



State of New Hampshire

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

142 MLC

Charles M. Arlinghaus
Commissioner
(603) 271-3201

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

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

Division of Public Works
Design and Construction
Project No. 81135R - Contract B

January 5, 2021

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

REQUESTED ACTION

Authorize the Division of Public Works Design and Construction to enter into a **retroactive sole source** amendment with Charters Brothers Construction, LLC (VC# 208666), Danville, NH, to increase the contract price limitation and extend the end date for the Headquarters Sewer Repair at the State of NH Liquor Commission Headquarters, Concord, N. H. The contract amendment will increase the contract by \$43,957.82, from \$245,990 to \$289,947.82 which was originally approved by Governor and Council on October 21, 2020, Item #69 and extend the contract from January 29, 2021 to February 26, 2021. Effective upon Governor and Council approval for the period of January 7, 2021 through February 26, 2021, unless extended in accordance with the contract terms. **100% Liquor Commission Funds**

Funding is available in account titled Store Operations Contracts for OPS Services as follows:

02-77-77-771512-10300000 Store Operations Contracts for OPS Services

SFY21

103-500736 - Contract Repairs; Bldg Grounds

\$ 43,957.82

EXPLANATION

This request is noted as a **retroactive sole source** contract amendment because of the need to perform additional work beyond the original scope, in order to complete the project to repair and replacement of approx. 40 ft of existing 4" sanitary sewer line, selective demo and reconstruction of office space necessary to access the sewer line, and the renovation of areas damaged by the sewer line failure.

The contractor has been pre-qualified by the Department of Transportation. The contract has been approved by the Department of Justice as to form and execution; and the State of NH Liquor Commission 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,

Joseph B. Arlinghaus, Asst
Comm.
for Charles M. Arlinghaus
Commissioner

DIVISION OF PUBLIC WORKS DESIGN & CONSTRUCTION

PROJECT NO. 81135
Contract B

ALTERATION ORDER NO. 1

APPROPRIATION ACCOUNT NO.

CONTRACT NO. 2001061-1

Date 1/4/21

CONTINGENCY NO.

Vendor No. 208666 B001

TO: Charters Brothers Construction, LLC, 27 Main Street, Danville NH 03819

in Connection With Your Contract Dated 10/21/2020 For Liquor Commission Headquarters Sewer Repair, Concord, NH

You are authorized to make the following changes in the Contract:

01 All work associated with replacing approximately 40 feet of below-slab sewer line. per Change Order #3. \$43,957.82

02 Extend contract completion date from January 29, 2021 to February 26, 2021 for additional work associated with Change Order #3 \$0.00

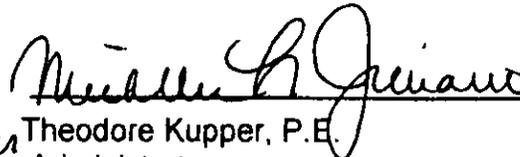
All other terms and conditions of the Contract remain the same.

\$43,957.82

ACCEPTED BY: Date: 1-6-2021

APPROVED BY:


Charters Brothers Construction, LLC


for Theodore Kupper, P.E.
Administrator
Division of Public Works Design & Construction

CONTRACT AMENDMENT AND INCREASE SIGNATURE PAGE:

CHARTERS BROTHERS CONSTRUCTION, LLC

CHARTERS BROTHERS CONSTRUCTION, LLC:

DATED: 1-6-2021

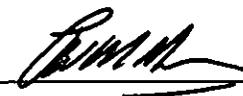
BY: 

PRINT NAME: ADAM J. CHARTERS

TITLE: PRINCIPAL

STATE OF NEW HAMPSHIRE
LIQUOR COMMISSION:

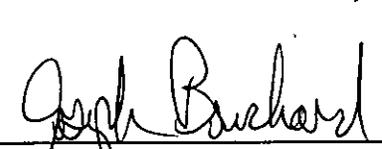
DATED: 1/6/2021

BY: 

PRINT NAME: Joseph W. Mollica
Joseph W. Mollica,
Chairman

STATE OF NEW HAMPSHIRE
DEPARTMENT OF ADMINISTRATIVE SERVICES:

DATED: 1/7/2021

BY:  Asst
Comm
for Charles M. Arlinghaus,
Commissioner

ATTORNEY GENERAL:

This is to certify that the above contract increase has been reviewed by this office, and is approved as to form and execution.

