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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

December 29, 2021

His Excellency, Governor Christopher T. Sununu  
and the Honorable 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 \$53,250 to strengthen their capacity for affordable diverse arts programs to New Hampshire residents and visitors effective upon Governor and Council approval through June 30, 2022. 100% Federal Funds.

Funding is available in account, Federal Arts Partnership, as follows:

	<u>FY 2022</u>
03-035-035-353510-41110000-072-500575 – Grants-Federal	\$53,250

**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. 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. There were forty-four applications received and forty-three applications awarded.

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 Council approval.

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

Respectfully submitted,

(SM)

  
\_\_\_\_\_  
Sarah L. Stewart  
Commissioner

**Public Value Partnership (PVP) Grants**

<b>Nonprofit Arts Organizations</b>	<b>Town / City</b>	<b>Vendor Code</b>	<b>Grant Amount</b>
Andy's Summer Playhouse	Wilton	154701	\$12,250
35 Artspace	Portsmouth	280082	\$10,000
Weathervane Theatre Players	Whitefield	154998	\$10,000
Strawbery Banke Museum	Portsmouth	154342	\$11,000
Claremont Opera House	Claremont	167132	\$10,000
<b>Total Awards:</b>			<b>\$53,250</b>

154701

FY2022OPP1 # 10456

Acct Code: 4110000-07B 35F89 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 Andy's 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 \$12,250.00 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:



Andy's 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 NIISCA.
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

Signature: [Handwritten Signature] Date: 1/1/22

Name, Title: Virginia Lupi, Director

Signature: [Handwritten Signature] Date: 4/15/2022

Name, Title: Sarah Stewart, Commissioner

APPROVED BY ATTORNEY GENERAL

as to form, substance and execution:

Signature: [Handwritten Signature] Date: 4/15/2022

Office of Attorney General Date

GRANTEE SIGNATURE

Org/ Name: Andy's Inc.

Address: P.O. Box 601 (582 Isaac Frye Hwy) Wilton, NH 03086

Printed Name of Authorized Official for Grantee: Katerina Klavon
Authorized Official's Signature & Title: [Handwritten Signature] Date: 12/21/2021
Administrative Director

NOTARIZATION REQUIRED:

STATE OF NEW HAMPSHIRE, COUNTY OF Hillsborough

On the 21st day of Dec. 2021 before the undersigned officer, personally appeared Katerina Klavon

(Print name of person whose signature is being notarized) and satisfactorily proven to be the person whose name appears above, and acknowledged that s/he executed this document in the capacity

Notary Public/ Justice of the Peace
Printed Name: Lauri L. Memmler
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 ANDY'S SUMMER PLAYHOUSE, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on February 29, 1972. 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: **61187**

Certificate Number: **0005536640**



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 9th day of January A.D. 2022.

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

William M. Gardner  
Secretary of State

## Business Information

### Business Details

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Business Name:	ANDY'S SUMMER PLAYHOUSE, INC.	Business ID:	61187
Business Type:	Domestic Nonprofit Corporation	Business Status:	Good Standing
Business Creation Date:	02/29/1972	Name in State of Incorporation:	Not Available
Date of Formation in Jurisdiction:	02/29/1972	Mailing Address:	PO Box 601, Wilton, NH, 03086, USA
Principal Office Address:	582 Isaac Frye Hwy, Wilton, NH, 03086, USA	Last Nonprofit Report Year:	2020
Citizenship / State of Incorporation:	Domestic/New Hampshire	Next Report Year:	2025
Duration:	Perpetual	Phone #:	NONE
Business Email:	info@andyssummerplayhouse.org	Fiscal Year End Date:	NONE
Notification Email:	info@andyssummerplayhouse.org		

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### Principal Purpose

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S.No	NAICS Code	NAICS Subcode
1	OTHER / SUMMER THEATER FOR CHILDREN	

## Principals Information

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### Name/Title

Jan Kingsbury / Vice President

Scott Blanchard / Secretary

Robert Keller / Treasurer

Claudine Hessmer-Husainy / Chairman of the Board of Directors

### Business Address

483 Old Street Road, Peterborough, NH, 03458, USA

41 Dahl Road, Merrimack, NH, 03054, USA

605 Isaac Frye Hwy, Wilton, NH, 03086, USA

33 Eagle Rock Road, Amherst, NH, 03031, USA

Page 1 of 1, records 1 to 4 of 4

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## Registered Agent Information

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Name: Not Available

Registered Office Address: Not Available

Registered Mailing Address: Not Available

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## Trade Name Information

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No Trade Name(s) associated to this business.

