

96 Jm



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

Bureau of Public Works  
Design and Construction  
Project No. 80741R – Contract C

August 17, 2015

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

**REQUESTED ACTION**

1). Authorize the Bureau of Public Works Design and Construction to enter into a contract with North Branch Construction, Inc. (VC# 154264) Concord NH, for a total price not to exceed \$2,394,000, for the Highway Maintenance Facility, Derry, NH. This contract is effective upon Governor and Council approval through July 29, 2016, unless extended in accordance with the contract terms. **100% Capital - Highway Funds.**

2). Further authorize the amount of \$105,000 be approved for payment to the Department of Administrative Services, Bureau of Public Works Design and Construction (VC# 177875), for engineering services provided, bringing the total to \$2,499,000. **100% Capital - Highway Funds.**

Funding is available in account titled Department of Transportation as follows:

|                          |                        |                   |
|--------------------------|------------------------|-------------------|
| 04-96-96-960030-79900000 | New Patrol Shed        | <u>SFY16</u>      |
| 034-500161               | – New Construction     | \$ 2,394,000      |
| 034-500161               | – BPW Fees/Interagency | <u>\$ 105,000</u> |
|                          | <b>Grand Total</b>     | \$ 2,499,000      |

**EXPLANATION**

Per Chapter 195:2, II, E, Laws of 2013, this project includes the construction of a new patrol shed in Derry. 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, Bureau 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

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: BPW Project No. 80741r, Contract C – Replace existing Patrol Shed with Metal Building at the Derry Highway Maintenance Facility.

DESCRIPTION: Work of the Project includes demolition and replacement of existing patrol shed with construction of new 12,000 square foot metal building 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. 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 10% of the estimate and is considered to be within acceptable standards.

DEPARTMENT

ESTIMATE: \$2,630,000

LOW BID: \$2,394,000

**BIDDER SUMMARY**

PROJECT NAME: HIGHWAY MAINTENANCE FACILITY NON-FEDERAL 80741R-C  
PROJECT NUMBER: 80741R-C  
COUNTY: ROCKINGHAM COUNTY 015  
BID OPENING DATE: 07/08/2015  
SCOPE OF WORK: DEMOLITION AND REPLACEMENT OF EXISTING PATROL SHED WITH CONSTRUCTION OF NEW 12,000 SQUARE FOOT METAL BUILDING AND ASSOCIATED SITE IMPROVEMENTS INCLUDING UNDERGROUND UTILITY CONNECTIONS.  
LOCATION: 59 KENDALL POND ROAD DERRY, NH  
COMPLETION DATE: 07/29/2016

**BID RESULTS**

|   |                 |          |
|---|-----------------|----------|
| A NORTH BRANCH CONSTRUCTION INC (B001) - 76 OLD TURNPIKE RD CONCORD, NH 03301   | \$ 2,394,000.00 | ACCEPTED |
| B SEPPALA CONSTRUCTION CO., INC. - 153 HUNT HILL ROAD RINDGE, NH 03461          | \$ 2,418,000.00 | ACCEPTED |
| C CARENO CONSTRUCTION CO INC - 270 WEST ROAD STE 4 PORTSMOUTH, NH 03801         | \$ 2,645,000.00 | ACCEPTED |
| D J.C.N. CONSTRUCTION CO., INC. - 155 DOW STREET SUITE 301 MANCHESTER, NH 03101 | \$ 2,744,000.00 | ACCEPTED |
| E SCHROEDER CONSTRUCTION MGMT INC. - 2 TOWNSEND WEST UNIT 3 NASHUA, NH 03063    | \$ 2,744,000.00 | ACCEPTED |
| F STEPHENS MARQUIS ASSOCIATES, INC. - 717 D.W. HIGHWAY MERRIMACK, NH 03054      | \$ 2,937,000.00 | ACCEPTED |

**BUREAU OF PUBLIC WORKS**

Award to A Bidder \$ 2,394,000  
 Hold for Negotiation  
 Cancel Contract  
User Agency DOT  
Authorized by MLJ  
Date 7/24/15



| ITEM NO. | DESCRIPTION  | PS&E |            |                 | B               |                 |                 |
|----------|--|------|------------|-----------------|-----------------|-----------------|-----------------|
|          |  | UNIT | QUANTITY   | UNIT PRICE      | TOTAL           | UNIT PRICE      | TOTAL           |
| 901.00   | MAINTENANCE BUILDING   | EA   | 1.00       | \$ 1,885,000.00 | \$ 1,885,000.00 | \$ 1,676,000.00 | \$ 1,676,000.00 |
| 902.00   | ALL SITE WORK FOR FACILITY                                     | EA   | 1.00       | \$ 625,000.00   | \$ 625,000.00   | \$ 622,000.00   | \$ 622,000.00   |
| 903.00   | ALLOWANCE FOR UNFORESEEN CONDITIONS OR OWNER INITIATED CHANGES | \$   | 100,000.00 | \$ 1.00         | \$ 100,000.00   | \$ 1.00         | \$ 100,000.00   |
| 904.00   | ALLOWANCE FOR UTILITY CONNECTION FEES                          | \$   | 20,000.00  | \$ 1.00         | \$ 20,000.00    | \$ 1.00         | \$ 20,000.00    |
|          |  |      |            |                 | \$ 2,630,000.00 |                 | \$ 2,418,000.00 |

