State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES
25 Capitol Street – Room 100
Concord, New Hampshire 03301
(603) 271-3201 | Office@das.nh.gov

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Charles M. Arlinghaus
Commissioner

Catherine A. Keane
Deputy Commissioner

Sheri L. Rockburn
Assistant Commissioner

March 28, 2024

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 $1,126,751 for APS Seclusion Room Upgrades, Concord, New Hampshire, Public Works project #81193R Contract B. This contract is effective upon Governor and Council approval through September 23,2024, unless extended in accordance with the contract terms. **100% Other Revenue.**

2) Further authorize that a contingency in the amount of $50,000 be approved for unanticipated expenses for the APS Seclusion Room Upgrades, bringing the total to $1,176,751.
100% Other Revenue.

3) Further authorize the amount of $30,000 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC#311152), for engineering services provided, bringing the total to $1,206,751. **75% Other Revenue 25% Federal Funds.**

Funding is available in account titled Department of Human and Health Services, as follows:

	FY 2024
05-94-94-940010-87500000 ACUTE PSYCHIATRIC SERVICES	
048-500226– New Construction	$ 1,126,751
048-500226– Contingency	$ 50,000
048-500226– DPW Fees	$ 22,500
	$ 1,199,251
05-94-94-940010-24650000 ARPA DHHS FISCAL RECOVERY FUND	
103-502507– DPW Fees	$ 7,500
Grand Total	**$ 1,206,751**

EXPLANATION

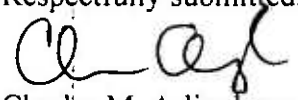
This project serves to remodel three (3) seclusion rooms, one each in units G, H and I, at the Acute Psychiatric Services building in Concord. Seclusion room areas are required by the current Facility Guidelines Institute (FGI) to have an anteroom that gives access to both a single bathroom and a padded room.

The existing rooms do not meet currently adopted FGI guidelines for mental health hospital seclusion rooms. The renovation of seclusion rooms in patient units G, H and I will match the recently renovated seclusion rooms in E and F patient units. This work will bring the hospital into compliance with the guidelines. These three (3) seclusions rooms are being remodeled in active patient units so, therefore, construction must be phased to allow continuous operation of those units.

A public bid opening was held on January 10, 2024. Three (3) bid proposals were received and the contract was awarded to the lowest qualified bidder. The low bid is 31% over the Department estimate. The additional costs to construct specialty rooms within active units that are remote from exterior and interior material/labor access, as well as, the required phasing of that construction, was not given enough weight in the estimate. The logistical complications, requirement to phase construction, and remoteness of the rooms concerned the bidders at the pre-bid walkthrough, causing them to add a cost factor for these additional complexities.

The agreement 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 agreement are on file at the Secretary of State's Office and the Department of Administrative Services – Division of Public Works Design and Construction.

Respectfully submitted,



Charles M. Arlinghaus,
Commissioner

Department Estimate:	$ 857,950
Low Base Bid (without Alternates):	$ 1,126,751
Over Estimate:	$ 268,801

Division of Public Works

ABC Bid Data

CONCORD
81193RB
81193RB

PROJECT:	CONCORD
STATE PROJECT NUMBER:	81193RB
FED. PROJECT NUMBER:	81193RB
DATE BIDS OPEN:	January 10, 2024, 2:00
SCOPE OF WORK:	ARPA - APS SECLUSION ROOM UPGRADES
COMPLETION DATE:	September 23, 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	$1,126,751.00	A
INTEGRATED FACILITIES CONSTRUCTION CORP 92 HIGH STREET, MEDFORD MA 02155	$1,128,700.00	B
LOUREIRO BUILDING CONSTRUCTION LLC 100 NORTHWEST DRIVE, PLAINVILLE CT 06062	$1,482,695.29	C

BID AWARD

Award To: Triple Construction LLC
Contract Award: $ 1,126,751.00
Negotiated: Yes/No?: NO
Alternates: Yes/No?: NO
Using Agency: HHS
Authorized By: Theodore Kupper, PE
Date: 01252024

Item 901: $ 471,283.00
Item 902: $ 471,075.00
Item 903: $ 134,393.00
Item 904: $ 50,000.00
Item 905: $
Item 906: $
Item 907: $
Item 908: $
Item 909: $
Item 910: $

BASE BID TOTAL: $ 1,126,751.00

Alternate #1: $
Alternate #2: $
Alternate #3: $
Alternate #4: $
Alternate #5: $
Alternate #6: $
Alternate #7: $
Alternate #8: $
Alternate #9: $
Alternate #10: $

