MLL

New Hampshire Veterans Home

139 Winter Street
Tilton, NH 03276-5415

Kimberly M MacKay
Commandant

Telephone: (603) 527-4400
Fax : (603) 286-4242

FEB21'23 RCVD

48

February 21, 2023

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

REQUESTED ACTION

Authorize the New Hampshire Veterans Home to exercise a two-year contract renewal option with Peds 2 Pops OT Services PLLC, d/b/a Generations Therapy & Care Provider Services (VC#278972), 4 Peabody St, Tilton, NH 03276 by increasing the contract amount by $186,000 from $267,340 to $453,340 and extending the date to March 31, 2025, to provide Occupational Therapy Services, effective Governor and Council approval.

Funding Source is 39% Federal, 32% Agency Incomes, 29% General Funds.

Funds are available in the following account for Fiscal Years 2023 and are anticipated to be available in Fiscal Years 2024 and 2025, upon the availability and continued appropriation of funds in the future operating budget with the authority to adjust encumbrances in each of the State fiscal years through the Budget Office if needed and justified, 05-43-43-430010-5359, New Hampshire Veterans Home, Professional Services.

	FY 23	FY 24	FY 25	Total
#046-500462 Non Benefited Med-Consultants	$23,250	$93,000	$69,750	$186,000

EXPLANATION

This contract provides for Occupational Therapy Services for residents of the Home. In November 2019, the New Hampshire Veterans Home advertised for bids on the State of NH, Purchase and Property website as well as the New Hampshire Veterans Home website for Occupational Therapy Services. We received two bids of which Peds 2 Pops OT Services PLLC d/b/a Generations Therapy was the lower of the two bidders who responded to the RFP. The contract provides for rehabilitation and consulting services, which will include screening, evaluation, and therapy. The Home is confident in the credentials of this vendor, as they have provided excellent service to the Home for the past three years and as such feel comfortable in awarding this contract. This contract was originally approved by Governor and Council on March 11, 2020 item number 66.

This contract has been approved by the Attorney General's Office as to form, substance, and execution. Your favorable action on this request would be appreciated.

Respectfully submitted,

Kimberly M MacKay
Commandant

FIRST AMENDMENT TO
OCCUPATIONAL THERAPY SERVICES AGREEMENT

THIS FIRST AMENDMENT (this "*First Amendment*") is dated as of the Amendment Effective Date provided for in Section 3.01 herein, by and between the State of New Hampshire, acting by and through the New Hampshire Veterans Home (hereinafter called "*NHVH*"), and Peds 2 Pops OT Services d/b/a Generations Therapy & Care Provider Services, 4 Peabody St, Tilton, NH, 03276, vendor number 278972 (hereinafter called the "*Contractor*").

RECITALS

A. NHVH and Contractor are parties to that certain Occupational Therapy Services Agreement dated January 15, 2020, made on Form P-37 (the "*Original Agreement*"); and

B. NHVH and Contractor now wish to amend the Agreement to extend its Completion Date and increase its Price Limitation.

NOW, WHEREFORE, in consideration of the covenants, representations, and agreements herein contained, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto agree as follows:

ARTICLE I.
DEFINITIONS

Section 1.01. Defined Terms. Capitalized terms used in this First Amendment and not otherwise defined herein shall have the meanings ascribed to them in the Original Agreement. The term "*Agreement,*" when used hereinafter, shall mean the Original Agreement, as amended hereby, and shall include, without limitation, this First Amendment.

ARTICLE II.
AMENDMENTS

Section 2.01. Completion Date Extension. Section 1.7 of the Original Agreement is amended by striking the date therein and inserting the following language to cause the Agreement's "Completion" Date to read as:

"*March 31, 2025.*"

Section 2.02. Increase Price Limitation.

Section 1.8 of the Original Agreement is amended by striking the sum therein and inserting the following language to cause the Agreement's "Price Limitation" to read as:

"$453,340.00."

Section 2.03. Method of Payment.

(a) Payments. Exhibit C to the Original Agreement is amended by striking the first sentence of Exhibit C and inserting the following language in its stead to cause the first sentence of Exhibit C to the Agreement to read as follows:

"In consideration for the following payments to be made by NHVH in each of the fiscal years listed below, such remuneration being payable in twelve (12) equal monthly installments, the Contractor will provide the Occupational Therapy Services provided for in this Agreement to the NHVH in accordance with all requirements of this Agreement:"

(b) Table of Payments. Exhibit C to the Original Agreement is amended by striking the payment table appearing at the top of Exhibit C and immediately below the first sentence and inserting the following language in its stead to cause the payment table included in Exhibit C to the Agreement to read as follows:

Fiscal Year	Monthly Payment	Annual Payment
Year 1 FY20/21	$6,778.33	$81,340.00
Year 2 FY21/22	$7,750.00	$93,000.00
Year 3 FY22/23	$7,750.00	$93,000.00
Year 4 FY23/24	$7,750.00	$93,000.00
Year 5 FY24/25	$7,750.00	$93,000.00
Total payments shall not exceed:		$453,340.00

ARTICLE III.

GENERAL PROVISIONS

Section 3.01. Amendment Effective Date. The effective date of this First Amendment (the "*Amendment Effective Date*") shall be the later of (a) the approval date of this First Amendment by the Governor and Council; and (b) April 1, 2023, provided that the Governor and Council have approved of this First Amendment before April 1, 2023.

