STATE OF NEW HAMPSHIRE
DEPARTMENT of NATURAL and CULTURAL RESOURCES
STATE COUNCIL on the ARTS

19 Pillsbury Street CONCORD, NEW HAMPSHIRE 03301
Telephone (603) 271-2789 FAX (603) 271-3584

81

February 24, 2022

His Excellency, Governor Christopher T. Sununu
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Natural and Cultural Resources, Division of the Arts, to award Public Value Partnership (PVP) grants to the Nonprofit Arts Organizations shown on the attached list in a total amount of $41,500 to strengthen their capacity for affordable diverse arts programs to New Hampshire residents and visitors effective upon Governor and Executive Council approval through June 30, 2022. 100% General Funds.

Funding is available in account, State Arts Development, as follows:

	FY 2022
03-035-035-353510-41040000-073-500575 – Grants-Non-Federal	$41,500

EXPLANATION

Public Value Partnerships are awarded to nonprofit arts organizations, with a minimum of 5 years of continuous arts programming and professional staffing, to strengthen their capacity for offering affordable, diverse arts program to New Hampshire's residents and visitors. Grant categories and deadlines are advertised through the divisions' website, social media and electronic newsletters.

At the time of evaluation, the NH State Art Councilors unanimously voted to accept the Arts Division's Public Value Partnership Review Panel's recommendations for the partnerships based on its funding priority ranking within a competitive review. 44 organizations applied and 43 grants were awarded. The six-member peer panel, facilitated by an Arts Councilor, considered 17 criteria to arrive at a consensus ranking for each application. The evaluative criteria range from the administrative capacity of the organization to artistic quality, strategic planning, community impact, and accessibility.

Earlier in Fiscal Year 2022, each applicant received $8,000 in American Rescue Plan Funds. Their cumulative totals with the grants requested here are over the $10,000 threshold therefore require Governor and Executive Council approval.

The Attorney General's office has approved the grant agreements as to form, substance and execution.

Respectfully submitted,

Sarah Stewart

Sarah L. Stewart
Commissioner

Public Value Partnership (PVP) Grants			
Nonprofit Arts Organizations	**Town / City**	**Vendor Code**	**Grant Amount**
Revels North	Hanover	166600	$11,000
Apple Hill Center for Chamber Music	Sullivan	167103	$13,500
Library Arts Center	Newport	177177	$10,000
Seacoast Repertory Theatre	Portsmouth	156467	$7,000
		Total Awards:	$41,500

166600

FY2022OPP1 # 10496

Acct Code: 41040000-073 35589 05

NEW HAMPSHIRE STATE COUNCIL ON THE ARTS GRANT AGREEMENT

This agreement between the **State of New Hampshire, New Hampshire State Council on the Arts** (hereinafter "Council") and **Revels North Inc** (hereinafter "Grantee") is to witness receipt of funds subject to the following conditions:

1. **GRANT PERIOD: FY2022**
2. **OBLIGATIONS OF THE GRANTEE:**
   - The Grantee agrees to accept **$11,000.00** and apply it to the program(s) described in the grant application and approved budget for **To support cultural organizations in NH**. In the performance of this grant agreement, the Grantee is in all respects an independent contractor and is neither an agent nor employee of the State.
   - Funding credit including Council logo must appear in all programs, publicity, and promotional materials. The following wording and Council logo should be used:

     New Hampshire State Council on the Arts

     Revels North Inc is supported in part by a grant from the New Hampshire State Council on the Arts & the National Endowment for the Arts.

   - The Grantee acknowledges that the NHSCA Program Coordinator may schedule a site visit to the organization and may request a site visit from the NHSCA.
   - The Grantee agrees to abide by the limitations, conditions and procedure outlined herein and in the attached appendices. If appropriated funds for this grants program are reduced or terminated, all payments under this grant may cease. That determination rests within the sole discretion of the Council.
3. **PAYMENT** will be made following the receipt and execution of all required documents and approval of the Governor and Executive Council
4. **FINAL REPORT**: The Grantee agrees to submit a final financial and narrative report on a form provided by the Council no more than 30 days after the end of the grant period. **Failure to submit the final report will render the Grantee ineligible for Council funding for two years.**
5. **SOVEREIGN IMMUNITY**: No provision of this contract is to be deemed a waiver of sovereign immunity by the State of New Hampshire.

