



**New Hampshire
Employment
Security**

www.nhes.nh.gov

"We're working to keep New Hampshire working"

ADMINISTRATIVE OFFICE

32 SOUTH MAIN STREET

CONCORD, NH 03301-4857



GEORGE N. COPADIS, COMMISSIONER

RICHARD J. LAVERS, DEPUTY COMMISSIONER

April 7, 2014

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

To authorize New Hampshire Employment Security (NHES) to enter into a contract amendment with Total Security (VC# 169806), Laconia, NH to increase the contract amount by \$250 from \$10,920 to \$11,170 for panic, burglar and fire alarm monitoring at NHES's offices statewide from the date of Governor and Council through June 30, 2015. 100% Federal funds.

Federal funds available for these services will be expended as follows, contingent upon availability and continued appropriations for fiscal years 2014 forward with the authority to adjust encumbrances in each of the State fiscal years through the Budget Office if needed and justified:

02 - 27 - 27 - 270010 - 8040	DEPT OF EMPLOYMENT SECURITY		
		<u>SFY 2014</u>	<u>SFY 2015</u>
10 - 02700 - 80400000 - 048 - 500226	Contract Repairs, Building & Grounds	\$ 70.00	\$ 180.00
Vendor Code:	169806 Total Security		
RQ#:	145085		

EXPLANATION

NHES is requesting approval of the attached contract amendment for panic, burglar and fire alarm monitoring statewide. This contract amendment will provide for the addition of the new Tobey building location.

Sincerely,

George N. Copadis
Commissioner

GNC/jdr

**NEW HAMPSHIRE EMPLOYMENT SECURITY
TOTAL SECURITY ALARM MONITORING
CONTRACT AMENDMENT A**

WHEREAS, pursuant to contract approved by Governor and Council as item #42 on December 14, 2011, hereinafter referred to as Agreement, Total Security, Inc., hereinafter referred to as Contractor, agreed to supply certain services upon terms and conditions specified in Agreement, and in consideration of payment by New Hampshire Employment Security, hereinafter referred to as NHES, certain sums as specified therein;

WHEREAS, pursuant to Agreement Exhibit A, which states NHES services are not limited to offices listed, and Exhibit B, which denotes cost per office, Agreement may be modified or amended by written instrument executed by parties thereto and approved by Governor and Executive Council;

WHEREAS, Contractor and NHES have agreed to amend Agreement in certain respects;

WHEREAS, NHES wishes to include Tobey Building in listed services for alarm monitoring, to commence in April, 2014, and Contractor has agreed to include Tobey Building upon G&C approval;

WHEREAS, NHES wishes to increase the Contract price by \$250, \$70 for FY14 and \$180 for FY15, increasing Contract amount from \$10,920.00 to a new total contract price of \$11,170.00.

WHEREAS, NHES and Contractor seek to clarify Agreement.

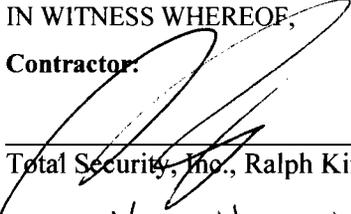
NOW THEREFORE, in consideration of the foregoing, and covenants and conditions contained in Agreement and set forth herein, the parties agree to amend Agreement as follows:

1. Amend Exhibit A to include Tobey Building.
2. Amend Exhibit B to include Tobey Building for \$15 dollars per month, plus start-up fees, for the remainder of Contract, increasing Price Limitation by \$250 from \$10,920.00 to \$11,170.00.

Except as provided herein, all provisions of Agreement shall remain in full force and effect. This modification shall take effect upon Governor and Executive Council approval.

IN WITNESS WHEREOF,

Contractor:



Total Security, Inc., Ralph King, President

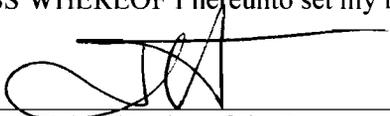
Date: 3/24/14

STATE OF New Hampshire COUNTY OF Belknap

On this the 26 day of March, 2014, before me, Julie Dolder,
the undersigned Officer Ralph King, personally appeared and acknowledged her/himself to
be the President, of Total Security, a corporation, and
that she/he as such President being authorized to do so, executed the foregoing
instrument for purposes therein contained, by signing the name of the corporation by her/himself as

Ralph King

IN WITNESS WHEREOF I hereunto set my hand and official seal.