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## Trade Name Owned By

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No Records to View.

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## Trademark Information

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Trademark Number	Trademark Name	Business Address	Mailing Address
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No records to view.

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NH Department of State, 107 North Main St Room 204, Concord, NH 03301 -- [Contact Us \(/online/Home/ContactUS\)](#)

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**Corporate Resolution**

I, Scott Blanchard, hereby certify that I am duly elected Clerk/Secretary/Officer of Andy's Summer Playbase 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 Dec 12, 2021, at which a quorum of the directors/shareholders were present and voting.

**Voted:** That Scott Blanchard + Katerina Klavon (may list more than one person) is duly

authorized to enter into contracts or agreements on behalf of Andy's Summer Playbase

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 or 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:** 12/13/21

**ATTEST:** [Signature]  
(Name & Title)

STATE OF New Hampshire  
COUNTY OF Hillsborough

On the 13<sup>th</sup> day of December 2021, before me Gerald Gutierrez the undersigned officer personally appeared Scott Blanchard, 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 my hand and official seal:

[Signature]  
Justice of the Peace / Notary Public

**GERALD A. GUTIERREZ**  
Notary Public, State of New Hampshire  
My Commission Expires March 13, 2024

My Commission Expires: 3/13/24



280082

FY2022OPPI # 10473

Acct Code: ~~410000-012-3589~~ OS



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 3S Artspace (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:



3S Artspace is supported in part by a grant from the New Hampshire State Council on the Arts & the National Endowment for the Arts.

New Hampshire State Council on 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

Signature: [Signature] Date: 12/16/21

Name, Title: Virginia Lupi, Director

Signature: [Signature] Date: 4/15/2022

Name, Title: Sarah Stewart, Commissioner

APPROVED BY ATTORNEY GENERAL

as to form, substance and execution:

Signature: [Signature] Date: 4/15/2022  
Office of Attorney General

GRANTEE SIGNATURE

Org/ Name: 3S Artspace

Address: 319 Vaughan St.  
Portsmouth, NH 03801

Printed Name of Authorized Official for Grantee: Elizabeth Falconer, E.D. 12/16/21  
Authorized Official's Signature & Title: [Signature] Date

NOTARIZATION REQUIRED:

STATE OF NEW HAMPSHIRE, COUNTY OF Rockingham

On the 1 day of Dec. 2021 before the undersigned officer, personally appeared Elizabeth Falconer

(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.

Signature: [Signature]  
Notary Public/Justice of the Peace  
Printed Name: Cassandra Mason  
My Commission expires: 8/2/2022

# State of New Hampshire

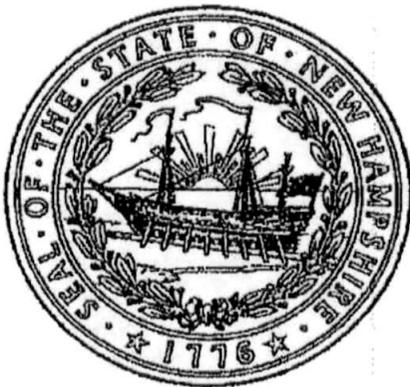
## Department of State

### CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that 3S CONTEMPORARY ARTS SPACE INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on March 19, 2010. 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: 627886

Certificate Number: 0004796448



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 4th day of February A.D. 2020.

