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DEC 03 2025



State of New Hampshire

DEPARTMENT OF SAFETY  
JAMES H. HAYES BLDG.  
33 HAZEN DR.  
CONCORD, N.H. 03305  
(603) 271-2791

EDDIE EDWARDS  
ASSISTANT  
COMMISSIONER

STEVEN R. LAVOIE  
ASSISTANT  
COMMISSIONER

ROBERT L. QUINN  
COMMISSIONER  
OF SAFETY

October 21, 2025

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

REQUESTED ACTION

Authorize the Department of Safety, Division of State Police, to enter into a contract with Joe Brigham, Inc d/b/a Craig Avionics (VC #155648-B001), Concord, NH, in an amount not to exceed \$573,055.00 for the provision of comprehensive avionics upgrades, as well as the installation of advanced law enforcement equipment on the State Police Bell 407 Helicopter. Effective upon Governor and Council approval through June 30, 2026. **70% General Funds and 30% Highway Funds**

Funds are available in the following account for SFY2026:

	<u>SFY2026</u>
02-23-23-234030-65340000 – Dept. of Safety – Division. of State Police – L23:1XIV2-NHSP Heli Improvement	\$400,400.00
034-500161 – Capital Projects – New Construction	
02-23-23-234030-69540000 – Dept. of Safety – Division. of State Police – L23:2I2-NHSP Heli Improvement	\$172,655.00
034-500161 – Capital Projects – New Construction	
<b>Total</b>	<b>\$573,055.00</b>

EXPLANATION

This contract provides a comprehensive avionics upgrade and installs advanced law enforcement equipment on the New Hampshire State Police Bell 407 Helicopter. The project also includes a critical enhancement of the rear Tactical Flight Officer station, featuring new mapping systems, improved communications, and high-definition displays to increase operational efficiency and situational awareness.

The Division of State Police released a Request for Proposal (RFP DOS 2025-05) which was advertised on the Purchase and Property website from June 20, 2025 through July 25, 2025. One proposal was received from Joe Brigham, Inc, d/b/a Craig Avionics.

The Department of Safety has determined that the vendor is in good standing with the Secretary of State's Office, has secured the required levels of insurance, and has provided evidence of authority to execute and be bound by the contract. Documents supporting these assertions are available at the agency, for review upon request.

Respectfully submitted,

Robert L. Quinn  
Commissioner of Safety

Project Name: RFP DOS 2026-05

NHSP Bell 407 Helicopter Upgrade Installation

Evaluation Factor	Received Proposals			
	Craig Aviation			
Adherence to Mandatory Requirements (Pass/Fail)	Pass	Pass	Pass	Pass
Technical Proposal	Points Distribution	Point Score	Point Score	Point Score
<i>Proposed Plan</i>				
Vendor Experience/References	20	20.00	0.00	0.00
Turnaround Time	20	18.00	0.00	0.00
Service Location	20	20.00	0.00	0.00
<b>Technical Proposal Score</b>	<b>60</b>	<b>58.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Proposal Cost</b>	<b>40</b>	<b>\$ 573,055.00</b>		<b>Lowest Cost</b> \$573,055.00
(lowest proposed cost/vendor's proposed cost ) X maximum allocated points for proposal cost		40.00	0.00	0.00
<b>Total Score</b>	<b>100</b>	<b>98.00</b>	<b>0.00</b>	<b>0.00</b>

**Pricing Scoring Team**

Tammy Holso, Administor III, Dept of Safety, Div of State Police

**Technical Scoring Team**

Lt. Christopher Storm, Commander of NHSP Special Service

Sgt John LaPointe Commander of NHSP Special Enforcement Unit

David Linares, Civilian pilot for NHSP helicopter/airplane since 2000

**Notice:** This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

**AGREEMENT**

The State of New Hampshire and the Contractor hereby mutually agree as follows:

**GENERAL PROVISIONS**

**1. IDENTIFICATION.**

1.1 State Agency Name Dept of Safety, Division of State Police		1.2 State Agency Address 33 Hazen Drive Concord, NH 03305	
1.3 Contractor Name Joe Brigham, Inc d/b/a Craig Avionics		1.4 Contractor Address 83 Airport Road Concord, NH 03301	
1.5 Contractor Phone Number (603)225-8994	1.6 Account Unit and Class	1.7 Completion Date 06/30/2026	1.8 Price Limitation \$573,055.00
1.9 Contracting Officer for State Agency Dianna Courtemanche		1.10 State Agency Telephone Number (603) 223-8437	
1.11 Contractor Signature  Donna J. Newcomb Date: 9/24/25		1.12 Name and Title of Contractor Signatory Donna J. Newcomb, CEO	
1.13 State Agency Signature  Amy L. Newbury Date: 10/20/25		1.14 Name and Title of State Agency Signatory Amy L. Newbury, Director of Administration	
1.15 Approval by the N.H. Department of Administration, Division of Personnel (if applicable)  By: _____ Director, On _____			
1.16 Approval by the Attorney General (Form, Substance and Execution) (if applicable)  By: _____ Director, On 11/12/2025			
1.17 Approval by the Governor and Executive Council (if applicable)  G&C Item number: _____ G&C Meeting Date: _____			

