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# State of New Hampshire

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

Charles M. Arlinghaus
Commissioner

Catherine A. Keane
Deputy Commissioner

Sheri L. Rockburn
Assistant Commissioner

Division of Public Works
Design and Construction
Project No. 81036R– Contract F

August 24, 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 Meridian Construction Corp. (VC #157328), Gilford, New Hampshire for a total price not to exceed $19,694,163 for Turnpike Maintenance Facility, Newington, New Hampshire. This contract is effective upon Governor and Council approval through April 19, 2024 unless extended in accordance with the contract terms. **100% Turnpike Funds.**

2) Further authorize that a contingency in the amount of $165,000 be approved for unanticipated site expenses for Newington Turnpike Maintenance Facility, Newington, New Hampshire, bringing the total to $19,859,163. **100% Turnpike Funds.**

3) Further authorize the amount of $110,000 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 $19,969,163. **100% Turnpike Funds.**

Funding is available in account titled Department of Transportation, as follows:

| | FY 2023 |
|---|---|
| 04-96-96-961017-75140000 Spaulding TPK/US 4/NH 16 | |
| 400-500869 – Construction Repair Materials | $ 19,694,163 |
| 400-500869 – Construction Repair Materials – Contingency | $ 165,000 |
| 400-500869 – Construction Repair Materials – DPW Fees | $ 110,000 |
| **Grand Total** | **$ 19,969,163** |

## EXPLANATION

This project includes the construction of a Department of Transportation (DOT) facility in Newington, consisting of three (3) buildings. There will be one building each for turnpike maintenance, bridge maintenance, and salt storage operations. The project will also include a fuel station, associated site work and utilities. The existing Dover facility will be razed upon completion of the Newington facility.

With the expansion of the Spaulding Turnpike, there is need for a larger and more centralized maintenance facility. This new facility will allow DOT to continue providing the necessary services to the travelling public. The current site in Dover has exceeded its usefulness and does not meet current building codes and safety standards.

A public bid opening was held on June 22, 2022. One bid proposal was received and the contract was awarded to the sole bidder as being the lowest qualified bidder. The low bid is 40% over the Department estimate. The bid amount reflects the instability in the market for material and labor costs. Contractors have to anticipate fluctuations in their costs for materials and labor shortages and include those factors in their bid.

This contract contained two (2) Alternate Bid Items (Alternates). Alternates are not included in the Base Bid and, therefore, not used to determine the low bid. Once the low bid is established, the Department may add or deduct scope as described in the Alternates and per the Alternate bid prices provided by the low bidder.

The Department accepted Alternate #2, Demolition of Existing Turnpike Dover Site. The work of this Alternate will raze the existing facility at the Dover site. This work is being done in anticipation of selling the property to recoup some of the costs associated with the construction of the Newington facility. As a result of accepting Alternate #2, Meridian's contract was increased by $179,738.

| | |
|---|---|
| Base Bid: | $ 19,514,425 |
| Add Alternate #2: | $ 179,738 |
| Contract Amount: | $ 19,694,163 |

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.

Respectfully submitted,

FOR Charles M. Arlinghaus,
Commissioner

| | |
|---|---|
| Department estimate: | $ 13,934,080 |
| Low Base Bid (without Alternates): | $ 19,514,425 |
| Over estimate: | $ 5,580,345 |

# ABC Bid Data

Division of Public Works

NEWINGTON
81036RF
NON-FEDERAL

| | | | | | |
|---|---|---|---|---|---|
| PROJECT: | Newington | Awarded To: | | | |
| STATE PROJECT NUMBER: | 81036RF | | | | |
| FED. PROJECT NUMBER: | NON-FEDERAL | | | | |
| DATE BIDS OPEN: | June 22, 2022, 2:00 | | | | |
| SCOPE OF WORK: | TURNPIKE MAINTENANCE FACILITY | Amount: | $0.00 | Certified by: | _____ Director of Project Development |
| COMPLETION DATE: | April 19, 2024 | Award Date: | | | |
| LOCATION: | Rockingham | | | | |

