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# State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES

25 Capitol Street – Room 310  
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

October 15, 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 Hutter Construction Corporation (VC#154783), New Ipswich, New Hampshire, for a total price not to exceed \$32,380,344 for Project No. 81296 for Youth Development Center Replacement Facility located in Hampstead, NH. The contract is effective upon Governor and Council approval through June 30, 2026, unless extended in accordance with the contract terms. **100% Federal Funds - ARPA**
- 2) Further authorize that a contingency in the amount of \$852,000 be approved for unanticipated site expenses. **100% Federal Funds - ARPA**
- 3) Further authorize the amount of \$127,000 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% Federal Funds - ARPA**

Funding is available in the following accounts:

	<u>FY 2025</u>
010-094-24650000 ARPA DHHS Fiscal Recovery Fund	
102-500731 – Contracts for Program Services	\$27,469,921
103-502664 – Contracts for Op Services	<u>\$ 4,910,413</u>
Contract Total	\$32,380,334
010-094-24650000 ARPA DHHS Fiscal Recovery Fund	
103-502664 – Contracts for Op Services – DPW Fees	\$ 127,000
103-502664 – Contracts for Op Services – Contingency	<u>\$ 852,000</u>
Project Total	\$33,359,334

### EXPLANATION

This project will construct an architecturally secure, therapeutically-oriented treatment facility for a maximum of 18 youth to replace the existing 144 bed Sununu Youth Services Center (SYSC), also known as Youth Development Center (YDC), facility. The new facility will be located on the Hampstead Hospital campus, in Hampstead. The existing YDC has been legislated to close in the coming year and the youth served by this facility must be moved to another location.

Pursuant to Chapter 2:2, I, Laws of 2023, the Department of Health and Human Services is responsible to construct a secured treatment facility to replace the Youth Development Center in Manchester. The new YDC Replacement Facility is comprised of beds for 12 youth up to 18 youth and is approximately 36,000 SF. Construction of this treatment facility is adjacent to Hampstead Hospital but is self-contained, architecturally secure, and therapeutically-oriented, as outlined in the initiating legislation. The existing facility is aging, oversized (+/-50,000 SF, 144 beds), and inefficient to staff, operate and maintain. The existing facility was also designed based on an outdated youth correctional model which is no longer accepted. The design of the new facility is based on current building codes and the American Correctional Association (ACA) Standards for Juvenile Correctional Facilities.

During the design phase, it was determined that funding was insufficient to support the initial design plans. The Department and Health and Human Services engaged in aggressive space-cutting measures to reduce costs while still ensuring safety and sufficient space for a therapeutic environment. After the pre-design phase, the estimate was more than 15,000 SF over original projections of 25,000 SF. Five rounds of team-based, careful-yet-intensive cuts ensued and reduced the overage by half. The final design included the base structure only, a building that will functionally house 18 beds, with options to include additional design components if the available funding allowed after construction bids were received.

A public bid opening was held on September 18, 2024. 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 Department negotiated the reduction of the base bid by \$514,800 through material and product substitutions. In addition, the depth of the gravel and pavement materials for the driveway and parking areas was reduced slightly while still maintaining their structural integrity.

This contract contained fifteen (15) 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 the following Alternates:

ADD Alternate #1 Remodels part of Hampstead Hospital for YDC Staff training area.

ADD Alternate #5 Completes the Crisis Unit by constructing all interior finishes.

ADD Alternate #6 Adds the gymnasium in its entirety.

ADD Alternate #9 Completes the Administrative Unit by constructing all interior finishes.

ADD Alternate #11 Adds a lift in the mechanical room.

ADD Alternate #12 Adds paving of staff parking areas.

ADD Alternate #13 Adds upgrades of the hollow metal doors.

ADD Alternate #14 Adds shades for the building.

DEDUCT Alternate #15 Deducts the Body Alarm system which has been determined to be unnecessary for this project.