Section 3.02. Contractor's Release of Claims. The Contractor hereby fully and forever releases NHVH and the State of New Hampshire, including its commissioners, officials, employees, and attorneys, from and agrees not to sue any of the foregoing concerning any claim, duty, obligation, or cause of action relating to any matters of any kind whatsoever, whether presently known or unknown, suspected or unsuspected, fixed or contingent, that the Contractor may possess arising from any omissions, acts, or facts that have occurred up until and including the Amendment Effective Date.

Section 3.03. No Defaults. As of the Amendment Effective Date, there is no default in the payment of any sums due under the Agreement or the performance of any covenants, agreements, conditions, or representations contained in the Agreement. Unless expressly provided for in this First Amendment, nothing herein shall be deemed a waiver of any Events of Default that may presently exist

Section 3.04. Reaffirmation. Unless expressly modified by this First Amendment, all other provisions, warranties, covenants, and agreements contained in the Agreement are in full force and effect and are hereby reaffirmed and ratified by the parties to the maximum extent permitted by law.

[Signature page follows]

IN WITNESS WHEREOF, the Contractor and NHVH, respectively, have caused this First Amendment to be executed by their respective duly authorized representatives on the dates provided below.

NHVH:

NEW HAMPSHIRE VETERANS HOME

By: Kimberly M MacKay
Kimberly M. MacKay
Commandant

Date: 2/13/2023

CONTRACTOR:

PEDS 2 POPS OT SERVICES, P.L.L.C. d/b/a "Generation Therapy & Care Provider Services"
a New Hampshire professional limited liability company.

By:
Dwayne Oothoudt

Its:

Date: 2/8/23

APPROVED AS TO FORM, SUBSTANCE, AND EXECUTION:

NEW HAMPSHIRE DEPARTMENT OF JUSTICE

Date: 02/15/2023

By:
Mark W. Dell'Orfano
Attorney

GENERATIONS THERAPY
and Care Provider Services
4 Peabody St
Tilton, NH 03276
Phone: 603-393-0459

Corporate Resolution

I, Lori Oothoudt, hereby certify that I am duly elected Clerk/Secretary of Peds 2 Pops OT Services PLLC, DBA Generations Therapy and Care Provider Services. I herby certify the following is a true copy of a vote taken at the meeting of the Board of Directors/shareholders, duly called and held on February 13th, 2020 at which the quorum of the Directors/shareholders were present and voting.

VOTED: That Dwayne Oothoudt MSOT/L, is duly authorized to enter into contracts and agreements on behalf of Peds 2 Pops OT Services PLLC, DBA Generations Therapy and Care Provider Services 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 judgement 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. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person 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: 1-24-2023 **Attest:** Lori Oothoudt

Notarized by: Patricia Copeland

PATRICIA A. COPELAND NOTARY PUBLIC NEW HAMPSHIRE My Comm. Expires May 1, 2024

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 GENERATIONS THERAPY AND CARE PROVIDER SERVICES is a New Hampshire Trade Name registered to transact business in New Hampshire on September 20, 2016. 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: **751366**

Certificate Number: **0006090399**

IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 22nd day of January A.D. 2023.

David M. Scanlan

Secretary of State

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 PEDS 2 POPS OT SERVICES P.L.L.C. is a New Hampshire Professional Limited Liability Company registered to transact business in New Hampshire on February 01, 2016. 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: **739035**

Certificate Number: **0006090395**

IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 22nd day of January A.D. 2023.

David M. Scanlan

Secretary of State

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/26/2022

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 Hiscox Inc. 520 Madison Avenue 32nd Floor New York, New York 10022	CONTACT NAME:	
	PHONE (A/C, No, Ext): (888) 202-3007	FAX (A/C, No):
	E-MAIL ADDRESS: contact@hiscox.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Hiscox Insurance Company Inc	10200
INSURED Peds 2 Pops OT Services, PLLC DBA Generations Therapy and Care Provider Services 322 West Main street Tilton, NH 03276	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:			P100.784.127.4	12/10/2022	12/10/2023	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
								$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB [ ] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N [ ] N / A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

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

CERTIFICATE HOLDER

New Hampshire Veterans Home
139 Winter Street
Tilton, NH 03276-0229

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

HISCOX
encourage courage®

A Guide To Your General Liability Policy

The following is a guide to your General Liability policy. We have identified several key coverage items along with the limits and deductibles you have selected. To make it easier, we have also added a brief explanation of those items.

We want you to feel confident about your new policy. If any of the information below is incorrect or if you have any questions, please contact one of our advisors at 844-357-0840 (Mon-Fri, 7am-10pm ET) or manage your policy at: www.hiscox.com/manage-your-policy.

