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# State of New Hampshire

DEPARTMENT OF SAFETY  
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ASSISTANT COMMISSIONER

STEVEN R. LAVOIE  
ASSISTANT COMMISSIONER

ROBERT L. QUINN  
COMMISSIONER

November 21, 2025

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

## REQUESTED ACTION

The Department of Safety, Division of Fire Standards & Training and Emergency Medical Services (FSTEMS) requests authorization to enter into a contract with United Diagnostic Services, LLC (UDS) (VC 554361 B001), Brooklyn, NY, in an amount not to exceed \$2,760,000.00. This contract will support the components of third-party administration, ultrasound diagnostic screening, and lung computed tomography (CT) scans as part of the Cancer Screening Pilot Program. Effective upon Governor and Executive Council approval through March 31, 2028. **100% General Funds.**

Funding is available in account, Cancer Screen Program CH152L24, as follows:

	<b><u>FY2026</u></b>
02-23-23-237010-42610000-103-500737 Contracts for Op Services	\$2,760,000.00

## EXPLANATION

This contract request supports the diagnostic imaging and program administration components of the Early Detection Cancer Screening Pilot Program established through Senate Bill 352 during the 2024 legislative session. Senate Bill 352 appropriated \$5,000,000.00 to improve early cancer detection for active and retired firefighters across New Hampshire. Firefighters face significantly elevated cancer risks due to occupational exposure, and this initiative is designed to provide access to essential screening services that can save lives.

The Division of Fire Standards and Training & Emergency Medical Services (FSTEMS) issued a competitive Request for Proposal (RFP DOS 2025-01) from November 21, 2024, through February 19, 2025, for a cancer screening pilot program. The solicitation allowed vendors to submit proposals for individual service categories, including third-party administration, multi-cancer blood testing, ultrasound, and computed tomography (CT) scanning. Diagnostic Services, LLC (UDS) submitted a qualified proposal for third-party administration, ultrasound diagnostic screening, and lung CT scan services. As UDS was the sole respondent in these categories and met all required qualifications, it is recommended for contract award.

This voluntary program allows eligible firefighters to select early detection cancer screening options based on medical need and personal preference. Screening services will be available statewide to ensure accessibility and minimize the burden on participants. United Diagnostic Services, LLC will support participant engagement, eligibility verification, confidential scheduling, and secure coordination of all imaging services. This contract represents a coordinated but independent component of the statewide pilot. A separate contract request for Grail, Inc. supports the multi-cancer screening portion to create a comprehensive service model for early detection.

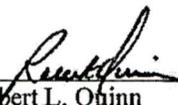
Her Excellency, Governor Kelley A Ayotte  
and the Honorable Council

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The 24-month Early Detection Cancer Screening pilot includes ongoing monitoring of participation rates, screening outcomes, and cost effectiveness, followed by a three-month close-out period. FSTEMS will provide a 12-month interim report and a comprehensive final report to the Governor, Senate President, and Speaker of the House, including recommendations for future policy direction. All medical information collected as part of the program will be treated as Protected Health Information (PHI) and handled in full compliance with HIPAA requirements. Only aggregated, de-identified data will be used for reporting and statewide program evaluation.

New Hampshire firefighters place themselves in harm's way daily. This program honors that commitment by investing in early detection, improving health outcomes, reducing long-term treatment costs, and shaping a sustainable statewide cancer-prevention strategy. Approval of this request will enable the State to launch critical diagnostic services in partnership with United Diagnostic Services, LLC.

Respectfully submitted,

  
Robert L. Quinn  
Commissioner of Safety

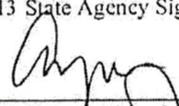
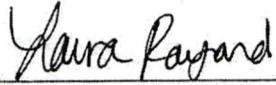
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