Negotiated Base Bid:	\$ 29,950,773.00
Add Alternate #1:	\$ 321,309.00
Add Alternate #5:	\$ 828,592.00
Add Alternate #6:	\$ 950,781.00
Add Alternate #9:	\$ 344,570.00
Add Alternate #11:	\$ 182,970.00
Add Alternate #12:	\$ 43,335.00
Add Alternate #13:	\$ 24,081.00
Add Alternate #14:	\$ 43,335.00
Less Alternate#15:	\$ (309,412.00)
Contract Amount:	\$ 32,380,334.00

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:	\$ 25,471,357.00
Negotiated Base Bid (without Alternates):	<u>\$ 29,950,773.00</u>
Over Estimate:	\$ 4,479,416.00



Division of Public Works

# ABC Bid Data

HAMPSTEAD

81296RE

81296RE

PROJECT: HAMPSTEAD  
 STATE PROJECT NUMBER: 81296RE  
 FED. PROJECT NUMBER: 81296RE  
 DATE BIDS OPEN: September 18, 2024,  
 SCOPE OF WORK: ARPA - YDC REPLACEMENT FACILITY  
 COMPLETION DATE: June 30, 2026  
 LOCATION: Rockingham

Awarded To:

Amount: \$0.00

Award Date:

Certified by:

Director of Project Development

## Summary of Bidders

Contractor	Bid Amount	Rank
HUTTER CONSTRUCTION CORPORATION 810 TURNPIKE ROAD, NEW IPSWICH NH 03071	\$30,465,573.00	A

### BID AWARD

Award To: Hutter Construction Corporation  
 Contract Award: \$ 32,380,334.00  
 Negotiated: Yes/No?: YES  
 Alternates: Yes/No?: YES  
 Using Agency: DHHS  
 Authorized By: [Signature]  
 Date: 10042024

Item 901: \$ 24,689,208.00      Item 906: \$ \_\_\_\_\_  
 Item 902: \$ 4,341,565.00      Item 907: \$ \_\_\_\_\_  
 Item 903: \$ 500,000.00      Item 908: \$ \_\_\_\_\_  
 Item 904: \$ 240,000.00      Item 909: \$ \_\_\_\_\_  
 Item 905: \$ 180,000.00      Item 910: \$ \_\_\_\_\_

BASE BID TOTAL: \$ 29,950,773.00

Alternate #1: \$ 321,309.00      Alternate #6: \$ 43,335.00      #12  
 #5 Alternate #2: \$ 828,592.00      Alternate #7: \$ 24,081.00      #13  
 #6 Alternate #3: \$ 950,781.00      Alternate #8: \$ 43,335.00      #14  
 #9 Alternate #4: \$ 344,570.00      Alternate #9: \$ (309,412.00)      #15  
 #11 Alternate #5: \$ 182,970.00      Alternate #10: \$ \_\_\_\_\_

GRAND TOTAL: \$ 32,380,334.00



# ABC Bid Data

HAMPSTEAD

81296RE

81296RE

Item No.	Description	Unit	Quantity	P&A		HUTTER CONSTRUCTION CORPORATION 819 TURNPIKE ROAD NEW IPSWICH, NH 03871		Unit Price	Total
				Unit Price	Total	Unit Price	Total		

**Items**

901	ALL COSTS FOR YDC REPLACEMENT FACILITY BUILDING	U	1.00	\$19,372,302.00	\$19,372,302.00	\$24,964,008.00	\$24,964,008.00		
902	ALL COSTS FOR YDC REPLACEMENT FACILITY SITE	U	1.00	\$4,995,231.00	\$4,995,231.00	\$4,581,565.00	\$4,581,565.00		
903	ALLOWANCE FOR UNFORSEENS AND OWNER CHANGES	\$	500,000.00	\$1.00	\$500,000.00	\$1.00	\$500,000.00		
904	UNIT PRICE FOR COST OF 1600' OF 8" INSTALLED ALONG ROAD	LF	1,600.00	\$301.91	\$483,056.00	\$150.00	\$240,000.00		
905	UNIT PRICE FOR COST OF 1,200 LF OF 8" WATERLINE ON SITE	LF	1,200.00	\$100.64	\$120,768.00	\$150.00	\$180,000.00		
<b>Totals:</b>					<b>\$25,471,357.00</b>		<b>\$30,465,573.00</b>		

**ALTERNATES 81296RE**

**ALTERNATE 1**

981	ADD ALTERNATE 1 - ADD RENOVATION OF AREA IN HAMPSTEAD HOSPITAL	U	1.00	\$579,510.00	\$579,510.00	\$321,309.00	\$321,309.00		
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**ALTERNATE 10**

990	ADD ALTERNATE 10 - ADD DETENTION FURNITURE	U	1.00	\$329,924.00	\$329,924.00	\$323,874.00	\$323,874.00		
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**ALTERNATE 11**

