

MLC



State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES

25 Capitol Street - Room 100

Concord, New Hampshire 03301

Office@das.nh.gov

162

Charles M. Arlinghaus
Commissioner
(603) 271-3201

Catherine A. Keane
Deputy Commissioner
(603) 271-2059

Sheri L. Rockburn
Assistant Commissioner
(603) 271-3204

August 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 Triple Construction, LLC. (VC #395282), Hudson, New Hampshire for a total price not to exceed \$465,195, for Project No. 81324R-A, Building 1 Improvements in Center Stafford, New Hampshire. This contract is effective upon Governor and Council approval through September 30, 2024, unless extended in accordance with the contract terms. **100% Federal Funds.**
- 2). Further authorize that a contingency in the amount of \$80,000 be approved for unanticipated site expenses for Building 1 Improvements in Center Stafford, New Hampshire, bringing the total to \$545,195. **100% Federal Funds.**
- 3). Further authorize the amount of \$26,000 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 \$571,195. **100% Federal Funds.**

Funding is available in account titled Department of Military Affairs and Veterans Services , as follows:

	<u>FY 2024</u>
10-12-12-120010-22450000 Army Guard Facilities	
103-500736 – Contract Repairs; Bldg. Grounds - Construction	\$ 465,195
10-12-12-120010-22450000 Army Guard Facilities	
103-500736 – Contract Repairs; Bldg. Grounds - Contingency	\$ 80,000
10-12-12-120010-22550000 Bureau of Public Work Fee	
217-502682 – Inter-Agency Payments – DPW Fees	<u>\$ 26,000</u>
Grand Total	\$ 571,195

EXPLANATION

This project includes the removal and replacement of the EPDM, asphalt shingle and copper roofing, new lighting in the gymnasium and new basketball hoop assemblies.

All three roofing systems on Building 1 are deteriorating on a regular basis, resulting in the roof losing its weathertightness. Heavy rain and windstorms cause shingles from the sloped asphalt shingle roof to dislodge and provide weak points for intrusion of water. The EPDM is also experiencing regular leaking. Constant maintenance is required to find and repair all these leaks, as they arise. The leaks are causing damage to interior finishes, equipment, and furnishings. Preventing this moisture intrusion will reduce the maintenance required on the building and provide a safer environment for occupants. Another portion of the project includes an upgrade to the gym equipment and lighting which will provide additional options at the facility for physical training of soldiers and allow for community outreach opportunities in the local area.

This contract contained four (4) Alternate Bid Items (Alternates). Alternates are not included in the Base Bid and, therefore, not used to determine the low bid. Once the low bid is established, the Department may add or deduct scope as described in the Alternates and per the Alternate bid prices provided by the low bidder.

The Department accepted Alternates #1, 2, 3, and 4. Alternate # 1 replaces the existing copper roofing at the Cupola Base with new copper roofing. Alternate #2 removes the existing cable pass-thru and patches the affected wall. Alternate #3 replaces the deteriorated flashing at the dormer windows with new copper flashing. Alternate #4 removes and replaces the copper flashing at the cornice return and main door pediment.

Base Bid:	\$387,632
Add Alternate #1:	\$ 26,071
Add Alternate #2:	\$ 2,052
Add Alternate #3:	\$ 17,639
Add Alternate #4:	<u>\$ 31,801</u>
Contract Amount:	\$465,195

A public bid opening was held on May 31, 2023. Three (3) bid proposals were received and the contract was awarded to the lowest qualified bidder. The low bid was 5% under the Department estimate and is considered 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 along with the contract supplemental information sheet.

