



State of New Hampshire

70 m/c

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

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. 81068- Contract B

February 1, 2021

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 Brookstone Builders Inc (VC #155834), Manchester, New Hampshire for a total price not to exceed \$1,138,286, for Facility Wide Heat Pump Replacement, NH Veteran's Home, Tilton, New Hampshire. This contract is effective upon Governor and Council approval through December 15, 2021 unless extended in accordance with the contract terms. **100% Capital - General Funds.**

2). 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 \$1,168,286. **100% Capital-General Funds.**

Funding is available in account titled NH Veterans Home as follows:

01-43-43-430030-13410000 19-146:1XVIIA Heat Pump 034-500161 - New Construction	\$1,122,810
01-43-43-430010-53580000 Vets Home Custodial Care 034-500162 - Contractual Main/Bldgs Grnds	<u>\$ 15,476</u>
Sub Total	\$1,138, 286

034-500162 – Interagency – DPW Fees	<u>\$ 30,000</u>
Grand Total	\$1,168,286

EXPLANATION

This project consists of replacing the majority of the geothermal water-source heat pump units that are utilized throughout the New Hampshire Veterans Home.

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 NH Veteran's Home 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:	\$1,094,550
Contract Amount:	<u>\$1,138,286</u>
Over Estimate:	\$43,736



ABC Bid Data

TILTON
81068B
NON-FEDERAL

PROJECT: TILTON
STATE PROJECT NUMBER: 81068B
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: October 21, 2020, 2:00
SCOPE OF WORK: FACILITY WIDE HEAT PUMP REPLACEMENT
COMPLETION DATE: December 15, 2021
LOCATION: Belknap

Awarded To:

Amount: \$0.00
Award Date:

Certified by: Director of Fiscal Development

Summary of Bidders

Contractor	Bid Amount	Rank
BROOKSTONE BUILDERS, INC. 600 Harvey Road, MANCHESTER NH 03103-3320	\$1,138,286.00	A
D. L. KING & ASSOCIATES INC. 27 TANGLEWOOD DRIVE, NASHUA NH 03062-1044	\$1,198,125.00	B

Item 901: \$ 1,053,885.
 902: \$ 8,819.
 903: \$ 10,054.
 904: \$ 15,476.
 905: \$ 40,000.
 906: \$
 Total = 1,138,286.

BUREAU OF PUBLIC WORKS
 Award to Brookstone Builders, Inc.
 Hold for Negotiation
 Cancel Contract
 User Agency NH Veterans Home
 Authorized by [Signature]
 Date 10282020



Division of Public Works

ABC Bid Data

TILTON
81068B
NON-FEDERAL

Item No.	Description	Unit	Quantity	P&E		BROOKSTONE BUILDERS, INC. 688 Harvey Road Manchester, NH 03103-3329		D. L. KING & ASSOCIATES INC. 37 TANGLEWOOD DRIVE NASHUA, NH 03063-1044	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items

901	INSTALLATION OF WSHP'S	U	1.00	\$1,021,250.00	\$1,021,250.00	\$1,053,883.00	\$1,053,883.00	\$1,113,775.00	\$1,113,775.00
902	UNIT COST FOR REPLACEMENT OF CONSOLE HEAT PUMP	U	1.00	\$7,600.00	\$7,600.00	\$8,819.00	\$8,819.00	\$8,500.00	\$8,500.00
903	UNIT COST FOR REPLACEMENT OF HORIZONTAL WSHP	U	1.00	\$7,600.00	\$7,600.00	\$10,054.00	\$10,054.00	\$7,800.00	\$7,800.00
904	UNIT COST FOR REPLACEMENT OF VERTICAL WSHP	U	1.00	\$7,600.00	\$7,600.00	\$10,054.00	\$10,054.00	\$7,800.00	\$7,800.00
905	REMOVE AND REPLACE CONDENSER	U	1.00	\$10,500.00	\$10,500.00	\$15,476.00	\$15,476.00	\$20,250.00	\$20,250.00
906	1 UNIT ALLOWANCE FOR BID ITEMS 1 - 4	\$	40,000.00	\$1.00	\$40,000.00	\$1.00	\$40,000.00	\$1.00	\$40,000.00
Totals:					\$1,094,650.00		\$1,138,288.00		\$1,198,125.00
ARL Totals:									
Totals:					\$1,094,650.00		\$1,138,288.00		\$1,198,125.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/21/2020

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

PRODUCER THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511		CONTACT NAME: Renee Skillings PHONE (AC, No, Ext): (603) 224-2562 FAX (AC, No): (603) 224-6013 E-MAIL ADDRESS: rskillings@rowleyagency.com	
INSURED Brookstone Builders Inc. 600 Harvey Road Manchester NH 03103		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Firemen's Ins Co of Wash. DC	NAIC # 21784
		INSURER B: Acadia Insurance Company	31325
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER: 21-22 All Lines** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual per CG0001 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			CPA5071222-18	1/1/2021	1/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			CAA5071223-18	1/1/2021	1/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			CUA5071225-18	1/1/2021	1/1/2022	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 PROD/COMP/OPS AGGREGATE \$ 10,000,000
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	N/A	3A STATES: NH/MA/VT WPA5071226-18	1/1/2021	1/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	LEASED/RENTED EQUIPMENT			CPA5071222-18	1/1/2021	1/1/2022	LIMIT 300,000

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

Re: NH Veterans Home facility wide heat pump replacement, Tilton, NH, Project #81068, Contract B
The State of New Hampshire, its agencies, and its agents and employees are additional insureds with respect to General Liability for ongoing operations performed by or on behalf of Brookstone Builders, Inc. when required in a written contract."