991	ADD ALTERNATE 11 - ADD MECHANICAL ROOM LIFT	U	1.00	\$45,433.00	\$45,433.00	\$182,970.00	\$182,970.00		
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**ALTERNATE 12**

992	ADD ALTERNATE 12 - ADD PAVING OF STAFF PARKING AREAS	U	1.00	\$52,108.00	\$52,108.00	\$43,335.00	\$43,335.00		
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**ALTERNATE 13**

993	ADD ALTERNATE 13 - ADD UPGRADE OF HOLLOW METAL DOORS	U	1.00	\$37,420.00	\$37,420.00	\$24,081.00	\$24,081.00		
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**ALTERNATE 14**

994	ADD ALTERNATE 14 - ADD ALL SHADES	U	1.00	\$23,120.00	\$23,120.00	\$43,335.00	\$43,335.00		
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Division of Public Works

# ABC Bid Data

HAMPSTEAD

81296RE

81296RE

Item No.	Description	Unit	Quantity	P&E		HUTTER CONSTRUCTION CORPORATION 818 TURNPIKE ROAD NEW IPSWICH, NH 03871		Unit Price	Total
				Unit Price	Total	Unit Price	Total		
<b>ALTERNATE 15</b>									
995	DEDUCT ALTERNATE 15 - DEDUCT PERSONAL DURESS SYSTEM	U	1.00	(\$300,000.00)	(\$300,000.00)	(\$309,412.00)	(\$309,412.00)		
<b>ALTERNATE 2</b>									
982	ADD ALTERNATE 2 - ADD ENCLOSED CONNECTOR BETWEEN HH AND YDC	U	1.00	\$867,502.00	\$867,502.00	\$864,834.00	\$864,834.00		
<b>ALTERNATE 3</b>									
983	ADD ALTERNATE 3 - ADD ENCLOSED VEHICULAR SALLYPORT	U	1.00	\$580,721.00	\$580,721.00	\$476,898.00	\$476,898.00		
<b>ALTERNATE 4</b>									
984	ADD ALTERNATE 4 - ADD FULL BUILD-OUT OF ORIENTATION UNIT	U	1.00	\$974,321.00	\$974,321.00	\$972,529.00	\$972,529.00		
<b>ALTERNATE 5</b>									
985	ADD ALTERNATE 5 - ADD FULL BUILD-OUT OF CRISIS STABILIZATION UNIT	U	1.00	\$748,293.00	\$748,293.00	\$828,592.00	\$828,592.00		
<b>ALTERNATE 6</b>									
986	ADD ALTERNATE 6 - ADD GYMNASIUM	U	1.00	\$1,467,185.00	\$1,467,185.00	\$950,781.00	\$950,781.00		
<b>ALTERNATE 7</b>									
987	ADD ALTERNATE 7 - ADD AMPHITHEATER, BB COURT, FENCE, ETC.	U	1.00	\$1,221,410.00	\$1,221,410.00	\$497,714.00	\$497,714.00		
<b>ALTERNATE 8</b>									
988	ADD ALTERNATE 8 - ADD FULL BUILD-OUT OF EDUCATION UNIT	U	1.00	\$986,598.00	\$986,598.00	\$693,499.00	\$693,499.00		
<b>ALTERNATE 9</b>									
989	ADD ALTERNATE 9 - ADD FULL BUILD-OUT OF ADMIN UNIT	U	1.00	\$437,195.00	\$437,195.00	\$344,570.00	\$344,570.00		

# ABC Bid Data



Division of Public Works

HAMPSTEAD

81296RE

81296RE

Item No.	Description	Unit	Quantity	PS&E		HUTTER CONSTRUCTION CORPORATION 819 TURNPIKE ROAD NEW SPENWICH, NH 03071			
				Unit Price	Total	Unit Price	Total	Unit Price	Total
Alt. Totals:									
Totals:					\$25,471,357.00		\$30,465,573.00		



