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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

Charles M. Arlinghaus
Commissioner

Catherine A. Keane
Deputy Commissioner

Sheri L. Rockburn
Assistant Commissioner

February 10, 2025

Her Excellency, Governor Kelly A. Ayotte
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

- 1) Authorize the Department of Administrative Services, Division of Public Works Design and Construction to enter into a contract with D.E.W Construction Corp. (VC#281050), Keene, New Hampshire, for a total price not to exceed \$16,591,000 for Project No. 81198, Contract B, for Rochester Courthouse located in Rochester, NH. The contract is effective upon Governor and Council approval through April 30, 2026, unless extended in accordance with the contract terms. **100% Capital Funds.**
- 2) Further authorize that a contingency in the amount of \$382,000 be approved for unanticipated site expenses. **100% Capital Funds.**
- 3) Further authorize the amount of \$110,000 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% Capital Funds**
- 4) Further authorize, pursuant to RSA 19-A:9, II, the transfer of \$75,000 to the State Art Fund, within the Department of Natural & Cultural Resources (DNCR). This transfer is for the purchase of art for the Rochester Courthouse, Rochester, NH. **100% Capital Funds**

Funding is available in the following accounts:

	<u>FY 2025</u>
01-14-146530-15940000 L23:11A2-Rochester Courthouse	
034-500161 – New Construction	\$16,485,000
01-14-140030-1503000 17-228:1-II:B4 – State Owned	
034-500161 – New Construction	<u>\$ 106,000</u>
Contract Total	\$16,591,000
01-14-146530-15940000 L23:11A2-Rochester Courthouse	
034-500161 – New Construction – Contingency	\$ 382,000
034-500161 – New Construction – DPW Fees	\$ 110,000
034-500161 – New Construction – Transfer to DNCR	<u>\$ 75,000</u>
Project Total	\$17,158,000

EXPLANATION

This project is to construct a new Rochester Circuit Court Courthouse to replace the existing state-owned facility, which is inadequate in terms of circulation space, layout, security, ADA, and lack of public and staff parking. The existing Rochester Circuit Court is 11,000 s/f, has two courtrooms, and does not have room to incorporate the Rochester Family Division, which is currently housed at another location in a leased facility. The dual locations are often confusing for court patrons.

The new building will have four courtrooms, a sallyport, cellblock, zone separation, ample staff and public parking, and comply with all current ADA/building codes, courthouse standards and the latest security recommendations. The new building will also incorporate Rochester Family Division into the new courthouse.

The project scope includes construction of all site work and the new building for the Rochester Courthouse. The building will be two stories with a partial basement and total 30,522 square feet. The basement will house the temporary cell block area with a drive-in sallyport for use by the county sheriff's office for dropping off prisoners for their court appearances.

The first floor will contain the main public entrance to the facility as well as two courtrooms and associated court clerk offices and staff areas. The second floor will house two additional courtrooms, judge's chambers, waiting areas and staff areas.

Funding is available through a combination of Capital Funds pursuant to Chapter 228:1 II, B, 4, Laws of 2017, for State Owned Buildings and Chapter 113:1, A, 2, for Rochester Courthouse.

This contract contained three (3) 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 low bid is 1% over the Department estimate. This is well within the reasonable range of estimating for a project of this scope.

The Department accepted Alternates #1, #2, and #3. Alternate #1 provides upgrades to the main entrance glazed areas from standard glazing to security glazing. Alternate #2 provides bollards at the main entrance to prevent vehicles from being able to reach the building face. Alternate #3 provides radiant heating in the concrete sidewalk area at the main entrance to the building to prevent snow build-up.