DATED: 1/8/21

BY: 

SECRETARY OF STATE:

This is to certify that the Governor and Council approved this contract agreement/ amendment.

DATED: _____

BY: _____
SECRETARY OF STATE

Certificate of Authority # 1

(Corporation, Non-Profit Corporation)

Corporate Resolution

I, Bradford W. Charters, hereby certify that I am duly elected Clerk/Secretary/Officer of
(Name)
Charters Brothers Construction, LLC. I hereby certify the following is a true copy of a vote taken at
(Name of Corporation)

a meeting of the Board of Directors/shareholders, duly called and held on January 6, 2021,
at which a quorum of the Directors/shareholders were present and voting.

VOTED: That Adam J. Charters Principal (may list more than one person) is
(Name and Title)

duly authorized to enter into contracts or agreements on behalf of

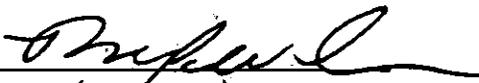
Charters Brothers Construction, LLC with the State of New Hampshire and any of
(Name of Corporation)

its agencies or departments and further is authorized to execute any documents
which may in his/her judgment be desirable or necessary to effect 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. This authority
remains valid for thirty (30) days from the date of this Corporate Resolution. 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: January 6, 2021

ATTEST:


(Name & Title)

Bradford W. Charters Principal

State of New Hampshire

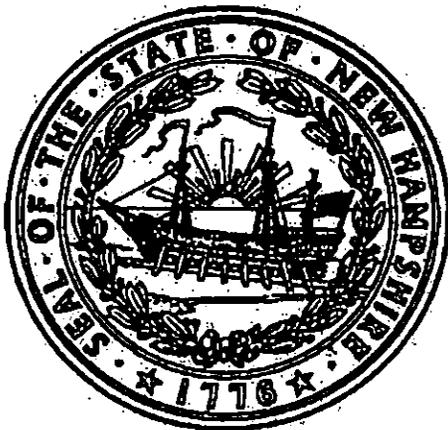
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that CHARTERS BROTHERS CONSTRUCTION LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on March 06, 2007. 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: 573552

Certificate Number: 0004894048



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 16th day of April 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)
10/13/2020

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 FIA/Cross Insurance 1100 Elm Street Manchester NH 03101		CONTACT NAME: Vivian Pinetta PHONE (A/C, Hk, Ext): (603) 669-3218 FAX (A/C, Hk): (603) 645-4831 EMAIL ADDRESS: vpinetta@crossagency.com	
INSURED Chartara Brothers Construction, LLC 27 Main Street Danville NH 03819		INSURER(S) AFFORDING COVERAGE: INSURER A: Firemen's Ins. Co. of Washington D.C. NAIC # 21784 INSURER B: W.R. Berkley Corporation INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: 20-21 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.

INER LTR	TYPE OF INSURANCE	ADDITIONAL INSURED (Y/N)	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"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	CPA539623511	05/31/2020	05/31/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY		CAA5396236-11	05/31/2020	05/31/2021	COMBINED SINGLE LIMIT (Per person) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist BI \$ 1,000,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED: RETENTION \$:	Y	CUA5396237-11	05/31/2020	05/31/2021	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 Products-Comp ops Agg \$ 10,000,000
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 N	WPA5396238-11	05/31/2020	05/31/2021	<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
	(3a.) WC States: MA ME NH					

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

RE: Concord 81135RB. The State of New Hampshire, its agencies, its agents & employees are included as additional insured with respects to the CGL as required by executed written contract with the above named insured. A waiver of subrogation in favor of the above additional insured applies with respects to the CGL as per written contract. Notice of cancellation to certificate holder is 30-days, 10-days non-payment on CGL, BA & umbrella policies.

