



78
MLC

1:50 DAS

State of New Hampshire
 DEPARTMENT OF ADMINISTRATIVE SERVICES
 25 Capitol Street - Room 120
 Concord, New Hampshire 03301
Office@das.nh.gov

Charles M. Arlinghaus
 Commissioner
 (603) 271-3201

Joseph B. Bouchard
 Assistant Commissioner
 (603) 271-3204

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

Division of Public Works
 Design and Construction
 Project No. 81047R - Contract A

June 19, 2019

His Excellency, Governor Christopher T. Sununu
 and the Honorable Executive 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 Charters Brothers Construction, LLC. (VC# 208666) Danville, NH, for a total price not to exceed \$1,137,232, for the Adjutant General Department's Thomas Hall Renovations, Center Strafford, New Hampshire. This contract is effective upon Governor and Council approval through February 29, 2020, unless extended in accordance with the contract terms. **100% Federal Funds.**
- 2). Further authorize that a contingency in the amount of \$50,000 be approved for unanticipated site expenses for the Thomas Hall Renovations, bringing the total to \$1,187,232. **100% Federal Funds.**
- 3). Further authorize the amount of \$65,650 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 \$1,252,882. **100% Federal Funds.**

Funding is available in account titled Adjutant General contingent upon the availability and continued appropriations as follows:

02-12-12-120010-22450000 Army Guard Facilities	<u>SFY20</u>
103-500736 - Contract Repairs/Bldgs. & Grounds	\$1,137,232

103-500736 – Contingency	\$ 50,000
Sub-Total	\$1,187,232
02-12-12-120010-22550000 Inter-Agency Payments	
217-502682 – DPW Fees Interagency	\$ 65,650
Grand Total	\$1,252,882

EXPLANATION

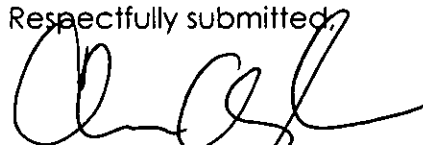
This project will complete exterior renovations including new shingle roofing, new trim and new siding. Interior renovations include new heat pump units throughout, new chiller system, and renovations at the basement and first floor level to convert some bedrooms to classrooms. One stair tower is being replaced as it does not meet code on a few levels.

The Federal funds available for this contract are provided to the Adjutant General's Department by the National Guard Bureau pursuant to a Federal-State Master Cooperative Agreement for the mutual support of the State of New Hampshire and the New Hampshire Army National Guard. The cost of this contract shall be reimbursed to the State by the Federal government at a rate of 100%. In the event that federal funds are not available, General funds will not be requested to support this program.

The contractor has been pre-qualified by the Department of Transportation. The contract has been approved by the Department of Justice as to form and execution; and the Adjutant General's Department 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:	\$1,300,000
Contract Amount:	<u>\$1,129,999</u>
Under Estimate	\$ 170,001

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 81047R, Contract A – Thomas Hall Renovations, Ctr. Strafford, New Hampshire.

DESCRIPTION: Exterior renovations include new shingle roofing, new trim and new siding. Interior renovations include new heat pump units throughout, new chiller system, and renovations at the basement and first floor level to convert some bedrooms to classrooms. One stair tower is being replaced as it does not meet code on a few levels.

EXPLANATION: Bid prices came in just below the consultant's estimate for this project.

ALTERNATES

EXPLANATION: Alternate #1, in the amount of \$7,233, is accepted to use granite stairs at the front entry in lieu of concrete.

UNDER ESTIMATE

EXPLANATION: The bids came in under the budget estimate because the project was designed with careful attention to the money available in the appropriation.

