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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

276

Charles M. Arlinghaus
Commissioner

Catherine A. Keane
Deputy Commissioner

Sheri L. Rockburn
Assistant Commissioner

May 13, 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 **Sole Source** amendment to an existing contract with D.L. King & Associates, Inc. (VC#168979), Merrimack, New Hampshire by increasing the price limitation by $302,921.68 for a total price not to exceed $1,258,921.68 for Project Number 81231-B Dolloff Building Elevator Replacement, Concord, New Hampshire. This contract is effective upon Governor and Council approval through December 1, 2025, unless extended in accordance with the contract terms. The original contract was approved by Governor and Council on June 14, 2023, Item #169. **100% Capital Funds.**

2) Further authorize the amount of $9,500 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC#311152), for engineering services provided. **100% Capital Funds.**

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

	FY 2025
01-14-14-149030-92860000 L21:1ID10-Doloff Elevator Repl	
034-500162 – Repair/Renovation Buildings	$ 302,921.68
034-500162 – Repair/Renovation Bldgs-DPW Fees	$ 9,500.00
Grand Total	**$ 312,421.68**

EXPLANATION

This request is a **Sole Source** because the amendment is more than 10% of the original contract. Funds were available to replace the Dolloff Building elevator at the Governor Hugh J. Gallen State Office Park South, in Concord. The Dolloff Building has two elevators. The original contract replaced the Traction Elevator machinery and controls. While the General Contractor was completing work on the Traction elevator, D.L. King & Associates, Inc. was requested to provide a price to upgrade the Piston Elevator. A complete estimate was assembled by the General Contractor and their sub-contractors. After close review and negotiation by the Division of Public Works Design and Construction with the General Contractor, an agreed upon price was established.

The Piston Elevator suffers poor operating reliance and extremely slow cab speed. Improvements will eliminate the need for constant repair, taking the elevator out of service. It is over 30 years old and has reached the end of its useful life. The cab doors and call buttons are not compliant with the Americans with Disabilities Act (ADA) and the elevator controls are not compliant with the Life Safety Code. This Amendment will bring the second elevator into compliance with both ADA and Life Safety codes.

The contractor has been pre-qualified by the Department of Transportation. The contract amendment 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 with 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

The contract increase is identified as follows:

Current Contract Amount:	$ 866,000.00
Change Order/Contingency:	$ 90,000.00
Amendment#5:	$ 302,921.68
New Contract Total:	$1,258,921.68

AMENDMENT TO 81231 Contract B
Dolloff Building Elevator Replacement

This AMENDMENT TO THE CONTRACT ("Amendment") is entered into this __ day of May 2025, by and between the State of New Hampshire, acting by and through the Commissioner, Department of Administrative Services (hereinafter "State," "Commissioner," "Department" respectively) and D.L. King & Associates, Inc. (hereinafter "Contractor") (the State and the Contractor may hereinafter singularly and/or collectively be referred to as "Party" or "Parties").

WHEREAS, in February 2023, the State received competitive proposals on Project 81231 Contract B ("Project 81231-B), which called for the replacement of the Dolloff Building elevator at the Governor Hugh J. Gallen State Office Park South, in Concord. This replaced the existing 5-stop traction passenger elevator car, machinery and controls with a new, upgraded elevator cab and all associated components and controls bringing the building elevator into compliance with both ADA and Life Safety codes. Two (2) bid proposals were received.

WHEREAS, on March 23, 2023, pursuant to the approval of the New Hampshire Governor and Council, the Parties entered into a contract for the Dolloff Building Elevator Replacement, Project 81231, Contract B ("Contract").

WHEREAS, on June 14, 2023, New Hampshire Governor and Council approved the Contract (Item # 169).

WHEREAS, the original not-to-exceed amount was $866,000.

WHEREAS, the original completion date was December 1, 2023 and extended through December 1, 2025 in accordance with contract terms and conditions with Alternation Orders #1-4.

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 work as set forth herein. These include:
    a. Remove/replace machine room ceiling, firestop, mortar, paint.
    b. Upgrade car and hydraulic pump.
    c. Design Services by McFarland Johnson, Inc.

