



STATE OF NEW HAMPSHIRE



GOVERNOR'S OFFICE  
for

EMERGENCY RELIEF AND RECOVERY

54 48

October 4, 2023

His Excellency, Governor Christopher T. Sununu  
and the Honorable Council  
State House  
Concord, NH 03301

REQUESTED ACTION

Authorize the Governor's Office for Emergency Relief and Recovery (GOFERR) to enter into a forgivable loan agreement in an amount not to exceed \$1,000,000 with Families Flourish Northeast, Lebanon, NH, (VC # TBD) in American Rescue Plan Act (ARPA) State Fiscal Recovery Funds (SFRF), as part of the Pregnant and Parenting Residential Treatment Investment Program to provide relief for residential treatment programs serving pregnant and parenting persons with SUD and co-occurring mental illness(es), as well as support for services these entities provide to the children of those receiving treatment, effective upon Governor and Council approval through March 31, 2025. This is an allowable use of ARPA SFRF funds under Section 602 (c)(1)(A) to respond to the public health emergency or its negative economic impacts. **100% Federal Funds.**

Funds are available as follows:

01-002-002-020210-24690000 - ARP Grants and Disbursements

072-500575 - Grants Federal

FY2024  
\$1,000,000

EXPLANATION

This request would approve an award to Families Flourish Northeast as a part of the Pregnant and Parenting Residential Treatment Investment Program. The program received a \$2,000,000 authorization by Governor and Executive Council on July 27, 2022 (Item #52), and awards issued through it provide relief for residential treatment programs serving pregnant and parenting women with substance abuse disorders and co-occurring mental illness, as well as support for services provided to their children. The program funds either infrastructure investments or operating expenses that help increase service capacity or cover operating budget shortfalls as a result of the COVID-19 pandemic, up to a \$1,000,000 award cap. Infrastructure awards in this program will be issued in the form of forgivable loans, with funds provided on a reimbursement basis. Awards for operating costs will be issued in the form of direct beneficiary awards. An applicant can only receive one type of award in the Pregnant and Parenting Residential Treatment Investment Program.

This agreement is for an award totaling \$1,000,000 to Families Flourish Northeast in the form of a forgivable loan. These funds will be used to renovate an existing building and establish a 14 bed SUD treatment facility in the Homestead building on the Alice Peck Day Memorial Hospital campus in Lebanon, NH. Families Flourish Northeast will provide residential care to pregnant women and women with minor children, with inpatient services for their substance use disorder treatment. In addition, the

His Excellency, Governor Christopher T. Sununu  
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facility will provide a number of other necessary services, including pediatric care for their children, women's health care, and psychiatric care. Their treatment model encompasses three phases of treatment over 12-15 months, including tailored child development support, parent programming, and supported employment to enhance successful recovery and break the intergenerational impact of addiction.

To avoid a delay in approving this award, GOFERR is submitting this request before Families Flourish Northeast has a vendor code set up. Families Flourish Northeast is a new organization, still in its foundational period, and is actively working on obtaining a vendor code. GOFERR, along with the Department of Administrative Services, will work with Families Flourish Northeast to have one set up as quickly as possible.

In the event that Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



Taylor Caswell,  
Executive Director, GOFERR

**PREGNANT AND PARENTING RESIDENTIAL TREATMENT PROGRAM  
LOAN AGREEMENT  
FOR STATE FISCAL RECOVERY FUNDS**

**1. THE PARTIES**

**Families Flourish Northeast** (the "Borrower"), represented by its authorized agent, Courtney Tanner (the "Borrower's Agent"), hereby enters this Loan Agreement for State Fiscal Recovery Funds (this "Agreement") with the State of New Hampshire, Governor's Office for Emergency Relief and Recovery (the "Lender"), as of the effective date of this Agreement. Borrower and Lender shall collectively be known herein as "the Parties".

