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# State of New Hampshire

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

Charles M. Arlinghaus  
Commissioner

Catherine A. Keane  
Deputy Commissioner

Sheri L. Rockburn  
Assistant Commissioner

July 31, 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 Turnstone Corporation (VC#169530), Milford, NH, for a total price not to exceed \$497,600 for Project No. 81102 Contract for the Annex 1 Life Safety and ADA improvements. This contract is effective upon Governor and Council approval through June 6, 2025, unless extended in accordance with the contract terms. **100% Capital Funds.**
- 2) Further authorize the amount of \$45,611 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC#311152), for engineering and project management services provided. **100% Capital Funds.**

Funding is available in the following accounts:

	<u>FY 2025</u>
030-014-71900000 19-146:1, II C 3 – Annex Life Safe	
034-500151 – Bonded Expenses	\$ 497,600
Contract Total	\$ 497,600
030-014-71900000 19-146:1, III C 3 – Annex Life Safe	
034-500151 – Bonded Expenses - DPW Fees	\$ 45,611
Project Total	\$ 543,211

### EXPLANATION

Pursuant to Chapter 146:1, III, C, 3, Laws of 2019, funds are available for modifying the existing second floor and third floor restrooms by relocating heating devices and replace the existing window with a new door accessing a new metal fire escape, replacing the old fire escape serving the occupants of the Annex 1 Building at the Governor Hugh J. Gallen State Office Park.

This project will address the deficient code issues: Non-compliant Fire exits. The Project will address the egress deficiency in the Annex 1 Building by constructing and replacing the existing, non-compliant fire escape with a new, compliant one for a required second means of egress. Bathrooms will be modified to improve access to the fire escape. The building has not had sufficient life safety upgrades in 70 + years.

A public bid opening was held on May 15, 2024. Two (2) bid proposals were received and the contract was awarded to the lowest qualified bidder. The low bid is 69% under the Department estimate. The scope for the project was reduced to eliminate the Annex to Bancroft Connector building, resulting in a bid substantially below the original funding amount.

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.

Respectfully submitted,



Charles M. Arlinghaus,  
Commissioner

Department Estimate:	\$ 1,620,000
Low Base Bid (without Alternates):	<u>\$ 497,600</u>
UNDER estimate:	\$ 1,122,400



# ABC Bid Data

CONCORD  
81102B  
NON-FEDERAL

PROJECT: Concord  
STATE PROJECT NUMBER: 81102B  
FED. PROJECT NUMBER: NON-FEDERAL  
DATE BIDS OPEN: May 15, 2024, 2:00 PM  
SCOPE OF WORK: Annex 1 Life Safety ADA Improvements  
COMPLETION DATE: June 06, 2025  
LOCATION: Merrimack

Awarded To:

Amount: \$0.00

Award Date:

Certified by:

Director of Project Development

## Summary of Bidders

Contractor	Bid Amount	Rank
TURNSTONE CORPORATION 479 NASHUA STREET, MILFORD NH 03055-3705	\$497,600.00	A
INTEGRATED FACILITIES CONSTRUCTION CORP 92 HIGH STREET, MEDFORD MA 02155	\$521,700.00	B

### BID AWARD

Award To: Turnstone Corporation  
Contract Award: \$ 497,600.00  
Negotiated: Yes/No?: NO  
Alternates: Yes/No?: NO  
Using Agency: NH DAS  
Authorized By: Theodore Kupper, PC  
Date: 06102024

Item 901: \$ 347,600.00      Item 906: \$ \_\_\_\_\_  
Item 902: \$ 150,000.00      Item 907: \$ \_\_\_\_\_  
Item 903: \$ \_\_\_\_\_      Item 908: \$ \_\_\_\_\_  
Item 904: \$ \_\_\_\_\_      Item 909: \$ \_\_\_\_\_  
Item 905: \$ \_\_\_\_\_      Item 910: \$ \_\_\_\_\_