COUNCIL APPROVAL

Contracting Officer for State Agency

1/25/22

Signature *Date*

Name, Title: Virginia Lupi, Director

Sarah Stewart 3/1/22

Signature *Date*

Name, Title: Sarah Stewart, Commissioner

APPROVED BY ATTORNEY GENERAL

as to form, substance and execution:

3/3/2022

Office of Attorney General Date

GRANTEE SIGNATURE

Org/ Name: **Revels North Inc**

Address: PO Box 415, Hanover, NH 03755

John M. Severinghaus

Printed Name of Authorized Official for Grantee

1/21/22

Authorized Official's Signature & Title Date

NOTARIZATION REQUIRED:

STATE OF NEW HAMPSHIRE, COUNTY OF Grafton

On the 21st day of January 2022 before the undersigned officer, personally appeared

John Severinghaus

(Print name of person whose signature is being notarized)

or satisfactorily proven to be the person whose name appears above, and acknowledged that s/he executed this document in the capacity indicated.

Notary Public/~~Justice of the Peace~~

Printed Name: ~~TODD D. HESS, Notary Public~~ State of New Hampshire

My Commission expires: My Commission Expires May 1, 2024

Certificate of Authority #1 (Corporation, Non-profit Corporation)

Corporate Resolution

I, Kim Rheinlander (Name), **hereby certify** that I am duly elected Clerk/Secretary/Officer of Revels North (Name of Corporation). I hereby certify the following is a true of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on January 18, 2022, at which a quorum of the directors/shareholders were present and voting.

Voted: That John Severyhaus (Name and Title) (may list more than one person) is duly authorized to enter into contracts or agreements on behalf of Revels North (Name of Corporation) with the State of New Hampshire and any of its agencies and departments and further is authorized to execute any documents which may in his/her judgement to be desirable or necessary to affect the purpose of this vote.

I hereby certify that said vote has not been amended of repealed and remains in full force and effect as the date of the contract to which this certificate is attached. This authority **shall remain valid for thirty (30) days** from the date of this Corporate Resolution. I further certify that it is understood the State of New Hampshire will rely on this certificate as evidence the person(s) listed above currently occupy the positions(s) indicated and that they have full authority to bind the corporation. To the extent that there are limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

DATED: 1/21/2022 **ATTEST:** [signature] (Name & Title) Board President

STATE OF New Hampshire
COUNTY OF Grafton

On the 21st day of January 2022, before me TODD D HESS, the undersigned officer personally appeared Kim Rheinlander, known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for purposes therein contained. In witness whereof, I hereunto set me hand and official seal:

[signature]
~~Justice of the Peace~~ / Notary Public
TODD D. HESS, Notary Public
State of New Hampshire
My Commission Expires May 1, 2024

My Commission Expires:

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 REVELS NORTH, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on March 29, 1990. 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: **149892**

Certificate Number: **0005638774**

IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 19th day of January A.D. 2022.

William M. Gardner

Secretary of State

REVENOR-01 ARUDIO

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/9/2021

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	CONTACT NAME: Judy Laribee
Kinney Pike Insurance Inc. 1011 North Main Street, Suite 4 White River Junction, VT 05001	PHONE (A/C, No, Ext): (800) 296-5722 3735 FAX (A/C, No): (802) 296-6126 E-MAIL ADDRESS: jlaribee@kinneypike.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Nautilus Insurance Company	17370
INSURER B : Hartford Fire Insurance Compan	19682
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Revels North, Inc.
PO Box 415
Hanover, NH 03755--0415

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	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 2,000,000
	CLAIMS-MADE X OCCUR			NN1319334	10/17/2021	10/17/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N	N/A		UB5R787763	5/18/2021	5/18/2022	E.L. EACH ACCIDENT	$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 100,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Workers Compesation Statutory Coverage applies in NH. Richard Brown, Rick Barrows and William Schults are excluded officers.

CERTIFICATE HOLDER

New Hampshire Department of Natural & Cultural Resources
172 Pembroke Rd.
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

167103
FY2022OPP1 # 10505
Acct Code: 4040000-073-55890S

NEW HAMPSHIRE STATE COUNCIL ON THE ARTS GRANT AGREEMENT

This agreement between the **State of New Hampshire, New Hampshire State Council on the Arts** (hereinafter "Council") and **Apple Hill Center for Chamber Music** (hereinafter "Grantee") is to witness receipt of funds subject to the following conditions:

1. **GRANT PERIOD: FY2022**
2. **OBLIGATIONS OF THE GRANTEE:**
   - The Grantee agrees to accept **$13,500.00** and apply it to the program(s) described in the grant application and approved budget for **To support cultural organizations in NH**. In the performance of this grant agreement, the Grantee is in all respects an independent contractor and is neither an agent nor employee of the State.
   - Funding credit including Council logo must appear in all programs, publicity, and promotional materials. The following wording and Council logo should be used:

     New Hampshire State Council on the Arts

     Apple Hill Center for Chamber Music is supported in part by a grant from the New Hampshire State Council on the Arts & the National Endowment for the Arts.

