



# 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. 80971- Contract D

April 29, 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 D.L. King & Associates, Inc. (VC #168979), Nashua, New Hampshire for a total price not to exceed \$1,897,600, for the New Hampshire State Prison for Men, Body Alarms/Man Down and Electronic Security Controls Rebid 2, Concord, New Hampshire. This contract is effective upon Governor and Council approval through January 31, 2022 unless extended in accordance with the contract terms. **100% Capital - General Funds.**
- 2). Further authorize that a contingency in the amount of \$122,355 be approved for unanticipated modifications, for the New Hampshire State Prison for Men, Body Alarms/Man Down and Electronic Security Controls Rebid 2, Concord, New Hampshire bringing the total to \$2,019,955. **100% Capital - General Funds.**
- 3). Further authorize the amount of \$35,000 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 \$2,054,955. **100% Capital - General Funds.**

Funding is available in account titled the Department of Corrections as follows:

08-46-46-460030-15370000 17-228:1-IV: G Body Alarm/Man Down System

034-500161 – Contract/Building Repair	\$ 1,342,000
034-500161 – Contingency	\$ 100,000
034-500161 – Interagency – DPW Fees	<u>\$ 35,000</u>

Sub-Total \$1,477,000

09-46-46-460030-15570000 17-228:1-IV: F Elec Controls & Camera Install

034-500161 – Contract/Building Repair	\$ 555,600
034-500161 – Contingency	<u>\$ 22,355</u>

Sub-Total \$577,955

**GRAND TOTAL \$2,054,955**

### EXPLANATION

This project includes the construction and alteration of the body alarm / man down system and electronic security controls, including replacement of head-end equipment, cameras, wiring and control stations in selected areas. This is a composite of two different Capital Improvement Program projects: installation of a Body Alarm / Man Down System; and improvements to Electronic Security Controls (cameras, monitoring, and recording infrastructure). Both projects are located at the Men's Prison in Concord.

The Men's Prison does not currently have an effective body alarm system. This inadequacy leaves civilian staff, who do not have access to radios, without a way to call for help in an emergency. A body alarm system is required in areas where civilians and staff may be without radios to provide a means of alerting Central Control of a staff person down or under duress.

The Men's Prison in Concord has antiquated cameras and monitoring equipment. The existing equipment is inadequate to capture and record video at the resolution required to: monitor daily activities; monitor ongoing situations within the Prison; and record digital images that may be required in an investigation. This project is intended to replace the head-end with current technology, share as much infrastructure as possible with the Man Down System, provide new monitoring stations, and upgrade cameras which are failing or unrepairable. Replacement parts are no longer available for many of the cameras currently in place.

These projects have been combined because the systems work in conjunction with each other and share much of their infrastructure.

The contractor has been pre-qualified by the Department of Transportation. The contract has been approved by the Attorney General as to form and execution; and The Department of Corrections 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:	\$ 1,750,000
Contract Amount:	<u>\$ 1,897,600</u>
OVER Estimate:	\$ 147,600

## CONTRACT SUPPLEMENTAL INFORMATION SHEET

**PROJECT:** DPW Project No. 80971, Contract D – Body Alarm / Man Down and Electronic Security Controls Rebid 2, Concord, NH

**DESCRIPTION:** This project includes the construction and alteration of the body alarm / man down system and electronic security controls, including replacement of head-end equipment, cameras, wiring and control stations in selected areas. This is a composite of two different Capital Improvement Program projects: installation of a Body Alarm / Man Down System; and improvements to Electronic Security Controls (cameras, monitoring, and recording infrastructure). Both projects are located at the Men's Prison in Concord.

**EXPLANATION:** The Men's Prison does not currently have an effective body alarm system. This inadequacy leaves civilian staff, who do not have access to radios, without a way to call for help in an emergency. A body alarm system is required in areas where civilians and staff may be without radios to provide a means of alerting Central Control of a staff person down or under duress.

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These projects have been combined because the systems work in conjunction with each other and share much of their infrastructure.

OVER ESTIMATE

EXPLANATION: The low bid was over the Department estimate by approximately 8%, which is considered within industry standards. However, the estimate was low because some scope was added just prior to receiving bids but the estimate was not updated accordingly.

DEPARTMENT

ESTIMATE: \$1,750,000

LOW BID: \$1,897,600



Division of Public Works

# ABC Bid Data

CONCORD  
80971D  
NON-FEDERAL

PROJECT:	CONCORD	Awarded To:	
STATE PROJECT NUMBER:	80971D	Amount:	\$0.00
FED. PROJECT NUMBER:	NON-FEDERAL	Award Date:	
DATE BIDS OPEN:	March 10, 2021, 2:00	Certified by:	_____
SCOPE OF WORK:	BODY ALARMS/MAN DOWN AND ELECTRONIC SECURITY CONTROLS REBID 2	Director of Project Development	
COMPLETION DATE:	January 31, 2022		
LOCATION:	Merrimack		

## Summary of Bidders

Contractor	Bid Amount	Rank
D. L. KING & ASSOCIATES INC. 27. TANGLEWOOD DRIVE, NASHUA, NH 03062-1044	\$1,897,600.00	A

Item # 901 = \$755,000.  
 # 902 = \$496,000.  
 # 903 = \$525,000.  
 # 904 = \$ 50,000.  
 # 905 = \$ 50,000.  
 # 906 = \$ 12,000.  
 # 907 = \$ 9,600.  
 Total = \$ 1,897,600.

