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MAN



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

May 12, 2025

Her Excellency, Governor Kelly A. Ayotte
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 Integrated Facilities Construction Corp. (VC#319532), 92 High Street, Medford, MA 02155, for a total price not to exceed \$479,400, for Project Number 81232-B Thayer Building Roof Replacement. This contract is effective upon Governor and Council approval through the completion of construction administration services, estimated to be November 14, 2025, unless extended in accordance with the contract terms. **100% Capital Funds.**
- 2) Further authorize that a contingency in the amount of \$30,000 be approved for unanticipated site expenses. **100% Capital Funds.**
- 3) Further authorize the amount of \$19,300 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC#311152), for project management and engineering services. **100% Capital Funds.**

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

	<u>FY 2025</u>
030-014-92740000 L21:1IB4 Thayer Bldg Roof Repl	
034-500162 – Contract	\$ 479,400
034-500162 – Contingency	\$ 30,000
034-500162 – DPW Fees	<u>\$ 19,300</u>
Project Total	\$ 528,700

EXPLANATION

This project is to replace approximately 6,480 square feet of membrane roofing system, portions of the slate roof and painting of the wood trim on the Thayer Building, located on the campus in Concord, NH. The membrane roof is beyond its useful life expectancy and beginning to fail.

A public bid opening was held on April 2, 2025. Three (3) bid proposals were received and the contract was awarded to the lowest qualified bidder. The low bid is 42% under the Department estimate

This contract contained two (2) Alternate Bid Items (Alternates). Alternates are not included in the Base Bid and, therefore, not used to determine the low bid. Once the low bid is established, the Department may add or deduct scope as described in the Alternates and per the Alternate bid prices provided by the low bidder.

The Department accepted Alternates #1 and #2. Alternate # 1 Replaces sections of the slate roof with new asphalt shingles. The slate roof is original to the building and the fasteners are starting to fail. This will cause a safety hazard. Alternate #2 Repairs paint on the wood trim below the roof. The paint is peeling off the trim and will cause the wood to rot.

Base Bid:	\$ 308,700.00
Add Alternate #1:	\$ 150,700.00
Add Alternate #2:	<u>\$ 20,000.00</u>
Contract Amount:	\$ 479,400.00

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

Respectfully submitted,



Charles M. Arlinghaus,
Commissioner

Department Estimate:	\$ 536,000
Low Base Bid (without Alternates):	<u>\$ 308,700</u>
Under Estimate:	\$ 227,300



Division of Public Works

ABC Bid Data

CONCORD

81232B

NON-FEDERAL

PROJECT: Concord
 STATE PROJECT NUMBER: 81232B
 FED. PROJECT NUMBER: NON-FEDERAL
 DATE BIDS OPEN: April 02, 2025, 2:00 PM
 SCOPE OF WORK: Thayer Building Roof Replacement
 COMPLETION DATE: November 14, 2025
 LOCATION: Merrimack

Awarded To:

Amount: \$0.00

Award Date:

Certified by:

Director of Project Development

Summary of Bidders

Contractor	Bid Amount	Rank
INTEGRATED FACILITIES CONSTRUCTION CORP 92 HIGH STREET, MEDFORD MA 02155	\$308,700.00	A
TRIPLE CONSTRUCTION LLC 237 DANIEL WEBSTER HIGHWAY, MERRIMACK NH 03054	\$327,625.00	B
WEATHERGUARD INDUSTRIES/SMJ METALS, LLC 36 SMITH STREET, NORTHHAMPTON MA 01060	\$358,800.00	C

BID AWARD

Award To: Integrated facilities Construction Corp.

Contract Award: \$ 479,400.00

Negotiated: Yes/No?: NO

Alternates: Yes/No?: YES

Using Agency: NH DAS

Authorized By: [Signature]

Date: 04292025

Item 901: \$ 258,700.00

Item 902: \$ 50,000.00

Item 903: \$ _____

Item 904: \$ _____

Item 905: \$ _____

Item 906: \$ _____

Item 907: \$ _____

Item 908: \$ _____

Item 909: \$ _____

Item 910: \$ _____

BASE BID TOTAL: \$ 308,700.00

Alternate #1: \$ 150,700.00

Alternate #2: \$ 20,000.00

Alternate #3: \$ _____

Alternate #4: \$ _____

Alternate #5: \$ _____

Alternate #6: \$ _____

Alternate #7: \$ _____

Alternate #8: \$ _____

Alternate #9: \$ _____

Alternate #10: \$ _____

GRAND TOTAL: \$ 479,400.00



Division of Public Works

ABC Bid Data

CONCORD
81232B
NON-FEDERAL

Item No.	Description	Unit	Quantity	PS&E		INTEGRATED FACILITIES CONSTRUCTION CORP	TRIPLE CONSTRUCTION LLC
				Unit Price	Total	92 HIGH STREET MEDFORD, MA 02155	237 DANIEL WEBSTER HIGHWAY MERRIMACK, NH 03054

