



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

132

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. 81104 - Contract C

March 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 D.E.W. Construction Corp (VC# 339683), Williston, VT, for a total price not to exceed \$1,318,315, for the Glenclyff Home Electrical System Enhancement, Benton, New Hampshire. This contract is effective upon Governor and Council approval through February 25, 2022, unless extended in accordance with the contract terms. **75% Capital Funds 25% General Funds.**
- 2). Further authorize that a contingency in the amount of \$75,000 be approved for unanticipated expenses for the Glenclyff Home Electrical System Enhancement, Benton, New Hampshire, bringing the total to \$1,393,315. **71% Capital Funds 29% 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 \$1,428,315. **69% Capital Fund 31% General Funds.**

Funding is available in Capital Fund accounts titled Department of Health and Human Services as follows:

05-95-95-950030-13590000-034-500161	19-146:14IV Glencliff Electric	\$ 985,820
05-95-95-950030-17010000-034-500161	Lamott Wing Window Replacement	\$ 6,775
SUB TOTAL		\$992,595

Funding is available in General Fund accounts titled Department of Health and Human Services as follows:

05-95-95-950010-56850000-103-502664	Contract Repairs Bldg-Grounds	\$ 414,720
05-95-95-910010-78920000-048-500226	Contract Maint Bldg-Grounds	\$ 21,000
SUB TOTAL		\$435,720
GRAND TOTAL		\$1,428,315

EXPLANATION

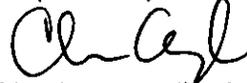
The work of this project includes upgrades to the existing hydroelectric system at the lower station at the Glencliff Home in Benton to increase the amount of electricity being generated for the facility's use. It also includes additional electrical work and controls that will help monitor the equipment and allow the facility to meter the electrical usage, and provide a more consistent level of service to the home. The work of this contract also includes the removal and replacement of existing steam turbines in the Boiler building to provide additional power for the home. The existing turbines are no longer operational. Currently, all electricity is generated by diesel generators, with a limited amount provided by the hydro wheel. The intent is to upgrade the capabilities of the hydro generation capabilities so that the output of electricity can be increased from this natural source. The steam turbine being installed in the steam plant will utilize residual steam to also generate electricity, thus reducing the load on the aging diesel generators, reducing the carbon footprint and saving the amount of diesel fuel purchased and consumed on an annual basis.

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 Health and Human Services, Glencliff 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.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
March 1, 2021
Page 3 of 3

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:	\$1,118,000
Contract Amount:	<u>\$1,208,017 (negotiated)</u>
Over Estimate:	\$90,017

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 81104, Contract C – Glencliff Home Electrical System Enhancement, Benton, New Hampshire.

DESCRIPTION: The work of this project includes upgrades to the existing hydroelectric system at the lower station at the Glencliff Home in Benton to increase the amount of electricity being generated for the facility's use. It also includes additional electrical work and controls that will help monitor the equipment and allow the facility to meter the electrical usage, and provide a more consistent level of service to the home. The work of this contract also includes the removal and replacement of existing steam turbines in the Boiler building to provide additional power for the home. The existing turbines are no longer operational. Currently, all electricity is generated by diesel generators, with a limited amount provided by the hydro wheel. The intent is to upgrade the capabilities of the hydro generation capabilities so that the output of electricity can be increased from this natural source. The steam turbine being installed in the steam plant will utilize residual steam to also generate electricity, thus reducing the load on the aging diesel generators, reducing the carbon footprint and saving the amount of diesel fuel purchased and consumed on an annual basis.

EXPLANATION: This project will increase the electrical generation capacity at the Glencliff Home and reduce the load on the aging diesel generators, while also reducing the use of diesel fuel. The existing generators are used all of the time and the cost of maintenance has increased. The installation of the turbines will help reduce the load on the generators and reduce maintenance costs on the aging equipment.

OVER ESTIMATE

EXPLANATION: Though a total of three contractors attended the pre-bid walk-through conferences, only one submitted a bid. The

single bid was about 18 percent higher than the estimate, but the final amount reflects negotiations to reduce cost by about 8 percent. The scope of this project is specialized in that it requires detailed coordination between a mechanical contractor that has extensive knowledge of steam systems as well as an electrical contractor that is familiar with electrical generating system and the specific requirements associated with a health care facility. And lastly, the location of the facility is remote so many contractors have found that getting the necessary personnel to the site to complete the work is not cost effective for them.

ALTERNATE: Alternate No. 1 was accepted for the bid amount of \$110,298. The work of the Alternate includes minor renovations to the hydro building to make it weather-tight and structurally sound to adequately house the new electrical system enhancements.

