



Charles M. Arlinghaus  
Commissioner

# State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES  
25 Capitol Street - Room 100  
Concord, New Hampshire 03301  
(603) 271-3201 | [Office@das.nh.gov](mailto:Office@das.nh.gov)

Catherine A. Keane  
Deputy Commissioner

Sheri L. Rockburn  
Assistant Commissioner

Division of Public Works  
Design and Construction  
Project No. 81236R- Contract B

November 14, 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, Inc. (VC#168979), Merrimack, New Hampshire for a total price not to exceed \$2,592,830 for ARPA - Air Handler & Ductwork Replacement, State Prison for Men, Concord, New Hampshire. This contract is effective upon Governor and Council approval through September 15, 2024 unless extended in accordance with the contract terms. **100% Federal Funds.**
- 2) Further authorize that a contingency in the amount of \$260,000 be approved for unanticipated site expenses for ARPA - Air Handler & Ductwork Replacement State Prison for Men, Concord, New Hampshire, bringing the total to \$2,852,830. **100% Federal Funds.**
- 3) Further authorize the amount of \$80,000 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 \$2,932,830. **100% Federal Funds.**

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

	<u>FY 2023</u>
02-46-46-460510-24390000 ARPFRF Air Hndler/Ductwork RPL	
103-500736 - Contracts for OP Services	\$ 2,592,830
103-500736 - Contracts for OP Services - Contingency	\$ 260,000
103-500736 - Contracts for OP Services - DPW Fees	<u>\$ 80,000</u>
<b>Grand Total</b>	<b>\$ 2,932,830</b>

### EXPLANATION

This project will remove and replace four (4) air-handling units and associated components at the Medium Custody South Building #3 and at the Medium Custody North Building #4 at the New Hampshire State Prison for Men. The four (4) pad-mounted, steam-fired air handlers will be replaced with four (4) gas-fired units. All associated ductwork, gas piping, controls, electrical connections and duct risers will also be replaced.

The existing air handlers and ductwork were originally installed in the Medium Custody South building in 1983. These units provide heat and fresh air for two (2) medium custody units, which house approximately 285 residents in each unit. The ductwork is rusted and corroded beyond repair and much of the rusted debris has fallen to the bottom of the mechanical chase way. This project will decrease the State's utility consumption.

A public bid opening was held on July 20, 2022. Two (2) bid proposals were received and the contract was awarded to the lowest qualified bidder. The low bid was 44% over the Department estimate. Working in the Prison drives up the cost of construction due to all the security measures that the contractor must put in place. These costs are difficult to estimate and can be inflated by the contractor if they are unfamiliar with working in the correctional environment. Although the Department estimate included an escalation cost for the air handlers to reflect what has been seen on recent projects, there may have been price escalations for other components not accounted for in the estimate.

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,



Charles M. Arlinghaus,  
Commissioner

DEPARTMENT ESTIMATE:	\$ 1,800,000
LOW BID:	<u>\$ 2,592,830</u>
OVER ESTIMATE:	\$ 792,830



# ABC Bid Data

CONCORD  
81236RB  
NON-FEDERAL

PROJECT:	CONCORD	Awarded To:	
STATE PROJECT NUMBER:	81236RB	Amount:	\$0.00
FED. PROJECT NUMBER:	NON-FEDERAL	Award Date:	
DATE BIDS OPEN:	July 20, 2022, 2:00 PM	Certified by:	<u>Director of Project Development</u>
SCOPE OF WORK:	ARPA-AIR HANDLER & DUCTWORK REPLACEMENT MEDIUM CUSTODY NORTH & SOUTH HOUSING UNITS CONCORD PRISON FOR MEN		
COMPLETION DATE:	September 15, 2024		
LOCATION:	Merrimack		

## Summary of Bidders

Contractor	Bid Amount	Rank
D. L. KING & ASSOCIATES INC. 45 BATES ROAD, MERRIMACK NH 03054	\$2,592,830.00	A
BROOKSTONE BUILDERS, INC. 600 HARVEY ROAD, MANCHESTER NH 03103-3320	\$2,840,830.00	B

### BUREAU OF PUBLIC WORKS

Award to D.L. King + Assoc, Inc  
 Hold for Negotiation  
 Cancel Contract  
 User Agency Corrections  
 Authorized by [Signature]  
 Date 10/03/2022

Item # 901 = \$1,296,415  
 # 902 = \$1,296,415  
~~# 903 = \$257,000~~  
 Total this contract → \$2,592,830



