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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

VICKI V. QUIRAM
Commissioner
(603)-271-3201

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

Division of Public Works
Design and Construction
Project No. 80666R – Contract H

April 13, 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 D. L. King and Associates, Inc. (VC# 168979) Nashua, NH, for a total price not to exceed \$3,754,800, for the Construction of a Highway Maintenance Facility in Salem, NH. This contract is effective upon Governor and Council approval through May 31, 2018, unless extended in accordance with the contract terms. **100% Capital – Highway Funds.**

2). Further authorize the amount of \$90,000 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 \$3,844,800. **100% Capital – Highway Funds.**

Funding is available in account titled Dept. of Transportation as follows:

04-96-96-960030-86980000	New Patrol Shed and Salt Storage – Salem	<u>SFY17</u>
034-500162	– Contract Repairs/Bldgs. & Grounds	\$ 3,112,149
034-500162	– BPW Fees Interagency	<u>\$ 60,000</u>
	Sub-Total	\$ 3,172,149

04-96-96-960030-82900000	Salt Sheds	
034-500162	– Contract Repairs/Bldgs. & Grounds	\$ 242,651
034-500162	– BPW Fees Interagency	<u>\$ 30,000</u>
	Sub-Total	\$ 272,651

04-96-96-960030-79860000	Underground Fuel Tank Repl.	
034-500162	– Contract Repairs/Bldgs. & Grounds	\$ 75,703
04-96-96-960030-82860000	Underground Fuel Tank Repl.	
034-500162	– Contract Repairs/Bldgs. & Grounds	<u>\$ 324,297</u>
Grand Total		\$3,844,800

EXPLANATION

Per Chapter 253:2, III, D, Laws of 2011, as amended by Chapter 195:43, Laws of 2013, further extended by Chapter 220:23, 112, Laws of 2015 for the New Patrol Shed and Salt Storage – Salem, Chapter 220:2, III, E, Laws of 2015 for Salt Sheds, Chapter 195:2, II, Laws of 2013 as amended by Chapter 220:23, 100, Laws of 2015 for Underground Fuel Tank Replacement, Chapter 220:2, III, A, Laws of 2015, for Underground Fuel Tank Replacement. This project includes demolition and replacement of existing patrol shed and miscellaneous buildings with construction of new 8,000 square foot patrol shed and 9,000 square foot salt building, fueling station and associated site improvements including underground utility connections.

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 Transportation 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,



Vicki V. Quiram
Commissioner

Department Estimate: \$3,625,000
Contract Amount: \$3,594,800
Under Estimate: \$ 30,200

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 80666R, Contract H Salem Highway Maintenance Facility, Salem, New Hampshire

DESCRIPTION: Work of the Project includes demolition and replacement of existing patrol shed and miscellaneous buildings with construction of new 8,000 square foot patrol shed and 9,000 square foot salt building, fueling station and associated site improvements including underground utility connections.

EXPLANATION: The current facility is undersized to meet level of service requirements with the expansion of the I-93 corridor and Route 111. The current building does not meet modern building codes, is structurally unsound, not energy efficient and cannot store all the equipment as needed.

UNDER ESTIMATE

EXPLANATION: The amount as bid is within 1% of the estimate and is considered to be within acceptable standards.

BID ALTERNATE
ADDS/DEDUCTS

EXPLANATION: Alternate No. 1 – Provide 95'-4" Addition on East Side in the amount of \$160,000 is for cold storage of miscellaneous highway maintenance equipment.

DEPARTMENT

ESTIMATE: \$3,625,000

LOW BID: \$3,594,800



ABC Bid Data

SALEM
8066GR-H
NON-FEDERAL

PROJECT: SALEM
STATE PROJECT NUMBER: 8066GR-H
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: March 01, 2017, 02:00 PM
SCOPE OF WORK: HIGHWAY MAINTENANCE FACILITY
COMPLETION DATE: May 31, 2018
LOCATION: Rockingham

Certified by: _____
Agreement No. _____

Summary of Bidders

Contractor
D. L. KING & ASSOCIATES INC
27 TANGLEWOOD DRIVE, NASHUA NH 03062-1044
TURNSTONE CORPORATION
479 NASHUA STREET, MILFORD NH 03055-3705
STEPHENS-MARQUIS ASSOCIATES
717 DANIEL WEBSTER HWY, MERRIMACK NH 03054
NORTH BRANCH CONSTRUCTION INC
76 OLD TURNPIKE ROAD, CONCORD NH 03301-5242
CARENO CONSTRUCTION CO., LLC
270 WEST ROAD, STE 4, PORTSMOUTH NH 03801-7611
STRUCTURETONE INC
711 ATLANTIC AVENUE, BOSTON MA 02111-2809

Bid Amount	Rank
\$ 3,594,800.00	A
\$ 3,621,500.00	B
\$ 3,720,000.00	C
\$ 3,817,000.00	D
\$ 3,874,534.00	E
\$ 4,186,000.00	F

