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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

JUL05'18 AM 8:52 DAS

CHARLES M. ARLINGHAUS
Commissioner
(603)-271-3201

JOSEPH B. BOUCHARD
Assistant Commissioner
(603)-271-3204

Division of Public Works
Design and Construction
Project No. 81006R – Contract A

June 25, 2018

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 R. M. Piper, Inc. (VC# 174180) of Plymouth, NH, for a total price not to exceed \$2,228,150, for cemetery expansion, which includes construction of underground crypts and in-ground gravesites at the New Hampshire State Veterans Cemetery in Boscaawen, NH. This contract is effective upon Governor and Council approval through July 31, 2019, unless extended in accordance with the contract terms. **100% Federal Funds.**
- 2). Further authorize that a contingency in the amount of \$111,408* be approved for unanticipated site expenses or owner initiated changes for the cemetery expansion, bringing the total to \$2,339,558. **100% Federal Funds.**
- 3). Further authorize that an amount of \$42,500 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 \$2,382,058. **100% Federal Funds**

Funding is available in account titled Adjutant General as follows:

02-12-12-120030-15280000 Cemetery Expansion	<u>SFY19</u>
034-500162 – Repair/Renovations Buildings	\$2,158,290
034-500162 – Contingency	<u>\$ 111,408</u>
Sub-Total	\$2,269,698*

***Pending availability of Federal Funds**

02-12-12-121010-22600000 Cemetery Expansion	
103-500736 – Contract Repair/Renovations Bldgs.	\$ 69,860
Sub-Total	\$ 69,860
02-12-12-120010-22550000 Interagency Payments	\$ 42,500
217-502682 – Interagency – DPW Fees	
Sub-Total	\$ 42,500
Grand Total	\$2,382,058

EXPLANATION

Per Chapter 228:1, I, K Laws of 2017 I, Cemetery Expand: Lawn Crypts, Roadways, and Irrigation. Funds are subject to availability of federal funds for the New Hampshire State Veterans Cemetery Expansion. This project will construct underground crypts and in-ground gravesites, roadway and miscellaneous landscaping.

The Federal funds available for this contract are provided to the Adjutant General's Department by the Veterans Administration. 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 substance 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: \$1,822,041
Contract Amount: \$1,949,000
Over Estimate: \$ 126,959

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 81006R, Contract A – Cemetery Expansion, Boscawen, New Hampshire.

DESCRIPTION: Work of the Project includes construction of concrete underground crypts, gravesites, roadway and misc. landscaping.

EXPLANATION: The cemetery continues to expand areas and types of interment based on current and projected burial rates to meet demand.

OVER ESTIMATE

EXPLANATION: The overage represents 7% of the amount bid which is within industry standards.

ALTERNATES

EXPLANATION: Alternate 01 in the amount of \$279,150 is for a box culvert crossing of wetlands necessary to access future areas of the cemetery for burial.

DEPARTMENT

ESTIMATE: \$1,822,041 (w/o Alternate)

LOW BID: \$1,949,000 (w/o Alternate)



ABC Bid Data

BOSCAWEN
81006RA
NON-FEDERAL

PROJECT: BOSCAWEN
STATE PROJECT NUMBER: 81006RA
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: May 30, 2018, 02:00 PM
SCOPE OF WORK: CEMETARY EXPANSION
COMPLETION DATE: July 31, 2019
LOCATION: Merrimack

Certified by: Theodora Kupper, PE
Administrator

Summary of Bidders

Contractor	Bid Amount	Rank
PIPER, R. M. INC. 141 SMITH BRIDGE RD, PO BOX 490, PLYMOUTH NH 03264-0490	\$1,949,000.00	A
BUSBY CONSTRUCTION CO., INC. 71 ROUTE 111, ATKINSON NH 03811	\$2,050,000.00	B
NORTHEAST EARTH MECHANICS INC 159 BARNSTEAD ROAD, PITTSFIELD NH 03263	\$2,479,000.00	C

4 fee 991 = \$1,949,000.
 MA #1 : 279,150.
 Total = ~~\$2,228,150.~~
 2,228,150.

BUREAU OF PUBLIC WORKS
 Award to RM Piper, Inc
 Hold for Negotiation
 Cancel Contract
 User Agency NH State Veterans Cemetery
 Authorized by [Signature]
 Date 06/19/2018

Item No.	Description	Unit	Quantity	PS&E		PIPER, R. M. INC. 141 SMITH BRIDGE RD PLYMOUTH, NH 03264-0490		BUSBY CONSTRUCTION CO., INC. 71 ROUTE 111 ATKINSON, NH 03811	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items

801	CEMETERY EXPANSION	U	1.00	\$1,822,041.00	\$1,822,041.00	\$1,949,000.00	\$1,949,000.00	\$2,050,000.00	\$2,050,000.00
Totals:					\$1,822,041.00	\$1,949,000.00		\$2,050,000.00	\$2,050,000.00

ALTERNATE 81006RA
ADD ALTERNATE #1

991	CONSTRUCT BOX CULVERT AS SHOWN SHEETS C102- C104-C301-C500-C501-LP102-LI102 & ASSOC DETAILS/SPECS	U	1.00	\$426,797.00	\$426,797.00	\$279,150.00	\$279,150.00	\$285,000.00	\$285,000.00
Alt. Totals:									
Totals:					\$1,822,041.00	\$1,949,000.00		\$2,050,000.00	\$2,050,000.00

