

State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES

25 Capitol Street - Room 120
 Concord, New Hampshire 03301
Office@das.nh.gov

139

MLC



Charles M. Arlinghaus
 Commissioner
 (603) 271-3201

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

Catherine A. Keane
 Deputy Commissioner
 (603) 271-2059

October 9, 2020

His Excellency, Governor Christopher T. Sununu
 and the Honorable Council
 State House
 Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Administrative Services to enter into a contract with JLS Mailing Services, Inc., (vendor#267517), Brockton, MA to provide Presort Letter and Flat Mailing Services for the State of New Hampshire. The total amount of the contract shall not exceed \$441,000.00. The term shall be effective upon Governor and Council approval for the period of January 1, 2021 through December 31, 2023 with the option to renew for an additional two (2) year period subject to Governor and Council approval. **100% General Funds.**

Funds are available in the following account for FY 2021 and anticipated to be available upon continued appropriation of funds through FY 2023, with the authority to adjust encumbrances in each of the State fiscal years through the Budget Office if needed and justified.

01-14-14-140510-80500000 Dept. of Administrative Services-Bureau of Administrative Services

	<u>FY21</u>	<u>FY22</u>	<u>FY23</u>	<u>FY24</u>
020-500216 Current Expense	\$73,500	\$147,000	\$147,000	\$73,500

EXPLANATION

The current contract for Presort Letter & Flat Mailing Services is set to expire December 31, 2020. The Bureau of Purchase & Property issued a Request for Bid ("RFB") on July 31, 2020. Nineteen (19) vendors received direct notification of this solicitation and the proposal was posted on the Bureau of Purchase and Property website. On October 21, 2020, two bids were received. New Hampshire Print & Mail Services Inc. and JLS Mailing Services were the vendors offering the lowest costs for Commercial Presort First-Class Mail-Letters and Commercial Presort First-Class Mail Flat, respectively.

His Excellency, Governor Christopher T. Sununu
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Page 2 of 2

Approval of this contract will allow JLS Mailing Services, Inc. to pick up Commercial Presort First-Class Mail Flat at four state locations. This process qualifies the State for the following per piece discounts: 0.203 per piece for 1 oz. mail, 0.203 per piece for 2 oz mail, and 0.203 per piece for 3 oz. mail.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "C. Arlinghaus", written in a cursive style.

Charles M. Arlinghaus
Commissioner



Division of Procurement Support Services
Bureau of Purchase Property

Gary S. Lunetta
Director
(603) 271-2210

Bid Description	Presort Letter & Flat Mailing Services	Agency:	Statewide
Bid #	2367-21	Requisition #	N/A
Agent Name	Ryan Aubert	Bid Closing:	8/21/2020 2:00 PM

SECTION 1 - COMMERCIAL PRESORT FIRST-CLASS MAIL LETTERS

Table 1

Mail Category (1-3 oz.)	Volume (State FY15)		Unit Price		Extended Price
3 DIGIT/AADC AUTO	4,165,344	X	0.02	=	\$ 83,306.88
MIXED AADC AUTO	172,820	X	0.02	=	\$ 2,450.40
NON-AUTOMATED	190,301	X	0	=	\$ -
5 DIGIT BARCODE	3,175,832	X	0.005	=	\$15,879.16*
Sub Total (Extended price)					\$ 101,636.48

*If you are offering a credit to the State against the difference between the presort 3-digit and the 5-digit, please insert \$0 here and indicate the credit in the table below. If a credit is being offered, the credit shall be applied against the volume of 1,700 pieces and shall be deducted from the total for award.

Table 2

Mail Category (1-3 oz.)	Volume		Unit Credit		Extended Price (If applicable)
5 Digit Barcode	3,175,832	X	0.005	=	\$15,879.16**
Sub Total (Extended price)					\$15,879.16**

** If you are not offering a credit to the State against the difference between the presort 3-digit and 5-digit, please insert \$0 here.

