

179 MLK



# 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. 81171- Contract B

June 3, 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 Rockwell Roofing, Inc., Leominster, Massachusetts, (VC #260012), for a total price not to exceed \$156,000, for the Warehouse Roof Replacement, Concord, New Hampshire. This contract is effective upon Governor and Council approval through September 10, 2021 unless extended in accordance with the contract terms. **100% Transfers from Other Agencies**

2.) Further authorize that a contingency in the amount of \$10,000 be approved for unanticipated modifications, for the Warehouse Roof Replacement, Concord, New Hampshire bringing the total to \$166,000. **100% Transfers from Other Agencies**

3). Further authorize the amount of \$3,270 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 \$169,270. **100% Transfers from Other Agencies**

Funding is available in fiscal year 2021 in an account titled the Department of Administrative Services:

01-14-14-141510-20420000 Facilities Asset Management

048-500226 – Contract/Building Repair	\$ 156,000
048-500226 – Contract/Building Repair (Contingency)	\$ 10,000
048-500226 – Contract/Building Repair (DPW Fees)	<u>\$ 3,270</u>
Sub-Total	\$ 169,270
<b>GRAND TOTAL</b>	<b>\$ 169,270</b>

### EXPLANATION

This contract is for a total roof replacement on the Warehouse building at the Governor Hugh J. Gallen State Office Park campus in Concord, NH. The work includes removing the existing stone ballast over asphalt roofing system, including insulation and metal gravel stop/fascia. A new EPDM membrane roofing system will be installed, including new insulation, flashing, and all associated accessories. The existing roof was installed around 1955 and is well beyond its warranty and anticipated life expectancy. The existing roof has been patched to stop leaks but the continual degradation of the asphalt membrane will cause more leaks to develop. A new roof is needed to prevent further leaking and damage to material, equipment and the structure.

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 Administrative Services 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:	\$ 175,000
Bid Amount:	<u>\$ 156,000</u>
Under Estimate:	\$ 19,000

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 81171, Contract B – Warehouse Roof Replacement, Concord N.H.

DESCRIPTION: This project includes a total roof replacement on the Warehouse building on the Governor Hugh J. Gallen State Office Park campus. The work includes removing the existing stone ballast over asphalt roofing system, including insulation and metal gravel stop/fascia. A new EPDM membrane roofing system will be installed, including new insulation, flashing, and all associated accessories.

EXPLANATION: The existing roof was installed around 1955 and is well beyond its warranty and anticipated life expectancy. The existing roof has been patched to stop leaks but the continual degradation of the asphalt membrane will cause more leaks to develop. A new roof is needed to prevent further leaking and damage to material, equipment or the structure.

UNDER ESTIMATE

EXPLANATION: The Department received three bids and all were within \$8,000 (5%) of each other. The low bid was 10% below the Department estimate and considered within industry standards.

DEPARTMENT  
ESTIMATE: \$175,000  
LOW BID: \$156,000



# ABC Bid Data

CONCORD  
81171B  
NON-FEDERAL

PROJECT: CONCORD  
STATE PROJECT NUMBER: 81171B  
FED. PROJECT NUMBER: NON-FEDERAL  
DATE BIDS OPEN: April 21, 2021, 2:00  
SCOPE OF WORK: WAREHOUSE ROOF REPLACEMENT  
COMPLETION DATE: September 10, 2021  
LOCATION: Merrimack

Awarded To:

Amount: \$0.00

Award Date:

Certified by:

Director of Project Development

## Summary of Bidders

Contractor	Bid Amount	Rank
ROCKWELL ROOFING, INC. 44 POND STREET, LEOMINSTER MA 01453-0479	\$156,000.00	A
WEATHERGUARD INDUSTRIES/SMJ METALS, LLC 36 SMITH STREET, NORTHHAMPTON MA 01060	\$162,900.00	B
SMITH & SON INC, KEVIN W 580 RICHVILLE ROAD, STANDISH ME 04084	\$164,000.00	C

Item #901 = \$141,000.  
 #902 = \$15,000.  
 Total = \$156,000.