   - The Grantee acknowledges that the NHSCA Program Coordinator may schedule a site visit to the organization and may request a site visit from the NHSCA.
   - The Grantee agrees to abide by the limitations, conditions and procedure outlined herein and in the attached appendices. If appropriated funds for this grants program are reduced or terminated, all payments under this grant may cease. That determination rests within the sole discretion of the Council.
3. **PAYMENT** will be made following the receipt and execution of all required documents and approval of the Governor and Executive Council
4. **FINAL REPORT**: The Grantee agrees to submit a final financial and narrative report on a form provided by the Council no more than 30 days after the end of the grant period. **Failure to submit the final report will render the Grantee ineligible for Council funding for two years.**
5. **SOVEREIGN IMMUNITY**: No provision of this contract is to be deemed a waiver of sovereign immunity by the State of New Hampshire.

COUNCIL APPROVAL

Contracting Officer for State Agency

1/14/22
Signature *Date*

Name, Title: Virginia Lupi, Director

Sarah Stewart 3/1/22
Signature *Date*

Name, Title: Sarah Stewart, Commissioner

APPROVED BY ATTORNEY GENERAL
as to form, substance and execution:

3/3/2022
Office of Attorney General Date

GRANTEE SIGNATURE
Org/ Name: **Apple Hill Center for Chamber Music**

Address: PO Box 217, Sullivan NH 03445-0217

Glenn Galloway
Printed Name of Authorized Official for Grantee

TREASURER 12/17/21
Authorized Official's Signature & Title Date

NOTARIZATION REQUIRED:
STATE OF NEW HAMPSHIRE, COUNTY OF Cheshire

On the 17 day of December 2021 before the undersigned officer, personally appeared
Glenn Galloway
(Print name of person whose signature is being notarized)
or satisfactorily proven to be the person whose name appears above, and acknowledged that s/he executed this document in the capacity indicated.

Catherine A Kenney
Notary Public
New Hampshire
My Commission Expires 09-11-25

Catherine A Kenney
Notary Public/ Justice of the Peace
Printed Name: Catherine A Kenney
My Commission expires: 09-11-25

Certificate of Authority #1 (Corporation, Non-profit Corporation)

Corporate Resolution

I, Maria Coviello (Name), **hereby certify** that I am duly elected Clerk/Secretary/Officer of Apple Hill Center (Name of Corporation). I hereby certify the following is a true of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on Nov. 10, 2021, at which a quorum of the directors/shareholders were present and voting.

Voted: That Glenn Galloway (Name and Title) (may list more than one person) is duly authorized to enter into contracts or agreements on behalf of Apple Hill Center for Chamber Music (Name of Corporation) with the State of New Hampshire and any of its agencies and departments and further is authorized to execute any documents which may in his/her judgement to be desirable or necessary to affect the purpose of this vote.

I hereby certify that said vote has not been amended of repealed and remains in full force and effect as the date of the contract to which this certificate is attached. This authority **shall remain valid for thirty (30) days** from the date of this Corporate Resolution. I further certify that it is understood the State of New Hampshire will rely on this certificate as evidence the person(s) listed above currently occupy the positions(s) indicated and that they have full authority to bind the corporation. To the extent that there are limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

DATED: 12/13/2021 **ATTEST:** Maria M. Coviello (Name & Title) President

STATE OF New Hampshire
COUNTY OF Hillsborough

On the 13th day of December, 2021 before me Maria M. Coviello Hillarie Morse the undersigned officer personally appeared Maria M. Coviello, known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for purposes therein contained. In witness whereof, I hereunto set me hand and official seal:

Justice of the Peace / Notary Public

My Commission Expires: 10/03/2023

HILLARIE J. MORSE
MY COMMISSION EXPIRES OCT 3, 2023
NOTARY PUBLIC
NEW HAMPSHIRE

(5)

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 APPLE HILL CENTER FOR CHAMBER MUSIC, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on September 30, 1971. 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: **62133**

Certificate Number: **0005628799**

IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 12th day of January A.D. 2022.

William M. Gardner

Secretary of State

(4)

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/08/2021

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.