CERTIFICATE HOLDER**CANCELLATION**

State of New Hampshire c/o Department of Administrative Services 7 Hazen Drive Room 250 Concord NH 03302	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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/13/2020

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 Flia/Cross Insurance 1100 Elm Street Manchester NH 03101	CONTACT NAME: Vivian Pinette PHONE: (803) 689-3218 FAX: (803) 645-4331 EMAIL: vpinette@crossagency.com ADDRESS:
INSURED State of New Hampshire c/o Department of Administrative Services 7 Hazen Drive, Room 250 Concord NH 03302	INSURER(S) AFFORDING COVERAGE INSURER A: W.R. Berkley Corporation INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES: CERTIFICATE NUMBER: CL2010836314 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.

LINE	TYPE OF INSURANCE	ADDRESS	POLICY NO.	POLICY EFF.	POLICY EXP.	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners & Contractors Protective GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		OCP6456570-10	10/08/2020	10/08/2021	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (E& occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPROP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY					COMBINED SINGLE LIMIT (EA Person) \$ 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/EMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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: Concord 81135RB
Notice of cancellation is 30-days, 10-days non-payment

CERTIFICATE HOLDER State of New Hampshire c/o Department of Administrative Services 7 Hazen Drive, Room 250 Concord NH 03302	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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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

1/6/2021

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY FIAI/Cross Insurance 1100 Elm Street Manchester NH 03101 PHONE (AAC No. Ext): (603) 669-3218		COMPANY W.R. Berkley Corporation One Acadia Commons P.O. Box 9010 Westbrook ME 04098-5010	
FAX (AAC No.): (603) 648-4333 E-MAIL ADDRESS: jschroeder@crossagency.com		AGENCY CUSTOMER ID #: 00325508	
INSURED Charters Brothers Construction LLC, State of NH, Dept of Administrative Serv Any & All Subcontractors ATIMA 27 Main St, Danville NH 03819		LOAN NUMBER	POLICY NUMBER CIM544978310
CODE:		EFFECTIVE DATE 10/6/2020	EXPIRATION DATE 10/6/2021
SUB CODE:		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:			

PROPERTY INFORMATION

LOCATION/DESCRIPTION
 Loc: 50 Storrs St, Concord NH 03301

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

COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Job Specific Builders Risk	289,948	1,000
Transit	122,995	1,000
Temporary Storage	122,995	1,000

REMARKS (Including Special Conditions)

RE: Concord 81135RB

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 State of New Hampshire c/o Department of Administrative Services 7 Hazen Drive, Room 250 Concord, NH 03302	<input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> ADDITIONAL INSURED
	LOAN #	
	AUTHORIZED REPRESENTATIVE Jeff Schroeder/VP2 	

LA m.c



State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES
25 Capitol Street - Room 180
Concord, New Hampshire 03301

Charles M. Arlinghaus
Commissioner
(603) 271-3201

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

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

Division of Public Works
Design and Construction
Project No. 81135R - Contract B

October 15, 2020

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 Charter Brothers Construction, LLC (VC# 208666), Danville, NH, for a total price not to exceed \$245,990, for the Headquarters Sewer Repair at the State of NH Liquor Commission Headquarters, Concord, N. H. This contract is effective upon Governor and Council approval through January 29, 2021, unless extended in accordance with the contract terms. **100% Liquor Commission Funds**

2). Further authorize that a contingency in the amount of \$20,000 be approved for unanticipated site expenses for the Headquarters Sewer Repair at the State of NH Liquor Commission Headquarters, Concord, N. H., bringing the total to \$265,990. **100% Liquor Commission Funds**

3). Further authorize the amount of \$30,000 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC# 311152), for engineering services provided, bringing the total to \$295,990. **100% Liquor Commission Funds**

Funding is available in account titled Store Operations Contracts for OPS Services as follows:

02-77-77-7700512-10300000 Store Operations Contracts for OPS Services

	<u>SEY21</u>
103-500736 - Contract Repairs; Bldg Grounds	\$ 245,990
103-500736 - Contingency Repairs; Bldg Grounds	\$ 20,000
103-500736 - Interagency DPW fees	\$ 30,000
Sub-Total	\$295,990
GRAND TOTAL	\$295,990

EXPLANATION

This project is for the repair and replacement of approx. 50 ft of existing 4" sanitary sewer line, selective demo and reconstruction of office space necessary to access the sewer line, and the renovation of areas damaged by the sewer line failure.