Your business details

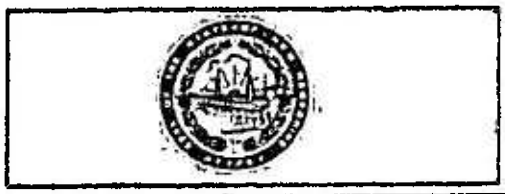
Name:	Dwayne Oothoudt
Business Name:	Peds 2 Pops OT Services, PLLC DBA Generations Therapy and Care Provider Services
Address:	322 West Main street
City:	Tilton
State:	NH
Zip code:	03276
Occupation:	Occupational therapy
Telephone number:	603-293-3211
Email address:	generationstherapy@gmail.com

Your General Liability Policy

Policy number:	P100.784.127.4
Policy effective dates: This determines the time period during which your coverage applies.	From: December 10, 2022 To: December 10, 2023
Form of business: This identifies the legal structure of your business and determines who is insured under your policy.	Other
Business Property and Equipment Coverage:	Rejected
Optional terrorism coverage:	Included
Total cost of policy:	$ 350.00

Your coverage and limits

Each occurrence limit The most we will pay for all damages due to bodily injury and property damage, and medical expenses that arise out of any one occurrence. Defense costs we incur, in the defense of a lawsuit filed against you, will not reduce this limit.	$ 1,000,000



nh.gov Licensing Home

Person Information

Name: DWAYNE A OOTHOUDT, OT

License Information

License No:	2551
Profession:	Allied Health
License Type:	Occupational Therapy
License Status:	Active
Issue Date:	4/26/2016
Expiration Date:	12/31/2023

PAM Certificate

For License:		**Have License:**		**Relationship:**	Attribute Of	**Prerequisite Type:**	Prerequisite
Association Date:	1/17/2018	**Expiration Date:**		**Date Established:**	1/17/2018		
For Person:		**For License:**		**For License Type:**		**For License Status:**	
Having Person:		**Having License:**		**Having License Type:**		**Having License Status:**	

Board Disciplinary Action

No Related Documents

Disclaimer: The online status information contained on this site fulfills the primary source requirement for verification of licensure in compliance with respective credentialing standards.

57

New Hampshire Veterans Home

139 Winter Street
Tilton, NH 03276-5415

Margaret D.LaBrecque
Commandant

Telephone: (603) 527-4400
Fax : (603) 286-4242

January 22, 2021

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

REQUESTED ACTION

Authorize the New Hampshire Veterans Home to **retroactively** amend a contract approved by Governor and Council March 11, 2020 #66 with Peds 2 Pops OT Services PLLC, d/b/a Generations Therapy & Care Provider Services (VC#278972), 322 West Main St, Ste 151, Tilton, NH 03276 by increasing the contract amount by $51,340 from $216,000 to $267,340 to provide Occupational Therapy Services, with the option to renew for an additional two year period, effective January 11, 2021 through March 31, 2023.

Funding Source is 39% Federal, 32% Agency Incomes, 29% General Funds.

Funds are available in account, 05-43-43-430010-5359, New Hampshire Veterans Home, Professional Services, in FY20/21 as follows with the authority to adjust encumbrances in each of the State fiscal years through the Budget Office if needed and justified:

	FY 20	FY 21	FY 22	FY 23	Total
#046-500462 Non Benefited Med-Consultants	$22,090	$82,500	$93,000	$69,750	$267,340

EXPLANATION

This contract is retroactive due to immediate needs in the therapy department to meet the increased needs of the veterans. This contract provides for Occupational Therapy Services for residents of the Home. In November 2019, the New Hampshire Veterans Home advertised for bids on the State of NH, Purchase and Property website as well as the New Hampshire Veterans Home website for Occupational Therapy Services. We received two bids of which Peds 2 Pops OT Services PLLC d/b/a Generations Therapy was the lower of the two bidders who responded to the RFP. The contract provides for rehabilitation and consulting services, which will include screening, evaluation and therapy. The Home is confident in the credentials of this vendor, as they have provided excellent service to the Home for the past three years and as such feel comfortable in awarding this contract. This contract includes a two-year extension option that may be exercised at the end of the three-year term with Governor and Council approval.

This contract has been approved by the Attorney General's Office as to form, substance and execution. Your favorable action on this request would be appreciated.

Respectfully submitted,

Margaret D LaBrecque

Margaret D. LaBrecque
Commandant

AMENDMENT OF AGREEMENT BETWEEN
THE NEW HAMPSHIRE VETERANS HOME
AND
Peds 2 Pops OT Services d/b/a Generations Therapy & Care Provider Services

This Amendment to Agreement (hereinafter called the "Amendment"), dated this 15th day of January, 2021, by and between the State of New Hampshire, acting by and through the New Hampshire Veterans Home (hereinafter called "NHVH"), and Peds 2 Pops OT Services d/b/a Generations Therapy & Care Provider Services, 322 West Main Street, Suite 151, Tilton, NH , 03276, vendor number 278972 (hereinafter called the "Contractor").

WHEREAS, pursuant to an Agreement dated January 15, 2020, the Contractor has agreed to provide certain services upon the terms and conditions specified in the agreement, in consideration of payment by NHVH of certain sums specified therein; and

WHEREAS, pursuant to Contract Terms of the agreement may be amended, waived or discharged only be an instrument in writing signed by the parties thereto and only after such approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire.

WHEREAS, NHVH and the Contractor have agreed to amend the agreement in certain respects;

NOW THEREFORE, in consideration of the foregoing and of the covenants and conditions contained in the agreement and set forth herein, the parties hereto agree as follows:

1. Amendment and Modification of Agreement
The Contract is hereby amended as follows:

Paragraph 1.8, Price Limitation is revised as follows:
Increased by $51,340 from $216,000 to $267,340.