| ITEM NO. | DESCRIPTION  |
|----------|--|
| 901.00   | MAINTENANCE BUILDING   |
| 902.00   | ALL SITE WORK FOR FACILITY                                     |
| 903.00   | ALLOWANCE FOR UNFORESEEN CONDITIONS OR OWNER INITIATED CHANGES |
| 904.00   | ALLOWANCE FOR UTILITY CONNECTION FEES                          |

| UNIT | QUANTITY   | UNIT PRICE      | TOTAL           | PS&E | UNIT PRICE      | TOTAL           | C | UNIT PRICE      | TOTAL           |
|------|------------|-----------------|-----------------|------|-----------------|-----------------|---|-----------------|-----------------|
| EA   | 1.00       | \$ 1,885,000.00 | \$ 1,885,000.00 |      | \$ 1,825,000.00 | \$ 1,825,000.00 |   | \$ 1,825,000.00 | \$ 1,825,000.00 |
| EA   | 1.00       | \$ 625,000.00   | \$ 625,000.00   |      | \$ 700,000.00   | \$ 700,000.00   |   | \$ 700,000.00   | \$ 700,000.00   |
| \$   | 100,000.00 | \$              | \$ 100,000.00   |      | \$              | \$ 100,000.00   |   | \$ 1.00         | \$ 100,000.00   |
| \$   | 20,000.00  | \$              | \$ 20,000.00    |      | \$              | \$ 20,000.00    |   | \$ 1.00         | \$ 20,000.00    |
|      |            |                 | \$ 2,630,000.00 |      |                 | \$ 2,630,000.00 |   |                 | \$ 2,645,000.00 |

| ITEM NO. | DESCRIPTION  | PS&E          |                 | D             |                 |
|----------|--|---------------|-----------------|---------------|-----------------|
|          |  | QUANTITY      | UNIT PRICE      | QUANTITY      | UNIT PRICE      |
| 901.00   | MAINTENANCE BUILDING   | 1.00          | \$ 1,885,000.00 | 1.885,000.00  | \$ 2,134,000.00 |
| 902.00   | ALL SITE WORK FOR FACILITY                                     | 1.00          | \$ 625,000.00   | 625,000.00    | \$ 490,000.00   |
| 903.00   | ALLOWANCE FOR UNFORESEEN CONDITIONS OR OWNER INITIATED CHANGES | \$ 100,000.00 | \$ 1.00         | \$ 100,000.00 | \$ 1.00         |
| 904.00   | ALLOWANCE FOR UTILITY CONNECTION FEES                          | \$ 20,000.00  | \$ 1.00         | \$ 20,000.00  | \$ 1.00         |
|          |  |               | \$ 2,630,000.00 |               | \$ 2,744,000.00 |

| ITEM NO. | DESCRIPTION  | UNIT | QUANTITY   | UNIT PRICE      | TOTAL           | PS&E | UNIT PRICE      | TOTAL           | E  | TOTAL           |
|----------|--|------|------------|-----------------|-----------------|------|-----------------|-----------------|----|-----------------|
| 901.00   | MAINTENANCE BUILDING   | EA   | 1.00       | \$ 1,885,000.00 | \$ 1,885,000.00 |      | \$ 1,879,000.00 | \$ 1,879,000.00 | \$ | \$ 1,379,000.00 |
| 902.00   | ALL SITE WORK FOR FACILITY                                     | EA   | 1.00       | \$ 625,000.00   | \$ 625,000.00   |      | \$ 745,000.00   | \$ 745,000.00   | \$ | \$ 745,000.00   |
| 903.00   | ALLOWANCE FOR UNFORESEEN CONDITIONS OR OWNER INITIATED CHANGES | \$   | 100,000.00 | \$ 1.00         | \$ 100,000.00   |      | \$ 1.00         | \$ 100,000.00   | \$ | \$ 100,000.00   |
| 904.00   | ALLOWANCE FOR UTILITY CONNECTION FEES                          | \$   | 20,000.00  | \$ 1.00         | \$ 20,000.00    |      | \$ 1.00         | \$ 20,000.00    | \$ | \$ 20,000.00    |
|          |  |      |            |                 | \$ 2,630,000.00 |      |                 | \$ 2,630,000.00 |    | \$ 2,744,000.00 |