Notary Public/Justice of the Peace

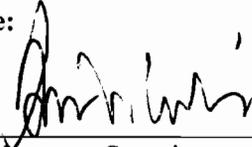
My Commission Expires: 11-9-2016

(SEAL)



**NEW HAMPSHIRE EMPLOYMENT SECURITY
TOTAL SECURITY ALARM MONITORING
CONTRACT AMENDMENT A**

State of New Hampshire:

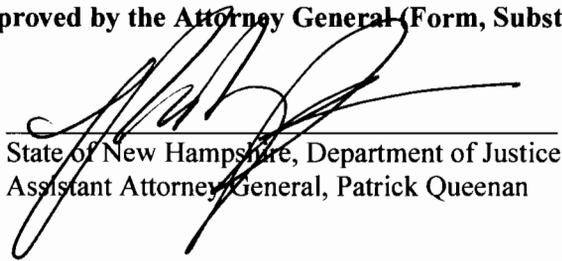


New Hampshire Employment Security
Commissioner George N. Copadis

Date:

3/31/14

Approved by the Attorney General (Form, Substance and Execution)



State of New Hampshire, Department of Justice
Assistant Attorney General, Patrick Queenan

Date:

4/1/14

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 TOTAL SECURITY, INC. is a New Hampshire corporation duly incorporated under the laws of the State of New Hampshire on August 27, 2003. I further certify that all fees and annual reports required by the Secretary of State's office have been received and that articles of dissolution have not been filed.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 2nd day of April, A.D. 2014

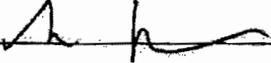
A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State

Corporate Resolution

I Graham Dolder, hereby certify that I am duly appointed Vice President of Total Security, Inc. I hereby certify the following is a true copy of a vote taken at a meeting of the Board of Directors, duly called and held on 03/26/2014 at which a quorum of the directors was present and voting.

That Ralph King is duly authorized to enter into contracts or agreements on behalf of Total Security, 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 judgment be desirable or necessary to affect the purpose of this vote. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract to which this certificate is attached. 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: 03/26/2014 Attest: 

Name & Title



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/5/2014

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 OnPoint Underwriting obo Security America RRG 8390 E. Crescent Pkwy, #200 Greenwood Village CO 80111	CONTACT NAME: Rebecca Mollman PHONE (A/C No. Ext): 866.315.3838 FAX (A/C No.): (877) 865-0003 E-MAIL ADDRESS: rmollman@onpointunderwriting.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Security America Co. RRG</td> <td>11267</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: Security America Co. RRG	11267	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
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INSURER B:														
INSURER C:														
INSURER D:														
INSURER E:														
INSURER F:														
INSURED Total Security, Inc. 135 Weirs Blvd., Unit C-1 Laconia NH 03246														

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
A	GENERAL LIABILITY <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			004261415	1/24/2014	1/24/2015	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPOP AGG \$ 3,000,000 PROFESSIONAL LIABILITY \$ 2,000,000
	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			N/A			<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER NH Employment Security 32 South Main Street 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 Cheryl Jones/ANJOE <i>Cheryl Jones</i>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/3/2014

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 CROSS INSURANCE - LACONIA 155 Court Street Laconia NH 03246	CONTACT NAME: Janice Bagley, CIC PHONE (A/C No. Ext.): (603) 524-2425 E-MAIL ADDRESS: jbagley@crossagency.com	FAX (A/C No.): (603) 524-3666
	INSURER(S) AFFORDING COVERAGE	
INSURED Total Security, Inc. P.O. Box 6702 Laconia NH 03247-6702	INSURER A: Star Insurance Co	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL1431304853 **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
	GENERAL LIABILITY <input type="checkbox"/> 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						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/POP 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 \$
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 Y	N/A	WC0781550-0	3/4/2014	3/4/2015	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Ralph King and Graham Dolder are excluded from the workers compensation coverage.

CERTIFICATE HOLDER (603) 229-4352 NH Employment Security 32 S. Main Street 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 L Tikkanen, CISR/LXT <i>[Signature]</i>
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ADMINISTRATIVE OFFICE

32 SOUTH MAIN STREET
CONCORD, NH 03301-4857



TARA G. REARDON, COMMISSIONER

DARRELL L. GATES, DEPUTY COMMISSIONER

November 29, 2011

#42
12/14/11

His Excellency, Governor John H. Lynch
and the Honorable Council
State House
Concord, NH 03301

Requested Action

To authorize New Hampshire Employment Security (NHES) to enter into a contract with Total Security (VC# 169806), Laconia, NH in the amount not to exceed \$10,920.00 for panic, burglar and fire alarm monitoring at NHES's offices statewide from January 1, 2012 through June 30, 2015. 100% Federal funds.