2. Amendment and Modification of Exhibit B and C
The Contract is hereby amended to include the following:

Exhibit B Scope of Services will now read:

The services include at a minimum:

- Provide sufficient professional staff in the discipline of occupational therapy to meet the needs of a 225-bed ICF level of care nursing home facility. Services to include screening, evaluation, and therapy;
- Provide Medicare part B services as appropriate to NHVH's resident population when medically necessary;
- Provide assessment and care planning in conjunction with the selected vendors role as a member of the interdisciplinary team when occupational therapy is provided;
- Provide consultation to the facility in areas specific to the rehabilitation needs of its residents;
- Assist facility management in the on-going development of rehabilitation related clinical protocols;
- Develop and report outcome measures per facility procedures;
- Complete comprehensive cognitive assessments and/or other specialized testing as deemed necessary by facility practitioners and/or medical director;
- Provide on-going education opportunities to facility staff in the discipline of occupational therapy.
- Provide a comprehensive exercise program for residents with cognitive impairment.
- Provide an inventory management system to include assessment and issuance.

Exhibit C Budget and Method of Payment will now read:

The Home agrees to pay the Contractor to provide Occupational Therapy services to the NHVH in accordance with all of the requirements of this contract, the sum of $267,340 over a three year period, each fiscal year is payable in 12 monthly installments not to exceed the total dollar per fiscal year.

Year 1 FY20	$22,090.
Year 2 FY21	$82,500.
Year 3 FY22	$93,000.
Year 4 FY23	$69,750.

Total not to exceed amount $267,340

3. Effective Date of Amendment
The effective date if this action is from January 11, 2021

4. Continuance of Agreement
Except as specifically amended and modified by the terms and conditions of this Agreement, the Agreement and the obligations of the parties thereunder shall remain in full force and effect in accordance with the terms and conditions set forth therein.

IN WITNESS WHEREOF, the parties have hereunto set their hands as the day and year written below.

Margaret D. LaBrecque
Margaret D. LaBrecque, Commandant — 1/15/21 Date

Contractor, Dwayne Oothoudt — 1/15/21 Date

STATE OF NEW HAMPSHIRE

County of Belknap

The foregoing instrument was acknowledged before me on this 15 day of January, 2021, by Dwayne Oothoudt.

Signature Notary Public or Justice of Peace

1.15.21
Date

August 26, 2025
Commission Expires

Approved to as form, execution, and substance:
OFFICE OF THE ATTORNEY-GENERAL

By: Michael Haley, Attorney — 1/21/21 Date

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 PEDS 2 POPS OT SERVICES P.L.L.C. is a New Hampshire Professional Limited Liability Company registered to transact business in New Hampshire on February 01, 2016. 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; and the attached is a true copy of the list of documents on file in this office.

Business ID: 739035

Certificate Number: 0005232368

IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 21st day of January A.D. 2021.

William M. Gardner

Secretary of State

State of New Hampshire
Department of State
2020 ANNUAL REPORT

Filed
Date Filed: 5/31/2020
Effective Date: 5/31/2020
Business ID: 739035
William M. Gardner
Secretary of State

BUSINESS NAME: PEDS 2 POPS OT SERVICES P.L.L.C.
BUSINESS TYPE: Domestic Professional Limited Liability Company
BUSINESS ID: 739035
STATE OF FORMATION: New Hampshire

CURRENT PRINCIPAL OFFICE ADDRESS	CURRENT MAILING ADDRESS
322 West Main St suite 151 Tilton, NH, 03276, USA	322 West Main St suite 151 Tilton, NH, 03276, USA

REGISTERED AGENT AND OFFICE

REGISTERED AGENT: Oothoudt, Dwayne
REGISTERED AGENT OFFICE ADDRESS: 4 Peabody St Tilton, NH, 03276, USA

PRINCIPAL PURPOSE(S)

NAICS CODE	NAICS SUB CODE
No records to view.	

MANAGER / MEMBER INFORMATION

NAME	BUSINESS ADDRESS	TITLE
Dwayne Allen Oothoudt	322 West Main St, suite 151, Tilton, NH, 03276, USA	Manager
Dwayne Oothoudt	322 W Main St Suite 151, Tilton, NH, 03276, USA	Member
Lori Oothoudt	322 W. Main St, Suite 151, Tilton, NH, 03276, USA	Member

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Title: Manager
Signature: Dwayne Allen Oothoudt
Name of Signer: Dwayne Allen Oothoudt

GENERATIONS THERAPY
and Care Provider Services
322 W. Main St, Ste 151
Tilton, NH 03276
Phone: 603-527-4429

Corporate Resolution

I, Lori Oothoudt, hereby certify that I am duly elected Clerk/Secretary of Peds 2 Pops OT Services PLLC, DBA Generations Therapy and Care Provider Services. I herby certify the following is a true copy of a vote taken at the meeting of the Board of Directors/shareholders, duly called and held on February 13th, 2020 at which the quorum of the Directors/shareholders were present and voting.