## Summary of Bidders

| Contractor | Bid Amount | Rank |
|---|---|---|
| MERIDIAN CONSTRUCTION CORP.<br>32 ARTISAN COURT #4, GILFORD NH 03249-6603 | $19,514,425.00 | A |

Item #901 : $ 7,590,219.-
902 : $ 2,559,153.-
903 : $ 5,391,910.-
904 : $ 1,150,704.-
905 : $ 1,499,690.-
906 : $ 41,902.-
907 : $ 521,451.-
908 : $ 129,006.-
909 : $ 150,390.-
910 : $ 20,000.-
911 : $ 125,000.-
912 : $ 335,000.-
Base Bid = $19,514,425.-

BUREAU OF PUBLIC WORKS
✓ Award to Meridian Constr. Corp
_____ Hold for Negotiation
_____ Cancel Contract
User Agency NHDOT
Authorized by _____
Date 07/28/2022
10:35 AM

Base Bid = $19,514,425.-
Alt. # 992 = $ 179,738.-
Total This Contract = $19,694,163.-

# ABC Bid Data

Division of Public Works

NEWINGTON
81036RF
NON-FEDERAL

| Item No. | Description | Unit | Quantity | PSAE Unit Price | PSAE Total | MERIDIAN CONSTRUCTION CORP. 22 ARTISAN COURT #4 GILFORD, NH 03249-6653 Unit Price | Total | Unit Price | Total |
|---|---|---|---|---|---|---|---|---|---|
| **Items** | | | | | | | | | |
| 901 | TURNPIKE MAINTENANCE BUILDING | U | 1.00 | $4,712,950.00 | $4,712,950.00 | $7,590,219.00 | $7,590,219.00 | | |
| 902 | BRIDGE MAINTENANCE BUILDING | U | 1.00 | $1,996,100.00 | $1,996,100.00 | $2,559,153.00 | $2,559,153.00 | | |
| 903 | SITEWORK FOR TURNPIKE MAINTENANCE FACILITY | U | 1.00 | $4,314,440.00 | $4,314,440.00 | $5,391,910.00 | $5,391,910.00 | | |
| 904 | FUEL STATION | U | 1.00 | $753,640.00 | $753,640.00 | $1,150,704.00 | $1,150,704.00 | | |
| 905 | SALT BUILDING | U | 1.00 | $1,030,410.00 | $1,030,410.00 | $1,499,690.00 | $1,499,690.00 | | |
| 906 | HAZARDOUS MATERIALS BUILDING | U | 1.00 | $25,520.00 | $25,520.00 | $41,902.00 | $41,902.00 | | |
| 907 | SPREADER HANGER | U | 1.00 | $373,750.00 | $373,750.00 | $521,451.00 | $521,451.00 | | |
| 908 | GENERATOR | U | 1.00 | $167,480.00 | $167,480.00 | $129,006.00 | $129,006.00 | | |
| 909 | SOLAR PV SYSTEM | U | 1.00 | $79,790.00 | $79,790.00 | $150,390.00 | $150,390.00 | | |
| 910 | ALLOWANCE FOR FURNITURE | $ | 20,000.00 | $1.00 | $20,000.00 | $1.00 | $20,000.00 | | |
| 911 | ALLOWANCE FOR UTILITY FEES | $ | 125,000.00 | $1.00 | $125,000.00 | $1.00 | $125,000.00 | | |
| 912 | ALLOWANCE FOR UNFORESEEN OR OWNER INITIATED CHANGES | $ | 335,000.00 | $1.00 | $335,000.00 | $1.00 | $335,000.00 | | |
| | | | Totals | | $13,934,080.00 | | $19,514,425.00 | | |

## ALTERNATES 81036RF

### ALTERNATE #1

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 991 | DEDUCT ALTERNATE #1 TURNPIKE MAINTENANCE BUILDING BETWEEN LINES J AND K | U | 1.00 | $562,540.00 | $562,540.00 | ($445,482.00) | ($445,482.00) | | |

### ALTERNATE #2

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 992 | ADD ALTERNATE #2 DEMOLITION OF EXISTING TURNPIKE DOVER SITE | U | 1.00 | $529,890.00 | $529,890.00 | $179,738.00 | $179,738.00 | | |

| | | | |
|---|---|---|---|
| Alt. Totals | | | |
| Totals | $13,934,080.00 | $19,514,425.00 | |