The contractor has been pre-qualified by the Department of Transportation. The contract has been approved by the Department of Justice as to form and execution; and the State of NH Liquor Commission 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,



Charles M. Arlinghaus,
Commissioner

Department Estimate: \$155,000
Contract Amount: \$245,990
Over Estimate: \$ 90,990



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/18/2020

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 may have ADDITIONAL INSURED provisions or be endorsed. If such coverage is required, contact the broker and conditions of the policy which policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such an endorsement.

PRODUCER FIA/Cross Insurance 1100 Elm Street Manchester NH 03101 943-623-1100	INSURER FERRARO INSURANCE CO. INC. 1000 WASHINGTON BLVD WASHINGTON DC 20004 (202) 345-8331
INSURED Charters Brothers Construction, LLC 27 Main Street Dorville NH 03818	AGENCY FERRARO INSURANCE CO. INC. 1000 WASHINGTON BLVD WASHINGTON DC 20004 (202) 345-8331

COVERAGES: CERTIFICATE NUMBER: 20-179 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 REQUIREMENTS, TERMS OR CONDITIONS OF ANY CONTRACT OR OTHER DOCUMENT, THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT. 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.

CLASS	TYPE OF INSURANCE	INSURED	POLICY NUMBER	START DATE	EXPIRATION DATE	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR COA: CORRECTION LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PERIOD <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y	CPA5396235-11	05/31/2020	06/30/2021	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 500,000 MEDICAL EXPENSE \$ 10,000 GENERAL AGG LIABILITY \$ 1,000,000 GENERAL LIABILITY \$ 2,000,000 PRODUCTS - COMMER AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	CAA5396236-11	05/31/2020	06/30/2021	BODILY INJURY LIMIT \$ 1,000,000 BODILY INJURY (per person) \$ BODILY INJURY (per accident) \$ PROPERTY DAMAGE \$ UNINSURED MOTORIST BI \$ 1,000,000
B	<input checked="" type="checkbox"/> UMBRELLA LMB <input type="checkbox"/> EXCESS LMB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> ERG <input type="checkbox"/> RETENTION \$	Y	QUA5396237-11	06/30/2020	06/30/2021	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 PRODUCTS-COMMER AGG \$ 10,000,000
B	EMPLOYERS COMPENSATION AND EMPLOYERS' LIABILITY <input checked="" type="checkbox"/> ANY EMPLOYMENT (REGULATED) <input type="checkbox"/> NON-EMPLOYMENT (UNREGULATED) <input type="checkbox"/> CONTRACTOR'S OPERATIONS ONLY T/R <input checked="" type="checkbox"/> N	N/A	WPA5396238-11	06/30/2020	05/31/2021	ALL EMPLOYMENT \$ 1,000,000 ALL EMPLOYMENT - EA EMPLOYER \$ 1,000,000 ALL EMPLOYMENT - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Concord 8113SRB. The State of New Hampshire, its agencies, its agents & employees are included as additional insured with respects to the CGL as required by executed written contract with the above named insured. A waiver of subrogation in favor of the above additional insured applies with respects to the CGL as per written contract. Notice of cancellation to certificate holder is 30-days, 10-days non-payment on CGL, BA & umbrella policies.

CERTIFICATE HOLDER State of New Hampshire c/o Department of Administrative Services 7 Hazen Drive Room 250 Concord NH 03302	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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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
10/13/2020

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 INSURERS, AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY FIAI/Cross Insurance 1100 Elm Street Manchester NH 03101 TEL: (603) 251-2222 FAX: (603) 251-2222 E-MAIL: schroeder@crossagency.com COPE LICENSE # 00325508 Insured: Chartex Brothers Construction LLC, State of NH, Dept of Administrative Serv Any 6 All Subcontractors AXDA 27 Main St, Danville, NH 03819	COMPANY W.A. Beakley Corporation One Acadia Commons P.O. Box 9010 Westbrook ME 04098-8010 LOAN NUMBER POLICY NUMBER CDS44878210 EFFECTIVE DATE 10/6/2020 EXPIRATION DATE 10/6/2021 CONTINUED UNTIL TERMINATED IF CHECKED <input type="checkbox"/>
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PROPERTY INFORMATION

