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# State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES  
25 Capitol Street  
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

November 5, 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 **Sole Source** amendment to an existing contract with Turnstone Corporation (VC#169530), Milford, New Hampshire, by increasing the price limitation by \$2,000,000 from \$13,004,320 for a total price not to exceed \$15,004,320 for Project Number 81084, Contract D, REBID-ARPA-State House Annex Renovations, Concord, New Hampshire with no change to the contract completion date of April 30, 2025, effective upon Governor and Council Approval. The original contract was approved by Governor and Council on February 21, 2024, Item #185. **100% Federal Funds.**
- 2) Further authorize that a contingency in the amount of \$820,000 be approved for unanticipated site expenses for the State House Annex Renovations, bringing the total to \$15,824,320. **100% Federal Funds.**

Funding is available in account titled Department of Administrative Services as follows:

	<u>FY 2025</u>
01-14-14-141510-26640000 ARP DEFERRED MAINT AT STATE	
Activity Number: 00FRF602GS1401A	
048-500226 – Contractual Maintenance - Construction	\$ 2,000,000
048-500226 – Contractual Maintenance – Contingency	<u>820,000</u>
<b>Total</b>	<b>\$ 2,820,000</b>

## EXPLANATION

This contract amendment is listed as a **Sole Source** because it is amending the scope of services and the increase in the original contract price limitation is greater than 10%. Pursuant to

Chapter 146:1, II, B, 4, Laws of 2019, and Chapter 107:1, I, D, 11, Laws of 2021, funds are available for the renovation of the State House Annex in Concord. This contract is for the partial renovation of the existing office building, including the demolition and installation of new mechanical, plumbing and electrical systems, partitions, doors, and finishes. Renovations will be made to all four floors and the basement in the area of the building facing Capitol Street (core area), as well as the West wing of the fourth floor. The work also includes abatement of hazardous materials found in the areas to be renovated.

The work of this contract amendment increases the scope of the current contract for the State House Annex Renovations. This contract amendment will include the complete renovation of the east wing of the fourth floor as noted on the original contract drawings as Alternate #4. This work was originally bid with the current contract as an Alternate Bid Item (Alternate) but was not accepted at the time of signing of that contract. 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.

This scope of work is part of an ongoing phased approach to the complete renovation and updating of this important State building. This amendment will remove numerous interior walls so that the space can be opened up, providing flexibility in the layout of office cubicles. There will be several enclosed offices included in the renovations in addition to the open office space that is created. The outdated data, electrical and HVAC infrastructure will be removed and replaced with new water source heat pumps, new lighting and power circuits and outlets, new data/communications cabling. New finishes will be provided throughout the space.

Future phases will complete the renovation of the building, including the remaining wings of the basement and the first through third floors.

The contractor has been pre-qualified by the Department of Transportation. The contract has been approved by the Attorney General as to form and execution; and the Department of Administrative Services has certified that the necessary funds are available. Copies of the fully executed contract are on file at the Secretary of State's Office and the Department of Administrative Services, Division of Public Works Design and Construction.

Respectfully submitted,



Charles M. Arlinghaus,  
Commissioner

Original Contract:	\$ 13,004,320
Contract Increase:	<u>\$ 2,000,000</u>
Total:	\$ 15,004,320

**AMENDMENT TO 81084R Contract D, Rebid ARPA State House Annex Renovations**

This AMENDMENT TO THE CONTRACT ("Amendment") is entered into this 31<sup>st</sup> day of October, 2024, by and between the State of New Hampshire, acting by and through the Commissioner, Department of Administrative Services (hereinafter "State," "Commissioner," "Department" respectively) and Turnstone Corporation. (hereinafter "Contractor") (the State and the Contractor may hereinafter singularly and/or collectively be referred to as "Party" or "Parties").

WHEREAS, in November 2023, the State received competitive bids on Project 81084R Contract D ("Project 81084R-D), which called for the partial renovation of the existing office building, including the demolition and installation of new mechanical, plumbing and electrical systems, partitions, doors and finishes. Renovations were to be made to all four floors and the basement in the area of the building facing Capitol Street (core area), as well as, the West wing of the fourth floor. The work also includes abatement of hazardous materials found in the areas to be renovated. One (1) bid proposal was received and the contract was awarded to the lowest qualified bidder

WHEREAS, on December 7, 2023, pursuant to the approval of the New Hampshire Governor and Council, the Parties entered into a contract for the ARPA State House Annex Renovations, Project 81084R, Contract D ("Contract").