### BUREAU OF PUBLIC WORKS

Award to Rockwell Roofing, Inc.  
 Hold for Negotiation  
 Cancel Contract  
 User Agency NH DAS  
 Authorized by TZ  
 Date 05/19/2021



Division of Public Works

# ABC Bid Data

CONCORD  
81171B  
NON-FEDERAL

Item No.	Description	Unit	Quantity	P&A		ROCKWELL ROOFING, INC. 44 POND STREET LEONISTER, MA 01453-0478		WEATHERGUARD INDUSTRIES/HJ METALS, LLC 36 SMITH STREET NORTHAMPTON, MA 01060	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items

901	PERFORM ALL WORK ASSOCIATED WITH WAREHOUSE ROOF REPLACEMENT	U	1.00	\$160,000.00	\$160,000.00	\$141,000.00	\$141,000.00	\$147,900.00	\$147,900.00
902	ALLOWANCE #1 MODIFICATIONS AND/OR ADDITIONS TO THE CONTRACT	\$	15,000.00	\$1.00	\$15,000.00	\$1.00	\$15,000.00	\$1.00	\$15,000.00
<b>Totals:</b>					\$175,000.00		\$156,000.00		\$162,900.00
<b>Alt. Totals:</b>									
<b>Totals:</b>					\$175,000.00		\$156,000.00		\$162,900.00



Division of Public Works

# ABC Bid Data

CONCORD  
81171B  
NON-FEDERAL

Item No.	Description	Unit	Quantity	P&E		SMITH & SON INC, KEVIN WY 588 RICHVILLE ROAD STANDISH, ME 04084		Unit Price	Total
				Unit Price	Total	Unit Price	Total		

Items

901	PERFORM ALL WORK ASSOCIATED WITH WAREHOUSE ROOF REPLACEMENT	U	1.00	\$160,000.00	\$160,000.00	\$149,000.00	\$149,000.00		
902	ALLOWANCE #1 MODIFICATIONS AND/OR ADDITIONS TO THE CONTRACT	\$	15,000.00	\$1.00	\$15,000.00	\$1.00	\$15,000.00		
<b>Totals:</b>					<b>\$175,000.00</b>		<b>\$164,000.00</b>		
<b>Alt. Totals:</b>									
<b>Totals:</b>					<b>\$175,000.00</b>		<b>\$164,000.00</b>		



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/24/2021

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).

<b>PRODUCER</b> Tony Insurance Group, Inc. 150 Grossman Drive, Suite 200 Braintree MA 02184		<b>CONTACT NAME:</b> PHONE (A/C No. Ext): (617) 773-9200 FAX (A/C No.): (617) 773-9920 E-MAIL ADDRESS: certs@tonry.com																					
<b>INSURED</b> Rockwell Roofing, Inc. 44 Pond St. Leominster MA 01453-3531		<b>INSURER(S) AFFORDING COVERAGE</b> <table border="1"> <tr> <th>INSURER A:</th> <th>NAIC #</th> </tr> <tr> <td>Continental Insurance Company</td> <td>35289</td> </tr> <tr> <td>INSURER B:</td> <td>20443</td> </tr> <tr> <td>Continental Casualty Company</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td>20508</td> </tr> <tr> <td>Valley Forge Insurance Co.</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td>25674</td> </tr> <tr> <td>Travelers Property Casualty Co of America</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>		INSURER A:	NAIC #	Continental Insurance Company	35289	INSURER B:	20443	Continental Casualty Company		INSURER C:	20508	Valley Forge Insurance Co.		INSURER D:	25674	Travelers Property Casualty Co of America		INSURER E:		INSURER F:	
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INSURER F:																							

COVERAGES CERTIFICATE NUMBER: CL2142925086 REVISION NUMBER:

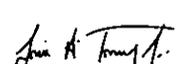
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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"/> XCU Included <input checked="" type="checkbox"/> Contractual Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			6076304780	05/01/2021	05/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			6076304794	05/01/2021	05/01/2022	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			6076304830	05/01/2021	05/01/2022	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 Comp. Ops. Aggregate \$ 10,000,000
C	<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	N/A	6076304827	05/01/2021	05/01/2022	<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
D	Equipment Floater			8603085B823	05/01/2021	05/01/2022	Scheduled Equipment per schedule Leased/Rented Equip. \$100,000

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

Concord Project #81171B-Concord  
 Operations usual to a roofing and sheet metal contractor. State of New Hampshire, its agencies and its agents and employees are an Additional Insured, including completed operations, when required by written contract, but only to the extent provided in the Additional Insured endorsement(s) attached to the policy, a copy of which is available upon request. Where permitted by state law, the Insurer waives its rights to subrogate, but only under the circumstances stated in the policy and when required by written contract. Umbrella policy follows form on underlying policies.

**CERTIFICATE HOLDER****CANCELLATION**

State of New Hampshire c/o Dept of Administrative Services 7 Hazen Drive Room 250 Concord NH 03302	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/24/2021

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 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).

