



# State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES  
25 Capitol Street - Room 120  
Concord, New Hampshire 03301

129 *dm*

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

Division of Public Works  
Design and Construction  
Project No. 80929 - Contract T

June 22, 2017

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 Project Resource Group LLC., (VC# 153524) Franconia, NH, for a total price not to exceed \$1,625,795, for Steam Conversion Design/Build HVAC and Associated Building Systems for five (5) Buildings, Paint and Carpentry, Howard Recreation, Pond Place, Philbrook and Philbrook Recreation Buildings at the Gov. Hugh Gallen State Office Park Campus, Concord NH. This contract is effective through October 20, 2018, unless extended in accordance with the contract terms. **100% General Funds.**

2). Further authorize the amount of \$26,000 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 \$1,651,795. **100% General Funds.**

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

01-14-14-141510-69370000	Heating-State Owned Bldgs.	<u>SFY18</u>
	103-500736 - Contracts for OP Services	\$1,625,795
	103-500736 - Interagency - DPW Fees	<u>\$ 26,000</u>
	<b>Grand Total</b>	<b>\$1,651,795</b>

### EXPLANATION

This is a turn-key design-build project that consists of furnishing all professional engineering and construction services necessary and required to complete the design, fabrication, purchase, installation, and warranty of the HVAC, and associated building systems for the Paint & Carpentry, Howard Recreation, Pond Place, Philbrook and Philbrook Recreation located at the Gov. Hugh Gallen State Office Park Campus.

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,

A handwritten signature in black ink that reads "Joseph B. Bouchard". The signature is written in a cursive style with a large, prominent initial "J".

Joseph B. Bouchard  
Assistant Commissioner

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 80929, Contract T – Steam Conversion, Design/Build Project – HVAC & Associated Building Systems for (5) Buildings – Paint and Carpentry, Howard Recreation, Pond Place, Philbrook and Philbrook Recreation Buildings, Concord, New Hampshire.

DESCRIPTION: This is a turn-key design-build project that consists of furnishing all professional engineering and construction services necessary and required to complete the design, fabrication, purchase, installation, and warranty of the HVAC, and associated building systems for the Paint & Carpentry, Howard Recreation, Pond Place, Philbrook and Philbrook Recreation located at the Gov. Hugh Gallen State Office Park Campus.

EXPLANATION: With the closing of Concord Steam, there are a total of 26 State Buildings that will require heating system installations in order to maintain space temperatures during the winter months. This project will complete the installation of HVAC systems necessary to provide space heating for these five facilities.

OVER ESTIMATE

EXPLANATION: The estimate was \$33,795, or 2% higher than the low bid which appears to be within the limits of normal errors.

DEPARTMENT

ESTIMATE: \$1,592,000

LOW BID: \$1,625,795



Division of Public Works

# ABC Bid Data

CONCORD  
BUDGET  
NON-FEDERAL

PROJECT: CONCORD  
STATE PROJECT NUMBER: 80929T  
FED. PROJECT NUMBER: NON-FEDERAL  
DATE BIDS OPEN: May 24, 2017, 02:00 PM  
SCOPE OF WORK: Design/Build Project-HVAC & Associated Building Systems for Five Buildings  
COMPLETION DATE: October 20, 2018  
LOCATION: Merrimack

Certified by: \_\_\_\_\_

## Summary of Bidders

Contractor	Bid Amount	Rank
PROJECT RESOURCE GROUP LLC 237 PLEASANT POND ROAD, PO BOX 43, FRANCES TOWN NH 03043	\$1,625,785.00	A
ECS CONSTRUCTION SERVICES 326 ROUTE 125, BRENTWOOD NH 03833	\$1,828,169.00	B

### BUREAU OF PUBLIC WORKS

Award to A Bidder \$ 1,625,785.00  
 Hold for Negotiation  
 Cancel Contract  
 User Agency DAS  
 Authorized by MLJ  
 Date 5/26/17