BASE BID TOTAL: \$ 497,600.00

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

GRAND TOTAL: \$ 497,600.00



Division of Public Works

# ABC Bid Data

CONCORD  
81102B  
NON-FEDERAL

Item No.	Description	Unit	Quantity	PS&L		TURNSTONE CORPORATION 478 NASHUA STREET WILFORD, NH 03095-3781		INTEGRATED FACILITIES CONSTRUCTION CORP. 82 HIGH STREET MEDFORD, MA 02155	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

**Items**

901	REMODELING BATHROOMS AND CONSTRUCTING A NEW A FIRE ESCAPE	U	1.00	\$1,294,200.00	\$1,294,200.00	\$347,600.00	\$347,600.00	\$371,700.00	\$371,700.00
902	ALLOWANCE FOR UNFORSEEN CONDITIONS FOR UNIT 901	\$	150,000.00	\$1.00	\$150,000.00	\$1.00	\$150,000.00	\$1.00	\$150,000.00
<b>Totals:</b>					<b>\$1,444,200.00</b>		<b>\$497,600.00</b>		<b>\$521,700.00</b>
<b>All Totals:</b>									
<b>Totals:</b>					<b>\$1,444,200.00</b>		<b>\$497,600.00</b>		<b>\$521,700.00</b>



Division of Public Works

## PS&E Comparison

CONCORD  
81102B  
NON-FEDERAL

Item No.	Description	Unit	Quantity	A-Bidder		PS&E		A-PS&E Difference
				Unit Price	Total	Unit Price	Total	
<b>Items</b>								
901	REMODELING BATHROOMS AND CONSTRUCTING A NEW A FIRE ESCAPE	U	1.00	\$347,600.00	\$347,600.00	\$1,294,200.00	\$1,294,200.00	(\$946,600.00)
902	ALLOWANCE FOR UNFORSEEN CONDITIONS FOR UNIT 901	\$	150,000.00	\$1.00	\$150,000.00	\$1.00	\$150,000.00	\$0.00
<b>Total:</b>					\$497,600.00	\$1,444,200.00		(\$946,600.00)



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: **81102B Concord**

## Contractor Profile

Firm	<b>TURNSTONE CORPORATION</b>
Contractor ID	<b>169530</b>
Address	<b>479 NASHUA STREET MILFORD NH 03055-3705</b>
Phone	<b>(603)249-9300</b>
FAX	
E-Mail	<b>sclark@turnstonecorp.com</b>
Authorized Signature:	<i>Is/ Stacy Clark</i>

## Bid Bond

Verified

Auth Code/Check#	<b>SNH0506761087</b>
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## Receipt of Addenda

Sequence	Date	
1	05/08/2024	Yes



**Department of Administrative Services, Division  
of Public Works**

Total Bid for Award Consideration

Proposal

**\$497,600.00**

**Contract Number:** 81102B

**Bid Opening Date:** 15-May-2024

**Contract Name:** Concord

**Project Funding:** State

**Proposal For:** 169530 - TURNSTONE CORPORATION

**Items**

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
1	901	REMODELING BATHROOMS AND CONSTRUCTING A NEW A FIRE ESCAPE	U	1.000	\$347,600.00	\$347,600.00
2	902	ALLOWANCE FOR UNFORSEEN CONDITIONS FOR UNIT 901	\$	150,000.000	\$1.00	\$150,000.00

**Total for Category Items \$497,600.00**

**Total Bid for Award Consideration \$497,600.00**

## Proposal

Proposal Of

TURNSTONE CORPORATION  
479 NASHUA STREET, MILFORD NH, 03055-3705

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 15, 2024. Said project being situated as follows:

Annex 1 Life Safety ADA 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 Isl Stacy Clark

**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 June 06, 2025.

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    Isl Stacy Clark

# 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 TURNSTONE CORPORATION is a New Hampshire Profit Corporation registered to transact business in New Hampshire on April 17, 2002. 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: 403646

Certificate Number: 0006655922



IN TESTIMONY WHEREOF,  
I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 2nd day of April A.D. 2024.