**2. PURPOSE OF AGREEMENT**

Entering into this Agreement results in the Lender agreeing to use American Recovery Plan Act (ARPA), State Fiscal Recovery Fund (SFRF) funds to award the Borrower a loan in an amount equal to the eligible expenses, up to a cap of \$1,000,000, on approved infrastructure investments (the Project) to improve the facility for a 14 bed SUD treatment center being renovated by **Families Flourish Northeast**. This award is subject to **Families Flourish Northeast** assuming liability for the remaining amount of the cost of the capital improvement project. The Project(s) shall have been reviewed and approved by the Lender.

**A. The Lender agrees to:**

The Lender agrees to loan the Borrower an amount up to the sum of **\$1,000,000.00** (the Loan Amount) for approved infrastructure investments to improve the facility for a 14 bed SUD treatment center being renovated by **Families Flourish Northeast**. The Loan Amount will be subject to an interest rate of 0%, and the Loan Amount will be forgiven upon completion of the project on or before March 31, 2025 or an otherwise set date as determined below.

**B. The Borrower agrees to:**

The Borrower agrees to construct and undertake the approved Project in accordance with their Approved Application, which is incorporated by reference herein and a copy maintained at the State. Furthermore, the Borrower agrees to comply with all Federal, State and local laws, rules and regulations, which are now, or in the future may become, applicable to the Project.

The Borrower agrees to submit to all requested inspections and audits by State officials which relate to the services and payments under this Agreement. On-site inspections shall be made at least twice annually, and upon project completion, to ensure compliance with the terms of this loan. The Lender reserves the right for more frequent on-site inspections.

Any audits shall include, but not be limited to: a review of all invoices and payments made on this project, a review of all contracts for goods and services, proof of goods received after payment, a review of Borrower's policies and procedures for management of federal funds, a review of the project plan to monitor project progress, and a review of payroll and timesheet records.

By entering into this Agreement, the Borrower accepts liability for the ARPA Loan Amount with repayment to begin on April 15, 2025, or earlier, if breach of the terms of the Agreement occurs.

The Project must be completed by March 31, 2025. Limited extension may be possible, with written consent by the Lender and approval of Governor and Council.

Upon completion and satisfaction of the terms of the Agreement on or before March 31, 2025, (or later if an extension is approved by the Lender) the Borrower's Loan Amount will be deemed satisfied and paid in full.

If the Project is not successfully completed and/or the Agreement is not fulfilled or substantively breached, then the Borrower shall begin repaying the Loan Amount to the Lender beginning on April 15, 2025, pursuant to the terms and conditions outlined in section 5 of this Agreement.

This Agreement is NOT a negotiable instrument.

### **3. DISBURSEMENT**

The maximum Loan Amount available to be disbursed to the Borrower pursuant to this Agreement shall be \$1,000,000.00. The Parties agree that the Borrower shall only be reimbursed for actual costs incurred, and that the Lender's determinations of eligible and approved costs shall be final in all cases.

The Borrower must pay 100% of the cost of an approved capital expenditure before submitting a request for reimbursement of eligible costs. The Borrower shall submit monthly invoices for the acceptable reimbursable capital expenditures incurred up to the end of each month by the 15<sup>th</sup> of the following month. All invoices must be accompanied by proof of payment, such as receipts, other payment confirmations, cancelled checks (front & back), and/or electronic record of payment, as well as evidence of the good(s) being received or services rendered. Monthly invoices shall be submitted electronically to:

Emily Larson at GOFERR  
[Emily.A.Larson-G@goferr.nh.gov](mailto:Emily.A.Larson-G@goferr.nh.gov)

\*Or other GOFERR/State employee as designated by the Lender and communicated to the Borrower.

The Borrower agrees to provide Lender with a quarterly report detailing the status of the approved infrastructure investments at Families Flourish Northeast, including project and financial data required by U.S. Treasury for reporting purposes. Such reports are due within 15 days of the close of each calendar year quarter. The Borrower shall provide the Lender with the construction project plan with the first quarterly report.

Examples of information required as part of quarterly reporting include an accounting of the status of the overall project, expenditures incurred and paid by the Borrower as part of its obligation under this Agreement, details on contracts entered into by the Borrower, information concerning labor practices applicable to the project, an estimated date of completion for the entire capital expenditure project, and more.