WHEREAS, on February 21, 2024, New Hampshire Governor and Council approved the Contract (Item # 185).

WHEREAS, the original not-to-exceed amount of \$13,004,320 has been amended per the terms of the contract to a not-to-exceed amount of \$15,004,320.

WHEREAS, the Contractor has been hired to work on the State House Annex renovations for the State under the Contract, the total fees of which have reached the not-to-exceed amount of \$15,004,320.

WHEREAS, on October 18, 2024, the Department of Administrative Services ("DAS"), the Using Agency, received Coronavirus Aid, Relief, and Economic Security (CARES) Act Provider Relief funds, which are stimulus funds to cover the costs to prevent, prepare for, and respond to coronavirus. These funds may be used for purpose of deferred maintenance related to the State House and Annex buildings. This is an allowable use of ARPA SFRF under Section 602 (c)(1)(C) for the provision of governmental services and 602(c) (1)(A) to respond to the public health emergency or its negative economic impacts.

WHEREAS, in light of available federal funds, DAS desires to make additional improvements to the State Annex Building in Concord, including but not limited to the complete renovation of the east wing of the fourth floor, removal of numerous interior walls, providing flexibility in the layout of space, the removal of outdated data, electrical and HVAC infrastructure to be replaced with new water source heat pumps, lighting, power circuits and outlets, and new data/communications cabling called for in Project 81084R-D.

**WHEREAS, the Contractor is currently mobilized at the State Annex Building in Concord completing work under the Contract.**

**WHEREAS, the Parties desire for these additional improvements to be completed by the Contractor.**

**NOW THEREFORE, the Parties mutually agree to amend Contract as follows:**

- 1. The scope of Work under the Contract shall be increased to include the "Renovations" as set forth herein. These Renovations include:
  - a. All demolition and new construction for Alternate #4 detailed on the following drawings of the 81084\_D Contract Documents: 1S3.0, 1AD104.1, 1AD105, 1AD110.1, 1A104.1, 1A105, 1A110.1, A301, A302, A304, A804, 1ID.5C.1, 1FP104.1, 1EP104.2, 1EP105, 1EL204.1, 1SS304.2, 1SS305.1, dated November 14, 2023. Material and work shall also comply with all requirements of the Contract Documents and Addendums issued for this Contract.****
- 2. The Contractor agrees to receive, and the State agrees to pay, as full compensation for the State Annex Renovations, the prices set forth in Alteration Order #1 dated October 31 2024 attached hereto as Exhibit A, totaling the sum of two million dollars (\$ 2,000,000).**
- 3. The following documents shall be considered Drawings:
  - a. 1S3.0, 1AD104.1, 1AD105, 1AD110.1, 1A104.1, 1A105, 1A110.1, A301, A302, A304, A804, 1ID.5C.1, 1FP104.1, 1EP104.2, 1EP105, 1EL204.1, 1SS304.2, 1SS305.1, dated November 14, 2023.****
- 4. The Drawings included in this Amendment shall be collectively referred to as "81084R-D Documents." The 81084R-D Documents are attached hereto as Exhibit B and incorporated by reference.**
- 5. The Contractor agrees to perform the Renovations in accordance with all terms of this Amendment and the Contract, including any Specifications and Drawings under this Amendment or the Contract.**
- 6. Contractor covenants and agrees that the materials shall be furnished and delivered and all labor under this Amendment shall be performed in every respect to the satisfaction and approval of the Commissioner on or before: April 30, 2025.**
- 7. This Amendment and the Drawings attached hereto shall constitute Contract Documents as defined in Part 1 of Document 00708 to the Contract.**
- 8. This Amendment is subject to the continuing availability of federal funds and is governed by Section 19.2 of Document 00708 to the Contract.**

9. **Except to the extent specifically set forth herein, this Amendment does not alter the terms of the Contract. All terms of the Contract remain in full force and effect.**
10. **Capitalized terms used herein and not otherwise defined herein shall have the meanings assigned to them in the Contract.**
11. **This Amendment and all obligations of the Parties are contingent upon appropriate State approval.**

IN WITNESS WHEREOF, the Parties hereto have set their hands the date first-written above.