# PS&E Comparison

Division of Public Works

NEWINGTON
81036RF
NON-FEDERAL

| | | | | A-Bidder | | PS&E | | |
|---|---|---|---|---|---|---|---|---|
| Item No. | Description | Unit | Quantity | Unit Price | Total | Unit Price | Total | A-PS&E Difference |
| **Items** | | | | | | | | |
| 901 | TURNPIKE MAINTENANCE BUILDING | U | 1.00 | $7,590,219.00 | $7,590,219.00 | $4,712,950.00 | $4,712,950.00 | $2,877,269.00 |
| 902 | BRIDGE MAINTENANCE BUILDING | U | 1.00 | $2,559,153.00 | $2,559,153.00 | $1,996,100.00 | $1,996,100.00 | $563,053.00 |
| 903 | SITEWORK FOR TURNPIKE MAINTENANCE FACILITY | U | 1.00 | $5,391,910.00 | $5,391,910.00 | $4,314,440.00 | $4,314,440.00 | $1,077,470.00 |
| 904 | FUEL STATION | U | 1.00 | $1,150,704.00 | $1,150,704.00 | $753,640.00 | $753,640.00 | $397,064.00 |
| 905 | SALT BUILDING | U | 1.00 | $1,499,690.00 | $1,499,690.00 | $1,030,410.00 | $1,030,410.00 | $469,280.00 |
| 906 | HAZARDOUS MATERIALS BUILDING | U | 1.00 | $41,902.00 | $41,902.00 | $25,520.00 | $25,520.00 | $16,382.00 |
| 907 | SPREADER HANGER | U | 1.00 | $521,451.00 | $521,451.00 | $373,750.00 | $373,750.00 | $147,701.00 |
| 908 | GENERATOR | U | 1.00 | $129,006.00 | $129,006.00 | $167,480.00 | $167,480.00 | ($38,474.00) |
| 909 | SOLAR PV SYSTEM | U | 1.00 | $150,390.00 | $150,390.00 | $79,790.00 | $79,790.00 | $70,600.00 |
| 910 | ALLOWANCE FOR FURNITURE | $ | 20,000.00 | $1.00 | $20,000.00 | $1.00 | $20,000.00 | $0.00 |
| 911 | ALLOWANCE FOR UTILITY FEES | $ | 125,000.00 | $1.00 | $125,000.00 | $1.00 | $125,000.00 | $0.00 |
| 912 | ALLOWANCE FOR UNFORESEEN OR OWNER INITIATED CHANGES | $ | 335,000.00 | $1.00 | $335,000.00 | $1.00 | $335,000.00 | $0.00 |

## ALTERNATES 81036RF

### ALTERNATE #1

# PS&E Comparison

Division of Public Works

NEWINGTON
81036RF
NON-FEDERAL

| | | | | A-Bidder | | PS&E | | |
|---|---|---|---|---|---|---|---|---|
| Item No. | Description | Unit | Quantity | Unit Price | Total | Unit Price | Total | A-PS&E Difference |
| 991 | DEDUCT ALTERNATE #1 TURNPIKE MAINTENANCE BUILDING BETWEEN LINES J AND K | U | 1.00 | ($445,482.00) | ($445,482.00) | $562,540.00 | $562,540.00 | ($1,008,022.00) |
| **ALTERNATE #2** | | | | | | | | |
| 992 | ADD ALTERNATE #2 DEMOLITION OF EXISTING TURNPIKE DOVER SITE | U | 1.00 | $179,738.00 | $179,738.00 | $529,890.00 | $529,890.00 | ($350,152.00) |
| | | | **Total:** | | $19,514,425.00 | | $13,934,080.00 | $5,580,345.00 |

# State of New Hampshire

# Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that MERIDIAN CONSTRUCTION CORPORATION is a New Hampshire Profit Corporation registered to transact business in New Hampshire on March 09, 1993. 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: **186699**

Certificate Number : **0005759320**

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 **April** A.D. **2022.**

David M. Scanlan

Secretary of State

**Certificate of Authority # 1** *(Corporation, Non-Profit Corporation)*

**Corporate Resolution**

I, Luke Salome (*Name*), **hereby certify** that I am duly elected Clerk/Secretary/Officer of Meridian Construction Corp (*Name of Corporation*). I hereby certify the following is a true copy of a vote taken at

a meeting of the Board of Directors/shareholders, duly called and held on Aug. 1, 2022,

at which a quorum of the Directors/shareholders were present and voting.

