



75 MLC
JUN 08 11 AM 1:00 RCVD
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.81082- Contract 8

June 11, 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., Nashua, New Hampshire, (VC #168979), for a total price not to exceed \$749,890, for the State House Annex Elevator Upgrades, Concord, New Hampshire. This contract is effective upon Governor and Council approval through November 1, 2022 unless extended in accordance with the contract terms. **100% Capital - General Funds.**
- 2.) Further authorize that a contingency in the amount of \$75,177 be approved for unanticipated modifications, for the State House Annex Elevator Upgrades, Concord, New Hampshire bringing the total to \$825,067. **100% Capital - General Funds**
- 3). Further authorize the amount of \$25,000 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 \$850,067. **100% Capital - General Funds.**

Funding is available in account titled the Department of Administrative Services:

01-14-14-140030-71840000 19-146:111185 State Annex elevators

034-500162 – Contract/Building Repair	\$ 749,890
034-500162 – Contingency	\$ 75,177
034-500162 – Interagency – DPW Fees	<u>\$ 25,000</u>
Sub-Total	\$ 850,067
GRAND TOTAL	\$ 850,067

EXPLANATION

This project makes upgrades to three (3) existing elevators in the State House Annex: two (2) passenger elevators; and one freight elevator. Upgrades to the passenger elevators include removing and replacing the existing traction machines, cables, safeties and controls. Upgrades will also be made to the inside of the cabs and the elevator landing fixtures. The sump pumps in the passenger and freight elevator pits will be removed and replaced. The project will also replace two (2) heating/cooling units located on the roof. One unit conditions the air in both passenger elevators and the other conditions the air in the freight elevator. The passenger elevators were installed in 1938 and are original to the building. The passenger elevators were upgraded in 1967 and are reaching the end of their useful life. The two (2) cars are experiencing frequent breakdowns, resulting in entrapment emergencies of both State employees and the general public. The freight elevator received upgrades in the past and only needs a new sump pump in order to comply with code. The two heating/cooling units on the roof are failing and need to be replaced.

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:	\$ 800,000
Bid Amount:	<u>\$ 749,890</u>
Under Estimate:	\$ 50,110



Division of Public Works

ABC Bid Data

CONCORD
81082B
NON-FEDERAL

PROJECT: CONCORD
STATE PROJECT NUMBER: 81082B
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: May 19, 2021, 2:00 PM
SCOPE OF WORK: STATE HOUSE ANNEX ELEVATOR UPGRADES
COMPLETION DATE: November 01, 2022
LOCATION: Merrimack

Awarded To:

Amount: \$0.00

Award Date:

Certified by: _____
Director of Project Development

Summary of Bidders

Contractor	Bid Amount	Rank
D. L. KING & ASSOCIATES INC. 27 TANGLEWOOD DRIVE, NASHUA NH 03062-1044	\$749,890.00	A
BROOKSTONE BUILDERS, INC. 600 Harvey Road, MANCHESTER NH 03103-3320	\$750,151.00	B
SEAVER CONSTRUCTION INC 215 LEXINGTON STREET, WOBURN MA 01801	\$783,772.00	C
CARENO CONSTRUCTION CO., LLC 270 WEST ROAD STE 4, PORTSMOUTH NH 03801-7611	\$868,000.00	D
PROJECT RESOURCE GROUP LLC 237 PLEASANT POND ROAD, PO BOX 43, FRANCESTOWN NH 03043	\$1,104,692.00	E

Item 901 = \$ 622,000.
 902 = \$ 37,890.
 903 = \$ 40,000.
 904 = \$ 50,000.

 Total = \$ 749,890.00
 (\$749,890.-)

Wednesday, May 19, 2021

BUREAU OF PUBLIC WORKS

Award to DL King & Assoc., Inc
 Hold for Negotiation
 Cancel Contract
 User Agency NH DAS
 Authorized by [Signature]
 Date 05 20 2021



ABC Bid Data

CONCORD
81082B
NON-FEDERAL

Item No.	Description	Unit	Quantity	P&E		D. L. KING & ASSOCIATES INC. 27 TANGLEWOOD DRIVE RASEHEA, NH 03062-9044		BROOKSTONE BUILDERS, INC. 600 Harvey Road Manchester, NH 03103-3329	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items