DEPARTMENT

ESTIMATE: \$1,300,000

LOW BID: \$1,129,999



ABC Bid Data

CTR STRAFFORD
81047RA
NON-FEDERAL

PROJECT: CTR STRAFFORD
STATE PROJECT NUMBER: 81047RA
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: May 08, 2019, 02:00 PM
SCOPE OF WORK: THOMAS HALL RENOVATIONS
COMPLETION DATE: February 29, 2020
LOCATION: Strafford

Certified by: _____

Summary of Bidders

Contractor	Bid Amount	Rank
CHARTERS BROTHERS CONST LLC 27 MAIN STREET, DANVILLE NH 03819	\$1,129,999.00	A
BROOKSTONE BUILDERS, INC. 600 HARVEY ROAD, MANCHESTER NH 03103-3320	\$1,212,088.00	B
CARENO CONSTRUCTION CO., LLC 270 WEST ROAD, STE 4, PORTSMOUTH NH 03801-7811	\$1,244,000.00	C
TURNSTONE CORPORATION 479 NASHUA STREET, MILFORD NH 03055-3705	\$1,283,000.00	D
MERIDIAN CONSTRUCTION CORP. 32 ARTISAN COURT #4, GILFORD NH 03249-8803	\$1,287,700.00	E

901 = \$ 929,999.
 902 = \$ 200,000.
 993 = \$ 7,233.

 Total: \$ 1,137,232.
 Sub Total = \$ 1,129,999.

BUREAU OF PUBLIC WORKS

Award to Charters Bros. Const., LLC
 Hold for Negotiation
 Cancel Contract
 User Agency Adjutant General
 Authorized by [Signature]
 Date 05/17/2019

Item No.	Description	Unit	Quantity	PS&E		CHARTERS BROTHERS CONST LLC 27 MAIN STREET DANVILLE, NH 03819		BROOKSTONE BUILDERS, INC. 600 HARVEY ROAD MANCHESTER, NH 03103-3320	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items									
901	RENOVATION OF THOMAS HALL	U	1.00	\$1,100,000.00	\$1,100,000.00	\$929,999.00	\$929,999.00	\$1,012,086.00	\$1,012,086.00
902	ALLOWANCE FOR ADDITIONS & MODIFICATIONS TO THE CONTRACT	\$	200,000.00	\$1.00	\$200,000.00	\$1.00	\$200,000.00	\$1.00	\$200,000.00
Totals:					\$1,300,000.00		\$1,129,999.00		\$1,212,086.00

ALTERNATES 81047RA

DEDUCT ALTERNATE #1

991	DEDUCT ALTERNATE #1 DELETE ALL NEW UPGRADED COUNTERS AND SINKS	U	1.00	\$10,000.00	\$10,000.00	\$9,260.00	\$9,260.00	(\$13,797.00)	(\$13,797.00)
-----	--	---	------	-------------	-------------	------------	------------	---------------	---------------

DEDUCT ALTERNATE #2

992	DEDUCT ALTERNATE #2 DELETE ALL THERMAL BARRIER COATING ON EXISTING POLYURETHANE FOAM IN ATTIC	U	1.00	\$30,000.00	\$30,000.00	\$7,560.00	\$7,560.00	(\$8,625.00)	(\$8,625.00)
-----	---	---	------	-------------	-------------	------------	------------	--------------	--------------

ADD ALTERNATE

993	ADD ALTERNATE REPLACE (2) PROPOSED NEW CONCRETE STAIR TREADS WITH GRANITE TREADS OF SAME SIZE AND THICKNESS	U	1.00	\$2,500.00	\$2,500.00	\$7,233.00	\$7,233.00	\$8,000.00	\$8,000.00
-----	---	---	------	------------	------------	------------	------------	------------	------------

Alt. Totals:									
Totals:					\$1,300,000.00		\$1,129,999.00		\$1,212,086.00

Item No.	Description	Unit	Quantity	PS&E		CARENO CONSTRUCTION CO., LLC 270 WEST ROAD, STE 4 PORTSMOUTH, NH 03801-7611		TURNSTONE CORPORATION 479 NASHUA STREET MILFORD, NH 03055-3705	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items									
Item No.	Description	Unit	Quantity	Unit Price	Total	Unit Price	Total	Unit Price	Total
901	RENOVATION OF THOMAS HALL	U	1.00	\$1,100,000.00	\$1,100,000.00	\$1,044,000.00	\$1,044,000.00	\$1,063,000.00	\$1,063,000.00
902	ALLOWANCE FOR ADDITIONS & MODIFICATIONS TO	\$	200,000.00	\$1.00	\$200,000.00	\$1.00	\$200,000.00	\$1.00	\$200,000.00
Totals:					\$1,300,000.00		\$1,244,000.00		\$1,263,000.00