Items

901	REPLACE MEMBRANE ROOF SYSTEM	U	1.00			\$258,700.00	\$258,700.00	\$277,625.00	\$277,625.00
902	ALLOWANCE #1 FOR OWNER INITIATED CHANGES	\$	50,000.00			\$1.00	\$50,000.00	\$1.00	\$50,000.00
Totals:						\$536,000.00	\$308,700.00	\$327,625.00	\$327,625.00

ALTERNATES 81232B

ALTERNATE #1

991	ALTERNATE #1 REPLACE SHINGLES	U	1.00			\$150,700.00	\$150,700.00	\$76,270.00	\$76,270.00
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ALTERNATE #2

992	ALTERNATE #2 PAINT CORNICE	U	1.00			\$20,000.00	\$20,000.00	\$18,850.00	\$18,850.00
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Alt. Totals:									
Totals:						\$536,000.00	\$308,700.00	\$327,625.00	\$327,625.00



Division of Public Works

ABC Bid Data

CONCORD

81232B

NON-FEDERAL

Item No.	Description	Unit	Quantity	PS&E		WEATHERGUARD INDUSTRIES/SMJ METALS, LLC 36 SMITH STREET NORTHAMPTON, MA 01060		Unit Price	Total
				Unit Price	Total	Unit Price	Total		

Items

901	REPLACE MEMBRANE ROOF SYSTEM	U	1.00			\$308,800.00	\$308,800.00		
902	ALLOWANCE #1 FOR OWNER INITIATED CHANGES	\$	50,000.00			\$1.00	\$50,000.00		
Totals:						\$536,000.00	\$358,800.00		

ALTERNATES 81232B

ALTERNATE #1

991	ALTERNATE #1 REPLACE SHINGLES	U	1.00			\$182,800.00	\$182,800.00		
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ALTERNATE #2

992	ALTERNATE #2 PAINT CORNICE	U	1.00			\$38,900.00	\$38,900.00		
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Alt. Totals:									
Totals:						\$536,000.00	\$368,800.00		



Division of Public Works

PS&E Comparison

CONCORD
81232B
NON-FEDERAL

Item No.	Description	Unit	Quantity	A-Bidder		PS&E		A-PS&E Difference
				Unit Price	Total	Unit Price	Total	
Items								
901	REPLACE MEMBRANE ROOF SYSTEM	U	1.00	\$258,700.00	\$258,700.00	\$486,000.00	\$486,000.00	(\$227,300.00)
902	ALLOWANCE #1 FOR OWNER INITIATED CHANGES	\$	50,000.00	\$1.00	\$50,000.00	\$1.00	\$50,000.00	\$0.00
ALTERNATES 81232B								
ALTERNATE #1								
991	ALTERNATE #1 REPLACE SHINGLES	U	1.00	\$150,700.00	\$150,700.00	\$198,000.00	\$198,000.00	(\$47,300.00)
ALTERNATE #2								
992	ALTERNATE #2 PAINT CORNICE	U	1.00	\$20,000.00	\$20,000.00	\$15,000.00	\$15,000.00	\$5,000.00
Total:					\$308,700.00		\$536,000.00	(\$227,300.00)



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: 81232B Concord

Contractor Profile

Firm	INTEGRATED FACILITIES CONSTRUCTION CORP
Contractor ID	319532
Address	92 HIGH STREET MEDFORD MA 02155
Phone	(781)306-1144
FAX	
E-Mail	rick@ifc-corp.com
Authorized Signature:	<i>Isi Rick Magliozzi</i>

Bid Bond

Verified

Auth Code/Check# **SNH0314202053**

Receipt of Addenda

Sequence Date

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

Total Bid for Award Consideration

Proposal

\$308,700.00

Contract Number: 81232B

Bid Opening Date: 02-Apr-2025

Contract Name: Concord

Project Funding: State

Proposal For: 319532 - INTEGRATED FACILITIES
CONSTRUCTION CORP

Items

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
1	901	REPLACE MEMBRANE ROOF SYSTEM	U	1.000	\$258,700.00	\$258,700.00
2	902	ALLOWANCE #1 FOR OWNER INITIATED CHANGES	\$	50,000.000	\$1.00	\$50,000.00

Total for Category Items \$308,700.00

ALTERNATES 81232B

ALTERNATE #1

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
3	991	ALTERNATE #1 REPLACE SHINGLES	U	1.000	\$150,700.00	\$150,700.00

