

MLC



# 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)

173

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 Rockwell Roofing, Inc. (VC#260012), Leominster, Massachusetts for a total price not to exceed \$1,030,000 for Project Number 81226-B Statewide Courthouse Roof Replacements, 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 Fund.**
- 2) Further authorize that a contingency in the amount of \$100,000 be approved for unanticipated expenses for Statewide Courthouse Roof Replacement, New Hampshire, bringing the total to \$1,130,000. **100% Capital Fund.**
- 3) Further authorize the amount of \$29,000 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC# 311152), for engineering services provided, bringing the total to \$1,159,000. **100% Capital Fund.**

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

	<u>FY 2023</u>
01-14-14-140030-9269000 L21:1IA4-Stwide Crt Roof Repl	
034-500151 – Capital Projects	\$ 1,030,000
034-500151 – Capital Projects - Contingency	\$ 100,000
034-500151 – Capital Projects - DPW Fees	<u>\$ 29,000</u>
<b>Grand Total</b>	<b>\$ 1,159,000</b>

## EXPLANATION

Per Chapter 107:1, I, A, 4, Laws of 2021, Statewide Courthouse Roof Replacements, funds are available for the purpose of replacing the roofing systems of up to six (6) courthouses. This contract will replace the existing roofing at four (4) courthouses: Carroll County; Derry District; Jaffrey District; and Rockingham County. At Carroll County and Derry District Courthouses, the existing EPDM roofing will be replaced in kind, along with new insulation, flashings and trim. At the Jaffrey District Courthouse, the existing asphalt shingle roofing will be replaced in kind, as well as, flashings and trim. New underlayment and a metal snow slide on the lower roof edges will also be provided in Jaffrey. A partial roofing replacement is planned at Rockingham County Courthouse and will replace the existing EPDM roofing, insulation, flashings and trim in kind.

The roofing systems on six (6) courthouses throughout the state have outlived their useful lives and need replacement. The roofing systems range in life from 21 years to 25 years and all are beyond their warranty. It became apparent in preparation of the estimate that there might be insufficient funding to do all six (6) roofing replacements as originally planned under this capital appropriation. Therefore, the four (4) locations that were most in need of new roofing were selected to be addressed in this contract:

- Carroll County Courthouse was completed in 2003 and had a 15-year roof warranty. Despite ongoing repairs, the deterioration of the roof has resulted in widespread leaks, interior damage to sheetrock, paint, and carpet.
- Derry Circuit Court was completed in 1997 and had a 15-year roof warranty. Due to roofing deterioration, the courthouse has sustained chronic leaking around the edges of the building and the roof top mechanical units during heavy rain. The chronic leaking has caused interior damage.
- Jaffrey Circuit Court was completed in 2003 and had a 15-year roof warranty. The asphalt shingles are curling and peeling off the building, especially during periods of high winds.
- Rockingham County Courthouse was completed in 1996, has six small sub-roofs that are original to the building, and the warranty has expired. Despite ongoing repairs, the six sub-roofs continue to leak frequently in all areas requiring constant interior cleanup during periods of heavy rain.

A public bid opening was held on December 14, 2022. Three (3) bid proposals were received and the contract was awarded to the lowest qualified bidder. The low bids for this project were between 4% and 38% below the Department estimate. This is attributable to the time of year, given that roofing contractors are pursuing work for the 2023 Spring/Summer construction season. Also, the Department estimate reflected a margin of safety for bidding in this tumultuous climate where many bids have been significantly over budget.

The contractor has been pre-qualified by the Department of Transportation. The contract has been approved by the Attorney General as to form and execution; and the Department of Administrative Services has certified that the necessary funds are available. Copies of the fully executed contract are on file at the Secretary of State's Office and the Department of Administrative Services, Division of Public Works Design and Construction.

Attached please find a copy of the tabulation of bids for this project.