Federal funds available for these services will be expended as follows, contingent upon availability and continued appropriations for fiscal years 2012 forward with the authority to adjust encumbrances in each of the State fiscal years through the Budget Office if needed and justified:

02 - 27 - 27 - 270010 - 8040 DEPT OF EMPLOYMENT SECURITY

	FY 2012	FY 2013	FY 2014	FY 2015
10 - 02700 - 80400000 - 048 - 500226 Contract Repairs.	\$ 1,560.00	\$ 3,120.00	\$ 3,120.00	\$ 3,120.00
Building & Grounds				

Vendor Code: 169806 Total Security

RQ#: 124798

Explanation

NHES is requesting approval of the attached contract for panic, burglar and fire alarm monitoring statewide. The contract total of \$10,920.00 (\$1,560.00 for the first year and \$3,120 for each of the remaining years) is for the period beginning January 1, 2012 through June 30, 2015, with the option to terminate, with 30 days notice, if panic, burglar and fire alarm monitoring services become available to NHES through the Department of Administrative Services.

A competitive bid process was undertaken for panic, burglar and fire alarm monitoring services at NHES's offices statewide. A "Request For Proposal" (RFP) was sent to eight (8) vendors, five (5) of which were obtained from an agency database and three (3) that had responded to our advertisements. Of those eight (8) vendors, four (4) vendors submitted bids. A review of the submitted bids resulted in the selection of one vendor as low bidder. An RFP list with bid and non-bid responses is attached.

Sincerely,

Tara G. Reardon
Commissioner

TGR/jdr

Subject:

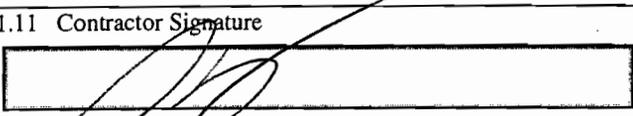
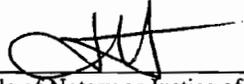
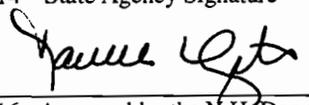
Alarm Monitoring

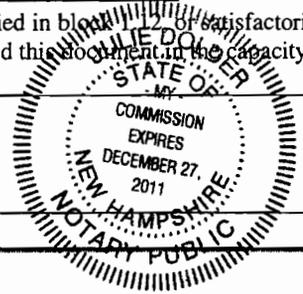
AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Employment Security		1.2 State Agency Address 32 South Main Street, Concord, NH 03301	
1.3 Contractor Name Total Security VC #169806		1.4 Contractor Address 135 Weirs BLVD, Unit C-1, Laconia, NH, 03246	
1.5 Contractor Phone Number 603-273-0032	1.6 Account Number 010-027-8040-048-0226	1.7 Completion Date June 30, 2015	1.8 Price Limitation \$10,920
1.9 Contracting Officer for State Agency Darrell L. Gates, Deputy Commissioner		1.10 State Agency Telephone Number 603-228-4064	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Ralph King / President	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>B. 11/16/11</u> On <u>11-16-11</u> , before the undersigned officer, personally appeared the person identified in block 1.12, who satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace [Seal] 			
1.13.2 Name and Title of Notary or Justice of the Peace Julie Dolder - Notary Public			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Darrell L. Gates, Deputy Commissioner	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) By: <u>Lisa M. Egan</u> On: <u>11/28/11</u>			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			



2. EMPLOYMENT OF CONTRACTOR/SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT A which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.
3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, this Agreement, and all obligations of the parties hereunder, shall not become effective until the date the Governor and Executive Council approve this Agreement ("Effective Date").
3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT. Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.
5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.
5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.
5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.
6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. In addition, the Contractor shall comply with all applicable copyright laws.
6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.
6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.
7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.
7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.
7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

- 8.1.1 failure to perform the Services satisfactorily or on schedule;
- 8.1.2 failure to submit any report required hereunder; and/or
- 8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

- 8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;
- 8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;
- 8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or
- 8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

10. TERMINATION. In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination

Report shall be identical to those of any Final Report described in the attached EXHIBIT A.

11. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS. The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written consent of the N.H. Department of Administrative Services. None of the Services shall be subcontracted by the Contractor without the prior written consent of the State.