Base Bid	\$ 16,270,000
Add Alternate #1:	\$ 89,000
Add Alternate #2:	\$ 17,000
Add Alternate #3:	\$ 215,000
Contract Amount:	\$ 16,591,000

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

Respectfully submitted,



Charles M. Arlinghaus, Commissioner

Department Estimate:	\$ 16,080,000
Low Base Bid (without Alternates):	\$ 16,270,000
Over Estimate:	\$ 190,000



Division of Public Works

ABC Bid Data

ROCHESTER
81198B
NON-FEDERAL

PROJECT: ROCHESTER
STATE PROJECT NUMBER: 81198B
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: December 04, 2024,
SCOPE OF WORK: ROCHESTER COURTHOUSE
COMPLETION DATE: April 30, 2026
LOCATION: Strafford

Awarded To:

Amount: \$0.00

Award Date:

Certified by:

Director of Project Development

Summary of Bidders

Contractor	Bid Amount	Rank
D.E.W. CONSTRUCTION CORP 17 ELM STREET, KEENE NH 03431	\$16,270,000.00	A
PC CONSTRUCTION CO DBA PCEO 193 TILLEY DRIVE, SO BURLINGTON VT 05403-4440	\$16,424,000.00	B
FULCRUM ASSOCIATES LLC 5 TECH CIRCLE, AMHERST NH 03031	\$16,430,000.00	C
LOUREIRO BUILDING CONSTRUCTION LLC 100 NORTHWEST DRIVE, PLAINVILLE CT 06062	\$16,880,825.00	D
LANDRY/FRENCH CONSTRUCTION CO INC 160 PLEASANT HILL ROAD, SCARBOROUGH ME 04074	\$17,080,000.00	E

BID AWARD

Award To: DEW Construction Corp.
Contract Award: \$16,591,000.00
Negotiated: Yes/No?: NO
Alternates: Yes/No?: YES
Using Agency: DAS-COURTS
Authorized By:
Date: 01312025

BASE BID TOTAL: \$16,270,000.00

Alternate #1: \$ 89,000.00	Alternate #6: \$
Alternate #2: \$ 17,000.00	Alternate #7: \$
Alternate #3: \$ 215,000.00	Alternate #8: \$
Alternate #4: \$	Alternate #9: \$
Alternate #5: \$	Alternate #10: \$

GRAND TOTAL: \$ 16,591,000.00



Division of Public Works

ABC Bid Data

ROCHESTER
81198B
NON-FEDERAL

Item No.	Description	Unit	Quantity	P&E		D.E.W. CONSTRUCTION CORP 17 ELM STREET KEENE, NH 03431		PC CONSTRUCTION CO DBA PCEO 193 TELLEY DRIVE 80 BURLINGTON, VT 05403-4448	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items

901	CONSTRUCT NEW COURTHOUSE AND ASSOCIATED SITEWORK	U	1.00	\$15,500,000.00	\$15,500,000.00	\$15,690,000.00	\$15,690,000.00	\$15,844,000.00	\$15,844,000.00
902	ALLOWANCE #1 FOR UNFORESEEN CONDITIONS OR OWNER'S CHANGES	\$	500,000.00	\$1.00	\$500,000.00	\$1.00	\$500,000.00	\$1.00	\$500,000.00
903	ALLOWANCE #2 FOR SPECIAL INSPECTIONS AND TESTING	\$	80,000.00	\$1.00	\$80,000.00	\$1.00	\$80,000.00	\$1.00	\$80,000.00
Totals:					\$16,080,000.00		\$16,270,000.00		\$16,424,000.00

ALTERNATES 81198B

ALTERNATE #1

991	ADD ALTERNATE #1 PROVIDE COST TO PROVIDE SECURITY UPGRADES	U	1.00	\$361,000.00	\$361,000.00	\$89,000.00	\$89,000.00	\$249,000.00	\$249,000.00
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ALTERNATE #2

992	ADD ALTERNATE #2 PROVIDE COST FOR SECURITY BOLLARDS AT ENTRANCE	U	1.00	\$110,000.00	\$110,000.00	\$17,000.00	\$17,000.00	\$12,000.00	\$12,000.00
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ALTERNATE #3

993	ADD ALTERNATE #3 PROVIDE COST FOR RADIANT HEATING AT ENTRANCES	U	1.00	\$275,000.00	\$275,000.00	\$215,000.00	\$215,000.00	\$164,000.00	\$164,000.00
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Alt. Totals:		\$746,000.00	\$321,000.00	\$425,000.00
Totals:		\$16,826,000.00	\$16,591,000.00	\$16,849,000.00



