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# 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)

Charles M. Arlinghaus  
Commissioner

Catherine A. Keane  
Deputy Commissioner

Sheri L. Rockburn  
Assistant Commissioner

June 14, 2023

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 \$866,000 for Project Number 81231-B Dolloff Building Elevator Replacement, Concord, New Hampshire. This contract is effective upon Governor and Council approval through December 1, 2023, unless extended in accordance with the contract terms. **100% Capital Funds.**

2) Further authorize that a contingency in the amount of \$90,000 be approved for unanticipated site expenses for Dolloff Building Elevator Replacement, Concord, New Hampshire, bringing the total to \$956,000. **100% Capital Funds.**

3) Further authorize the amount of \$26,340 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 \$982,340. **100% Capital Funds.**

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

	<u>FY 2023</u>
01-14-14-149030-92860000 L21:IID10-Doloff Elevator Repl	
034-500162 – Repair/Renovation Buildings	\$ 866,000
034-500162 – Repair/Renovation Bldgs-Contingency	\$ 90,000
034-500162 – Repair/Renovation Bldgs-DPW fees	<u>\$ 26,340</u>
<b>Grand Total</b>	<b>\$ 982,340</b>

### EXPLANATION

Per Chapter 107:1, I, D, 10, Laws of 2021, funds are available to replace the Dolloff Building elevator at the Governor Hugh J. Gallen State Office Park South, in Concord. This contract will replace the existing 5-stop traction passenger elevator car, machinery and controls with a new, upgraded elevator cab and all associated components and controls. The existing Elevator Machine Room will be made code compliant by installing a fire-rated wall to isolate the existing elevator shaft from the machine room.

The elevator and machinery are 70 years old and have reached the end of their useful life. The cab doors and call buttons are not compliant with the Americans with Disabilities Act (ADA) and the elevator controls are not compliant with the Life Safety Code. This contract will bring the building elevator into compliance with both ADA and Life Safety codes.

A public bid opening was held on February 15, 2023. Two (2) bid proposals were received and the contract was awarded to the lowest qualified bidder. The low bid was 17% over the Department estimate due in part to low material and equipment availability, as well as, long lead times for electronic control panels. The market for mechanical/electrical contractors is also very strong so fewer contractors are available to bid projects, making bids less competitive.

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:	\$ 734,798
Low bid:	\$ <u>866,000</u>
Over estimate:	\$ 131,202



# ABC Bid Data

CONCORD  
812318  
NON-FEDERAL

PROJECT: Concord  
STATE PROJECT NUMBER: 812318  
FED. PROJECT NUMBER: NON-FEDERAL  
DATE BIDS OPEN: February 15, 2023,  
SCOPE OF WORK: DOLLOFF BUILDING ELEVATOR REPLACEMENT  
COMPLETION DATE: December 01, 2023  
LOCATION: Merrimack

Awarded To:

Amount: \$0.00  
Award Date:

Certified by: \_\_\_\_\_  
Director of Project Development

## Summary of Bidders

Contractor	Bid Amount	Rank
D. L. KING ASSOCIATES INC. 45 BATES ROAD, MERRIMACK, NH 03054	\$866,000.00	A
TRIPLE CONSTRUCTION LLC 5 EXECUTIVE DRIVE SUITE 3, HUDSON NH 03051	\$900,206.00	B

Item # 901: \$ 743,500.-  
902: \$ 122,500.-  
Total This Contract: \$ 866,000.-

BUREAU OF PUBLIC WORKS  
 Award to DL King & Assoc, Inc.  
 Hold for Negotiation  
 Cancel Contract  
User Agency NH DAS  
Authorized by [Signature]  
Date 03082023  
9:12am



# ABC Bid Data

CONCORD  
81231B  
NON-FEDERAL

Item No.	Description	Unit	Quantity	P&E		D. L. KING & ASSOCIATES INC. 48 BATES ROAD WENSBACKE, NH 03084		TRIPLE CONSTRUCTION LLC 1 EXECUTIVE DRIVE SUITE 1 HUDSON, NH 03051	
				Unit Price	Total	Unit Price	Total	Unit Price	Total
<b>Items</b>									
901	REPLACE & STOP, TRACTION ELEVATOR, MACHINERY, AND CONTROLS	U	1.00	\$512,288.00	\$512,288.00	\$743,500.00	\$743,500.00	\$777,706.00	\$777,706.00
902	ALLOWANCE FOR UNFORESEEN CONDITIONS	\$	122,800.00	\$1.00	\$122,500.00	\$1.00	\$122,500.00	\$1.00	\$122,500.00
<b>Totals:</b>					<b>\$734,788.00</b>		<b>\$866,000.00</b>		<b>\$900,206.00</b>
<b>ARL Totals:</b>									
<b>Totals:</b>					<b>\$734,788.00</b>		<b>\$866,000.00</b>		<b>\$900,206.00</b>



# PS&E Comparison

CONCORD  
81231B  
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	REPLACE 5 STOP, TRACTION ELEVATOR, MACHINERY, AND CONTROLS	U	1.00	\$743,500.00	\$743,500.00	\$612,298.00	\$612,298.00	\$131,202.00
902	ALLOWANCE FOR UNFORESEEN CONDITIONS	\$	122,500.00	\$1.00	\$122,500.00	\$1.00	\$122,500.00	\$0.00
<b>Total:</b>					\$866,000.00		\$734,798.00	\$131,202.00

# 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: 0006218678



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. 2023.