13. INDEMNIFICATION. The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

- 14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:
 - 14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$2,000,000 per occurrence; and
 - 14.1.2 fire and extended coverage insurance covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.
- 14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.
- 14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than fifteen (15) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be

Contractor Initials AL
Date 11/18/11

attached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to endeavor to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than ten (10) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("*Workers' Compensation*").

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. WAIVER OF BREACH. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

17. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire.

19. CONSTRUCTION OF AGREEMENT AND TERMS.

This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual

intent, and no rule of construction shall be applied against or in favor of any party.

20. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional provisions set forth in the attached EXHIBIT C are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire Agreement and understanding between the parties, and supersedes all prior Agreements and understandings relating hereto.

EXHIBIT A

SCOPE

Work consists of all labor, tools, equipment, materials and transportation necessary to provide NH Employment Security with all phases of Panic/Fire/Burglar alarm monitoring. Contractor is responsible for obtaining all materials, permits, and approvals, required for this project.

DESCRIPTION OF WORK

Total Security, Inc., henceforth referenced as Contractor, will provide statewide security monitoring services for NH Employment Security. Service locations include, but are not limited to:

Contractor will conduct weekly tests on each connection.

<u>OFFICE</u>	<u>TYPE</u>
Berlin	Panic/Burglar/AC Fault/DC Fault
Claremont	Panic/Burglar/AC Fault/DC Fault
Concord -10 West	Panic/Burglar/Fire/Water/Daily Test
Concord -11 Stickney	Panic/Burglar/Daily Test
Concord -32 S Main	Panic/Burglar/Fire/Water/Daily Test
Conway	Panic /Fire/Burglar/AC Fault/DC Fault
Keene	Panic/Burglar/AC Fault/DC Fault
Laconia	Panic/Burglar/AC Fault/DC Fault
Littleton	Panic/Burglar/AC Fault/DC Fault
Manchester, 298- 2	Panic/Burglar/24 Hr. Water/ Fire
Manchester, 300	Panic/Burglar/Water/Gas/Fire/High Temp/AC Fault/DC Fault
Nashua	Panic/Fire/Burglar/ AC Fault/DC Fault
Portsmouth	Panic/Burglar/Fire/AC Fault/DC Fault
Salem	Panic/Burglar/AC Fault/DC Fault
Somersworth - 2	Panic/Fire/ Burglar/AC Fault/DC Fault

All sites are incorporated with Digital Security Controls 4020 System

SPECIFICATIONS

Contractor will monitor systems for alarms and faults and will make contact using emergency service unit and employee call list, provided by NH Employment Security. Each employee on call list will be assigned a pass code for identification. Contractor will call the first person on the list and will continue calling sequentially down the list until a response is received.

An emergency list with emergency numbers for vendors and for NH Employment Security employees will be provided to Contractor for each office. The emergency list will define which vendor and NH Employment Security representative should be notified for each type of monitoring. The emergency list is updated periodically and supplied to Contractor and NH Employment Security employees.

SAFETY ISSUES and COMPLIANCE REQUIREMENTS

- Safety and protection of NH Employment Security personnel and property is of utmost concern. All work will interfere as little as possible with NH Employment Security business. Contractor will at, his own expense wherever necessary or required, furnish safety devices and take all precautions necessary to protect life and property.
- Work will be compliant with all existing state and federal safety laws, rules, regulations and standards including but not limited to OSHA and U.S. Department of Labor to ensure safety of workers, NH Employment Security staff and the general public.

- Damages to NH Employment Security property or adjacent property will be the responsibility of Contractor. Contractor will repair all damages at no cost to NH Employment Security.
- Rubbish and debris will be promptly removed from premises as it occurs. All materials will be properly disposed of off-site in strict accordance with all applicable laws, rules, regulations and ordinances.

EXHIBIT B

Contractor will provide Services to NH Employment Security at prices quoted and in accordance with all terms and specifications contained herein. Itemized payment plan is based on schedule below.

