

113 m.c.



State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES
25 Capitol Street – Room 100
Concord, New Hampshire 03301
Office@das.nh.gov

Charles M. Arlinghaus
Commissioner
(603) 271-3201

Joseph B. Bouchard
Assistant Commissioner
(603) 271-3204

Catherine A. Keane
Deputy Commissioner
(603) 271-2059

Division of Public Works
Design and Construction
Project No. 81056 – Contract B

October 28, 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 Turnstone Corporation, Milford New Hampshire (VC#169530) for a total price not to exceed \$697,697, for the Morton, Johnson, HHS Underground Tank Removal and AST Install, Concord, New Hampshire. This contract is effective upon Governor and Council approval through July 1, 2022, unless extended in accordance with the contract terms. **100% Capital Funds**

- 2). Further authorize that a contingency in the amount of \$7,000 be approved for unanticipated modifications, for the Morton, Johnson, HHS Underground Tank Removal and AST Install, Concord, New Hampshire bringing the total to \$704,697. **100% Transfers from Other Agencies**

- 3). Further authorize the amount of \$25,303 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 \$730,000. **100% Transfers from Other Agencies**

01-14-14-140030-92790000 L21:1ID3-Mrtn/Jhnsn/HHS Tank Rm

034-500162 – Capital Projects – Contract \$ 697,697

Sub-Total \$ 697,697

01-14-14-140010-20420000 Facilities-Asset Management

048-500226 – Contractual Main – Contingency \$ 7,000

048-500226 – Contractual Main – Interagency fees \$ 25,303

Sub-Total \$ 32,303

GRAND TOTAL \$ 730,000

EXPLANATION

This project will remove underground storage tanks (UST's) and replace them with above-ground storage tanks (AST's), in several Concord locations. At 27 Hazen Drive, a 3,000-gallon underground diesel tank will be removed and replaced with a 550-gallon AST. At 29 Hazen Drive, a 2,000-gallon underground oil tank will be abandoned in place. At 7 Hazen Drive (John O. Morton Building), a 10,000-gallon underground oil tank will be removed and replaced with a 550-gallon AST. At 107 Pleasant Street (Johnson Hall), a 4,000-gallon underground diesel tank will be removed and replaced with a 550-gallon AST.

These UST's have been in the ground for decades and currently provide fuel to emergency generators and boilers. Moisture and water collect in these tanks which promote rust and corrosion. If the underground tanks fail, the quantity of fuel stored in these tanks would pose an environmental hazard and create costly clean-ups. The underground lead detection systems will be removed along with the tanks, reducing maintenance costs because there will be no need to test and/or repair issues relating to the leak detection systems.

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 Administrative Services has certified that the necessary funds are pending. 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
October 28, 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:	\$ 780,000
Contract Amount:	<u>\$ 697,697</u>
Under Estimate:	\$ 82,303

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 81056, Contract B – Morton, Johnson, HHS Underground Tank Removal and AST Install, Concord NH

DESCRIPTION: This project will remove underground storage tanks (UST's) and replace them with above-ground storage tanks (AST's), in several Concord locations. At 27 Hazen Drive, a 3,000-gallon underground diesel tank will be removed and replaced with a 550-gallon AST. At 29 Hazen Drive, a 2,000-gallon underground oil tank will be abandoned in place. At 7 Hazen Drive (John O. Morton Building), a 10,000-gallon underground oil tank will be removed and replaced with a 550-gallon AST. At 107 Pleasant Street (Johnson Hall), a 4,000-gallon underground diesel tank will be removed and replaced with a 550-gallon AST.

EXPLANATION: These UST's have been in the ground for decades and currently provide fuel to emergency generators and boilers. Moisture and water collect in these tanks which promote rust and corrosion. If the underground tanks fail, the quantity of fuel stored in these tanks would pose an environmental hazard and create costly clean-ups. The underground lead detection systems will be removed along with the tanks, reducing maintenance costs because there will be no need to test and/or repair issues relating to the leak detection systems.