DEPARTMENT
ESTIMATE: \$1,118,000
LOW BID: \$1,208,017 (negotiated)



Division of Public Works

ABC Bid Data

BENTON
81104C
NON-FEDERAL

PROJECT: BENTON
STATE PROJECT NUMBER: 81104C
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: December 16, 2020
SCOPE OF WORK: GLENCLIFF HOME ELECTRICAL SYSTEM ENHANCEMENT
COMPLETION DATE: February 25, 2022
LOCATION: Grafton

Awarded To:

Amount: \$0.00

Award Date:

Certified by:

Director of Project Development

Summary of Bidders:

Contractor	Bid Amount	Rank
D.E.W CONSTRUCTION CORP SUITE 130, 277 BLAIR PARK ROAD, WILLISTON VT 05495	\$1,310,412.00	A

negotiated bid items:

#901 - \$475,208

#902 - 35,483

#903 - 667,326

#904 - 30,000

\$1,208,017

Add Alternate #1 - 103,523

total = \$1,318,315

BUREAU OF PUBLIC WORKS

Award to A Bidder (negotiated) \$1,318,315
 Hold for Negotiation
 Cancel Contract
 User Agency: DHHS
 Authorized by: MWJ
 Date: 2/5/21



Division of Public Works

ABC Bid Data

BENTON
81104C
NON-FEDERAL

Item No.	Description	Unit	Quantity	P&E		D.E.W CONSTRUCTION CORP. SUITE 130 WILKSTON, VT 05498		Unit Price	Total
				Unit Price	Total	Unit Price	Total		

Items

901	ALL WORK ASSOCIATED WITH UPGRADES TO HYDO PER PLANS AND SPECIFICATIONS	U	1.00	\$465,000.00	\$465,000.00	\$500,919.00	\$500,919.00		
902	ALL WORK ASSOCIATED WITH INSTALLATION OF ELECTRICAL SUBMETERING PER PLANS AND SPECIFICATIONS	U	1.00	\$53,000.00	\$53,000.00	\$68,844.00	\$68,844.00		
903	ALL WORK ASSOCIATED WITH INSTALLATION OF STEAM TURBINE	U	1.00	\$570,000.00	\$570,000.00	\$712,649.00	\$712,649.00		
904	ALLOWANCE	\$	30,000.00	\$1.00	\$30,000.00	\$1.00	\$30,000.00		
Totals:					\$1,118,000.00		\$1,310,412.00		

ALTERNATES 81104C

ALTERNATE ONE

991	ADD ALTERNATE NUMBER 1	U	1.00	\$54,000.00	\$54,000.00	\$110,298.00	\$110,298.00		
Alt. Totals:									
Totals:					\$1,118,000.00		\$1,310,412.00		



ABC Bid Data

BENTON
81104C
NON-FEDERAL

Item No.	Description	Unit	Quantity	BID		D.J.W CONSTRUCTION CORP ROUTE 139 WILLETTON, VT 05498		Unit Price	Total
				Unit Price	Total	Unit Price	Total		

Items

901	ALL WORK ASSOCIATED WITH UPGRADES TO HYDO PER PLANS AND SPECIFICATIONS	U	1.00	\$465,000.00	\$465,000.00	\$500,919.00	\$500,919.00		
902	ALL WORK ASSOCIATED WITH INSTALLATION OF ELECTRICAL SUBMETERING PER PLANS AND SPECIFICATIONS	U	1.00	\$53,000.00	\$53,000.00	\$66,844.00	\$66,844.00		
903	ALL WORK ASSOCIATED WITH INSTALLATION OF STEAM TURBINE	U	1.00	\$570,000.00	\$570,000.00	\$712,649.00	\$712,649.00		
904	ALLOWANCE	\$	30,000.00	\$1.00	\$30,000.00	\$1.00	\$30,000.00		

Totals:				\$1,118,000.00	\$1,310,412.00				
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ALTERNATES 81104C

ALTERNATE ONE

991	ADD ALTERNATE NUMBER 1	U	1.00	\$54,000.00	\$54,000.00	\$110,298.00	\$110,298.00		
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Alt. Totals:									
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Totals:				\$1,118,000.00	\$1,310,412.00				
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February 01, 2021

State of New Hampshire
Department of Administrative Services
Division of Public Works – Design & Construction
Attn: Beverly Kowalik
John O. Morton Building
7 Hazen Drive, Room 250
POB 483
Concord, NH 03302-0483

Re: Glenciff Home Electrical System Enhancement;
Negotiated Letter

Beverly,

We offer the following negotiated amounts for the above project's base bid and add alternate 01.