2. Amend the not-to-exceed fee of $866,000.00 to $1,258,921.68, as full compensation for the combined total cost of all work, expenses and profit.

3. The Contractor agrees to receive, and the State agrees to pay, as full compensation for the Dolloff Building Elevator Replacement (2), the prices set forth in the Alteration Order #5 dated February 12, 2025, attached hereto as Exhibit A, totaling the sum of three hundred ninety-two thousand, nine hundred twenty-one dollars and sixty-eight cents ($392,921.68).

Initial Changes 6.16.25

4. 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: December 1, 2025.

5. 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.

6. Capitalized terms used herein and not otherwise defined herein shall have the meanings assigned to them in the Contract.

7. This Amendment and all obligations of the Parties are contingent upon appropriate State approval.

Initial Changes 6.16.25

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

CONTRACTOR:
D.L. KING & ASSOCIATES, INC.

DATED: 5/19/25

BY: _____
Name: A Dean King
Title: CEO

STATE OF NEW HAMPSHIRE
DEPARTMENT OF ADMINISTRATIVE SERVICES:

DATED: 5/19/25

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: 6/11/25

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

Exhibit A

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

PROJECT NO.	81231 Contract B	**ALTERATION ORDER NO.**	5
		APPROPRIATION ACCOUNT NO.	030-014-92860000-034-5001
		CONTRACT NO.	70035162
Date	2/12/25	**CONTINGENCY NO.**	7003516-1
Vendor No.	168979 B001		

TO: D. L. King & Associates, Inc., 45 Bates Road, Merrimack NH 03054

In Connection With Your Contract Dated 6/14/2023 For Dolloff Building Elevator Replacement, Concord, NH

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

1	Increase the contract by $302,921.68 to partially cover the cost of Change Order 15.	$302,921.68
2	Increase the contract by $90,000.00 from the contingency to partially cover the cost of Change Order 15.	$90,000.00
3	The balance of Change Order 15, $52,910.56, to be paid out of Allowance 902.	
4	The new contract amount is $1,258,921.68	
	All other terms and conditions of the Contract remain the same.	
		$392,921.68

ACCEPTED BY: Date: 2/18/25 APPROVED BY:

D. L. King & Associates, Inc.

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

CHARLES M. ARLINGHAUS
Commissioner

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

STIPULATED SUM CHANGE ORDER
GENERAL CONTRACTORFORM

Date: 11/19/24 *Number* 15 – Piston Elevator Upgrades

Project Title: Dolloff Building Elevator Replacement

Project Number: 81231 *Contract:* B

Labor:

DESCRIPTION OF LABOR INVOLVED		TOTALS
Remove/replace machine room ceiling, firestop, mortar, paint - 279 hrs at $92 GC's at 12.8% [($25,668.00+$1,650.00+$307,546.40)*0.128]		$25,668.00 $42,862.64
Labor Costs shall include Worker's Compensation & Employee Liability, and Unemployment and Social Security Taxes.	SUBTOTAL	$68,530.64
	(General Contractor) + ~~20%~~ 10%	$6,853.06
	GENERAL CONTRACTOR LABOR TOTAL	$75,383.70

Material: (provided by General Contractor)

DESCRIPTION OF MATERIAL INVOLVED	TOTALS
Fire caulk, mortar, sheetrock, mud, screws, primer/paint, rated access panels	$1,650.00
SUBTOTAL	$1,650.00
(General Contractor) + 10%	$165.00
GENERAL CONTRACTOR MATERIAL TOTAL	$1,815.00

Equipment: (provided by General Contractor, attach rental quotes/rates)

DESCRIPTION OF EQUIPMENT TO BE USED	TOTALS
	$0.00
SUBTOTAL	$0.00
Reimbursement Only for Rental Equipment @ actual cost, no mark-up is allowed.	N/A
GENERAL CONTRACTOR EQUPIPMENT TOTAL	$0.00

Subcontractor: (Attach subcontractors' quote)