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	CONTACT NAME: Fairley Kenneally	
E & S Insurance Services LLC 21 Meadowbrook Lane P O Box 7425 Gilford NH 03247-7425	PHONE (A/C, No, Ext): (603) 293-2791	FAX (A/C, No): (603) 293-7188
	E-MAIL ADDRESS: fairley@esinsurance.net	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Great American Insurance Group	GAIG
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED: Apple Hill Center for Chamber Music, PO Box 217, Sullivan NH 03445-0217

COVERAGES **CERTIFICATE NUMBER:** CL2110814665 **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 ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:			PAC 5052043 16	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 - COMP/OP AGG Abuse and Molestation	$ 1,000,000 $ 100,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $ 100,000
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☒ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY			CAP 2246765 16	04/01/2021	04/01/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Medical payments	$ 1,000,000 $ $ $ $ 5,000
A	☒ UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $			UMB 5052044 16	04/01/2021	04/01/2022	EACH OCCURRENCE AGGREGATE	$ 1,000,000 $ 1,000,000 $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N ☐ (Mandatory In NH) 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	$ $ $

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

CERTIFICATE HOLDER

Department of Natural and Cultural Resources
19 Pillsbury St 1st floor
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

Fairley Kenneally

9

APPLHIL-01 BSTOCKTON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/23/2021

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 Kapiloff Insurance Agency, Inc. 417 Winchester St Keene, NH 03431	CONTACT NAME: PHONE (A/C, No, Ext): (603) 352-2224 FAX (A/C, No): (603) 357-1217 E-MAIL ADDRESS: bstockton@kapiloff.com
	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Twin City Fire Insurance Company — 29459
INSURED Apple Hill Center for Chamber Music P.O. Box 217 410 Apple Hill Road East Sullivan, NH 03445	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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N	N/A		04WECCL7098	12/19/2021	12/19/2022	E.L. EACH ACCIDENT	$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

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

CERTIFICATE HOLDER

Department of Cultural & Natural Resources
19 Pillsbury St
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

Brittney Stockton

177177

FY2022OPP1 # 10469
Acct Code: 4040000-073 35589 05

NEW HAMPSHIRE STATE COUNCIL ON THE ARTS GRANT AGREEMENT

This agreement between the **State of New Hampshire, New Hampshire State Council on the Arts** (hereinafter "Council") and **Richards Library d/b/a as Library Arts Center** (hereinafter "Grantee") is to witness receipt of funds subject to the following conditions:

1. **GRANT PERIOD: FY2022**
2. **OBLIGATIONS OF THE GRANTEE:**
   - The Grantee agrees to accept **$10,000.00** and apply it to the program(s) described in the grant application and approved budget for **To support cultural organizations in NH**. In the performance of this grant agreement, the Grantee is in all respects an independent contractor and is neither an agent nor employee of the State.
   - Funding credit including Council logo must appear in all programs, publicity, and promotional materials. The following wording and Council logo should be used:

     New Hampshire State Council on the Arts

     Library Arts Center is supported in part by a grant from the New Hampshire State Council on the Arts & the National Endowment for the Arts.

   - The Grantee acknowledges that the NHSCA Program Coordinator may schedule a site visit to the organization and may request a site visit from the NHSCA.
   - The Grantee agrees to abide by the limitations, conditions and procedure outlined herein and in the attached appendices. If appropriated funds for this grants program are reduced or terminated, all payments under this grant may cease. That determination rests within the sole discretion of the Council.

3. **PAYMENT** will be made following the receipt and execution of all required documents and approval of the Governor and Executive Council

4. **FINAL REPORT**: The Grantee agrees to submit a final financial and narrative report on a form provided by the Council no more than 30 days after the end of the grant period. **Failure to submit the final report will render the Grantee ineligible for Council funding for two years.**

5. **SOVEREIGN IMMUNITY**: No provision of this contract is to be deemed a waiver of sovereign immunity by the State of New Hampshire.

COUNCIL APPROVAL

Contracting Officer for State Agency

2/18/22
Signature *Date*

Name, Title: Virginia Lupi, Director

Sarah Stewart 3/1/22
Signature *Date*

Name, Title: Sarah Stewart, Commissioner

APPROVED BY ATTORNEY GENERAL
as to form, substance and execution:

3/3/2022
Office of Attorney General Date

GRANTEE SIGNATURE
Org/ Name:
Richards Library d/b/a as Library Arts Center

Address: 58 N. Main St. Newport, NH 03773

Kate N. Luppold
Printed Name of Authorized Official for Grantee

Kate N. Luppold, Director 1/27/22
Authorized Official's Signature & Title Date

NOTARIZATION REQURIED:
STATE OF NEW HAMPSHIRE, COUNTY OF Sullivan

On the 27 day of January 2022 before the undersigned officer, personally appeared
Kate N. Luppold
(Print name of person whose signature is being notarized)
or satisfactorily proven to be the person whose name appears above, and acknowledged that s/he executed this document in the capacity indicated.