**CONTRACTOR:  
TURNSTONE CORPORATION**

DATED: 10/31/2024

BY:   
Name: Stacy J. Clark  
Title: President

**STATE OF NEW HAMPSHIRE  
DEPARTMENT OF ADMINISTRATIVE SERVICES:**

DATED: 10/31/24

BY:   
Name: Charlie M. Arlinghaus  
Title: Commissioner

**THE STATE OF NEW HAMPSHIRE  
DEPARTMENT OF ADMINISTRATIVE SERVICES:**

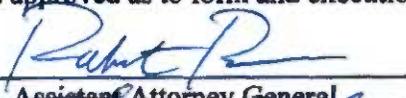
DATED: 10/31/24

BY:   
Name: Charlie M. Arlinghaus  
Title: Commissioner

**ATTORNEY GENERAL:**

This is to certify that the above contract Increase has been reviewed by this office And is approved as to form and execution.

DATED: 11/6/2024

BY:   
Assistant Attorney General

**SECRETARY OF STATE:**

This is to certify that the Governor and Council approved this contract agreement/ Amendment.

DATED: \_\_\_\_\_

BY: \_\_\_\_\_  
Secretary of State



















































STATE OF NEW HAMPSHIRE  
DEPARTMENT OF ADMINISTRATIVE SERVICES  
DIVISION OF PUBLIC WORKS DESIGN & CONSTRUCTION

CHARLES M. ARLINGHAUS  
COMMISSIONER

October 31, 2024

Turnstone Corporation  
479 Nashua Street  
Milford, NH 03055

RE: REBID - ARPA -State House Annex Renovations  
Concord NH  
Bureau of Public Works' Project No. 81084, Contract D

To Whom It May Concern:

Attached please find the proposed Alteration Order No. 1 regarding the above-referenced project.

If this meets with your approval, please sign and return. We will then countersign and return a fully executed copy to you. If you have any questions or concerns, please notify us immediately at 603-271-3516, or via fax at 603-271-3515.

Very truly yours,

Theodore Kupper, P.E.  
Administrator  
Division of Public Works Design & Construction  
603-271-3516

TK / ho

Enclosures

cc: Keith Hemingway, Division of Public Works Design & Construction

**PLEASE RETURN TO PUBLIC WORKS DESIGN & CONSTRUCTION. THANK YOU.**

**THE STATE OF NEW HAMPSHIRE  
DEPARTMENT OF ADMINISTRATIVE SERVICES  
DIVISION OF PUBLIC WORKS DESIGN & CONSTRUCTION**

<b>PROJECT NO.</b> 81084	<b>ALTERATION ORDER NO.</b>	1
Contract D	<b>APPROPRIATION ACCOUNT NO.</b>	010-014-70490000-048-5002
	<b>CONTRACT NO.</b>	1098031-2&3
<b>Date</b> 10/31/24	<b>CONTINGENCY NO.</b>	1098031-1
<b>Vendor No.</b> 169530 B001		

TO: Turnstone Corporation, 479 Nashua Street, Milford NH 03055

In Connection With Your Contract Dated 2/21/2024 For REBID - ARPA -State House Annex Renovations, Concord, NH

You are authorized to make the following changes in the Contract:

- |   |  |                |
|---|--|----------------|
| 1 | increase contract by \$1,587,098.00 for work associated with Change Order #5.  | \$1,587,098.00 |
| 2 | Create allowance #2 for \$412,902.00 for addressing unforeseen conditions associated with, but not limited to, hazardous material abatement and existing utility routing issues. | \$412,902.00   |
| 3 | New contract amount \$15,004,320.00  |                |

All other terms and conditions of the Contract remain the same.