| ITEM NO. | DESCRIPTION  | UNIT | QUANTITY   | UNIT PRICE      | TOTAL           | PS&E | UNIT PRICE      | TOTAL           | F |
|----------|--|------|------------|-----------------|-----------------|------|-----------------|-----------------|---|
| 901.00   | MAINTENANCE BUILDING   | EA   | 1.00       | \$ 1,885,000.00 | \$ 1,885,000.00 |      | \$ 2,017,000.00 | \$ 2,017,000.00 |   |
| 902.00   | ALL SITE WORK FOR FACILITY                                     | EA   | 1.00       | \$ 625,000.00   | \$ 625,000.00   |      | \$ 800,000.00   | \$ 800,000.00   |   |
| 903.00   | ALLOWANCE FOR UNFORESEEN CONDITIONS OR OWNER INITIATED CHANGES | \$   | 100,000.00 | \$ 1.00         | \$ 100,000.00   |      | \$ 1.00         | \$ 100,000.00   |   |
| 904.00   | ALLOWANCE FOR UTILITY CONNECTION FEES                          | \$   | 20,000.00  | \$ 1.00         | \$ 20,000.00    |      | \$ 1.00         | \$ 20,000.00    |   |
|          |  |      |            |                 | \$ 2,630,000.00 |      |                 | \$ 2,937,000.00 |   |



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><br>USI Insurance Solutions LLC<br>123 Interstate Drive<br>West Springfield, MA 01089<br>855 874-0123 | CONTACT NAME: <b>Lisa M. O'neil</b>   |
|  | PHONE (A/C, No, Ext): <b>413-750-4256</b> FAX (A/C, No): <b>610-537-4670</b><br>E-MAIL ADDRESS: <b>lisa.oneil@usi.biz</b> |
| <b>INSURED</b><br>North Branch Construction, Inc.<br>76 Old Turnpike Road<br>Concord, NH 03301                       | INSURER(S) AFFORDING COVERAGE      NAIC #<br>INSURER A: <b>ABC NH WORKERS COMP SIG, Inc</b> <b>99999</b>                  |
|  | INSURER B :   |
|  | INSURER C :   |
|  | INSURER D :   |
|  | INSURER E :   |
|  | INSURER F :   |

**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   |
|----------|--|-----------|----------|--------------------|-------------------------|-------------------------|--|
|          | <b>GENERAL LIABILITY</b><br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |                    |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$                       |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS   |           |          |                    |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
|          | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED    RETENTION \$  |           |          |                    |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |
| <b>A</b> | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |           | N/A      | <b>ABC00402115</b> | <b>01/01/2015</b>       | <b>01/01/2016</b>       | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$1,000,000<br>E.L. DISEASE - POLICY LIMIT \$1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
**Proof of New Hampshire Workers' Compensation Coverage**  
**Project Number: #80741R DOT Highway Maintenance Facility, 59 Kendall Pond Road, Derry, NH**

|   |   |
|---|---|
| <b>CERTIFICATE HOLDER</b><br>NH Department of Administrative Services<br>Contract Office, Room 130<br>7 Hazen Drive<br>Concord, NH 03302-0483 | <b>CANCELLATION</b><br>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<br>   |



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/31/2015

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><br>Infantine Insurance<br>P. O. Box 5125<br><br>Manchester NH 03108   | <b>CONTACT NAME:</b> Annette Kowalczyk, CIC<br><b>PHONE (A/C, No, Ext):</b> (800) 937-0704<br><b>FAX (A/C, No):</b> (603) 669-6831<br><b>E-MAIL ADDRESS:</b> Annette@infantine.com |                        |
|   | <b>INSURER(S) AFFORDING COVERAGE</b>   |                        |
|   | <b>INSURER A:</b> Hanover Insurance Group, Inc.  | <b>NAIC #</b><br>22292 |
| <b>INSURED</b><br>The State of New Hampshire, Department of Administrative Services<br>c/o North Branch Construction 76 Old Turnpike Road<br>Concord NH 03301 | <b>INSURER B:</b><br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b>  |                        |

