



OCT 26 '20 AM 8:38 DAS

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State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES
25 Capitol Street - Room 120
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. 81081R - Contract C

October 20, 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 KPMB Enterprises., (VC# 172886), Contoocook, NH, for a total price not to exceed \$656,000 for the Re-bid Rockingham County Courthouse HVAC Piping, Brentwood, NH. This contract is effective upon Governor and Council approval through October 1, 2021 unless extended in accordance with the contract terms. **100% Capital-General Funds**

2). Further authorize the amount of \$27,100 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 \$683,100. **100% Capital-General Funds.**

Funding is available in account titled 19-146:11D2-Rockingham County HVAC as follows:

02-14-14-140030-71940000 Rockingham County HVAC

	<u>SFY21</u>
034-500161 - Rockingham County HVAC -Contract	\$630,000
034-500161 - Interagency DPW Fees	<u>\$27,100</u>
Sub-Total	\$657,100

Funding is available in account titled Bureau of Court Facilities Contractual Maintenance as follows:

01-14-14-140010-20450000 Bureau of Court Facilities Contractual Maintenance

048-500226 – Contractual Maintenance-Contract \$26,000

Sub-Total \$26,0000

GRAND TOTAL \$683,100

EXPLANATION

This project is to remove and replace piping on the first and second floor for HVAC and to remove and replace air separators for HVAC in the boiler room.

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 Department of Administrative Services – Court Facilities has certified that the necessary funds are pending. 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: \$630,000
Contract Amount: \$656,000
Over Estimate: \$26,000

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 81081, Contract C - Rebid Rockingham County Courthouse HVAC Piping

DESCRIPTION: Remove and replace piping on the first and second floor for HVAC. Remove and replace air separators for HVAC in the boiler room.

EXPLANATION: The HVAC pipes are original and installed when the building was constructed in 1996. Over the past couple of years, the HVAC pipes have shown signs of corrosion with some leaking detected.

OVER ESTIMATE
EXPLANATION: The project was over by 4% which is a competitive bid. Some of 4% maybe due to second shift work.

DEPARTMENT
ESTIMATE: \$630,000.00
LOW BID: \$656,000.00



ABC Bid Data

BRENTWOOD
81081C
NON-FEDERAL

PROJECT: Brentwood
 STATE PROJECT NUMBER: 81081C
 FED. PROJECT NUMBER: NON-FEDERAL
 DATE BIDS OPEN: September 16, 2020,
 SCOPE OF WORK: Rebid Rockingham County Courthouse HVAC Piping
 COMPLETION DATE: October 01, 2021
 LOCATION: Rockingham

Awarded To:

Amount: \$0.00
 Award Date:

Certified by: _____
Director of Project Development

Summary of Bidders

Contractor	Bid Amount	Rank
KPMB ENTERPRISES, LLC 879 MAPLE STREET, CONTOOCCOOK, NH 03229	\$656,000.00	A
RTH MECHANICAL CONTRACTORS INC 17 PRODUCTION DRIVE, DOVER NH 03820	\$740,000.00	B
NORTHERN PEABODY, LLC 25 DEPOT STREET, MANCHESTER NH 03101	\$798,000.00	C

Handwritten notes:
 Item # 901 = \$ 941,000
 # 902 = \$ 501,000
 # 903 = \$ 501,000
 Total = \$ 656,000

BUREAU OF PUBLIC WORKS

Award to KPMB Enterprises, LLC
 Hold for Negotiation
 Cancel Contract
 User Agency NH DAS Courts
 Authorized by [Signature]
 Date 10/23/2020



ABC Bid Data

BRENTWOOD
81081C
NON-FEDERAL

Item No.	Description	Unit	Quantity	PS&E		KPMB ENTERPRISES LLC 879 MAPLE STREET CONTOCOCK, NH 03229		RTH MECHANICAL CONTRACTORS INC 17 PRODUCTION DRIVE DOVER, NH 03828	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items

901	REMOVE AND REPLACE PIPING AND APPURTENANCES	U	1.00	\$530,000.00	\$530,000.00	\$512,000.00	\$512,000.00	\$650,000.00	\$650,000.00
902	REMOVE AND REPLACE TWO AIR SEPARATORS	U	1.00	\$50,000.00	\$50,000.00	\$94,000.00	\$94,000.00	\$40,000.00	\$40,000.00
903	ALLOWANCE FOR OWNER'S CHANGES FOR UNKNOWN, LATENT, OR DIFFERING EXISTING CONDITIONS	\$	\$0,000.00	\$1.00	\$50,000.00	\$1.00	\$50,000.00	\$1.00	\$50,000.00
Totals:					\$630,000.00		\$656,000.00		\$740,000.00
All Totals:									
Totals:					\$630,000.00		\$656,000.00		\$740,000.00