\$2,000,000.00

ACCEPTED BY:      Date: \_\_\_\_\_

APPROVED BY:

\_\_\_\_\_  
Turnstone Corporation

\_\_\_\_\_  
Theodore Kupper, P.E.  
Administrator  
Division of Public Works Design & Construction



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/04/2023

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Cross Insurance-Laconia 155 Court Street  Laconia NH 03248		<b>CONTACT NAME:</b> Tracy Andriksi, CISR <b>PHONE (A/C, No, Ext):</b> (803) 524-2425 <b>FAX (A/C, No):</b> (803) 524-3668 <b>E-MAIL ADDRESS:</b> tracy.andriksi@crossagency.com	
<b>INSURED</b> State of NH - Department of Administrative Services c/o Turnstone Corporation 479 Nashua Street Milford NH 03055		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Acadia Ins Co. <b>NAIC #</b> 31325 <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

COVERAGES **CERTIFICATE NUMBER:** CL233726775 **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	ADDRESS (RFD, HWY)	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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		OCP5578087-10	12/04/2023	12/04/2024	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPROP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	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 <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)

ARPA State House Annex - Concord 81084D

<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.
	<b>AUTHORIZED REPRESENTATIVE</b>  

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# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

12/04/2023

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.

<b>AGENCY</b> Cross Insurance-Laconia 155 Court Street  Laconia NH 03246		<b>PHONE (A/C, No, Ext):</b> (603) 524-2425	<b>COMPANY</b> Acadia Ins Co. One Acadia Commons P.O. Box 9010 Westbrook ME 04098-5010	
<b>FAX (A/C, No):</b> (603) 524-3666	<b>E-MAIL ADDRESS:</b> tracy.andriski@crossagency.com			
<b>CODE:</b>		<b>SUB CODE:</b>		
<b>AGENCY CUSTOMER ID #:</b> 00178165				
<b>INSURED</b> The State of New Hampshire - Dept of Administrative Services Turnstone Corporation 479 Nashua Street Milford NH 03055-0539		<b>LOAN NUMBER</b>	<b>POLICY NUMBER</b> CIM5572494-10	
		<b>EFFECTIVE DATE</b> 12/04/2023	<b>EXPIRATION DATE</b> 12/04/2025	<input type="checkbox"/> <b>CONTINUED UNTIL TERMINATED IF CHECKED</b>
<b>THIS REPLACES PRIOR EVIDENCE DATED:</b>				

## PROPERTY INFORMATION

### LOCATION/DESCRIPTION

ARPA State House Annex - Concord 81084D

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	<input checked="" type="checkbox"/> SPECIAL
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COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Builders Risk, RC, Special Form	13,004,230	2,500

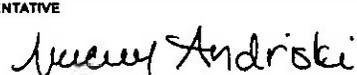
## REMARKS (Including Special Conditions)

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

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/04/2023

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

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Cross Insurance-Laconia 155 Court Street  Laconia NH 03246		<b>CONTACT NAME:</b> Tracy Andriski, CISR <b>PHONE (A/C, No, Ext):</b> (603) 524-2425 <b>FAX (A/C, No):</b> (603) 524-3666 <b>E-MAIL ADDRESS:</b> tracy.andriski@crossagency.com	
<b>INSURED</b> Turnstone Corporation 479 Nashua Street  Milford NH 03055		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Firemen's Ins. Co. of Washington D.C.	<b>NAIC #</b> 21784
		<b>INSURER B:</b> Acadia Ins Co.	31325
		<b>INSURER C:</b> Indian Harbor Ins Co	36940
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

COVERAGES CERTIFICATE NUMBER: CL22122820059

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	WARRANTY	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			CPA0065107-34	12/31/2023	12/31/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			CAA0065120-35	12/31/2023	12/31/2024	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 DED RETENTION \$			CUA0065121-34	12/31/2023	12/31/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 Products-Comp/Op Agg \$ 5,000,000
A	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	WPA0095615-32	12/31/2023	12/31/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
C	Professional Liability			PEC0055745	12/31/2023	12/31/2024	Limit 1,000,000 Deductible 5,000

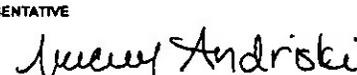
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

ARPA State House Annex - Concord 81084D

The State of New Hampshire, its agencies, and its agents and employees are additional insureds for ongoing operations performed by or on behalf of Turnstone Corporation when required in a written contract.