Respectfully submitted,



Charles M. Arlinghaus,  
Commissioner

Department estimate:	\$ 1,671,000
Low bid:	<u>\$ 1,030,000</u>
Under estimate:	\$ 641,000



Division of Public Works

# ABC Bid Data

OSSIPEE, DERRY, JAFFREY, BRENTWOOD

81226B

NON-FEDERAL

PROJECT: OSSIPEE, DERRY, JAFFREY, BRENTWOOD  
 STATE PROJECT NUMBER: 81226B  
 FED. PROJECT NUMBER: NON-FEDERAL  
 DATE BIDS OPEN: December 14, 2022,  
 SCOPE OF WORK: STATEWIDE COURTHOUSE ROOF REPLACEMENTS  
 COMPLETION DATE: December 01, 2023  
 LOCATION: Carroll

Awarded To:

Amount: \$0.00

Award Date:

Certified by:

Director of Project Development

## Summary of Bidders

Contractor	Bid Amount	Rank
ROCKWELL ROOFING, INC. 44 POND STREET, LEOMINSTER MA 01453-0479	\$1,030,000.00	A
CARENO CONSTRUCTION CO., LLC 270 WEST ROAD STE 4, PORTSMOUTH NH 03801-7611	\$1,289,154.00	B
MERIDIAN CONSTRUCTION CORP. 32 ARTISAN COURT #4, GILFORD NH 03249-6603	\$1,603,628.00	C

### BUREAU OF PUBLIC WORKS

\_\_\_\_\_ Award to \_\_\_\_\_  
 \_\_\_\_\_ Hold for Negotiation  
 \_\_\_\_\_ Cancel Contract

User Agency \_\_\_\_\_  
 Authorized by Theodore Kupper, PE  
 Date \_\_\_\_\_

Division of Public Works

X Award to: Rockwell Roofing, Inc.

Hold for Negotiation

Cancel Contract

Using Agency: DAS Courts

Authorized by: Theodore Kupper

Date: January 26, 2023

Item 901: \$322,000

Item 902: \$196,000

Item 903: \$167,000

Item 904: \$265,000

Item 905: \$80,000

Total this contract = \$1,030,000.



Division of Public Works

# ABC Bid Data

OSSIPEE, DERRY, JAFFREY, BRENTWOOD

81226B

NON-FEDERAL

Item No.	Description	Unit	Quantity	PSAE		ROCKWELL ROOFING, INC. 44 POND STREET LECONESTER, MA 01463-8479		CARENO CONSTRUCTION CO., LLC 279 WEST ROAD STE 4 PORTSMOUTH, NH 03891-7811	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

**Items**

901	REMOVE AND REPLACE ROOFING AT CARROLL COUNTY COURTHOUSE	U	1.00	\$492,598.00	\$492,598.00	\$322,000.00	\$322,000.00	\$344,897.00	\$344,897.00
902	REMOVE AND REPLACE ROOFING AT DERRY DISTRICT COURTHOUSE	U	1.00	\$383,352.00	\$383,352.00	\$196,000.00	\$196,000.00	\$250,337.00	\$250,337.00
903	REMOVE AND REPLACE ROOFING AT JAFFREY DISTRICT COURTHOUSE	U	1.00	\$297,458.00	\$297,458.00	\$167,000.00	\$167,000.00	\$268,447.00	\$268,447.00
904	REMOVE AND REPLACE ROOFING AT ROCKINGHAM COUNTY COURTHOUSE	U	1.00	\$417,592.00	\$417,592.00	\$285,000.00	\$285,000.00	\$345,473.00	\$345,473.00
905	ALLOWANCE #1 FOR UNFORESEEN CONDITIONS AND OWNER CHANGES	\$	\$0,000.00	\$1.00	\$80,000.00	\$1.00	\$80,000.00	\$1.00	\$80,000.00
<b>Totals:</b>					\$1,871,000.00		\$1,030,000.00		\$1,289,154.00
<b>Alt. Totals:</b>									
<b>Totals:</b>					\$1,871,000.00		\$1,030,000.00		\$1,289,154.00



Division of Public Works

# ABC Bid Data

OSSIPEE, DERRY, JAFFREY, BRENTWOOD

81226B

NON-FEDERAL

Item No.	Description	Unit	Quantity	P&A		MERIDIAN CONSTRUCTION CORP. 33 ARTISAN COURT #4 GILFORD, NH 03240-0003		Unit Price	Total
				Unit Price	Total	Unit Price	Total		

Items

901	REMOVE AND REPLACE ROOFING AT CARROLL COUNTY COURTHOUSE	U	1.00	\$492,598.00	\$492,598.00	\$494,588.00	\$494,588.00		
902	REMOVE AND REPLACE ROOFING AT DERRY DISTRICT COURTHOUSE	U	1.00	\$383,352.00	\$383,352.00	\$332,594.00	\$332,594.00		
903	REMOVE AND REPLACE ROOFING AT JAFFREY DISTRICT COURTHOUSE	U	1.00	\$297,458.00	\$297,458.00	\$170,988.00	\$170,988.00		
904	REMOVE AND REPLACE ROOFING AT ROCKINGHAM COUNTY COURTHOUSE	U	1.00	\$417,592.00	\$417,592.00	\$525,458.00	\$525,458.00		
905	ALLOWANCE #1 FOR UNFORESEEN CONDITIONS AND OWNER CHANGES	\$	80,000.00	\$1.00	\$80,000.00	\$1.00	\$80,000.00		