Bid Item	Original Bid Cost	Neg Bid Cost	
901	\$500,919.00	\$475,208.00	
902	\$66,844.00	\$35,483.00	
903	\$712,649.00	\$667,326.00	
Allowance	<u>\$30,000.00</u>	<u>\$30,000.00</u>	
Total Base Bid	\$1,310,412.00	\$1,208,017.00	
Alternate 01	\$110,298.00	\$6,775.00	Windows
		<u>\$103,523.00</u>	Remaining Work
Contract Total	\$1,420,710.00	\$1,318,315.00	

This is in accordance with the project plans, specifications and addendum 01.

277 Blair Park Road
Suite 130
Williston, VT 05495

The MacMillin Building
17 Elm Street
Keene, NH 03431

150 Dow Street
Suite 426C
Manchester, NH 03101

DEW CONSTRUCTION
Tel: 603.224.5734

If you have any questions regarding the enclosed, please let us know.

Sincerely,



Scott P. Carter
Senior Estimator
Head of Estimating

cc: Project team members, DEW file.



DEWCONS-01

MKAVANAGH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/8/2021

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).

PRODUCER Hickok & Boardman Insurance Group 346 Shelburne Rd Burlington, VT 05401	CONTACT NAME: Melissa Kavanagh	
	PHONE (A/C, No, Ext): (802) 383-1621	FAX (A/C, No): (802) 658-0541
E-MAIL ADDRESS: mkavanagh@hbinsurance.com		
INSURED DEW Construction Corp. 277 Blair Park Road Suite 130 Williston, VT 05495	INSURER(S) AFFORDING COVERAGE	
	INSURER A: CNA	
	INSURER B: Berkley Assurance Company	
	INSURER C:	
	INSURER D:	
	INSURER E:	

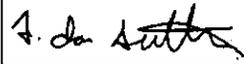
COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

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 GEN'L 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 - COMP/OP AGG \$ _____
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO 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) \$ _____
A	<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 \$ 10,000			6076434865	4/1/2021	4/1/2022	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 AGG. PRODUCTS-COMPLETED OPS \$ 10,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N 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 \$ _____
B	Prof Liab/Pollution			PCADB-5014109-0421	4/1/2021	4/1/2022	Each Claim/Agg 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Project: Benton, Project No. 81104C (Glenclyff Home Electrical System Enhancement - DEW Project #10242)

Additional Insured status applies for the State of New Hampshire Department of Administrative Services on the Umbrella policy per terms & conditions of the attached form CNA75504XX (03-2015)

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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CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
02/24/2021

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).

PRODUCER Aon Risk Services Central, Inc. Chicago IL Office 200 East Randolph Chicago IL 60601 USA	CONTACT NAME: PHONE (A.C. No. Ext): (866) 283-7122 FAX (A.C. No.): (800) 363-0105 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
INSURED DEW Construction Corp 277 Blair Park Road, Suite 130 Williston VT 05495 USA	INSURER A: Zurich American Ins Co 16535	
	INSURER B: American Zurich Ins Co 40142	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

Holder Identifier : DFH

COVERAGES **CERTIFICATE NUMBER: 570086137105** **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	ADDITIONAL SUBR (INS) WYD	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 OTHER:		GL0437328713	04/01/2021	04/01/2022	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		BAP 4373286-13	04/01/2021	04/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 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
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 N/A	WC437328513	04/01/2021	04/01/2022	<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

Certificate No : 570086137105

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Benton, Project No. 81104C (Glenciff Home Electrical System Enhancement - DEW Project #10242). State of New Hampshire, Department of Administrative Services, and all other parties as required by contract are included as Additional Insured in accordance with the policy provisions of the General Liability and Automobile Liability policies. General Liability and Automobile Liability policies evidenced herein are Primary and Non-Contributory to other insurance available to an Additional Insured, but only in accordance with the policy's provisions. A Waiver of Subrogation is granted in favor of All parties as required by contract in accordance with the policy provisions of the General Liability, Automobile Liability and Employer's Liability policies.

CERTIFICATE HOLDER State of New Hampshire c/o Department of Administrative Service 7 Hazen Drive, Room 250 Concord NH 03302 USA	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 Central Inc</i>
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CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
03/08/2021

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.