**COVERAGES**                      **CERTIFICATE NUMBER:** OCP - Patrol Shed                      **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   |                          |                          | LHV A696836-00         | 7/31/2015               | 7/31/2016               | EACH OCCURRENCE                           | \$ 2,000,000 |
|  | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR |                          |                          |                        |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$           |
|  | <input checked="" type="checkbox"/> Owners-Contractors                         |                          |                          |                        |                         |                         | MED EXP (Any one person)                  | \$           |
|  | <input type="checkbox"/> Protective  |                          |                          |                        |                         |                         | PERSONAL & ADV INJURY                     | \$           |
|  | GEN'L AGGREGATE LIMIT APPLIES PER:   |                          |                          |                        |                         |                         | GENERAL AGGREGATE                         | \$ 3,000,000 |
| <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC |  |                          |                          | PRODUCTS - COMP/OP AGG | \$                      |                         |   |              |
|  | OTHER:   |                          |                          |                        |                         |                         | \$  |              |
|  | AUTOMOBILE LIABILITY   |                          |                          |                        |                         |                         | COMBINED SINGLE LIMIT (Ea accident)       | \$           |
|  | <input type="checkbox"/> ANY AUTO  |                          |                          |                        |                         |                         | BODILY INJURY (Per person)                | \$           |
|  | <input type="checkbox"/> ALL OWNED AUTOS                                       | <input type="checkbox"/> | <input type="checkbox"/> |                        |                         |                         | BODILY INJURY (Per accident)              | \$           |
|  | <input type="checkbox"/> HIRED AUTOS   | <input type="checkbox"/> | <input type="checkbox"/> |                        |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |
|  |  |                          |                          |                        |                         |                         |   | \$           |
|  | UMBRELLA LIAB  |                          |                          |                        |                         |                         | EACH OCCURRENCE                           | \$           |
|  | <input type="checkbox"/> EXCESS LIAB   | <input type="checkbox"/> | <input type="checkbox"/> |                        |                         |                         | AGGREGATE                                 | \$           |
|  |  |                          |                          |                        |                         |                         |   | \$           |
|  | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                  |                          |                          |                        |                         |                         | PER STATUTE                               | OTH-ER       |
|  | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)    | <input type="checkbox"/> | N/A                      |                        |                         |                         | E.L. EACH ACCIDENT                        | \$           |
|  | If yes, describe under DESCRIPTION OF OPERATIONS below                         |                          |                          |                        |                         |                         | 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: Replacement of existing Patrol Shed Project No 80741R-C.

**CERTIFICATE HOLDER****CANCELLATION**

State of New Hampshire  
 Department of Administrative Services  
 7 Hazen Drive  
 Concord, NH 03301

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

Charles Hamlin/AK1

© 1988-2014 ACORD CORPORATION. All rights reserved.



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

7/31/2015

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<br>Infantine Insurance<br>P. O. Box 5125<br><br>Manchester NH 03108  | PHONE<br>(A/C, No, Ext): (800) 937-0704                           | COMPANY<br>Acadia Insurance Company<br>One Acadia Commons<br>P.O. Box 9010<br>Westbrook ME 04098-5010 |
| FAX<br>(A/C, No): (603) 669-6831  | E-MAIL<br>ADDRESS: paul@infantine.com                             |   |
| CODE: 3081  | SUB CODE:   |   |
| AGENCY<br>CUSTOMER ID #: 00309879   |   |   |
| INSURED<br>North Branch Construction, Inc., State of New<br>Hampshire, Dept of Admin Svcs<br>76 Old Turnpike Road<br>Concord NH 03301 | LOAN NUMBER   | POLICY NUMBER<br>CIM 5217088  |
|   | EFFECTIVE DATE<br>7/31/2015                                       | EXPIRATION DATE<br>7/31/2016  |
|   | <input type="checkbox"/> CONTINUED UNTIL<br>TERMINATED IF CHECKED |   |
| THIS REPLACES PRIOR EVIDENCE DATED:   |   |   |

## PROPERTY INFORMATION

|  |
|--|
| LOCATION/DESCRIPTION<br>Replacement of existing Patrol Shed Project No 80741R-C<br>59 Kendall Pond Road, Derry, NH |
|--|

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

## COVERAGE INFORMATION

| COVERAGE / PERILS / FORMS  | AMOUNT OF INSURANCE | DEDUCTIBLE |
|--|---------------------|------------|
| Job Specific Builders Risk, Replacement Cost<br>Includes Equipment Breakdown & Testing | 2,394,000           | 1,000      |
| Job Specific Flood   | 1,000,000           | 25,000     |
| Job Specific Earthquake (C)  | 1,000,000           | 25,000     |

## REMARKS (Including Special Conditions)

\*\*\*Included in the Named Insured; Any and all Subcontractors

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

## ADDITIONAL INTEREST

|                  |                                     |                    |
|------------------|-------------------------------------|--------------------|
| NAME AND ADDRESS | <input type="checkbox"/> MORTGAGEE  | ADDITIONAL INSURED |
|                  | <input type="checkbox"/> LOSS PAYEE |                    |
|                  | LOAN #                              |                    |
|                  | AUTHORIZED REPRESENTATIVE           |                    |
|                  | Charles Hamlin/AK1                  |                    |