UNDER ESTIMATE

EXPLANATION: The low bid was 10% below the Department estimate, which is within industry standards. Although only two (2) General Contractors submitted bids, there was strong interest among mechanical subcontractors, creating a competitive bidding environment.

DEPARTMENT
ESTIMATE: \$780,000

LOW BID: \$697,697



Division of Public Works

ABC Bid Data

CONCORD
81056B
NON-FEDERAL

PROJECT: CONCORD
STATE PROJECT NUMBER: 81056B
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: August 18, 2021, 2:00
SCOPE OF WORK: MORTON, JOHNSON, HHS UNDERGROUND TANK REMOVAL AND AST INSTALL
COMPLETION DATE: July 01, 2022
LOCATION: Merrimack

Awarded To:

Amount: \$0.00

Award Date:

Certified by: _____
Director of Project Development

Summary of Bidders

Contractor	Bid Amount	Rank
TURNSTONE CORPORATION 479 NASHUA STREET, MILFORD NH 03055-3705	\$0.00	
D. L. KING & ASSOCIATES INC. 27 TANGLEWOOD DRIVE, NASHUA NH 03062-1044	\$709,975.00	B

Item 901: \$ 180,417.¹
 902: \$ 236,578.¹
 903: \$ 200,702.¹
 904: \$ 50,000.¹
 905: \$ 30,000.¹

Total = \$697,697
 this Contract

BUREAU OF PUBLIC WORKS

Award to Turnstone Corporation

Hold for Negotiation

Cancel Contract

User Agency NH DAS

Authorized by [Signature]

Date 108252021



Division of Public Works

ABC Bid Data

CONCORD

81056B

NON-FEDERAL

Item No.	Description	Unit	Quantity	PS&E		TURNSTONE CORPORATION 479 NASHUA STREET MILFORD, NH 03085-3705		D. L. KING & ASSOCIATES INC. 27 TANGLEWOOD DRIVE NASHUA, NH 03062-1044	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items

901	JOHN O. MORTON BUILDING AT 7 HAZEN DRIVE TANK WORK	U	1.00	\$230,000.00	\$230,000.00	\$180,417.00	\$180,417.00	\$247,975.00	\$247,975.00
902	HEALTH AND HUMAN SERVICES AND DEPARTMENT OF INFORMATION TECHNOLOGY AT 27 AND 29 HAZEN DRIVE TANK WOR	U	1.00	\$270,000.00	\$270,000.00	\$236,578.00	\$236,578.00	\$270,000.00	\$270,000.00
903	JOHNSON HALL 107 PLEASANT STREET TANK WORK	U	1.00	\$200,000.00	\$200,000.00	\$200,702.00	\$200,702.00	\$112,000.00	\$112,000.00
904	ALLOWANCE #1 OWNER'S 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
905	ALLOWANCE #2 REMOVE AND INSTALL FIRE HYDRANTS AND ISOLATION VALVES AT GOV. HUGH J.GALLEN STATE PARK	\$	30,000.00	\$1.00	\$30,000.00	\$1.00	\$30,000.00	\$1.00	\$30,000.00

Totals:				\$780,000.00	\$780,000.00	\$697,697.00	\$697,697.00	\$709,975.00	\$709,975.00
Alt. Totals:									
Totals:				\$780,000.00	\$780,000.00	\$697,697.00	\$697,697.00	\$709,975.00	\$709,975.00

State of New Hampshire

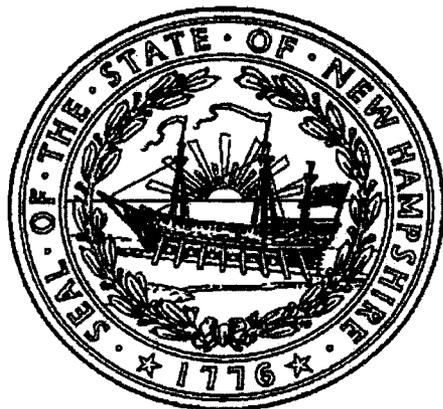
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that TURNSTONE CORPORATION is a New Hampshire Profit Corporation registered to transact business in New Hampshire on April 17, 2002. 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: 403646

Certificate Number: 0005357735



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 27th day of April A.D. 2021.