If any changes are made to the construction project plan, Borrower shall provide those changes in the quarterly report. The quarterly reports shall be due on the 15th day following the last month of the quarter, with the first report due by September 15, 2023.

Quarterly reporting shall include an assessment of the project completion status by the Lender to help determine whether an extension may be necessary or whether repayment of loaned funds will be likely. In the event that the Lender deems a quarterly report reveals evidence of noncompliance, the Lender reserves the right to require more frequent reporting for monitoring purposes.

#### **4. PROMISE TO PAY**

For value received, the Borrower promises to pay **\$1,000,000.00** (the "Loan"), this being the amount of the ARPA SFRF award applied for by the Lender as identified in Section 2 "PURPOSE OF AGREEMENT."

#### **5. PAYMENTS**

As indicated in Section 2, "PURPOSE OF AGREEMENT," if the Project is not successfully completed and/or the Agreement is not fulfilled or substantively breached, then the Borrower shall begin repaying the Loan Amount to the Lender beginning on April 15, 2025, pursuant to the following terms.

The Borrower will repay the Loan at a rate of **\$47,619.04** per month, which is the equivalent of the Loan balance being distributed equally across 21 monthly payments. The first payment will be due on or before **April 15, 2025**. All subsequent payments will be due on or before the **15<sup>th</sup>** day of each month, with payment due the first business day following a weekend or federal or State holiday if the 15<sup>th</sup> occurs on such a weekend or holiday. Payments will be made by check or money order, marked payable to the "*State of New Hampshire*," and mailed to the following address: *1 Eagle Square, Concord, NH 03301*. The Loan will be fully paid on or before **September 15, 2026** which will be the 21st and final payment period.

## **6. INTEREST**

The Loan will accrue interest at a rate of 0% per annum for the life of the Loan.

## **7. DEFAULT AND ACCELERATION**

If the Borrower fails to make payments as detailed in Section 5, "PAYMENTS," of this Agreement, the Borrower will be in default. The Lender will notify the Borrower it is in default and the Borrower will have fifteen (15) days from the date of the notice to remedy the deficiency. If the Borrower remedies the deficiency within fifteen (15) days of the date on the default notice, the Lender will notify the Borrower that it is no longer in default.

If the Borrower fails to remedy the deficiency within sixty (60) days from the date of the notice to remedy the deficiency, the Lender, at its option, may declare all outstanding sums owed pursuant to this Agreement immediately due and payable, and the Lender may initiate litigation and collection actions to recover the Loan in full or to compel compliance with this Agreement.

## **8. PREPAYMENT**

If the Borrower does not complete the entire project by March 31, 2025, and the Loan payments have started, the Borrower may prepay the Loan without penalty. If the Borrower prepays the Loan in part, such partial prepayment will not alleviate the Borrower's obligation to meet payment deadlines for subsequent periods until the Loan is fully repaid.

For example, Prepayment in pay period 1, for the equivalent of pay periods 1, 2, and 3, does not remove the Borrower's obligation to timely make its next payment in period 2 and all subsequent periods until the Loan balance is satisfied.

## **9. SEVERABILITY**

In the event any provision herein is determined to be void or unenforceable for any reason, such determination shall not affect the validity or enforceability of any other provision, all of which shall remain in full force and effect.

## **10. CONFLICTING TERMS**

The terms of this Agreement shall have authority and precedence over any other conflicting terms in any referenced agreement or document.

## **11. CHANGES OR ALTERATIONS**

This Agreement may be amended, waived, or discharged only by an instrument in writing signed by the Parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State, unless no such approval is required under the circumstances pursuant to State law, rule, or policy.

## **12. ASSIGNMENT**

The Borrower shall not assign, or otherwise transfer, any interest in this Agreement without the prior written consent of the Lender.

## **13. INDEMNIFICATION**

The Borrower shall defend, indemnify and hold harmless the Lender, its officers and employees, from and against any and all losses suffered by the Lender, its officers and employees, and any and all claims, liabilities, or penalties asserted against the Lender, its officers and employees, by or on behalf of any person, on account of, based on, resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Borrower or subcontractor, or subgrantee or other agent of the Borrower.

Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the Lender, which immunity is hereby reserved to the Lender. This covenant shall survive the termination of this Agreement.

## **14. NOTICE**

Any notices required or permitted to be given pursuant to this Agreement shall be given in writing and shall be delivered (a) in person; (b) by certified mail, postage prepaid, return receipt requested; or (c) by electronic mail sent to a previously confirmed electronic mail address.

The Borrower must notify the Lender of bankruptcy or transfer or dissolution of the Borrower's business within 15 days of the qualifying event.

The Borrower must also notify the Lender of any change of primary address and contact information for the Borrower within 15 days of such a change.

## **15. GOVERNING LAW AND LITIGATION OF DISPUTES**

This Agreement is entered in the State of New Hampshire and shall be governed under the laws of the State of New Hampshire, as well as any applicable federal regulations and guidance relative to ARPA SFRF.

The source of funding and eligibility for the Pregnant and Parenting Residential Treatment Program and distribution of funds subject to this Agreement is ARPA SFRF Section 602 (c)(1)(A) to respond to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19) or its negative economic impacts, (H.R. 1319, Section 9901 of ARPA, which amended Title VI of the Social Security Act to add Section 602), Expenditure Category 1.4 Prevention in Congregate Settings, as determined by U.S. Treasury and in accordance with any applicable federal guidance or requirements.

The Lender, at its discretion and in compliance with federal guidance may change and/or report on this project in a different Expenditure Category, if appropriate.

Any litigation regarding this Agreement will occur in a court of competent jurisdiction in the county where the Lender's principal place of business is located. Failure to enter into and follow through on this Agreement, or otherwise remit payment of recoupment owed, will result in the Lender referring the matter to the New Hampshire Department of Justice for collection.

## **16. REPORTING**

The Borrower shall comply with any applicable federal reporting requirements established by U.S. Treasury relative to these loaned funds, as determined by U.S. Treasury and when notified of such requirements by the Lender.

## **17. RECORD RETENTION**

Between the effective date and the date five (5) years after the completion date of this Agreement, at any time during the Borrower's normal business hours, and as often as the Lender, the U.S. Department of Treasury or United States Office of Management and Budget (OMB) shall demand, the Borrower shall make available to the Lender, the U.S. Department of Treasury or OMB all records pertaining to matters covered by this Agreement. The Borrower shall permit the Lender, the U.S. Department of Treasury or OMB to audit, examine, and reproduce such records, and to make audits of all contracts, invoices, materials, payrolls, personnel records, data, and other information relating to all matters covered by this Agreement. As used in this agreement, "Borrower" includes all persons, natural or fictional, affiliated with, controlled by, or under common ownership with, the entity identified as the Borrower in Section 1, "The Parties."

## **18. NON-WAIVER**

No failure by the Lender in exercising Lender's rights under this Agreement shall be considered a waiver of such rights.

No express waiver of any Event of Default shall be deemed a waiver of any provisions hereof. No such failure of waiver shall be deemed a waiver of the right of the Lender to enforce each and all of the provisions hereof upon any further or other default on the part of the Borrower.

#### **19. CONFLICT OF INTEREST**

No representative, officer, or employee of the Lender or of the authorizing bodies of this Agreement, who exercises any functions or responsibilities in the review or approval of this Agreement and the exercise of its terms, shall participate in any decision relating to this Agreement which affects his or her personal interest or the interest of any corporation, partnership, or association in which he or she is directly or indirectly interested, nor shall he or she have any personal or pecuniary interest, direct or indirect, in this Agreement or the proceeds thereof.

#### **20. CONDITIONAL NATURE OF AGREEMENT**

This Agreement is contingent upon approval by the Governor and Executive Council.

Notwithstanding anything in this Agreement to the contrary, all obligations of the Lender hereunder are contingent upon the availability or continued appropriation of funds, and in no event shall the Lender be liable for any payments hereunder in excess of such available or appropriated funds. In the event of a reduction or termination of those funds, the Lender shall have the right to withhold disbursement or payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Borrower notice of such termination.

