the first floor and basement levels. Further, the new system will be connected to the building management system to maximize efficiency throughout the building. Removing the window air conditioning units and installing the security grates will provide additional protection from intruders.

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:	\$ 1,504,180
Low bid:	<u>\$ 1,296,939</u>
Under estimate:	\$ 207,241

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 81121, Contract B
State House A/C for First Floor and Basement, Concord NH

DESCRIPTION: The project involves installing a new variable refrigerant flow air conditioning system in the basement level and first floor exterior rooms. Also, the basement level windows with existing window air conditioners will be removed and replaced with new windows to match existing, and have new security grates installed.

EXPLANATION: The current air conditioning system in the State House consists of residential window units in various locations around the building. These units are noisy and inefficient and pose a security risk as they can be easily dislodged and have allowed people to enter the building after hours. The new system will provide quiet, efficient air conditioning for the first floor and basement levels. Further, the new system will be connected to the building management system to maximize efficiency throughout the building. Removing the window air conditioning units and installing the security grates will provide additional protection from intruders.

UNDER ESTIMATE

EXPLANATION: The low bid is approximately 14% below the Department estimate. This is possibly due to the materials and/or manpower being readily available to the contractor to accomplish this work.

DEPARTMENT ESTIMATE:	\$ 1,504,180
LOW BID:	<u>\$ 1,296,939</u>
UNDER ESTIMATE:	\$ 207,241



ABC Bid Data

CONCORD
81121B
NON-FEDERAL

PROJECT: CONCORD
STATE PROJECT NUMBER: 81121B
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: April 13, 2022, 2:00
SCOPE OF WORK: State House A/C for First Floor and Basement
COMPLETION DATE: November 01, 2023
LOCATION: Merrimack

Awarded To:

Amount: \$0.00
Award Date:

Certified by: _____
Director of Project Development

Summary of Bidders

Contractor	Bid Amount	Rank
BROOKSTONE BUILDERS, INC. 600 HARVEY ROAD, MANCHESTER NH 03103-3320	\$1,296,939.00	A
D. L. KING & ASSOCIATES INC. 27 TANGLEWOOD DRIVE, NASHUA NH 03062-1044	\$1,789,000.00	B

Item # 901 = \$1,253,939.
Item # 902 = \$43,000.
Total This Contract = \$1,296,939.

BUREAU OF PUBLIC WORKS
 Award to Brookstone Bldrs, Inc.
 Hold for Negotiation
 Cancel Contract
User Agency NH DAS
Authorized by [Signature]
Date 7 05 2022



ABC Bid Data

CONCORD
81121B
NON-FEDERAL

Item No.	Description	Unit	Quantity	PS&E		BROOKSTONE BUILDERS, INC. 888 HARVEY ROAD MANCHESTER, NH 03109-3328		D. L. JONG & ASSOCIATES INC. 37 TANGLEWOOD DRIVE NASHUA, NH 03062-1844	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items

001	PROVIDE AND INSTALL NEW A/C EQUIPMENT	U	1.00	\$1,461,180.00	\$1,461,180.00	\$1,253,939.00	\$1,253,939.00	\$1,746,000.00	\$1,746,000.00
002	ALLOWANCE FOR OWNER-INITIATED CHANGES AND UNFORESEEN CONDITIONS	\$	43,000.00	\$1.00	\$43,000.00	\$1.00	\$43,000.00	\$1.00	\$43,000.00
Totals:					\$1,504,180.00		\$1,296,939.00		\$1,789,000.00
Alt. Totals:									
Totals:					\$1,504,180.00		\$1,296,939.00		\$1,789,000.00



PS&E Comparison

CONCORD
81121B
NON-FEDERAL

Item No.	Description	Unit	Quantity	A-Bidder		PS&E		A-PS&E Difference
				Unit Price	Total	Unit Price	Total	
Items								
901	PROVIDE AND INSTALL NEW A/C EQUIPMENT	U	1.00	\$1,253,939.00	\$1,253,939.00	\$1,461,180.00	\$1,461,180.00	(\$207,241.00)
902	ALLOWANCE FOR OWNER-INITIATED CHANGES AND UNFORESEEN CONDITIONS	\$	43,000.00	\$1.00	\$43,000.00	\$1.00	\$43,000.00	\$0.00
Total:					\$1,296,939.00		\$1,504,180.00	(\$207,241.00)