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

David M. Scanlan  
Secretary of State





# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) .  
06/24/2024

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY Cross Insurance-Laonia 155 Court Street  Laonia NH 03246	PHONE (A/C, No, Ext): (603) 524-2425	COMPANY Acadia Ins Co. One Acadia Commons P.O. Box 9010 Westbrook ME 04098-5010
FAX (A/C, No): (603) 524-3666	E-MAIL ADDRESS: tracy.andriski@crossagency.com	
CODE:	SUB CODE:	
AGENCY CUSTOMER ID #: 00178165		
INSURED The State of New Hampshire - Dept of Administrative Services Turnstone Corporation 479 Nashua Street Milford NH 03055-0539	LOAN NUMBER	POLICY NUMBER CIM5597870-10
	EFFECTIVE DATE 06/24/2024	EXPIRATION DATE 06/24/2025
	CONTINUED UNTIL TERMINATED IF CHECKED <input type="checkbox"/>	
THIS REPLACES PRIOR EVIDENCE DATED:		

## PROPERTY INFORMATION

LOCATION/DESCRIPTION Annex 1 Life Safety Improvements Concord 81102B
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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 EVIDENCE OF PROPERTY INSURANCE 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.

## COVERAGE INFORMATION

PERILS INSURED  BASIC  BROAD  SPECIAL 

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Builders Risk, RC, Special Form	497,600	1,000

## REMARKS (Including Special Conditions)

Any and all subcontractors, and all others employed on the premises are included as named insureds. Waiver of subrogation applies when required by contract.

## 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.

## ADDITIONAL INTEREST

NAME AND ADDRESS  State of New Hampshire Department of Administrative Services 7 Hazen Drive Room 250 Concord NH 03302	ADDITIONAL INSURED <input type="checkbox"/>	LENDER'S LOSS PAYABLE <input type="checkbox"/>	LOSS PAYEE <input type="checkbox"/>
	MORTGAGEE <input type="checkbox"/>		
LOAN #			
AUTHORIZED REPRESENTATIVE  <i>Tracy Andriski</i>			



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/24/2024

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 Cross Insurance-Laconia 155 Court Street  Laconia NH 03246	CONTACT NAME: Tracy Andriski, CISR	FAX (A/C, No): (603) 524-3666	
	PHONE (A/C, No, Ext): (603) 524-2425	E-MAIL ADDRESS: tracy.andriski@crossagency.com	
INSURED  The State of New Hampshire - Dept of Administrative Services c/o Turnstone Corporation 479 Nashua Street Milford NH 03055-0539	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Acadia Ins Co.		31325
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES CERTIFICATE NUMBER: CL2462178373 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 YVR	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:		OCP5604763-10	06/24/2024	12/24/2025	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 - COMPROP AGG \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	AUTOMOBILE LIABILITY <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					EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE OTH-ER
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A			

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

RE: Annex 1 Life Safety Improvements Concord 81102B

<b>CERTIFICATE HOLDER</b>  State of New Hampshire Department of Administrative Services 7 Hazen Drive Room 250 Concord NH 03302	<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 <i>Tracy Andriski</i>

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POWER OF ATTORNEY  
BERKLEY INSURANCE COMPANY  
WILMINGTON, DELAWARE

KNOW ALL MEN BY THESE PRESENTS, that BERKLEY INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Delaware, having its principal office in Greenwich, CT, has made, constituted and appointed, and does by these presents make, constitute and appoint: *Sarah K. Cullen; Tracy Andriski; Mark W. Cote; Elizabeth A. Morrissette; Susan J. Mounsey Place; or Jeffrey J. Schroeder of Cross Insurance, Inc. - New Hampshire dba Cross Insurance - Laconia of Laconia, NH* its true and lawful Attorney-in-Fact, to sign its name as surety only as delineated below and to execute, seal, acknowledge and deliver any and all bonds and undertakings, with the exception of Financial Guaranty Insurance, providing that no single obligation shall exceed Fifty Million and 00/100 U.S. Dollars (U.S.\$50,000,000.00), to the same extent as if such bonds had been duly executed and acknowledged by the regularly elected officers of the Company at its principal office in their own proper persons.