**AGREEMENT**

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

**GENERAL PROVISIONS**

**I. IDENTIFICATION.**

1.1 State Agency Name Department of Safety, Division of Fire Standards & Training and Emergency Medical Services		1.2 State Agency Address 33 Hazen Drive, Concord, NH 03305	
1.3 Contractor Name United Diagnostic Services, LLC		1.4 Contractor Address 1400 Ave Z Ste 301, Brooklyn, NY 11235	
1.5 Contractor Phone Number 646-553-2952	1.6 Account Unit and Class 02-23-23-231010-4261000-103	1.7 Completion Date 3/31/2028	1.8 Price Limitation Not to exceed \$2,760,000.00
1.9 Contracting Officer for State Agency Director Amy L. Newbury		1.10 State Agency Telephone Number 603-223-8020	
1.11 Contractor Signature   Date: 10/17/2025		1.12 Name and Title of Contractor Signatory  Ray Lankin-CEO	
1.13 State Agency Signature   Date: 11/6/25		1.14 Name and Title of State Agency Signatory Director Amy L. Newbury	
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:  On: 11/24/25			
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, reckless 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.

**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 modifications, additions, and/or deletions to the Form P-37.

## EXHIBIT B

### EMPLOYMENT OF CONTRACTOR: SERVICES TO BE PERFORMED.

UDS (UDS) shall provide the following services in accordance with RFP DOS 2025-01 to the FSTEMS (FSTEMS). The contract period is effective upon Governor and Council approval through March 31, 2028. This contract is null and void if the Governor and Council does not approve it.

#### Section 1: Cancer Screening Pilot Program

##### 1.1 Third Party Administration (TPA)

UDS will be responsible for the overall administration and coordination of the pilot program. Upon receipt of a list of eligible individuals for the pilot program from FSTEMS, and continuously upon updates to said list, UDS will compile a distribution database and communication plan. All eligible individuals will be notified of their specific detailed eligibility with their interest centrally tracked. This tracking will be coordinated with pilot program partners to ensure interested individuals are able to seamlessly access all 3 key components of the program. Non-participants will be re-engaged and offered educational materials to encourage program utilization.

Throughout the duration of the pilot program, UDS will be continuously evaluating the overall process as well as a detailed analysis of effectiveness of each of the 3 key components. Feedback from participants, along with recommendations from pilot program partners and UDS will be compiled for overall analysis. Immediate concerns/improvements will be addressed as needed on a real-time basis with coordination of FSTEMS.

##### 1.1.1 Participant Notification

The communication plan will be developed in concert with FSTEMS and submitted to the Division within 10 days of contract approval. Communications will include print, digital media, custom video production, etc. to maximize the pilot program's visibility and utilization. These communications, coupled with virtual educational meetings, will be utilized to detail the program specifics as well as encourage participation. Care will be given to ensure all full-time career firefighters, active or retired, are informed of the programs' benefits.

The initial notification will be coordinated with and approved by FSTEMS and initially sent to eligible participants with 14 days of receiving the eligible participant list or approval of the communications plan, whichever is later. Communications shall be tailored for individual stakeholders as appropriate UDS will ensure participants are initially notified of their eligibility, to include an ongoing basis as new participants become eligible. In addition, the direct communication to eligible participants, UDS will include, at a minimum, a mid-program (12 month) check-in with all eligible participants that did not initial enroll into the program. Overall participation rates will be made available to FSTEMS at regular intervals.

### **1.1.2 Participant Enrollment**

UDS will establish an enrollment procedure to confirm eligibility, gather the required information, and obtain participant consent for collecting test result data. This data is essential for the collection and analysis of pilot program metrics and for accurate reporting. UDS will confirm eligibility and ensure appropriate demographic information is collected for all registered participants including at a minimum: Age, Ethnicity, Years of active service, Gender (at birth), Years in retirement (if applicable).

During participant onboarding explicit consent will be obtained and stored for collection of test results data, demographic information, and any additional relevant information agreed upon with FSTEMS. UDS will coordinate participant onboarding, data collection, and reporting with all vendors supporting the pilot program.

UDS will provide a written response, as outlined in Section 8, detailing their proposed solution for the enrollment of participants.

### **1.1.3 Participant Scheduling**

UDS will schedule/coordinate for all 3 key screening components (multi-cancer blood testing, ultrasound diagnostic screening, and chest/lung computed tomography (CT)). UDS will be the primary point of contact for eligible participants to facilitate all medical testing. UDS utilizes Acuity Scheduling for online scheduling and participant coordination. This includes initial registration, reminder e-mails, and post testing follow-ups.