Division of Public Works

ABC Bid Data

ROCHESTER

81198B

NON-FEDERAL

Item No.	Description	Unit	Quantity	P&E		FULCRUM ASSOCIATES LLC 3 TECH CIRCLE AMHERST, NH 03011		LOUREIRO BUILDING CONSTRUCTION LLC 100 NORTHWEST DRIVE PLAINVILLE, CT 06062	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items

901	CONSTRUCT NEW COURTHOUSE AND ASSOCIATED SITEWORK	U	1.00	\$15,500,000.00	\$15,500,000.00	\$15,850,000.00	\$15,850,000.00	\$16,300,825.00	\$16,300,825.00
902	ALLOWANCE #1 FOR UNFORESEEN CONDITIONS OR OWNER'S CHANGES	\$	500,000.00	\$1.00	\$500,000.00	\$1.00	\$500,000.00	\$1.00	\$500,000.00
903	ALLOWANCE #2 FOR SPECIAL INSPECTIONS AND TESTING	\$	80,000.00	\$1.00	\$80,000.00	\$1.00	\$80,000.00	\$1.00	\$80,000.00
Totals:					\$16,080,000.00		\$16,430,000.00		\$16,880,825.00

ALTERNATES 81198B

ALTERNATE #1

991	ADD ALTERNATE #1 PROVIDE COST TO PROVIDE SECURITY UPGRADES	U	1.00	\$361,000.00	\$361,000.00	\$473,854.00	\$473,854.00	\$644,956.00	\$644,956.00
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ALTERNATE #2

992	ADD ALTERNATE #2 PROVIDE COST FOR SECURITY BOLLARDS AT ENTRANCE	U	1.00	\$110,000.00	\$110,000.00	\$15,400.00	\$15,400.00	\$14,809.00	\$14,809.00
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ALTERNATE #3

993	ADD ALTERNATE #3 PROVIDE COST FOR RADIANT HEATING AT ENTRANCES	U	1.00	\$275,000.00	\$275,000.00	\$290,950.00	\$290,950.00	\$216,635.00	\$216,635.00
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Alt. Totals:		\$746,000.00	\$780,204.00	\$876,400.00
Totals:		\$16,826,000.00	\$17,210,204.00	\$17,757,225.00



Division of Public Works

ABC Bid Data

ROCHESTER
81198B
NON-FEDERAL

Item No.	Description	Unit	Quantity	PS&E		LANDRY/FRENCH CONSTRUCTION CO INC 188 PLEASANT HILL ROAD SCARBOROUGH, ME 04074		Unit Price	Total
				Unit Price	Total	Unit Price	Total		

Items

901	CONSTRUCT NEW COURTHOUSE AND ASSOCIATED SITEWORK	U	1.00	\$15,500,000.00	\$15,500,000.00	\$16,500,000.00	\$16,500,000.00		
902	ALLOWANCE #1 FOR UNFORESEEN CONDITIONS OR OWNER'S CHANGES	\$	500,000.00	\$1.00	\$500,000.00	\$1.00	\$500,000.00		
903	ALLOWANCE #2 FOR SPECIAL INSPECTIONS AND TESTING	\$	80,000.00	\$1.00	\$80,000.00	\$1.00	\$80,000.00		
Totals:					\$16,080,000.00		\$17,080,000.00		

ALTERNATES 81198B

ALTERNATE #1

991	ADD ALTERNATE #1 PROVIDE COST TO PROVIDE SECURITY UPGRADES	U	1.00	\$361,000.00	\$361,000.00	\$202,100.00	\$202,100.00		
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ALTERNATE #2

992	ADD ALTERNATE #2 PROVIDE COST FOR SECURITY BOLLARDS AT ENTRANCE	U	1.00	\$110,000.00	\$110,000.00	\$14,800.00	\$14,800.00		
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ALTERNATE #3

993	ADD ALTERNATE #3 PROVIDE COST FOR RADIANT HEATING AT ENTRANCES	U	1.00	\$275,000.00	\$275,000.00	\$162,000.00	\$162,000.00		
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Alt. Totals:					\$746,000.00		\$378,900.00		
Totals:					\$16,826,000.00		\$17,458,900.00		



