



# State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES

25 Capitol Street

Concord, New Hampshire 03301

(603) 271-3201 | [Office@das.nh.gov](mailto:Office@das.nh.gov)

117  
DEC 17 2025

mac

Charles M. Arlinghaus  
Commissioner

Catherine A. Keane  
Deputy Commissioner

Sheri L. Rockburn  
Assistant Commissioner

November 4, 2025

Her Excellency, Governor Kelly A. Ayotte  
and the Honorable Council

State House  
Concord, New Hampshire 03301

## REQUESTED ACTION

- 1) Authorize the Division of Public Works Design and Construction to enter into a contract with Rockwell Roofing Inc. (VC#260012), 44 Pond Street Leominster, MA 01453, for a total price not to exceed \$1,102,000.00, for Project Number 81297-B HHS Roof Replacement. This contract is effective upon Governor and Council approval through the completion of construction administration services, estimated to be December 31, 2025, unless extended in accordance with the contract terms. **100% Capital Funds.**
- 2) Further authorize that a contingency in the amount of \$165,300.00 be approved for unanticipated site expenses. **100% Capital Funds.**
- 3) Further authorize the amount of \$18,000.00 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC#311152), for project management and engineering services. **100% Capital Funds.**

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

	<u>FY 2026</u>
014-014-146030-92770000-034-500162 L21:1ID1-HHS Roof Repl	
034-500162 – Contract	\$ 1,102,000.00
034-500162 – Contingency	\$ 165,300.00
034-500162 – DPW Fees	<u>\$ 18,000.00</u>
<b>Project Total</b>	<b>\$ 1,285,300.00</b>

## EXPLANATION

This project is for the roof replacement of approximately 40,000 SF of the Health and Human Services Building located at 27 Hazen Drive in Concord NH. The scope of work includes the removal of stone roof ballasts and replacement of the insulation and membrane, to meet current Energy Code, as well as the replacement of associated drain assemblies (with debris cages), roof edge metal, flashings, standoffs, roof perimeter blocking, cant strips, walkway pads, equipment pads, safety rails along with substrate and equipment curbs as conditions require.

The roof on the Health and Human Services building has numerous leaks that require maintenance staff to constantly capture, contain and discard the water entering the building. The building has experienced years of water damage and to prevent further deterioration, the roof needs to be replaced.

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

The Department accepted Alternates #1, and 2. Alternate # 1 provides and installs a ballasted guardrail system around the perimeter of the sections of roof being replaced. Alternate #2 adds the replacement of the center section of roof as part of the scope of work.

Base Bid:	\$ 773,000
Add Alternate #1:	\$ 45,000
Add Alternate #2:	<u>\$ 284,000</u>
Contract Amount:	\$ 1,102,000

The low bid is 44% under the Department estimate. After meeting with the Contractor to review their bid, it was discovered that the Contractor did not include the value of replacing all of the existing roof drain bowls. The Contractor also bid on mechanically fastening the insulation and coverboard, whereas the Architect estimated a fully adhered system. The mechanically fastened system costs much less than a fully adhered system.

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

The Department of Administrative Services 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.

Respectfully submitted,



Charles M. Arlinghaus,  
Commissioner

Department Estimate:	\$ 1,394,853
Low Base Bid (without Alternates):	<u>\$ 773,000</u>
Under Estimate:	\$ 621,853



Division of Public Works

# ABC Bid Data

CONCORD  
81297B  
NON-FEDERAL

PROJECT: CONCORD  
STATE PROJECT NUMBER: 81297B  
FED. PROJECT NUMBER: NON-FEDERAL  
DATE BIDS OPEN: September 03, 2025,  
SCOPE OF WORK: HHS ROOF REPLACEMENT  
COMPLETION DATE: December 31, 2025  
LOCATION: Merrimack

Awarded To:

Amount: \$0.00

Award Date:

Certified by:

Director of Project Development

## Summary of Bidders

Contractor	Bid Amount	Rank
ROCKWELL ROOFING, INC. 44 POND STREET, LEOMINSTER MA 01453-0479	\$773,000.00	A
A & M ROOFING SERVICES LLC 123 TEWKSBURY STREET, ANDOVER MA 01810	\$879,000.00	B
WEATHERGUARD INDUSTRIES/SMJ METALS, LLC 36 SMITH STREET, NORTHHAMPTON MA 01060	\$898,800.00	C
D. L. KING & ASSOCIATES INC. 3 MOUND COURT, UNIT 1, MERRIMACK NH 03054	\$1,099,300.00	D

### BID AWARD

TRIPLE CONSTRUCTION LLC  
237 DANIEL WEBSTER HIGHWAY, MERRIMACK NH 03054

Award To: Rockwell Roofing, Inc.  
Contract Award: \$ 1,102,000.00  
Negotiated: Yes/No?: NO  
Alternates: Yes/No?: YES  
Using Agency: DHHS  
Authorized By: [Signature]  
Date: 09182025

Item 901: \$ 693,000.00      Item 906: \$ \$1,198,238.00  
Item 902: \$ 80,000.00      Item 907: \$ \_\_\_\_\_  
Item 903: \$ \_\_\_\_\_      Item 908: \$ \_\_\_\_\_  
Item 904: \$ \_\_\_\_\_      Item 909: \$ \_\_\_\_\_  
Item 905: \$ \_\_\_\_\_      Item 910: \$ \_\_\_\_\_

**BASE BID TOTAL: \$773,000.00**

Alternate #1: \$ 45,000.00      Alternate #6: \$ \_\_\_\_\_  
Alternate #2: \$ 284,000.00      Alternate #7: \$ \_\_\_\_\_  
Alternate #3: \$ \_\_\_\_\_      Alternate #8: \$ \_\_\_\_\_  
Alternate #4: \$ \_\_\_\_\_      Alternate #9: \$ \_\_\_\_\_  
Alternate #5: \$ \_\_\_\_\_      Alternate #10: \$ \_\_\_\_\_



Division of Public Works

# ABC Bid Data

CONCORD  
81297B  
NON-FEDERAL

Item No.	Description	Unit	Quantity	PS&E		ROCKWELL ROOFING, INC. 44 POND STREET LEOMINSTER, MA 01453-0479		A & M ROOFING SERVICES LLC 123 TEWKSBURY STREET ANDOVER, MA 01810	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

**Items**

901	REMOVE AND REPLACE EXISTING ROOFING ASSEMBLY	U	1.00	\$1,314,853.00	\$1,314,853.00	\$693,000.00	\$693,000.00	\$799,000.00	\$799,000.00
902	ALLOWANCE FOR UNFORESEEN CONDITIONS OR OWNER-INITIATED CHANGES	\$	80,000.00	\$1.00	\$80,000.00	\$1.00	\$80,000.00	\$1.00	\$80,000.00
<b>Totals:</b>					<b>\$1,394,853.00</b>		<b>\$773,000.00</b>		<b>\$879,000.00</b>

**ALTERNATES 81297B**

**ALTERNATE #1**

991	ALTERNATE #1-BALLASTED GUARDRAIL SYSTEM	U	1.00	\$136,620.00	\$136,620.00	\$45,000.00	\$45,000.00	\$71,000.00	\$71,000.00
-----	---	---	------	--------------	--------------	-------------	-------------	-------------	-------------

**ALTERNATE #2**

992	ALTERNATE #2-CENTER SECTION ROOFING SYSTEM	U	1.00	\$428,303.00	\$428,303.00	\$284,000.00	\$284,000.00	\$280,500.00	\$280,500.00
-----	--	---	------	--------------	--------------	--------------	--------------	--------------	--------------

<b>Alt. Totals:</b>									
<b>Totals:</b>				<b>\$1,394,853.00</b>		<b>\$773,000.00</b>		<b>\$879,000.00</b>	