A handwritten signature in black ink, appearing to read "D. Scanlan", written over a horizontal line.

David M. Scanlan  
Secretary of State

Certificate of Authority # 1

(Corporation, Non-Profit Corporation)

Corporate Resolution

I, A. Dean 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 March 23, 2023  
at which a quorum of the Directors/shareholders were present and voting.

VOTED: That Lisa M. King, President (may list more than one person) is  
(Name and Title)

duly authorized to enter into contracts or agreements on behalf of

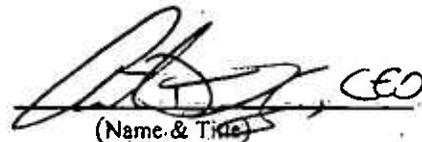
D.L. King & Associates, Inc. with the State of New Hampshire and any of  
(Name of Corporation)

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: 3/23/2023

ATTEST:

  
(Name & Title)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/21/2023

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>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> <b>INSURER F:</b>
<b>INSURED</b> D.L. King & Associates, Inc. 45 Bates Rd Merrimack NH 03054	

**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	ADDITIONAL INSURED	SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <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	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			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"/> UMBRELLA LIAB <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	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		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	LEASED/RENTED EQUIPMENT			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 #81231B Dolloff Elevator Replacement, 117 Pleasant Street, Concord, NH.  
 The State of New Hampshire, its agencies, and its agents and employees shall be named as additional insureds for ongoing and completed operations performed by or on behalf of D.L. King & Associates, Inc., per written contract on the General Liability and Umbrella policies.

<b>CERTIFICATE HOLDER</b> Phyllis.C.Jouvelakas@dot.nh.g 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 LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/20/2023

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 NE 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> NAIC # <b>INSURER A:</b> Mid Continent Casualty Co
<b>INSURED</b> State of New Hampshire Dept of Administrative Services c/o D.L. King & Associates, Inc. (CONTRACTOR) 45 Bates Rd Merrimack NE 03054	<b>INSURER B:</b>
	<b>INSURER C:</b>
	<b>INSURER D:</b>
	<b>INSURER E:</b>

**COVERAGES** CERTIFICATE NUMBER: OCP Dolloff Elev 81231B 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	ADDITIONAL SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners & Contractors Protec GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		040CF002004947	3/23/2023	3/23/2024	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input 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					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<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 <input type="checkbox"/> 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)  
Job #81231B Dolloff Elevator Replacement, 117 Pleasant Street, Concord, NH

<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.
	<b>AUTHORIZED REPRESENTATIVE</b>  Renee Skillings/RLS <i>Renee Skillings, CRIS</i>

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# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

3/20/2023

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 (AG, No. Ext.):</b> (603) 224-2562	<b>FAX (AG, No.):</b> (603) 224-8012
<b>E-MAIL ADDRESS:</b> rskillings@rowleyagency.com		
<b>PRODUCER CUSTOMER ID:</b> 00007629		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Acadia Insurance Company		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 Dolloff Elev 81231B      **REVISION NUMBER:**

**LOCATION OF PREMISES / DESCRIPTION OF PROPERTY** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Job #81231B Dolloff Elevator Replacement, 117 Pleasant Street, Concord, NH

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
	<input type="checkbox"/> PROPERTY <input type="checkbox"/> CAUSES OF LOSS <input type="checkbox"/> DEDUCTIBLES <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL <input type="checkbox"/> EARTHQUAKE <input type="checkbox"/> WIND <input type="checkbox"/> FLOOD				<input type="checkbox"/> BUILDING <input type="checkbox"/> PERSONAL PROPERTY <input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> EXTRA EXPENSE <input type="checkbox"/> RENTAL VALUE <input type="checkbox"/> BLANKET BUILDING <input type="checkbox"/> BLANKET PERS PROP <input type="checkbox"/> BLANKET BLDG & PP	
A	<input checked="" type="checkbox"/> INLAND MARINE <input type="checkbox"/> CAUSES OF LOSS <input type="checkbox"/> NAMED PERILS <input checked="" type="checkbox"/> SPECIAL FORM	TYPE OF POLICY Installation/Builder Risk POLICY NUMBER BR03232023	3/23/2023	3/23/2024	<input checked="" type="checkbox"/> JOBSITE LIMIT <input checked="" type="checkbox"/> TEMPORARY STORAGE <input checked="" type="checkbox"/> IN TRANSIT <input checked="" type="checkbox"/> WAIVER OF SUBROGATION	\$ 866,000 \$ 433,000 \$ 433,000 \$ INCLUDED
	<input type="checkbox"/> CRIME <input type="checkbox"/> TYPE OF POLICY					
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					

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

**CERTIFICATE HOLDER**      **CANCELLATION**

State of New Hampshire Department of Administrative Services 7 Hazen Drive Room 250 Concord, NH 03301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  Renee Skillings/RLS <i>Renee Skillings, CRIS</i>
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