Virginia O'Brien Irwin
Notary Public/ Justice of the Peace
Printed Name: VIRGINIA O'BRIEN IRWIN
My Commission Expires: Notary Public - New Hampshire
My Commission Expires November 18, 2025

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 RICHARDS FREE LIBRARY is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on July 30, 1889. 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: 66853
Certificate Number: 0004974582

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 5th day of August A.D. 2020.

William M. Gardner
Secretary of State

(/online/Home/) Back to Home (/online)

Business Information

Business Details

Business Name:	RICHARDS FREE LIBRARY	Business ID:	66853
Business Type:	Domestic Nonprofit Corporation	Business Status:	Good Standing
Business Creation Date:	07/30/1889	Name in State of Incorporation:	Not Available
Date of Formation in Jurisdiction:	07/30/1889		
Principal Office Address:	58 NORTH MAIN ST, NEWPORT, NH, 03773, USA	Mailing Address:	NONE
Citizenship / State of Incorporation:	Domestic/New Hampshire		
		Last Nonprofit Report Year:	2020
		Next Report Year:	2025
Duration:	Perpetual		
Business Email:	rfl@newport.lib.nh.us	Phone #:	NONE
Notification Email:	rfl@newport.lib.nh.us	Fiscal Year End Date:	NONE

Principal Purpose

S.No	NAICS Code	NAICS Subcode
1	OTHER / PUBLIC LIBRARY	

Page 1 of 1, records 1 to 1 of 1

Principals Information

Name/Title	Business Address
Lisa Ferrigno / Vice President	169 Bascom Rd., Newport, NH, 03773, USA
David Peter Irwin / President	58 N. Main Street, Newport, NH, 03773, USA
Charen Urban / Secretary	58 N. Main Street, Newport, NH, 03773, USA
Guenter Hubert / Treasurer	58 N. Main Street, Newport, NH, 03773, USA
Matthew Boyle / Director	58 N. Main Street, Newport, NH, 03773, USA

< Previous ... 1 2 ... Next > Page 1 of 2, records 1 to 5 of 9 Go to Page

Registered Agent Information

Name: Not Available

Registered Office Address: Not Available

Registered Mailing Address: Not Available

Trade Name Information

No Trade Name(s) associated to this business.

Trade Name Owned By

No Records to View.

Trademark Information

Trademark Number	Trademark Name	Business Address	Mailing Address

No records to view.

Filing History Address History View All Other Addresses Name History Shares

Businesses Linked to Registered Agent Return to Search Back

Certificate of Authority #1 (Corporation, Non-profit Corporation)

Corporate Resolution

I, Patricia R. Warren (Name), **hereby certify** that I am duly elected Clerk/Secretary/Officer of Library Arts Center (Name of Corporation). I hereby certify the following is a true of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on December, 20 19, at which a quorum of the directors/shareholders were present and voting.

Voted: That Kate N. Luppold, Exec. Director (may list more than one person) is duly (Name and Title) authorized to enter into contracts or agreements on behalf of Library Arts Center (Name of Corporation) with the State of New Hampshire and any of its agencies and departments and further is authorized to execute any documents which may in his/her judgement to be desirable or necessary to affect the purpose of this vote.

I hereby certify that said vote has not been amended of repealed and remains in full force and effect as the date of the contract to which this certificate is attached. This authority **shall remain valid for thirty (30) days** from the date of this Corporate Resolution. I further certify that it is understood the State of New Hampshire will rely on this certificate as evidence the person(s) listed above currently occupy the positions(s) indicated and that they have full authority to bind the corporation. To the extent that there are limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

DATED: 1-27-2022 **ATTEST:** Patricia R. Warren, President (Name & Title)

STATE OF New Hampshire
COUNTY OF Sullivan

On the 27 day of January, before me Virginia O'Brien Irwin, the undersigned officer personally appeared Patricia R. Warren, known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for purposes therein contained. In witness whereof, I hereunto set me hand and official seal:

Virginia O'Brien Irwin
Justice of the Peace / Notary Public

My Commission Expires:
VIRGINIA O'BRIEN IRWIN
Notary Public - New Hampshire
My Commission Expires November 18, 2025

Primex³
NH Public Risk Management Exchange

CERTIFICATE OF COVERAGE

The New Hampshire Public Risk Management Exchange (Primex³) is organized under the New Hampshire Revised Statutes Annotated, Chapter 5-B, Pooled Risk Management Programs. In accordance with those statutes, its Trust Agreement and bylaws, Primex³ is authorized to provide pooled risk management programs established for the benefit of political subdivisions in the State of New Hampshire.