**VOTED:** That Timothy V. Long (*Name and Title*) President (may list more than one person) is

duly authorized to enter into contracts or agreements on behalf of

Meridian Construction Corp (*Name of Corporation*) with the State of New Hampshire and any of

its agencies or departments and further is authorized to execute any documents

which may in his/her judgment be desirable or necessary to effect 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 of the date of the contract to which this certificate is attached. This authority **remains valid for thirty (30)** days from the date of this Corporate Resolution. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any 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:** August 1, 2022 **ATTEST:** [signature]

(Name & Title)
Luke Salome, Clerk

ACORD

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/01/2022

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Cross Insurance-Laconia
155 Court Street
Laconia NH 03246

CONTACT NAME: Sarah Cullen, AINS, ACSR
PHONE (A/C, No, Ext): (603) 524-2425 FAX (A/C, No): (603) 524-3666
E-MAIL ADDRESS: sarah.cullen@crossagency.com

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A : Firemen's Ins. Co. of Washington D.C. | 21784 |
| INSURER B : | |
| INSURER C : | |
| INSURER D : | |
| INSURER E : | |
| INSURER F : | |

INSURED
Meridian Construction Corp.
32 Artisan Court, Unit #4
Gilford NH 03249

COVERAGES CERTIFICATE NUMBER: CL21102974934 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<br>[ ] CLAIMS-MADE [X] OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>[ ] POLICY [X] PRO-JECT [ ] LOC<br>[ ] OTHER: | Y | Y | CPA5221144-16 | 10/31/2021 | 10/31/2022 | EACH OCCURRENCE | $ 1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 300,000 |
| | | | | | | | MED EXP (Any one person) | $ 10,000 |
| | | | | | | | PERSONAL & ADV INJURY | $ 1,000,000 |
| | | | | | | | GENERAL AGGREGATE | $ 2,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | $ 2,000,000 |
| | | | | | | | | $ |
| A | AUTOMOBILE LIABILITY<br>[X] ANY AUTO<br>[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS<br>[ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY | Y | Y | CAA5221145-16 | 10/31/2021 | 10/31/2022 | COMBINED SINGLE LIMIT (Ea accident) | $ 1,000,000 |
| | | | | | | | BODILY INJURY (Per person) | $ |
| | | | | | | | BODILY INJURY (Per accident) | $ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | Medical payments | $ 5,000 |
| A | [X] UMBRELLA LIAB [X] OCCUR<br>[ ] EXCESS LIAB [ ] CLAIMS-MADE<br>[ ] DED [ ] RETENTION $ | Y | Y | CUA5221146-16 | 10/31/2021 | 10/31/2022 | EACH OCCURRENCE | $ 10,000,000 |
| | | | | | | | AGGREGATE | $ 10,000,000 |
| | | | | | | | Completed Ops Agg | $ 10,000,000 |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [N]<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | N | WCA5368721-13 | 10/31/2021 | 10/31/2022 | [X] PER STATUTE [ ] OTH-ER | |
| | | | | | | | E.L. EACH ACCIDENT | $ 1,000,000 |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | $ 1,000,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ 1,000,000 |
| | | | | | | | | |

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

Project:Newington Highway Dept Project#81036RF

State of New Hampshire, its agencies, and its agents and employees are an additional insured on a primary and noncontributory basis for ongoing & completed operations performed by Meridian Construction Corp when required in a written contract. Waiver of subrogation applies when allowed by state statute.

