

MLC

275



State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES

25 Capitol Street - Room 100
Concord, New Hampshire 03301
(603) 271-3201 | 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 Chesterfield Associates, Inc. (VC#163743), Westhampton Beach, New York for a total price not to exceed \$2,752,086, for Project Number 81119 Contract D, REBID #2-Marine Patrol Dock Replacement, Gilford, New Hampshire. This contract is effective upon Governor and Council approval through March 15, 2024, unless extended in accordance with the contract terms. **61% Other Funds, 39% Federal Funds.**
- 2) Further authorize that a contingency in the amount of \$100,000 be approved for unanticipated site expenses for Marine Patrol Dock Replacement, Gilford, bringing the total to \$2,852,086. **100% General Funds.**
- 3) Further authorize the amount of \$60,000 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC#311152), for engineering services provided, bringing the total to \$2,912,086. **100% General Funds.**

Funding is available in account titled Department of Safety as follows:

	<u>FY 2023</u>
02-23-23-234010-50460000 RECREATIONAL BOAT SAFETY GRANT	
048-500226 – CONTRACTUAL MAINT BUILD-GRN	\$ 1,049,316
02-23-23-234010-50010000 WATERCRAFT SAFETY	
048-500226 – Contract Repairs;Bldg Grounds	\$ 1,702,770
048-500226 – Contract Repairs;Bldg Grds-Contingency	\$ 100,000
048-500226 – Contract Repairs;Bldg Grds-DPW Fees	<u>\$ 60,000</u>
Grand Total	\$ 2,912,086

EXPLANATION

This contract will replace the dock system at the Marine Patrol Headquarters in Gilford, NH. The two (2) existing floating concrete docks will be razed and a floating concrete replacement dock system will be constructed. The new dock will consist of an east and west section, increasing the current boat capacity. In addition, 8,815 square feet of an area closest to the building will be dredged after the removal of the existing docks and before the installation of the new docks. This dredging is necessary to facilitate Marine Patrol's access to the new dock system.

The existing dock system is over 30 years old and has surpassed its expected lifespan. The concrete and dock-to-dock connections have severely deteriorated and require constant maintenance. The repairs have become costly and arduous. Dredging is also required to provide more clearance for Marine Patrol's boats as this area fills in with sand over time.

A public bid opening was held on February 15, 2023. One (1) bid proposal was received and the contract was awarded to the lowest qualified bidder. The low bid is 10% over the Department estimate and within industry standards.

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:	\$ 2,502,050
Low bid:	<u>\$ 2,752,086</u>
Over estimate:	\$ 250,036



ABC Bid Data

GILFORD
81119D
NON-FEDERAL

PROJECT: GILFORD
STATE PROJECT NUMBER: 81119D
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: February 15, 2023,
SCOPE OF WORK: REBID #2 MARINE PATROL DOCK REPLACEMENT
COMPLETION DATE: March 15, 2024
LOCATION: Belknap

Awarded To:

Amount: \$0.00

Award Date:

Certified by: _____
Director of Project Development

Summary of Bidders

Contractor	Bid Amount	Rank
CHESTERFIELD ASSOCIATES INC 56 South Country RD, PO Box 1229, WESTHAMPTON BEACH NY 11978	\$2,752,086.00	A

BUREAU OF PUBLIC WORKS

Award to _____

Hold for Negotiation _____

Cancel Contract _____

User Agency NH DOS

Authorized by [Signature]

Date 03082023

9:29 am

Item # 901: \$ 273,000.-

902: 84,480.-

903: 426,000.-

904(a) ~~165,836.-~~

904(b) 165,836.-

905: 100,000.-

1,702,770

Total This Contract: \$ ~~1,049,316.-~~
2,752,086.-



ABC Bid Data

GILFORD
81119D
NON-FEDERAL

Item No.	Description	Unit	Quantity	PRICE		CHESTERFIELD ASSOCIATES INC. 36 South Carrey RD Westhampton Beach, NY 11973.		Unit Price	Total
				Unit Price	Total	Unit Price	Total		