ALTERNATES 81047RA

DEDUCT ALTERNATE #1

991	DEDUCT ALTERNATE #1 DELETE ALL NEW UPGRADED COUNTERS AND SINKS	U	1.00	\$10,000.00	\$10,000.00	\$16,000.00	\$16,000.00	(\$12,000.00)	(\$12,000.00)
-----	--	---	------	-------------	-------------	-------------	-------------	---------------	---------------

DEDUCT ALTERNATE #2

992	DEDUCT ALTERNATE #2 DELETE ALL THERMAL BARRIER COATING ON EXISTING POLYURETHANE FOAM IN ATTIC	U	1.00	\$30,000.00	\$30,000.00	\$15,000.00	\$15,000.00	(\$6,600.00)	(\$6,600.00)
-----	---	---	------	-------------	-------------	-------------	-------------	--------------	--------------

ADD ALTERNATE

993	ADD ALTERNATE REPLACE (2) PROPOSED NEW CONCRETE STAIR TREADS WITH GRANITE TREADS OF SAME SIZE AND THICKNESS	U	1.00	\$2,500.00	\$2,500.00	\$7,000.00	\$7,000.00	\$8,500.00	\$8,500.00
-----	---	---	------	------------	------------	------------	------------	------------	------------

Alt. Totals:									
Totals:					\$1,300,000.00		\$1,244,000.00		\$1,263,000.00

Item No.	Description	Unit	Quantity	PS&E		MERIDIAN CONSTRUCTION CORP. 32 ARTISAN COURT #4 GILFORD, NH 03249-6603	
				Unit Price	Total	Unit Price	Total

901	RENOVATION OF THOMAS HALL	U	1.00	\$1,100,000.00	\$1,100,000.00	\$1,067,700.00	\$1,067,700.00
902	ALLOWANCE FOR ADDITIONS & MODIFICATIONS TO THE CONTRACT	\$	200,000.00	\$1.00	\$200,000.00	\$1.00	\$200,000.00
Totals:					\$1,300,000.00		\$1,267,700.00

**ALTERNATES 81047RA
DEDUCT ALTERNATE #1**

991	DEDUCT ALTERNATE #1 DELETE ALL NEW UPGRADED COUNTERS AND SINKS	U	1.00	\$10,000.00	\$10,000.00	(\$23,890.00)	(\$23,890.00)
-----	--	---	------	-------------	-------------	---------------	---------------

DEDUCT ALTERNATE #2

992	DEDUCT ALTERNATE #2 DELETE ALL THERMAL BARRIER COATING ON EXISTING POLYURETHANE FOAM IN ATTIC	U	1.00	\$30,000.00	\$30,000.00	(\$9,311.00)	(\$9,311.00)
-----	---	---	------	-------------	-------------	--------------	--------------

ADD ALTERNATE

993	ADD ALTERNATE REPLACE (2) PROPOSED NEW CONCRETE STAIR TREADS WITH GRANITE TREADS OF SAME SIZE AND THICKNESS	U	1.00	\$2,500.00	\$2,500.00	\$2,558.00	\$2,558.00
-----	---	---	------	------------	------------	------------	------------

Alt. Totals:							
Totals:					\$1,300,000.00		\$1,267,700.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/31/2019

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 FIAI/Cross Insurance 1100 Elm Street Manchester NH 03101		CONTACT NAME: Vivian Pinette PHONE (AG, No, Ext): (603) 669-3218 FAX (AG, No): (603) 645-4331 E-MAIL: vpinette@crossagency.com ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: W.R. Berkley Corporation	NAIC #
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED State of New Hampshire c/o Department of Administrative Services 7 Hazen Drive, Room 250 Concord NH 03302			