# PS&E Comparison

HAMPSTEAD  
81296RE  
81296RE

Item No.	Description	Unit	Quantity	A-Bidder		PS&E		A-PS&E Difference
				Unit Price	Total	Unit Price	Total	
<b>Items</b>								
901	ALL COSTS FOR YDC REPLACEMENT FACILITY BUILDING	U	1.00	\$24,964,008.00	\$24,964,008.00	\$19,372,302.00	\$19,372,302.00	\$5,591,706.00
902	ALL COSTS FOR YDC REPLACEMENT FACILITY SITE	U	1.00	\$4,581,565.00	\$4,581,565.00	\$4,995,231.00	\$4,995,231.00	(\$413,666.00)
903	ALLOWANCE FOR UNFORSEENS AND OWNER CHANGES	\$	500,000.00	\$1.00	\$500,000.00	\$1.00	\$500,000.00	\$0.00
904	UNIT PRICE FOR COST OF 1600' OF 8" INSTALLED ALONG ROAD	LF	1,600.00	\$150.00	\$240,000.00	\$301.91	\$483,056.00	(\$243,056.00)
905	UNIT PRICE FOR COST OF 1,200 LF OF 8" WATERLINE ON SITE	LF	1,200.00	\$150.00	\$180,000.00	\$100.64	\$120,768.00	\$59,232.00

## ALTERNATES 81296RE

### ALTERNATE 1

981	ADD ALTERNATE 1 - ADD RENOVATION OF AREA IN HAMPSTEAD HOSPITAL	U	1.00	\$321,309.00	\$321,309.00	\$579,510.00	\$579,510.00	(\$258,201.00)
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### ALTERNATE 10

990	ADD ALTERNATE 10 - ADD DETENTION FURNITURE	U	1.00	\$323,874.00	\$323,874.00	\$329,924.00	\$329,924.00	(\$6,050.00)
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### ALTERNATE 11

991	ADD ALTERNATE 11 - ADD MECHANICAL ROOM LIFT	U	1.00	\$182,970.00	\$182,970.00	\$45,433.00	\$45,433.00	\$137,537.00
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### ALTERNATE 12



# PS&E Comparison

HAMPSTEAD

81296RE

81296RE

Item No.	Description	Unit	Quantity	A-Bidder		PS&E		A-PS&E Difference
				Unit Price	Total	Unit Price	Total	
992	ADD ALTERNATE 12 - ADD PAVING OF STAFF PARKING AREAS	U	1.00	\$43,335.00	\$43,335.00	\$52,108.00	\$52,108.00	(\$8,773.00)
<b>ALTERNATE 13</b>								
993	ADD ALTERNATE 13 - ADD UPGRADE OF HOLLOW METAL DOORS	U	1.00	\$24,081.00	\$24,081.00	\$37,420.00	\$37,420.00	(\$13,339.00)
<b>ALTERNATE 14</b>								
994	ADD ALTERNATE 14 - ADD ALL SHADES	U	1.00	\$43,335.00	\$43,335.00	\$23,120.00	\$23,120.00	\$20,215.00
<b>ALTERNATE 15</b>								
995	DEDUCT ALTERNATE 15 - DEDUCT PERSONAL DURESS SYSTEM	U	1.00	(\$309,412.00)	(\$309,412.00)	(\$300,000.00)	(\$300,000.00)	(\$9,412.00)
<b>ALTERNATE 2</b>								
982	ADD ALTERNATE 2 - ADD ENCLOSED CONNECTOR BETWEEN HH AND YDC	U	1.00	\$864,834.00	\$864,834.00	\$867,502.00	\$867,502.00	(\$2,668.00)
<b>ALTERNATE 3</b>								
983	ADD ALTERNATE 3 - ADD ENCLOSED VEHICULAR SALLYPORT	U	1.00	\$476,898.00	\$476,898.00	\$580,721.00	\$580,721.00	(\$103,823.00)
<b>ALTERNATE 4</b>								
984	ADD ALTERNATE 4 - ADD FULL BUILD-OUT OF ORIENTATION UNIT	U	1.00	\$972,529.00	\$972,529.00	\$974,321.00	\$974,321.00	(\$1,792.00)
<b>ALTERNATE 5</b>								