UDS will coordinate each component of the screening program independently as well as consolidated into a single appointment for participants. UDS is responsible for validating the eligibility of individuals requesting one or more medical tests against the list provided by FSTEMS.

### **1.1.4 Collection of information**

UDS will ensure patient privacy. The HIPPA compliant storage system will ensure participants have access to their medical files while total anonymity is maintained by all stakeholders. UDS will work with the pilot program partners to ensure accuracy in participant eligibility, screening, reporting, and billing. When aggregated data is compiled any information that would allow for individualization of medical results is excluded. At no time shall identifiable information be shared with any organization, individual, or FSTEMS.

### **1.1.5 Management of self-funded request**

UDS utilizes a self-funded payment system in the daily operations when not invoicing directly to FSTEMS. This payment system will allow UDS to track reimbursement requests from individual participants that opt to utilize providers outside of the pilot program partners. These reimbursements will be individually verified and submitted monthly to FSTEMS for payment. Reimbursements may be requested for expenses incurred after January 1, 2024, and are capped at a total of \$1,300.00. UDS tracking system will ensure participants are only utilizing either the pilot program partners or self-funding screenings. The utilization rates will be included in the aggregated data report and analysis of the over pilot program. All medical information collected for medical test for the pilot program must be submitted for individuals requesting self-funded reimbursement. If eligible participants do not submit the required medical information they shall not be eligible for reimbursement.

All eligible individuals will have the option to choose either participation in the established pilot program or seek reimbursement of costs resulting from self-funding screening, not both.

#### **1.1.6 Data Collection**

All protected health information collected during the program will be collected following strict HIPAA guidelines with storage and destruction adhering to those same guidelines. UDS will ensure that all data is kept confidential and secure, with access restricted to authorized personnel only. No identifiable information shall be disclosed to any organization, individual, or entity without explicit consent from the participant, except as required by law. At the end of the program, all PHI shall be securely destroyed in compliance with HIPAA requirements.

The UDS will match test result information with participant enrollment for the purposes of report development outline is Section 1.1.7.

#### **1.1.7 Data Reporting**

Aggregated data will be compiled and presented to FSTEMS at the conclusion of the first 12 months of the pilot program (updated at the completion of the program). The report will include, at a minimum:

- The number of firefighters screened
- The tests conducted
- Positive/negative results of the tests
- Types of cancer identified
- Additional actionable findings
- Follow-up testing required to confirm screening results
- Costs associated with follow-up tests, including the method of payment and the firefighter's share of costs
- Trends observed utilizing age, ethnicity, gender at birth, years of active service, and/or years retired

This 12- and 24-month compilation reports will also include recommendations of improvements for the pilot program. Recommendations will also be made in real time if pertinent to the overall success of the pilot program. When aggregated data is compiled, any information that would allow for individualization of medical results shall be excluded.

The cost of the third-party administration per participant is listed be Exhibit C.

#### **1.1.8 End of Program Survey**

Surveying participants for feedback shall take place with specific care given to collect information related to participant follow-up testing (including costs associated with said follow-up testing/treatment).

#### **1.1.9 Conclusion of contract**

UDS will, in close coordination with FSTEMS, destroy all information collected during the pilot program. UDS agrees to not disclose information from said program without express written permission from FSTEMS.

## 1.2 Ultrasound Diagnostic Screening

UDS will offer comprehensive ultrasound screening program focusing on the identification, prevention, and coordination of ongoing care for members identified as at risk for chronic conditions. The program focuses on the detection of actionable pathologies, cardiovascular disease, and cancers. The ultrasound screening will provide a thorough evaluation of nine essential body parts in a 30-minute appointment:

- Heart (echocardiogram)
- Carotid Doppler
- Aorta (Abdominal Aortic Aneurysm)
- Thyroid
- Liver
- Spleen
- Kidneys
- Bladder
- Gallbladder
- Testicular (men)/External Pelvic (women)

### Screen Protocols

The UDS screening program will include a detailed examination of multiple body parts, ensuring thorough detection of abnormalities. The protocols encompass the following areas:

*Carotid arteries:* Sagittal midline views of the carotid vessels on both sides are captured using grayscale and color doppler imaging. Pulse wave (PW) and flow velocities are recorded in the common and internal carotid vessels bilaterally. Any plaques or stenosis are documented with additional images, including grayscale with and without color, and measurements of diameter reduction in sagittal and transverse views, along with the velocities of each segment.