PS&E Comparison

ROCHESTER
81198B
NON-FEDERAL

Item No.	Description	Unit	Quantity	A-Bidder		PS&E		A-PS&E Difference
				Unit Price	Total	Unit Price	Total	
Items								
901	CONSTRUCT NEW COURTHOUSE AND ASSOCIATED SITEWORK	U	1.00	\$15,690,000.00	\$15,690,000.00	\$15,500,000.00	\$15,500,000.00	\$190,000.00
902	ALLOWANCE #1 FOR UNFORESEEN CONDITIONS OR OWNER'S CHANGES	\$	500,000.00	\$1.00	\$500,000.00	\$1.00	\$500,000.00	\$0.00
903	ALLOWANCE #2 FOR SPECIAL INSPECTIONS AND TESTING	\$	80,000.00	\$1.00	\$80,000.00	\$1.00	\$80,000.00	\$0.00
ALTERNATES 81198B								
ALTERNATE #1								
991	ADD ALTERNATE #1 PROVIDE COST TO PROVIDE SECURITY UPGRADES	U	1.00	\$89,000.00	\$89,000.00	\$361,000.00	\$361,000.00	(\$272,000.00)
ALTERNATE #2								
992	ADD ALTERNATE #2 PROVIDE COST FOR SECURITY BOLLARDS AT ENTRANCE	U	1.00	\$17,000.00	\$17,000.00	\$110,000.00	\$110,000.00	(\$93,000.00)
ALTERNATE #3								
993	ADD ALTERNATE #3 PROVIDE COST FOR RADIANT HEATING AT ENTRANCES	U	1.00	\$215,000.00	\$215,000.00	\$275,000.00	\$275,000.00	(\$60,000.00)
Total:					\$16,591,000.00		\$16,826,000.00	(\$235,000.00)



Division of Public Works

Bid Report

The undersigned, hereinafter referred to as principal or bidder, hereby proposes to furnish all materials and perform all labor necessary to complete the work described in the caption hereof, in accordance with the plans, current Standard Specifications, and special provisions, for the prices set for in the Total Bid. Failure to complete and submit this bid in its entirety or falsification of bid documents will result in the entire proposal being considered irregular and may be rejected by the Department of Administrative Services, Division of Public Works. Plans and specifications on this project cannot be transferred to any other firm or organization for the purpose of submitting a bid as a general contractor without the knowledge and authority of the department. Those who sign (manually and electronically) and the firm for which they are authorized to sign, do so under the penalty of perjury as specified by the laws of the United States and the State of New Hampshire.

State Contract Number: **81198B ROCHESTER**

Contractor Profile

Firm	D.E.W. CONSTRUCTION CORP
Contractor ID	281050
Address	17 ELM STREET KEENE NH 03431
Phone	(603)352-3070
FAX	
E-Mail	klawton@dewconstruction.com
Authorized Signature:	<i>Is/ Matthew Wheaton</i>

Bid Bond

Verified

Auth Code/Check#	SNH1122772030
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Receipt of Addenda

Sequence	Date	
1	10/29/2024	Yes
2	10/31/2024	Yes
3	11/06/2024	Yes
5	11/19/2024	Yes
4	11/19/2024	Yes
6	11/27/2024	Yes

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

Total Bid for Award Consideration

Proposal

\$16,270,000.00

Contract Number: 81198B

Bid Opening Date: 04-Dec-2024

Contract Name: ROCHESTER

Project Funding: State

Proposal For: 281050 - D.E.W. CONSTRUCTION CORP

Items

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
1	901	CONSTRUCT NEW COURTHOUSE AND ASSOCIATED SITEWORK	U	1.000	\$15,690,000.00	\$15,690,000.00
2	902	ALLOWANCE #1 FOR UNFORESEEN CONDITIONSOR OWNER'S CHANGES	\$	500,000.000	\$1.00	\$500,000.00
3	903	ALLOWANCE #2 FOR SPECIAL INSPECTIONS AND TESTING	\$	80,000.000	\$1.00	\$80,000.00

Total for Category Items \$16,270,000.00

ALTERNATES 81198B

ALTERNATE #1 - Selected

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
4	991	ADD ALTERNATE #1 PROVIDE COST TO PROVIDE SECURITY UPGRADES	U	1.000	\$89,000.00	\$89,000.00