ABC Bid Data

BRENTWOOD
81081C
NON-FEDERAL

Item No.	Description	Unit	Quantity	PS&E		NORTHERN PEABODY LLC 23 DEPOT STREET MANCHESTER, NH 03101		Unit Price	Total
				Unit Price	Total	Unit Price	Total		

Items

901	REMOVE AND REPLACE PIPING AND APPURTENANCES	U	1.00	\$530,000.00	\$530,000.00	\$695,000.00	\$695,000.00		
902	REMOVE AND REPLACE TWO AIR SEPARATORS	U	1.00	\$50,000.00	\$50,000.00	\$53,000.00	\$53,000.00		
903	ALLOWANCE FOR OWNER'S CHANGES FOR UNKNOWN, LATENT, OR DIFFERING EXISTING CONDITIONS	\$	\$0,000.00	\$1.00	\$50,000.00	\$1.00	\$50,000.00		
Totals:					\$830,000.00		\$798,000.00		
Alt. Totals:									
Totals:					\$830,000.00		\$798,000.00		



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/01/2020

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 Fortified Insurance Agency, Inc. 911 Candia Rd Manchester NH 03109		CONTACT NAME: Ashlyn Fernandes PHONE (A/C, No, Ext): (603) 844-3700 E-MAIL ADDRESS: ashlyn@fortifiedins.com FAX (A/C, No): (603) 844-0001	
INSURED KPMB Enterprises LLC 879 Maple St. Contoocook NH 03229		INSURER(S) AFFORDING COVERAGE INSURER A: Motorists Insurance Group INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 13331	

COVERAGES

CERTIFICATE NUMBER: CL202502351

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 Y/Y/Y	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 checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	5000023293	02/11/2020	02/11/2021	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 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	5000023293	02/11/2020	02/11/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UM \$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$	Y	5000023308	02/11/2020	02/11/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Installation Floater		5000023308	02/11/2020	02/11/2021	Construction Materials Owned by Insured \$50,000

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

Certificate Holder and the State of NH, its agencies, and its agents and employees shall be named as additional insureds, on a Primary & Non-Contributory Basis with Waiver of Subrogation, when required by Written Contract

Location of Job: Rockingham Superior Court, 10-125, Brentwood NH 03833

Job Name: Rockingham County Courthouse HVAC Piping

CERTIFICATE HOLDER**CANCELLATION**

State of New Hampshire Dept. of Admin. Services c/o KPMB Enterprises LLC 879 Maple Street Contoocook NH 03229	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)
09/24/20

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 Aon Risk Services, Inc of Florida 1001 Brickell Bay Drive, Suite #1100 Miami, FL 33131-4937	CONTACT NAME: Aon Risk Services, Inc of Florida	
	PHONE (A/C, No, Ext): 800-743-8130	FAX (A/C, No): 800-522-7514
EMAIL ADDRESS: ADP.COI.Center@Aon.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : New Hampshire Ins Co		23841
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED ADP TotalSource NH XXVII, Inc. 10200 Sunset Drive Miami, FL 33173 ALTERNATE EMPLOYER KPMB Enterprises LLC 879 Maple Street Contoocook, NH 03229
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COVERAGES **CERTIFICATE NUMBER:** 3143453 **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. LIMITS SHOWN ARE AS REQUESTED.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/POP AGG \$ OTHER \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER \$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEC RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC 027115074 NH	07/01/20	07/01/21	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
All worksite employees working for KPMB ENTERPRISES LLC, paid under ADP TOTALSOURCE, INC.'s payroll, are covered under the above stated policy. KPMB ENTERPRISES LLC is an alternate employer under this policy.
See attached Certificate Holder Cancellation Notice.

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 <i>Aon Risk Services, Inc of Florida</i>

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POLICY HOLDER NOTICE

CERTIFICATE HOLDER CANCELLATION NOTICE SCHEDULE

Should this policy be cancelled before the expiration date hereof, the producer will endeavor to mail 30 days written notice to the certificate holder named herein, but failure to do so shall impose no obligation or liability of any kind upon the insurer, the producer, or the respective agents or representatives of each.

SCHEDULE:

CERTIFICATE HOLDERS AS IDENTIFIED ON THE MOST RECENT QUARTERLY SCHEDULE OF CERTIFICATE HOLDERS PROVIDED BY THE INSURED'S BROKER OF RECORD TO THE INSURER.