BUREAU OF PUBLIC WORKS  
 Award to DL KING & ASSOC. INC.  
 Hold for Negotiation  
 Cancel Contract  
 User Agency: Corrections  
 Authorized by: [Signature]  
 Date: 103242021



Division of Public Works

# ABC Bid Data

CONCORD  
80971D  
NON-FEDERAL

Item No.	Description	Unit	Quantity	PRICE		D. L. KING & ASSOCIATES INC. 27 TANGLEWOOD DRIVE MILSBORO, NH 03057-1868		Unit Price	Total
				Unit Price	Total	Unit Price	Total		

**Items**

901	PROVIDE AND INSTALL NEW BODY ALARM/MAN DOWN SYSTEM	U	1.00	\$750,000.00	\$750,000.00	\$755,000.00	\$755,000.00		
902	PROVIDE AND INSTALL CAMERA SYSTEM INCLUDING ELECTRONIC SECURITY VIEWING STATIONS	U	1.00	\$490,000.00	\$490,000.00	\$496,000.00	\$496,000.00		
903	PROVIDE AND INSTALL CAMERA AND BODY ALARM/MAN DOWN SYSTEMS SHARED INFRASTRUCTURE	U	1.00	\$395,000.00	\$395,000.00	\$525,000.00	\$525,000.00		
904	ALLOWANCE FOR LATENT CONDITIONS AND OWNER CHANGES MAN DOWN SYSTEM	\$	\$0,000.00	\$1.00	\$50,000.00	\$1.00	\$50,000.00		
905	ALLOWANCE FOR LATENT CONDITIONS AND OWNER CHANGES ELECTRONIC SECURITY	\$	\$0,000.00	\$1.00	\$50,000.00	\$1.00	\$50,000.00		
906	PROVIDE AND INSTALL ADDITIONAL FIBER	LF	1,000.00	\$10.00	\$10,000.00	\$12.00	\$12,000.00		
907	PROVIDE AND INSTALL NEW COAX TO REPLACE EXISTING	LF	1,000.00	\$5.00	\$5,000.00	\$9.60	\$9,600.00		
				<b>Totals:</b>		<b>\$1,784,000.00</b>	<b>\$1,897,600.00</b>		

**80971D ADD ALTERNATES**

**991 ADD ALTERNATE**

991	ADD CAMERA GROUP A	U	1.00	\$51,909.00	\$51,909.00	\$51,909.25	\$51,909.25		
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**992 ADD ALTERNATE**

992	ADD CAMERA GROUP B	U	1.00	\$139,600.00	\$139,600.00	\$139,349.42	\$139,349.42		
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**993 ADD ALTERNATE**

993	ADD CAMERA GROUP C	U	1.00	\$41,500.00	\$41,500.00	\$36,099.18	\$36,099.18		
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**994 ADD ALTERNATE**

994	ADD CAMERA GROUP D	U	1.00	\$113,300.00	\$113,300.00	\$80,510.11	\$80,510.11		
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**995 ADD ALTERNATE**

995	ADD CAMERA GROUP E	U	1.00	\$114,400.00	\$114,400.00	\$99,520.26	\$99,520.26		
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Department of Public Works

# ABC Bid Data

CONCORD  
80971D  
NON-FEDERAL

Item No.	Description	Unit	Quantity	PS&E		D. L. ERNO & ASSOCIATES INC. 27 TANGLEWOOD DRIVE NASHUA, NH 03043-1844		Unit Price	Total
				Unit Price	Total	Unit Price	Total		
<b>996 ADD ALTERNATE</b>									
996	ADD CAMERA GROUP A	U	1.00	\$50,600.00	\$50,600.00	\$51,495.89	\$51,495.89		
<b>997 ADD ALTERNATE</b>									
997	ADD CAMERA GROUP G	U	1.00	\$62,500.00	\$62,500.00	\$55,880.05	\$55,880.05		
<b>998 ADD ALTERNATE</b>									
998	ADD CAMERA GROUP H	U	1.00	\$49,500.00	\$49,500.00	\$45,272.58	\$45,272.58		
All Totals:									
Totals:				\$1,750,000.00	\$1,750,000.00	\$1,897,800.00	\$1,897,800.00		



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/05/2021

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).