CERTIFICATE HOLDER

State of New Hampshire c/o 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

Sarah Cullen

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ACORD

# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY): 8/1/2022

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

AGENCY
Cross Insurance-Laconia
155 Court Street
Laconia NH 03246

PHONE (A/C, No, Ext): (603) 524-2425
FAX (A/C, No): (603) 524-3666
E-MAIL ADDRESS:
CODE:
SUB CODE:
AGENCY CUSTOMER ID #: 00177919

COMPANY
Acadia Ins Co.
One Acadia Commons
P.O. Box 9010
Westbrook ME 04098-5010

INSURED
Meridian Construction Corp & State of NH Department of Administrative Services
32 Artisan Court, Unit #4
Gilford NH 03249

LOAN NUMBER:

POLICY NUMBER: CIM5521885

EFFECTIVE DATE: 8/1/2022
EXPIRATION DATE: 2/1/2024
CONTINUED UNTIL TERMINATED IF CHECKED: ☐

THIS REPLACES PRIOR EVIDENCE DATED:

## PROPERTY INFORMATION

LOCATION/DESCRIPTION
Loc# 00001
Newington Highway Maintenance Facility Project#81036RF
20 Mitchells Way
Newington, NH

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

## COVERAGE INFORMATION

| COVERAGE / PERILS / FORMS | AMOUNT OF INSURANCE | DEDUCTIBLE |
|---|---|---|
| Builders Risk, Special Form, Replacement Cost | 19,694,163 | 1,000 |

## REMARKS (Including Special Conditions)

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

## ADDITIONAL INTEREST

NAME AND ADDRESS
State of New Hampshire
c/o Department of Administrative Services
7 Hazen Drive, Room 250
Concord, NH 03302

☐ MORTGAGEE
☐ LOSS PAYEE
☐ ADDITIONAL INSURED
X Owner

LOAN #

AUTHORIZED REPRESENTATIVE
S Cullen, AINS, ACSR/S
Sarah Cullen


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The ACORD name and logo are registered marks of ACORD

## COMMENTS/REMARKS

Any and all subcontractors, and all others employed on the premises are included as named insureds. Waiver of subrogation applies when required by contract.


COPYRIGHT 2000; AMS SERVICES INC.

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 08/01/2022

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Cross Insurance-Laconia
155 Court Street
Laconia NH 03246

CONTACT NAME: Sarah Cullen, AINS, ACSR
PHONE (A/C, No, Ext): (603) 524-2425 FAX (A/C, No): (603) 524-3666
E-MAIL ADDRESS: sarah.cullen@crossagency.com

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A : Acadia Ins Co. | 31325 |
| INSURER B : | |
| INSURER C : | |
| INSURER D : | |
| INSURER E : | |
| INSURER F : | |

INSURED
State of New Hampshire Department of Administrative Services
c/o Meridian Construction Corp
32 Artisan Court, Unit #4
Gilford NH 03249

COVERAGES CERTIFICATE NUMBER: CL228305055 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<br>☐ CLAIMS-MADE ☒ OCCUR<br>☒ Owners & Contractors Protective<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>☒ POLICY ☐ PRO-JECT ☐ LOC<br>OTHER: | | | OCP5527129-10 | 08/01/2022 | 10/19/2024 | EACH OCCURRENCE | $ 2,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ |
| | | | | | | | MED EXP (Any one person) | $ |
| | | | | | | | PERSONAL & ADV INJURY | $ |
| | | | | | | | GENERAL AGGREGATE | $ 3,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | $ |
| | | | | | | | | $ |
| | AUTOMOBILE LIABILITY<br>☐ ANY AUTO<br>☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS<br>☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | | | | | | | BODILY INJURY (Per person) | $ |
| | | | | | | | BODILY INJURY (Per accident) | $ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| | ☐ UMBRELLA LIAB ☐ OCCUR<br>☐ EXCESS LIAB ☐ CLAIMS-MADE<br>☐ DED ☐ RETENTION $ | | | | | | EACH OCCURRENCE | $ |
| | | | | | | | AGGREGATE | $ |
| | | | | | | | | $ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N ☐<br>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)

Project: Newington Highway Dept Project#81036RF

CERTIFICATE HOLDER

State of New Hampshire c/o 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

Sarah Cullen

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