



Lori A. Weaver  
Commissioner

Iain N. Watt  
Director

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH

29 HAZEN DRIVE, CONCORD, NH 03301  
603-271-4501 1-800-852-3345 Ext. 4501  
Fax: 603-271-4827 TDD Access: 1-800-735-2964  
www.dhhs.nh.gov

ARC  
DEC 17 2025

November 20, 2025

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

**REQUESTED ACTION**

Authorize the Department of Health and Human Services, Division of Public Health, to enter into a **Sole Source** amendment to an existing contract with Cepheid, Inc. (VC #172774), Sunnyvale, CA, to continue to provide technical support, maintenance, and repairs to the Public Health Laboratory's (PHL) GeneXpert instrument, by increasing the price limitation by \$24,540 from \$95,082 to \$119,622 and by extending the completion date from December 31, 2025 to December 31, 2028, effective January 1, 2026, upon Governor and Council approval. 100% Federal Funds.

The original contract was approved by Governor and Council on March 11, 2020, item #15; and amended on June 14, 2023, item #23.

Funds are available in the following accounts for State Fiscal Years 2026 and 2027 and are anticipated to be available in State Fiscal Year 2028, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

**See attached fiscal details.**

**EXPLANATION**

This request is **Sole Source** because MOP 150 requires all amendments to agreements originally approved as sole source to be identified as sole source. Routine maintenance and technical services are required to ensure the GeneXpert instrument remains operational in accordance with manufacturer standards and in compliance with federal regulations for lab quality and safety. The GeneXpert is proprietary to the Contractor, and they do not authorize third party vendors to perform maintenance and repair. Repairs must be performed by the Contractor's service technicians.

The purpose of this request is for the Contractor to continue providing the necessary maintenance, repair, and technical support for the GeneXpert instrument utilized by the PHL's clinical microbiology staff for an additional three (3) years. The instrument is used to perform molecular testing of specimens, including tuberculosis testing. The GeneXpert is also used to rapidly identify antibiotic resistance, which helps guide patient treatment and mitigate the spread of antibiotic-resistant organisms within the State of New Hampshire.

The Department recently discontinued use of one of its GeneXpert Systems, as the PHL no longer requires both instruments for testing purposes. This agreement allows the Contractor to provide maintenance and repair services under a lower-tier plan for the remaining system than was previously contracted.

The Department will continue monitoring services to ensure:

- All repairs occur within four (4) business days.
- Annual preventative maintenance is completed, and service reports are received by the Department in a timely manner.

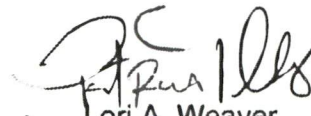
Should the Governor and Council not authorize this request, the Department's GeneXpert instrument will not be able to receive maintenance and repairs, which could diminish the ability to test for and detect active tuberculosis disease and antibiotic-resistant organisms among New Hampshire residents.

The Department has determined that the Contractor 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.

Area served: Statewide.

Source of Federal Funds: Assistance Listing Number (ALN) 93.323, FAIN NU50CK000522 and FAIN NU51CK000337; and ALN 93.116, FAIN NU52PS910260

Respectfully submitted,



Lori A. Weaver  
Commissioner

**SS-2019-DPHS-16-GENEX-01-A02**  
**GeneXpert Service Agreement**  
**Fiscal Detail Sheet**

Cepheid, Inc.  
VC 172774

**05-95-90-903010-79660000 HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF LABORATORY SERVICES,  
PUBLIC HEALTH LABORATORIES  
27% General Funds**

| State Fiscal Year | Class / Account | Class Title                                  | Job Number      | Current Amount     | Increase (Decrease) | Revised Amount     |
|-------------------|-----------------|----------------------------------------------|-----------------|--------------------|---------------------|--------------------|
| 2020              | 024-500225      | Maintenance Other Than Buildings and Grounds | 90059000        | \$3,255.00         | \$0.00              | \$3,255.00         |
| 2021              | 024-500225      | Maintenance Other Than Buildings and Grounds | 90059000        | \$6,509.00         | \$0.00              | \$6,509.00         |
| 2022              | 024-500225      | Maintenance Other Than Buildings and Grounds | 90059000        | \$6,509.00         | \$0.00              | \$6,509.00         |
| 2023              | 024-500225      | Maintenance Other Than Buildings and Grounds | 90059000        | \$3,255.00         | \$0.00              | \$3,255.00         |
| 2024              | 024-500225      | Maintenance Other Than Buildings and Grounds | 90059000        | \$6,510.00         | \$0.00              | \$6,510.00         |
| 2025              | 024-500225      | Maintenance Other Than Buildings and Grounds | 90059000        | \$6,509.00         | \$0.00              | \$6,509.00         |
|                   |                 |                                              | <i>Subtotal</i> | <i>\$32,547.00</i> | <i>\$0.00</i>       | <i>\$32,547.00</i> |