This Power of Attorney shall be construed and enforced in accordance with, and governed by, the laws of the State of Delaware, without giving effect to the principles of conflicts of laws thereof. This Power of Attorney is granted pursuant to the following resolutions which were duly and validly adopted at a meeting of the Board of Directors of the Company held on January 25, 2010:

**RESOLVED**, that, with respect to the Surety business written by Berkley Surety, the Chairman of the Board, Chief Executive Officer, President or any Vice President of the Company, in conjunction with the Secretary or any Assistant Secretary are hereby authorized to execute powers of attorney authorizing and qualifying the attorney-in-fact named therein to execute bonds, undertakings, recognizances, or other suretyship obligations on behalf of the Company, and to affix the corporate seal of the Company to powers of attorney executed pursuant hereto; and said officers may remove any such attorney-in-fact and revoke any power of attorney previously granted; and further

**RESOLVED**, that such power of attorney limits the acts of those named therein to the bonds, undertakings, recognizances, or other suretyship obligations specifically named therein, and they have no authority to bind the Company except in the manner and to the extent therein stated; and further

**RESOLVED**, that such power of attorney revokes all previous powers issued on behalf of the attorney-in-fact named; and further

**RESOLVED**, that the signature of any authorized officer and the seal of the Company may be affixed by facsimile to any power of attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligation of the Company; and such signature and seal when so used shall have the same force and effect as though manually affixed. The Company may continue to use for the purposes herein stated the facsimile signature of any person or persons who shall have been such officer or officers of the Company, notwithstanding the fact that they may have ceased to be such at the time when such instruments shall be issued.

IN WITNESS WHEREOF, the Company has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 2<sup>nd</sup> day of May, 2024.



Attest:  
By Philip S. Welt  
Philip S. Welt  
Executive Vice President & Secretary

Berkley Insurance Company  
By Jeffrey M. Hafter  
Jeffrey M. Hafter  
Senior Vice President

STATE OF CONNECTICUT )  
) ss:  
COUNTY OF FAIRFIELD )

Sworn to before me, a Notary Public in the State of Connecticut, this 2<sup>nd</sup> day of May, 2024, by Philip S. Welt and Jeffrey M. Hafter who are sworn to me to be the Executive Vice President and Secretary, and the Senior Vice President, respectively, of Berkley Insurance Company.

MARIA C. RUNDBAKEN  
NOTARY PUBLIC  
CONNECTICUT

Maria C. Rundbaken  
Notary Public, State of Connecticut

MY COMMISSION EXPIRES 04-30-2029

CERTIFICATE

I, the undersigned, Assistant Secretary of BERKLEY INSURANCE COMPANY, DO HEREBY CERTIFY that the foregoing is a true, correct and complete copy of the original Power of Attorney; that said Power of Attorney has not been revoked or rescinded and that the authority of the Attorney-in-Fact set forth therein, who executed the bond or undertaking to which this Power of Attorney is attached, is in full force and effect as of this date.

Notary Public, State of Connecticut, under my hand and seal of the Company, this 24<sup>th</sup> day of June, 2024.  
Vincent P. Forte  
Vincent P. Forte



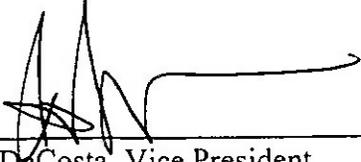
**Corporate Resolution**

I, Tony DaCosta, hereby certify that I am duly elected Clerk/Secretary/Officer of Turnstone Corporation. I hereby certify the following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on June 24<sup>th</sup>, 2024, at which a quorum of the Directors/shareholders were present and voting.