SUBCONTRACTOR NAME & TRADE INVOLVED	TOTALS
Stanley – Piston Elevator Upgrades to Car and Hydraulic Pump	$230,000.00
Stanley – Operator	$10,000.00
APH – Sump Pump	$12,450.00
APH – Exhaust Fan	$2,900.00
Laflamme – Electrical	$31,446.40
BD Salo – Window Infill	$4,800.00
ENE – Sump Pump Status to BMS	$4,220.00
ENE – Pit Floor Oil Detector to BMS	$2,920.00
Carter – Sprinklers	$5,310.00
Associated Concrete Coatings – Pit Floor Sealing	$3,500.00
Design Services - McFarland Johnson, Inc.	$27,575.00

All Subcontractors are allowed a 20% mark-up on their labor, 10% mark-up on materials, and 10% mark-up on any subcontractors that they may hire.	SUBTOTAL	$335,121.40
	(General Contractor) + 10%	$33,512.14
	GENERAL CONTRACTOR LABOR TOTAL	$368,633.54

Summary of Costs:

LABOR / MATERIAL / EQUIPMENT / SUBCONTRACTOR	
GRAND TOTAL	**$445,832.24**

Approval:

	SIGNATURE	DATE
Using Agency Representative	Lyn M. Tripp	12/02/2024
Contract Administrator or Clerk of the Works		11/19/24
Contractor Representative	a dean king	11/19/24

Michelle L. Juliano, P.E.
2/6/25

	ALTERATION ORDER DOCUMENTATION		
By Project Manager	**Wyatt Porter-Brown**		
PROJECT NO/CONTR LTR:	**81231**	**Contract B**	
PROJECT NAME:	**Dolloff Building Elevator Replacement**		
PROJECT MANAGER:	**Wyatt Porter-Brown**		
ALTERATION ORDER #	**5**		
TOTAL A.O.'S TO DATE:	**4**		
PROJECT % COMPLETE	99%		
COMPLETION DATE (G&C)	12/1/2023		
REV. COMPLETION DATE	12/1/2025		
By Business Office			
PROJECT BALANCE:			
CONTINGENCY BALANCE:			
DATE A.O. DOCUM. REC'D			
DATE. A.O. PREPARED:			
DATE A.O. APPROVED:			
DATE A.O. MAILED:			
	$302,921.68		
COMMENTS: (By PM)			

This Alteration Order increases the Contract Amount to make money available to pay for new scope required per Change Order # 15.
Change Order #15 amount is $445,832.24. This will be paid from 3 funding sources:
~~$312,921.68~~ new fund plus $90,000.00 Contingency and $52,910.56 from existing Allowance # 1, leaving $50,000 for unforseen conditions in Allowance Account 1. The $302,921.68 increase will have to be approved by G&C.

1. Increase Contract by $302921.68 to partially cover the cost of Change Order 15 work.
2. Inctrease the contract by $90,000.00 from the contingency to partially cover the cost of Change Order 15 work.
3. The Balance of Change Order 15, 52,910.56 to be paid out of Allowance Account 1.
4. The Current contract amount of $866,000.00 with the addition of $302,921.68 plus $90,000.00 contingency results in a new total contract amount of $1,258,921,68

s:/BPW/adminsupport/forms

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.L. KING & ASSOCIATES, INC. is a Illinois Profit Corporation registered to transact business in New Hampshire on December 29, 1999. 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: **332476**

Certificate Number: **0007165405**

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 22nd day of April A.D. 2025.

David M. Scanlan
Secretary of State

D.L. KING & Associates, Inc.
45 Bates Rd.
Merrimack, NH 03054
Office: 603-262-5838

D.L. King & Associates, Inc.

Certificate of Vote

I, Lisa M. King, hereby certify that I am duly elected President of D.L. King & Associates, Inc.

I hereby certify the following is a true copy of a vote taken at a meeting of the Board of Directors of the Corporation, duly called and held on May 19, 2025, at which a quorum of the Board was present and voting.