Totals:	\$1,671,000.00	\$1,603,628.00
Alt. Totals:		
Totals:	\$1,671,000.00	\$1,603,628.00



Division of Public Works

## PS&E Comparison

OSSIPEE, DERRY, JAFFREY, BRENTWOOD

81226B

NON-FEDERAL

Item No.	Description	Unit	Quantity	A-Bidder		PS&E		A-PS&E Difference
				Unit Price	Total	Unit Price	Total	
<b>Items</b>								
901	REMOVE AND REPLACE ROOFING AT CARROLL COUNTY COURTHOUSE	U	1.00	\$322,000.00	\$322,000.00	\$492,598.00	\$492,598.00	(\$170,598.00)
902	REMOVE AND REPLACE ROOFING AT DERRY DISTRICT COURTHOUSE	U	1.00	\$196,000.00	\$196,000.00	\$383,352.00	\$383,352.00	(\$187,352.00)
903	REMOVE AND REPLACE ROOFING AT JAFFREY DISTRICT COURTHOUSE	U	1.00	\$167,000.00	\$167,000.00	\$297,458.00	\$297,458.00	(\$130,458.00)
904	REMOVE AND REPLACE ROOFING AT ROCKINGHAM COUNTY COURTHOUSE	U	1.00	\$265,000.00	\$265,000.00	\$417,592.00	\$417,592.00	(\$152,592.00)
905	ALLOWANCE #1 FOR UNFORESEEN CONDITIONS AND OWNER CHANGES	\$	80,000.00	\$1.00	\$80,000.00	\$1.00	\$80,000.00	\$0.00
<b>Total:</b>					\$1,030,000.00		\$1,671,000.00	(\$641,000.00)

# 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 ROCKWELL ROOFING, INC. is a Massachusetts Profit Corporation registered to transact business in New Hampshire on February 04, 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: 306904

Certificate Number: 0006241607



IN TESTIMONY WHEREOF.

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 5th day of June A.D. 2023.

A handwritten signature in black ink, appearing to read "D. Scanlan", written over a circular embossed mark.

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 ROCKWELL ROOFING, INC. is a Massachusetts Profit Corporation registered to transact business in New Hampshire on February 04, 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: 306904

Certificate Number: 0006112108



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 9th day of February A.D. 2023.

A handwritten signature in black ink, appearing to read "David M. Scanlan".

David M. Scanlan  
Secretary of State

Certificate of Authority # 1

(Corporation, Non-Profit Corporation)

Corporate Resolution

I, Cynthia L Shields, hereby certify that I am duly elected Clerk/Secretary/Officer of  
(Name)  
Rockwell Roofing 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 January 4, 2023,  
at which a quorum of the Directors/shareholders were present and voting.

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

duly authorized to enter into contracts or agreements on behalf of

Rockwell Roofing 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: 2/23/23

ATTEST

  
(Name & Title)

Cynthia L. Shields, Clerk



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/28/2023

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

<b>PRODUCER</b> Tony Insurance Group, Inc. 150 Grossman Drive, Suite 200  Braintree MA 02184		<b>CONTACT NAME:</b> Kelsey Tony <b>PHONE (A/C, No, Ext):</b> (617) 773-9200 <b>FAX (A/C, No):</b> (617) 773-9920 <b>E-MAIL ADDRESS:</b> certs@tonry.com																						
<b>INSURED</b> Rockwell Roofing, Inc. 44 Pond St.  Leominster MA 01453-3531		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>Continental Insurance Company</td> <td>35289</td> </tr> <tr> <td>INSURER B:</td> <td>Continental Casualty Company</td> <td>20443</td> </tr> <tr> <td>INSURER C:</td> <td>Valley Forge Insurance Co.</td> <td>20508</td> </tr> <tr> <td>INSURER D:</td> <td>Travelers Property Casualty Co of America</td> <td>25674</td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Continental Insurance Company	35289	INSURER B:	Continental Casualty Company	20443	INSURER C:	Valley Forge Insurance Co.	20508	INSURER D:	Travelers Property Casualty Co of America	25674	INSURER E:			INSURER F:		
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**COVERAGES**