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PRODUCER Aon Risk Services Central, Inc. Chicago IL Office 200 East Randolph Chicago IL 60601 USA	CONTACT NAME: PHONE (A.C. No. Ext): (866) 283-7122 FAX (A.C. No.): (800) 363-0105	
	E-MAIL ADDRESS:	
INSURED State of New Hampshire C/o Dept. of Administrative Services 7 Hazen Drive, Concord NH 03302 USA	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Zurich American Ins Co NAIC # 16535	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

Holder Identifier :

COVERAGES **CERTIFICATE NUMBER:** 570086297723 **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.

Limits shown are as requested

INSUR	TYPE OF INSURANCE	ADD. REQ.	EXEMPT	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 OTHER:			OCP202815301	04/01/2021	04/01/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMPROP AGG Each Occurrence \$2,000,000
	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 (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE QTH-ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT

Certificate No : 570086297723

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 "Owner's and Contractor's Protective Liability (OCP) Coverage for the benefit of the State of New Hampshire Department of Administrative Services."
 RE: Glenciff Home Electrical System Enhancement. DEW Project Number: 10142. Job Location: 393 High Street, Benton, New Hampshire.

CERTIFICATE HOLDER D.E.W. Construction Corp. 277 Blair Park Road, Suite 130 Williston, VT 05495 USA	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 Central, Inc.</i>



DEWCONS-01

MKAVANAGH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/19/2021

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).

PRODUCER Hickok & Boardman Insurance Group 346 Shelburne Rd Burlington, VT 05401	CONTACT NAME: Melissa Kavanagh PHONE (A.C. No, Ext): (802) 383-1621 FAX (A.C. No): (802) 658-0541 E-MAIL ADDRESS: mkavanagh@hbinsurance.com
INSURER(S) AFFORDING COVERAGE	
INSURED	INSURER A: Liberty Mutual Insurance NAIC # 23043
DEW Construction Corp. The State of New Hampshire Department of Administrative Services, subs and sub-subs 277 Blair Park Road Suite 130 Williston, VT 05495	INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADOL	SUBR	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 GEM. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PER. SUBJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO 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 <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N if yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Builders Risk			62797242BMO1Q1	2/19/2021	2/19/2022	Deductible \$5,000 1,318,315

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Project Address: 393 High Street, Glencliff, NH 03238

The State of New Hampshire Department of Administrative Services, subs and sub-subs are included as additional named insureds on the above referenced Builders Risk policy. Waiver of Subrogation applies.

CERTIFICATE HOLDER**CANCELLATION**

State of New Hampshire
 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

Business Information

Business Details

Business Name: D.E.W. CONSTRUCTION CORP.	Business ID: 286133
Business Type: Foreign Profit Corporation	Business Status: Good Standing
Business Creation Date: 01/09/1998	Name in State of D.E.W. CONSTRUCTION CORP.
Date of Formation in Jurisdiction: 01/09/1998	Incorporation:
Principal Office Address: 277 Blair Park Road S130, Williston, VT, 05495, USA	Mailing Address: 277 Blair Park Road S130, Williston, VT, 05495, USA
Citizenship / State of Incorporation: Foreign/Vermont	
	Last Annual Report Year: 2021
	Next Report Year: 2022
Duration: Perpetual	
Business Email: mfrancis@dewconstruction.com	Phone #: NONE
Notification Email: mfrancis@dewconstruction.com	Fiscal Year End Date: NONE

Principal Purpose

S.No	NAICS Code	NAICS Subcode
1	OTHER / GENERAL CONSTRUCTION.	

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Principals Information

Name/Title	Business Address
Donald Wells / President	277 Blair Park Road, Suite 130, Williston, VT, 05495, USA
Donald Wells / Director	277 Blair Park Road, Suite 130, Williston, VT, 05495, USA
Michael Francis / Director	277 Blair Park Road, Suite 130, Williston, VT, 05495, USA
Michael Francis / Treasurer	277 Blair Park Road, Suite 130, Williston, VT, 05495, USA
Pamela Moreau / Secretary	277 Blair Park Rd, Ste 130, Williston, VT, 05495, USA

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Registered Agent Information

Name: Farhm Michael

Registered Office MacMillin Co, 17 Elm Street, Keene, NH, 03431, USA
Address:

Registered Mailing MacMillin Co, 17 Elm Street, Keene, NH, 03431, USA
Address:

Trade Name Information

Business Name	Business ID	Business Status
DEW Health Care Group (/online/BusinessInquire/TradeNameInformation? businessID=359740)	552151	Expired

Trade Name Owned By

Name	Title	Address
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Trademark Information

Trademark Number	Trademark Name	Business Address	Mailing Address
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No records to view.

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NH Department of State, 107 North Main St. Room 204, Concord, NH 03301 -- [Contact Us](#)
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