#### **21. INTEGRATION**

There are no verbal or other agreements that modify or affect the terms of this Agreement, except as indicated in Sections 2 and 11 of this Agreement.

This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the Parties, and supersedes all prior agreements and understandings relating hereto, except for any such subsequent modifications or revisions pursuant to the Sections outlined above.

#### **22. EFFECTIVE DATE**

Notwithstanding any provisions of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement and all obligations of the Parties hereunder shall become

effective on the date the Governor and Executive Council approve this Agreement, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the Lender.

**ACCEPTANCE AND ACKNOWLEDGEMENT**

With the signature below, I, the Borrower's Agent, duly authorized and acting on behalf of the Borrower, affirm that I have read and understood this Agreement, and execute it with the intent that the Borrower be bound by its terms.

Borrower's Name and Mailing Address:  
Families Flourish Northeast, INC.  
P.O Box 20  
Enfield Center, NH 03479

Borrower's Vendor Number:  
84-4591233  
Borrower's E-mail Address:  
info@familiesflourishne.org

Borrower's Agent's Signature: Courtney Tanner Date: 06/30/2023

Borrower's Agent's Name and Title:  
Courtney Tanner, Board Chair

Borrower's Business Name (if different from above):  
\_\_\_\_\_

Borrower's Business Address (if different from above):  
\_\_\_\_\_  
\_\_\_\_\_

State of New Hampshire, GOFERR  
Taylor Caswell Date: 10/4/2023

Taylor Caswell, Executive Director  
Approval of the New Hampshire Department of Justice

Sheri Phillips, AAG Date: 10/4/2023

Approval by the Governor and Executive Council (if applicable):

G&C Item number: \_\_\_\_\_ G&C Meeting Date: \_\_\_\_\_

**Corporate Resolution**

I, Tamara Barry, hereby certify that I am duly elected Clerk/Secretary/Officer of  
(Name)  
Families Flourish Northeast, Inc.. I hereby certify the following is a true copy of a vote taken on /  
June 28, 2023, at which a quorum of the Directors/shareholders voted.

VOTED: That Courtney Tanner, Board Chair is  
(Name and Title)

duly authorized to enter into contracts or agreements on behalf of

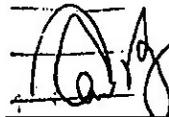
Families Flourish Northeast, Inc. with the State of New Hampshire and any of  
(Name of Corporation )

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: June 28, 2023

ATTEST:



Tamara Barry  
Secretary

# 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 FAMILIES FLOURISH NORTHEAST, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on January 30, 2020. 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: 835707

Certificate Number: 0006247485



IN TESTIMONY WHEREOF,  
I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 14th day of June A.D. 2023.

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

David M. Scanlan  
Secretary of State



# CERTIFICATE OF LIABILITY INSURANCE

DATE (M/M/DD/YYYY)

10/03/2023

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).

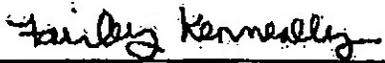
<b>PRODUCER</b> E & S Insurance Services LLC 21 Meadowbrook Lane P O Box 7425 Gifford NH 03247-7425	<b>CONTACT NAME:</b> Sidney Stevens <b>PHONE (A/C, No, Ext):</b> (803) 293-2791 <b>FAX (A/C, No):</b> (803) 293-7188 <b>E-MAIL ADDRESS:</b> sidney@esinsurance.net													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : ATAIN Specialty Insurance Company</td> <td></td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : ATAIN Specialty Insurance Company		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :
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INSURER D :														
INSURER E :														
INSURER F :														
<b>INSURED</b> Families Flourish Northeast, Inc. PO Box 20 Enfield NH 03749														

**COVERAGES** CERTIFICATE NUMBER: 23 gl 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 (M/M/DD/YYYY)	POLICY EXP (M/M/DD/YYYY)	LIMITS
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners & Contractors Protective  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CIP461444	09/15/2023	09/15/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			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)

<b>CERTIFICATE HOLDER</b> State of NH Governor's Office for Emergency Relief and Recovery 1 Eagle Square 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. AUTHORIZED REPRESENTATIVE 
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