Item No.	Description	Unit	Quantity	PS&E		NORTHEAST EARTH MECHANICS INC 159 BARNSTEAD ROAD PITTSFIELD, NH 03283	
				Unit Price	Total	Unit Price	Total

Items

801	CEMETERY EXPANSION	U	1.00	\$1,822,041.00	\$1,822,041.00	\$2,479,000.00	\$2,479,000.00
Totals:					\$1,822,041.00		\$2,479,000.00

ALTERNATE 81006RA

ADD ALTERNATE #1

991	CONSTRUCT BOX CULVERT AS SHOWN SHEETS C102-C104-C301-C500-C501-LP102-LI102 & ASSOC DETAILS/SPECS	U	1.00	\$426,797.00	\$426,797.00	\$350,000.00	\$350,000.00
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Alt. Totals:

Totals:					\$1,822,041.00		\$2,479,000.00
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/20/2018

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: Peggy Johnson PHONE (A/C, No, Ext): (603) 224-2562 FAX (A/C, No): (603) 224-8012 E-MAIL ADDRESS: pjohnson@rowleyagency.com															
INSURED R.M. Piper, Inc. P.O. Box 490 141 Smith Bridge Road Plymouth NH 03264		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Citizens Insurance Co.</td> <td>31534</td> </tr> <tr> <td>INSURER B: Allmerica Financial Benefits</td> <td>41840</td> </tr> <tr> <td>INSURER C: Hanover Insurance Co.</td> <td>22292</td> </tr> <tr> <td>INSURER D: Crum & Forster Spec. Ins. Co.</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Citizens Insurance Co.	31534	INSURER B: Allmerica Financial Benefits	41840	INSURER C: Hanover Insurance Co.	22292	INSURER D: Crum & Forster Spec. Ins. Co.		INSURER E:		INSURER F:	
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INSURER D: Crum & Forster Spec. Ins. Co.																	
INSURER E:																	
INSURER F:																	

COVERAGES CERTIFICATE NUMBER: 18-19 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		ZBVA85248702	3/1/2018	3/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 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 ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS		AWVA85248502	3/1/2018	3/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		UHVA85248802	3/1/2018	3/1/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 Products-Comp/Op Agg \$ 5,000,000
	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				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Leased/Rented Equipment		IHVA85269502	3/1/2018	3/1/2019	\$535,000
D	Pollution Liability		CPL108304	12/17/2017	12/17/2018	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Boscawen 81006R, Contract A - Cemetery Expansion. The State of New Hampshire, its agencies, and its agents and employees are included as additional insured as respects products-completed operations liability when required by written contract with the insured.

CERTIFICATE HOLDER State of NH Dept. of Administrative Services 7 Hazen Dr., 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 Peggy Johnson/DRA
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PRODUCER USI Insurance Solutions LLC 123 Interstate Drive West Springfield, MA 01089 855 874-0123	CONTACT NAME: Kelly Grahn
	PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: kelly.grahn@usi.com
INSURED R. M. Piper, Inc. P.O. Box 490 Plymouth, NH 03264-0490	INSURER(S) AFFORDING COVERAGE _____ NAIC # _____
	INSURER A : ABC NH WORKERS COMP SIG, Inc 99999
	INSURER B : _____
	INSURER C : _____
	INSURER D : _____
	INSURER E : _____

COVERAGES **CERTIFICATE NUMBER:** _____ **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____						EACH OCCURRENCE \$ _____ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____ PRODUCTS - COMP/OP AGG \$ _____
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS 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 \$ _____
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below			ABC16000318	01/01/2018	01/01/2019	<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)

Proof of New Hampshire Workers' Compensation Coverage
Project: Boscawen 81006R-Contract A, Cemetery Expansion

CERTIFICATE HOLDER **CANCELLATION**

State of NH 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>Joseph C. Blanche</i>
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DATE (MM/DD/YYYY)

6/20/2018

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	PHONE (A/C. No. Ext): (603) 224-2562	FAX (A/C. No.): (603) 224-8012
	E-MAIL ADDRESS: P.johnson@rowleyagency.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Hanover Insurance Co.	22292
INSURED State of NH Dept. of Administrative Services 7 Hazen Dr., Room 250 Concord NH 03302	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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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:		LHVD56748988	6/20/2018	6/20/2019	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"/> 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) \$ \$
	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) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	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)
 Boscawen 81006R, Contract A - Cemetery Expansion. Contractor: R.M. Piper, Inc.

CERTIFICATE HOLDER State of NH Dept of Administrative Services 7 Hazen Dr., 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 Peggy Johnson/PAJ <i>Peggy A Johnson</i>
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	PHONE (A/C, No, Ext): (603) 224-2562	FAX (A/C, No): (603) 224-8012
E-MAIL ADDRESS: pjohnson@rowleyagency.com		
INSURED R.M. Piper Inc; State of NH Dept of Administrative Services; Any & All Subs & All Tier Subs POB 490 Plymouth NH 03264		INSURER(S) AFFORDING COVERAGE INSURER A: Peerless Insurance Co. NAIC # 24198 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <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) \$ \$
	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) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	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 \$
A	Builder's Risk			IM7468576587	6/20/18	6/20/19	\$2,228,150

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Boscawen 81006R, Contract A - Cemetery Expansion.

CERTIFICATE HOLDER State of NH Dept of Administrative Services 7 Hazen Dr., 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 Peggy Johnson/PAJ <i>Peggy A Johnson</i>
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