Each member of Primex³ is entitled to the categories of coverage set forth below. In addition, Primex³ may extend the same coverage to non-members. However, any coverage extended to a non-member is subject to all of the terms, conditions, exclusions, amendments, rules, policies and procedures that are applicable to the members of Primex³, including but not limited to the final and binding resolution of all claims and coverage disputes before the Primex³ Board of Trustees. The Additional Covered Party's per occurrence limit shall be deemed included in the Member's per occurrence limit, and therefore shall reduce the Member's limit of liability as set forth by the Coverage Documents and Declarations. The limit shown may have been reduced by claims paid on behalf of the member. General Liability coverage is limited to Coverage A (Personal Injury Liability) and Coverage B (Property Damage Liability) only, Coverage's C (Public Officials Errors and Omissions), D (Unfair Employment Practices), E (Employee Benefit Liability) and F (Educator's Legal Liability Claims-Made Coverage) are excluded from this provision of coverage.

The below named entity is a member in good standing of the New Hampshire Public Risk Management Exchange. The coverage provided may, however, be revised at any time by the actions of Primex³. As of the date this certificate is issued, the information set out below accurately reflects the categories of coverage established for the current coverage year.

This Certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend, or alter the coverage afforded by the coverage categories listed below.

Participating Member:	*Member Number:*	*Company Affording Coverage:*
Town of Newport 15 Sunapee Street Newport, NH 03773	256	NH Public Risk Management Exchange - Primex³ Bow Brook Place 46 Donovan Street Concord, NH 03301-2624

Type of Coverage	*Effective Date (mm/dd/yyyy)*	*Expiration Date (mm/dd/yyyy)*	*Limits* - NH Statutory Limits May Apply	
X **General Liability** (Occurrence Form)	7/1/2021	7/1/2022	Each Occurrence	$ 1,000,000
Professional Liability (describe)			General Aggregate	$ 1,000,000
☐ Claims Made ☐ Occurrence			Fire Damage (Any one fire)	
			Med Exp (Any one person)	
Automobile Liability			Combined Single Limit (Each Accident)	
Deductible Comp and Coll: $1,000			Aggregate	
Any auto				
Workers' Compensation & Employers' Liability			Statutory	
			Each Accident	
			Disease – Each Employee	
			Disease – Policy Limit	
Property (Special Risk includes Fire and Theft)			Blanket Limit, Replacement Cost (unless otherwise stated)	

Description: With regards to the Richards Free Library grant agreement. The certificate holder is named as Additional Covered Party, but only to the extent liability is based solely on the negligence or wrongful acts of the member, its employees, agents, officials or volunteers. This coverage does not extend to others. Any liability resulting from the negligence or wrongful acts of the Additional Covered Party, or their employees, agents, contractors, members, officers, directors or affiliates is not covered.

CERTIFICATE HOLDER:	X	Additional Covered Party		Loss Payee	Primex³ – NH Public Risk Management Exchange
					By: *Mary Beth Purcell*
NH Department of Natural and Cultural Resources 172 Pembroke Road Concord, NH 03301					Date: 8/9/2021 mpurcell@nhprimex.org Please direct inquires to: **Primex³ Claims/Coverage Services** **603-225-2841 phone** **603-228-3833 fax**

Primex³
NH Public Risk Management Exchange

CERTIFICATE OF COVERAGE

The New Hampshire Public Risk Management Exchange (Primex³) is organized under the New Hampshire Revised Statutes Annotated, Chapter 5-B, Pooled Risk Management Programs. In accordance with those statutes, its Trust Agreement and bylaws, Primex³ is authorized to provide pooled risk management programs established for the benefit of political subdivisions in the State of New Hampshire.