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

William M. Gardner  
Secretary of State

## Business Information

### Business Details

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Business Name: 3S ARTSPACE	Business ID: 782304
Business Type: Trade Name	Business Status: Active
Expiration Date: 11/9/2022	Last Renewal Date: Not Available
Business Creation Date: 11/09/2017	Name in State of Formation: Not Available
Date of Formation in Jurisdiction: 11/09/2017	
Principal Office Address: 319 Vaughan St, Portsmouth, NH, 03801, USA	Mailing Address: 319 Vaughan St, Portsmouth, NH, 03801, USA
Business Email: mholbrook@3sarts.org	Phone #: 603-766-3330
Notification Email: mholbrook@3sarts.org	Fiscal Year End Date: NONE

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### Principal Purpose

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S.No	NAICS Code	NAICS Subcode
1	OTHER / Multidisciplinary Art Space/Performance Venue w/Bar	

Page 1 of 1, records 1 to 1 of 1

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### Trade Name Information

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Business Name	Business ID	Business Status
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## Trade Name Owned By

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Name	Title	Address
3S Contemporary Arts Space Inc. (/online/BusinessInquire/TradeNameInformation? businessID=486193)	Business	Good Standing

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## Trademark Information

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Trademark Number	Trademark Name	Business Address	Mailing Address
No records to view.			

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[\(/online/Home/ContactUS\)](#)

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Corporate Resolution

I, Greg Hankinson hereby certify that I am duly elected Clerk/Secretary/Officer of 3S Artspace. 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 12/03, 2021, at which a quorum of the directors/shareholders were present and voting.

Voted: That Elizabeth Falconer, E.P. (may list more than one person) is duly authorized to enter into contracts or agreements on behalf of 3S Artspace 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 or 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: 12.03.21

ATTEST: [Signature]  
(Signature of Person A)

STATE OF New Hampshire  
COUNTY OF Merriamack

On the 3 day of December, before me Cassandra Mason, the undersigned officer personally appeared Greg Hankinson, 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:

Cassandra Mason  
Justice of the Peace / Notary Public

My Commission Expires: 8/2/2022



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/30/2021

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).

<b>PRODUCER</b> Ellis Agency Inc 196 York Street P.O. Box 380 York, Maine 03909	Phone: (207)363-7670 Fax: (207)363-1369	<b>CONTACT NAME:</b> Janel Thaines Leake <b>PHONE (AG, No, Ext):</b> (207)363-7670 <b>E-MAIL ADDRESS:</b> jleake@ellisinsuranceagency.com <b>FAX (AG, No):</b>
<b>INSURED</b> 3S Contemporary Artspace Inc dba 3S Artspace 319 Vaughan St Portsmouth, NH 03801-3747	<b>INSURE(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Patriot Insurance Company <b>NAIC #</b> 32069 <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

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

INSURER	TYPE OF INSURANCE	ADDITIONAL RISKS	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		6635915	8/9/2021	8/9/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000
	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 (Per 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 <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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)

<b>CERTIFICATE HOLDER</b> Holder's Nature of Interest : Certificate Holder  NH Department of Natural & Cultural Resources 172 Pembroke Road Concord, NH 03301	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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L 154998  
FY2022OPPI # 10457  
Acct Code: 41110000-072 35F 8905



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 Weatherlane Theatre Players (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:



Weatherlane Theatre Players 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

*[Signature]* 12/27/21  
Signature Date

Name, Title: Virginia Lupi, Director  
*[Signature]* 4/15/2022  
Signature Date

Name, Title: Sarah Stewart, Commissioner

APPROVED BY ATTORNEY GENERAL

as to form, substance and execution:

*[Signature]* 4/15/2022  
Office of Attorney General Date

GRANTEE SIGNATURE

Org/ Name: Weatherlane Theater Players

Address: 389 Lancaster Rd PO BOX 127  
George C. Carter Whitefield NH 03598

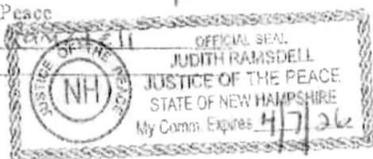
Printed Name of Authorized Official for Signature  
*[Signature]*  
Authorized Official's Signature & Title Date  
President

NOTARIZATION REQUIRED:  
STATE OF NEW HAMPSHIRE, COUNTY OF Coos

On the 17<sup>th</sup> day of December 2021, before the undersigned officer, personally appeared  
*[Signature]*  
George C. Carter

(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.