CERTIFICATE HOLDER**CANCELLATION**

State of New Hampshire Dept. of Administrative Services 7 Hazen Drive Room 250 Concord, NH 03302-0483	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Renee Skillings/RLS <i>Renee Skillings, CRIS</i>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/2/2020

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

PRODUCER THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Renee Skillings PHONE (A/C No. Ext): (603) 224-2562 FAX (A/C No.): (603) 224-8012 E-MAIL ADDRESS: rskillings@rowleyagency.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED Brookstone Builders Inc. 600 Harvey Road Manchester NH 03103	INSURER A: Firemen's Ins Co of Wash. DC NAIC # 21784	
	INSURER B: Acadia Insurance Company 31325	
	INSURER C: Colony Insurance Company 39993	
	INSURER D:	
	INSURER E:	

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual per CG0001 GEM. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			CPA5071222-17	1/1/2020	1/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			CAA5071223-17	1/1/2020	1/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			CUA5071225-17	1/1/2020	1/1/2021	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 PROD/COMP OPS AGGREGATE \$ 10,000,000
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	WPA5071226-17 3A STATES: NH/MA/ME	1/1/2020	1/1/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	LEASED/RENTED EQUIPMENT			CPA5071222-17	1/1/2020	1/1/2021	LIMIT 300,000
C	POLLUTION/PROFESSIONAL			CPLU84223215	10/01/2020	10/01/2021	EACH CLAIM LIMIT 1,000,000

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

Re: NH Veterans Home facility wide heat pump replacement, Tilton, NH, Project #B1068, Contract B
 The State of New Hampshire, its agencies, and its agents and employees are additional insureds with respect to General Liability for ongoing operations performed by or on behalf of Brookstone Builders, Inc. when required in a written contract."

CERTIFICATE HOLDER

State of New Hampshire
 Dept. of Administrative Services
 7 Hazen Drive
 Room 250
 Concord, NH 03302-0483

CANCELLATION

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

AUTHORIZED REPRESENTATIVE
 Renee Skillings/RLS *Renee Skillings* CRIS

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CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
11/3/2020

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.

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

PRODUCER THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Renee Skillings PHONE (A/C No. Ext.): (603) 224-2562 E-MAIL ADDRESS: rskillings@rowleyagency.com PRODUCER CUSTOMER ID: 00006540	FAX (A/C. No.): (603) 224-8012
	INSURER(S) AFFORDING COVERAGE	
INSURED Brookstone Builders Inc. State of NH Dept of Admin Svcs and all subs on the project 600 Harvey Road Manchester NH 03103	INSURER A: Acadia Insurance Company NAIC # 31325	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** BR NH Veterans 81068B **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Loc#: 00001/Bldg#: 00001, 139 Winter St, Tilton, NH, 03276

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

INSR LTR	TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
	<input type="checkbox"/>	PROPERTY				BUILDING	\$
	<input type="checkbox"/>	CAUSES OF LOSS				PERSONAL PROPERTY	\$
	<input type="checkbox"/>	BASIC				BUSINESS INCOME	\$
	<input type="checkbox"/>	BROAD				EXTRA EXPENSE	\$
	<input type="checkbox"/>	SPECIAL				RENTAL VALUE	\$
	<input type="checkbox"/>	EARTHQUAKE				BLANKET BUILDING	\$
	<input type="checkbox"/>	WIND				BLANKET PERS PROP	\$
	<input type="checkbox"/>	FLOOD				BLANKET BLDG & PP	\$
	<input type="checkbox"/>						\$
	<input type="checkbox"/>						\$
A	<input checked="" type="checkbox"/>	INLAND MARINE	TYPE OF POLICY			<input checked="" type="checkbox"/> Jobsite Limit	\$ 1,138,286
	<input type="checkbox"/>	CAUSES OF LOSS	Installation/Builders Risk			<input checked="" type="checkbox"/> Temp Storage Location	\$ 500,000
	<input type="checkbox"/>	NAMED PERILS	POLICY NUMBER			<input checked="" type="checkbox"/> In Transit	\$ 500,000
	<input checked="" type="checkbox"/>	ALL RISK	BR12022020	12/2/2020	12/2/2021		\$
	<input type="checkbox"/>	CRIME					\$
	<input type="checkbox"/>	TYPE OF POLICY					\$
	<input type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$
	<input type="checkbox"/>						\$
	<input type="checkbox"/>						\$

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Facility Wide Heat Pump Replacement (NH Veterans Home) #81068 Contract B
 Insurer waives any rights or recovery it may have against contractors or subcontractors on the project

CERTIFICATE HOLDER State of New Hampshire Dept. of Administrative Services 7 Hazen Drive Room 250 Concord, NH 03302-0483	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Renee Skillings/RLS <i>Renee L. Skillings, CRIS</i>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/3/2020

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PRODUCER THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Renee Skillings PHONE (A/C, No, Ext): (603) 224-2562 FAX (A/C, No): (603) 224-6012 E-MAIL ADDRESS: rskillings@rowleyagency.com	
	INSURER(S) AFFORDING COVERAGE INSURER A: Acadia Insurance Company NAC # 31325 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
INSURED State of NH Dept of Admin Svcs (OWNER) Brookstone Builders Inc. (CONTRACTOR) 600 Harvey Road Manchester NH 03103		

COVERAGES CERTIFICATE NUMBER: OCP NH Veterans 81068B 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 INSD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners & Contractors Protec GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			OCP12022020	12/20/2020	12/20/2021	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea 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"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						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		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> 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)
 Facility Wide Heat Pump Replacement (NH Veterans Home) #81068 Contract B

CERTIFICATE HOLDER**CANCELLATION**

State of New Hampshire c/o Dept. of Administrative Services 7 Hazen Drive, Room 250 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 Renee Skillings/RLS <i>Renee L. Skillings, CRIS</i>
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