Each member of Primex³ is entitled to the categories of coverage set forth below. In addition, Primex³ may extend the same coverage to non-members. However, any coverage extended to a non-member is subject to all of the terms, conditions, exclusions, amendments, rules, policies and procedures that are applicable to the members of Primex³, including but not limited to the final and binding resolution of all claims and coverage disputes before the Primex³ Board of Trustees. The Additional Covered Party's per occurrence limit shall be deemed included in the Member's per occurrence limit, and therefore shall reduce the Member's limit of liability as set forth by the Coverage Documents and Declarations. The limit shown may have been reduced by claims paid on behalf of the member. General Liability coverage is limited to Coverage A (Personal Injury Liability) and Coverage B (Property Damage Liability) only, Coverage's C (Public Officials Errors and Omissions), D (Unfair Employment Practices), E (Employee Benefit Liability) and F (Educator's Legal Liability Claims-Made Coverage) are excluded from this provision of coverage.

The below named entity is a member in good standing of the New Hampshire Public Risk Management Exchange. The coverage provided may, however, be revised at any time by the actions of Primex³. As of the date this certificate is issued, the information set out below accurately reflects the categories of coverage established for the current coverage year.

This Certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend, or alter the coverage afforded by the coverage categories listed below.

Participating Member:	*Member Number:*	*Company Affording Coverage:*
Town of Newport 15 Sunapee Street Newport, NH 03773	256	NH Public Risk Management Exchange - Primex³ Bow Brook Place 46 Donovan Street Concord, NH 03301-2624

Type of Coverage	*Effective Date (mm/dd/yyyy)*	*Expiration Date (mm/dd/yyyy)*	*Limits - NH Statutory Limits May Apply, If Not*	
☐ **General Liability (Occurrence Form)** ☐ **Professional Liability (describe)** ☐ Claims Made ☐ Occurrence			Each Occurrence	
			General Aggregate	
			Fire Damage (Any one fire)	
			Med Exp (Any one person)	
☐ **Automobile Liability** Deductible Comp and Coll: ☐ Any auto			Combined Single Limit (Each Accident) Aggregate	
X **Workers' Compensation & Employers' Liability**	1/1/2022	1/1/2023	X Statutory	
			Each Accident	$2,000,000
			Disease – Each Employee	$2,000,000
			Disease – Policy Limit	
☐ **Property (Special Risk includes Fire and Theft)**			Blanket Limit, Replacement Cost (unless otherwise stated)	

Description: Proof of Primex Member coverage only.

CERTIFICATE HOLDER: ☐ **Additional Covered Party** ☐ **Loss Payee**	**Primex³ – NH Public Risk Management Exchange**
NH Department of Natural and Cultural Resources 172 Pembroke Road Concord, NH 03301	**By:** *Mary Beth Purcell* **Date:** 12/13/2021 mpurcell@nhprimex.org **Please direct inquires to:** **Primex³ Claims/Coverage Services** **603-225-2841 phone** **603-228-3833 fax**

15646?

FY2022OPP1 # 10464

Acct Code: 41040000-073 35 S8905

NEW HAMPSHIRE STATE COUNCIL ON THE ARTS GRANT AGREEMENT

This agreement between the State of **New Hampshire**, **New Hampshire State Council on the Arts** (hereinafter "Council") and **Seacoast Repertory Theatre** (hereinafter "Grantee") is to witness receipt of funds subject to the following conditions:

1. **GRANT PERIOD: FY2022**
2. **OBLIGATIONS OF THE GRANTEE:**
   - The Grantee agrees to accept **$7,000.00** and apply it to the program(s) described in the grant application and approved budget for **To support cultural organizations in NH.** In the performance of this grant agreement, the Grantee is in all respects an independent contractor and is neither an agent nor employee of the State.
   - Funding credit including Council logo must appear in all programs, publicity, and promotional materials. The following wording and Council logo should be used:

     New Hampshire Arts

     Seacoast Repertory Theatre is supported in part by a grant from the New Hampshire State Council on the Arts & the National Endowment for the Arts.

   - The Grantee acknowledges that the NHSCA Program Coordinator may schedule a site visit to the organization and may request a site visit from the NHSCA.
   - The Grantee agrees to abide by the limitations, conditions and procedure outlined herein and in the attached appendices. If appropriated funds for this grants program are reduced or terminated, all payments under this grant may cease. That determination rests within the sole discretion of the Council.
3. **PAYMENT** will be made following the receipt and execution of all required documents and approval of the Governor and Executive Council
4. **FINAL REPORT**: The Grantee agrees to submit a final financial and narrative report on a form provided by the Council no more than 30 days after the end of the grant period. **Failure to submit the final report will render the Grantee ineligible for Council funding for two years.**
5. **SOVEREIGN IMMUNITY:** No provision of this contract is to be deemed a waiver of sovereign immunity by the State of New Hampshire.