*Thyroid:* Complete imaging of the right and left lobes of the gland, along with the isthmus, is captured in transverse and sagittal views. Pathological findings, such as nodules, are documented with additional imaging including measurements, structural composition and presence of increased vascularity by color doppler. Additional imaging is performed for surrounding structures in case of atrophic or absent thyroid gland.

The *abdominal aorta* is scanned from the proximal to distal segments, with images taken in sagittal and transverse views to check for abdominal aneurysms. Measurement is taken in the mid segmental portion of the abdominal aorta in both sagittal and transverse views. Measurements above 3.5cm are notation for dilation of the vessel walls and is considered an aneurysm. Color doppler and additional imaging is required to obtain the extent of the aneurysm.

The *liver* is divided into two sections-right and left lobes. Both lobes of the liver are imaged in anterior to posterior views as well as sweeping from right to left. The right lobe of liver and right kidney interface are captured to distinguish echogenicity levels of the organ. Measurement of the liver is also obtained in this view. Any pathological findings must be accommodated with additional imaging of sagittal and transverse views, measurements If necessary and color doppler.

The neck, body and fundus portions of the *gallbladder* are imaged. Any internal pathological findings must be verified by the sonographer. Images should be captured in supine position then left lateral decubitus

position. This allows the distinction between a mobile vs a non-mobile structure. Measurement of structure and color doppler images should be obtained.

Both *right and left kidneys* are imaged in sagittal and transverse views. Measurement of the length, width and height of each kidney is obtained. Color doppler is obtained in the mid segment to show an arterial and venous flow. Any abnormality is therefore further imaged with measurements, patient's positioning, and color doppler.

*Spleen* is imaged with the patient positioned in the right lateral decubitus. Sagittal and transverse views are obtained along with the measurement of its length. Additional imaging of any pathological findings, measurements and color doppler might be necessary.

The *urinary bladder* is imaged in sagittal and transverse views with volume measurements obtained by its height, length and width calculations. The volume of bladder must be greater than 250cc. Extending the bladder walls can further evaluate the organ internally. Any abnormalities should be imaged with and without color doppler, change of position of right to left lateral decubitus, and measurement is applicable.

The *uterus* is imaged in sagittal and transverse views with and without color doppler. Endometrial lining, cervix and vaginal canal are also captured in grayscale imaging. Ovaries are zoomed in and measured in both views, if ovaries are not visible both right and left adnexa regions are evaluated. Fibroids, cysts or any other abnormalities should be additionally imaged with measurements and color doppler.

Both *testicles* are captured in one image to compare sizes and echogenicity to one another. Right and left testicles are then separately imaged in transverse and sagittal views, with color doppler and measurements. Evaluations of the epididymis and surrounding structures are also captured.

#### Echocardiogram

*Parasternal view:* Video clips of 4-5 seconds in length are captured focusing on the left ventricle, mitral and aortic valves. Measurements are taken of the left ventricle in systolic and diastolic phase to calculate the heart's ejection fraction. Color doppler is placed on mitral, aortic, tricuspid and pulmonic valves. Continuous waveform (CW) images of tricuspid and pulmonic valves are obtained to rule out any regurgitations in these valves. Measurement of the aortic root, ascending aorta, left atrium should be obtained in this view.

*Short Axis View:* Video clips of 4-5 seconds in length are taken from the apex of the heart to the aortic valve with and with color doppler imaging. Tricuspid and pulmonic valves are reevaluated with and without color doppler and continuous waveform are performed to rule out any regurgitations.