VOTED:

That A. Dean King, CEO, is duly authorized to enter into a specific Agreement for the Corporation with the State of New Hampshire and further authorized to execute any documents, which may in his judgment be desirable or necessary to affect 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 May 19, 2025 and that A. Dean King is the duly elected CEO, respectively, of this Corporation.

Attest:

Date:_____May 19, 2025_____

Lisa M. King
President

Corporate Seal:

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/11/2025

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
Arthur J. Gallagher Risk Management Services, LLC
45 Constitution Avenue.
P.O. Box 511
Concord NH 03302-0511

License#: 0D69293

CONTACT NAME: Renee Skillings
PHONE (A/C, No, Ext): 800-238-3840 **FAX (A/C, No):** 603-224-8012
E-MAIL ADDRESS: renee_skillings@ajg.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Citizens Insurance Company of America	31534
INSURER B : Allmerica Financial Benefit Insurance Co	41840
INSURER C : Hanover Insurance Companies	22292
INSURER D : Massachusetts Bay Insurance Company	22306
INSURER E :	
INSURER F :	

INSURED
D.L. King & Associates, Inc.
45 Bates Road
Merrimack NH 03054

DLKING&-01

COVERAGES **CERTIFICATE NUMBER:** 2131495057 **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	
A	X COMMERCIAL GENERAL LIABILITY			ZBV J539525-01	9/3/2024	9/3/2025	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 15,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY [X] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
B	AUTOMOBILE LIABILITY			AWV J539507-01	9/3/2024	9/3/2025	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
C	X UMBRELLA LIAB X OCCUR			UHV J539526-01	9/3/2024	9/3/2025	EACH OCCURRENCE	$ 5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 5,000,000
	DED X RETENTION $ 10,000						Prod/Cmplete Opps Agg	$ 5,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			WDV J539518-00	9/3/2024	9/3/2025	X PER STATUTE / OTH-ER	3A: NH/MA
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH) Y	N/A					E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
A	Leased/Rented Equip			ZBV J539525-01	9/3/2024	9/3/2025	Limit	$35,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: Dolloff Building Elevator Replacement #81231B.

CERTIFICATE HOLDER

State of New Hampshire
Department of Administrative Services
7 Hazen Drive
Room 250
Concord NH 03301
United States

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
Eric Horner

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 5/16/2025

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
Arthur J. Gallagher Risk Management Services, LLC
45 Constitution Ave P.O. Box 511
Concord NH 03301

License#: 0D69293

CONTACT NAME: Renee Skillings
PHONE (A/C, No, Ext): 800-238-3840 **FAX (A/C, No):** 603-224-8012
E-MAIL ADDRESS: renee_skillings@ajg.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Mid-Continent Casualty Company	23418
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
State of NH Dept of Administrative Services (OWNER)
D.L. King & Associates, Inc. (CONTRACTOR)
45 Bates Road
Merrimack NH 03054

DLKING4-01

COVERAGES **CERTIFICATE NUMBER:** 633248822 **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	
A	COMMERCIAL GENERAL LIABILITY			04OCP002004947	3/23/2023	12/31/2025	EACH OCCURRENCE	$ 2,000,000
	CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	X OCP Liability						MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 4,000,000
	POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	DED [ ] RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N / A (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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: 81231B Dolloff Elevator - contract cost $1,258,922

CERTIFICATE HOLDER

State of New Hampshire
Department of Administrative Services
7 Hazen Drive
Room 250
Concord NH 03301
United States

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
Eric Horner

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY): 5/16/2025

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.