*[Signature]* 12/17/21  
Notary Public/ Justice of the Peace  
Printed Name: Judith Ramsdell  
My Commission Expires: 4/7/26



# 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 WEATHERVANE THEATRE PLAYERS, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on May 27, 1976. 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: 63667

Certificate Number: 0005478768



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 10th day of December A.D. 2021.

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

William M. Gardner  
Secretary of State

## Business Information

### Business Details

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Business Name:	WEATHERVANE THEATRE PLAYERS, INC.	Business ID:	63667
Business Type:	Domestic Nonprofit Corporation	Business Status:	Good Standing
Business Creation Date:	05/27/1976	Name in State of Incorporation:	Not Available
Date of Formation in Jurisdiction:	05/27/1976		
Principal Office Address:	389 Lancaster Rd, Whitefield, NH, 03598, USA	Mailing Address:	PO Box 127, Whitefield, NH, 03598, USA
Citizenship / State of Incorporation:	Domestic/New Hampshire		
		Last Nonprofit Report Year:	2020
		Next Report Year:	2025
Duration:	Perpetual		
Business Email:	NONE	Phone #:	NONE
Notification Email:	NONE	Fiscal Year End Date:	NONE

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### Principal Purpose

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S.No	NAICS Code	NAICS Subcode
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No records to view.

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## Principals Information

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Name/Title	Business Address
Dan Salomon / Director	67 Davidson Ridge Rd, Bethlehem, NH, 03574, USA
Lore Moran Dodge / Vice President	PO Box 682, Palm Beach, FL, 33480, USA
George (Kit) Carter / President	61 Stebbins Hill Rd, Lancaster, NH, 03584, USA
Jennifer Gaudette / Vice President	270 Iron Foundry Rd, Franconia, NH, 03580, USA
Jeanne Landry / Vice President	11 Portsmouth St, Concord, NH, 03301, USA

< Previous ... 1    ... Next > Page 1 of 4, records 1 to 5 of 19

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## Registered Agent Information

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Name: Not Available

Registered Office Not Available  
Address:

Registered Mailing Not Available  
Address:

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## Trade Name Information

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Business Name	Business ID	Business Status
WEATHERVANE THEATRE (/online/BusinessInquire/TradeNameInformation? businessID=44300)	74156	Expired
RED BARN PLAYHOUSE THEATRE (/online/BusinessInquire/TradeNameInformation? businessID=53551)	245539	Expired

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## Trade Name Owned By

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Name	Title	Address
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## Trademark Information

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Trademark Number	Trademark Name	Business Address	Mailing Address
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No records to view.

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Certificate of Authority #1

(Corporation, Non-profit Corporation)

Corporate Resolution

I, Jennifer Gaudette, hereby certify that I am duly elected Clerk/Secretary/Officer  
(Name)  
of Weatherlane Theatre. I hereby certify the following is a true of a vote taken at a  
(Name of Corporation) Players  
meeting of the Board of Directors/shareholders, duly called and held on April 29, 2021,  
at which a quorum of the directors/shareholders were present and voting.

Voted: That Gregory D Carter (may list more than one person) is duly  
(Name and Title) President  
authorized to enter into contracts or agreements on behalf of Weatherlane Theatre Players  
(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 or 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: 12-15-21

ATTEST: [Signature]  
(Name & Title) Treasurer

STATE OF N.H.  
COUNTY OF GRAFTON

On the 5th day of December 2021, before me Lissa M. Boissonneault  
the undersigned officer personally appeared Jennifer P. Gaudette, 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 my hand and official seal:

[Signature]  
Justice of the Peace / Notary Public

My Commission Expires: 6/2/2026





154342  
FY2022OPP1 # 10459  
Acct Code: 41110000-072 35F89 OS



**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 **Strawbery Banke Museum** (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:



**Strawbery Banke Museum 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

[Signature] 12/22/21  
Signature Date

Name, Title: Virginia Lupi, Director

[Signature] 4/15/2022  
Signature Date

Name, Title: Sarah Stewart, Commissioner

**APPROVED BY ATTORNEY GENERAL**

as to form, substance and execution:

[Signature] 4/15/2022  
Office of Attorney General Date

**GRANTEE SIGNATURE**

Org/ Name: **Strawbery Banke Museum**

Address: PO Box 300 Portsmouth NH 03802

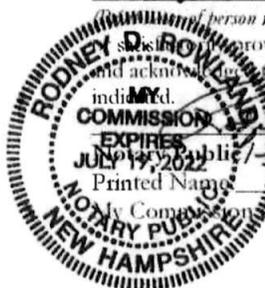
Lawrence J. Yerdon  
Printed Name of Authorized Official for Grantee  
Lawrence Yerdon, Pres. CEO 11-23-2021  
Authorized Official's Signature & Title Date

**NOTARIZATION REQUIRED:**

STATE OF NEW HAMPSHIRE, COUNTY OF ROCKINGHAM

On the 29 day of November 2021 before the undersigned officer, personally appeared Lawrence J. Yerdon

(person whose signature is being notarized)  
I certify that s/he is the person whose name appears above, and acknowledge that s/he executed this document in the capacity indicated.



[Signature]  
Printed Name: Rodney D. Rowland  
Notary Commission expires: July 19, 2022

Corporate Resolution

I, Jeffrey Gilbert, hereby certify that I am duly elected Clerk/Secretary/Officer of Strawberry Bank Museum. 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 Sept. 14, 2020, at which a quorum of the directors/shareholders were present and voting.

**Voted:** That Lawrence J. Yerdon (may list more than one person) is duly authorized to enter into contracts or agreements on behalf of Strawberry Bank Museum 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 or 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: 12/8/21

ATTEST: [Signature]

STATE OF NEW HAMPSHIRE  
COUNTY OF ROCKINGHAM

On the 8 day of DECEMBER 2021, before me JEFF WAYLAND LUTER the undersigned officer personally appeared JEFF GILBERT, 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

My Commission Expires: Nov. 25, 2024



# 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 STRAWBERRY BANKE MUSEUM is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on November 19, 1958. 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: **65607**

Certificate Number: **0005460840**



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 October A.D. 2021.

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

William M. Gardner  
Secretary of State

## Business Information

### Business Details

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Business Name: STRAWBERRY BANKE MUSEUM	Business ID: 65607
Business Type: Domestic Nonprofit Corporation	Business Status: Good Standing
Business Creation Date: 11/19/1958	Name in State of Incorporation: Not Available
Date of Formation in Jurisdiction: 11/19/1958	
Principal Office Address: 17 Hancock Street, Portsmouth, NH, 03801, USA	Mailing Address: PO Box 300, Portsmouth, NH, 03802, USA
Citizenship / State of Incorporation: Domestic/New Hampshire	
	Last Nonprofit Report Year: 2020
	Next Report Year: 2025
Duration: Perpetual	
Business Email: <a href="mailto:sterenzio@sbmuseum.org">sterenzio@sbmuseum.org</a>	Phone #: NONE
Notification Email: <a href="mailto:sterenzio@sbmuseum.org">sterenzio@sbmuseum.org</a>	Fiscal Year End Date: NONE

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### Principal Purpose

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S.No	NAICS Code	NAICS Subcode
1	OTHER / OUTDOOR HISTORY MUSEUM	

## Principals Information

Name/Title	Business Address
Lawrence Yerdon / President	17 Hancock Street, PO Box 300, Portsmouth, NH, 03802, USA
Robyn Aldo / Director	17 Hancock Street, PO Box 300, Portsmouth, NH, 03802, USA
Martha Fuller Clark / Director	17 Hancock Street, PO Box 300, Portsmouth, NH, 03802, USA
Timothy Dempsey / Director	17 Hancock Street, PO Box 300, Portsmouth, NH, 03802, USA
Cynthia Fenneman / Director	17 Hancock Street, PO Box 300, Portsmouth, NH, 03802, USA

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## Registered Agent Information

Name: Not Available

Registered Office Not Available  
Address:

Registered Mailing Not Available  
Address:

## Trade Name Information

Business Name	Business ID	Business Status
STRAWBERRY BANKE (/online/BusinessInquire/TradeNameInformation? businessID=45442)	119463	Active
STRAWBERRY BANKE MUSEUM (/online/BusinessInquire/TradeNameInformation? businessID=60296)	247117	Expired
STRAWBERRY BANKE MUSEUM (/online/BusinessInquire/TradeNameInformation? businessID=93963)	372324	Expired

## Trade Name Owned By

Name	Title	Address
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167132

FY2022OPPI # 10468

Acct Code: ~~41110000~~ 072.35F89 OS



### 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 Claremont Opera House (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:



**Claremont Opera House 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

[Signature] 11/1/22  
Signature Date

Name, Title: Virginia Lupi, Director

[Signature] 4/15/2022  
Signature Date

Name, Title: Sarah Stewart, Commissioner

#### APPROVED BY ATTORNEY GENERAL

as to form, substance and execution:

[Signature] 4/15/2022  
Office of Attorney General Date

#### GRANTEE SIGNATURE

Org/ Name: Claremont Opera House

Address: 58 OperaHouse Square, P.O. Box 64, Claremont NH 03743

Felicia Brych Dalke

Printed Name of Authorized Official for Grantee

[Signature] Board President 12/27/21  
Authorized Official's Signature & Title Date

#### NOTARIZATION REQUIRED:

STATE OF NEW HAMPSHIRE, COUNTY OF Sullivan

On the 27<sup>th</sup> day of December 2021 before the undersigned officer, personally appeared Felicia Brych Dalke

(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 Doree M Russell

Notary Public/ Justice of the Peace  
Printed Name: DOREE M. RUSSELL  
NOTARY PUBLIC

My Commission expires: State of New Hampshire  
My Commission Expires  
October 21, 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 CLAREMONT OPERA HOUSE, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on October 06, 1977. 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: 62699

Certificate Number: 0005483891



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 December A.D. 2021.

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

William M. Gardner  
Secretary of State

## Business Information

### Business Details

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Business Name: CLAREMONT OPERA HOUSE, INC.	Business ID: 62699
Business Type: Domestic Nonprofit Corporation	Business Status: Good Standing
Business Creation Date: 10/06/1977	Name in State of Incorporation: Not Available
Date of Formation in Jurisdiction: 10/06/1977	
Principal Office Address: 58 Opera House Square (City Hall Complex), Claremont, NH, 03743, USA	Mailing Address: NONE
Citizenship / State of Incorporation: Domestic/New Hampshire	
	Last Nonprofit Report Year: 2020
	Next Report Year: 2025
Duration: Perpetual	
Business Email: andrewp@claremontoperahouse.org	Phone #: 603-542-0064
Notification Email: fbrych@gmail.com	Fiscal Year End Date: NONE

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### Principal Purpose

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S.No	NAICS Code	NAICS Subcode
1	OTHER / OPERA HOUSE / THEATER / ARTS AND LIVE ENTERTAINMENT	

## Principals Information

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Name/Title	Business Address
Felicia P Brych Dalke / President	PO Box 664, Claremont, NH, 03743, USA
Stacy Bathrick / Vice President	PO Box 664, Claremont, NH, 03743, USA
Amy McQuoid / Vice President	PO Box 664, Claremont, NH, 03743, USA
H. Clay Hawkins / Treasurer	PO Box 664, Claremont, NH, 03743, USA
Ashleigh Carpenter / Secretary	PO Box 664, Claremont, NH, 03743, USA

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## Registered Agent Information

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Name: Not Available  
Registered Office Address: Not Available  
Registered Mailing Address: Not Available

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## Trade Name Information

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No Trade Name(s) associated to this business.

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## Trade Name Owned By

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No Records to View.

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## Trademark Information

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Trademark Number	Trademark Name	Business Address	Mailing Address
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No records to view.