State of New Hampshire

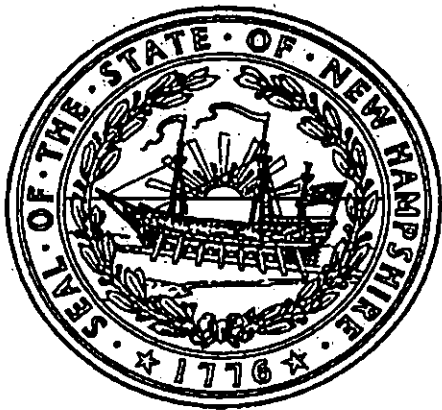
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that BROOKSTONE BUILDERS, INC. is a New Hampshire Profit Corporation registered to transact business in New Hampshire on August 09, 1984. 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: 78746

Certificate Number: 0005744793



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 1st day of April A.D. 2022.

A handwritten signature in black ink, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State

Corporate Resolution

I, Albert A. Scales, hereby certify that I am a duly elected Clerk/Secretary/Office of Brookstone Builders, Inc.. I hereby certify that the following is a true copy of a vote taken at a meeting of the Board of Directors/Shareholders, duly called and held on May 20, 2022, at which a quorum of the Directors/Shareholders were present and voting.

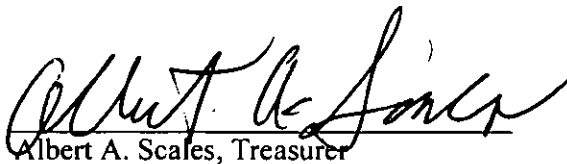
VOTED: That: Paula L. Scales, President is duly authorized to enter into contracts or agreements on behalf of Brookstone Builders, Inc.

with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any documents which may in his/her judgement be desirable or necessary to effect the purpose of this vote.

I hereby certify that said vote has been amended or repealed and remains in full force and effect as of the date of this contract to which this certificate is attached. This authority **remains valid for thirty (30) days** from the date of this Corporate Resolution. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

DATED: May 20, 2022

ATTEST:


Albert A. Scales, Treasurer



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/11/2022

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 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 THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511		CONTACT NAME: Renee Skillings PHONE (A/C No, Ext): (603) 224-2562 FAX (A/C, No): (603) 224-8012 E-MAIL ADDRESS: rskillings@rowleyagency.com	
INSURED Brookstone Builders Inc. 600 Harvey Road Manchester NH 03103		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Firemen's Ins Co of Wash. DC	NAIC # 21784
		INSURER B: Acadia Insurance Company	31325
		INSURER C: Colony Insurance Company	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: 22-23 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"/> 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 OTHER:			CPA5071222-19	1/1/2022	1/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/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			CAA5071223-19	1/1/2022	1/1/2023	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			CUA5071225-19	1/1/2022	1/1/2023	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 PROD/COMP/OPS 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/A	3A STATES: NH/MA/ME WPA5071226-19	1/1/2022	1/1/2023	<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			CPA5071222-19	1/1/2022	1/1/2023	LIMIT 300,000
C	POLLUTION/PROFESSIONAL LIAB			SEE ATTACHED			

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

Re: State House A/C, Concord, NH, #81121B

The State of New Hampshire, its agencies, and its agents and employees are additional insureds with respect to General Liability for ongoing operations performed by or on behalf of Brookstone Builders, Inc. when required in a written contract.

CERTIFICATE HOLDER**CANCELLATION**

Phyllis.C.Jouvelakas@dot.nh.g State of New Hampshire Department of Administrative Services 7 Hazen Drive Room 250 Concord, NH 03301	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, CRIS</i>
--	--

© 1988-2014 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

5/18/2022

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.

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.