GRAND TOTAL: $

Division of Public Works

ABC Bid Data

CONCORD
81193RB
81193RB

Item No.	Description	Unit	Quantity	P&E		TRIPLE CONSTRUCTION LLC 5 EXECUTIVE DRIVE SUITE 3 HUDSON, NH 03051		INTEGRATED FACILITIES CONSTRUCTION CORP 92 HIGH STREET MEDFORD, MA 02155	
				Unit Price	Total	Unit Price	Total	Unit Price	Total
Items									
901	REMODEL SECLUSION ROOM PATIENT UNIT G	U	1.00	$313,600.00	$313,600.00	$471,283.00	$471,283.00	$471,850.00	$471,850.00
902	REMODEL SECLUSION ROOM PATIENT UNIT H	U	1.00	$313,600.00	$313,600.00	$471,075.00	$471,075.00	$471,850.00	$471,850.00
903	REMODEL SECLUSION ROOM PATIENT UNIT I	U	1.00	$160,750.00	$160,750.00	$134,393.00	$134,393.00	$135,000.00	$135,000.00
904	ALLOWANCE FOR UNFORSEENS	$	50,000.00	$1.00	$50,000.00	$1.00	$50,000.00	$1.00	$50,000.00
			Totals:		$857,950.00		$1,126,751.00		$1,128,700.00
			Alt. Totals:						
			Totals:		$857,950.00		$1,126,751.00		$1,128,700.00

Division of Public Works

ABC Bid Data

CONCORD
81193RB
81193RB

Item No.	Description	Unit	Quantity	PSNH Unit Price	PSNH Total	LOUREIRO BUILDING CONSTRUCTION LLC 100 NORTHWEST DRIVE PLAINVILLE, CT 06062 Unit Price	LOUREIRO BUILDING CONSTRUCTION LLC 100 NORTHWEST DRIVE PLAINVILLE, CT 06062 Total	Unit Price	Total
Items									
901	REMODEL SECLUSION ROOM PATIENT UNIT G	U	1.00	$313,600.00	$313,600.00	$584,975.93	$584,975.93		
902	REMODEL SECLUSION ROOM PATIENT UNIT H	U	1.00	$313,600.00	$313,600.00	$584,975.93	$584,975.93		
903	REMODEL SECLUSION ROOM PATIENT UNIT I	U	1.00	$180,750.00	$180,750.00	$262,743.43	$262,743.43		
904	ALLOWANCE FOR UNFORSEENS	$	50,000.00	$1.00	$50,000.00	$1.00	$50,000.00		
			Totals:		$857,950.00		$1,482,695.29		
			Alt. Totals:						
			Totals:		$857,950.00		$1,482,695.29		

Division of Public Works

PS&E Comparison

CONCORD
81193RB
81193RB

				A-Bidder		PS&E		
Item No.	Description	Unit	Quantity	Unit Price	Total	Unit Price	Total	A-PS&E Difference
Items								
901	REMODEL SECLUSION ROOM PATIENT UNIT G	U	1.00	$471,283.00	$471,283.00	$313,600.00	$313,600.00	$157,683.00
902	REMODEL SECLUSION ROOM PATIENT UNIT H	U	1.00	$471,075.00	$471,075.00	$313,600.00	$313,600.00	$157,475.00
903	REMODEL SECLUSION ROOM PATIENT UNIT I	U	1.00	$134,393.00	$134,393.00	$180,750.00	$180,750.00	($46,357.00)
904	ALLOWANCE FOR UNFORSEENS	$	50,000.00	$1.00	$50,000.00	$1.00	$50,000.00	$0.00
	Total:				$1,126,751.00		$857,950.00	$268,801.00

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 of New Hampshire.

State Contract Number: **81193RB 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#	**SNH01103804**

Receipt of Addenda

Sequence	Date	
1	12/08/2023	Yes
2	12/22/2023	Yes
3	01/05/2024	Yes

[redacted]

Department of Administrative Services, Division of Public Works

Proposal

Total Bid for Award Consideration

$1,126,751.00

Contract Number: 81193RB

Bid Opening Date: 10-Jan-2024

Contract Name: CONCORD

Project Funding: State

Proposal For: 395282 - TRIPLE CONSTRUCTION LLC

Items

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
1	901	REMODEL SECLUSION ROOM PATIENT UNIT G	U	1.000	$471,283.00	$471,283.00
2	902	REMODEL SECLUSION ROOM PATIENT UNIT H	U	1.000	$471,075.00	$471,075.00
3	903	REMODEL SECLUSION ROOM PATIENT UNIT I	U	1.000	$134,393.00	$134,393.00
4	904	ALLOWANCE FOR UNFORSEENS	$	50,000.000	$1.00	$50,000.00

