

134
MLC



State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES
25 Capitol Street - Room 100
Concord, New Hampshire 03301
Office@das.nh.gov

Charles M. Arlinghaus
Commissioner
(603) 271-3201

Catherine A. Keane
Deputy Commissioner

Sheri L. Rockburn
Assistant Commissioner

September 15, 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 \$394,248 for Project Number 80978, Contract C, REBID-Transitional Work Center Bathroom Replacement, Concord, New Hampshire. This contract is effective upon Governor and Council approval through April 5, 2024, unless extended in accordance with the contract terms. **100% Capital Funds.**

2). Further authorize that a contingency in the amount of \$7,421 be approved for unanticipated site expenses for Project Number 80978, Contract C, REBID-Transitional Work Center Bathroom Replacement, Concord, New Hampshire, bringing the total to \$401,669. **100% Capital Funds.**

3). Further authorize the amount of \$13,000 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 \$414,669. **100% Capital Funds.**

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

	<u>FY 2024</u>
02-46-46-460030-15620000 17-228:1-IV:A - Tran Work Center	
034-500162 – Repair/Renovation Buildings - Construction	\$ 394,248
034-500162 – Repair/Renovation Buildings - Contingency	\$ 7,421
034-500162 – Repair/Renovation Buildings - DPW Fees	<u>\$ 13,000</u>

Grand Total **\$ 414,669**

EXPLANATION

This project includes the renovation of an existing bathroom. Existing fixtures and some finishes will be removed. New floor, wall and ceiling finishes will be installed. New stainless steel showers will be installed as well as new sinks and toilets. The exhaust system will be upgraded and electrical fixtures will be replaced.

Pursuant to Chapter 228:1, IV, A, Laws of 2017, funds are available to reconstruct two (2) bathrooms in the minimum-security housing unit at the NH State Prison for Men in Concord. The building was designed to accommodate 96 residents but has been over the original design capacity for many years and has housed as many as 180 residents. Some showers are not operational and floor and wall tiles are broken allowing water to penetrate to the substrate. There is high humidity in the building due to an inadequate ventilation system. Sinks and toilets are also deteriorating from overuse and will be replaced.

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 DEDUCT Alternate #2 for a credit of \$53,771. Alternate #2 removed cutting the existing floor slab and replacing underground plumbing, from the scope of work.

A public bid opening was held on March 29, 2023. One (1) bid proposal was received and the contract was awarded to the lowest qualified bidder. The low bid was 19% over the Department estimate. The low bid came in higher than estimated because the price of all materials continues to increase, as well as the shortage of labor causing cost increases, especially on small projects such as this. Specifically, there is a lack of available subcontractors to do the work which can require contractors to pay a premium. Additionally, this work takes place in a correctional facility, which adds costs due to the high security conditions in which the contractor must perform the work.

The scope of the project was reduced to bring the cost within available funding. The following items were included in the negotiation: removing the demolition of the ceiling; reducing the amount of demolition to the shower partition walls; installing stainless steel shower panels instead of the specified pre-manufactured shower units; reducing the scope of drywall installation by covering the existing drywall with fiberglass-reinforced paneling; substituting moisture resistant drywall for impact resistant drywall; removing ligature resistant requirements for bathroom accessories (ligature resistant features are not a requirement for this facility); reusing existing toilet partitions; replacing some electrical products with less costly products that still meet Correctional grade requirements; and adding a moisture mitigation system to the existing concrete floor slab to accommodate the new epoxy finish.

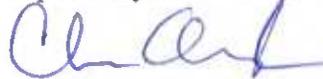
Low Base Bid:	\$ 500,397
Less Alternate #2	\$ (53,771)
Negotiated Cost Savings	<u>\$ (52,378)</u>
New Contract Value:	\$ 394,248

The contractor's prices for scope changes were compared to the Department's estimated values and determined to be acceptable.

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:	\$402,000
Low Base Bid (without Alternates):	<u>\$500,397</u>
Over Estimate:	\$ 98,397



ABC Bid Data

CONCORD
80978C
NON-FEDERAL

PROJECT: Concord
STATE PROJECT NUMBER: 80978C
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: ##### March 29, 2023
SCOPE OF WORK: REBID - Transitional Work Center Bathroom Replacement
COMPLETION DATE: April 05, 2024
LOCATION: Merrimack

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	\$500,397.00	A

Award to: Triple Construction, LLC
Contract Amount: \$394,248 (negotiated, with Alternates)
Date: 6/22/23
Authorized By: MLJ *Michelle L. Juliano*
Using Agency: Corrections

Item 901 - \$398,019 (negotiated)
Item 902 - \$50,000
DEDUCT Alternate #2 - (\$53,771)
New Contract Total = \$394,248



ABC Bid Data

CONCORD
80978C
NON-FEDERAL

Item No.	Description	Unit	Quantity	P&E		TRIPLE CONSTRUCTION LLC 5 EXECUTIVE DRIVE SUITE 3 HUDSON, NH 03051		Unit Price	Total
				Unit Price	Total	Unit Price	Total		