Division of Public Works

# ABC Bid Data

CONCORD  
81297B  
NON-FEDERAL

Item No.	Description	Unit	Quantity	PS&E		WEATHERGUARD INDUSTRIES/SMJ METALS, LLC 36 SMITH STREET NORTHAMPTON, MA 01060		D. L. KING & ASSOCIATES INC. 3 MOUND COURT MERRIMACK, NH 03054	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

**Items**

901	REMOVE AND REPLACE EXISTING ROOFING ASSEMBLY	U	1.00	\$1,314,853.00	\$1,314,853.00	\$818,800.00	\$818,800.00	\$1,019,300.00	\$1,019,300.00
902	ALLOWANCE FOR UNFORESEEN CONDITIONS OR OWNER-INITIATED CHANGES	\$	80,000.00	\$1.00	\$80,000.00	\$1.00	\$80,000.00	\$1.00	\$80,000.00
<b>Totals:</b>					<b>\$1,394,853.00</b>		<b>\$898,800.00</b>		<b>\$1,099,300.00</b>

**ALTERNATES 81297B**

**ALTERNATE #1**

991	ALTERNATE #1-BALLASTED GUARDRAIL SYSTEM	U	1.00	\$136,620.00	\$136,620.00	\$98,000.00	\$98,000.00	\$119,000.00	\$119,000.00
-----	---	---	------	--------------	--------------	-------------	-------------	--------------	--------------

**ALTERNATE #2**

992	ALTERNATE #2-CENTER SECTION ROOFING SYSTEM	U	1.00	\$428,303.00	\$428,303.00	\$288,800.00	\$288,800.00	\$320,000.00	\$320,000.00
-----	--	---	------	--------------	--------------	--------------	--------------	--------------	--------------

<b>Alt. Totals:</b>									
<b>Totals:</b>					<b>\$1,394,853.00</b>		<b>\$898,800.00</b>		<b>\$1,099,300.00</b>



Division of Public Works

# ABC Bid Data

CONCORD  
81297B  
NON-FEDERAL

Item No.	Description	Unit	Quantity	PS&E		TRIPLE CONSTRUCTION LLC 237 DANIEL WEBSTER HIGHWAY MERRIMACK, NH 03054		Unit Price	Total
				Unit Price	Total	Unit Price	Total		

**Items**

901	REMOVE AND REPLACE EXISTING ROOFING ASSEMBLY	U	1.00	\$1,314,853.00	\$1,314,853.00	\$1,118,238.00	\$1,118,238.00		
902	ALLOWANCE FOR UNFORESEEN CONDITIONS OR OWNER-INITIATED CHANGES	\$	80,000.00	\$1.00	\$80,000.00	\$1.00	\$80,000.00		
<b>Totals:</b>					<b>\$1,394,853.00</b>		<b>\$1,198,238.00</b>		

**ALTERNATES 81297B**

**ALTERNATE #1**

991	ALTERNATE #1-BALLASTED GUARDRAIL SYSTEM	U	1.00	\$136,620.00	\$136,620.00	\$161,685.00	\$161,685.00		
-----	---	---	------	--------------	--------------	--------------	--------------	--	--

**ALTERNATE #2**

992	ALTERNATE #2-CENTER SECTION ROOFING SYSTEM	U	1.00	\$428,303.00	\$428,303.00	\$444,680.00	\$444,680.00		
-----	--	---	------	--------------	--------------	--------------	--------------	--	--

<b>Alt. Totals:</b>									
<b>Totals:</b>					<b>\$1,394,853.00</b>		<b>\$1,198,238.00</b>		