*Apical 4 chambers view/Aortic Valve:* The four chambers of the heart are video imaged with further assessment of its global wall motion and its ejection fraction. The mitral and tricuspid valves are video imaged with and without color and both should have a continuous waveform placed to capture any regurgitation. In addition, pulse waveform must be obtained from the mitral valve to obtain to see if there is a left ventricle diastolic issue. The aortic valve is captured with and without color. Left ventricle outflow tract information is obtained with a pulse waveform place outside of the aortic valve inside the left ventricle cavity. Continuous waveform is used to capture any regurgitations and pressure within the aortic valve.

2-3 chamber views are taken with and without color doppler. Re-evaluation of the mitral and aortic valves are captured. Any abnormalities of the heart should be further investigated with proper and adequate images, zoomed in and with dopplers.

### **1.2.1 Testing Locations**

UDS will deliver the screening program at multiple locations throughout the State of New Hampshire. UDS will work closely with FSTEMS to schedule services at multiple suitable, convenient locations during normal business hours.

UDS has multiple mobile teams that allow on-site services, minimizing long-distance travel for participants. UDS will accommodate requests for specific service locations or scheduling ensuring to meet the needs of the program.

United Diagnostic Services, LLC's team will arrive on-site and set up in a designated area with requirement of approximately 400 sq ft of open space per technician to create a private screening room. Alternatively, UDS can utilize an office or bunk room that is a minimum of 10ft x 10ft to set up a private screening room.

The mobile deployment brings UDS screening program directly to participants driving utilization rates to ensure program success. UDS will coordinate each component of the screening program independently as well as consolidated into a single appointment for participants. UDS can receive ultrasound, blood testing, and CT screening all in a single visit.

### **1.2.2 Test availability**

Screening hours will follow business hours but due to the nature of shift work, UDS is prepared to conduct screenings on evenings/weekends to ensure the greatest utilization from the firefighters. These screening hours will be coordinated with FSTEMS to maximize screening utilization.

UDS scans 15 individuals per day per technician and will schedule the number of appropriate days and technicians to meet the needs of an area. The mobile operation allows to set up programs for the number of required days at multiple locations. Given that participants are required to fast a minimum of 8 hours prior to being screened, the normal appointment times are 7am-330pm. To meet scheduling needs, hours can be adjusted as required to allow maximum flexibility and availability for participation.

UDS will coordinate each component of the screening program independently as well as consolidated into a single appointment for participants.

### **1.2.3 Test administration and results notification**

UDS will ensure that all screenings are conducted under the supervision of qualified healthcare providers who issue medical orders for each individual participant, meeting the required standards for eligibility.

All participants will receive professional interpretations from a board-certified radiologist and cardiologist licensed in the state of New Hampshire. Each participant with abnormal findings will receive a telemedicine consultation with a nurse practitioner prior to the release of results with coordination of care for needed follow-ups. Confidential health reports will be stored and emailed to participants via a HIPAA compliant portal. Members will receive their medical results within 7-10 business days of their scheduled appointment.

There are no explicit exclusions for adults to participate in our ultrasound screenings. However, participants in mid to late term pregnancies will not receive the best benefit of the technology because of their internal anatomical changes during pregnancy.

#### **1.2.4 Pilot Program Reporting**

UDS is fully prepared to work with the selected vendors to ensure relevant test results data, demographic information, and any additional relevant information agreed upon with FSTEMS are collected for analysis. UDS will ensure full compliance with ensuring consent for said data collection as well as the confidential storage and dissemination of the data.

#### **1.2.5 Invoicing**

UDS will submit invoices monthly to FSTEMS for payment. UDS understands they will be tasked with verifying and validating all invoices before FSTEMS will process warranted payments.

The cost for Ultrasound Diagnostic Screening per person per test is listed in Exhibit C.

### **1.3 Chest Computed Tomography (CT) to include Lungs**

UDS will deliver a chest computed tomography (CT) screening program to all interested participants at multiple locations throughout State of New Hampshire. Low-dose chest CT scans provide high-resolution imaging of the lungs using significantly less radiation than standard CTs, enabling the detection of small nodules and abnormalities at an early stage. This is particularly critical for populations at high risk, such as firefighters, who are frequently exposed to carcinogens in their line of duty. Early detection through this screening saves lives and reduces long term healthcare costs by facilitating timely intervention.