*Base Bid = \$3,594,800.00
Add #1 = \$3,160,000.00
Total = \$3,754,800.00*

BUREAU OF PUBLIC WORKS
Award to DL King & Assoc, Inc
Hold for Negotiation
Cancel Contract
User Agency MTDOT
Authorized by [Signature]
Date 03/09/2017

Item No. Items	Description	Unit	Quantity	PS&E		D. L. KING & ASSOCIATES INC. 27 TANGLEWOOD DRIVE NASHUA, NH 03062-1044		TURNSTONE CORPORATION 479 NASHUA STREET MILFORD, NH 03055-3705	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

901	HIGHWAY MAINTENANCE BUILDING	U	1.000	\$1 900.000 00	\$1,900,000.00	\$1,662,800.00	\$1,662,800.00	\$1,737,000.00	\$1,737,000.00
902	SITWORK FOR MAINTENANCE FACILITY	U	1.000	\$600.000 00	\$600,000.00	\$857,000.00	\$857,000.00	\$773,000.00	\$773,000.00
903	FUEL STATION WITH GENERATOR	U	1.000	\$300.000 00	\$300,000.00	\$400,000.00	\$400,000.00	\$441,000.00	\$441,000.00
904	SALT BUILDING	U	1.000	\$700.000 00	\$700,000.00	\$550,000.00	\$550,000.00	\$545,500.00	\$545,500.00
905	ALLOWANCE FOR UNFORESEEN OR OWNER INITIATED CHANGES	\$	100,000.000	\$1.00	\$100,000.00	\$1.00	\$100,000.00	\$1.00	\$100,000.00
906	ALLOWANCE FOR UTILITY FEES	\$	25,000.000	\$1.00	\$25,000.00	\$1.00	\$25,000.00	\$1.00	\$25,000.00

Totals: \$3,625,000.00 \$3,694,800.00 \$3,621,600.00

**ALTERNATES 80666R-H
ADD ALTERNATE #1**

991	PROVIDE 95'-4" ADDITION ON EAST SIDE OF SALT BUILDING	\$	1.000	\$1.00	\$ 125,000.00	\$1.00	\$ 160,000.00	\$1.00	\$ 170,000.00
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Item No. Items	Description	Unit	Quantity	PS&E		STEPHENS-MARQUIS ASSOCIATES 717 DANIEL WEBSTER HWY MERRIMACK, NH 03054		NORTH BRANCH CONSTRUCTION INC. 76 OLD TURNPIKE ROAD CONCORD, NH 03301-5242	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

901	HIGHWAY MAINTENANCE BUILDING	U	1.000	\$1,900,000.00	\$1,900,000.00	\$1,760,000.00	\$1,760,000.00	\$2,040,748.00	\$2,040,748.00
902	SITWORK FOR MAINTENANCE FACILITY	U	1.000	\$600,000.00	\$600,000.00	\$900,000.00	\$900,000.00	\$750,000.00	\$750,000.00
903	FUEL STATION WITH GENERATOR	U	1.000	\$300,000.00	\$300,000.00	\$355,000.00	\$355,000.00	\$376,222.00	\$376,222.00
904	SALT BUILDING	U	1.000	\$700,000.00	\$700,000.00	\$580,000.00	\$580,000.00	\$525,030.00	\$525,030.00
905	ALLOWANCE FOR UNFORESEEN OR OWNER INITIATED CHANGES	\$	100,000.000	\$1.00	\$100,000.00	\$1.00	\$100,000.00	\$1.00	\$100,000.00
906	ALLOWANCE FOR UTILITY FEES	\$	25,000.000	\$1.00	\$25,000.00	\$1.00	\$25,000.00	\$1.00	\$25,000.00

Totals: \$3,625,000.00 \$3,720,000.00 \$3,817,000.00

**ALTERNATES 80666R-H
ADD ALTERNATE #1**

991	PROVIDE 95'-4" ADDITION ON EAST SIDE OF SALT BUILDING	\$	1.000	\$1.00	\$125,000.00	\$1.00	\$106,000.00	\$1.00	\$126,000.00
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Item No.	Description	Unit	Quantity	PS&E		CARENO CONSTRUCTION CO., LLC 270 WEST ROAD, STE 4 PORTSMOUTH, NH 03801-7611	STRUCTURETONE INC 711 ATLANTIC AVENUE BOSTON, MA 02111-2809
				Unit Price	Total		

901	HIGHWAY MAINTENANCE BUILDING	U	1,000	\$1,900,000.00	\$1,900,000.00	\$1,894,534.00	\$2,530,000.00
902	SITWORK FOR MAINTENANCE FACILITY	U	1,000	\$600,000.00	\$600,000.00	\$720,000.00	\$398,000.00
903	FUEL STATION WITH GENERATOR	U	1,000	\$300,000.00	\$300,000.00	\$400,000.00	\$340,000.00
904	SALT BUILDING	U	1,000	\$700,000.00	\$700,000.00	\$735,000.00	\$793,000.00
905	ALLOWANCE FOR UNFORESEEN OR OWNER INITIATED CHANGES	\$	100,000,000	\$1.00	\$100,000.00	\$100,000.00	\$100,000.00
906	ALLOWANCE FOR UTILITY FEES	\$	25,000,000	\$1.00	\$25,000.00	\$25,000.00	\$25,000.00

Totals: \$3,625,000.00 \$3,874,534.00 \$4,186,000.00

**ALTERNATES 80666R-H
ADD ALTERNATE #1**

991	PROVIDE 95'-4" ADDITION ON EAST SIDE OF SALT BUILDING	\$	1,000	\$1.00	\$125,000.00	\$1.00	\$148,000.00
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/30/2017

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).