Table 3

Basis of Award Section 1 Presort Mailing Services

Sub-Total Table 1	4,329,247	X	=	\$ 101,636.48	
Sub-Total Table 2	3,175,832	X	=	\$15,879.16**	
Sub Total (Extended price)					\$ 85,757.32

SECTION 1 - COMMERCIAL PRESORT FIRST-CLASS MAIL LETTERS

Table 1

Mail Category (1-3 oz.)	Volume (State FY15)		Unit Price		Extended Price
3 DIGIT/AADC	4,165,344	X	0.0145	=	\$ 60,397.49
MIXED AADC	172,820	X	0.0145	=	\$ 2,496.54
NON-AUTOM	190,301	X	0	=	\$ -
5 DIGIT BARC	3,175,832	X	0.005	=	\$15,879.16*
Sub Total (Extended price)					\$ 78,053.18

*If you are offering a credit to the State against the difference between the presort 3-digit and the 5-digit, please insert \$0 here and indicate the credit in the table below. If a credit is being offered, the credit shall be applied against the volume of 1,700 pieces and shall be deducted from the total for award.

Table 2

Mail Category (1-3 oz.)	Volume		Unit Credit		Extended Price (If applicable)
5 Digit Barcode	3,175,832	X	0.005	=	\$15,879.16**
Sub Total (Extended price)					\$15,879.16**

** If you are not offering a credit to the State against the difference between the presort 3-digit and 5-digit, please insert \$0 here.

Table 3

Basis of Award Section 1 Presort Mailing Services

Sub-Total Table 1	4,329,247	X	=	\$ 78,053.18	
Sub-Total Table 2	3,175,832	X	=	\$15,879.16**	
Sub Total (Extended price)					\$ 62,174.02

SECTION 2 - COMMERCIAL PRESORT FIRST-CLASS MAIL FLAT

Table 1

Mail Category (1-13 oz.)	Volume (State FY15)		Unit Price		Extended Price
3/5 DIGIT AUTO	73,008	X	0.2	=	\$ 14,601.60
AADC AUTO	26,776	X	0.043	=	\$ 1,151.87
MIXED AADC AUTO	13,836	X	0.14	=	\$ 1,937.04
NON AUTOMATED	8,553	X	0.423	=	\$ 3,421.70*
Sub Total (Extended price)					\$21,111.21

*If you are offering a credit to the State against the difference between the presort 3-digit and the 5-digit, please insert \$0 here and indicate the credit in the table below. If a credit is being offered, the credit shall be applied against the volume of 1,700 pieces and shall be deducted from the total for award.

Table 2

Mail Category (1-13 oz.)	Volume		Unit Credit		Extended Price (If applicable)
3/5 Digit Bar-Coded	73,008	X	0	=	**
Sub Total (Extended price)					0

** If you are not offering a credit to the State against the difference between the presort 3-digit and 5-digit, please insert \$0 here.

Table 3

Basis of Award Section 2 Presort Mailing Services

Sub-Total Table 1	122,164	X	0.172	=	\$21,111.21**
Sub-Total Table 2	73,008	X	=	\$ -	
Sub Total (Extended price)					\$ 21,111.21

** Basis of award

SECTION 2 - COMMERCIAL PRESORT FIRST-CLASS MAIL FLAT

Table 1

Mail Category (1-13 oz.)	Volume (State FY15)		Unit Price		Extended Price
3/5 DIGIT AU	73,008	X	0.27	=	\$ 19,661.76
AADC AUTO	26,776	X	0.18	=	\$ 4,819.88
MIXED AADC	13,836	X	0.08	=	\$ 1,106.88
NON AUTOM	8,553	X	0.3	=	\$25,659.90*
Sub Total (Extended price)					\$24,554.22

*If you are offering a credit to the State against the difference between the presort 3-digit and the 5-digit, please insert \$0 here and indicate the credit in the table below. If a credit is being offered, the credit shall be applied against the volume of 1,700 pieces and shall be deducted from the total for award.

Table 2

Mail Category (1-13 oz.)	Volume		Unit Credit		Extended Price (If applicable)
3/5 Digit Bar	73,008	X	0	=	**
Sub Total (Extended price)					0

** If you are not offering a credit to the State against the difference between the presort 3-digit and 5-digit, please insert \$0 here.