Items

901	RENOVATION OF NORTH BATHROOM	U	1.00					\$450,397.00	\$450,397.00		
902	ALLOWANCE #1 FOR OWNER INITIATED CHANGES	\$	50,000.00					\$1.00	\$50,000.00		
Totals:								\$402,000.00	\$500,397.00		

ALTERNATE 80978C

ALTERNATE #2

992	DEDUCT ALTERNATE #2 DEDUCT CUTTING AND PATCHING FLOOR LAB FOR UNDER-SLAB PIPING. DEDUCT REPLACING UN	U	1.00					(\$53,771.00)	(\$53,771.00)		
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ALTERNATE #3

993	ADD ALTERNATE #3 ADD PROVIDING VIDEO INSPECTION OF THE DRAIN LINE THAT RUNS FROM THE EXISTING KITCHEN	U	1.00					\$2,440.00	\$2,440.00		
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ALTERNATE #4

994	DEDUCT ALTERNATE #4 DEDUCT THE SPECIFIED EPOXY FLOORING AND BASE AND REPLACE WITH 6"X6" GRAY QUARRY T	U	1.00					(\$1,773.00)	(\$1,773.00)		
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ALTERNATES 80978C

ALTERNATE #1

991	ADD ALTERNATE #1 REMOVAL OF ENTIRE EXISTING CONCRETE FLOOR SLAB AND REPLACEMENT WITH NEW 4" THICK S	U	1.00					\$1.00	\$1.00		
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Alt. Totals:											
Totals:								\$402,000.00	\$500,397.00		



Division of Public Works

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

State Contract Number: 80978C Concord

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: */s/ Mark Brockelman*

Bid Bond

Verified

Auth Code/Check# **SNH03293080**

Receipt of Addenda

Sequence	Date	
1	03/27/2023	Yes

Department of Administrative Services, Division of
Public Works
Proposal

Total Bid for Award Consideration

\$500,397.00

Contract Number: 80978C
Contract Name: Concord
Proposal For: 395282 - TRIPLE CONSTRUCTION LLC

Bid Opening Date: 29-Mar-2023
Project Funding: State

Items

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
1	901	RENOVATION OF NORTH BATHROOM	U	1.000	\$450,397.00	\$450,397.00
2	902	ALLOWANCE #1 FOR OWNER INITIATED CHANGES	\$	50,000.000	\$1.00	\$50,000.00

Total for Category Items \$500,397.00

ALTERNATES 80978C
ALTERNATE #1

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
3	991	ADD ALTERNATE #1 REMOVEAL OF ENTIRE EXISTING CONCRETE FLOOR SLAB AND REPLACEMENT WITH NEW 4" THICK S.	U	1.000	\$1.00	\$1.00

Total for Category ALTERNATE #1 \$1.00

ALTERNATE 80978C
ALTERNATE #2

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
4	992	DEDUCT ALTERNATE #2 DEDUCT CUTTING AND PATCHING FLOOR LAB FOR UNDER-SLAB PIPING. DEDUCT REPLACING UN-	U	1.000	(\$53,771.00)	(\$53,771.00)

Total for Category ALTERNATE #2 (\$53,771.00)

ALTERNATE 80978C

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, March 29, 2023. Said project being situated as follows:

REBID - Transitional Work Center Bathroom Replacement

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-STATE

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 April 05, 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 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 /s/ 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		
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:		

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 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"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> 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 <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> 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 <input type="checkbox"/> DED <input type="checkbox"/> 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	N/A	03-0000118851-05	07/17/2023	07/17/2024	<input checked="" type="checkbox"/> PER STATUTE <input checked="" 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)

Project: Transitional Work Center Concord Project# 80978C. 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 PROPERTY INSURANCE

DATE (MM/DD/YYYY)
07/20/2023

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 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): E-MAIL ADDRESS: Karen.Case@king-insurance.com PRODUCER CUSTOMER ID: 00020460	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED State of New Hampshire Triple Construction LLC 5 Executive Drive Ste 3 Hudson NH 03051	INSURER A: Hanover Insurance Company	NAIC #
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CP2372003843 **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Loc#:00001,275 North State St,Concord,NH Project # 80978C

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 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 Installation/Builder Risk POLICY NUMBER IHV J484705 00	06/26/2023	06/26/2024	<input checked="" type="checkbox"/> Completed Value <input checked="" type="checkbox"/> Temporary Storage <input checked="" type="checkbox"/> In Transit <input checked="" type="checkbox"/> Deductible	\$ 394,428 \$ 100,000 \$ 100,000 \$ 2,500
	<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:#89078C 275 North State St Concord, NH 03301.
The State of NH Department of Administrative Services, any and all subcontractors, and all others employed on the premises as additional named insureds.
Waiver of Subrogation applies.

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)
07/20/2023

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 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): E-MAIL ADDRESS: Karen.Case@king-insurance.com	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED STATE OF NH Dept of Administrative Services c/o Tripe Construction LLC 5 EXECUTIVE DR STE 3 HUDSON NH 03051-4910	INSURER A: Selective Insurance Company	NAIC #
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL2372033822 **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	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"/> PROJECT <input type="checkbox"/> LOC OTHER:		S 2578485	06/26/2023	06/26/2024	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 \$ \$ PER STATUTE OTH-ER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				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: 275 N State St Concord #80978C

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 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 26, 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