

MLC

116



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. 81083 – Contract A

March 16, 2022

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 (VC #168979), Nashua, New Hampshire for a total price not to exceed \$345,000, for Design/Build Sprinkler State House and Liberty House, Concord, New Hampshire. This contract is effective upon Governor and Council approval through October 7, 2022 unless extended in accordance with the contract terms. **41% Capital – General Funds, 41% Transfers from Other Agencies, 18% General Funds**

2). Further authorize the amount of \$36,000 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 \$381,000 **63% Transfers from Other Agencies, 37% General Funds.**

Funding is available in account titled Department of Administrative Services as follows:

01-14-14-140030-71750000 19-146:11B2 – State House Fire Suppression

034-500161– New Construction \$ 140,000

Sub Total \$ 140,000

01-14-14-140010-29500000 General Services Maint & Grnds

048-500226 – Contractual Maintenance	\$ 95,000
048-500226 – DPW Fees	<u>\$ 20,000</u>

Sub Total **\$ 115,000**

01-14-14-140010-20420000 Facilities – Assets Maintenance

048-500226 – Contractual Maintenance	\$ 110,000
048-500226 – DPW Fees	<u>\$ 16,000</u>

Sub Total **\$ 126,000**

Grand Total **\$ 381,000**

EXPLANATION

The work of the project includes designing and installing an addition to the existing fire suppression system in the State House and a new fire suppression system in Liberty House. The addition to the State House system will complete the required protection in the basement, as well as, provide fire suppression in the two (2) elevators and four (4) tunnel entrances which are currently unprotected. The sprinkler system modifications are a Life Safety requirement identified by the NH State Fire Marshal's Office (FMO) following an inspection of the building. This project will also provide a fire suppression system for Liberty House which is currently unprotected. A recent inspection of Liberty House by the FMO prompted their direction to install a system in order to meet Life Safety code requirements.

The work of this contract is necessary to bring the State House and Liberty House into compliance with the Life Safety code. The new fire suppression systems will also provide additional protection for these historic structures.

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:	\$240,000
Contract Amount:	<u>\$345,000</u>
Over Estimate:	\$105,000

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 81083, Contract A
Design/Build Sprinkler State House and Liberty House,
Concord, NH

DESCRIPTION: This project will design and install an addition to the existing fire suppression system in the State House and a new fire suppression system in Liberty House. The addition to the State House system will complete the required protection in the basement, as well as, provide fire suppression in the two (2) elevators and four (4) tunnel entrances which are currently unprotected. The sprinkler system modifications are a Life Safety requirement identified by the NH State Fire Marshal's Office (FMO) following an inspection of the building.

This project will also provide a fire suppression system for Liberty House which is currently unprotected. A recent inspection of Liberty House by the FMO prompted their direction to install a system in order to meet Life Safety code requirements.

EXPLANATION: The work of this contract is necessary to bring the State House and Liberty House into compliance with the Life Safety code. The new fire suppression systems will also provide additional protection for these historic structures.

OVER ESTIMATE

EXPLANATION: The low bid was approximately 43% higher than the Department estimate. The difference is mainly due to added scope very late in the design phase which was not reflected in the Department estimate. The project did not initially include sprinkler system coverage in the existing State House elevators. Just prior to bid, the FMO reviewed the plans and noted that sprinklers were required in the elevators, per code. The elevator sprinkler systems also required the installation of a sump pit, sump pump, and a drainage pipe to discharge outside the building. Since all of this work was added to the project scope very late in the design process, the estimate was, mistakenly, not revised to reflect this added work.