**05-95-903010-18350000 HEALTH AND SOCIAL SERVICES, DEPARTMENT OF HEALTH AND HUMAN SVC; DIVISION OF PUBLIC HEALTH,  
BUREAU OF LABORATORY SERVICES, NH ELC  
47% Federal Funds ALN 93.323 FAIN NU50CK000522**

| State Fiscal Year | Class / Account | Class Title                                  | Job Number      | Current Amount     | Increase      | Revised Amount     |
|-------------------|-----------------|----------------------------------------------|-----------------|--------------------|---------------|--------------------|
| 2023              | 024-500225      | Maintenance Other Than Buildings and Grounds | 90183520        | \$18,675.00        | \$0.00        | \$18,675.00        |
| 2024              | 024-500225      | Maintenance Other Than Buildings and Grounds | 90183520        | \$18,675.00        | \$0.00        | \$18,675.00        |
| 2025              | 024-500225      | Maintenance Other Than Buildings and Grounds | 90183520        | \$18,675.00        | \$0.00        | \$18,675.00        |
|                   |                 |                                              | <i>Subtotal</i> | <i>\$56,025.00</i> | <i>\$0.00</i> | <i>\$56,025.00</i> |

**05-95-90-903010-26450000 HEALTH AND SOCIAL SERVICES, DEPARTMENT OF HEALTH AND HUMAN SVS; HHS:DIVISION OF PUBLIC  
HEALTH, BUREAU OF LABORATORY SERVICES, ARP ELC SHARP PROG  
14% Federal Funds ALN 93.323 FAIN NU50CK000522**

| State Fiscal Year | Class / Account | Class Title                    | Job Number      | Current Amount | Increase (Decrease) | Revised Amount     |
|-------------------|-----------------|--------------------------------|-----------------|----------------|---------------------|--------------------|
| 2026              | 102-500731      | Contracts for Program Services | 90183577        | \$0.00         | \$8,180.00          | \$8,180.00         |
| 2027              | 102-500731      | Contracts for Program Services | 90183577        | \$0.00         | \$8,180.00          | \$8,180.00         |
|                   |                 |                                | <i>Subtotal</i> | <i>\$0.00</i>  | <i>\$16,360.00</i>  | <i>\$16,360.00</i> |

**05-95-90-902510-51700000 HEALTH AND SOCIAL SERVICES, DEPARTMENT OF HEALTH AND HUMAN SVS; HHS; DIVISION OF PUBLIC  
HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, DISEASE CONTROL  
7% Federal Funds ALN 93.116 FAIN NU52PS910260**

| State Fiscal Year | Class / Account | Class Title                    | Job Number      | Current Amount | Increase (Decrease) | Revised Amount    |
|-------------------|-----------------|--------------------------------|-----------------|----------------|---------------------|-------------------|
| 2028              | 102-500731      | Contracts for Program Services | 900022000       | \$0.00         | \$8,180.00          | \$8,180.00        |
|                   |                 |                                | <i>Subtotal</i> | <i>\$0.00</i>  | <i>\$8,180.00</i>   | <i>\$8,180.00</i> |

**05-95-90-902010-55300000 HEALTH AND SOCIAL SERVICES, DEPARTMENT OF HEALTH AND HUMAN SVS; HHS; DIVISION OF PUBLIC  
HEALTH, BUREAU OF FAMILY HEALTH AND NUTRITION, FAMILY PLANNING PROGRAM  
5% General Funds**

| State Fiscal Year | Class / Account | Class Title                    | Job Number      | Current Amount     | Increase (Decrease) | Revised Amount      |
|-------------------|-----------------|--------------------------------|-----------------|--------------------|---------------------|---------------------|
| 2023              | 102-500731      | Contracts for Program Services | 90059000        | \$6,510.00         | \$0.00              | \$6,510.00          |
|                   |                 |                                | <i>Subtotal</i> | <i>\$6,510.00</i>  | <i>\$0.00</i>       | <i>\$6,510.00</i>   |
| <b>TOTAL</b>      |                 |                                |                 | <b>\$95,082.00</b> | <b>\$24,540.00</b>  | <b>\$119,622.00</b> |