Table 3

Basis of Award Section 2 Presort Mailing Services

Sub-Total Table 1	122,164	X	=	\$24,554.22**	
Sub-Total Table 2	73,008	X	=	\$ -	
Sub Total (Extended price)					\$ 24,554.22

** Basis of award

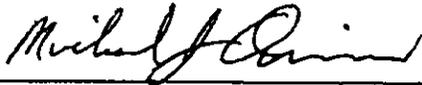
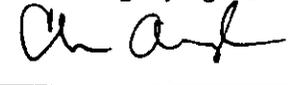
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name Department of Administrative Services		1.2 State Agency Address State House Annex 25 Capitol Street Concord, NH 03301	
1.3 Contractor Name JLS Mailing Services, Inc.		1.4 Contractor Address 672 Crescent Street Brockton, MA 02302	
1.5 Contractor Phone Number 781-706-6361	1.6 Account Number Various	1.7 Completion Date 12/31/2023	1.8 Price Limitation \$441,000.00
1.9 Contracting Officer for State Agency Ryan Aubert, Purchasing Agent		1.10 State Agency Telephone Number 603-271-0580	
1.11 Contractor Signature  Date: 11-2-2020		1.12 Name and Title of Contractor Signatory Michael Quinn Sr. Marketing Executive	
1.13 State Agency Signature  Date: 11/4/20		1.14 Name and Title of State Agency Signatory Charles Arlinghaus, Commissioner	
1.15 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.16 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By: <i>Takmina Rakhmatova</i> On: 11/5/2020			
1.17 Approval by the Governor and Executive Council (if applicable) G&C Item number: _____ G&C Meeting Date: _____			

Contractor Initials 
 Date 11-2-2020

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 cured, 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 give the Contractor a written notice specifying the Event of Default and 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 give the Contractor a written notice specifying the Event of Default, treat the Agreement as breached, terminate the Agreement and pursue any of its remedies at law or in equity, or both.

8.3. 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.

9. TERMINATION.

9.1 Notwithstanding paragraph 8, the State may, at its sole discretion, terminate the Agreement for any reason, in whole or in part, by thirty (30) days written notice to the Contractor that the State is exercising its option to terminate the Agreement.

9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State's discretion, 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 B. In addition, at the State's discretion, the Contractor shall, within 15 days of notice of early termination, develop and

submit to the State a Transition Plan for services under the Agreement.

10. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

10.1 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.

10.2 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.

10.3 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.

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.

12.1 The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice, which shall be provided to the State at least fifteen (15) days prior to the assignment, and a written consent of the State. For purposes of this paragraph, a Change of Control shall constitute assignment. "Change of Control" means (a) merger, consolidation, or a transaction or series of related transactions in which a third party, together with its affiliates, becomes the direct or indirect owner of fifty percent (50%) or more of the voting shares or similar equity interests, or combined voting power of the Contractor, or (b) the sale of all or substantially all of the assets of the Contractor.

12.2 None of the Services shall be subcontracted by the Contractor without prior written notice and consent of the State. The State is entitled to copies of all subcontracts and assignment agreements and shall not be bound by any provisions contained in a subcontract or an assignment agreement to which it is not a party.

13. **INDEMNIFICATION.** Unless otherwise exempted by law, the Contractor shall indemnify and hold harmless the State, its officers and employees, from and against any and all claims, liabilities and costs for any personal injury or property damages, patent or copyright infringement, or other claims asserted against the State, its officers or employees, which arise out of (or which may be claimed to arise out of) the acts or omission of the

EXHIBIT A
SPECIAL PROVISIONS

There are no special provisions of this contract.

Contractor Initials ML
Date 11-2-2020

Administrative Services

25 Capitol Street
Concord, NH 03301

Health & Human Services

129 Pleasant Street
Concord, NH 03301

Department of Safety

33 Hazen Drive
Concord, NH 03301

Department of Transportation

7 Hazen Drive
Concord, NH 03301

The State reserves the right to change the pick-up locations, delete and/or add additional locations.