VOTED: That Dwayne Oothoudt MSOT/L, is duly authorized to enter into contracts and agreements on behalf of Peds 2 Pops OT Services PLLC, DBA Generations Therapy and Care Provider Services 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 judgement 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. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person 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: 01-15-2021 **Attest:** Lori Oothoudt

Notarized by: Tina Hubbard
my commission expires august 26, 2025

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 02/13/2020

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 Hiscox Inc. 520 Madison Avenue 32nd Floor New York, NY 10022	CONTACT NAME: PHONE (A/C, No, Ext): (888) 202-3007 E-MAIL ADDRESS: contact@hiscox.com	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Hiscox Insurance Company Inc	10200
INSURED Peds 2 Paps OT Services, PLLC DBA Generations Therapy and Care Provider Services 322 West Main street Tilton, NH 03276	INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES: CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:	N		UOC-4349912-CGL-19	12/10/2019	12/10/2020	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	$ S/T Gen. Agg
								$
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB EXCESS LIAB DED OCCUR CLAIMS-MADE 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						PER STATUTE OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

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

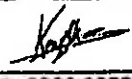
CERTIFICATE HOLDER

New Hampshire Veterans Home
139 Winter St Tilton, NH 03276

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



From: Generations Therapy <generationstherapy@gmail.com>
Sent: Thursday, January 21, 2021 2:48 PM
To: LaBrecque, Margaret <Margaret.D.LaBrecque@nhvh.nh.gov>
Subject: Re: Amendment

At this time we do not have any employees and will not be requesting any additional workers compensation benefits. .

On Thu, Jan 21, 2021 at 2:00 PM LaBrecque, Margaret <Margaret.D.LaBrecque@nhvh.nh.gov> wrote:

Good Afternoon,

One more item that the AG is looking for is:

The contract package should just include some statement from them (even just an email from them is fine) that says that they do not have any employees and, therefore, do not need to have workers compensation coverage.

Just a statement will be perfect – even if it is just a confirmation to this email.

thanks

Margaret "Peggy" LaBrecque, MBA, NHA

Commandant- New Hampshire Veterans Home

peggy.labrecque@nhvh.nh.gov

603-527-4844

Ltr 48

New Hampshire Veterans Home

139 Winter Street
Tilton, NH 03276-5415

Margaret D.LaBrecque
Commandant

Telephone: (603) 527-4400
Fax : (603) 286-4242

February 14, 2020

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

REQUESTED ACTION

Authorize the New Hampshire Veterans Home to enter into a contract with Peds 2 Pops OT Services PLLC, d/b/a Generations Therapy & Care Provider Services (VC#278972), 322 West Main St, Ste 151, Tilton, NH 03276 in the amount of $216,000.00 to provide Occupational Therapy Services to the Veterans Home, with the option to renew for an additional two year period, effective upon Governor & Council approval through March 31, 2023.

Funding Source is 39% Federal, 32% Agency Incomes, 29% General Funds.

Funds are available in account, 05-43-43-430010-5359, New Hampshire Veterans Home, Professional Services, in FY20/21 as follows with the authority to adjust encumbrances in each of the State fiscal years through the Budget Office if needed and justified:

	FY 20	FY 21	FY 22	FY 23	Total
#046-500462 Non Benefited Med-Consultants	$18,000	$72,000	$72,000	$54,000	$216,000

EXPLANATION

This contract provides for Occupational Therapy Services for residents of the Home. In November 2019, the New Hampshire Veterans Home advertised for bids on the State of NH, Purchase and Property website as well as the New Hampshire Veterans Home website for Occupational Therapy Services. We received two bids of which Peds 2 Pops OT Services PLLC d/b/a Generations Therapy was the lower of the two bidders who responded to the RFP. The contract provides for rehabilitation and consulting services, which will include screening, evaluation and therapy. The Home is confident in the credentials of this vendor, as they have provided excellent service to the Home for the past three years and as such feel comfortable in awarding this contract. This contract includes a two-year extension option that may be exercised at the end of the three-year term with Governor and Council approval.

This contract has been approved by the Attorney General's Office as to form, substance and execution. Your favorable action on this request would be appreciated.

Respectfully submitted,

Margaret D LaBrecque

Margaret D. LaBrecque
Commandant

Attachment A

Occupational Therapy Services RFP Bids Received 12/30/19

Services for 3 year period

Vendor	Located	Bid
Generations Therapy	**Tilton, NH**	**$216,000.00**
Genesis Rehab Services	Kennett Square, PA	$723,271.00

Scoring and rating criteria used and detailed in the RFP included:

Criteria

1. Ability to meet minimum specified requirements contained in Exhibit B
2. Total estimated cost

Evalution team:

Margaret LaBrecque	Commandant
Michelle Booker	Director of Resident Care Services
Armand Plourde	Director of Administrative Services
Stephanie Kelley	Business Administrator

Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name New Hampshire Veterans Home		1.2 State Agency Address 139 Winter Street, Tilton, NH 03276	
1.3 Contractor Name Peds 2 Pops OT Services, PLLC DBA Generations Therapy and Care Provider Services		1.4 Contractor Address 322 West Main St, Ste 151 Tilton, NH 03276	
1.5 Contractor Phone Number 603-293-3211	1.6 Account Number 05-43-43-430010-5359	1.7 Completion Date March 31, 2023	1.8 Price Limitation $216,000.00
1.9 Contracting Officer for State Agency Armand Plourde		1.10 State Agency Telephone Number 603-527-4847	
1.11 Contractor Signature Date: 1/15/2020		1.12 Name and Title of Contractor Signatory Dwayne Oothoudt President	
1.13 State Agency Signature Date: 1/15/2020		1.14 Name and Title of State Agency Signatory Armand Plourde Director of Administrative Services	
1.15 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)* By: Director, On: 2/19/2020			
1.16 Approval by the Attorney General (Form, Substance and Execution) *(if applicable)* By: On: 2/14/2020			
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number:		G&C Meeting Date:	