PRODUCER
Arthur J. Gallagher Risk Management Services, LLC
45 Constitution Ave P.O. Box 511
Concord NH 03301

License#: 0D69293

CONTACT NAME: Renee Skillings
PHONE (A/C, No, Ext): 800-238-3840 FAX (A/C, No): 603-224-8012
E-MAIL ADDRESS: renee_skillings@ajg.com
PRODUCER CUSTOMER ID: DLKING&-01

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Acadia Insurance Company	31325
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
D.L. King & Associates, Inc.; State of NH Dept. of Administrative Services;
any and all subs & all tier subs; and any other party that has a financial interest in the project
45 Bates Road
Merrimack NH 03054

COVERAGES **CERTIFICATE NUMBER:** 1103712622 **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Dolloff Building Elevator Replacement #81231B

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
	☐ PROPERTY CAUSES OF LOSS — DEDUCTIBLES ☐ BASIC — BUILDING ☐ BROAD — CONTENTS ☐ SPECIAL ☐ EARTHQUAKE ☐ WIND ☐ FLOOD				☐ BUILDING ☐ PERSONAL PROPERTY ☐ BUSINESS INCOME ☐ EXTRA EXPENSE ☐ RENTAL VALUE ☐ BLANKET BUILDING ☐ BLANKET PERS PROP ☐ BLANKET BLDG & PP	$ $ $ $ $ $ $ $
	☐ INLAND MARINE CAUSES OF LOSS ☐ NAMED PERILS	TYPE OF POLICY BUILDERS RISK POLICY NUMBER			X JOBSITE X TEMP STORAGE X IN TRANSIT	$ 1,258,922 $ 500,000 $ 500,000
A	X SPECIAL	CIM 554992512	3/23/2025	3/23/2026		$
	☐ CRIME TYPE OF POLICY					$
	☐ BOILER & MACHINERY / EQUIPMENT BREAKDOWN					$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: Dolloff Building Elevator Replacement #81231B. Waiver of Subrogation included.

CERTIFICATE HOLDER

State of New Hampshire
Department of Administrative Services
7 Hazen Drive
Room 250
Concord NH 03301
United States

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
Eric Horner

169

mc

State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES
25 Capitol Street - Room 100
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

June 14, 2023

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 D.L. King & Associates, Inc. (VC#168979), Merrimack, New Hampshire for a total price not to exceed $866,000 for Project Number 81231-B Dolloff Building Elevator Replacement, Concord, New Hampshire. This contract is effective upon Governor and Council approval through December 1, 2023, unless extended in accordance with the contract terms. **100% Capital Funds.**

2) Further authorize that a contingency in the amount of $90,000 be approved for unanticipated site expenses for Dolloff Building Elevator Replacement, Concord, New Hampshire, bringing the total to $956,000. **100% Capital Funds.**

3) Further authorize the amount of $26,340 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 $982,340. **100% Capital Funds.**

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

	FY 2023
01-14-14-149030-92860000 L21:11D10-Doloff Elevator Repl	
034-500162 – Repair/Renovation Buildings	$ 866,000
034-500162 – Repair/Renovation Bldgs-Contigency	$ 90,000
034-500162 – Repair/Renovation Bldgs-DPW fees	$ 26,340
Grand Total	**$ 982,340**

EXPLANATION

Per Chapter 107:1, I, D, 10, Laws of 2021, funds are available to replace the Dolloff Building elevator at the Governor Hugh J. Gallen State Office Park South, in Concord. This contract will replace the existing 5-stop traction passenger elevator car, machinery and controls with a new, upgraded elevator cab and all associated components and controls. The existing Elevator Machine Room will be made code compliant by installing a fire-rated wall to isolate the existing elevator shaft from the machine room.

The elevator and machinery are 70 years old and have reached the end of their useful life. The cab doors and call buttons are not compliant with the Americans with Disabilities Act (ADA) and the elevator controls are not compliant with the Life Safety Code. This contract will bring the building elevator into compliance with both ADA and Life Safety codes.

A public bid opening was held on February 15, 2023. Two (2) bid proposals were received and the contract was awarded to the lowest qualified bidder. The low bid was 17% over the Department estimate due in part to low material and equipment availability, as well as, long lead times for electronic control panels. The market for mechanical/electrical contractors is also very strong so fewer contractors are available to bid projects, making bids less competitive.