Item No.	Description	Unit	Quantity	PS&E		PROJECT RESOURCE GROUP LLC 237 PLEASANT POND ROAD FRANCESTOWN, NH 03043		ECS CONSTRUCTION SERVICES 326 ROUTE 126 BRENTWOOD, NH 03833	
				Unit Price	Total	Unit Price	Total	Unit Price	Total
901	COMPLETE DESIGN/BUILD MECHANICAL HVAC AND PLUMBING SYSTEMS FOR PAINT & CARPENTRY	U	1.00	\$285,000.00	\$285,000.00	\$261,072.00	\$261,072.00	\$353,493.00	\$353,493.00
902	COMPLETE DESIGN/BUILD MECHANICAL HVAC AND PLUMBING SYSTEMS FOR HOWARD RECREATION BUILDING	U	1.00	\$515,000.00	\$515,000.00	\$604,538.00	\$604,538.00	\$782,834.00	\$782,834.00
903	COMPLETE DESIGN/BUILD MECHANICAL HVAC AND PLUMBING SYSTEMS FOR POND PLACE	U	1.00	\$250,000.00	\$250,000.00	\$186,737.00	\$186,737.00	\$136,843.00	\$136,843.00
904	COMPLETE DESIGN/BUILD MECHANICAL HVAC AND PLUMBING SYSTEMS FOR PHILBROOK BUILDING	U	1.00	\$450,000.00	\$450,000.00	\$475,410.00	\$475,410.00	\$473,199.00	\$473,199.00
905	COMPLETE DESIGN/BUILD MECHANICAL HVAC AND PLUMBING SYSTEMS FOR PHILBROOK REC	U	1.00	\$12,000.00	\$12,000.00	\$18,038.00	\$18,038.00	\$1,800.00	\$1,800.00
906	ALLOWANCE FOR BID ITEMS 1 TO 5	\$	80,000.00	\$1.00	\$80,000.00	\$1.00	\$80,000.00	\$1.00	\$80,000.00
Totals:					\$1,692,000.00		\$1,625,795.00		\$1,828,189.00
Totals:					\$1,692,000.00		\$1,625,795.00		\$1,828,189.00



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/15/2017

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> FIAI/Cross Insurance 1100 Elm Street  Manchester NH 03101		<b>CONTACT NAME:</b> Chris Whaley <b>PHONE (A.C. No. Ext.):</b> (603) 669-3218 <b>FAX (A.C. No.):</b> (603) 648-4931 <b>E-MAIL ADDRESS:</b> whaley@crosagency.com	
<b>INSURED</b> Project Resource Group LLC PO Box 43  Franconstown NH 03043		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Fireman's Ins. Co. of Washington	<b>NAC #</b> 21784
		<b>INSURER B:</b> Acadia Ins Co.	31325
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** CL174705856      **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.

INSTR LTR	TYPE OF INSURANCE	ADDL INSR	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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	CPA026891718	9/8/2016	9/8/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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 Expansion Endorsement \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		CPA026891718	9/8/2016	9/8/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Hired Auto Liability \$ 1,000,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0	X	CPA029692418	9/8/2016	9/8/2017	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
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	3.A. NH WPA5133911-13	5/6/2017	5/6/2018	PER STATUTE OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
Re: Steam conversion project No. 80929T Concord NH. It is hereby understood and agreed that the State of New Hampshire, Department of Administrative Services is included as additional insured on General Liability and Umbrella policies when required by written contract

<b>CERTIFICATE HOLDER</b>  State of New Hampshire Department of Administrative Services 7 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:  Chris Whaley/CW3
--	---