Division of Public Works

# PS&E Comparison

HAMPSTEAD

81296RE

81296RE

Item No.	Description	Unit	Quantity	A-Bidder		PS&E		A-PS&E Difference
				Unit Price	Total	Unit Price	Total	
985	ADD ALTERNATE 5 - ADD FULL BUILD-OUT OF CRISIS STABLIZATION UNIT	U	1.00	\$828,592.00	\$828,592.00	\$748,293.00	\$748,293.00	\$80,299.00
<b>ALTERNATE 6</b>								
986	ADD ALTERNATE 6 - ADD GYMNASIUM	U	1.00	\$950,781.00	\$950,781.00	\$1,467,185.00	\$1,467,185.00	(\$516.404 00)
<b>ALTERNATE 7</b>								
987	ADD ALTERNATE 7 - ADD AMPHITHEATER, BB COURT, FENCE, ETC.	U	1.00	\$497,714.00	\$497,714.00	\$1,221,410.00	\$1,221,410.00	(\$723,696.00)
<b>ALTERNATE 8</b>								
988	ADD ALTERNATE 8 - ADD FULL BUILD-OUT OF EDUCATION UNIT	U	1.00	\$693,499.00	\$693,499.00	\$986,598.00	\$986,598.00	(\$293,099.00)
<b>ALTERNATE 9</b>								
989	ADD ALTERNATE 9 - ADD FULL BUILD-OUT OF ADMIN UNIT	U	1.00	\$344,570.00	\$344,570.00	\$437,195.00	\$437,195.00	(\$92,625.00)
<b>Total:</b>					<b>\$30,465,573.00</b>		<b>\$25,471,357.00</b>	<b>\$4,994,216.00</b>



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.

Federal Contract Number: 81296RE HAMPSTEAD

## Contractor Profile

Firm	HUTTER CONSTRUCTION CORPORATION
Contractor ID	154783
Address	810 TURNPIKE ROAD NEW IPSWICH NH 03071
Phone	(603)878-2300
FAX	
E-Mail	straffie@hutterconstruction.com
Authorized Signature:	<i>Is/ Lars Traffie</i>

## Bid Bond

Verified

Auth Code/Check#	SNH0829530043
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## Receipt of Addenda

Sequence	Date	
1	08/20/2024	Yes
3	09/06/2024	Yes
2	09/06/2024	Yes
4	09/13/2024	Yes



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

Total Bid for Award Consideration

Proposal

**\$30,465,573.00**

**Contract Number:** 81296RE

**Bid Opening Date:** 18-Sep-2024

**Contract Name:** HAMPSTEAD

**Project Funding:**

Federal

**Proposal For:** 154783 - HUTTER CONSTRUCTION CORPORATION

**Items**

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
1	901	ALL COSTS FOR YDC REPLACEMENT FACILITY BUILDING	U	1.000	\$24,964,008.00	\$24,964,008.00
2	902	ALL COSTS FOR YDC REPLACEMENT FACILITY SITE	U	1.000	\$4,581,565.00	\$4,581,565.00
3	903	ALLOWANCE FOR UNFORSEENS AND OWNER CHANGES	\$	500,000.000	\$1.00	\$500,000.00
4	904	UNIT PRICE FOR COST OF 1600' OF 8" INSTALLED ALONG ROAD	LF	1,600.000	\$150.00	\$240,000.00
5	905	UNIT PRICE FOR COST OF 1,200 LF OF 8" WATERLINE ON SITE	LF	1,200.000	\$150.00	\$180,000.00
<b>Total for Category Items</b>						<b>\$30,465,573.00</b>

**ALTERNATES 81296RE**

**ALTERNATE 1**

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
6	981	ADD ALTERNATE 1 - ADD RENOVATION OF AREA IN HAMPSTEAD HOSPITAL	U	1.000	\$321,309.00	\$321,309.00
<b>Total for Category ALTERNATE 1</b>						<b>\$321,309.00</b>

**ALTERNATES 81296RE**

**ALTERNATE 2**

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
7	982	ADD ALTERNATE 2 - ADD ENCLOSED CONNECTOR BETWEEN MH AND YDC	U	1.000	\$864,834.00	\$864,834.00

**Total for Category ALTERNATE 2**

**\$864,834.00**

**ALTERNATES 81296RE**

**ALTERNATE 3**

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
8	983	ADD ALTERNATE 3 - ADD ENCLOSED VEHICULAR SALLYPORT	U	1.000	\$476,898.00	\$476,898.00

**Total for Category ALTERNATE 3**

**\$476,898.00**

**ALTERNATES 81296RE**

**ALTERNATE 4**

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
9	984	ADD ALTERNATE 4 - ADD FULL BUILD-OUT OF ORIENTATION UNIT	U	1.000	\$972,529.00	\$972,529.00

**Total for Category ALTERNATE 4**

**\$972,529.00**

**ALTERNATES 81296RE**

**ALTERNATE 5**

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
10	985	ADD ALTERNATE 5 - ADD FULL BUILD-OUT OF CRISIS STABILIZATION UNIT	U	1.000	\$828,592.00	\$828,592.00