Division of Public Works

# ABC Bid Data

CONCORD  
81236RB  
NON-FEDERAL

Item No.	Description	Unit	Quantity	PS&E		D. L. JONG & ASSOCIATES INC. 45 BATES ROAD MERRIMACK, NH 03084		BROOKSTONE BUILDERS, INC. 699 HARVEY ROAD MANCHESTER, NH 03102-3329	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

**Items**

901	REMOVE AND REPLACE TWO AIR HANDLERD FOR BUILDING 3 COMPLETELY.	U	1.00	\$900,000.00	\$900,000.00	\$1,296,415.00	\$1,296,415.00	\$1,420,415.00	\$1,420,415.00
902	REMOVE AND REPLACE TWO AIR HANDLERS FOR BUILDING 4 COMPLETELY	U	1.00	\$900,000.00	\$900,000.00	\$1,296,415.00	\$1,296,415.00	\$1,420,415.00	\$1,420,415.00
903	ALLOWANCE #1 FOR OWNER'S CHANGES FOR UNKNOWN, LATENT OR DIFFERING EXISTING CONDITIONS	\$	20,000.00	\$1.00	\$20,000.00				
<b>Totals:</b>					<b>\$1,820,000.00</b>		<b>\$2,592,830.00</b>		<b>\$2,840,830.00</b>
<b>Alt. Totals:</b>									
<b>Totals:</b>					<b>\$1,820,000.00</b>		<b>\$2,592,830.00</b>		<b>\$2,840,830.00</b>



# PS&E Comparison

CONCORD  
81236RB  
NON-FEDERAL

Item No.	Description	Unit	Quantity	A-Bidder		PS&E		A-PS&E Difference
				Unit Price	Total	Unit Price	Total	
<b>Items</b>								
901	REMOVE AND REPLACE TWO AIR HANDLERD FOR BUILDING 3 COMPLETELY.	U	1.00	\$1,296,415.00	\$1,296,415.00	\$900,000.00	\$900,000.00	\$396,415.00
902	REMOVE AND REPLACE TWO AIR HANDLERS FOR BUILDING 4 COMPLETELY	U	1.00	\$1,296,415.00	\$1,296,415.00	\$900,000.00	\$900,000.00	\$396,415.00
903	ALLOWANCE #1 FOR OWNER'S CHANGES FOR UNKNOWN, LATENT OR DIFFERING EXISTING CONDITIONS	\$	20,000.00			\$1.00	\$20,000.00	
<b>Total:</b>					\$2,592,830.00		\$1,820,000.00	\$792,830.00

# 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 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: 0005768163



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 28th day of April A.D. 2022.

A handwritten signature in black ink, appearing to read "D. Scanlan", is written over a faint circular stamp.

David M. Scanlan  
Secretary of State

**Certificate of Authority # 1**

*(Corporation, Non-Profit Corporation)*

**Corporate Resolution**

I, Lisa M. King, hereby certify that I am duly elected Clerk/Secretary/Officer of  
*(Name)*  
D.L. King & Associates, Inc. I hereby certify the following is a true copy of a vote taken at  
*(Name of Corporation)*

a meeting of the Board of Directors/shareholders, duly called and held on October 6, 2022,  
at which a quorum of the Directors/shareholders were present and voting.

**VOTED:** That Arthur Dean King, CEO (may list more than one person) is  
*(Name and Title)*

duly authorized to enter into contracts or agreements on behalf of

D.L. King & Associates, Inc. with the State of New Hampshire and any of  
*(Name of Corporation)*

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: 10/6/2022

ATTEST:

Lisa M. King President  
*(Name & Title)*

Lisa M. King, President



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/15/2022

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 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> THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	<b>CONTACT NAME:</b> Renee Skillings <b>PHONE (A/C No. Ext):</b> (603) 224-2562 <b>FAX (A/C No.):</b> (603) 224-8012 <b>E-MAIL ADDRESS:</b> rskillings@rowleyagency.com
	<b>INSURER(S) AFFORDING COVERAGE</b>
<b>INSURED</b> D.L. King & Associates, Inc. 45 Bates Rd Merrimack NH 03054	<b>INSURER A:</b> Arbella Insurance Group
	<b>INSURER B:</b> Arbella Protection Ins Co
	<b>INSURER C:</b>
	<b>INSURER D:</b>
	<b>INSURER E:</b>

**COVERAGES**      **CERTIFICATE NUMBER:** 22-23 State NH 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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			8500062916	9/3/2022	9/3/2023	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
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			1020032951	9/3/2022	9/3/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			4620086375	9/3/2022	9/3/2023	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 PRODUCTS/COMP OPS AGG \$ 1,000,000
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	4220057417 3A States: NH/MA Excluded Officers: Dean & Lisa King	9/3/2022	9/3/2023	<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	<b>LEASED/RENTED EQUIPMENT</b>			4620086375	9/3/2022	9/3/2023	LIMIT 35,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Re: Job #81236RB; ARPA NHMSP-Air Handler & Ductwork Replacement, 281 North State Street, Concord, NH. State of NH Department of Administrative Services, any and all subcontractors, and all others employed on the premises are additional insureds for ongoing and completed operations performed by or on behalf of D.L. King & Associates, Inc., per written contract.