2. The Contractor shall notify the State by 9:00 AM if pick-up is not possible for that day. The Contractor shall provide notification by contacting one person, per location. The contact information for notification purposes is as follows:

ADMINISTRATIVE SERVICES

25 Capitol Street
Concord, New Hampshire

NAME: ALAN QUIMBY OR MIKE KENNEDY

Phone: (603) 271-2355

E-mail: alan.quimby@nh.gov

E-mail: michael.kennedy@nh.gov

Health & Human Services

129 Pleasant Street Concord, New
Hampshire

Name: Kurt Ekstrom

Phone: (603) 271-9007

E-MAIL:

KURT.EKSTROM@DHHS.NH.GOV

-OR-

Name: Cheryl Connor

Phone: (603) 271-4224

E-mail: cconnor@dhs.state.nh.us

If more than one method of presort flat mail is employed (e.g. 3/5 digit, aadc auto, mxd aadc auto non-auto, Contractor shall include any service fees, total cost per piece and net savings by category.

Any additional cost for non-conforming pieces (e.g. surcharge or handling fee) which are intended to be paid by the State shall be included in the Contract.

Additional Requirements

Unless otherwise specified, all services performed under this Contract shall be performed between the hours of 7:30 A.M. and 4:00 P.M. unless other arrangements are made in advance with the State. Any deviation in work hours shall be pre-approved by the Contracting Officer. The State requires ten-day advance knowledge of said work schedules to provide security and access to respective work areas. No premium charges shall be paid for any off-hour work.

The State shall require correction of any defective work and the repair of any damages to any part of a building or its appurtenances caused by the Contractor or its employees, subcontractors, equipment or supplies. The Contractor shall correct, repair, or replace all defective work, as needed, to complete said work in satisfactory condition, and damages so caused in order to restore the building and its appurtenances to their previous condition. Upon failure of the Contractor to proceed promptly with the necessary corrections or repairs, the State may withhold any amount necessary to correct all defective work or repair all damages from payments to the Contractor.

The work staff shall consist of qualified persons completely familiar with the products and equipment that they will use. The Contracting Officer may require the Contractor to dismiss from the work such employees as the Contracting Officer deems incompetent, careless, insubordinate, or otherwise objectionable, or whose continued employment on the work is deemed to be contrary to the public interest or inconsistent with the best interest of security and the State.

Neither the Contractor nor its employees or subcontractors shall represent themselves as employees or agents of the State.

While on State property the Contractor, its employees, and its sub-contractors shall be subject to the authority and control of the State, but under no circumstances shall such persons be deemed to be employees of the State.

All personnel shall observe all regulations or special restrictions in effect at any State location at which services are to be provided.

The Contractor's personnel shall be allowed only in areas where services are to be provided. The use of State telephones by the Contractor, its employees, or its sub-contractors is prohibited.

If sub-contractors are to be utilized, Contractor shall provide information regarding the proposed sub-contractors including the name of the company, their address, contact person and three references for clients they are currently servicing. Approval by the State must be received prior to a sub-contractor starting any work.

5. TERMINATION

**EXHIBIT C
METHOD OF PAYMENT**

1. CONTRACT PRICE

The Contractor hereby agrees to provide Presort Letter and Flat Mailing services in complete compliance with the terms and conditions specified in Exhibit B for an amount up to and not to exceed a price of \$441,000.00; this figure shall not be considered a guaranteed or minimum figure; however it shall be considered a maximum figure from the effective date through the expiration date as indicated in Form P-37 Block 1.7.

2. PRICING STRUCTURE

<u>COMMERCIAL PRESORT FIRST-CLASS MAIL LETTERS</u>	
Mail Category (1-3 oz.)	Unit Price
3 DIGIT/AADC AUTO	\$0.0145
MIXED AADC AUTO	\$0.0145
NON-AUTOMATED	-
5 DIGIT BARCODE	\$0.005

Mail Category (1-3 oz.)	Unit Credit/ Per Piece
5 Digit Barcode	\$0.005

Unit price (Per piece), to include a unit credit if applicable, as stated herein is a fixed price and shall not be subject to increase or decrease with any postal rate fee changes; such unit costs (per piece), to include a unit credit if applicable, shall remain in effect for the term of the contract.

The Contract prices shall include all material, equipment, labor and transportation necessary for the successful completion of the work. Special charges, surcharges, or fuel charges of any kind may not be added on at any time. The State shall not reimburse for travel time or mileage.

3. INVOICE

Itemized invoices shall be submitted to the individual agency after the completion of the job/services and shall include a brief description of the work done along with the location of work.

EXHIBIT D

RFB #2357-21 is incorporated here within.