**Total for Category ALTERNATE 5**

**\$828,592.00**

**ALTERNATES 81296RE**

**ALTERNATE 6**

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
11	986	ADD ALTERNATE 6 - ADD GYMNASIUM	U	1.000	\$950,781.00	\$950,781.00

Total for Category ALTERNATE 6

\$950,781.00

**ALTERNATES 81296RE**

**ALTERNATE 7**

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
12	987	ADD ALTERNATE 7 - ADD AMPHITHEATER, BB COURT, FENCE, ETC.	U	1.000	\$497,714.00	\$497,714.00

Total for Category ALTERNATE 7

\$497,714.00

**ALTERNATES 81296RE**

**ALTERNATE 8**

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
13	988	ADD ALTERNATE 8 - ADD FULL BUILD-OUT OF EDUCATION UNIT	U	1.000	\$693,499.00	\$693,499.00

Total for Category ALTERNATE 8

\$693,499.00

**ALTERNATES 81296RE**

**ALTERNATE 9**

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
14	989	ADD ALTERNATE 9 - ADD FULL BUILD-OUT OF ADMIN UNIT	U	1.000	\$344,570.00	\$344,570.00

Total for Category ALTERNATE 9

\$344,570.00

**ALTERNATES 81296RE**

**ALTERNATE 10**

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
15	990	ADD ALTERNATE 10 - ADD DETENTION FURNITURE	U	1.000	\$323,874.00	\$323,874.00

Total for Category ALTERNATE 10

\$323,874.00

**ALTERNATES 81296RE**

**ALTERNATE 11**

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
16	991	ADD ALTERNATE 11 - ADD MECHANICAL ROOM LIFT	U	1.000	\$182,970.00	\$182,970.00

**Total for Category ALTERNATE 11**

**\$182,970.00**

**ALTERNATES 81296RE**

**ALTERNATE 12**

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
17	992	ADD ALTERNATE 12 - ADD PAVING OF STAFF PARKING AREAS	U	1.000	\$43,335.00	\$43,335.00

**Total for Category ALTERNATE 12**

**\$43,335.00**

**ALTERNATES 81296RE**

**ALTERNATE 13**

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
18	993	ADD ALTERNATE 13 - ADD UPGRADE OF HOLLOW METAL DOORS	U	1.000	\$24,081.00	\$24,081.00

**Total for Category ALTERNATE 13**

**\$24,081.00**

**ALTERNATES 81296RE**

**ALTERNATE 14**

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
19	994	ADD ALTERNATE 14 - ADD ALL SHADES	U	1.000	\$43,335.00	\$43,335.00

**Total for Category ALTERNATE 14**

**\$43,335.00**

**ALTERNATES 81296RE**

**ALTERNATE 15**

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
20	995	DEDUCT ALTERNATE 15 - DEDUCT PERSONAL DURESS SYSTEM	U	1.000	(\$309,412.00)	(\$309,412.00)

**Total for Category ALTERNATE 15 (\$309,412.00)**

**Total Bid for Award Consideration \$30,465,573.00**

# Proposal

Proposal Of

HUTTER CONSTRUCTION CORPORATION  
810 TURNPIKE ROAD, NEW IPSWICH NH, 03071

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, September 18, 2024. Said project being situated as follows:

ARPA - YDC REPLACEMENT FACILITY

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/ Lars Traffie

## SIGN-FED

It is further proposed:

To execute the Contract and begin work within 10 days from the date specified in the "Notice to Proceed" and to prosecute said work so as to complete the Project and its appurtenances on or before June 30, 2026.

To furnish a Contract Bond in the amount of 100 per cent of the Contract award, as security for the construction and completion of the Project and its appurtenances in accordance with the Plans, Specifications and Contract. The Contractor's attention is called to section 103.05 of the Standard Specifications which reads, in part, as follows: "Unless specifically waived in the Proposal, upon execution of the Contract, the successful Bidder shall furnish the Department a surety bond or bonds equal to the sum of the Contract amount. The form of the bonds(s) shall be acceptable to the Department and the bonding Company issuing the bond(s) shall be licensed to transact business in the State of New Hampshire, and ..."