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:	$ 734,798
Low bid:	$ 866,000
Over estimate:	$ 131,202

ABC Bid Data

CONCORD
12231B
NON-FEDERAL

PROJECT:	Concord	Awarded To:			
STATE PROJECT NUMBER:	12231B				
FED. PROJECT NUMBER:	NON-FEDERAL				
DATE BIDS OPEN:	February 15, 2023,				
SCOPE OF WORK:	DOLLOFF BUILDING ELEVATOR REPLACEMENT	Amount:	$0.00	Certified by:	_____
COMPLETION DATE:	December 01, 2023	Award Date:			Director of Project Development
LOCATION:	Merrimack				

Summary of Bidders

Contractor	Bid Amount	Rank
D. L. KING & ASSOCIATES, INC. 45 BATES ROAD, MERRIMACK NH 03054	$866,000.00	A
TRIPLE CONSTRUCTION LLC 5 EXECUTIVE DRIVE SUITE 3, HUDSON NH 03051	$900,206.00	B

Item # 901: $ 743,500.-
902: $ 122,500.-
Total This Contract: $ 866,000.-

BUREAU OF PUBLIC WORKS
✓ Award to DL King & Assoc, Inc.
_____ Hold for Negotiation
_____ Cancel Contract
User Agency NH DAS
Authorized by _____
Date 03082023
9:12 am

ABC Bid Data

CONCORD
61231B
NON-FEDERAL

Item No.	Description	Unit	Quantity	[redacted]		[redacted]		[redacted]	
				Unit Price	Total	Unit Price	Total	Unit Price	Total
Items									
001	REPLACE 6 STOP, TRACTION ELEVATOR, MACHINERY, AND CONTROLS	U	1.00	$612,708.00	$612,708.00	$743,800.00	$743,800.00	$777,708.00	$777,708.00
002	ALLOWANCE FOR UNFORESEEN CONDITIONS	$	122,000.00	$1.00	$122,000.00	$1.00	$122,000.00	$1.00	$122,000.00
			Totals:		$734,708.00		$865,800.00		$899,708.00
			Alt. Totals:						
			Totals:		$734,708.00		$865,800.00		$899,708.00

PS&E Comparison

CONCORD
$12318
NON-FEDERAL

Item No.	Description	Unit	Quantity	A-Bidder Unit Price	A-Bidder Total	PS&E Unit Price	PS&E Total	A-PS&E Difference
Items								
901	REPLACE 5 STOP, TRACTION ELEVATOR, MACHINERY, AND CONTROLS	U	1.00	$743,500.00	$743,500.00	$612,298.00	$612,298.00	$131,202.00
902	ALLOWANCE FOR UNFORESEEN CONDITIONS	$	122,500.00	$1.00	$122,500.00	$1.00	$122,500.00	$0.00
	Total:				$866,000.00		$734,798.00	$131,202.00

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.L. KING & ASSOCIATES, INC. is a Illinois Profit Corporation registered to transact business in New Hampshire on December 29, 1999. 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: 332476

Certificate Number: 0006218678

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 April A.D. 2023.

David M. Scanlan

Secretary of State

Certificate of Authority # 1 *(Corporation, Non-Profit Corporation)*

Corporate Resolution

I, A. Dean King, hereby certify that I am duly elected Clerk/Secretary/Officer of
(Name)
D.L. King & Associates Inc., 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 March 23, 20 23
at which a quorum of the Directors/shareholders were present and voting.

VOTED: That Lisa M. King, President (may list more than one person) is
(Name and Title)
duly authorized to enter into contracts or agreements on behalf of
D.L. King & Associates, Inc. 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: 3/23/2023 **ATTEST:** CEO
(Name & Title)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 3/21/2023