<b>CERTIFICATE HOLDER</b> State of New Hampshire Department of Administrative Services 7 Hazen Drive Room 250 Concord, NH 03302	<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 Renee Skillings/LPH
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# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
12/15/2022

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.

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.

<b>PRODUCER</b> THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	<b>CONTACT NAME:</b> Renee Skillings <b>PHONE (A/C, No, Ext):</b> (603) 224-2562 <b>E-MAIL ADDRESS:</b> rskillings@rowleyagency.com <b>PRODUCER CUSTOMER ID:</b> 00007629	<b>FAX (A/C, No):</b> (603) 224-8012
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> D.L. King & Associates, Inc., NH Dept of Admin Svcs any and all subs, and all others employed on the premises 45 Bates Rd Merrimack NH 03054	<b>INSURER A:</b> Acadia Insurance Company NAIC # 31325	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:** BR Concord 81236RB                      **REVISION NUMBER:**

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

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	
A	<input checked="" type="checkbox"/> PROPERTY	CIM 5527648-10	8/17/2022	9/15/2024	BUILDING	\$	
	CAUSES OF LOSS				DEDUCTIBLES	PERSONAL PROPERTY	\$
	BASIC				BUILDING	BUSINESS INCOME	\$
	BROAD				CONTENTS	EXTRA EXPENSE	\$
	SPECIAL					RENTAL VALUE	\$
	EARTHQUAKE					BLANKET BUILDING	\$
	WIND					BLANKET PERS PROP	\$
	FLOOD					BLANKET BLDG & PP	\$
A	<input checked="" type="checkbox"/> INLAND MARINE	TYPE OF POLICY	8/17/2022	9/15/2024	<input checked="" type="checkbox"/> JOBSITE LIMIT	\$ 2,592,830	
	CAUSES OF LOSS	BUILDERS RISK			<input checked="" type="checkbox"/> TEMPORARY STORAGE	\$ 500,000	
	NAMED PERILS	POLICY NUMBER			<input checked="" type="checkbox"/> IN TRANSIT	\$ 500,000	
	<input checked="" type="checkbox"/> SPECIAL FORM	CIM 5527648-10			<input checked="" type="checkbox"/> WAIVER OF SUBROGATION	\$ INCLUDED	
	CRIME				\$		
	TYPE OF POLICY				\$		
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN				\$		
					\$		
					\$		

**SPECIAL CONDITIONS / OTHER COVERAGES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 81236RB - ARPA-Air Handler & Ductwork Replacement Medium Custody North and South Housing Units  
 Concord Prison for Men in Concord

<b>CERTIFICATE HOLDER</b>  State of New Hampshire Department of Administrative Services 7 Hazen Drive Room 250 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.
	<b>AUTHORIZED REPRESENTATIVE</b>  Renee Skillings/RLS <i>Renee Skillings, CRIS</i>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/15/2022

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).

<b>PRODUCER</b> THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	<b>CONTACT NAME:</b> Renee Skillings <b>PHONE (A/C No. Ext):</b> (603) 224-2562 <b>FAX (A/C No.):</b> (603) 224-8012 <b>E-MAIL ADDRESS:</b> rskillings@rowleyagency.com
	<b>INSURER(S) AFFORDING COVERAGE</b>
<b>INSURED</b> State of New Hampshire Dept of Administrative Services c/o D.L. King & Associates, Inc. 45 Bates Rd Merrimack NH 03054	<b>INSURER A:</b> Colony Insurance Co.
	<b>INSURER B:</b>
	<b>INSURER C:</b>
	<b>INSURER D:</b>
	<b>INSURER E:</b>

**COVERAGES**      **CERTIFICATE NUMBER:** OCP Concord 81236RB      **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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners & Contractors Protective			600OCP021067600	08/17/2022	09/20/2023	EACH OCCURRENCE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COM/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE    OTH-ER E.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)

81236RB - ARPA-Air Handler & Ductwork Replacement Medium Custody North and South Housing Units Concord Prison for Men in Concord

**CERTIFICATE HOLDER****CANCELLATION**

State of New Hampshire Department of Administrative Services 7 Hazen Drive Room 250 Concord NH 03302	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE <i>Renee L. Skillings, CRIS</i>
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