<u>Office</u>	<u>Monthly</u>	<u>Annual</u>
Berlin	\$ 15.00	\$ 180.00
Claremont	\$ 15.00	\$ 180.00
Concord – 10 West	\$ 15.00	\$ 180.00
Concord - 32 S Main	\$ 15.00	\$ 180.00
Concord – 11 Stickney	\$ 15.00	\$ 180.00
Conway	\$ 15.00	\$ 180.00
Keene	\$ 15.00	\$ 180.00
Laconia	\$ 15.00	\$ 180.00
Littleton	\$ 15.00	\$ 180.00
298 Hanover, Manchester	\$ 15.00	\$ 180.00
AES Radio Panel	\$ 20.00	\$ 240.00
300 Hanover, Manchester	\$ 15.00	\$ 180.00
Nashua	\$ 15.00	\$ 180.00
Portsmouth	\$ 15.00	\$ 180.00
Salem	\$ 15.00	\$ 180.00
Somersworth	\$ 15.00	\$ 180.00
2 nd Panel	<u>\$ 15.00</u>	<u>\$ 180.00</u>
	\$260.00	\$3,120.00

TOTAL CONTRACT NOT TO EXCEED \$10,920

INVOICE

Contractor will invoice NH Employment Security monthly, quarterly, or annually, so long as NH Employment Security is billed after service is performed. Invoices must include date (s) work was performed, a brief description of work performed, Address of job site.

Payment will be made through the normal State payment process following delivery of services and acceptance by NH Employment Security.

Invoices with be sent to:

**Helen A. Dinsmore
NH Employment Security
32 South Main St
Concord NH 03301-4857**

EXHIBIT C

TERM & EXTENSION

This agreement will be for a term beginning January 1, 2012 and terminating on June 30, 2015.

TERMINATION

If Contractor fails to perform required services this agreement will become void and of no effect without notice, with no liability against NH Employment Security beyond date Contractor failed to perform services. Either party may terminate this agreement at any time. The party requesting termination must give the other party written notice, by certified mail, to so terminate at least thirty (30) days prior to effective date of termination.

CONFIDENTIALITY, CRIMINAL RECORD & NH CERTIFICATE OF GOOD STANDING

Contractor and his employees will be required to sign and submit a **STATEMENT OF CONFIDENTIALITY OF RECORDS FORM (DES 1726)**, and a **CRIMINAL RECORDS FORM (DES 2135)**, to be provided by NH Employment Security, if applicable, prior to any work being done. There is a \$25 fee for each check required. During the course of this agreement any personnel scheduled to enter NH Employment Security must be reported to a NH Employment Security official and a **STATEMENT OF CONFIDENTIALITY OF RECORDS FORM** and a **CRIMINAL RECORDS FORM** submitted for processing prior to entrance to NHES. Contractor must provide a **Certificate of Good Standing** from NH Secretary of State. A \$5 fee is required for **Certificate of Good Standing**.

DAMAGE

Contractor agrees damage to NHES property resultant from service will be repaired at his expense. Contractor will return buildings, material, equipment or property to original or better condition, assessed and accepted by NH Employment Security. NH Employment Security must approve any sub-contractor performing repair work.

SUB-CONTRACTING

Contractor will not assign, subcontract or otherwise transfer any duty obligation, or written performance required by this agreement without prior consent of NH Employment Security. All subcontractors must be listed on the bid page of this document for pre-approval.

ACCEPTANCE OR REJECTION BY NH EMPLOYMENT SECURITY

NH Employment Security reserves the right to accept or reject any or all proposals submitted for consideration. All proposals will be kept sealed and safe until the date, time and place of public opening.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS PRIMARY COVERED TRANSACTIONS

Contractor certifies that the primary participant, and its principals, to the best of its knowledge and belief, are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any Federal department or agency. Contractor will inform NH Employment Security of any changes in the status regarding this statement.

DAVIS-BACON ACT

Davis-Bacon Act and Related Acts, apply to contractors and subcontractors performing on federally funded/assisted contracts in excess of \$2,000 for construction, alteration, or repair (including painting and decorating) of public buildings or public works. Under these Acts contractors and subcontractors must pay laborers and mechanics prevailing wages and fringe benefits for corresponding work on similar projects in the area, as determined by Department of Labor. When there is no Davis Bacon assignment. Applicable Wage Determination is realized by using the lowest skilled craft above laborer, excluding power equipment rate. Prevailing Wages for this project are listed in Attachment B.

AMERICANS WITH DISABILITIES ACT

The undersigned agrees to comply with all Federal, State and Local ADA rules and regulations.

PAYMENT BOND/MILLER ACT

Contractor agrees to comply with The Miller Act bond requirement and NHRS 447:16. **A Payment Bond**, with a surety satisfactory for **protection of all persons supplying labor and material in carrying out work provided for in the contract**. Amount of **payment bond will equal total amount payable by terms of contract** unless officer awarding contract determines, in a writing supported by specific finds, that a payment bond in that amount is impractical, in which case contracting officer will set amount of payment bond. Amount of bond will not be less than total amount of contract. A payment bond is required for contracts of \$35,000 – 99,999 Dollars. A **Performance Bond** is required for contracts totaling \$100,000 Dollars or more.