**2. SERVICES TO BE PERFORMED.** The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT B which is incorporated herein by reference ("Services").

**3. EFFECTIVE DATE/COMPLETION OF SERVICES.**

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.13 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed.

3.3 Contractor must complete all Services by the Completion Date specified in block 1.7.

**4. CONDITIONAL NATURE OF AGREEMENT.**

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds. In no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds by any state or federal legislative or executive action that reduces, eliminates or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope for Services provided in EXHIBIT B, in whole or in part, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to reduce or terminate the Services under this Agreement immediately upon giving the Contractor notice of such reduction or termination. The State shall not be required to transfer funds from any other account or source to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

**5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.**

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT C which is incorporated herein by reference.

5.2 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8. The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance

hereof, and shall be the only and the complete compensation to the Contractor for the Services.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 The State's liability under this Agreement shall be limited to monetary damages not to exceed the total fees paid. The Contractor agrees that it has an adequate remedy at law for any breach of this Agreement by the State and hereby waives any right to specific performance or other equitable remedies against the State.

**6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/EQUAL EMPLOYMENT OPPORTUNITY.**

6.1 In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal employment opportunity laws and the Governor's order on Respect and Civility in the Workplace, Executive order 2020-01. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of age, sex, sexual orientation, race, color, marital status, physical or mental disability, religious creed, national origin, gender identity, or gender expression, and will take affirmative action to prevent such discrimination, unless exempt by state or federal law. The Contractor shall ensure any subcontractors comply with these nondiscrimination requirements.

6.3 No payments or transfers of value by Contractor or its representatives in connection with this Agreement have or shall be made which have the purpose or effect of public or commercial bribery, or acceptance of or acquiescence in extortion, kickbacks, or other unlawful or improper means of obtaining business.

6.4. The Contractor agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with this Agreement and all rules, regulations and orders pertaining to the covenants, terms and conditions of this Agreement.

**7. PERSONNEL.**

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 The Contracting Officer specified in block 1.9, or any successor, shall be the State's point of contact pertaining to this Agreement.

**8. EVENT OF DEFAULT/REMEDIES.**

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

- 8.1.1 failure to perform the Services satisfactorily or on schedule;
- 8.1.2 failure to submit any report required hereunder; and/or
- 8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) calendar days from the date of the notice; and if the Event of Default is not timely cured, terminate this Agreement, effective two (2) calendar days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 give the Contractor a written notice specifying the Event of Default and set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 give the Contractor a written notice specifying the Event of Default, treat the Agreement as breached, terminate the Agreement and pursue any of its remedies at law or in equity, or both.

**9. TERMINATION.**

9.1 Notwithstanding paragraph 8, the State may, at its sole discretion, terminate the Agreement for any reason, in whole or in part, by thirty (30) calendar days written notice to the Contractor that the State is exercising its option to terminate the Agreement.

9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State's discretion, deliver to the Contracting Officer, not later than fifteen (15) calendar days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. In addition, at the State's discretion, the Contractor shall, within fifteen (15) calendar days of notice of early termination, develop and submit to the State a transition plan for Services under the Agreement.

**10. PROPERTY OWNERSHIP/DISCLOSURE.**

10.1 As used in this Agreement, the word "Property" shall mean all data, information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

10.2 All data and any Property which has been received from the State, or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

10.3 Disclosure of data, information and other records shall be governed by N.H. RSA chapter 91-A and/or other applicable law. Disclosure requires prior written approval of the State.

**11. CONTRACTOR'S RELATION TO THE STATE.** In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

**12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.**

12.1 Contractor shall provide the State written notice at least fifteen (15) calendar days before any proposed assignment, delegation, or other transfer of any interest in this Agreement. No such assignment, delegation, or other transfer shall be effective without the written consent of the State.