COVERAGES CERTIFICATE NUMBER: CL1953189250

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	ADDL SUBR INSD WYD	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 <input type="checkbox"/> Protective GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		OCP539917610	05/28/2019	05/28/2020	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ Aggregate \$ 3,000,000
	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 LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					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				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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)

Thomas Hall Renovation
 4 Austin Cates Drive, Center Strafford NH

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

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/31/2019

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 FIAI/Cross Insurance 1100 Elm Street Manchester NH 03101		CONTACT NAME: Vivian Pinette PHONE (A/C, No, Ext): (603) 659-3218 FAX (A/C, No): (603) 645-4331 E-MAIL ADDRESS: vpinette@crossagency.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Firemen's Ins. Co. of Washington D.C. NAIC # 21784	
		INSURER B: W.R. Berkley Corporation	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	


COVERAGES CERTIFICATE NUMBER: 19/20 All Lines/w Acadia 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.

LINE LTR	TYPE OF INSURANCE	ADDITIONAL	SUBROG	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	Y		CPA539623510	05/31/2019	05/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG Limited Pollution \$ 100,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CAA539623610	05/31/2019	05/31/2020	COMBINED SINGLE LIMY (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist BI- \$ 1,000,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	Y		CUA539623710	05/31/2019	05/31/2020	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
B	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	WPA539623810 (3a.NH,MA,ME)	05/31/2019	05/31/2020	<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

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

RE: Thomas Hall Renovation at NHARNG Center Strafford. Project# 81047R, Contract A. The State of New Hampshire, its agencies, and its agents and employees shall be named as additional insureds on General Liability and Umbrella when required by written contract with the named insured.

CERTIFICATE HOLDER State of New Hampshire c/o Department of Administrative Services 7 Hazen Drive, Room 250 Concord NH 03302	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 
--	--

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/31/2019

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 FIAI/Cross Insurance 1100 Elm Street Manchester NH 03101		CONTACT NAME: Vivian Pinette PHONE (A/C, No. Ext): (603) 689-3218 FAX (A/C, No): (603) 645-4331 E-MAIL ADDRESS: vpinette@crossagency.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: W.R. Berkley Corporation	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	


COVERAGES **CERTIFICATE NUMBER:** CL1953189250 **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	ADOL	SUBR	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 <input type="checkbox"/> Protective GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			OCP539917510	05/28/2019	05/28/2020	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ Aggregate \$ 3,000,000
	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						
	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)

Thomas Hall Renovation
4 Austin Cates Drive, Center Stratford NH

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 



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
5/29/2019

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 FIAI/Cross Insurance 1100 Elm Street Manchester NH 03101		PHONE (AC No. Ext): (603) 669-3218	COMPANY W.R. Berkley Corporation One Acadia Commons P.O. Box 9010 Westbrook ME 04098-5010	
FAX (AC No.): (603) 645-4331	E-MAIL ADDRESS: jschroeder@crossagency.com			
CODE: AGENCY CUSTOMER ID: 00325508	SUB CODE:			
INSURED Charters Brothers Construction LLC, State of NH, Any & All Subcontractors ATIMA 27 Main Street Danville NH 03819		LOAN NUMBER	POLICY NUMBER CIM5394693	
		EFFECTIVE DATE 5/28/2019	EXPIRATION DATE 5/28/2020	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION
Loc: 4 Austin Cates Drive, Center Strafford, NH (Thomas Hall Renovations)

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	1,137,232	1,000
Transit	500,000	1,000
Temporary Storage	500,000	1,000

REMARKS (Including Special Conditions)

REMARKS (Including Special Conditions)

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	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
LOAN #		
AUTHORIZED REPRESENTATIVE Jeff Schroeder/VP2 <i>JS Schroeder</i>		