Respectfully submitted,



Charles M. Arlinghaus,
Commissioner

Department estimate:	\$ 407,073.00
Low Base Bid (without Alternates):	<u>\$ 387,632.00</u>
Under estimate:	\$ 19,441.00



ABC Bid Data

CENTER STRAFFORD
81324RA
81324R

PROJECT: Center Strafford
STATE PROJECT NUMBER: 81324RA
FED. PROJECT NUMBER: 81324R
DATE BIDS OPEN: May 31, 2023, 2:00 PM
SCOPE OF WORK: Building 1 Improvements
COMPLETION DATE: September 30, 2024
LOCATION: Strafford

Awarded To:

Amount: \$0.00
Award Date:

Certified by: _____
Director of Project Development

Summary of Bidders

Contractor	Bid Amount	Rank
TRIPLE CONSTRUCTION LLC 5 EXECUTIVE DRIVE SUITE 3, HUDSON NH 03051	\$387,632.00	A
TURNSTONE CORPORATION 479 NASHUA STREET, MILFORD NH 03055-3705	\$433,922.00	B
CARENO CONSTRUCTION CO., LLC 270 WEST ROAD STE 4, PORTSMOUTH NH 03801-7611	\$435,700.00	C

Award to: Triple Construction, LLC

Contract amount: Base Bid + Alternates 1, 2, 3 and 4 = \$465,195

\$387,632 Base Bid

+ 26,071 Alt #1

+ 2,052 Alt #2

+ 17,639 Alt #3

+ 31,801 Alt #4

\$465,195 TOTAL CONTRACT VALUE

Date: 6/13/23

Authorized by: MLJ

Using Agency: MAVS

Michelle L Juliano



ABC Bid Data

CENTER STRAFFORD

81324RA

81324R

Item No.	Description	Unit	Quantity	B&E		TRIPLE CONSTRUCTION LLC 3 EXECUTIVE DRIVE SUITE 3 HUDSON, NH 03051		TURNSTONE CORPORATION 475 NASHUA STREET MILFORD, NH 03055-3795	
				Unit Price	Total	Unit Price	Unit Price	Total	

Items

901	BUILDING 1 IMPROVEMENTS	U	1.00			\$347,632.00	\$347,632.00	\$393,922.00	\$393,922.00
902	ALLOWANCE #1 FOR UNFORESEEN OR OWNER INITIATION CHANGES	\$	40,000.00			\$1.00	\$40,000.00	\$1.00	\$40,000.00
Totals:						\$407,633.00	\$387,632.00	\$433,922.00	\$433,922.00

ALTERNATES 81324R

ALTERNATE #1

991	ADD ALTERNATE: ROOFING AT CUPOLA BASE	U	1.00			\$26,071.00	\$26,071.00	\$67,780.00	\$67,780.00
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ALTERNATE #2

992	ADD ALTERNATE: CABLE PASS THRU	U	1.00			\$2,052.00	\$2,052.00	\$8,810.00	\$8,810.00
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ALTERNATE #3

993	ADD ALTERNATE: CAP FLASHING AT EXISTING SHED DORMER	U	1.00			\$17,839.00	\$17,839.00	\$7,170.00	\$7,170.00
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ALTERNATE #4

994	ADD ALTERNATE: COPPER FLASHING AT CORNICIE RETURN AND MAIN DOOR PEDIMENT	U	1.00			\$31,801.00	\$31,801.00	\$12,180.00	\$12,180.00
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All Totals									
Totals						\$407,633.00	\$387,632.00	\$433,922.00	\$433,922.00



ABC Bid Data

CENTER STRAFFORD
81324RA
81324R

Item No.	Description	Unit	Quantity	BID		CARENO CONSTRUCTION CO., LLC 178 WEST ROAD STE 4 PORTSMOUTH, NH 03801-7811	
				Unit Price	Total	Unit Price	Total

Items							
Item No.	Description	Unit	Quantity	Unit Price	Total	Unit Price	Total
901	BUILDING 1 IMPROVEMENTS	U	1.00			\$395,700.00	\$395,700.00
902	ALLOWANCE #1 FOR UNFORESEEN OR OWNER INITIATION CHANGES	S	40,000.00			\$1.00	\$40,000.00
Totals						\$407,073.00	\$435,700.00

ALTERNATES 81324R

ALTERNATE #1

991	ADD ALTERNATE: ROOFING AT CUPOLA BASE	U	1.00			\$49,400.00	\$49,400.00
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ALTERNATE #2