Total for Category ALTERNATE #1 \$150,700.00

ALTERNATES 81232B

ALTERNATE #2

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
4	992	ALTERNATE #2 PAINT CORNICE	U	1.000	\$20,000.00	\$20,000.00

Total for Category ALTERNATE #2 \$20,000.00

**Total Bid for Award
Consideration**

\$308,700.00

Proposal

Proposal Of

INTEGRATED FACILITIES CONSTRUCTION CORP
92 HIGH STREET, MEDFORD MA, 02155

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, April 2, 2025. Said project being situated as follows:

Thayer Building Roof Replacement

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 *Isi Rick Magliozzi*

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 November 14, 2025.

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

To guarantee all of the work performed under this Contract to be done in accordance with the Specifications and in good and workmanlike manner, and to renew or repair any work which may be rejected, due to defective materials or workmanship, prior to final completion and acceptance of the project.

Enclosed herewith find certified check or bid bond in the amount of 5% OF THE BID TOTAL made payable to the "Treasurer, State of New Hampshire," as a proposal guarantee which it is understood will be forfeited in the event the Contract is not executed, if awarded by the Department to the undersigned.

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

Yes No

Signature Is/ Rick Magliozzi

Client#: 1794105

INTEGFAC4

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/05/2025

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 any rights to the certificate holder in lieu of such endorsement(s).

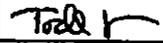
PRODUCER USI Insurance Services LLC 12 Gill Street Suite 5500 Woburn, MA 01801 855 874-0123	CONTACT NAME: Lynne Richmond PHONE (A/C, No, Ext): 855 874-0123 FAX (A/C, No): 781-376-5035 E-MAIL ADDRESS: lynne.richmond@usi.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : Union Insurance Company</td> <td>25844</td> </tr> <tr> <td>INSURER B : Acadia Insurance Company</td> <td>31325</td> </tr> <tr> <td>INSURER C : Palomar Excess and Surplus Insurance Co</td> <td>16754</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Union Insurance Company	25844	INSURER B : Acadia Insurance Company	31325	INSURER C : Palomar Excess and Surplus Insurance Co	16754	INSURER D :		INSURER E :		INSURER F :
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INSURER D :														
INSURER E :														
INSURER F :														
INSURED Integrated Facilities Construction Corp 92 High Street Suite DH1A Medford, MA 02155														

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	X	CPA543368814	03/13/2025	03/13/2026	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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CPA543368814	03/13/2025	03/13/2026	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 type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$0	X	X	CUA543368914	03/13/2025	03/13/2026	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 Comp Ops Agg \$1M/\$1M
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WCA543369013	03/13/2025	03/13/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
C	Pollution Liab			ENP000969302	03/13/2025	03/13/2026	\$1,000,000 Occ \$3,000,000 Agg

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 RE: Project 81232RB, Thayer Building Roof Replacement Project, 129 Pleasant Street, Concord, NH
 Additional Named Insured: State of New Hampshire Dept. of Administrative Services.
 The General Liability policy includes Additional Insured status for the State of NH, its agencies, and its agents and employees, only when there is a written contract that requires such status, and only with regards to work performed on behalf of the named insured. The General Liability policy contains a special (See Attached Descriptions)

CERTIFICATE HOLDER State of New Hampshire c/o Dept 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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DESCRIPTIONS (Continued from Page 1)

endorsement with *Primary & Noncontributory* wording & Waiver of Transfer of rights of recovery against others, when required by written contract. Workers Compensation includes the states of MA & NH.



May 7, 2025

Via FEDEX Air Bill No.: 8146 7428 2789

Ms. Phyllis C. Jouvelakas, Contract Administrator
State of New Hampshire-Department of Transportation
John O. Morton Building
7 Hazen Drive
Concord, NH 03302-0483

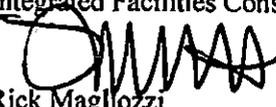
Re: Thayer Roof Replacement Project in Concord, NH
NH DOT Project No.: 81232R; Contract B
Statement Concerning Auto Coverages-Instructions to Bidders

Dear Ms. Jouvelakas:

Please be advised that Integrated Facilities Construction Corp. ("IFCC") does not "own" or "borrow" any vehicles. Therefore, the Commercial Automobile Liability ("Auto Coverage") as identified in the Instructions to Bidders ("ITB") is inapplicable because it would be impossible for IFCC to obtain coverage for either "owned" or "borrowed" autos as they simply do not exist. IFCC does, however, have Auto Coverage for hired and non-owned autos. As a point of reference, you recall that this statement was accepted by the State of New Hampshire in connection with the last five (5) projects we have and are currently performing (the Patrol Shed project in Manchester, NH, the APS Beds Renovate E&F Patient Units project in Concord, NH, and the Perimeter Security & Fence Detection System project in Concord, NH, the REBID Glenn Cove Improvements project in Greenland, NH, and the ARPA Campgrounds Expansion Project in Nottingham, NH).