**State of New Hampshire  
Department of Health and Human Services  
Amendment #2**

This Amendment to the GeneXpert Service Agreement contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Cepheid, Inc. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on March 11, 2020 (Item #15), and amended on June 14, 2023 (Item #23); the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37 General Provisions, Block 1.7., Completion Date, to read:  
December 31, 2028
2. Form P-37, General Provisions, Block 1.8., Price Limitation, to read:  
\$119,622
3. Modify Exhibit A, Scope of Service, by replacing it in its entirety with Exhibit A – Amendment #2, Scope of Services, which is attached hereto and incorporated by reference herein.
4. Modify Exhibit C-1, Revisions to Standard Contract Language, Section 1, Revisions to P-37, General Provisions, by adding Subsection 1.8., to read:
  - 1.8. Paragraph 6, Compliance by Contractor with Laws and Regulations/Equal Employment Opportunity, Subparagraph 6.1., is amended as follows:
    - 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, RSA 151:21 Patients' Bill of Rights, 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.
5. Modify Exhibit B, Method and Conditions Precedent to Payment, Section 2., to read:
  2. This Agreement is funded by:
    - 2.1. 68% Federal Funds from:
      - 2.1.1. 31% Federal funds, Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Disease (ELC), as awarded on April 23, 2020, by the Centers for Disease Control and Prevention (CDC), ALN 93.323, FAIN NU50CK000522;
      - 2.1.2. 16% Federal funds, ELC, as awarded on July 10, 2024, by the CDC, ALN 93.323, FAIN NU51CK000337;
      - 2.1.3. 14% Federal funds, ELC, as awarded on May 25, 2023, by the CDC, ALN 93.323, FAIN NU50CK000522; and

2.1.4. 7% Federal funds, New Hampshire Tuberculosis Elimination and Laboratory Cooperative Agreement, as awarded on TBD, by the CDC, ALN 93.116, FAIN NU52PS910260; and

2.2. 32% General Funds.

6. Modify Exhibit B, Method and Conditions Precedent to Payments, Section 5.2, to read:

5.2. The Contractor shall submit annual invoices to the Department as follows:

- 5.2.1. One (1) invoice after Governor and Executive Council approval, in an amount not to exceed \$3,255 for services in State Fiscal Year 2020.
- 5.2.2. One (1) invoice no sooner than July 1, 2020, in an amount not to exceed \$6,509 for services in State Fiscal Year 2021.
- 5.2.3. One (1) invoice no sooner than July 1, 2021, in an amount not to exceed \$6,509 for services in State Fiscal Year 2022.
- 5.2.4. One (1) invoice no sooner than July 1, 2022, in an amount not to exceed \$28,440 for services in State Fiscal Year 2023.
- 5.2.5. One (1) invoice no sooner than July 1, 2023, in an amount not to exceed \$25,185 for services in State Fiscal year 2024.
- 5.2.6. One (1) invoice no sooner than July 1, 2024, in an amount not to exceed \$25,184 for services in State Fiscal Year 2025.
- 5.2.7. One (1) invoice no sooner than July 1, 2025, in an amount not to exceed \$8,180 for services in State Fiscal Year 2026.
- 5.2.8. One (1) invoice no sooner than July 1, 2026, in an amount not to exceed \$8,180 for services in State Fiscal Year 2027.
- 5.2.9. One (1) invoice no sooner than July 1, 2027, in an amount not to exceed \$8,180 for services in State Fiscal Year 2028.

All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective January 1, 2026, upon Governor and Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire  
Department of Health and Human Services

11/20/2025

Date

DocuSigned by:

Iain Watt

D778BB63F9704C7...  
Name: Iain Watt

Title: Director - DPH

Cepheid, Inc.

Signed by:

Vy Tran

7659D276530A459...  
Name: Vy Tran

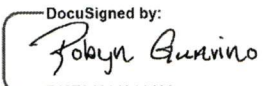
Title: Manager, Service Contract Admin

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

11/21/2025

Date

DocuSigned by:  
  
748734844941460  
Name: Robyn Guarino  
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: \_\_\_\_\_ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:  
Title:

New Hampshire Department of Health and Human Services  
GeneXpert Service Agreement

Exhibit A – Amendment #2



## Scope of Services

### 1. Provisions Applicable to All Services

- 1.1. This Agreement covers only defects arising from normal usage of the GeneXpert System (Serial Number 807675) located at Public Health Laboratories, 29 Hazen Drive, Concord, NH (hereinafter sometimes referred to as the "GeneXpert System") and does not cover malfunctions or failures resulting from operation in an unsuitable environment, use of the system for purposes other than that for which it was designed, unauthorized attachments, acts of nature, unusual physical or electrical stress, modifications or repairs done by other than the Contractor or the Contractor's authorized service provider, or misuse, abuse, or neglect of the system.