PRODUCER THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511		CONTACT NAME: Renee Skillings PHONE (AC. No. Ext.): (603) 224-2562 FAX (AC. No.): (603) 224-8012 E-MAIL ADDRESS: rskillings@rowleyagency.com															
INSURED D.L. King & Associates, Inc. 27 Tanglewood Drive Nashua NH 03062		<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Arbella Insurance Group</td> <td></td> </tr> <tr> <td>INSURER B: Arbella Protection Ins Co</td> <td>41360</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: Arbella Insurance Group		INSURER B: Arbella Protection Ins Co	41360	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER F:																	

COVERAGES CERTIFICATE NUMBER: 16-17 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:		8500062916	9/3/2016	9/3/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		1020032951	9/3/2016	9/3/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE		4600062918	9/3/2016	9/3/2017	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y N/A	4220057417 3A States: NH/VA Excluded Officers: Donna & Arthur King, Jr.	9/3/2016	9/3/2017	<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
A	LEASED/RENTED EQUIPMENT		8500062916	9/3/2016	9/3/2017	LIMIT 30,000 DED 500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Re: Project #80666R-H, Salem Highway Maintenance Facility
 Certificate holder and owner are additional insured with respects to general liability when required by written contract.

CERTIFICATE HOLDER State of New Hampshire Dept of Administrative Services 7 Hazen Drive Concord, NH 03301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Renee Skillings/RLS <i>Renee L. Skillings</i>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/30/2017

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Renee Skillings PHONE (A/C No. Ext): (603) 224-2562 FAX (A/C No.): (603) 224-8012 E-MAIL ADDRESS: rskillings@rowleyagency.com
	INSURER(S) AFFORDING COVERAGE INSURER A: Great American INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** 17-18 OCP-80666R-H **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners & Contractors GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			R03289-033017-70500	4/3/2017	5/31/2018	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ \$ 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 UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below
							COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ 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)
Re: Salem Highway Maintenance Facility, Project #80666R-H

CERTIFICATE HOLDER Insured	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Renee Skillings/RLS <i>Renee L. Skillings</i>



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
4/3/2017

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Renee Skillings PHONE (A/C, No. Ext): (603) 224-2562 FAX (A/C, No): (603) 224-8012 E-MAIL ADDRESS: rskillings@rowleyagency.com PRODUCER CUSTOMER ID: 00007629													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A Acadia Insurance Company</td> <td>31325</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A Acadia Insurance Company	31325	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A Acadia Insurance Company	31325													
INSURER B :														
INSURER C :														
INSURER D :														
INSURER E :														
INSURER F :														
INSURED D.L. King & Associates, Inc., State of NH Dept of Admin Svcs and all subs on the project 27 Tanglewood Drive Nashua NH 03062														

COVERAGES **CERTIFICATE NUMBER: 17-18 BR #80666R-H** **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Project #80666R-H, Highway Maintenance Facility, 54 Shadow Lake Road, Salem, NH

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
	PROPERTY				BUILDING	\$
	CAUSES OF LOSS	DEDUCTIBLES			PERSONAL PROPERTY	\$
	BASIC	BUILDING			BUSINESS INCOME	\$
	BROAD	CONTENTS			EXTRA EXPENSE	\$
	SPECIAL				RENTAL VALUE	\$
	EARTHQUAKE				BLANKET BUILDING	\$
	WIND				BLANKET PERS PROP	\$
	FLOOD				BLANKET BLDG & PP	\$
						\$
						\$
A	<input checked="" type="checkbox"/> INLAND MARINE	TYPE OF POLICY			<input checked="" type="checkbox"/> JOBSITE	\$ 3,754,800
	CAUSES OF LOSS	Builders Risk			<input checked="" type="checkbox"/> TRANSIT	\$ 500,000
	NAMED PERILS	POLICY NUMBER			<input checked="" type="checkbox"/> TEMPORARY STORAGE	\$ 500,000
		BR04032017	4/3/2017	5/31/2018	<input checked="" type="checkbox"/> SOFT COSTS	\$ 50,000
	CRIME					\$
	TYPE OF POLICY					\$
						\$
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$
						\$
						\$
						\$

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Project #80666R-H, Salem Highway Maintenance Facility

CERTIFICATE HOLDER State of New Hampshire Dept of Administrative Services 7 Hazen Drive Concord, NH 03301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Renee Skillings/RLS <i>Renee A. Skillings</i>
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