<b>PRODUCER</b> THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511		<b>CONTACT NAME:</b> Renee Skillings <b>PHONE (AC. No. Ext):</b> (603) 224-2562 <b>FAX (AC. No.):</b> (603) 224-8012 <b>E-MAIL ADDRESS:</b> rskillings@rowleyagency.com	
<b>INSURED</b> D.L. King & Associates, Inc. 27 Tanglewood Drive Nashua NH 03062		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Arbeta Insurance Group INSURER B: Arbeta Protection Ins Co INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: 20-21 State of NH 1M umb 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	ADDITIONAL SUBROGATION (INSR) / WAIVED (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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		8500062916	09/03/2020	09/03/2021	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	
B	<input checked="" type="checkbox"/> 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		1020032951	09/03/2020	09/03/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
A	<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 \$ 10,000		4620086375	09/03/2020	09/03/2021	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 Products/CO Agg \$ 1,000,000	
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	4220057417	09/03/2020	09/03/2021	<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
A	LEASED/RENTED EQUIPMENT		8500062916	09/03/2020	09/03/2021	LIMIT 35,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
RE: Project #80971 Contract D; Body Alarms/Man Down & Electronic Security Controls, City of Concord, Concord, NH. The State of New Hampshire, its agencies, and its agents and employees are additional insureds for ongoing operations performed by or on behalf of D.L. King & Associates, Inc., per written contract.

<b>CERTIFICATE HOLDER</b> State of New Hampshire Department of Administrative Services 7 Hazen Drive Room 250 Concord NH 03302	<b>CANCELLATION</b> 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>Renee D. Skillings, CRIS</i>
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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



### ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_ of \_\_\_\_

AGENCY THE ROWLEY AGENCY INC.		NAMED INSURED D.L. King & Associates, Inc.	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance: Notes

**PROFESSIONAL/POLLUTION COVERAGE:**

Carrier: C - Colony Insurance Company

Policy term: 6/1/20-6/1/21

Policy Aggregate: \$1,000,000

Each Pollution Condition: \$1,000,000; \$10,000 Deductible

Professional Liability - Each Wrongful Act: \$1,000,000; \$10,000 Deductible; Claims Made; Retro Date 6/1/16



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

4/5/2021

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.

<b>PRODUCER</b> THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	<b>CONTACT NAME:</b> Renee Skillings <b>PHONE (A/C No. Ext):</b> (603) 224-2562 <b>FAX (A/C No.):</b> (603) 224-8012 <b>E-MAIL ADDRESS:</b> rskillings@rowleyagency.com <b>PRODUCER CUSTOMER ID:</b> 00007629														
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Acadia Insurance Company</td> <td>31325</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Acadia Insurance Company	31325	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
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INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															
<b>INSURED</b> D. L. King & Associates, Inc., State of NH Dept of Admin Svcs, Any and All Subcontractors of any Tier 27 Tanglewood Drive Nashua NH 03062															

**COVERAGES**                      **CERTIFICATE NUMBER:** BR-80971D                      **REVISION NUMBER:**

**LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
 Loc#: 00001/Bldg#: 00001, 281 North State Street, Concord, NH, 03301

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	\$
		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	\$
							\$
							\$
A	<input checked="" type="checkbox"/>	INLAND MARINE	TYPE OF POLICY			<input checked="" type="checkbox"/> Builders Risk w/Renovations	\$ 1,897,600
		CAUSES OF LOSS	Builders Risk			<input checked="" type="checkbox"/> Temporary Storage Locations	\$ 500,000
		<input type="checkbox"/> NAMED PERILS	POLICY NUMBER			<input checked="" type="checkbox"/> Transit	\$ 500,000
		<input checked="" type="checkbox"/> Special form	CIM 5450389-10	4/6/2021	4/6/2022	<input checked="" type="checkbox"/> Waiver of Subrogation	\$ Included
		<input type="checkbox"/> CRIME					\$
		TYPE OF POLICY					\$
							\$
		<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$
							\$
							\$

**SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
 Project #80971 Contract D; Body Alarms/Man Down & Electronic Security Controls

<b>CERTIFICATE HOLDER</b>  State of New Hampshire Department of Administrative Services 7 Hazen Drive Room 250 Concord, NH 03302	<b>CANCELLATION</b>  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)  
4/5/2021

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

<b>PRODUCER</b> THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511		<b>CONTACT NAME:</b> Renee Skillings <b>PHONE (A/C No. Ext.):</b> (603) 224-2562 <b>FAX (A/C No.):</b> (603) 224-0012 <b>E-MAIL ADDRESS:</b> rskillings@rowleyagency.com	
<b>INSURED</b> State of NH Dept of Administrative Services (OWNER) D.L. King & Associates, Inc. (CONTRACTOR) 27 Tanglewood Drive Nashua NH 03062		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Colony Insurance Co. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

**COVERAGES**                      **CERTIFICATE NUMBER: OCP-80971D**                      **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	ADDD SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners & Contractors Protec GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	OCP04062021	4/6/2021	4/6/2022	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ \$ \$
	<b>AUTOMOBILE LIABILITY</b> <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) \$ \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> 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)  
Project #80971 Contract D; Body Alarms/Man Down & Electronic Security Controls

<b>CERTIFICATE HOLDER</b>  State of New Hampshire Department of Administrative Services 7 Hazen Drive Room 250 Concord, NH 03302	<b>CANCELLATION</b>  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 D. Skillings, CRIS</i>
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