### 2. Scope of Work

- 2.1. The Contractor shall provide technical support, maintenance, and repairs, as specified in this Agreement, inclusive of all parts, labor and return shipping costs for the GeneXpert System.
- 2.2. The Contractor shall have secure internet access to the GeneXpert System to assess the need for repair, provide calibration and provide software updates.
- 2.3. The Contractor shall provide annual on-site Preventative Maintenance by a trained Field Service Engineer (FSE). Preventative Maintenance shall include:
- 2.3.1. Replacement of worn module ejectors;
  - 2.3.2. Lubrication of moving parts;
  - 2.3.3. Replacement of fan filters;
  - 2.3.4. Brush cleaning module optics;
  - 2.3.5. Replacement of automation batteries as needed; and
  - 2.3.6. Xpert Check.
- 2.4. The Contractor shall ensure all system repairs under this Agreement be performed by the Contractor or a third-party service provider approved by the Contractor.
- 2.5. The Contractor shall have sole discretion determining if and whether parts be repaired or replaced with new or reconditioned parts from an Authorized Cepheid Service Center.
- 2.5.1. Should Contractor replace any parts, the parts replaced may become the property of the Contractor at the Contractor's discretion.
  - 2.5.2. Routine parts replacement includes any device associated with the system, except for parts provided in calibration kits or consumable items such as printer cartridges or other supplies identified in the Operator's Manual.

Initial  
VT

**New Hampshire Department of Health and Human Services  
GeneXpert Service Agreement**



**Exhibit A – Amendment #2**

- 2.6. The Contractor at its sole discretion shall determine what repairs be performed on the system.
- 2.7. The Contractor shall at its sole discretion issue a Return Material Authorization (RMA) number to the Department when GeneXpert system or components thereof must be returned to the Contractor.
  - 2.7.1. GeneXpert System or components must not be returned to the Contractor without prior arrangement between the Contractor and the Department; and
  - 2.7.2. The RMA number must be obtained prior to shipping any item to the Contractor.
- 2.8. Prior to the arrival of a Contractor Service Representative or shipment of a system or component by the Department to the Cepheid Service Center, the system and components will undergo inspection by Department staff to ensure safe handling according to the Contractor's procedures described in the applicable Operator's Manual included with the system. The Contractor will be notified of any known hazards.
  - 2.8.1. Shipments to the Contractor's Service Center must include a completed "Clearance Certificate" that lists all potential biohazards that have been analyzed on the system or to which the system has been exposed.
- 2.9. The Contractor at its sole discretion shall provide written authorization to the Department prior to the Department attempting to repair or remove parts.
- 2.10. The Contractor must ship a new or refurbished replacement instrument to the Department at the Contractor's expense in the event the Contractor cannot repair the GeneXpert system(s) or determines to not repair the instrument, and the Department will return the damaged instrument to the Contractor. Any newly replaced GeneXpert instrument will become a covered instrument under this Agreement for the remainder of the Contract Period.
- 2.11. The Contractor must provide the title to any replacement instrument to the Department, and the Department will provide the title to the instrument not repaired to the Contractor.
- 2.12. The Contractor shall provide telephone technical support through its Technical Support Call Center during local business hours from 8 AM to 5 PM (EST), Monday through Friday, by calling 1-888-838-3222.
- 2.13. The Contractor shall conduct reasonable efforts to schedule on-site service visits to occur within four (4) business days from the time Technical Support determines a need for on-site service.
- 2.14. The Contractor shall be available for onsite coverage five (5) days per week, ten (10) hours per day, between 8 AM and 6 PM local time. Service visits exclude holidays recognized by the Contractor in accordance with Section 3.1 below.
- 2.15. The Contractor warrants all repair work be performed in accordance with industry standards for the greater of ninety (90) days or for the duration of this Agreement.
- 2.16. The Contractor warrants all replacement parts are free from defects in workmanship.

**New Hampshire Department of Health and Human Services  
GeneXpert Service Agreement**



**Exhibit A – Amendment #2**

- 
- 2.17. Other than those identified in Section 2.15 and 2.16 of this Agreement, the Contractor disclaims all warranties expressed or implied including the implied warranties of merchantability and fitness for a particular purpose.
- 2.18. Except in the event of gross negligence or willful misconduct by the Contractor, the Contractor shall not be liable for any incidental or consequential damages, including lost profits for breach of any of its obligations under this Agreement, including breach of warranty.

**3. Deliverables**

- 3.1. The Contractor shall provide a list of recognized holidays when service visits shall not occur to the Department within thirty (30) days of the effective date of this Contract Amendment, and provide updates upon Department request.
- 3.2. The Contractor shall provide annual on-site Preventative Maintenance in accordance with Subsection 2.3 approximately every twelve (12) months after expiration of the initial warranty on the GeneXpert Systems.