IFCC submits that based on the above, the Auto Coverage meets the requirements of the ITB which the Office of the Attorney General has previously accepted.

Very truly yours,
Integrated Facilities Construction Corp.


Rick Magllozzi
President rick@ifc-corp.com

cc: File
21044 v.2

Integrated Facilities Construction Corp.

92 High Street, Suite DH1A • Medford, MA 02155 • T: (781) 306-1144 • F: (781) 306-0808

Client#: 1794105

INTEGFAC4

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/05/2025

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.

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PRODUCER USI Ins Svcs Constr Proj Spec 12 Gill Street, Suite 5500 Woburn, MA 01801 855 874-0123	CONTACT NAME: Lynne Richmond	
	PHONE (A/C, No, Ext): 855 874-0123	FAX (A/C, No): 781-376-5035
E-MAIL ADDRESS: lynne.richmond@usi.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Acadia Insurance Company		31325
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

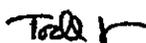
INSURED
 Integrated Facilities Construction Corp
 & The State of New Hampshire
 92 Hight Street, Ste DH1A
 Medford, MA 02155

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

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR Y/N	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"/> PROJECT <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 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		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 \$
A	Builders Risk			CIM5644381	05/07/2025	05/07/2026	\$479,400

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Project 81232RB, Thayer Building Roof Replacement Project, 129 Pleasant Street, Concord, NH
Additional Named Insured: State of New Hampshire Dept. of Administrative Services, Integrated Facilities Construction Corp and any and all contractors, subcontractors and other employees on the premises as named Insureds.
 Waiver of subrogation applies.

CERTIFICATE HOLDER State of New Hampshire c/o Dept 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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Client#: 1794105

INTEGFAC4

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/05/2025

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER USI Insurance Services LLC 12 Gill Street Suite 5500 Woburn, MA 01801 855 874-0123	CONTACT NAME: Lynne Richmond PHONE (A/C, No, Ext): 855 874-0123 FAX (A/C, No): 781-376-5035 E-MAIL ADDRESS: lynne.richmond@usi.com
	INSURER(S) AFFORDING COVERAGE INSURER A : Acadia Insurance Company 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 INSR	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 OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS 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? <input type="checkbox"/> Y/N (Mandatory In NH) (If yes, describe under DESCRIPTION OF OPERATIONS below)			N/A			PER STATUTE OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	OCP			OCP5637819	05/07/2025	05/07/2026	\$2,000,000 Occurrence \$3,000,000 Aggregate

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 RE: Project 81232RB, Thayer Building Roof Replacement Project, 129 Pleasant Street, Concord, NH
 State of New Hampshire Dept of Administrative Services

CERTIFICATE HOLDER State of New Hampshire c/o Dept 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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SOLE OFFICER CERTIFICATE OF AUTHORITY

I, Rick Magliozzi, hereby certify that I am the Sole
(Name and Title)
Officer of Integrated Facilities Construction Corp., which is a corporation registered
(Name of Corporation)

with the Secretary of State under RSA 349.

I further certify that it is understood that the State of New Hampshire may rely on this certificate as evidence that I currently occupy the position indicated and that I have full authority to bind the corporation. This authority remains in full force and effect for thirty (30) days from the date of this Certificate.

DATED: 5/7/25

ATTESTED: 
(Rick Magliozzi, President)

State of New Hampshire

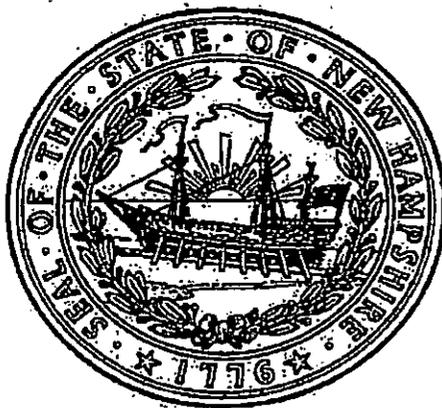
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that INTEGRATED FACILITIES CONSTRUCTION CORP. is a Massachusetts Profit Corporation registered to transact business in New Hampshire on June 10, 2019. 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: 821450

Certificate Number: 0007171497



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 30th day of April A.D. 2025.

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

David M. Scanlan
Secretary of State