Division of Public Works

# PS&E Comparison

CONCORD  
81297B  
NON-FEDERAL

Item No.	Description	Unit	Quantity	A-Bidder		PS&E		A-PS&E Difference
				Unit Price	Total	Unit Price	Total	
<b>Items</b>								
901	REMOVE AND REPLACE EXISTING ROOFING ASSEMBLY	U	1.00	\$693,000.00	\$693,000.00	\$1,314,853.00	\$1,314,853.00	(\$621,853.00)
902	ALLOWANCE FOR UNFORESEEN CONDITIONS OR OWNER-INITIATED CHANGES	\$	80,000.00	\$1.00	\$80,000.00	\$1.00	\$80,000.00	\$0.00
<b>ALTERNATES 81297B</b>								
<b>ALTERNATE #1</b>								
991	ALTERNATE #1-BALLASTED GUARDRAIL SYSTEM	U	1.00	\$45,000.00	\$45,000.00	\$136,620.00	\$136,620.00	(\$91,620.00)
<b>ALTERNATE #2</b>								
992	ALTERNATE #2-CENTER SECTION ROOFING SYSTEM	U	1.00	\$284,000.00	\$284,000.00	\$428,303.00	\$428,303.00	(\$144,303.00)
<b>Total:</b>					\$773,000.00		\$1,394,853.00	(\$621,853.00)



Division of Public Works

# Bid Report

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

State Contract Number: **81297B CONCORD**

## Contractor Profile

Firm	<b>ROCKWELL ROOFING, INC.</b>
Contractor ID	<b>260012</b>
Address	<b>44 POND STREET LEOMINSTER MA 01453-0479</b>
Phone	<b>(978)537-7825</b>
FAX	
E-Mail	<b>bob@rockwellroofing.com</b>
Authorized Signature:	<i>Is/ David Barry</i>

## Bid Bond

## Verified

Auth Code/Check#	<b>SNH0827471074</b>
------------------	----------------------

## Receipt of Addenda

Sequence	Date	
1	08/27/2025	Yes
2	08/27/2025	Yes

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

Total Bid for Award Consideration

Proposal

**\$773,000.00**

**Contract Number:** 81297B

**Bid Opening Date:** 03-Sep-2025

**Contract Name:** CONCORD

**Project Funding:** State

**Proposal For:** 260012 - ROCKWELL ROOFING, INC.

**Items**

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
1	901	REMOVE AND REPLACE EXISTING ROOFING ASSEMBLY	U	1.000	\$693,000.00	\$693,000.00
2	902	ALLOWANCE FOR UNFORESEEN CONDITIONS OR OWNER -INITIATED CHANGES	\$	80,000.000	\$1.00	\$80,000.00
<b>Total for Category Items</b>						<b>\$773,000.00</b>

**ALTERNATES 81297B**

**ALTERNATE #1**

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
3	991	ALTERNATE #1-BALLASTED GUARDRAIL SYSTEM	U	1.000	\$45,000.00	\$45,000.00
<b>Total for Category ALTERNATE #1</b>						<b>\$45,000.00</b>

**ALTERNATES 81297B**

**ALTERNATE #2**

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
4	992	ALTERNATE #2-CENTER SECTION ROOFING SYSTEM	U	1.000	\$284,000.00	\$284,000.00
<b>Total for Category ALTERNATE #2</b>						<b>\$284,000.00</b>

**Total Bid for Award  
Consideration**

---

**\$773,000.00**

---

# Proposal

Proposal Of

ROCKWELL ROOFING, INC.  
44 POND STREET, LEOMINSTER MA, 01453-0479

to furnish and deliver all materials and to perform all work in accordance with the Contract of the State of New Hampshire, Department of Administrative Services, Division of Public Works for which proposals will be received until 2:00:00 PM, Prevailing Time on Wednesday, September 3, 2025. Said project being situated as follows:

HHS ROOF REPLACEMENT

Department of Administrative Services, Division of Public Works  
John O. Morton Building  
P. O. Box 483  
Concord, NH 03302-0483

Commissioner:

In accordance with the advertisement of the Department of Administrative Services, Division of Public Works inviting proposals for the project hereinbefore named and in conformity with the Plans and Specifications on file in the office of the Department of Administrative Services, Division of Public Works, I/WE hereby certify that I AM/WE ARE the only person, or persons, interested in this proposal as principals; that this proposal is made without collusion with any person, firm or corporation; that an examination has been made of the Plans, of the Standard Specifications, of the Standard Plans Book, of the Proposal, and applicable addendums, including but not restricted to the Special Attentions, Supplemental Specifications, and Special Provisions attached thereto, and also that an examination has been made of the site of the work; and I, or we, propose to furnish all necessary machinery, equipment, tools, labor and other means of construction, and to furnish all materials specified in the manner and at the time prescribed; and understand that the quantities of work as shown herein are approximate only and are subject to increase or decrease, and further understand that all quantities of work whether increased or decreased are to be performed at the following prices:

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

Yes  No

Signature Isl David Barry

## SIGN-STATE

It is further proposed:

To execute the Contract and begin work within 10 days from the date specified in the "Notice to Proceed" and to prosecute said work so as to complete the Project and its appurtenances on or before December 31, 2025.

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

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

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

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

Yes  No

Signature Isl David Barry

# 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 ROCKWELL ROOFING, INC. is a Massachusetts Profit Corporation registered to transact business in New Hampshire on February 04, 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: **306904**

Certificate Number: **0007313300**



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 15th day of October A.D. 2025.

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

David M. Scanlan  
Secretary of State

**Corporate Resolution**

I, Cynthia L Shields, hereby certify that I am duly elected Clerk Secretary/Officer  
(Name)  
of Rockwell Roofing 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 January 5, 2025  
at which a quorum of the Directors/shareholders were present and voting.

**VOTED:** That David M. Barry, President (may list more than one person) is  
(Name and Title)

duly authorized to enter into contracts or agreements on behalf of

Rockwell Roofing 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:** 10-03-25

**ATTEST:** Cynthia L Shields  
(Name & Title)

Cynthia L Shields



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/20/2025

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 Tony Insurance Group, Inc. 150 Grossman Drive, Suite 200  Braintree MA 02184	CONTACT NAME: Kelsey Tony	PHONE (A/C, No, Ext): (617) 773-9200	FAX (A/C, No): (617) 773-9920
	E-MAIL ADDRESS: certs@tonry.com		
INSURED  Rockwell Roofing, Inc. 44 Pond St.  Leominster MA 01453-3531	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Continental Casualty Company		20443
	INSURER B: American Casualty Company of Reading, PA		20427
	INSURER C: Continental Insurance Company		35289
	INSURER D: National Fire Ins Co of Hartford		20478
	INSURER E: Evanston Insurance Company		35378
INSURER F:			

**COVERAGES**      **CERTIFICATE NUMBER:** CL2543034839      **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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			6076304780	05/01/2025	05/01/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/>			6076304794	05/01/2025	05/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			6076304830	05/01/2025	05/01/2026	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 Products-Comp/Op Agg \$ 10,000,000 <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
D	<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 <input type="checkbox"/> Y <input checked="" type="checkbox"/> N    N/A			6076304827	05/01/2025	05/01/2026	E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	Contractor's Pollution Liability			CPLMOL131232	05/01/2025	05/01/2026	Per Occurrence \$2,000,000 General Aggregate \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
RE: Concord 81297B. Operations usual to a roofing and sheet metal contractor. The State of New Hampshire, its agencies, and its agents and employees are an Additional Insured, including completed operations, when required by written contract, but only to the extent provided in the Additional Insured endorsements attached to the policies, a copy of which are available upon request. When required by written contract, Additional Insured status is provided on a primary and non-contributory basis. Where permitted by state law, the Insurer waives its rights to subrogate, but only under the circumstances stated in the policy and when required by written contract.

<b>CERTIFICATE HOLDER</b>  State of New Hampshire c/o Department of Administrative Services 7 Hazen Drive Room 250 Concord, NH 03302	<b>CANCELLATION</b>  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  

© 1988-2015 ACORD CORPORATION. All rights reserved.