901	UPGRADE TWO PASSENGER ELEVATORS	U	1.00	\$710,000.00	\$710,000.00	\$622,000.00	\$622,000.00	\$639,740.00	\$639,740.00
902	UPGRADE FREIGHT ELEVATOR	U	1.00	\$20,000.00	\$20,000.00	\$37,890.00	\$37,890.00	\$13,200.00	\$13,200.00
903	UPGRADE TWO SPLIT SYSTEMS ON THE ROOF	U	1.00	\$20,000.00	\$20,000.00	\$40,000.00	\$40,000.00	\$47,211.00	\$47,211.00
904	ALLOWANCE FOR OWNERS CHANGES FOR UNKNOWN LATENT OR DIFFERING EXISTING CONDITIONS	\$	\$0,000.00	\$1.00	\$50,000.00	\$1.00	\$50,000.00	\$1.00	\$50,000.00
Totals:					\$800,000.00		\$749,890.00		\$780,151.00
Alt. Totals:									
Totals:					\$800,000.00		\$749,890.00		\$780,151.00



ABC Bid Data

CONCORD
81082B
NON-FEDERAL

Item No.	Description	Unit	Quantity	P&A		BEAVER CONSTRUCTION INC 218 LEBINGTON STREET WOBBURN, MA 01581		CARENO CONSTRUCTION CO., LLC 278 WEST ROAD STE 4 PORTSMOUTH, NH 03801-7511	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items

901	UPGRADE TWO PASSENGER ELEVATORS	U	1.00	\$710,000.00	\$710,000.00	\$696,267.00	\$696,267.00	\$760,000.00	\$760,000.00
902	UPGRADE FREIGHT ELEVATOR	U	1.00	\$20,000.00	\$20,000.00	\$22,954.00	\$22,954.00	\$30,000.00	\$30,000.00
903	UPGRADE TWO SPLIT SYSTEMS ON THE ROOF	U	1.00	\$20,000.00	\$20,000.00	\$14,551.00	\$14,551.00	\$28,000.00	\$28,000.00
904	ALLOWANCE FOR OWNERS CHANGES FOR UNKNOWN LATENT OR DIFFERING EXISTING CONDITIONS	\$	50,000.00	\$1.00	\$50,000.00	\$1.00	\$50,000.00	\$1.00	\$50,000.00
Totals:				\$800,000.00	\$800,000.00	\$783,772.00	\$783,772.00	\$848,000.00	\$848,000.00
Alt. Totals:									
Totals:				\$800,000.00	\$800,000.00	\$783,772.00	\$783,772.00	\$848,000.00	\$848,000.00



ABC Bid Data

CONCORD
81082B
NON-FEDERAL

Item No.	Description	Unit	Quantity	PRAE		PROJECT RESOURCE GROUP LLC 237 PLEASANT POND ROAD FRANCISTOWN, NH 03043		Unit Price	Total
				Unit Price	Total	Unit Price	Total		

Items

901	UPGRADE TWO PASSENGER ELEVATORS	U	1.00	\$710,000.00	\$710,000.00	\$968,840.00	\$968,840.00		
902	UPGRADE FREIGHT ELEVATOR	U	1.00	\$20,000.00	\$20,000.00	\$31,387.00	\$31,387.00		
903	UPGRADE TWO SPLIT SYSTEMS ON THE ROOF	U	1.00	\$20,000.00	\$20,000.00	\$34,465.00	\$34,465.00		
904	ALLOWANCE FOR OWNERS CHANGES FOR UNKNOWN LATENT OR DIFFERING EXISTING CONDITIONS	\$	\$0,000.00	\$1.00	\$50,000.00	\$1.00	\$50,000.00		
Totals:					\$800,000.00		\$1,104,692.00		
Alt. Totals:									
Totals:					\$800,000.00		\$1,104,692.00		

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 81082, Contract B – State House Annex Elevator Upgrades, Concord NH

DESCRIPTION: This project includes making upgrades to three (3) existing elevators: two (2) passenger elevators and one freight elevator. Upgrades to the passenger elevators include removing and replacing the existing traction machines, cables, safeties and controls. Upgrades will also be made to the inside of the cabs and the elevator landing fixtures. The sump pumps in the passenger and freight elevator pits will be removed and replaced. The project will also include the replacement of two (2) heating/cooling units located on the roof. One unit conditions the air in both passenger elevators and the other conditions the air in the freight elevator.

EXPLANATION: The passenger elevators were installed in 1938 and are original to the building. The passenger elevators were upgraded in 1967 and are reaching the end of their useful life. The two (2) cars are experiencing frequent breakdowns, resulting in entrapment emergencies of both State employees and the general public. The freight elevator received upgrades in the past and only needs a new sump pump in order to comply with code. The two heating/cooling units on the roof are failing and need to be replaced.