COUNCIL APPROVAL

Contracting Officer for State Agency

2/2/22

Signature *Date*

Name, Title: Virginia Lupi, Director

Sarah Stewart 3/1/22

Signature *Date*

Name, Title: Sarah Stewart, Commissioner

APPROVED BY ATTORNEY GENERAL

as to form, substance and execution:

3/3/2022

Office of Attorney General Date

GRANTEE SIGNATURE

Org/ Name: Seacoast Repertory Theatre

Address: 125 Bow Street, Portsmouth, NH 03801

Arthur J. Corakatsane

Printed Name of Authorized Official for Grantee

President 1/21/22

Authorized Official's Signature & Title Date

NOTARIZATION REQUIRED:

STATE OF NEW HAMPSHIRE, COUNTY OF Rockingham

On the 21st day of Jan. 2022 before the undersigned officer, personally appeared Arthur J. Corakatsane

(Print name of person whose signature is being notarized)

or satisfactorily proven to be the person whose name appears above, and acknowledged that s/he executed this document in the capacity indicated.

Notary Public/ Justice of the Peace

Printed Name: ELISE O'Connell

My Commission expires: 9/13/2022

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 SEACOAST REPERTORY THEATRE is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on January 08, 1987. 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: **81241**

Certificate Number : **0005348702**

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.**

William M. Gardner

Secretary of State

Certificate of Authority #1 (Corporation, Non-profit Corporation)

Corporate Resolution

I, Katelyn E. Kwoka, **hereby certify** that I am duly elected Clerk/Secretary/Officer
(Name of Person A)
of Seacoast Repertory Theatre I hereby certify the following is a true of a vote taken at a
(Name of Organization)
meeting of the Board of Directors/shareholders, duly called and held on January 20th, 2022,
at which a quorum of the directors/shareholders were present and voting.

Voted: That Arthur Caraballo, President (may list more than one person) is duly
(Name and Title cannot be Person A))
authorized to enter into contracts or agreements on behalf of Seacoast Repertory Theatre
(Name of Organization)
with the State of New Hampshire and any of its agencies and departments and further is authorized to execute any documents which may in his/her judgement to be desirable or necessary to affect the purpose of this vote.

I hereby certify that said vote has not been amended of repealed and remains in full force and effect as the date of the contract to which this certificate is attached. This authority **shall remain valid for thirty (30) days** from the date of this Corporate Resolution. I further certify that it is understood the State of New Hampshire will rely on this certificate as evidence the person(s) listed above currently occupy the positions(s) indicated and that they have full authority to bind the corporation. To the extent that there are limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

DATED: 1/27/22 **ATTEST:** Katelyn E. Kwoka
(Signature of Person A)

STATE OF New Hampshire
COUNTY OF Rockingham

On the 27th day of January, before me Elise O'Connell,
the undersigned officer personally appeared Katelyn Kwoka, known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for purposes therein contained. In witness whereof, I hereunto set me hand and official seal:

Elise O'Connell
Justice of the Peace / Notary Public

My Commission Expires: 9/13/2022

ELISE C O'CONNELL NOTARY PUBLIC EXP. 09/13/2022 NEW HAMPSHIRE

SEACREP-01 DBEAUDOIN

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/10/2021

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	CONTACT NAME:	
Davis & Towle Morrill & Everett, Inc. 115 Airport Road Concord, NH 03301	PHONE (A/C, No, Ext): (603) 225-6611	FAX (A/C, No): (603) 225-7935
	E-MAIL ADDRESS:	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Nautilus Insurance Co	17370
INSURER B : National Union Fire Ins Co	
INSURER C : Eastern Alliance Insurance Group	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Seacoast Repertory Theatre
125 Bow Street
Portsmouth, NH 03801

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	
A	X COMMERCIAL GENERAL LIABILITY							
	CLAIMS-MADE X OCCUR			NN1319745	9/25/2021	9/25/2022	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 200,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
B	X UMBRELLA LIAB X OCCUR							
	EXCESS LIAB CLAIMS-MADE			EBU038179640	9/25/2021	9/25/2022	EACH OCCURRENCE	$ 1,000,000
	DED X RETENTION $ 0						AGGREGATE	$ 1,000,000
								$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: Y	N/A		03-0000117029-03	5/9/2021	5/9/2022	E.L. EACH ACCIDENT	$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

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

Workers Compensation Information
3A States: ME, NH
Volunteer Board Excluded from coverage

CERTIFICATE HOLDER

NH Department of Natural & Cultural Resources
19 Pillsbury Street
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

Donna P. Beaudoin