DEPARTMENT ESTIMATE:	\$ 240,000
LOW BID:	<u>\$ 345,000</u>
OVER ESTIMATE:	\$ 105,000



Division of Public Works

ABC Bid Data

CONCORD
81083A
NON-FEDERAL

PROJECT: CONCORD
STATE PROJECT NUMBER: 81083A
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: December 15, 2021,
SCOPE OF WORK: Design/Build Sprinkler State House and Liberty House
COMPLETION DATE: October 07, 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	\$345,000.00	A
RTH MECHANICAL CONTRACTORS INC 17 PRODUCTION DRIVE, DOVER NH 03820	\$645,250.00	B

Item # 901: \$ 215,000.-
 # 902: \$ 20,000.-
 # 903: \$ 100,000.-
 # 904: \$ 10,000.-
 Total = \$ 345,000.-

BUREAU OF PUBLIC WORKS
 Award to D.L. King & Associates, Inc.
 Hold for Negotiation
 Cancel Contract
 User Agency NH DAS
 Authorized by [Signature]
 Date 12-21-2021



Division of Public Works

ABC Bid Data

CONCORD
81083A
NON-FEDERAL

Item No.	Description	Unit	Quantity	PS&E		D. L. KING & ASSOCIATES INC. 27 TANGLEWOOD DRIVE NASHUA, NH 03062-1044		RTH MECHANICAL CONTRACTORS INC 17 PRODUCTION DRIVE DOVER, NH 03820	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items

901	DESIGN/BUILD SPRINKLER FOR STATE HOUSE AND FOUR TUNNEL AREAS	U	1.00	\$150,000.00	\$150,000.00	\$215,000.00	\$215,000.00	\$363,875.00	\$363,875.00
902	ALLOWANCE #1 OWNERS CHANGES FOR UNKNOWN LATENT OR DIFFERING EXISTING CONDITIONS FOR ITEM 1	\$	20,000.00	\$1.00	\$20,000.00	\$1.00	\$20,000.00	\$1.00	\$20,000.00
903	DESIGN/BUILD SPRINKLER FOR LIBERTY HOUSE	U	1.00	\$60,000.00	\$60,000.00	\$100,000.00	\$100,000.00	\$251,375.00	\$251,375.00
904	ALLOWANCE #2 OWNERS CHANGES FOR UNKNOWN LATENT OR DIFFERING EXISTING CONDITIONS FOR ITEM 3	\$	10,000.00	\$1.00	\$10,000.00	\$1.00	\$10,000.00	\$1.00	\$10,000.00

Totals:				\$240,000.00	\$240,000.00	\$345,000.00	\$345,000.00	\$645,250.00	\$645,250.00
Alt. Totals:									
Totals:				\$240,000.00	\$240,000.00	\$345,000.00	\$345,000.00	\$645,250.00	\$645,250.00

State of New Hampshire

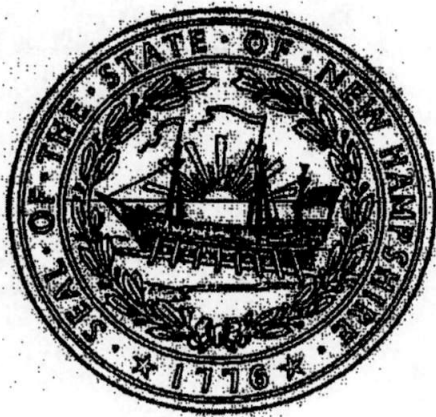
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that 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 : 0005687265



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 3rd day of March A.D. 2022.

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

William M. Gardner
Secretary of State



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/29/2021

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) 224-8012
	E-MAIL ADDRESS: rskillings@rowleyagency.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Arbella Insurance Group	
INSURED D.L. King & Associates, Inc. 27 Tanglewood Drive Nashua NH 03062	INSURER B: Arbella Protection Ins Co	41360
	INSURER C: Colony Insurance Company-SEE ATTACHED	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 21-22 State 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			8500062916	9/3/2021	9/3/2022	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 OTHER: \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			1020032951	9/3/2021	9/3/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER: \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			4620086375	9/3/2021	9/3/2022	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 OTHER: \$ 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/N <input checked="" type="checkbox"/> Y N/A		4220057417 3A States: NH/MA Excluded Officers: Donna & Arthur King, Jr.	9/3/2021	9/3/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	LEASED/RENTED EQUIPMENT			4620086375	9/3/2021	9/3/2022	LIMIT 35,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: Job #81083A; Design/Build Sprinkler at State House and Liberty House, 107 North Main Street and 139 Pleasant Street, Concord, NH
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
Renee Skillings/RLS *Renee Skillings, CRIS*

© 1988-2014 ACORD CORPORATION. All rights reserved.