Total for Category ALTERNATE #1 \$89,000.00

ALTERNATES 81198B

ALTERNATE #2 - Selected

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
5	992	ADD ALTERNATE #2 PROVIDE COST FOR SECURITY BOLLARDS AT ENTRANCE	U	1.000	\$17,000.00	\$17,000.00

Total for Category ALTERNATE #2 \$17,000.00

ALTERNATES 81198B
ALTERNATE #3 - Selected

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
6	993	ADD ALTERNATE #3 PROVIDE COST FOR RADIANT HEATING AT ENTRANCES	U	1.000	\$215,000.00	\$215,000.00

Total for Category ALTERNATE #3 **\$215,000.00**

Total Bid for Award Consideration **\$16,591,000.00**

Proposal

Proposal Of

D.E.W. CONSTRUCTION CORP
17 ELM STREET, KEENE NH, 03431

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, December 4, 2024. Said project being situated as follows:

ROCHESTER COURTHOUSE

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/ Matthew Wheaton

SIGN-STATE

It is further proposed:

To execute the Contract and begin work within 10 days from the date specified in the "Notice to Proceed" and to prosecute said work so as to complete the Project and its appurtenances on or before April 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 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/ Matthew Wheaton

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 D.E.W. CONSTRUCTION CORP. is a Vermont Profit Corporation registered to transact business in New Hampshire on January 09, 1998. 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: 286133

Certificate Number: 0007032029



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 28th day of January A.D. 2025.

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

David M. Scanlan
Secretary of State

Corporate Resolution

I, Pamela Moreau, hereby certify that I am duly elected Clerk/Secretary/Officer
(Name)
of D.E.W. Construction Corp.. I hereby certify the following is a true copy of a vote taken at
(Name of Corporation)

a meeting of the Board of Directors/shareholders, duly called and held on January 22, 2025,
at which a quorum of the Directors/shareholders were present and voting.

VOTED: That Taylor Woodward, President (may list more than one person) is
(Name and Title)

duly authorized to enter into contracts or agreements on behalf of

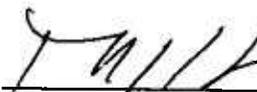
D.E.W. Construction Corp. with the State of New Hampshire and any of
(Name of Corporation)

its agencies or departments and further is authorized to execute any documents
which may in his/her judgment be desirable or necessary to effect the purpose of
this vote.

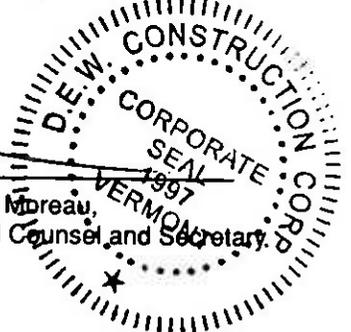
I hereby certify that said vote has not been amended or repealed and remains in full
force and effect as of the date of the contract to which this certificate is attached. This authority
remains valid for thirty (30) days from the date of this Corporate Resolution. I further certify
that it is understood that the State of New Hampshire will rely on this certificate as evidence that
the person(s) listed above currently occupy the position(s) indicated and that they have full
authority to bind the corporation. To the extent that there are any limits on the authority of any
listed individual to bind the corporation in contracts with the State of New Hampshire, all such
limitations are expressly stated herein.

DATED: January 22, 2025

ATTEST:



(Name & Title) Pamela Moreau,
General Counsel and Secretary.





CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
01/24/2025

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 Aon Risk Services Central, Inc. Chicago IL Office 200 East Randolph Chicago IL 60601 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105	
	E-MAIL ADDRESS:	
INSURED DEW Construction Corp 277 Blair Park Road, Suite 130 Williston VT 05495 USA	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Zurich American Ins Co NAIC # 16535	
	INSURER B: American Zurich Ins Co 40142	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER:** 570110583652 **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. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	BUK 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"/> PROJECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:			GLO437328716	04/01/2024	04/01/2025	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" 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			BAP 4373286-16	04/01/2024	04/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below			WC437328516	04/01/2024	04/01/2025	<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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Project Number and Contract Letter 81198 B, Rochester, State of New Hampshire, c/o Department of Administrative Services, its agencies, and its agents and employees and all other parties as required by contract are included as Additional Insured in accordance with the policy provisions of the General Liability and Automobile Liability policies. General Liability and Automobile Liability policies evidenced herein are Primary and Non-Contributory to other insurance available to Additional Insured, but only in accordance with the policy's provisions. A waiver of Subrogation is granted in favor of All parties as required by contract in accordance with the policy provisions of the General Liability, Automobile Liability and Employer's Liability policies. Workers Compensation part 3A applies to the following states: MA, ME, NH, NY, VT.