12.2 For purposes of paragraph 12, a Change of Control shall constitute assignment. "Change of Control" means (a) merger, consolidation, or a transaction or series of related transactions in which a third party, together with its affiliates, becomes the direct or indirect owner of fifty percent (50%) or more of the voting shares or similar equity interests, or combined voting power of the Contractor, or (b) the sale of all or substantially all of the assets of the Contractor.

12.3 None of the Services shall be subcontracted by the Contractor without prior written notice and consent of the State.

12.4 The State is entitled to copies of all subcontracts and assignment agreements and shall not be bound by any provisions contained in a subcontract or an assignment agreement to which it is not a party.

**13. INDEMNIFICATION.** The Contractor shall indemnify, defend, and hold harmless the State, its officers, and employees from and against all actions, claims, damages, demands, judgments, fines, liabilities, losses, and other expenses, including, without limitation, reasonable attorneys' fees, arising out of or relating to this Agreement directly or indirectly arising from death, personal injury, property damage, intellectual property infringement, or other claims asserted against the State, its officers, or employees caused by the acts or omissions of negligence, recklessness or willful misconduct, or fraud by the Contractor, its employees, agents, or subcontractors. The State shall not be liable for any costs incurred by the Contractor arising under this paragraph 13. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the State's sovereign immunity, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

Contractor Initials ASW  
Date 9/24/25

#### 14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and continuously maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 commercial general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate or excess; and

14.1.2 special cause of loss coverage form covering all Property subject to subparagraph 10.2 herein, in an amount not less than 80% of the whole replacement value of the Property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or any successor, a certificate(s) of insurance for all insurance required under this Agreement. At the request of the Contracting Officer, or any successor, the Contractor shall provide certificate(s) of insurance for all renewal(s) of insurance required under this Agreement. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference.

#### 15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("*Workers' Compensation*").

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. The Contractor shall furnish the Contracting Officer identified in block 1.9, or any successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. **WAIVER OF BREACH.** A State's failure to enforce its rights with respect to any single or continuing breach of this Agreement shall not act as a waiver of the right of the State to later enforce any such rights or to enforce any other or any subsequent breach.

17. **NOTICE.** Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

18. **AMENDMENT.** This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no such approval is required under the circumstances pursuant to State law, rule or policy.

#### 19. CHOICE OF LAW AND FORUM.

19.1 This Agreement shall be governed, interpreted and construed in accordance with the laws of the State of New Hampshire except where the Federal supremacy clause requires otherwise. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

19.2 Any actions arising out of this Agreement, including the breach or alleged breach thereof, may not be submitted to binding arbitration, but must, instead, be brought and maintained in the Merrimack County Superior Court of New Hampshire which shall have exclusive jurisdiction thereof.

20. **CONFLICTING TERMS.** In the event of a conflict between the terms of this P-37 form (as modified in EXHIBIT A) and any other portion of this Agreement including any attachments thereto, the terms of the P-37 (as modified in EXHIBIT A) shall control.

21. **THIRD PARTIES.** This Agreement is being entered into for the sole benefit of the parties hereto, and nothing herein, express or implied, is intended to or will confer any legal or equitable right, benefit, or remedy of any nature upon any other person.

22. **HEADINGS.** The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

23. **SPECIAL PROVISIONS.** Additional or modifying provisions set forth in the attached EXHIBIT A are incorporated herein by reference.

24. **FURTHER ASSURANCES.** The Contractor, along with its agents and affiliates, shall, at its own cost and expense, execute any additional documents and take such further actions as may be reasonably required to carry out the provisions of this Agreement and give effect to the transactions contemplated hereby.

25. **SEVERABILITY.** In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

26. **ENTIRE AGREEMENT.** This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings with respect to the subject matter hereof.

**EXHIBIT A  
SPECIAL PROVISIONS**

There are no special provisions.

Contractor Initials ASW  
Date 9/24/25

**EXHIBIT B**  
**SCOPE OF SERVICES**

Joe Brigham, Inc d/b/a Craig Avionics, 83 Airport Road, Concord, NH (Contractor), is being contracted by Department of Safety, Division of State Police (Agency) to provide comprehensive avionics upgrades, as well as the installation of advanced law enforcement equipment on the State Police Bell 407 Helicopter. This project also includes a critical upgrade to the rear Tactical Flight Officer (TFO) station.

The Contract will become effective upon Governor and Council approval through June 30, 2026. The Agency will have the right to terminate the contract at any time by giving the Contractor a thirty (30) day written notice.