Items

901	DREDGE FOR REPLACEMENT DOCK SYSTEM	CY	1,300.00	\$180.00	\$234,000.00	\$210.00	\$273,000.00		
902	TIMBER PILES	LF	600.00	\$100.00	\$60,000.00	\$140.80	\$84,480.00		
903	STEEL PILES	LF	1,600.00	\$285.00	\$397,500.00	\$284.00	\$428,000.00		
904	REPLACEMENT DOCK SYSTEM	U	1.00	\$1,710,550.00	\$1,710,550.00	\$1,868,606.00	\$1,868,606.00		
905	ALLOWANCE #1 UNFORESEEN OR OWNER INITIATED CHANGES	\$	100,000.00	\$1.00	\$100,000.00	\$1.00	\$100,000.00		
Totals					\$2,502,050.00		\$2,752,086.00		

ALTERNATES 81119D

ALTERNATE #1

991	ADD ALTERNATE #1 BOARDING FLOAT SYSTEM	U	1.00	\$220,000.00	\$220,000.00	\$218,636.00	\$218,636.00		
-----	--	---	------	--------------	--------------	--------------	--------------	--	--

ALR Totals

Totals					\$2,502,050.00		\$2,752,086.00		
---------------	--	--	--	--	-----------------------	--	-----------------------	--	--



Division of Public Works

PS&E Comparison

GILFORD
81119D
NON-FEDERAL

Item No.	Description	Unit	Quantity	A-Bidder		PS&E		A-PS&E Difference
				Unit Price	Total	Unit Price	Total	
Items								
901	DREDGE FOR REPLACEMENT DOCK SYSTEM	CY	1,300.00	\$210.00	\$273,000.00	\$180.00	\$234,000.00	\$39,000.00
902	TIMBER PILES	LF	600.00	\$140.80	\$84,480.00	\$100.00	\$60,000.00	\$24,480.00
903	STEEL PILES	LF	1,500.00	\$284.00	\$426,000.00	\$265.00	\$397,500.00	\$28,500.00
904	REPLACEMENT DOCK SYSTEM	U	1.00	\$1,868,606.00	\$1,868,606.00	\$1,710,550.00	\$1,710,550.00	\$158,056.00
905	ALLOWANCE #1 UNFORESEEN OR OWNER INITIATED CHANGES	\$	100,000.00	-\$1.00	\$100,000.00	\$1.00	\$100,000.00	\$0.00

ALTERNATES 81119D

ALTERNATE #1

991	ADD ALTERNATE #1 BOARDING FLOAT SYSTEM	U	1.00	\$218,636.00	\$218,636.00	\$220,000.00	\$220,000.00	(\$1,364.00)
Total:					\$2,752,086.00		\$2,502,050.00	\$250,036.00

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 CHESTERFIELD ASSOCIATES, INC. is a New York Profit Corporation registered to transact business in New Hampshire on November 10, 1980. 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: 4219

Certificate Number: 0006201165



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 10th day of April 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

Chesterfield Associates, Inc.

Corporate Resolution

I, JeanMarie LaVallee, hereby certify that I am duly elected Clerk/Secretary/Officer of
(Name)
Chesterfield 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 April 4, 2023
at which a quorum of the Directors/shareholders were present and voting.

VOTED: That Seth Allan (may list more than one person) is
(Name and Title)

duly authorized to enter into contracts or agreements on behalf of

Chesterfield 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: April 4, 2023

ATTEST:

JeanMarie LaVallee
(Name & Title)
JeanMarie LaVallee, Vice President



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/20/2023

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 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 Keevily Spero Whitelaw Inc. 500 Mamaroneck Ave Harrison NY 10528	CONTACT NAME: Renee Palushevich	PHONE (ACC. No. Ext): (914) 381-5511	FAX (ACC. No.): (914) 381-1134
	E-MAIL ADDRESS: rpalushevich@keevily.com		
INSURED Chesterfield Associates Inc. 123 West Shore Rd. Westport Island ME 04578	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Travelers Property Casualty Co of America		25874
	INSURER B: Phoenix Insurance Co.		25823
	INSURER C: Maine Employers Mutual Ins. Co		
	INSURER D:		
	INSURER E:		

COVERAGES CERTIFICATE NUMBER: 23-24 Chestfield NH WC 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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y Y	ZOL-14P42172-23-ND	02/13/2023	02/13/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Deductible: \$ 5,000
B	AUTOMOBILE LIABILITY <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	Y Y	810-0P991568-23-43-G	02/13/2023	02/13/2024	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 \$ 25,000	Y Y	ZOB-14P42541-23-ND	02/13/2023	02/13/2024	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 Product/Compl Ops Agg \$ 10,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	510 1801438	04/14/2023	04/14/2024	<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