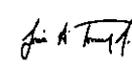
<b>PRODUCER</b> Albert J. Tonry & Co., Inc. 150 Grossman Drive, Suite 200  Braintree MA 02184	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (617) 773-9200 FAX (A/C, No): (617) 773-9920 E-MAIL ADDRESS: certs@tonry.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> State of New Hampshire c/o Dept. of Administrative Services 7 Hazen Drive, Room 250 Concord NH 03302	<b>INSURER A:</b> Great American Insurance Co. NAIC # 23850	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

COVERAGES CERTIFICATE NUMBER: CL1471808904 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			040CP1000918	05/24/2021	05/24/2022	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners & Contractors Protec GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Y					DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input 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						BODILY INJURY (Per person) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						PROPERTY DAMAGE (Per accident) \$
	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				EACH OCCURRENCE \$
							AGGREGATE \$
							WC STATU-TORY LIMITS \$
							OTH-ER \$
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Designated Contractor: Rockwell Roofing, Inc. Warehouse Roof Replacement. Contract No. 81171B.  
Location: 131 Pleasant Street, Concord, NH. Where permitted by state law, the Insurer waives its rights to subrogate, but only under the circumstances stated in the policy and when required by written contract.

<b>CERTIFICATE HOLDER</b>  State of New Hampshire c/o Dept. of Administrative Services 7 Hazen Drive, Room 250 Concord, NH 03302-0483	<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  L Tonry Jr./DCABRA 
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# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

5/24/2021

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.

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> Tony Insurance Group, Inc. 300 Congress Street  Quincy MA 02169	<b>CONTACT NAME:</b> Deanne Tony	
	<b>PHONE (A/C No. Ext):</b> (617) 773-9200	<b>FAX (A/C No.):</b> (617) 773-9920
<b>E-MAIL ADDRESS:</b> dtony@tonry.com		
<b>PRODUCER CUSTOMER ID:</b> 00011680		
<b>INSURED</b> Rockwell Roofing, Inc., State of New Hampshire, Department of Administrative Services and any & all subcontractors: 44 Pond Street Leominster MA 01453-3531		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Continental Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
		<b>NAIC #</b> 35289

COVERAGES CERTIFICATE NUMBER: CP17111601341 REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Concord Project #81171B-Warehouse Roof Replacement, 131 Pleasant Street, Concord, NH

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 <input type="checkbox"/> CAUSES OF LOSS <input type="checkbox"/> DEDUCTIBLES <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL <input type="checkbox"/> EARTHQUAKE <input type="checkbox"/> WIND <input type="checkbox"/> FLOOD				<input type="checkbox"/> BUILDING <input type="checkbox"/> PERSONAL PROPERTY <input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> EXTRA EXPENSE <input type="checkbox"/> RENTAL VALUE <input type="checkbox"/> BLANKET BUILDING <input type="checkbox"/> BLANKET PERS PROP <input type="checkbox"/> BLANKET BLDG & PP	
A	<input checked="" type="checkbox"/> INLAND MARINE <input type="checkbox"/> CAUSES OF LOSS <input type="checkbox"/> NAMED PERILS <input checked="" type="checkbox"/> Special	TYPE OF POLICY <b>Builder's Risk</b>  POLICY NUMBER 6056895939	05/24/2021	05/24/2022	<input checked="" type="checkbox"/> Completed Value <input checked="" type="checkbox"/> Transit / Temp Storage <input checked="" type="checkbox"/> Soft Costs <input type="checkbox"/> Earthquake	\$ 156,000 \$ 250,000 \$ 100,000 \$
	<input type="checkbox"/> CRIME <input type="checkbox"/> 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: Warehouse Roof Replacement; Contract B; Contract No. 81171B. Deductible-\$1,000. Loss payee: State of New Hampshire-Department of Administrative Services, Rockwell Roofing, Inc. and subcontractors of any tier as their interests may appear. Where permitted by state law, the Insurer waives its rights to subrogate, but only under the circumstances stated in the

CERTIFICATE HOLDER

CANCELLATION

State of New Hampshire c/o Dept. 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  L Tony Jr. / DCABRA <i>L Tony Jr.</i>

ACORD 24 (2009/09)  
 INS024 (200909)

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**COMMENTS/REMARKS**

policy and when required by written contract.

# State of New Hampshire

## Department of State

### CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that ROCKWELL ROOFING, INC. is a Massachusetts Profit Corporation registered to transact business in New Hampshire on February 04, 1999. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 306904

Certificate Number: 0005371818



IN TESTIMONY WHEREOF,  
I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 24th day of May A.D. 2021.

A handwritten signature in cursive script, appearing to read "Wm Gardner".

William M. Gardner  
Secretary of State