The Contractor shall provide the following services:

**Scope of Work**

1. Upgrade of FLIR 380 HDC to FLIR 380 X HDC 4 Pin Skillet.
  - a. Add install of Spotter, Kit Gore Vent and Cable Assembly
    - i. Upgrade kit will be provided by the Agency
2. Installation of Macro Blue Screens
  - a. Installation of a Macro Blue 10.5-inch screen on the co-pilot panel.
  - b. Installation of a Macro Blue 21.5-inch screen in the rear TFO position.
    - i. Screens and install kits will be provided by the Agency.
3. Installation of Shotover Augmented Mapping System.
  - a. The Shotover Augmented Mapping System will be integrated with the FLIR 380X HDC, and it is imperative that both systems operate seamlessly together. The Contractor must ensure that the integration is performed to the highest standards, guaranteeing full operational functionality and compatibility between the Shotover system the FLIR 380x HDC and the already installed Trakka Beam lighting system. This integration is crucial for enhancing the overall efficiency and effectiveness of our law enforcement operations, providing superior situational awareness and tactical capabilities.
    - i. System and install kit will be provided by the Agency.
4. Installation of one SW-LTE-70 US LTE & Gigabit Wi-Fi Router
  - a. Includes three internal Wi-Fi antennas.
5. Installation of one ARS-KB-R NVIS Keyboard and Rack Mount
  - a. Products will be provided by the Agency.

6. Additional components to be provided and installed
  - David Clark Push to Talk switch 40071G-04
  - USB Dual A Charging Ports GSB-15 (2 units)
  - USB Dual C Charging Ports GSB-15 (2 units)
  - 500-Watt Inverter DC-AC T1500:MD50 (1 unit)
  - Tra120V Outlets 9018708-1 (2 units)
  - MS 3102R14S-5s Connector (2 units)
  - MS 25043-12DA Cap (2 units)
  - Relay JRS12-001 (1 unit)
  - GTN 650HXI NV Upgrade GPS/NAV/Com (1 unit)
  - 16-Watt Com Enablement (1 unit)
  - HTAWS Enablement (1 unit)
  - FS510 BT Data Card (1 unit)
  - GTX 345 NV ADSB XPDR w/GAE 12 (1 unit)
  - GTX 345 XPDR A/C Unlock Enablement (1 unit)
  - GTR 205H Com (1 unit)
  - GTR 205H NVG Enablement (1 unit)
  - GTR 205H 16-Watt Enablement (1 unit)
7. Testing Requirements
  - a. EMI Testing
  - b. Designated Engineering Representatives, or DERs cost if applicable
  - c. NVG Testing
  - d. Certifications for IFR Pitot/Static and XPDR
    - i. Test Flight of ALL installed components

See Attachment A – Bid Offer (Per RFP DOS 2026-05 Attachment E)

**Subcontractors**

The Contractor shall identify all Subcontractors to deliver required services subject to the terms and conditions of this Contract.

The Contract shall remain wholly responsible for performance of the entire Contract regardless of whiter a Subcontractor is used. The Agency will consider the Contractor to be the sole point of contact with regard to all contractual matters, including payment to any and all charges resulting from any Contract.

At the time of submission, Craig Avionics identified three (3) subcontractors for this contract.

**Interconnect Drawings**  
 Wysong Enterprises, Inc  
 2695 Highway 75  
 Blountville, TN 37617

**Night Vision Lighting Solutions**  
 REB Technologies Inc.  
 1500 Brown Trail  
 Bedford, TX 76022

**Designated Engineering Representative**  
 An FAA Approved DER to be determined

Contractor Initials ACW  
 Date 9/24/25

**EXHIBIT C  
PRICING AND PAYMENT TERMS**

The Contractor shall invoice the Department of Safety, Division of State Police once work is completed during the contract period.

The Department of Safety, Division of State Police agrees to make payment of such invoices within thirty (30) days of receipt of the invoice and the Agency approval and acceptance. The Contractor agrees not to exceed the contract total of \$573,055.00.

**See Attachment A – Bid Offer (Per RFP DOS 2026-05 Attachment E)**

# State of New Hampshire

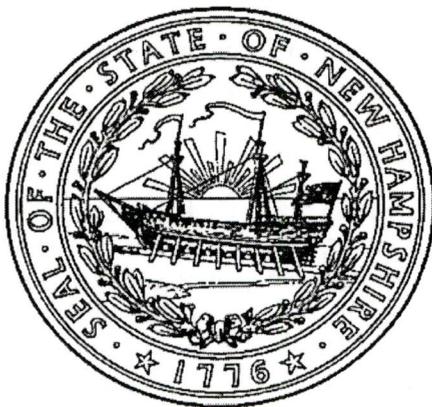
## Department of State

### CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that JOE BRIGHAM, INC. is a New Hampshire Profit Corporation registered to transact business in New Hampshire on February 10, 1983. 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: 59793

Certificate Number: 0007329540



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 12th day of November A.D. 2025.