CERTIFICATE NUMBER: CL2342729738

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> 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:			6076304780	05/01/2023	05/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			6076304794	05/01/2023	05/01/2024	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 <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			6076304830	05/01/2023	05/01/2024	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	6076304827	05/01/2023	05/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Equipment Floater			6603085B823	05/01/2023	05/01/2024	Scheduled Equipment per schedule Leased/Rented Equip \$100,000

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

Project: # 6803-CN Statewide Courthouse Roof Replacement. Operations usual to a roofing and sheet metal contractor. State of New Hampshire, its agencies and its agents and employees are an Additional Insured, including completed operations, when required by written contract, but only to the extent provided in the Additional Insured endorsement(s) attached to the policy, a copy of which is available upon request. When required by written contract, Additional Insured status is provided on a primary and non-contributory basis. Where permitted by state law, the Insurer waives its rights to subrogate, but only under the circumstances stated in the policy and when required by written contract. Includes \$10,000,000 Aggregate Products-Completed Operations limit on the Umbrella Liability.

**CERTIFICATE HOLDER**

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

**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE  
*Jean A. Tony*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/03/2023

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

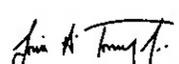
<b>PRODUCER</b> Tony Insurance Group, Inc. 150 Grossman Drive, Suite 200  Braintree MA 02184	<b>CONTACT NAME:</b> Certificate Requests <b>PHONE (A/C, No, Ext):</b> (617) 773-9200 <b>FAX (A/C, No):</b> (617) 773-9920 <b>E-MAIL ADDRESS:</b> certs@tonry.com
	<b>INSURER(S) AFFORDING COVERAGE</b>
	<b>INSURER A:</b> Continental Casualty Company
	<b>INSURER B:</b>
	<b>INSURER C:</b>
	<b>INSURER D:</b>
	<b>INSURER E:</b>
	<b>INSURER F:</b>

**COVERAGES**                      **CERTIFICATE NUMBER:** CL233329324                      **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 SUBR INSD WVD	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 type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owner's and Contractor's <input type="checkbox"/> Protective  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		OCP7036934699	03/03/2023	05/01/2024	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <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	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> 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)  
Designated Contract: New Hampshire Statewide Courthouse Roof Replacements Project 812268  
Designated Contractor: Rockwell Roofing, Inc.

<b>CERTIFICATE HOLDER</b>  State of New Hampshire c/o 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  
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# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
03/07/2023

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.

<b>PRODUCER:</b> Tony Insurance Group, Inc. 150 Grossman Drive, Suite 200 Braintree, MA 02184		<b>CONTACT NAME:</b> Certificate Requests <b>PHONE (A/C No. Ext):</b> (617) 773-9200 <b>FAX (A/C. No.):</b> (617) 773-9920 <b>E-MAIL ADDRESS:</b> certs@tonry.com <b>PRODUCER CUSTOMER ID:</b> 00002206	
<b>INSURED:</b> Rockwell Roofing, Inc. 44 Pond St. Leominster, MA 01453-3531		<b>INSURER(S) AFFORDING COVERAGE:</b> <b>INSURER A:</b> Travelers Property Casualty Co of America <b>NAIC #</b> 25874 <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

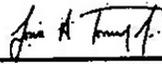
**COVERAGES**      **CERTIFICATE NUMBER:** CP233303169      **REVISION NUMBER:**

**LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
 Roof replacement at 4 courthouses in Ossipee, Derry, Jaffray, and Brentwood, 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.

INER 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 BUILDING <input type="checkbox"/> BROAD CONTENTS <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 Builder's Risk POLICY NUMBER To Be Issued	03/15/2023	03/15/2024	<input checked="" type="checkbox"/> All Locations <input checked="" type="checkbox"/> Transit <input checked="" type="checkbox"/> Temporary Storage <input checked="" type="checkbox"/> Waiver of Subrogati	\$ 1,030,000 \$ 1,030,000 \$ 1,030,000 \$ Included
	<input type="checkbox"/> CRIME <input type="checkbox"/> TYPE OF POLICY					\$
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$

**SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Project: New Hampshire Statewide Courthouse Roof Replacements Project 81226B.  
 Rockwell Roofing, Inc., State of NH Department of Administrative Services, any and all subcontractors, and all others employed on the premises are included as Named Insureds.  
 Where permitted by state law, the insurer waives its rights to subrogate, but only under the circumstances stated in the policy and when required by written contract.

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

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