992	ADD ALTERNATE: CABLE PASS THRU	U	1.00			\$4,600.00	\$4,600.00
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ALTERNATE #3

993	ADD ALTERNATE: COP FLASHING AT EXISTING SHED DORMER	U	1.00			\$8,000.00	\$8,000.00
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ALTERNATE #4

994	ADD ALTERNATE: COPPER FLASHING AT CORNICE RETURN AND MAIN DOOR PEDIMENT	U	1.00			\$26,875.00	\$26,875.00
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Alt. Totals							
Totals						\$407,073.00	\$435,700.00



Bid Report

The undersigned, hereinafter referred to as principal or bidder, hereby proposes to furnish all materials and perform all labor necessary to complete the work described in the caption hereof, in accordance with the plans, current Standard Specifications, and special provisions, for the prices set for in the Total Bid. Failure to complete and submit this bid in its entirety or falsification of bid documents will result in the entire proposal being considered irregular and may be rejected by the Department of Administrative Services, Division of Public Works. Plans and specifications on this project cannot be transferred to any other firm or organization for the purpose of submitting a bid as a general contractor without the knowledge and authority of the department. Those who sign (manually and electronically) and the firm for which they are authorized to sign, do so under the penalty of perjury as specified by the laws of the United States and the

Federal Contract Number: 81324RA Center Stratford

Contractor Profile

Firm	TRIPLE CONSTRUCTION LLC
Contractor ID	395282
Address	5 EXECUTIVE DRIVE SUITE 3 HUDSON NH 03051
Phone	(603)318-7280
FAX	
E-Mail	mbrockelman@triple-construction.com
Authorized Signature:	<i>1s/ Mark Brockelman</i>

Bid Bond

Verified

Auth Code/Check#	SNH05312503
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Receipt of Addenda

Sequence	Date	
1	05/28/2023	Yes
2	05/26/2023	Yes
3	05/26/2023	Yes

Department of Administrative Services, Division of
Public Works

Total Bid for Award Consideration

Proposal

\$387,632.00

Contract Number: 81324RA

Bid Opening Date: 31-May-2023

Contract Name: Center Strafford
Proposal For: 395282 - TRIPLE CONSTRUCTION LLC

Project Funding: Federal

Items

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
1	901	BUILDING 1 IMPROVEMENTS	U	1.000	\$347,632.00	\$347,632.00
2	902	ALLOWANCE #1 FOR UNFORESEEN OR OWNER INITIATION CHANGES	\$	40,000.000	\$1.00	\$40,000.00
Total for Category Items						\$387,632.00

ALTERNATES 81324R
ALTERNATE #1

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
3	991	ADD ALTERNATE: ROOFING AT CUPOLA BASE	U	1.000	\$26,071.00	\$26,071.00
Total for Category ALTERNATE #1						\$26,071.00

ALTERNATES 81324R
ALTERNATE #2

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
4	992	ADD ALTERNATE: CABLE PASS THRU	U	1.000	\$2,052.00	\$2,052.00
Total for Category ALTERNATE #2						\$2,052.00

ALTERNATES 81324R
ALTERNATE #3

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
5	993	ADD ALTERNATE: CAP FLASHING AT EXISTING SHED DORMER	U	1.000	\$17,639.00	\$17,639.00
Total for Category ALTERNATE #3						\$17,639.00

ALTERNATES 81324R

ALTERNATE #4

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
8	994	ADD ALTERNATE COPPER FLASHING AT CORNICE RETURN AND MAIN DOOR PEDIMENT	U	1.000	\$31,801.00	\$31,801.00

Total for Category ALTERNATE #4 **\$31,801.00**

**Total Bid for Award
Consideration** **\$387,632.00**

Proposal

Proposal Of

TRIPLE CONSTRUCTION LLC
5 EXECUTIVE DRIVE SUITE 3, HUDSON NH, 03051

to furnish and deliver all materials and to perform all work in accordance with the Contract of the State of New Hampshire, Department of Administrative Services, Division of Public Works for which proposals will be received until 2:00:00 PM, Prevailing Time on Wednesday, May 31, 2023. Said project being situated as follows:

Building 1 Improvements

Department of Administrative Services, Division of Public Works
John O. Morton Building
P. O. Box 483
Concord, NH 03302-0483

Commissioner:

In accordance with the advertisement of the Department of Administrative Services, Division of Public Works inviting proposals for the project hereinbefore named and in conformity with the Plans and Specifications on file in the office of the Department of Administrative Services, Division of Public Works, I/WE hereby certify that I AM/WE ARE the only person, or persons, interested in this proposal as principals; that this proposal is made without collusion with any person, firm or corporation; that an examination has been made of the Plans, of the Standard Specifications, of the Standard Plans Book, of the Proposal, and applicable addendums, including but not restricted to the Special Attentions, Supplemental Specifications, and Special Provisions attached thereto, and also that an examination has been made of the site of the work; and I, or we, propose to furnish all necessary machinery, equipment, tools, labor and other means of construction, and to furnish all materials specified in the manner and at the time prescribed; and understand that the quantities of work as shown herein are approximate only and are subject to increase or decrease, and further understand that all quantities of work whether increased or decreased are to be performed at the following prices:

I acknowledge, understand, and accept these terms and conditions.

Yes No

Signature /s/ Mark Brockelman

SIGN-FED

It is further proposed: To execute the Contract and begin work within 10 days from the date specified in the "Notice to Proceed" and to prosecute said work so as to complete the Project and its appurtenances on or before September 30, 2024. To furnish a Contract Bond in the amount of 100 per cent of the Contract award, as security for the construction and completion of the Project and its appurtenances in accordance with the Plans, Specifications and Contract. The Contractor's attention is called to section 103.05 of the Standard Specifications which reads, in part, as follows: "Unless specifically waived in the Proposal, upon execution of the Contract, the successful Bidder shall furnish the Department a surety bond or bonds equal to the sum of the Contract amount. The form of the bonds(s) shall be acceptable to the Department and the bonding Company issuing the bond(s) shall be licensed to transact business in the State of New Hampshire, and ..." To certify that the Bidder, in accordance with the requirements of 103.06 and 108.01, intends to sublet, assign, sell, transfer or otherwise dispose of one or more portions of the work and (1) has contacted the appropriate listed disadvantaged businesses and afforded such disadvantaged businesses equal consideration with non-disadvantaged business for all work the Bidder currently proposes to sublet, assign, sell, transfer or otherwise dispose of, (2) may contact additional appropriate disadvantage businesses and will afford such businesses equal consideration with non-disadvantaged businesses for all work the Bidder in the future proposes to sublet, assign, sell, transfer or otherwise dispose of, and (3) will complete enclosed "DISADVANTAGED BUSINESS ENTERPRISE COMMITMENT FORM" and Letters of Intent for each disadvantaged business. The name of the person in the Bidder's organization who has been designated as the liaison officer to administer the disadvantaged business enterprise program is: TRIPLE CONSTRUCTION LLC To guarantee all of the work performed under this Contract to be done in accordance with the Specifications and in good and workmanlike manner, and to renew or repair any work which may be rejected, due to defective materials or workmanship, prior to final completion and acceptance of the project. Enclosed herewith find certified check or bid bond in the amount of 5% OF THE BID TOTAL made payable to the "Treasurer, State of New Hampshire," as a proposal guarantee which it is understood will be forfeited in the event the Contract is not executed, if awarded by the Department to the undersigned.

I acknowledge, understand, and accept these terms and conditions.

Yes No

Signature Is/ Mark Brockelman

Debarment, Suspension, and Others

Certification Regarding Debarment, Suspension, and Other Responsibility Matters - Primary Covered Transactions.(1). The prospective primary participant certifies to the best of its knowledge and belief, that it and all its principals: (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency; (b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1) (b) of this certification and (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default. (2). Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

I acknowledge, understand, and accept these terms and conditions.