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 TOTAL SECURITY, INC. is a New Hampshire corporation duly incorporated under the laws of the State of New Hampshire on August 27, 2003. I further certify that all fees and annual reports required by the Secretary of State's office have been received and that articles of dissolution have not been filed.



In TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 3rd day of November, A.D. 2011

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State



Total Security Corporate Resolution
BEFORE IT HAPPENS

I Graham Dolder, hereby certify that I am duly appointed Vice President of Total Security, Inc. I hereby certify the following is a true copy of a vote taken at a meeting of the Board of Directors, duly called and held on Friday, November 18, 2011 at which a quorum of the directors was present and voting.

That Ralph King is duly authorized to enter into contracts or agreements on behalf of Total Security, 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 judgment be desirable or necessary to affect the purpose of this vote. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract to which this certificate is attached. 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: 11.18.11

Attest: [Signature] VP

Name & Title



CERTIFICATE OF LIABILITY INSURANCE

TOTAL-4 OP ID: SAC

DATE (MM/DD/YYYY)

11/18/11

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 Cross Insurance 155 Court Street Laconia, NH 03246 Randy Eifert	603-528-5255	CONTACT NAME:	
	603-528-7791	PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A:	The Hartford
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

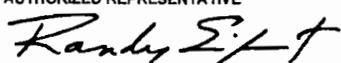
INSURED **Total Security, Inc.**
 PO Box 6702
 Laconia, NH 03247-6702

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
	GENERAL LIABILITY <input type="checkbox"/> 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						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 <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 \$
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	04WECLJ4671	03/04/11	03/04/12	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Refer to policy for exclusionary forms and endorsements.
 Graham Dolder and Ralph King are excluded from workers comp as President and Vice President

CERTIFICATE HOLDER NHEMPLO NH Employment Security 32 S. Main Street 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 

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NH Employment Security ALARM MONITORING PROJECT
BID OPENING 10/20/11 2:00 PM
8 RFPs Distributed 1 Ad, 2 Internet, 5 NHES Database Responses 4 Bids Submitted

Vendor Bid Ascertained Via	Vendor Address	Telephone Number Bid Submission	Mandatory Pre-Bid Conference Reason for Not Bidding
Amer Electric Don Hackler	82 Pearl Street, Keene, NH, 03431 amerfirealarm@ne.rr.com	603-357-8553 NO BID	Company did not have time to present competitive bid.
Capitol Alarms Bob Phelps	90 Progress Ave U 3, Tyngsboro, MA, 01879 bob@capitolalarms.com	603-753-4044 \$3,566.40 per year	#2 BID
East Coast Security & Fire Mark Dufour Jr./Paul Dilorio	68 Stiles Rd, Salem, NH, 03079 markdjr@ecss.com pdilorio@ecss.com	(800) 639-2086 NO BID	Company did not have time to present competitive bid.
Pelmac Industries, Inc. Brian Burke/Dan Boyce	12 Commercial Ct., Auburn, NH, 03032 bburk@pelmac.com dboyce@pelmac.com	(603) 623-5916 \$3,672 per year	#3 BID
Seacoast Security (All Points System is dba) Rick Houle Brian Cormier	280 Heritage Ave St C, Portsmouth, NH, 03801 rickh@seacoastsecurity.com brianc@seacoastsecurity.com	(603) 433-8864 \$3,804 per year	#4 BID
Signet Electronic Systems Linda Anderson; Bob Fecteau	106 Longwater Dr., Norwell, MA, 02061 Linda.Anderson@signetgroup.net	(781) 871-5888 NO BID	Company did not have time to present competitive bid.
SimplexGrinnell Ronald Bowman	35 Progress Ave, Nashua, NH, 03062 RoBowman@simplexgrinnell.com	(603)521-1144	Company not authorized to provide monitoring in city of Manchester.
Total Security Erika Willette; Ralph King	135 Weirs Blvd UC1, Laconia, NH, 03246 RKing@TotalSecuritynh.com; Ewillette@..	(603)273-0032 \$3120 per year	#1 BID
Contract is for three years + half of FY12			

Ads: Union Leader; NH-PTAP, Construction Summary, Onvia, MyBid, Reed Business, IsQft, McGraw-Hill, Works In Progress, etc.
 NHES Database: All bidders previously responding to similar NHES projects advertised in Newspaper or on Internet.