Contractor Initials
Date 1/15/2020

2. SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT B which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.17, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.13 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds affected by any state or federal legislative or executive action that reduces, eliminates or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope for Services provided in EXHIBIT B, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to reduce or terminate the Services under this Agreement immediately upon giving the Contractor notice of such reduction or termination. The State shall not be required to transfer funds from any other account or source to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT C which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal employment opportunity laws. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3. The Contractor agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

Contractor Initials DLO

Date 1/15/2020

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely cured, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 give the Contractor a written notice specifying the Event of Default and set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 give the Contractor a written notice specifying the Event of Default, treat the Agreement as breached, terminate the Agreement and pursue any of its remedies at law or in equity, or both.

8.3. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

9. TERMINATION.

9.1 Notwithstanding paragraph 8, the State may, at its sole discretion, terminate the Agreement for any reason, in whole or in part, by thirty (30) days written notice to the Contractor that the State is exercising its option to terminate the Agreement.

9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State's discretion, deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT B. In addition, at the State's discretion, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement.

10. DATA/ACCESS/CONFIDENTIALITY/ PRESERVATION.

10.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

10.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

10.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

11. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

12.1 The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice, which shall be provided to the State at least fifteen (15) days prior to the assignment, and a written consent of the State. For purposes of this paragraph, a Change of Control shall constitute assignment. "Change of Control" means (a) merger, consolidation, or a transaction or series of related transactions in which a third party, together with its affiliates, becomes the direct or indirect owner of fifty percent (50%) or more of the voting shares or similar equity interests, or combined voting power of the Contractor, or (b) the sale of all or substantially all of the assets of the Contractor.

12.2 None of the Services shall be subcontracted by the Contractor without prior written notice and consent of the State. The State is entitled to copies of all subcontracts and assignment agreements and shall not be bound by any provisions contained in a subcontract or an assignment agreement to which it is not a party.

13. INDEMNIFICATION. Unless otherwise exempted by law, the Contractor shall indemnify and hold harmless the State, its officers and employees, from and against any and all claims, liabilities and costs for any personal injury or property damages, patent or copyright infringement, or other claims asserted against the State, its officers or employees, which arise out of (or which may be claimed to arise out of) the acts or omission of the

Contractor Initials DLo

Date 1/15/2010

Contractor, or subcontractors, including but not limited to the negligence, reckless or intentional conduct. The State shall not be liable for any costs incurred by the Contractor arising under this paragraph 13. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and continuously maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 commercial general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than $1,000,000 per occurrence and $2,000,000 aggregate or excess; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 10.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than ten (10) days prior to the expiration date of each insurance policy. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A *("Workers' Compensation")*.

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. The Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

17. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no such approval is required under the circumstances pursuant to State law, rule or policy.

18. CHOICE OF LAW AND FORUM. This Agreement shall be governed, interpreted and construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party. Any actions arising out of this Agreement shall be brought and maintained in New Hampshire Superior Court which shall have exclusive jurisdiction thereof.

19. CONFLICTING TERMS. In the event of a conflict between the terms of this P-37 form (as modified in EXHIBIT A) and/or attachments and amendment thereof, the terms of the P-37 (as modified in EXHIBIT A) shall control.

20. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional or modifying provisions set forth in the attached EXHIBIT A are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings with respect to the subject matter hereof.

Contractor Initials DKO

Date 4/15/2020

EXHIBIT A
SPECIAL PROVISIONS

1. The Occupational Therapist represents and warrants that they have obtained and maintained in force all licenses and permits required by federal, state and local authorities for the performance of the specifications.

2. This agreement may be canceled by either party at any time without cause by giving 30 days notice in writing to the other party.

3. Contractor is aware of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH ACT) and agrees to comply with its regulations concerning privacy and security.

4. The Occupational Therapist agrees to service the facility as an independent contractor and comply with the any and all standards of professional practice.

1/15/2020

EXHIBIT B
SCOPE OF SERVICES

A. **Scope Of Services:**

Occupational Therapy Services

SPECIFICATIONS

Services

New Hampshire Veterans Home seeks rehabilitation and consulting services in the field of occupational therapy. The selected therapy provider will provide services directly to those New Hampshire Veterans Home residents who would benefit from them regardless of payer status.

The services include at a minimum:

- Provide sufficient professional staff in the discipline of occupational therapy to meet the needs of a 225-bed ICF level of care nursing home facility. Services to include screening, evaluation, and therapy;
- Provide Medicare part B services as appropriate to NHVH's resident population when medically necessary;
- Provide assessment and care planning in conjunction with the selected vendors role as a member of the interdisciplinary team when occupational therapy is provided;
- Provide consultation to the facility in areas specific to the rehabilitation needs of its residents;
- Assist facility management in the on-going development of rehabilitation related clinical protocols;
- Develop and report outcome measures per facility procedures;
- Complete comprehensive cognitive assessments and/or other specialized testing as deemed necessary by facility practitioners and/or medical director;
- Provide on-going education opportunities to facility staff in the discipline of occupational therapy.
- Provide a comprehensive exercise program for residents with cognitive impairment.