UNDER ESTIMATE

EXPLANATION: The low bid was 6% under than the Department estimate and is considered within industry standards. The three (3) lowest bids were all very close to each other and under the estimate, representing a very competitive bidding atmosphere for this project.

DEPARTMENT

ESTIMATE: \$800,000.00
LOW BID: \$749,890.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/01/2021

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 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) 224-8012 E-MAIL ADDRESS: rskillings@rowleyagency.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED D.L. King & Associates, Inc. 27 Tanglewood Drive Nashua NH 03062	INSURER A: Arbella Insurance Group	
	INSURER B: Arbella 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	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <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	AUTOMOBILE LIABILITY <input checked="" 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			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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/M	N/A	4220057417	09/03/2020	09/03/2021	<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			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: Job #81082B; Concord State House Annex Elevator Upgrades, 25 Capitol St., Concord, NH 03301
 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.

CERTIFICATE HOLDER State of New Hampshire Department of Administrative Services 7 Hazen Drive Room 250 Concord NH 03301	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>Renee L. Skillings, CRIS</i>

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CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

6/1/2021

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.

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		
PRODUCER CUSTOMER ID: 00007629		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Acadia Insurance Company		31325
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: BR-81082B

REVISION NUMBER:

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

Loc#: 00001/Bldg#: 00001, 25 Capitol St, 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 <input type="checkbox"/> CAUSES OF LOSS <input type="checkbox"/> DEDUCTIBLES <input type="checkbox"/> BASIC <input type="checkbox"/> BUILDING <input type="checkbox"/> BROAD <input type="checkbox"/> CONTENTS <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 form. <input type="checkbox"/> CRIME <input type="checkbox"/> TYPE OF POLICY	TYPE OF POLICY Builders Risk POLICY NUMBER BR07172021	7/17/2021	1/17/2023	<input checked="" type="checkbox"/> Builders Risk w/Renovations <input checked="" type="checkbox"/> Temporary Storage <input checked="" type="checkbox"/> In Transit <input checked="" type="checkbox"/> Waiver of Subrogation	\$ 749,890 \$ 374,945 \$ 374,945 \$ Included
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Re: Job #81082B; Concord State House Annex Elevator Upgrades, 25 Capitol St., Concord, NH 03301

CERTIFICATE HOLDER**CANCELLATION**

State of New Hampshire Department 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 Skillings, CRIS</i>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/1/2021

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).

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) 224-0012 E-MAIL ADDRESS: rskillings@rowleyagency.com	
INSURED State of NH Dept of Admin Svcs (OWNER) D.L. King & Associates, Inc. (CONTRACTOR) 27 Tanglewood Drive Nashua NH 03062		INSURER(S) AFFORDING COVERAGE INSURER A: Mid Continent Casualty Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** OCP-81082B **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	COMMERCIAL GENERAL LIABILITY			OCP07172021	7/17/2021	1/17/2023	EACH OCCURRENCE	\$ 2,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
	<input checked="" type="checkbox"/> OWNERS & CONTRACTORS						MED EXP (Any one person)	\$	
	<input type="checkbox"/> PROTECTIVE LIABILITY						PERSONAL & ADV INJURY	\$	
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:							GENERAL AGGREGATE	\$ 4,000,000	
AUTOMOBILE LIABILITY									
<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							COMBINED SINGLE LIMIT (Ea accident)	\$	
							BODILY INJURY (Per person)	\$	
							BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$	
								\$	
<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <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) If yes, describe under DESCRIPTION OF OPERATIONS below							PER STATUTE		
							OTH-ER		
							E.L. EACH ACCIDENT	\$	
							E.L. DISEASE - EA EMPLOYEE	\$	
							E.L. DISEASE - POLICY LIMIT	\$	

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

Re: Job #81082B; Concord State House Annex Elevator Upgrades, 25 Capitol St., Concord, NH 03301

CERTIFICATE HOLDER State of New Hampshire 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 Renee Skillings/RLS <i>Renee Skillings, CRIS</i>
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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 D.L. KING & ASSOCIATES, INC. is a Illinois Profit Corporation registered to transact business in New Hampshire on December 29, 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: 332476

Certificate Number: 0005334382



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 1st day of April A.D. 2021.

A handwritten signature in black ink, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State