# 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 CEPHEID is a California Profit Corporation registered to do business in New Hampshire as CEPHEID, INC. on February 19, 2020. 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: **836993**

Certificate Number: **0007328371**



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 10th day of November A.D. 2025.

A handwritten signature in black ink, appearing to read "David M. Scanlan", is written over a circular stamp that partially overlaps the Seal of the State of New Hampshire.

David M. Scanlan  
Secretary of State

## CERTIFICATE OF AUTHORITY

I, Lea Agung hereby certify that:

1. I am a duly elected Assistant Secretary of Cepheid.

2. That Vy Tran, Manager, Services Contract Administration, by way of a Signature Authority Delegation is duly authorized on behalf of Cepheid to enter into contracts or agreements with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in her judgment be desirable or necessary to effect the purpose of the Signature Authority Delegation.

3. I hereby certify that said signature authority has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority **remains valid for thirty (30)** days from the date of this Certificate of Authority. 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: 11/17/2025

Lea Agung

Lea Agung (11/17/2025 14:30:08 PST)

Signature of Elected Officer

Name: Lea Agung

Title: Assistant Secretary



# CERTIFICATE OF LIABILITY INSURANCE

 DATE(MM/DD/YYYY)  
11/07/2025

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).

|                                                                                                                                                  |                                                                                             |       |
|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-------|
| <b>PRODUCER</b><br>Aon Risk Services Central, Inc.<br>Philadelphia PA Office<br>100 North 18th Street<br>16th Floor<br>Philadelphia PA 19103 USA | <b>CONTACT NAME:</b><br>PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105 |       |
|                                                                                                                                                  | <b>E-MAIL ADDRESS:</b>                                                                      |       |
| <b>INSURED</b><br>Cepheid<br>2200 Pennsylvania Ave, NW<br>Suite 800W<br>Washington DC 20037 USA                                                  | <b>INSURER(S) AFFORDING COVERAGE</b>                                                        |       |
|                                                                                                                                                  | <b>NAIC #</b>                                                                               |       |
|                                                                                                                                                  | <b>INSURER A:</b> ACE American Insurance Company                                            | 22667 |
|                                                                                                                                                  | <b>INSURER B:</b> Indemnity Insurance Co of North America                                   | 43575 |
|                                                                                                                                                  | <b>INSURER C:</b> ACE Fire Underwriters Insurance Co.                                       | 20702 |
|                                                                                                                                                  | <b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b>                                 |       |

**COVERAGES** **CERTIFICATE NUMBER:** 570116592766 **REVISION NUMBER:**

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

Limits shown are as requested

| INSR LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                               | ADDL INSD | SUBR WVD | POLICY NUMBER                                                  | POLICY EFF (MM/DD/YYYY)                | POLICY EXP (MM/DD/YYYY)                | LIMITS                                                                                                                                                                                                                                |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|----------------------------------------------------------------|----------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | HDOG49363606                                                   | 10/15/2025                             | 11/01/2026                             | EACH OCCURRENCE \$2,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$2,000,000<br>MED EXP (Any one person) \$10,000<br>PERSONAL & ADV INJURY \$2,000,000<br>GENERAL AGGREGATE \$5,000,000<br>PRODUCTS - COMP/OP AGG \$5,000,000 |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                                                    |           |          | ISA H11360166                                                  | 10/15/2025                             | 11/01/2026                             | COMBINED SINGLE LIMIT (Ea accident) \$5,000,000<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)                                                                                       |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION                                                                                                                               |           |          |                                                                |                                        |                                        | EACH OCCURRENCE<br>AGGREGATE                                                                                                                                                                                                          |
| B        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED?<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                            | Y/N<br>N  | N/A      | WLRC72799975<br>WLRC72799987 (AZ, CA, MA)<br>SCFC72799999 (WI) | 10/15/2025<br>10/15/2025<br>10/15/2025 | 10/15/2026<br>10/15/2026<br>10/15/2026 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$2,000,000<br>E.L. DISEASE-EA EMPLOYEE \$2,000,000<br>E.L. DISEASE-POLICY LIMIT \$2,000,000                                     |

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

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                                                                       |                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| State of New Hampshire<br>Department of Health and Human Services<br>129 Pleasant Street<br>Concord NH 03301-3857 USA | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
|                                                                                                                       | AUTHORIZED REPRESENTATIVE<br>                                                                                                                                  |

Holder Identifier :

570116592766

Certificate No :