Yes No

Signature Is/ Mark Brockelman

Contract Affidavit

I/We declare under penalty of perjury under the laws of the United States and the State of New Hampshire that, in accordance with the provisions of Title 23 USC, Section 112(c), have not either directly or indirectly entered into any agreement, participated in any collusion or otherwise taken any action in restraint of free competitive bidding in connection with this Proposal.

I acknowledge, understand, and accept these terms and conditions.

Yes No

Signature Is/ Mark Brockelman



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/29/2023

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 Optisure Risk Partners, LLC d/b/a Aspen Insurance Agency 40 Stark Street Manchester NH 03101	CONTACT NAME: Karen Case PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: Karen.Case@king-insurance.com																				
	<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>Selective Ins Co. of South Carolina</td> <td>19259</td> </tr> <tr> <td>INSURER B:</td> <td>Allied Eastern Indemnity Company</td> <td>11242</td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></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:	Selective Ins Co. of South Carolina	19259	INSURER B:	Allied Eastern Indemnity Company	11242	INSURER C:			INSURER D:			INSURER E:			INSURER F:	
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INSURER C:																					
INSURER D:																					
INSURER E:																					
INSURER F:																					
INSURED TRIPLE CONSTRUCTION LLC 5 EXECUTIVE DR STE 3 HUDSON NH 03051-4910																					

COVERAGES CERTIFICATE NUMBER: CL2371232855 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 WYD	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"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:		S 2399837	04/28/2023	04/28/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 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 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY		S 2399837	04/28/2023	04/28/2024	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 DED RETENTION \$		S 2399837	04/28/2023	04/28/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 Comp Ops Aggregate \$ 5,000,000
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 Y	N/A 03-0000118851-05	07/17/2023	07/17/2024	<input checked="" type="checkbox"/> PER STATUTE <input checked="" 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

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

Project: Center Strafford Project# 81324RA
 The State of NH Department of Administrative Services and any and all subcontractors as the named insured.
 The State, its agencies, and its agents, and employees are additional insured as respects GL as required by written contract. Waiver of subrogation applies where permitted by state law. Work performed during the policy period: Carpentry. Workers' compensation coverage applies in NH, MA & ME. Kevin Cormier is excluded from the workers' compensation coverage.

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 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/14/2023

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 Optisure Risk Partners, LLC d/b/a Aspen Insurance Agency 40 Stark Street Manchester NH 03101	CONTACT NAME: Karen Case PHONE (A/C No. Ext): FAX (A/C, No): E-MAIL ADDRESS: Karen.Case@Optisure.com
	INSURER(S) AFFORDING COVERAGE
INSURED State of NH Dep of Administrative Services c/o Triple Construction LLC 5 Executive Drive Ste 3 Hudson NH 03051	INSURER A: Selective Insurance Company
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES

CERTIFICATE NUMBER: CL2362631901

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners & Contractors Protective GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			S 2578056	06/14/2023	06/14/2024	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		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)

Project : Center Strafford project 81324RA

CERTIFICATE HOLDER**CANCELLATION**
 State of New Hampshire c/o Department of Administrative Services
 7 Hazen Drive Room 250

Concord

NH 03302

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

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF AUTHORITY

I, Gino Bernard, hereby certify that I am a Member or
Manager of Triple Construction, LLC a limited liability company under
(Name of LLC)
RSA 304-C.

VOTED: That Kevin Cormier, Member is duly authorized to enter
(Name and Title)
into contracts or agreements on behalf of Triple Construction, LLC with
(Name of LLC)
the State of New Hampshire and any of its agencies or departments; and further, is authorized to
execute any documents which may, in his judgment, be desirable or necessary to effect the
purpose of this vote.

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 occupies the position indicated and
that they have full authority to bind the LLC and that this authorization **shall remain valid for
thirty (30) days** from the date of this Corporate Resolution.

DATED: June 14, 2023

ATTEST: 
(Name and Title)
Gino Bernard, Member

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 TRIPLE CONSTRUCTION, LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on January 07, 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: 737136

Certificate Number: 0006217041



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 26th day of April A.D. 2023.

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

David M. Scanlan
Secretary of State