PRODUCER THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Renee Skillings PHONE (A/C, No, Ext): (603) 224-2562 FAX (A/C, No): (603) 224-8012 E-MAIL ADDRESS: rskillings@rowleyagency.com PRODUCER CUSTOMER ID: 00006540													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Acadia Insurance Company</td> <td>31325</td> </tr> <tr> <td>INSURER B:</td> <td></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: Acadia Insurance Company	31325	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A: Acadia Insurance Company	31325													
INSURER B:														
INSURER C:														
INSURER D:														
INSURER E:														
INSURER F:														
INSURED Brookstone Builders Inc, State of NH Dept of Admin Svcs, Subs of any tier and all others employed on the premises 600 Harvey Road Manchester NH 03103														

COVERAGES CERTIFICATE NUMBER: BR State House 81121B REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Loc#: 00001/Bldg#: 00001, State House, 107 N. Main Street, 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 <input type="checkbox"/> CAUSES OF LOSS <input type="checkbox"/> DEDUCTIBLES <input type="checkbox"/> BASIC BUILDING <input type="checkbox"/> BROAD CONTENTS <input type="checkbox"/> SPECIAL <input type="checkbox"/> EARTHQUAKE <input type="checkbox"/> WIND <input type="checkbox"/> FLOOD				<input type="checkbox"/> BUILDING <input type="checkbox"/> PERSONAL PROPERTY <input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> EXTRA EXPENSE <input type="checkbox"/> RENTAL VALUE <input type="checkbox"/> BLANKET BUILDING <input type="checkbox"/> BLANKET PERS PROP <input type="checkbox"/> BLANKET BLDG & PP	
A	<input checked="" type="checkbox"/> INLAND MARINE <input type="checkbox"/> CAUSES OF LOSS <input type="checkbox"/> NAMED PERILS <input type="checkbox"/> CRIME <input type="checkbox"/> TYPE OF POLICY	TYPE OF POLICY Installation/Builder Risk POLICY NUMBER BR06152022	6/15/2022	11/1/2023	<input checked="" type="checkbox"/> Jobsite Limit <input checked="" type="checkbox"/> Temporary Storage Limit <input checked="" type="checkbox"/> In Transit Limit <input checked="" type="checkbox"/> Waiver of Subrogation	\$ 1,296,939 \$ 500,000 \$ 500,000 \$ INCLUDED
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 State House A/C for First Floor & Basement

CERTIFICATE HOLDER State of New Hampshire Dept of Administrative Services 7 Hazen Dr. Room 250 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 Renee Skillings/RLS <i>Renee L. Skillings, CRIS</i>
--	---

COMMENTS/REMARKS

POLLUTION/PROFESSIONAL LIABILITY

Carrier: C

Eff: 10/01/2021 - 10/01/2022

POLICY AGGREGATE: \$2,000,000

EACH POLLUTION CONDITION: \$1,000,000

Deductible: \$10,000

PROFESSIONAL LIABILITY: \$1,000,000

(Claims Made - 10/1/2015 Retro Date)

Deductible: \$10,000



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/18/2022

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.

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 THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Renee Skillings PHONE (A/C, No, Ext): (603) 224-2562 E-MAIL ADDRESS: rskillings@rowleyagency.com FAX (A/C, No): (603) 224-8012
	INSURER(S) AFFORDING COVERAGE INSURER A: Acadia Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED State of NH Dept of Admin Svcs (OWNER) c/o Brookstone Builders, Inc. (CONTRACTOR) 600 Harvey Road Manchester NH 03103	

COVERAGES **CERTIFICATE NUMBER:** OCP State House 81121B **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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners & Contractors Protective GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			OCP06152022	06/15/2022	11/01/2023	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 \$ \$
	AUTOMOBILE LIABILITY <input 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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <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) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below			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)
State House A/C for First Floor & Basement #81121B

CERTIFICATE HOLDER State of New Hampshire Dept of Administrative Services 7 Hazen Dr. Room 250 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 <i>Renee L. Skillings, CRIS</i>
--	--

© 1988-2015 ACORD CORPORATION. All rights reserved.