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/15/2017

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> FIAI/Cross Insurance 1100 Elm Street  Manchester NH 03101	<b>CONTACT NAME:</b> Chris Whaley <b>PHONE (A/C No. Ext):</b> (603) 669-3218 <b>FAX (A/C No.):</b> (603) 645-4331 <b>E-MAIL ADDRESS:</b> whaley@crossagency.com
	<b>INSURER(S) AFFORDING COVERAGE</b>
<b>INSURED</b> State of NH Department of Administrative Services C/O Project Resource Group LLC PO Box 43 Franconstown NH 03043	<b>INSURER A:</b> Acadia Ins Co. MAIC # 31325 <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES**      **CERTIFICATE NUMBER:** CI1761513158      **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 WVO	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  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		OCF5309543	7/19/2017	7/19/2018	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP ASG \$ \$
	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 (Per 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 <input type="checkbox"/> RETENTIONS					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"/> 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)  
Re: Steam Conversion Project No. 80929T Concord NH

<b>CERTIFICATE HOLDER</b>  State Department of Administrative Services John O Morton Building 7 Hazen Drive Room 250, PO Box 483 Concord, NH 03302	<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 Chris Whaley/CW3 <i>Christopher L. Whaley</i>
--	---

© 1988-2014 ACORD CORPORATION. All rights reserved.



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

6/15/2017

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 (A/C. No. Ext): (603) 669-3218	COMPANY Acadia Ins Co. One Acadia Commons P.O. Box 9010 Westbrook ME 04098-5010	
FAX (A/C. No.): (603) 645-4331	E-MAIL ADDRESS:			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #: 00324160		LOAN NUMBER		POLICY NUMBER CIM5308353
INSURED State of NH Dept of Administrative Services c/o Project Resource Group LLC PO Box 43 Francestown NH 03043		EFFECTIVE DATE 7/19/2017	EXPIRATION DATE 7/19/2018	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

## PROPERTY INFORMATION

### LOCATION/DESCRIPTION

Builders risk coverage regarding steam conversion project #80929T buildings located at 99 Pleasant Street Concord NH 03301 Pond Place-125 Pleasant Street Concord NH 03301 Philbrook -121 Fruit Street Concord NH 03301 Philbrook Rec 121.5 Fruit Street Concord NH 03301 and 65 South Fruit Street Concord NH 03301

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
Building	\$1,625,795	\$2,500

## 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

State Department of Administrative Service John O Morton Building 7 Hazen Drive Room 250, PO Box 483 Concord, NH 03302	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
LOAN #		
AUTHORIZED REPRESENTATIVE Chris Whaley/CW3 <i>Christopher L. Whaley</i>		



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/19/2017

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> Hall & Company 19660 10th Ave NE Poulsbo WA 98370	<b>CONTACT NAME:</b> Julia Ardon <b>PHONE (A/C, Mo, Ext):</b> 360-626-2956 <b>FAX (A/C, No):</b> 360-598-3703 <b>E-MAIL ADDRESS:</b> jardon@hallandcompany.com
	<b>INSURER(S) AFFORDING COVERAGE</b>
<b>INSURED</b> INVEENG-03 Investment Engineering Inc dba Sparhawk Group 81 Bridge Street Suite 107 Yarmouth ME 04096	<b>INSURER A:</b> Liberty Insurance Underwriters Inc/
	<b>INSURER B:</b>
	<b>INSURER C:</b>
	<b>INSURER D:</b>
	<b>INSURER E:</b>
	<b>INSURER F:</b>

**COVERAGES**                      **CERTIFICATE NUMBER:** 1562113151                      **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
	<b>COMMERCIAL GENERAL LIABILITY</b> <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 \$ OTHER \$
	<b>AUTOMOBILE LIABILITY</b> <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) \$ OTHER \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ OTHER \$
	<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	Y/N    N/A				PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liab/Claims Made		AEX1022170002	11/4/2016	11/4/2018	\$2,000,000 Per Claim \$2,000,000 Aggregate

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
Project: DB Steam Conversion - Various Locations - Concord, NH  
Project# 80929-T

<b>CERTIFICATE HOLDER</b>  Project Resource Group LLC PO Box 43 Franconstown NH 03043	<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 
---	--