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
10/20/2025

**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.**

<b>PRODUCER</b> Tonry Insurance Group, Inc. 150 Grossman Drive, Suite 200  Braintree MA 02184		<b>CONTACT NAME:</b> Kelsey Tonry <b>PHONE (A/C, No, Ext):</b> (617) 773-9200 <b>FAX (A/C, No):</b> (617) 773-9920 <b>E-MAIL ADDRESS:</b> certs@tonry.com <b>PRODUCER CUSTOMER ID:</b> 00002206	
<b>INSURED</b> Rockwell Roofing, Inc. 44 Pond St.  Leominster MA 01453		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Acadia Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 31325	

**COVERAGES**                      **CERTIFICATE NUMBER:** CP25102004275                      **REVISION NUMBER:**

**LOCATION OF PREMISES / DESCRIPTION OF PROPERTY** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Loc#:00001,27-29 Hazen Drive,Concord,NH,03301

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
	<input type="checkbox"/> PROPERTY CAUSES OF LOSS    DEDUCTIBLES				<input type="checkbox"/> BUILDING	\$
	<input type="checkbox"/> BASIC                      BUILDING				<input type="checkbox"/> PERSONAL PROPERTY	\$
	<input type="checkbox"/> BROAD                    CONTENTS				<input type="checkbox"/> BUSINESS INCOME	\$
	<input type="checkbox"/> SPECIAL				<input type="checkbox"/> EXTRA EXPENSE	\$
	<input type="checkbox"/> EARTHQUAKE				<input type="checkbox"/> RENTAL VALUE	\$
	<input type="checkbox"/> WIND				<input type="checkbox"/> BLANKET BUILDING	\$
	<input type="checkbox"/> FLOOD				<input type="checkbox"/> BLANKET PERS PROP	\$
					<input type="checkbox"/> BLANKET BLDG & PP	\$
						\$
						\$
A	<input checked="" type="checkbox"/> INLAND MARINE CAUSES OF LOSS	TYPE OF POLICY Builder's Risk	11/01/2025	11/01/2026	<input checked="" type="checkbox"/> Completed Value	\$ 1,102,000
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER CIM566525210			<input checked="" type="checkbox"/> Transit	\$ 500,000
	<input checked="" type="checkbox"/> Special				<input checked="" type="checkbox"/> Temp Storage	\$ 500,000
					<input checked="" type="checkbox"/> Waiver of Subrogati	\$ Included
	<input type="checkbox"/> CRIME TYPE OF POLICY					\$
						\$
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$
						\$
						\$

**SPECIAL CONDITIONS / OTHER COVERAGES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Project: Concord, New Hampshire HHS Roof Replacement, Project No. 81297B  
Rockwell Roofing, Inc.; State of NH Dept. of Administrative Services; any and all subcontractors, and any other party that has a financial interest in the project are included as Named Insureds.

<b>CERTIFICATE HOLDER</b>  State of New Hampshire c/o Department of Administrative Services 7 Hazen Drive, Room 250 Concord NH 03302	<b>CANCELLATION</b>  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  
---	---



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/20/2025

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> Tony Insurance Group, Inc. 150 Grossman Drive, Suite 200 Braintree MA 02184		<b>CONTACT NAME:</b> Kelsey Tony <b>PHONE (A/C, No, Ext):</b> (617) 773-9200 <b>E-MAIL ADDRESS:</b> certs@tonry.com <b>FAX (A/C, No):</b> (617) 773-9920	
<b>INSURED</b> State of New Hampshire C/o Department of Administrative Services 7 Hazen Drive, Room 250 Concord NH 03302		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Mid-Continent Casualty Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 23418	

**COVERAGES**      **CERTIFICATE NUMBER:** CL25102036419      **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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners and Contractor's <input type="checkbox"/> Protective GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			04OCP002009060	11/01/2025	11/01/2026	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <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) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Designated Contract: Concord New Hampshire HHS roof replacement, Project No 81297B  
Designated Contractor: Rockwell Roofing, Inc.

### CERTIFICATE HOLDER

### CANCELLATION

State of New Hampshire c/o Department of Administrative Services 7 Hazen Drive Room 250 Concord NH 03302	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 
---	--

© 1988-2015 ACORD CORPORATION. All rights reserved.