A handwritten signature in black ink, appearing to read "David M. Scanlan", written over a faint circular outline.

David M. Scanlan  
Secretary of State

**CONSENT IN LIEU OF SPECIAL MEETING  
OF THE DIRECTORS**

**OF**

**JOE BRIGHAM, INC.  
d/b/a Craig Avionics**

(Authorization for NH State Contract)

THE UNDERSIGNED, being all of the directors of Joe Brigham, Inc., a New Hampshire corporation, d/b/a/ Craig Avionics (the "Corporation"), do hereby waive all notice of time, place and purposes of a special meeting of the directors of the Corporation and do hereby consent, as permitted by the bylaws of the Corporation and Section 293-A:8.21 of the New Hampshire Business Corporation Act, to the adoption of the following resolutions with the same force and effect as if adopted at a duly convened meeting of the directors of the Corporation and hereby direct that this written consent be filed with the minutes of the proceedings of the directors of the Corporation:

**NH State Contract**

**RESOLVED:** That, Donna Newcomb, CEO, Raymond Newcomb, COO, and Kurt West, President (collectively, the "Authorized Officers") and each is an "Authorized Officer") be, and each them individually hereby is, empowered, authorized and directed, in the name and on behalf of the Corporation, to negotiate, execute and deliver, any and all agreements, contracts, applications, instruments and documents as necessary or advisable (such necessity or advisability to be conclusively evidenced by the execution thereof), to conduct business with the State of New Hampshire for the 2022 calendar year; and that any and all such actions heretofore or hereafter taken by an Authorized Officer relating to and within the terms of this resolution be, and they hereby are, adopted, affirmed, approved and ratified in all respects as the act and deed of the Corporation.

**Commercial Operations Agreement**

**RESOLVED:** That an Authorized Officer be, and each them individually hereby is, empowered, authorized and directed, in the name and on behalf of the Corporation, to negotiate, execute and deliver, such commercial operations agreements and other documents as necessary or advisable (such necessity or advisability to be conclusively evidenced by the execution thereof); and that any and all such actions heretofore or hereafter taken by an Authorized Officer relating to and within the terms of this resolution be, and they hereby are, adopted, affirmed, approved and ratified in all respects as the act and deed of the Corporation.

Miscellaneous

**RESOLVED:** That the Secretary of the Corporation be, and hereby is, authorized and directed to certify the foregoing resolutions to such parties as such shall officer shall determine to be necessary, desirable or appropriate.

**RESOLVED:** That this Consent may be signed in two or more counterparts (by facsimile, electronic mail in portable document format (.pdf) or by any other electronic means intended to preserve the original graphic and pictorial appearance of a counterpart), each of which shall be deemed an original, and all of which shall be deemed one instrument.

**IN WITNESS WHEREOF**, the undersigned, being all of the directors of the Corporation, have executed this Consent as of the date set forth next to their signature below.

Date: 7/23/25

Donna J. Newcomb  
Donna J. Newcomb  
Director

Date: 7/23/25

Ray Newcomb  
Raymond G. Newcomb  
Director



# CERTIFICATE OF AVIATION LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/26/2024

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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 AssuredPartners Aerospace 4582 S. Ulster St. #600 Denver, CO 80237	CONTACT NAME:			
	PHONE (A/C, No, Ext):	FAX (A/C, No):		
	E-MAIL ADDRESS:			
	PRODUCER CUSTOMER ID #:			
INSURED Joe Brigham, Inc. DBA JBI Helicopter Services 720 Clough Mill Road Pembroke, NH 03275	INSURER(S) AFFORDING COVERAGE		%	NAIC #
	INSURER A: Global Aerospace Member Companies		30	LEAD
	INSURER B: Starr Indemnity & Liability Company		10	38318
	INSURER C: Old Republic Insurance Company		26	24147
	INSURER D: United States Aircraft Insurance Group		20	
	INSURER E: Chubb UK		15	
INSURER F:				

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.