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

William M. Gardner
Secretary of State



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/30/2021

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 Cross Insurance-Laconia 155 Court Street Laconia NH 03246		CONTACT NAME: Tracy Andriski, CISR PHONE (A/C No. Ext): (603) 524-2425 E-MAIL ADDRESS: tandriski@crossagency.com FAX (A/C No.): (603) 524-3666	
INSURED TURNSTONE CORPORATION 478 NASHUA STREET MILFORD NH 03055		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Firemen's Ins. Co. of Washington D.C.	NAIC # 21784
		INSURER B: Acadia Ins Co.	31325
		INSURER C: Indian Harbor Ins Co	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL2112145909 **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.

INSUR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	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 checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			CPA0065107-31	12/31/2020	12/31/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> 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			CAA0065120-32	12/31/2020	12/31/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			CUA0065121-31	12/31/2020	12/31/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 Comp Ops Aggregate \$ 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WPA0095615-29	12/31/2020	12/31/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
C	Professional Liability			PEC0055745	12/31/2020	12/31/2021	Limit \$1,000,000 Deductible \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Morton, Johnson, HHS Underground Tank Removal and AST Install Concord #81058B
The State of New Hampshire, its agencies, and its agents and employees are additional insureds for ongoing operations performed by or on behalf of Turnstone Corporation when required in a written contract.

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 <i>Tracy Andriski</i>
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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
8/30/2021

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY Cross Insurance-Laconia 155 Court Street Laconia NH 03246		PHONE (A.C. No. Ext.) (603) 524-2425	COMPANY Acadia Ins Co. One Acadia Commons P.O. Box 9010 Westbrook ME 04098-5010	
FAX (A.C. No.) (603) 524-3666	E-MAIL ADDRESS: david.haley@crossagency.com			
CODE: AGENCY CUSTOMER ID#: 00178165	SUB CODE:		LOAN NUMBER	POLICY NUMBER CIM5491272-10
INSURED State of NH - Dept of Administrative Services Turnstone Corporation 479 Nashua Street Milford NH 03055-0539		EFFECTIVE DATE 8/30/2021	EXPIRATION DATE 8/30/2022	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION
 Concord #81056B - Morton, Johnson, HHS Underground Tank Removal and AST Install

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Builders Risk, RC, Special Form	697,697	1,000

REMARKS (Including Special Conditions)

Subcontractors are included as named insureds.
 The insurance company waives their right of recovery against anyone contractually agreed in writing to obtain such a waiver prior to the loss.

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.

ADDITIONAL INTEREST

NAME AND ADDRESS State of New Hampshire Department of Administrative Services 7 Hazen Drive Room 250 Concord, NH 03302	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE T Andriski, CISR/TA5 <i>Jessie Andriski</i>	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/27/2021

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 Cross Insurance-Laconia 155 Court Street Laconia NH 03246		CONTACT NAME: Tracy Andriski, CISR PHONE (A/C, No, Ext): (603) 524-2425 FAX (A/C, No): (603) 524-3666 E-MAIL ADDRESS: tracy.andriski@crossagency.com	
INSURED State of NH - Department of Administrative Services C/O Turnstone 479 Nashua Street Milford NH 03055		INSURER(S) AFFORDING COVERAGE INSURER A: Acadia Ins Co. NAIC # 31325 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL2182768342 **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 ISUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners & Contractors Protective GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		OCP5493101-10	08/30/2021	02/28/2023	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/OP AGG \$ \$
	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 EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A			PER STATUTE OTH-ER E.I. EACH ACCIDENT \$ E.I. DISEASE - EA EMPLOYEE \$ E.I. DISEASE - POLICY LIMIT \$

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

Concord #81056B - Morton, Johnson, HHS Underground Tank Removal and AST Install

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 
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