COMMENTS/REMARKS

PROFESSIONAL/POLLUTION COVERAGE:

Carrier: C - Colony Insurance Company

Policy number: CPLUS305305

Policy term: 6/1/21-6/1/22

Policy Aggregate: \$1,000,000

Each Pollution Condition: \$1,000,000; \$10,000 Deductible

Professional Liability - Each Wrongful Act: \$1,000,000; \$10,000 Deductible; Claims Made;

Retro Date 6/1/16



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

12/28/2021

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	
INSURED D.L. King & Associates, Inc., State of NH Dept of Admin Svcs, and all subs on the project 27 Tanglewood Drive Nashua NH 03062	INSURER A: Acadia Insurance Company NAIC # 31325	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES
CERTIFICATE NUMBER: BR-81083A; State/Liberty

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

Loc#: 00001/Bldg#: 00001, State House & Liberty Hous, 107 North Main Street & 119 Pleasant Street, 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
	PROPERTY	DEDUCTIBLES					
	CAUSES OF LOSS	BUILDING				BUILDING	\$
	BASIC	BUILDING				PERSONAL PROPERTY	\$
	BROAD	CONTENTS				BUSINESS INCOME	\$
	SPECIAL					EXTRA EXPENSE	\$
	EARTHQUAKE				RENTAL VALUE	\$	
	WIND				BLANKET BUILDING	\$	
	FLOOD				BLANKET PERS PROP	\$	
					BLANKET BLDG & PP	\$	
						\$	
						\$	
A	<input checked="" type="checkbox"/> INLAND MARINE		TYPE OF POLICY			<input checked="" type="checkbox"/> Builders Risks w/Renovations	\$ 345,000
	CAUSES OF LOSS		Builders Risk			<input checked="" type="checkbox"/> Temporary Storage	\$ 172,500
	<input type="checkbox"/> NAMED PERILS		POLICY NUMBER			<input checked="" type="checkbox"/> In Transit	\$ 172,500
	<input checked="" type="checkbox"/> Special form		BR02152022	2/15/2022	2/15/2023	<input checked="" type="checkbox"/> Waiver of Subrogation	\$ Included
	<input type="checkbox"/> CRIME						\$
	TYPE OF POLICY						\$
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN						\$
							\$
							\$
							\$

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

Re: Job #81083A; Design/Build Sprinkler (State House & Liberty House) 107 North Main Street & 119 Pleasant Street, 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

Renee L. Skillings, CRIS

 ACORD 24 (2009/09)
 INS024 (200909)

 © 1995-2009 ACORD CORPORATION. All rights reserved.
 The ACORD name and logo are registered marks of ACORD



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/28/2021

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) 224-8012 E-MAIL ADDRESS: rskillings@rowleyagency.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED State of NH Dept of Admin Svcs (OWNER) D.L. King & Associates, Inc. (CONTRACTOR) 27 Tanglewood Drive Nashua NH 03062	INSURER A: Mid Continent Casualty Co	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 81083A; State/Liberty Hs **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 type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> OWNERS & CONTRACTORS <input type="checkbox"/> PROTECTIVE LIABILITY GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			040CP002002131	2/15/2022	2/15/2023	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COM/OP AGG \$ \$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED 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"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> 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)
Re: Job #81083A; Design/Build Sprinkler (State House & Liberty House) 107 North Main Street & 119 Pleasant Street, 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>