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[Filing History](#)   [Address History](#)   [View All Other Addresses](#)   [Name History](#)   [Shares](#)  
[Businesses Linked to Registered Agent](#)   [Return to Search](#)   [Back](#)

NH Department of State, 107 North Main St Room 204, Concord, NH 03301 -- [Contact Us](#)  
[\(/online/Home/ContactUS\)](#)

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**Corporate Resolution**

I, Brittany Blomquist, hereby certify that I am duly elected Clerk/Secretary/Officer  
(Name of Person A)  
of Claremont Opera House, Inc. 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 12/21, 2021,  
at which a quorum of the directors/shareholders were present and voting

**Voted:** That Felicia Brych Dalke (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 Claremont Opera House, Inc  
(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 or 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:** 12/21/21 **ATTEST:** Brittany Blomquist  
(Signature of Person A)

STATE OF New Hampshire  
COUNTY OF Sullivan

On the 27<sup>th</sup> day of Jan December, 2021, before me Doree M. Russell,  
the undersigned officer personally appeared Brittany Blomquist, 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:

Doree M. Russell  
Justice of the Peace / Notary Public

My Commission Expires: **DOREE M. RUSSELL**  
**NOTARY PUBLIC**  
**State of New Hampshire**  
**My Commission Expires**  
**October 21, 2025**



## CERTIFICATE OF COVERAGE

The New Hampshire Public Risk Management Exchange (Primex<sup>3</sup>) 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, Primex<sup>3</sup> is authorized to provide pooled risk management programs established for the benefit of political subdivisions in the State of New Hampshire.

Each member of Primex<sup>3</sup> is entitled to the categories of coverage set forth below. In addition, Primex<sup>3</sup> 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 Primex<sup>3</sup>, including but not limited to the final and binding resolution of all claims and coverage disputes before the Primex<sup>3</sup> 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 Primex<sup>3</sup>. 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.

<i>Participating Member:</i> City of Claremont 58 Opera House Square Claremont, NH 03743		<i>Member Number:</i> 141	<i>Company Affording Coverage:</i> NH Public Risk Management Exchange - Primex <sup>3</sup> 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:			
<input checked="" type="checkbox"/>	<b>General Liability (Occurrence Form)</b>	1/1/2022	1/1/2023	<input type="checkbox"/>	Each Occurrence \$ 5,000,000		
<input type="checkbox"/>	<b>Professional Liability (describe)</b>			<input type="checkbox"/>	General Aggregate \$ 5,000,000		
<input type="checkbox"/>	Claims Made			<input type="checkbox"/>	Occurrence	Fire Damage (Any one fire)	
<input type="checkbox"/>				<input type="checkbox"/>		Med Exp (Any one person)	
<input type="checkbox"/>	<b>Automobile Liability</b> Deductible Comp and Coll: \$1,000  <input type="checkbox"/> Any auto			<input type="checkbox"/>	Combined Single Limit (Each Accident)  Aggregate		
<input checked="" type="checkbox"/>	<b>Workers' Compensation &amp; Employers' Liability</b>	1/1/2022	1/1/2023	<input checked="" type="checkbox"/>	Statutory		
<input type="checkbox"/>				<input type="checkbox"/>	Each Accident \$2,000,000		
<input type="checkbox"/>				<input type="checkbox"/>	Disease - Each Employee \$2,000,000		
<input type="checkbox"/>				<input type="checkbox"/>	Disease - Policy Limit		
<input type="checkbox"/>	<b>Property (Special Risk includes Fire and Theft)</b>			<input type="checkbox"/>	Blanket Limit, Replacement Cost (unless otherwise stated)		
<b>Description:</b> Proof of Primex Member coverage only.							

<b>CERTIFICATE HOLDER:</b>	<b>Additional Covered Party</b>	<b>Loss Payee</b>	<b>Primex<sup>3</sup> - NH Public Risk Management Exchange</b>
NH Department of Natural and Cultural Resources 172 Pembroke Road Concord, NH 03301			By: <i>Mary Beth Purcell</i>
			Date: 1/7/2022 mpurcell@nhprimex.org Please direct inquires to: <b>Primex<sup>3</sup> Claims/Coverage Services</b> 603-225-2841 phone 603-228-3833 fax