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

RE: Project #81119 - Contract D. State of New Hampshire c/o Department of Administrative Services, The State of New Hampshire, its agencies, and its agents and employees are included as additional insured with respects to General Liability, Automobile Liability, and Umbrella Liability when required by written contract. Primary and non-contributory basis applies with respects to General Liability, Automobile Liability, and Umbrella Liability when required by written contract. Waiver of Subrogation applies with respects to General Liability, Automobile Liability, and Umbrella Liability when required by written contract.

CERTIFICATE HOLDER

State of New Hampshire c/o Department of Administrative Services
7 Hazen Drive, Room 250
Concord NH 03301

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
R. J. M.

© 1988-2016 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/20/2023

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 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 Keevily Spero Whitelaw Inc. 500 Mamaroneck Ave Harrison NY 10528	CONTACT NAME: Renee Palushevic	PHONE (A/C No, Ext): (914) 381-5511	FAX (A/C, No): (914) 381-1134
	E-MAIL ADDRESS: rpalushevic@keevily.com		
INSURED State of New Hampshire Department of Administrative Services c/o Chesterfield Associates Inc. 123 West Shore Rd. Westport Island ME 04578	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Travelers Property Casualty Co of America		25674
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES CERTIFICATE NUMBER: 23-24 Chesterfield/OCP NH 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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners & Contractors Protective GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		PRS-7W308081	05/03/2023	05/03/2024	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <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) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) (If yes, describe under DESCRIPTION OF OPERATIONS below)	Y/N N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)
RE: Project #81119 - Contract D. Evidence of Insurance.

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



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
04/20/2023

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.

PRODUCER Keevily Spero Whitelaw Inc. 500 Mamaroneck Ave Harrison NY 10528		CONTACT NAME: Renee Palushevic PHONE (A/C, No, Ext): (914) 381-5511 E-MAIL ADDRESS: rpalushevic@keevily.com PRODUCER CUSTOMER ID: 00011996		FAX (A/C, No): (914) 381-1134	
INSURED State of New Hampshire Department of Administrative Services any and all subs, and all others employed on the premises & Chesterfield Associates Inc. - 123 West Shore Rd. Westport Island ME 04578		INSURER(S) AFFORDING COVERAGE INSURER A: Mitsui Sumitomo Co of America INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		NAIC # 020362	

COVERAGES **CERTIFICATE NUMBER:** 23-24 Chesterfield B/R NH **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Re: 31 Dock Road, Gilford, NH 03249 - Marine Patrol Dock Replacement

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
	PROPERTY	DEDUCTIBLES				BUILDING	\$
	CAUSES OF LOSS	BUILDING				PERSONAL PROPERTY	\$
	BASIC	CONTENTS				BUSINESS INCOME	\$
	BROAD					EXTRA EXPENSE	\$
	SPECIAL					RENTAL VALUE	\$
	EARTHQUAKE					BLANKET BUILDING	\$
	WIND					BLANKET PERS PROP	\$
	FLOOD					BLANKET BLDG & PP	\$
							\$
							\$
	<input checked="" type="checkbox"/> INLAND MARINE		TYPE OF POLICY			<input checked="" type="checkbox"/> Completed Value	\$ 2,752,086
	CAUSES OF LOSS		Builders Risk			<input checked="" type="checkbox"/> Temporary Storage	\$ 2,752,086
	NAMED PERILS		POLICY NUMBER	05/03/2023	05/03/2024	<input checked="" type="checkbox"/> In Transit Limit	\$ 2,752,086
	<input checked="" type="checkbox"/> Special Form		CIM4112947			<input checked="" type="checkbox"/> Waiver of Subro	\$ Included
	CRIME						\$
	TYPE OF POLICY						\$
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN						\$
							\$
							\$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Project #81119 - Contract D. Evidence of Insurance.

CERTIFICATE HOLDER		CANCELLATION	
State of New Hampshire c/o Department of Administrative Services 7 Hazen Drive, Rm 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 	

© 1995-2015 ACORD CORPORATION. All rights reserved.