Total for Category Items **$1,126,751.00**

Total Bid for Award Consideration **$1,126,751.00**

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, January 10, 2024. Said project being situated as follows:

ARPA - APS SECLUSION ROOM UPGRADES

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

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 23, 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): 02/07/2024

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	CONTACT NAME: Karen Case
Optisure Risk Partners, LLC d/b/a Aspen Insurance Agency 40 Stark Street Manchester NH 03101	PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: Karen.Case@king-insurance.com

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
TRIPLE CONSTRUCTION LLC 5 EXECUTIVE DR STE 3 HUDSON NH 03051-4910	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	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [X] 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 [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED 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	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] 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) Y/N [Y] N/A If yes, describe under DESCRIPTION OF OPERATIONS below			03-0000118851-05	07/17/2023	07/17/2024	[X] PER STATUTE [X] 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 : Concord 81193RB
The State of NH Department of Administrative Services and 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

Karen Case

ACORD

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY): 02/13/2024

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
King Insurance Partners, LLC
643 SW 4th Ave Suite 210
Gainesville FL 32601

CONTACT NAME: Karen Case
PHONE (A/C, No, Ext): (888) 377-0420 FAX (A/C, No):
E-MAIL ADDRESS: Karen.Case@king-insurance.com
PRODUCER CUSTOMER ID: 00020460

INSURED
State of NH Dept of Admin Svcs and all subs and all others employed on the Premise and Triple Construction LLC
5 Executive Suite 3
Hudson NH 03051

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Selective Insurance Company	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES CERTIFICATE NUMBER: CP2421304414 REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
36 Clinton St Concord, NH

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
	☐ PROPERTY CAUSES OF LOSS / DEDUCTIBLES ☐ BASIC / BUILDING ☐ BROAD / CONTENTS ☐ SPECIAL ☐ EARTHQUAKE ☐ WIND ☐ FLOOD				☐ BUILDING ☐ PERSONAL PROPERTY ☐ BUSINESS INCOME ☐ EXTRA EXPENSE ☐ RENTAL VALUE ☐ BLANKET BUILDING ☐ BLANKET PERS PROP ☐ BLANKET BLDG & PP	$ $ $ $ $ $ $ $
A	☒ INLAND MARINE CAUSES OF LOSS ☐ NAMED PERILS ☒ Special Form	TYPE OF POLICY: Builders Risk POLICY NUMBER: S 2636609	01/30/2024	01/30/2025	☒ Limit ☒ Deductible	$ 1,126,751 $ 5,000
	☐ 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)
Project:#81193RB, 36 Clinton St Concord, NH.
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
Karen Case

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 02/13/2024

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	CONTACT NAME: Karen Case
King Insurance Partners, LLC 643 SW 4th Ave Suite 210 Gainesville FL 32601	PHONE (A/C, No, Ext): (888) 377-0420 FAX (A/C, No): E-MAIL ADDRESS: Karen.Case@king-insurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Selective Insurance Company	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
State of NH Dept of Administrative Services
c/o Triple Construction
5 Executive Drive Suite 3
Hudson NH 03051

COVERAGES **CERTIFICATE NUMBER:** CL2421347088 **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 ☐ CLAIMS-MADE ☒ OCCUR ☒ Owners & Contractors Protective GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:			S 2636610	01/30/2024	01/30/2025	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 ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N ☐ If yes, describe under DESCRIPTION OF OPERATIONS below	N/A						☐ PER STATUTE ☐ 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:#81193RB, 36 Clinton St, Concord, NH.

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

Karen Case

Corporate Resolution

I, Gino Bernard, **hereby certify** that I am duly elected Clerk/Secretary/Officer
(Name)
of Triple Construction, LLC. I hereby certify the following is a true copy of a vote taken at
(Name of Corporation)

a meeting of the Board of Directors/shareholders, duly called and held on January 30, 20 24,

at which a quorum of the Directors/shareholders were present and voting.

VOTED: That Kevin Cormier (may list more than one person) is
(Name and Title)

duly authorized to enter into contracts or agreements on behalf of

Triple Construction, LLC 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: January 30, 2024 **ATTEST:** _____
(Name & 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.

David M. Scanlan
Secretary of State