## CERTIFICATE HOLDER

## CANCELLATION

State of New Hampshire Department 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 
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**Corporate Resolution**

I, Tony DaCosta, hereby certify that I am duly elected Clerk/Secretary/Officer  
*(Name)*  
of Turnstone 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 October 31, 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  
*(Name and Title)*

duly authorized to enter into contracts or agreements on behalf of

Turnstone 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:** October 31, 2024

**ATTEST:**   
*(Tony DaCosta, Vice President)*

# 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



# 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)

185 mac

Charles M. Arlinghaus  
Commissioner

Catherine A. Keane  
Deputy Commissioner

Sheri L. Rockburn  
Assistant Commissioner

January 22, 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, New Hampshire, for a total price not to exceed \$13,004,320 for Project Number 81084, Contract D, REBID-ARPA-State House Annex Renovations, Concord, New Hampshire. This contract is effective upon Governor and Council approval through April 30, 2025, unless extended in accordance with the contract terms.  
**43% Capital Funds 24% Federal Funds 33% Revolving Funds.**

2) Further authorize that a contingency in the amount of \$100,000 be approved for unanticipated site expenses for the State House Annex Renovations, bringing the total to \$13,104,320. **100% Revolving Funds.**

3) Further authorize the amount of \$200,000 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 \$13,304,320. **100% Revolving Funds.**

Funding is available in account titled Department of Plant and Property and Department of the Commissioners Office as follows:

	<u>FY 2024</u>
01-14-14-140030-71810000 19-146:IIIB4-State Annex Ren 034-500162 – Capital Projects – Repairs/Renovations	\$ 4,420,567
01-14-14-141510-24810000 ARP FRP DEF MAINT HVAC COVID Activity Number: 00FRF602PH1403A Category CRF14 048-500226 – Contractual Maintenance	\$ 3,083,753

01-14-14-140030-92870000 L21:11D11-Phase II Annex Reno 034-500162 – Capital Projects – Repairs/Renovations	\$ 1,200,000
01-14-14-141510-7049000 DAS MAINTENANCE FUND	
048-500226 – Contractual Maintenance - Construction	\$ 4,300,000
048-500226 – Contractual Maintenance - Contingency	\$ 100,000
048-500226 – Contractual Maintenance - DPW Fees	<u>\$ 200,000</u>
Sub Total	\$ 4,600,000
<b>Grand Total</b>	<b>\$ 13,304,320</b>

### EXPLANATION

Pursuant to Chapter 146:1, II, B, 4, Laws of 2019, and Chapter 107:1, I, D, 11, Laws of 2021, funds are available for the renovation of the State House Annex in Concord. This contract is for the partial renovation of the existing office building, including the demolition and installation of new mechanical, plumbing and electrical systems, partitions, doors, and finishes. Renovations will be made to all four floors and the basement in the area of the building facing Capitol Street (core area), as well as the West wing of the fourth floor. The work also includes abatement of hazardous materials found in the areas to be renovated.

This historically important State office building has undergone numerous renovations since its construction in the 1940's. These renovations were performed to accommodate the changing needs for various state agencies. This project will remove numerous interior walls and finishes so that the space can be opened up, providing flexibility in the layout of office cubicles. New conference rooms of various sizes will be provided, and the toilets will be completely renovated. The data, electrical and HVAC infrastructure will be reconstructed to remove the steam heat radiators and replace them with water source heat pumps, providing heating and air conditioning to the renovated spaces.

Future phases will complete the renovation of the building, including the remaining wings of the basement and the first through fourth floors.

This contract contained six (6) 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. Alternates #1, 2, 3, 5 and 6 were accepted by the Department, and are as follows:

Alternate #1 renovates additional areas on the First floor to complete the core spaces including a break room and additional conference rooms. ADD \$530,340.

Alternate #2 renovates additional areas on the second and third floors to complete the core spaces, including conference rooms and the main corridor. ADD \$1,512,100.

Alternate #3 renovates additional areas on the fourth floor to complete the core spaces including conference rooms and the main corridor. ADD \$678,701.

Alternate #5 renovates the West wing for the fourth-floor office areas. ADD \$1,536,998.

Alternate #6 provides phenolic toilet partitions in lieu of plastic laminate partitions in all of the toilet renovations. ADD \$50,181.