AIRPORT & FBO LIABILITY COVERAGES		CERTIFICATE NUMBER: 82850272		REVISION NUMBER:		
INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED? (Y/N)	SUBROGATION WAIVED? (Y/N)	
A	12001224; and as on file	12/1/2024	12/1/2025	Y	N	
COVERAGE	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO	
PREMISES LIABILITY	<input checked="" type="checkbox"/>	\$ 25,000,000.	BI EA PER EA OCC	\$	PD	
PREMISES MEDICAL PAYMENTS	<input checked="" type="checkbox"/>	\$ 60,000	EA PER	\$	EA OCC	
PRODUCTS LIABILITY	SALE OF FUEL & OIL <input type="checkbox"/>	\$	BI EA PER	\$ 25,000,000.	AGGR	
	EXTENDED <input checked="" type="checkbox"/>	\$ 25,000,000.	EA OCC			
COMPLETED OPERATIONS LIABILITY	EXTENDED <input checked="" type="checkbox"/>	\$	BI EA PER	\$ 25,000,000.	AGGR	
	<input checked="" type="checkbox"/>	\$ 25,000,000.	EA OCC			
HANGARKEEPERS LEGAL LIABILITY	<input checked="" type="checkbox"/> INCLUDING TAXI <input type="checkbox"/> IN FLIGHT	\$ 10,000,000.	EA AIRCRAFT	\$ 10,000,000.	EA OCC	
FIRE LEGAL LIABILITY	<input checked="" type="checkbox"/>	\$ 500,000	ANY ONE FIRE			
PERSONAL INJURY LIABILITY	<input checked="" type="checkbox"/>	\$ 25,000,000.	EA OCC	\$ 25,000,000.	AGGR	
ADVERTISING LIABILITY	<input checked="" type="checkbox"/>	\$ 25,000,000.	EA OCC	\$ 25,000,000.	AGGR	
CONTRACTUAL LIABILITY	<input checked="" type="checkbox"/> INCLUDED <input type="checkbox"/> EXCLUDED					
COVERAGE		OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO
CODE	DESCRIPTION					
Auto -	Excess Follows	<input checked="" type="checkbox"/> #02CA02332013	\$ 1,000,000.	EA OCC	\$	
WorkCom	Excess Follows	<input checked="" type="checkbox"/> #1000005062	\$ 3,000,000.	EA OCC	\$	
			\$		\$	
	Independ Contractors	<input checked="" type="checkbox"/>	\$ 25,000,000	EA OCC	\$	
			\$		\$	
DEDUCT	Hangarkeepers	<input checked="" type="checkbox"/>	\$ 10,000	Ea Airctraf	\$	

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

In the event of material change or cancellation of said policy(s), the Company(s) shall give thirty (30) days written notice to the certificate holder with the exception of a ten (10) day notice for non-payment of premium. Certificate Holder is included as additional insured but only with respects operations of the Named Insured. Certificate Holder is not covered for claims arising out of their liability as a manufacturer, seller, handler, distributor or service facility of any product or service sold, handled, distributed or provided.

### CERTIFICATE HOLDER

New Hampshire Dept of Safety  
Division of State Police  
Business & Project Administration Unit  
33 Hazen Drive  
Concord, NH 03305

### 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

Rob Wetzlg

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AGENCY CUSTOMER ID: \_\_\_\_\_  
LOC #: \_\_\_\_\_



### ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_ of \_\_\_\_

AGENCY AssuredPartners Aerospace		NAMED INSURED Joe Brigham, Inc. DBA JBI Helicopter Services 720 Clough Mill Road Pembroke, NH 03275	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 20      **FORM TITLE:** Certificate of Aviation Liability (03/16)  
**HOLDER:** New Hampshire Dept of Safety Division of State Police Business & Project Administration Unit  
**ADDRESS:** 33 Hazen Drive Concord, NH 03305

**Global Aerospace Member Companies:**

American Alternative Insurance Corporation 59.24% - NAIC 19720 A+ (Superior) Best Rating  
American Commerce Insurance Company 10% - NAIC 19941 A (Excellent) Best Rating  
National Indemnity Company 18.39% - NAIC 27812 A++ (Superior) Best Rating  
Tokio Marine America Insurance Company 12.37% - NAIC 10945 A++ (Superior) Best Rating

**United States Aircraft Insurance Group Companies:**

ACE American Insurance Company 50% - NAIC 22667 A++ (Superior) Best Rating  
National Liability & Fire Insurance Company 50% - NAIC 20052 A++ (Superior) Best Rating



AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



### ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_ of \_\_\_\_

AGENCY AssuredPartners Aerospace		NAMED INSURED Joe Brigham, Inc. DBA JBI Helicopter Services 720 Clough Mill Road Pembroke, NH 03275	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 26      **FORM TITLE:** Certificate of Liability Insurance (03/16)

**HOLDER:** NH Department of Safety Division of State Police

**ADDRESS:** Business & Project Administration Unit 33 Hazen Drive Concord, NH 03305

Global Aerospace Member Companies:

American Alternative Insurance Corporation 59.24% - NAIC 19720  
American Commerce Insurance Company 10% - NAIC 19941  
National Indemnity Company 18.39% - NAIC 27812  
Tokio Marine America Insurance Company 12.37% - NAIC 10945

United States Aircraft Insurance Group Companies:

ACE American Insurance Company 50% - NAIC 22667  
National Liability & Fire Insurance Company 50% - NAIC 20052



# CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)

12/3/2024

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

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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 AssuredPartners Aerospace 4582 S. Ulster St, #600 Denver, CO 80237	CONTACT NAME:			
	PHONE (AC, No, Ext):	FAX (AC, No):		
E-MAIL ADDRESS:				
PRODUCER CUSTOMER ID #:				
INSURED Joe Brigham, Inc. DBA JBI Helicopter Services 720 Clough Mill Road Pembroke, NH 03275	INSURER(S) AFFORDING COVERAGE		%	NAIC #
	INSURER A: Global Aerospace Member Companies		30	LEAD
	INSURER B: Starr Indemnity & Liability Company		10	38318
	INSURER C: Old Republic Insurance Company		25	24147
	INSURER D: United States Aircraft Insurance Group		20	
	INSURER E: Chubb UK		15	
INSURER F:				

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.

POLICY INFORMATION		CERTIFICATE NUMBER: 82893885	REVISION NUMBER:
POLICY TYPE		LINE OF BUSINESS SUBCODE	
<input type="checkbox"/> INDUSTRIAL AID	<input type="checkbox"/> PLEASURE & BUS	<input checked="" type="checkbox"/> COMMERCIAL	<input type="checkbox"/> AIRPLANE
<input type="checkbox"/> NON-OWNED	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> HELICOPTER
		<input type="checkbox"/> LIABILITY ONLY	<input checked="" type="checkbox"/> HULL & LIABILITY
			<input type="checkbox"/> MIXED FLEET
			<input type="checkbox"/> EXCESS
			<input checked="" type="checkbox"/> QUOTA SHARE
			<input type="checkbox"/> HULL ONLY

AIRCRAFT INFORMATION		ACORD 333, Aircraft Schedule attached	
YEAR	MAKE	MODEL	REGISTRATION NUMBER
TERRITORY: U.S., Canada, Mexico			

INSURER LETTER		POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED? (Y/N)	SUBROGATION WAIVED? (Y/N)
A		9020823; and as on file	12/1/2024	12/1/2025	Y	N
COVERAGE	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO	
AIRCRAFT HULL	<input checked="" type="checkbox"/> Schedule Attached	<input checked="" type="checkbox"/> Deductibles: \$ 2.5% Valu Rotor NIM		\$ \$80K Max Rotors IM		
AIRCRAFT LIABILITY	<input checked="" type="checkbox"/>	\$ See Attached	EA OCC	\$	EA PER	
MEDICAL PAYMENTS	<input checked="" type="checkbox"/> INCLUDING CREW	\$ 50,000.	EA PASS	\$	AGGR	
	<input type="checkbox"/> EXCLUDING CREW		EA PER			
CODE	DESCRIPTION	OPTIONS	LIMIT	APPLIES TO	LIMIT	
	Stung/Cargo	<input checked="" type="checkbox"/>	\$ 1,000,000.	EA OCC	\$	
		<input type="checkbox"/>	\$ 2,500	Deductible	\$	
	Chemical Liability	<input checked="" type="checkbox"/>	\$ 1,000,000.	EA OCC/AGG	\$	
		<input type="checkbox"/>	\$ 2,500	Deductible	\$	
	Special Equipment	<input checked="" type="checkbox"/>	\$ 500,000	EA OCC	\$	
		<input type="checkbox"/>	\$ 10,000	Deductible	\$	

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

--See Attached Remarks Schedule--

CERTIFICATE HOLDER New Hampshire Dept. of Safety Division of State Police 33 Hazen Drive Concord, NH 03305	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 Rob Wetzlg
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**CERTIFICATE OF INSURANCE**  
**ADDENDUM (Schedule of Aircraft)**

DATE ISSUED  
 12/3/2024

**NAMED INSURED:**  
 Joe Brigham, Inc.  
 DBA JBI Helicopter Services  
 720 Clough Mill Road  
 Pembroke, NH 03275

**CERTIFICATE HOLDER:**  
 New Hampshire Dept. of Safety  
 Division of State Police  
 33 Hazen Drive  
 Concord, NH 03305

This is to certify that the following policy(s), subject to the terms, conditions, limitations and endorsements contained therein, and during their effective period, have been issued by the company(s) indicated below. In the event of material change or cancellation of said policy(s), the company will endeavor to notify the certificate holder, but failure to do so shall impose no liability or obligation of any kind upon the undersigned or the company(s) involved.