CERTIFICATE HOLDER CANCELLATION

State of New Hampshire c/o Department of Administrative Service 7 Hazen Drive, Room 250 Concord NH 03302 USA	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>Aon Risk Services Central Inc</i>
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Holder Identifier : ABEGDFH
Certificate No : 570110583652



DEWCONS-01

WPARENT

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/31/2025

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 Acrisure New England Partners Insurance Services, LLC 10 Research Parkway, Suite 400 Wallingford, CT 06492	CONTACT NAME: Melissa Kavanagh	
	PHONE (A/C, No, Ext): (802) 383-1621	FAX (A/C, No):
E-MAIL ADDRESS: mkavanagh@acrisure.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED DEW Construction Corp. 277 Blair Park Road Suite 130 Williston, VT 05495	INSURER A : Continental Casualty Company 20443	
	INSURER B : Berkley Assurance Company 39462	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

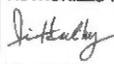
COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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
	COMMERCIAL GENERAL LIABILITY <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 \$
	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) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUE 6076434865	4/1/2024	4/1/2025	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Prof Liab/Pollution			PCADB-5024493-0424	4/1/2024	4/1/2025	Each Claim/Agg \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Project Number and Contract Letter 81198 B, Rochester

Umbrella - Aggregate Products-Completed Operations Limit: \$10,000,000

CERTIFICATE HOLDER State of New Hampshire C/o Department of Administrative Services 7 Hazen Drive, Room 250 Concord, NH 03302	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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DEWCONS-01

MKAVANAGH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/5/2025

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 Acrisure New England Partners Insurance Services, LLC 10 Research Parkway, Suite 400 Wallingford, CT 06492	CONTACT NAME: Melissa Kavanagh	
	PHONE (A/C, No, Ext): (802) 383-1621	FAX (A/C, No):
E-MAIL ADDRESS: mkavanagh@acrisure.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Acadia Insurance Company		31325
INSURED DEW Construction Corp., State of NH Dept of Administrative Services Any & All Subs & All Tier Subs and Any Other Party That Has A Financial Interest in the project, 277 Blair Park Road Suite 130 Williston, VT 05495	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

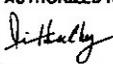
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL 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 - COM/OP AGG	\$
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	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) <input type="checkbox"/> Y / M If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Builders Risk			CIM 5622237	2/5/2025	5/5/2026	Ded. \$25,000	16,592,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Jobsite: 296 Rochester Hill Road, Rochester, NH 03867

Project Number and Contract Letter 81198 B, Rochester

No right of subrogation against any Contractors, Subcontractors or other parties employed on the premises.

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

DATE(MMDDYYYY)
02/04/2025

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 Aon Risk Services Central, Inc. Chicago IL Office 200 East Randolph Chicago IL 60601 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105	
	E-MAIL ADDRESS:	
INSURED State of New Hampshire Department of Administrative Services 7 Hazen Drive Concord NH 03301 USA	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Zurich American Ins Co NAIC # 16535	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER:** 570110763330 **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. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADD. INSD	SUBR. WVD	POLICY NUMBER	POLICY EFF. (MMDD/YYYY)	POLICY EXP. (MMDD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			OCP820057100 OCP - Rochester	02/05/2025	04/01/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COM/OP AGG Aggregate \$4,000,000
	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 (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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)

RE: Project Number and Contract Letter 81198 B, Rochester. Each Occurrence Limit: \$2,000,000; Aggregate Limit: \$4,000,000.

CERTIFICATE HOLDER State of New Hampshire Department of Administrative Services 7 Hazen Drive, Room 250 Concord NH 03301 USA	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

Holder Identifier :

Certificate No : 570110763330