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 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	CONTACT NAME: Renee Skillings
THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	PHONE (A/C, No, Ext): (603)224-2562 FAX (A/C, No): (603)224-0012 E-MAIL ADDRESS: rskillings@rowleyagency.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A: Arbella Insurance Group —
INSURED D.L. King & Associates, Inc. 45 Bates Rd Merrimack NH 03054	INSURER B: Arbella Protection Ins Co — 41360 INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: 22-23 State NH LM UMB 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	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [X] PRO-JECT [ ] LOC OTHER:			8300662916	9/3/2022	9/3/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
B	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS			1020032951	9/3/2022	9/3/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 10,000			8220086373	9/3/2022	9/3/2023	EACH OCCURRENCE AGGREGATE PRODUCTS/COMP/OPS AGG	$ 1,000,000 $ 1,000,000 $ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: Y N/A If yes, describe under DESCRIPTION OF OPERATIONS below			4220057417 3A States: NH/MA Excluded Officers: Dean & Lisa King	9/3/2022	9/3/2023	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
A	LEASED/RENTED EQUIPMENT			8220086373	9/3/2022	9/3/2023	LIMIT	35,000

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

Re: Job #81231B Dolloff Elevator Replacement, 117 Pleasant Street, Concord, NH.
The State of New Hampshire, its agencies, and its agents and employees shall be named as additional insureds for ongoing and completed operations performed by or on behalf of D.L. King & Associates, Inc., per written contract on the General Liability and Umbrella policies.

CERTIFICATE HOLDER

Phyllis.C.Jouvelakas@dot.nh.g

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

Renee Skillings/LPH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 3/20/2023

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 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 THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Renee Skillings PHONE (A/C, No, Ext): (603)224-2562 FAX (A/C, No): (603)224-8013 E-MAIL ADDRESS: rskillings@rowleyagency.com
INSURED State of New Hampshire Dept of Administrative Services c/o D.L. King & Associates, Inc. (CONTRACTOR) 45 Bates Rd Merrimack NH 03054	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: Mid Continent Casualty Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: OCP Dolloff Elev 812318 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	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [ ] OCCUR [X] [X] Owners & Contractors Protec GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [ ] PRO-JECT [ ] LOC OTHER:			04OCP0022004947	3/23/2023	3/23/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 2,000,000 $ $ $ $ 4,000,000 $
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	UMBRELLA LIAB [ ] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [ ] 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	$ $ $

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Job #812318 Dolloff Elevator Replacement, 117 Pleasant Street, Concord, NH

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

Renee Skillings/RLS Renee L. Skillings/RLS

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY): 3/20/2023

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.

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

PRODUCER THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Renee Skillings PHONE (A/C, No, Ext): (603)224-2562 FAX (A/C, No): (603)224-6812 E-MAIL ADDRESS: rskillings@rowleyagency.com PRODUCER CUSTOMER ID: 00007629
INSURED D.L. King & Associates, Inc., NH Dept of Admin Svcs, any and all subs and all other employed on the premises 45 Bates Rd Merrimack NH 03054	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: Acadia Insurance Company — 31325 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: BR Dolloff Elev 81231B REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Job #81231B Dolloff Elevator Replacement, 117 Pleasant Street, Concord, NH

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
	[ ] PROPERTY CAUSES OF LOSS: [ ] BASIC [ ] BROAD [ ] SPECIAL [ ] EARTHQUAKE [ ] WIND [ ] FLOOD DEDUCTIBLES: BUILDING / CONTENTS				[ ] BUILDING [ ] PERSONAL PROPERTY [ ] BUSINESS INCOME [ ] EXTRA EXPENSE [ ] RENTAL VALUE [ ] BLANKET BUILDING [ ] BLANKET PERS PROP [ ] BLANKET BLDG & PP	$ $ $ $ $ $ $ $
A	[X] INLAND MARINE CAUSES OF LOSS: [ ] NAMED PERILS [X] SPECIAL FORM TYPE OF POLICY: Installation/Builder Risk	POLICY NUMBER: BR03232023	3/23/2023	3/23/2024	[X] JOBSITE LIMIT [X] TEMPORARY STORAGE [X] IN TRANSIT [X] WAIVER OF SUBROGATION	$ 866,000 $ 433,000 $ 433,000 $ INCLUDED
	[ ] CRIME TYPE OF POLICY					$
	[ ] BOILER & MACHINERY / EQUIPMENT BREAKDOWN					$
						$

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

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

CANCELLATION

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AUTHORIZED REPRESENTATIVE

Renee Skillings/RLS Renee L. Skillings, CRIS