Location of Property
 101 50 Stars St, Concord NH 03301

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

COVERAGE INFORMATION

COVERAGE (ITEMS / POLICY)	AMOUNT OF COVERAGE	CO-SHARE
Job Specific Builders Risk	245,000	1,000
Transit	122,000	1,000
Temporary Storage	122,000	1,000

REMARKS (Including Special Conditions)

RE: Concord 8133RD

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 State of New Hampshire c/o Department of Administrative Services 7 Hazen Drive, Room 250 Concord, NH 03302	MORTGAGEE	ADDITIONAL INSURED
	LOAN #	
AUTHORIZED REPRESENTATIVE Jeff Schroeder/V82 <i>J.S. Schroeder</i>		

ACORD 27 (200912)
IN3027 00001212

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COMMENTS/REMARKS

Waiver of subrogation in favor of any Contractors, Subcontractors or other parties employed on the premises as required by written contract with named insured.
Notice of cancellation is 30-days, 10-days non-payment



ABC Bid Data

CONCORD
8113SRB
NON-FEDERAL

PROJECT: Concord
STATE PROJECT NUMBER: 8113SRB
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: August 26, 2020, 2:00
SCOPE OF WORK: Liquor Commission Headquarters Sewer Repair
COMPLETION DATE: January 29, 2021
LOCATION: Merrimack

Awarded To:

Amount: \$0.00
Award Date:

Certified by: Director of Project Development

Summary of Bidders

Contractor	Bid Amount	Rank
CHARTERS BROTHERS CONST. LLC 127 MAIN STREET, DANVILLE, NH 03819	\$245,990.00	A
PROJECT RESOURCE GROUP LLC 237 PLEASANT POND ROAD, PO BOX 43, FRANCESTOWN NH 03043	\$256,197.00	B
ROEDER CONSTRUCTION MGMT INC 22 TOWNSEND WEST UNIT 3, NASHUA, NH 03063	\$278,180.00	C
SOLID ROOTS CONSTRUCTION LLC 159 South MAIN STREET, MANCHESTER, NH 03102	\$346,000.00	D

Item 901: \$ 225,990.
 902: \$ 20,000.
 Total = \$ 245,990.

BUREAU OF PUBLIC WORKS
 Award to Charters Bro. Const., LLC
 Hold for Negotiation
 Cancel Contract
 User Agency LE
 Authorized by [Signature]
 Date 09/27/2020



ABC Bid Data

CONCORD
 011387B
 NON-FEDERAL

Item No.	Description	Unit	Quantity	UNIT PRICE		BIDDER GROUP A		BIDDER GROUP B	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Notes

001	DEMOLITION, SEWER REPAIR, AND OFFICE REHABILITATION	SF	1.00	\$195,000.00	\$195,000.00	\$225,000.00	\$225,000.00	\$226,107.00	\$226,107.00
002	UNFORESEEN CONDITIONS OR OWNER DETAIRED CHANGES	\$	20,000.00	\$1.00	\$20,000.00	\$1.00	\$20,000.00	\$1.00	\$20,000.00
				Total:	\$215,000.00	\$215,000.00	\$245,000.00	\$245,000.00	\$246,107.00
				All Totals:	\$215,000.00	\$215,000.00	\$245,000.00	\$245,000.00	\$246,107.00



ABC Bid Data

CONCORD
01136RS
NON-FEDERAL

Item No.	Description	Unit	Quantity	UNIT PRICE		BIDDER'S PROPOSED UNIT PRICE		BIDDER'S PROPOSED TOTAL PRICE	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items

001	DISINFECT, SEWER REPAIR, AND OFFICE RENOVATION	0	1.00	\$138,000.00	\$138,000.00	\$228,100.00	\$228,100.00	\$328,000.00	\$328,000.00
002	UNFORESEEN CONDITIONS OR OWNER INITIATED CHANGES	0	20,000.00	\$1.00	\$20,000.00	\$1.00	\$20,000.00	\$1.00	\$20,000.00
Total:					\$158,000.00		\$248,100.00		\$348,000.00
All Totals:									
Total:					\$158,000.00		\$248,100.00		\$348,000.00