To certify that the Bidder, in accordance with the requirements of 103.06 and 108.01, intends to sublet, assign, sell, transfer or otherwise dispose of one or more portions of the work and (1) has contacted the appropriate listed disadvantaged businesses and afforded such disadvantaged businesses equal consideration with non-disadvantaged business for all work the Bidder currently proposes to sublet, assign, sell, transfer or otherwise dispose of, (2) may contact additional appropriate disadvantage businesses and will afford such businesses equal consideration with non-disadvantaged businesses for all work the Bidder in the future proposes to sublet, assign, sell, transfer or otherwise dispose of, and (3) will complete enclosed "DISADVANTAGED BUSINESS ENTERPRISE COMMITMENT FORM" and Letters of Intent for each disadvantaged business. The name of the person in the Bidder's organization who has been designated as the liaison officer to administer the disadvantaged business enterprise program is:

### HUTTER CONSTRUCTION CORPORATION

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/ Lars Traffie

## Debarment, Suspension, and Others

### Certification Regarding Debarment, Suspension, and Other Responsibility Matters - Primary Covered Transactions.

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

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

Yes  No

Signature Isl Lars Traffie

## Contract Affidavit

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

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

Yes  No

Signature  /s/ Lars Traffie

# 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 HUTTER CONSTRUCTION CORPORATION is a New Hampshire Profit Corporation registered to transact business in New Hampshire on July 13, 1973. 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: 10949

Certificate Number: 0006790914



IN TESTIMONY WHEREOF,  
I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 10th day of October A.D. 2024.

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

David M. Scanlan  
Secretary of State

**Corporate Resolution**

I, **Betsy Brochu** \_\_\_\_\_, hereby certify that I am duly elected Clerk/Secretary/Officer  
(Name)  
of **Hutter Construction Corporation**. 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 September 24, 2012 \_\_\_\_,  
at which a quorum of the Directors/shareholders were present and voting.

**VOTED:** That **Lars A. Traffie** \_\_\_\_\_ (may list more than one person) is  
(Name and Title)

duly authorized to enter into contracts or agreements on behalf of

**Hutter Construction Corporation** 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: 10/7/24 \_\_\_\_\_

ATTEST: Betsy Brochu \_\_\_\_\_

(Name & Title)

Betsy Brochu, Corporate Secretary  
Hutter Construction Corporation



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/8/2024

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 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> THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	<b>CONTACT NAME:</b> Jennifer Letendre <b>PHONE (A/C, No, Ext):</b> (603) 224-2562		<b>FAX (A/C, No):</b> (603) 224-8012
	<b>E-MAIL ADDRESS:</b> jletendre@rowleyagency.com		
<b>INSURED</b> Hutter Construction Corporation 810 Turnpike Road, Rte 124 P.O. Box 257 New Ipswich NH 03071	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A: Firemen's Ins Co of Wash. DC		21784
	INSURER B: Acadia Insurance Company		31325
	INSURER C: Allied World National Assurance Co		10690
	INSURER D:		
	INSURER E:		
INSURER F:			

**COVERAGES** CERTIFICATE NUMBER: 24/25 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 INSR	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 <input checked="" type="checkbox"/> 0 Deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			CPA0297985-25	7/1/2024	7/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CAA0297988-26	7/1/2024	7/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<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 checked="" type="checkbox"/> RETENTION \$ 0			CJA5485451-13	7/1/2024	7/1/2025	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 Products/completed ops AGG \$ 15,000,000
A	<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	Y/N Y	N/A	Section 3A States: NH, MA, ME, PA, RI, BC, VT WPA0282876-26 Excluded: Al Traffic	7/1/2024	7/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	<b>Pollution/professional</b> Clms made/combined AGG: 2 MILL			0313-4695 RETRO: 1/01/1973	7/10/2024	7/10/2025	Professional Liability (25K DED): \$2,000,000 Pollution Liability (25K DED): \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
RE: Hampstead 81296RE - ARPA YDC Replacement Facility, Hampstead NH. The State of NH, its agencies, and its agents and employees are additional insureds, on a primary & noncontributory basis w/respects to general liability, auto and umbrella policies per policy forms and conditions and when required by written contract. Waiver of Subrogation applies with respects to general liability, auto and umbrella policies when required by written contract.