**VOTED:** That Stacy J. Clark, President (may list more than one person) is duly authorized to enter into contracts or agreements on behalf of Turnstone Corporation with the State of New Hampshire and any of 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: 6/24/24

ATTEST:   
Tony DaCosta, Vice President

Project name: Annex 1 Life Safety ADA Improvements

Project number and Contract letter: 81102B

**WORK CERTIFICATE for CONTRACTORS  
BEFORE BEGINNING THEIR WORK on PUBLIC PROJECTS**

Certification Requirements of RSA 21-I:80 and RSA 228:4-b

By New Hampshire law, before any work is done on any major state project or any work on any highway, bridge or other construction, reconstruction, alteration or maintenance project, each contractor, subcontractor and independent contractor shall complete and sign this form and provide the following documents:

1. Attach a certificate of your current workers' compensation insurance coverage, naming NH Department of Administrative Services, Contract Office, Room 130, 7 Hazen Drive, Concord, NH 03302-0483 as the certificate holder, showing coverage specific for work within the State of New Hampshire. The Project Number and Contract Letter must be included on the certificate. [Note that any person directly performing work on a project, or who is actively engaged in on-site work on any construction site, cannot elect exclusion from workers' compensation coverage under RSA 281-A:18-a.]

2. Provide below an estimate of the total number of workers anticipated to be employed on the project during the contract period, and a number of days (8-hour periods), applied to each insurance classification code applicable to the work to be performed:

<u>Number of workers</u>	<u>Days</u>	<u>Classification code &amp; description of work</u>
1	56	5606 Construction Superintendent
1-2	25	5403 Labour / Carpenter

[Attach additional sheets as necessary]

3. Provide proof of compliance with NH Department of Labor safety program requirements under RSA 281-A:64, in the following form:

A. By signing and submitting this form, you agree to provide employees with safe employment; to furnish personal protective equipment, safety appliances and safeguards; to ensure that such equipment, appliances and safeguards are used regularly; and to adopt work methods and procedures which will protect the life, health and safety of employees.

B. Do you have 15 or more employees? YES or **NO**

If yes, you shall:

1. Prepare a current Written Safety Program. This program shall be updated biennially but does not need to be filed with the Department of Labor or this document.
2. Establish and administer a Joint Loss Management Committee, composed of equal numbers of employer and employee representatives.
3. Attach a copy of a completed Safety Summary Form, which includes the names of the Joint Loss Management Committee and a summary of your written safety program, to this document. The Safety Summary Form DOES need to be filed with the NH Department of Labor, but only one time. Note: Employers who have a current (2011 or later) Safety Summary form on file with the NH Department of Labor will not be required to file again. Employers who have not filed a Safety Summary Form since 2010 or who have never filed before are subject to the requirements of the revised RSA 281-A:64, effective January 1, 2013. Note that this requirement applies to all employers, including non-resident employers. The Safety Summary Form can be downloaded from the NH Department of Labor website forms link at <http://www.nh.gov/labor/forms/safety-summary.htm>.

**By signing and submitting this form, you are providing a sworn statement that workers' compensation coverage shall remain in effect, covering each employee who is not legally excluded from coverage, for the duration of his or her anticipated work on the project. The commissioner may assess an administrative penalty of up to \$250 a day on any employer not in compliance with the Written Safety Program, and shall not be allowed to bid or work on state projects for up to 5 years. Each violation shall be subject to a separate administrative penalty. All penalties collected under this paragraph shall be deposited into the general fund.**

Signed and submitted on this date: June 24<sup>th</sup>, 2024

By this contractor, subcontractor or independent contractor:

Business Name: Turnstone Corporation

Address: 479 Nashua Street Milford, NH 03055

Telephone number: (603) 249-9800 Fax number: (603) 673-6138

Owner or Authorized Executive signature: 

Printed name and job title: Stacy J. Clark, President

This Form and all supporting documentation shall be forwarded to the address provided in Section 1 of this form.