The New Hampshire Veterans Home proposes to enter into an agreement with a contractor to provide on-site occupational therapy services for the New Hampshire Veterans Home as detailed above.

---

1. The bidder shall conduct his/her work so as to interfere as little as possible with State business, determine the State's normal working conditions and activities in progress and shall conduct the work in the least disruptive manner.

2. The Bidder shall follow all policies for New Hampshire Veterans home, patient rights, and interaction.

3. The Bidder shall sign in and out every day as well as wear a contractors ID badge, provided by State.

4. The bidder shall do all the work and furnish all the materials, tools, equipment and safety devices necessary to perform in the manner within the time specified. The bidder shall complete the entire work to the satisfaction of the State and in accordance with the specifications herein mentioned, at the priced herein agreed upon. All the work, labor and equipment to be done and furnished under this contract, shall be done and finished strictly pursuant to, and conformity with the specifications described herein and any directions of the State representatives as given from time to time during the progress of the work, under the terms of this contract. Unsatisfactory response to any or all of the listed services or requirements will be a basis for immediate termination of the contract.

DLO
1/15/2020

EXHIBIT B
SCOPE OF SERVICES cont.

5. The New Hampshire Veterans Home reserves the right to terminate this contract at any given time with a 30 day written notice. The bidder shall bear all losses resulting to him/her or to the NHVH on account of the amount of character of the work, or because of the nature of the area in or on which the work being done is different from what was estimated or expected, or account of the weather, elements or other causes.

6. This bid includes a two-year extension option that may be exercised at the end of the three-year term with Governor and Council approval.

B. INVOICING:

1. The successful bidder shall agree to invoice the New Hampshire Veterans Home the amount equal to the total contract price divided by 36 months on a monthly basis. The vendor is also authorized to receive third party payments for services rendered to residents to the extent of any applicable insurance coverage. Please include one original invoice and one copy. Payment will not be due until thirty (30) days after the invoice has been received at the NHVH business office.

2. Payment may be withheld if work is not performed as described under SCOPE OF SERVICES, and the immediate termination of this contract could occur.

3. A check will be issued through the State Treasurer and forwarded to the Vendor within fourteen (14) days after processing begins at the agency level. Payments will be for only what has been agreed to in the RFP. The NHVH does not pay late charges or interest.

C. INSURANCE:

1. The bidders shall furnish to the Contracting Officer, prior to the start of any work, insurance certificates for comprehensive general liability, automobile liability and worker's compensation in accordance with the following:

    a. Comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than $250,000 per claim and $2,000,000 per incident; and

    b. Fire and extended coverage insurance covering all property which has been received from the State or purchased with funds provided for that purpose under this agreement.

    c. The policies shall be the standard form employed in the State of New Hampshire, issued by underwriters acceptable to the State, and authorized to do business in the State of New Hampshire. Each policy shall contain a clause prohibiting cancellation or modifications of the policy earlier than 10 days after written notice thereof has been received by the State.

Dto
1/15/2020

EXHIBIT B
SCOPE OF SERVICES cont.

D. TERM:

1. The contract and all obligations of the parties there under, shall become effective upon acceptance by the State and shall be completed in their entirety prior to a specified date (Block 1.7). Any work undertaken by the contractor prior to the effective date shall be at his sole risk and, in the event that the contract shall not become effective, the State shall be under no obligation to reimburse the Contractor for any such work. The term of the contract shall be effective upon Governor and Executive Council Approval through March 31, 2023. With the option of extending for one (1) two (2) year period.

1/15/2020

EXHIBIT C
BUDGET AND METHOD OF PAYMENT

Generations Therapy and Care Provider Services hereby offers to provide Occupational Therapy Services to the NHVH in accordance with all of the requirements of this contract at the following prices for the entire contract term:

Year 1 (Total amount invoiced monthly) $ 6,000.00 x 12 months =	$ 72,000.00
Year 2 (Total amount invoiced monthly) $ 6,000.00 x 12 months =	$ 72,000.00
Year 3 (Total amount invoiced monthly) $ 6,000.00 x 12 months =	$ 72,000.00
Total not to exceed amount	**$ 216,000.00**

A. Invoicing:

The successful bidder shall agree to invoice the New Hampshire Veterans Home the amount equal to the total contract price divided by 36 months on a monthly basis. Please include one original invoice and one copy. Payment will not be due until thirty (30) days after the invoice has been received at the NH Veterans Home business office.

B. Payment:

Payment may be withheld if work is not performed as described under SCOPE OF SERVICES, and the immediate termination of this contract could occur.

Unless otherwise noted on the proposal, payment will be due thirty (30) days after invoicing. A check will be issued through the State Treasurer and forwarded to the Vendor within fourteen (14) days after processing begins at the agency level. Payments will be for only what has been agreed to in the RFP. The NHVH does not pay late charges or interest.

C. Other:

To receive proper payment, all invoicing for services must be sent to the agency's business office at:

NH Veterans Home
139 Winter Street
Tilton, NH 03276

STANDARD EXHIBIT D

The Contractor identified in Section 1.3 of the General Provisions of the Agreement agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy of Individually Identifiable Health Information, 45 CFR Parts 160 and 164. As defined herein, "Business Associate" shall mean the Contractor and sub contractors and agents of the Contractor that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the New Hampshire Veterans Home.