Contractor Initials MR
Date 1/2-2020



672 Crescent Street
Brockton, MA 02302-3360
508.313.1000 - www.jlsm.com

Corporate Resolution of Signing Authority

WHEREAS, JLS Mailing Services, Inc. is determined to grant signing and authority to certain person(s) described hereunder:

RESOLVED, that the Board of Directors is hereby authorized and approved to authorize and empower the following individual to make, execute, endorse and deliver in the name of and on behalf of the corporation, but shall not be limited to, any and all written instruments, agreements, documents, execution of deeds, powers of attorney, transfers, assignments, contracts, obligations, certificates and other instruments of whatever nature entered into by this Corporation.

Name: Michael Quinn

Position/Title: Senior Marketing Executive

Telephone Number: 508.313-1006

Email Address: mquinn@jlsm.com

Signature:

The undersigned certifies that he is the properly elected and qualified Secretary of the books, records and seal of JLS Mailing Services, a corporation duly conformed pursuant to the laws of the state of Massachusetts, and that said meeting was held in accordance with state law and with the Bylaws of the above-named corporation.

This resolution has been approved by the Board of Directors of JLS Mailing Services on October 29, 2020.

I, as authorized by JLS Mailing Services, hereby certify and attest that all the information above is true and correct.

Secretary

State of New Hampshire

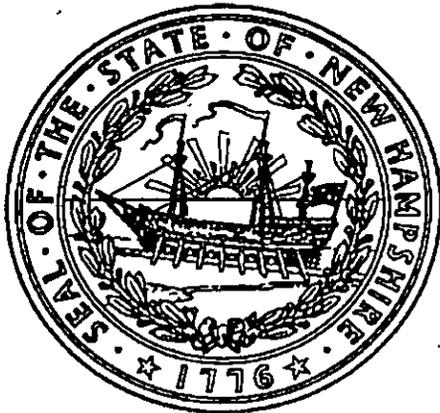
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that JLS MAILING SERVICES, INC. is a Massachusetts Profit Corporation registered to transact business in New Hampshire on July 29, 2015. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 729887

Certificate Number: 0005003952



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 14th day of September A.D. 2020.

A handwritten signature in black ink, appearing to read "Wm Gardner".

William M. Gardner
Secretary of State



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/17/20

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 have ADDITIONAL INSURED provisions or 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 Georgetown Insurance Agency 10 West Main Street Georgetown, MA 01833	CONTACT NAME: _____ PHONE (AG, No. Ext): _____ FAX (AG, No): _____ EMAIL ADDRESS: _____ ADDRESS: _____													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : American Fire & Casualty</td> <td></td> </tr> <tr> <td>INSURER B : Safety Indemnity</td> <td></td> </tr> <tr> <td>INSURER C : Ohio Casualty</td> <td></td> </tr> <tr> <td>INSURER D : The Hartford</td> <td></td> </tr> <tr> <td>INSURER E : Underwriters at Lloyds London</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : American Fire & Casualty		INSURER B : Safety Indemnity		INSURER C : Ohio Casualty		INSURER D : The Hartford		INSURER E : Underwriters at Lloyds London		INSURER F :
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INSURER D : The Hartford														
INSURER E : Underwriters at Lloyds London														
INSURER F :														
INSURED JLS Mailing Services Inc 672 Crescent Street Brockton, MA 02302-3360														

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.

INSUR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION WAIVED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROTECT <input type="checkbox"/> LOC OTHER: _____		BKA65342216	12/30/19	12/30/20	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRE/ RENTED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		6911741	12/30/19	12/30/20	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED: _____ RETENTION \$: _____		USO55342216	12/30/19	12/30/20	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	08WECAD4F28	07/01/20	07/01/21	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
E	Data Breach Protection		MPL4262904.19	10/01/19	10/01/20	Each Claim/Event \$ 500,000 Aggregate \$ 500,000

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

Coverage is subject to all terms and conditions of the policy forms.

email to nh.purchasing@das.nh.gov
 Attn: Ryan Aubert, Purchasing Agent

CERTIFICATE HOLDER State of NH Dept of Administrative Services 25 Capitol St, Room 102 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 Margaret L. Smith
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