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY

WC 00 03 13

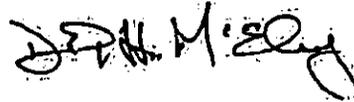
WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

(The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement, effective on 09/24/2020 at 12:01 A.M. standard time, forms a part of Policy No. WC 027115074 of the New Hampshire Ins Co

Issued to: ADP TotalSource NH XXVIII, Inc. (PEO Company)
10200 Sunset Drive
Miami, FL 33173
KPMB Enterprises LLC (Client of PEO Company)
879 Maple Street
Contoocook, NH 03229



Premium (if any) \$ Included

Authorized Representative

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.*

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

In favor of:

STATE OF NEW HAMPSHIRE

, ANY CONTRACTORS, SUBCONTRACTORS OR OTHER PARTIES EMPLOYED ON THE PREMISES

C/O DEPARTMENT OF ADMINISTRATIVE SERVICES

7 HAZEN DRIVE, ROOM 250

CONCORD, NH 03302



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/1/2020

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.

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PRODUCER FORTIFIED INSURANCE AGENCY 911 CANDIA ROAD MANCHESTER NH 03109	CONTACT NAME: KEITH BEAUSOLEIL	
	PHONE (A/C No. Ext): 603-644-3700	FAX (A/C No.): 603-644-0001
E-MAIL ADDRESS: KEITH@FORTIFIEDINS.COM		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: ACADIA INSURANCE		31325
INSURED KPMB ENTERPRISES, LLC 879 MAPLE STREET CONTOOCOOK, NH 03229		
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PROP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	BUILDERS RISK		Y	5455570	10/21/2020	10/21/2021	LIMIT \$656,000 DEDUCTIBLE \$1,000

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

KPMB ENTERPRISES LLC, STATE OF NEW HAMPSHIRE DEPARTMENT OF ADMINISTRATIVE SERVICES, ANY AND ALL SUBCONTRACTORS ARE NAMED INSUREDS, WAIVER OF SUBROGATION APPLIES

LOCATION OF JOB: ROCKINGHAM SUPERIOR COURT, 10-125, BRENTWOOD NH 03833

JOB NAME: ROCKINGHAM COUNTY COURTHOUSE HVAC PIPING

CERTIFICATE HOLDER**CANCELLATION**

STATE OF NEW HAMPSHIRE SERVICES
 C/O DEPARTMENT OF ADMINISTRATION
 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)
10/1/2020

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.

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PRODUCER
FORTIFIED INSURANCE AGENCY
911 CANDIA ROAD
MANCHESTER NH 03109

CONTACT NAME: KEITH BEAUSOLEIL
PHONE (A/C No., Ext): 603-644-3700 FAX (A/C No.): 603-644-0001
E-MAIL ADDRESS: KEITH@FORTIFIEDINS.COM

INSURED
STATE OF NEW HAMPSHIRE C/O
DEPARTMENT OF ADMINISTRATIVE SERVICES
7 HAZEN DRIVE
CONCORD, NH 03302

INSURER(S) AFFORDING COVERAGE NAIC #
INSURER A: MOTORISTS INSURANCE COMPANY 13331
INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INER LTR	TYPE OF INSURANCE	ADDL SUBR (IND) (WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A.	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT. <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: OCP		50000149398	10/21/2020	10/21/2021	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE: \$ PRODUCTS - COMP/OP AGG: \$ Occ: \$2,000,000 \$ Agg \$3,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB: <input type="checkbox"/> OCCUR EXCESS LIAB: <input type="checkbox"/> CLAIMS-MADE DED: RETENTION \$					EACH OCCURRENCE \$ AGGREGATE: \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				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)

LOCATION OF JOB: ROCKINGHAM SUPERIOR COURT, 10-125, BRENTWOOD NH 03833

JOB NAME: ROCKINGHAM COUNTY COURTHOUSE HVAC PIPING

CERTIFICATE HOLDER

CANCELLATION

KPMB ENTERPRISES LLC
879 MAPLE ST
CONTOOCOOK, NH 03229

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:

Limited Partnership or LLC Certificate of Authority

I, Trina Waterman hereby certify that I am a Partner, Member or Manager
(Name)
of TPMB Enterprises LLC limited liability partnership under RSA 304-B, a limited
(Name of Partnership or LLC)
liability professional partnership under RSA 304-D, or a limited liability company under
RSA 304-C.

I certify that Peter Waterman is authorized to bind the partnership or LLC. I
further certify that it is understood that the State of New Hampshire will rely on this
certificate as evidence that the person listed above currently occupies the position indicated
and that they have full authority to bind the partnership or LLC and that this authorization
shall remain valid for thirty (30) days from the date of this Corporate Resolution

DATE: 1/5/21

ATTEST:

Trina Waterman
(Name)
Member
(Title)