BUSINESS ASSOCIATE AGREEMENT

(1) Definitions.

a. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.

b. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.

c. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.

d. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191.

"HITECH ACT means the Health Information Technology for Economic and Clinical Health. Regulations announced in Federal Register August 24, 2009 in effect as of September 23, 2009.

e. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).

f. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

g. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 164.501, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

h. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.501.

i. "Secretary" shall mean the Secretary of the New Hampshire Veterans Home or his/her designee.

j. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time.

1/15/2020

(2) **Use and Disclosure of Protected Health Information.**

a. Business Associate shall not use or disclose PHI except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, the Business Associate shall not, and shall ensure that its directors, officers, employees and agents, do not use or disclose PHI in any manner that would constitute a violation of the Privacy Rule if so used by Covered Entity.

b. Business Associate may use or disclose PHI:

(i) for the proper management and administration of the Business Associate;
(ii) as required by law, pursuant to the terms set forth in paragraph d. below; or
(iii) for data aggregation purposes for the health care operations of Covered Entity.

c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to immediately notify Business Associate of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.

d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying covered entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions on the uses or disclosures of PHI pursuant to the Privacy Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions.

(3) **Obligations and Activities of Business Associate.**

a. Business Associate shall report to the designated Privacy Officer of Covered Entity, in writing, any use or disclosure of PHI in violation of the Agreement, of which it becomes aware, within two (2) business days of becoming aware of such unauthorized use or disclosure.

b. Business Associate shall use appropriate safeguards to prevent the use or disclosure of PHI other than as permitted by the Agreement.

c. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy Rule and HITECH ACT and the Security Rule.

d. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and

1/15/2020

conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section (3)k. herein. The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's business associates, who will be receiving PHI pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard provision #13 of this agreement for the purpose of use and disclosure of protected health information.

e. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.

f. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a designated record set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.

g. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.

h. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.

I. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.

j. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy Rule or HITECH ACT and the Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.

k. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity; all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so

1/15/2020

long as Business Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) Obligations of Covered Entity

a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.

b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.

c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) Termination for Cause

In addition to standard provision #10 of this agreement the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit D. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

(6) Miscellaneous

a. Definitions and Regulatory References. All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy Rule and Security Rule, as amended from time to time. A reference in the Agreement, as amended to include this Exhibit D, to a Section in the Privacy Rule and Security Rule means the Section as in effect or as amended.

b. Amendment. Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy Rule, HITECH ACT, the Security Rule and applicable federal and state law.

c. Data Ownership. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.

d. Interpretation. The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, HITECH ACT and the Privacy Rule and Security Rule.

e. Segregation. If any term or condition of this Exhibit D or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions

Dto
1/15/2020

which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit D are declared severable.

f. Survival. Provisions in this Exhibit D regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section 3 k., the defense and indemnification provisions of section 3 d. and standard contract provision #13, shall survive the termination of the Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this Exhibit D.

NH Veterans Home	Generations Therapy
The State	Name of the Contractor
Signature of Authorized Representative	Signature of Authorized Representative
Armand Plourde	Dwayne Oothoudt
Name of Authorized Representative	Name of Authorized Representative
Director of Administrative Services	Owner
Title of Authorized Representative	Title of Authorized Representative
1/15/2020	1/15/2020
Date	Date

Dto
1/15/2020

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 PEDS 2 POPS OT SERVICES P.L.L.C. is a New Hampshire Professional Limited Liability Company registered to transact business in New Hampshire on February 01, 2016. 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: 739035
Certificate Number: 0004620101

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 19th day of November A.D. 2019.

William M. Gardner
Secretary of State

GENERATIONS THERAPY
and Care Provider Services
322 W. Main St, Ste 151
Tilton, NH 03276
Phone: 603-293-3211

Corporate Resolution

I, Lori Oothoudt, hereby certify that I am duly elected Clerk/Secretary of Peds 2 Pops OT Services PLLC, DBA Generations Therapy and Care Provider Services. I herby certify the following is a true copy of a vote taken at the meeting of the Board of Directors/shareholders, duly called and held on February 13th, 2020 at which the quorum of the Directors/shareholders were present and voting.

VOTED: That Dwayne Oothoudt MSOT/L, is duly authorized to enter into contracts and agreements on behalf of Peds 2 Pops OT Services PLLC, DBA Generations Therapy and Care Provider Services 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 judgement 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. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person 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: 2-13-2020 **Attest:** Lori Oothoudt

Notarized by: Donna V. Larson

DONNA S LARSON
Notary Public - New Hampshire
My Commission Expires Dec 7, 2021

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 02/13/2020

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 Hiscox Inc. 520 Madison Avenue 32nd Floor New York, NY 10022	CONTACT NAME: PHONE (A/C, No, Ext): (888) 202-3007 FAX (A/C, No): E-MAIL ADDRESS: contact@hiscox.com
INSURED Peds 2 Pops OT Services, PLLC DBA Generations Therapy and Care Provider Services 322 West Main street Tilton, NH 03276	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: Hiscox Insurance Company Inc — 10200 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:	N		UDC-4349912-CGL-19	12/10/2019	12/10/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ S/T Gen. Agg
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	UMBRELLA LIAB [ ] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N [ ] N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $

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

CERTIFICATE HOLDER

New Hampshire Veterans Home
139 Winter St Tilton, NH 03276

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