Base Bid:	\$ 8,696,000
Add Alternate #1:	\$ 530,340
Add Alternate #2:	\$ 1,512,100
Add Alternate #3:	\$ 678,701
Add Alternate #5:	\$ 1,536,998
Add Alternate #6:	\$ <u>50,181</u>
Contract Amount:	\$ 13,004,320

A public bid opening was held on May 10, 2023. One (1) bid proposal was received, and the contract was awarded to the lowest qualified bidder. The low bid is 9% over the Department estimate, which is within industry standards.

The contractor has been pre-qualified by the Department of Transportation. The contract has been approved by the Attorney General as to form and execution; and the Department of Administrative Services has certified that the necessary funds are available. Copies of the fully executed contract are on file at the Secretary of State's Office and the Department of Administrative Services, Division of Public Works Design and Construction.

Attached please find a copy of the tabulation of bids for this project.

Respectfully submitted,



Charles M. Arlinghaus,  
Commissioner

Department Estimate:	\$8,000,000.00
Low Base Bid (without Alternates):	<u>\$8,696,000.00</u>
Over/Under Estimate:	\$ 696,000.00



# ABC Bid Data

CONCORD  
81084D  
81084D

PROJECT: CONCORD  
STATE PROJECT NUMBER: 81084D  
FED. PROJECT NUMBER: 81084D  
DATE BIDS OPEN: November 08, 2023, 2:00 PM  
SCOPE OF WORK: REBID-ARPA-STATE HOUSE ANNEX RENOVATIONS  
COMPLETION DATE: April 30, 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	\$8,696,000.00	A

### BID AWARD

Award To: Turnstone Corp.  
Contract Award: \$ 13,004,320  
Negotiated: Yes/No no  
Alternates: Yes/No yes  
Using Agency: DAS  
Authorized By: Michelle L. Juliano  
Date: 11/28/23

Item 901: <u>7,996,000</u>	Item 906: _____
Item 902: <u>700,000</u>	Item 907: _____
Item 903: _____	Item 908: _____
Item 904: _____	Item 909: _____
Item 905: _____	Item 910: _____

BASE BID SUBTOTAL: \$8,696,000

Alternate #1: <u>530,340</u>	Alternate #6: <u>50,181</u>
Alternate #2: <u>1,512,100</u>	Alternate #7: _____
Alternate #3: <u>678,701</u>	Alternate #8: _____
Alternate #4: <u>n/a</u>	Alternate #9: _____
Alternate #5: <u>1,536,998</u>	Alternate #10: _____

GRAND TOTAL: \$13,004,320



# ABC Bid Data

CONCORD  
81084D  
81084D

Item No.	Description	Unit	Quantity	PRICE		THORNTON CORPORATION 69 HARRIS STREET MILFORD, NH 03055-2705		Unit Price	Total
				Unit Price	Total	Unit Price	Total		
901	RENOVATION OF STATE HOUSE ANNEX-BASE BID	U	1.00			\$7,898,000.00	\$7,898,000.00		
902	ALLOWANCE #1 OWNER INITIATED CHANGES	S	700,000.00			\$1.00	\$700,000.00		
<b>Totals:</b>						\$8,898,000.00	\$8,898,000.00		

## ALTERNATES 81084D

### ALTERNATE #1

901	ADD ALTERNATE PROVIDE COST TO ADD WORK ON 1ST FLOOR	U	1.00			\$530,340.00	\$530,340.00		
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### ALTERNATE #2

902	ADD ALTERNATE PROVIDE COST TO ADD WORK ON 2RD & 3RD FLOORS	U	1.00			\$1,512,100.00	\$1,512,100.00		
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### ALTERNATE #3

903	ADD ALTERNATE PROVIDE COST TO ADD WORK ON 4TH FLOOR	U	1.00			\$878,701.00	\$878,701.00		
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### ALTERNATE #4

904	ADD ALTERNATE PROVIDE COST TO ADD WORK ON EAST WING OF 4TH FLOOR	U	1.00			\$1,211,300.00	\$1,211,300.00		
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### ALTERNATE #5

905	ADD ALTERNATE PROVIDE COST TO ADD WORK ON WEST WING OF 4TH FLOOR	U	1.00			\$1,638,000.00	\$1,638,000.00		
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### ALTERNATE #6