<b>CERTIFICATE HOLDER</b>  State of New Hampshire C/O Dept 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.
	<b>AUTHORIZED REPRESENTATIVE</b>  Robert Simpson/JLP <i>RS</i>



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
10/11/2024

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

<b>PRODUCER</b> THE ROWLEY AGENCY 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	<b>CONTACT NAME:</b> Jennifer Letendre	
	<b>PHONE (A/C, No, Ext):</b> (603) 224-2562	<b>FAX (A/C, No):</b> (603) 224-8012
<b>E-MAIL ADDRESS:</b> jletendre@rowleyagency.com		
<b>PRODUCER CUSTOMER ID:</b> 00004300		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Acadia Insurance Company		313251
<b>INSURER B:</b>		
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES**                      **CERTIFICATE NUMBER:** BR YDC Hampst/NH                      **REVISION NUMBER:**

**LOCATION OF PREMISES / DESCRIPTION OF PROPERTY** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 New Youth Development Facility (YDC) Building located 218 East Road, Hampstead, NH 03841.  
 State of NH Project Description: Hampstead 81296RE - ARPA YDC Replacement Facility, Hampstead 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
	<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 <b>Builders Risk</b> POLICY NUMBER CIM5612162	10/30/2024 \$25,000 Deductible	10/30/2026 0 coins	<input checked="" type="checkbox"/> Jobsite - New Construction <input checked="" type="checkbox"/> Soft Costs & Adtl constr costs <input checked="" type="checkbox"/> Transit <input checked="" type="checkbox"/> Temporary Storage	\$ 32,380,334 \$ 1,000,000 \$ 1,000,000 \$ 1,000,000
	<input type="checkbox"/> CRIME <input type="checkbox"/> TYPE OF POLICY					
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					
A	<input type="checkbox"/> Equipment Breakdown & Testing Included <input checked="" type="checkbox"/> waiver of subrogation included	5% Escalation clause/\$50K Max			<input checked="" type="checkbox"/> Earth Movement/\$25,000 DED <input checked="" type="checkbox"/> Flood (\$25,000 DED)	\$ 5,000,000 \$ 5,000,000

**SPECIAL CONDITIONS / OTHER COVERAGES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 The State of NH is included as a named insured on this builders risk policy

<b>CERTIFICATE HOLDER</b>  State of New Hampshire C/O Dept 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  Rhonda Noble/RIN <i>Rhonda L. Noble</i>
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/11/2024

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 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> THE ROWLEY AGENCY 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	<b>CONTACT NAME:</b> Jennifer Letendre <b>PHONE (A/C No. Ext):</b> (603) 224-2562 <b>FAX (A/C No.):</b> (603) 224-8012 <b>E-MAIL ADDRESS:</b> jletendre@rowleyagency.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Acadia Insurance Company NAIC # 313251	
<b>INSURED</b> The State of New Hampshire C/O Dept of Admin Services 7 Hazen Dr, Room 250 Concord NH 03302	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	
	<b>INSURER G:</b>	

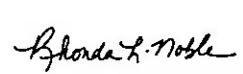
**COVERAGES**      **CERTIFICATE NUMBER:** 24-26 OCP/YDC      **REVISION NUMBER:**

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 INSR	SUBR Y/N	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 <input checked="" type="checkbox"/> Owners Contractors <input type="checkbox"/> Protective (OCP) GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			OCP5617469-10	10/30/2024	8/1/2026	EACH OCCURRENCE	\$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea. accident)	\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
	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				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)  
 OCP for Hampstead 81296RE - ARPA YDC Replacement Facility, Hampstead NH.  
 Designated Contractor: Hutter Construction Corp.

**CERTIFICATE HOLDER****CANCELLATION**

State of New Hampshire C/O Dept of Administrative Services 7 Hazen Drive, Room 250 Concord, NH 03302	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE Rhonda Noble/RLN 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/14/2024

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 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> THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	<b>CONTACT NAME:</b> Jennifer Letendre <b>PHONE (A/C, No, Ext):</b> (603) 224-2562 <b>FAX (A/C, No):</b> (603) 224-8012 <b>E-MAIL ADDRESS:</b> jletendre@rowleyagency.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Hutter Construction Corporation 810 Turnpike Road, Rte 124 P.O. Box 257 New Ipswich NH 03071	<b>INSURER A:</b> Firemen's Ins Co of Wash. DC <b>NAIC #</b> 21784	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 24/25

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
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$- \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<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	Y/N	N/A	Section 3A States: NH, MA, ME, PA, RI, SC, VT WPA0282876-26 Excluded: All Traffic	7/1/2024	7/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input 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)

RE: Hamstead project#81296RE - new YDC Replacement Facility at 218 East Rd, Hampstead NH

**CERTIFICATE HOLDER****CANCELLATION**

State of New Hampshire Dept of Administrative Services Contract Office Room 130 7 Hazen Drive Concord, NH 03302-0483	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b>  Robert Simpson/JLP
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