N Number	Year	Make	Model	Serial No.	Crew	Pax	Liability Limit
N445JB	1971	Bell	206B3	619	1	4	\$25,000,000.00
N64JB	1978	Bell	206B	2437	1	4	\$25,000,000.00
N803JB	1991	Bell	206B	4172	1	4	\$25,000,000.00
N800JB	1979	Bell	206B	2832	1	4	\$25,000,000.00
N801JB	1979	Bell	206B III	2697	1	4	\$25,000,000.00
N868JB	2000	Bell	206 BIII	4534	1	4	\$25,000,000.00
NTBD		Non-Owned	Aircraft				\$25,000,000.00
N407JB	1998	Bell	407	53250	1	6	\$25,000,000.00
N802JB	1971	Bell	OH-58A	7120851	1	4	\$25,000,000.00
N57441	1980	Bell	206 L1	45438	1	4	\$25,000,000.00
N2611	1980	Bell	206 L1	45417	1	4	\$25,000,000.00
N25GH	1982	Bell	206 L1	45755	1	4	\$25,000,000.00
N106JC	1982	Bell	206 BIII	3622	1	4	\$25,000,000.00
N56757	1994	Bell	206 L4	52072	1	4	\$25,000,000.00
N230MD	1981	Hughes	MD 500 369D	510978D	1	4	\$25,000,000.00
N161LA	1981	Hughes	MD 500 369D	711016D	1	4	\$25,000,000.00
N138TX	1979	Hughes	MD 500 369D	1290646D	1	7	\$25,000,000.00
N240FL	1978	Hughes	MD 500 369D	480298D			\$25,000,000 GNIM



AssuredPartners Aerospace  
 4582 S. Ulster St, #600  
 Denver, CO 80237

303-526-5300  
 303-526-5303

AVIATION ADDENDUM (Schedule of Aircraft)

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



### ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_ of \_\_\_\_

AGENCY AssuredPartners Aerospace		NAMED INSURED Joe Brigham, Inc. DBA JBI Helicopter Services 720 Clough Mill Road Pembroke, NH 03275	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER: 21      FORM TITLE: ACORD 21 (03/16)**

**HOLDER: New Hampshire Dept. of Safety**

**ADDRESS: Division of State Police 33 Hazen Drive Concord, NH 03305**

In the event of material change or cancellation of said policy(s), the Company(s) shall give thirty (30) days written notice to the certificate holder with the exception of a ten (10) day notice for non-payment of premium.

The insurance extended by this policy shall not apply to, and the Certificate Holder shall not be insured for bodily injury or property damage which arises from the design, manufacture, modification, repair, sale, handling or servicing of the aircraft by the Certificate Holder.

Certificate Holder is included as an additional insured but only as respects operations of the Named Insured.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/26/2024

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

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

<b>PRODUCER</b> AssuredPartners Aerospace 4582 S. Ulster St, #600 Denver, CO 80237	<b>CONTACT NAME:</b> _____	
	<b>PHONE (A/C, No, Ext):</b> _____	<b>FAX (A/C, No):</b> _____
<b>E-MAIL ADDRESS:</b> _____		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
INSURER A : Granite State Insurance Company		23809
<b>INSURED</b> Joe Brigham, Inc. DBA JBI Helicopter Services 720 Clough Mill Road Pembroke, NH 03275		
<b>INSURER B :</b> _____		
<b>INSURER C :</b> _____		
<b>INSURER D :</b> _____		
<b>INSURER E :</b> _____		
<b>INSURER F :</b> _____		

**COVERAGES**

CERTIFICATE NUMBER: 83292668

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) INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ-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 \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" 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	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	02CA0233201288	1/1/2025	1/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED: _____ RETENTION \$ _____					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Certificate Holder is included as an additional insured but only as respects operations of the Named Insured. Coverage is primary and is not contributory by any insurance or self-insurance maintained by the Certificate Holder. In the event of material change or cancellation of said policy(s), the Company(s) shall give thirty (30) days written notice to the certificate holder with the exception of a ten (10) day notice for non-payment of premium. The Company agrees to waive its rights of recovery against the Certificate Holder.

**CERTIFICATE HOLDER****CANCELLATION**

Department of Safety  
 Division Of State Police  
 33 Hazen Drive  
 Concord NH 03305

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

Rob Wetzig

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ACORD 25 (2016/03)

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