906	ADD ALTERNATE PROVIDE COST TO ADD PERIODIC TOILET PARTITIONS	U	1.00			\$50,181.00	\$50,181.00		
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<b>Alt. Totals:</b>									
<b>Totals:</b>						\$8,068,080.00	\$8,898,080.00		



# 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

Federal Contract Number: 81084D CONCORD

### Contractor Profile

Firm	TURNSTONE CORPORATION
Contractor ID	169630
Address	479 NASHUA STREET MILFORD NH 03055-3706
Phone	(603)249-9300
FAX	
E-Mail	eclark@turnstonecorp.com
Authorized Signature:	<i>Isi Stacy Clark</i>

### Bid Bond

### Verified

Auth Code/Check#	SNH11082363
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### Receipt of Addenda

Sequence	Date	
1	09/29/2023	Yes
2	10/02/2023	Yes
3	10/25/2023	Yes
4	10/26/2023	Yes
5	11/01/2023	Yes
6	11/02/2023	Yes

Department of Administrative Services, Division of  
Public Works

Total Bid for Award Consideration

Proposal

**\$8,696,000.00**

Contract Number: 81084D

Bid Opening Date: 08-Nov-2023

Contract Name: CONCORD  
Proposal For: 169530 - TURNSTONE CORPORATION

Project Funding: Federal

Items

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
1	901	RENOVATION OF STATE HOUSE ANNEX-BASE BID	U	1.000	\$7,996,000.00	\$7,996,000.00
2	902	ALLOWANCE #1 OWNER INITIATED CHANGES	S	700,000.000	\$1.00	\$700,000.00

Total for Category Items

**\$8,696,000.00**

ALTERNATES 81084D  
ALTERNATE #1

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
3	991	ADD ALTERNATE PROVIDE COST TO ADD WORK ON 1ST FLOOR	U	1.000	\$530,340.00	\$530,340.00

Total for Category ALTERNATE #1

**\$530,340.00**

ALTERNATES 81084D  
ALTERNATE #2

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
4	992	ADD ALTERNATE PROVIDE COST TO ADD WORK ON 2ND & 3RD FLOORS	U	1.000	\$1,512,100.00	\$1,512,100.00

Total for Category ALTERNATE #2

**\$1,512,100.00**

ALTERNATES 81084D  
ALTERNATE #3

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
5	993	ADD ALTERNATE PROVIDE COST TO ADD WORK ON 4TH FLOOR	U	1.000	\$678,701.00	\$678,701.00

Total for Category ALTERNATE #3

**\$678,701.00**

ALTERNATES 81084D  
ALTERNATE #4

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
6	994	ADD ALTERNATE PROVIDE COST TO ADD WORK ON EAST WING OF 4TH FLOOR	U	1.000	\$1,213,380.00	\$1,213,380.00

**Total for Category ALTERNATE #4 \$1,213,380.00**

**ALTERNATES 81084D  
ALTERNATE #5**

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
7	995	ADD ALTERNATE PROVIDE COST TO ADD WORK ON WEST WING OF 4TH FLOOR	U	1.000	\$1,536,998.00	\$1,536,998.00

**Total for Category ALTERNATE #5 \$1,536,998.00**

**ALTERNATES 81084D  
ALTERNATE #6**

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
8	996	ADD ALTERNATE PROVIDE COST TO ADD PHENOLIC TOILET PARTITIONS	U	1.000	\$50,181.00	\$50,181.00

**Total for Category ALTERNATE #6 \$50,181.00**

**Total Bid for Award Consideration \$8,696,000.00**

## 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, November 8, 2023. Said project being situated as follows:

REBID-ARPA-STATE HOUSE ANNEX RENOVATIONS

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

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

Yes  No

Signature Is/ Stacy Clark

## 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 April 30, 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 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: WBE - TURNSTONE 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 Is/ Stacy Clark

### 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 Stacy Clark

**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/ Stacy Clark



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/04/2023

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Cross Insurance-Laconia 155 Court Street  Laconia NH 03248		<b>CONTACT NAME:</b> Tracy Andriski, CISR <b>PHONE (A/C, No, Ext):</b> (603) 524-2425 <b>E-MAIL ADDRESS:</b> tracy.andriski@crossagency.com <b>FAX (A/C, No):</b> (603) 524-3666	
<b>INSURED</b> Turnstone Corporation 479 Nashua Street  Milford NH 03055		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Firemen's Ins. Co. of Washington D.C.	<b>NAIC #</b> 21784
		<b>INSURER B:</b> Acadia Ins Co.	31325
		<b>INSURER C:</b> Indian Harbor Ins Co	36940
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

COVERAGES      CERTIFICATE NUMBER: CL22122820050      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	ADOL	SUBR	INSR	WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:					CPA0085107-34	12/31/2023	12/31/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY					CAA0065120-35	12/31/2023	12/31/2024	COMBINED SINGLE LIMIT (Ea occurrence) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per occurrence) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED:      RETENTION \$					CUA0065121-34	12/31/2023	12/31/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 Products-Comp/Op Agg \$ 5,000,000
A	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				WPA0095615-32	12/31/2023	12/31/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
C	Professional Liability					PEC0055745	12/31/2023	12/31/2024	Limit 1,000,000 Deductible 5,000

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

ARPA State House Annex - Concord 81084D

The State of New Hampshire, its agencies, and its agents and employees are additional insureds for ongoing operations performed by or on behalf of Turnstone Corporation when required in a written contract.

## CERTIFICATE HOLDER

## CANCELLATION

State of New Hampshire Department 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 <i>Tracy Andriski</i>
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# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
12/04/2023

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-Laconia 155 Court Street  Laconia NH 03246		PHONE (AC, No, Ext): (603) 524-2425	COMPANY  Acadia Ins Co. One Acadia Commons P.O. Box 9010 Westbrook ME 04098-5010	
FAX (AC, No): (603) 524-3668		E-MAIL ADDRESS: tracy.andrfski@crossagency.com		
CODE:		SUB CODE:		
AGENCY CUSTOMER ID #: 00178185		LOAN NUMBER		POLICY NUMBER CIM5572494-10
INSURED The State of New Hampshire - Dept of Administrative Services Turnstone Corporation 479 Nashua Street Milford NH 03055-0539		EFFECTIVE DATE 12/04/2023	EXPIRATION DATE 12/04/2025	<input type="checkbox"/> CONTINUED UNTIL <input type="checkbox"/> TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

## PROPERTY INFORMATION

LOCATION/DESCRIPTION ARPA State House Annex - Concord 81084D
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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	<input checked="" type="checkbox"/> SPECIAL	AMOUNT OF INSURANCE	DEDUCTIBLE
Builders Risk, RC, Special Form					13,004,230	2,500

## 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	<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE
	LOAN #  AUTHORIZED REPRESENTATIVE 	



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/04/2023

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Cross Insurance-Laconia 155 Court Street  Laconia NH 03248	CONTACT NAME: Tracy Andriksi, CISR	PHONE (A.C. No. Ext): (603) 524-2425	FAX (A.C. No.): (603) 524-3688
	E-MAIL ADDRESS: tracy.andriksi@crossagency.com		
INSURED State of NH - Department of Administrative Services c/o Turnstone Corporation 479 Nashua Street Milford NH 03055	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Acadia Ins Co.		31325
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES CERTIFICATE NUMBER: CL233726775 REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners & Contractors Protective		OCP5578067-10	12/04/2023	12/04/2024	EACH OCCURRENCE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPROP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	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 <input type="checkbox"/> OTHER <input type="checkbox"/> 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)  
ARPA State House Annex - Concord 81084D

CERTIFICATE HOLDER  State of New Hampshire Department of Administrative Services 7 Hazen Drive Room 250 Concord NH 03302	CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  

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# 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: 0006198921



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 6th day of April A.D. 2023.

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

David M. Scanlan  
Secretary of State

Corporate Resolution

I, William J. Clark, hereby certify that I am duly elected Clerk/Secretary/Officer  
(Name)  
of Turnstone 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 December 4, 2023,  
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  
(Name and Title)

duly authorized to enter into contracts or agreements on behalf of

Turnstone 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: December 4, 2023

ATTEST:

William J. Clark  
(William J. Clark, Secretary)