A low-dose chest CT (computed tomography) scan is a specialized medical imaging technique designed to minimize radiation exposure while capturing detailed images of the chest. The techniques and technologies involved:

#### **Imaging Technique:**

- **Spiral/Helical CT Scanning:** This involves continuous rotation of the CT scanner (gantry) around the patient, capturing a helical series of images while the patient moves through the scanner. This ensures fast, efficient scanning with reduced exposure.

#### **Radiation Dose Reduction:**

- **Automatic Exposure Control (AEC):** This technology adjusts the amount of radiation used based on the patient's size and the specific area being scanned, optimizing the dose for each patient.
- **Iterative Reconstruction Techniques:** Algorithms enhance image quality while using less radiation by refining the raw data, reducing noise, and improving resolution.
- **Lower Tube Voltage/Current:** By reducing the voltage and current settings on the Xray tube, the system minimizes radiation without compromising image quality for certain patient sizes and diagnostic tasks.

#### **Advanced Software:**

- **Spectral or Dual-Energy CT:** Offers detailed tissue characterization while potentially reducing the radiation dose.
- **Image Post-Processing and Reconstruction Algorithms:** These include advanced software tools that aid in producing high-quality images from low-dose scans, enhancing details and reducing artifacts.

Technology Integration:

- High-Efficiency Detectors: Modern CT scanners are equipped with highly sensitive detectors that capture more X-ray photons, allowing for reduced radiation levels.
- Fast Scanning: Due to the rapid acquisition speed, the scanning time is minimized, reducing the likelihood of patient movement and other variables that might require repeat scans.

Patient Positioning and Protocols:

- Proper Patient Alignment: Ensuring the patient is correctly positioned optimizes image quality and minimizes radiation exposure.
- Optimized Scanning Protocols: Tailored protocols take into consideration patient characteristics and specific diagnostic needs, ensuring the lowest possible dose for the desired diagnostic quality.

Dose Monitoring and Management:

- DICOM Radiation Dose Structured Reports: These allow for monitoring, recording, and managing the dose information for each patient, contributing to improved safety and adherence to dose limitations.

Low-dose chest CT scans are primarily used in lung cancer screening for high-risk patients in this case firefighters, and the continuous advancement in CT technology helps in balancing the need for diagnostic detail with the imperative of minimizing radiation exposure to the patient.

**1.3.1 Testing Locations**

As a mobile operation, UDS will deliver the CT screening program in multiple locations throughout the State of New Hampshire. UDS will work closely with staff to schedule services at multiple suitable and convenient locations during normal business hours. The mobile CT unit is a tractor-trailer and set-up, and location will be coordinated with Division of Fire Standards & Training and Emergency Medical Services. The CT scan trailer can be set up in the parking lot of selected locations that have suitable power source options. Alternatively, the trailer can be powered via a generator. UDS can coordinate the rental of a generator for an additional cost. The cost for an optional generator will not exceed \$1,600.00 per week and does not include labor or delivery. Fuel cost is for an additional cost; cost per gallon at current market price.

**1.3.2 Test availability**

Screening hours traditionally follow business hours but due to the nature of shift work, UDS will conduct screenings on evenings/weekends to ensure the greatest utilization from your firefighters. These screening hours will be coordinated with FSTEMS to maximize screening utilization.

Given the logistics of moving a large trailer, the CT scan unit has a weekly minimum participation rate of 125 individuals.

**1.3.2 Test administration and results notification**

UDS will ensure that all screenings are conducted under the supervision of qualified healthcare providers who issue medical orders for each individual participant, meeting the required standards for eligibility.

All participants will receive professional interpretations from a board-certified radiologist and cardiologist licensed in the State of New Hampshire. Each participant with abnormal findings will receive a telemedicine consultation with a nurse practitioner prior to the release of results with coordination of care for needed follow-ups. Confidential health reports will be stored and emailed to participants via a HIPAA compliant portal. Members will receive their medical results within 7-10 business days of their scheduled appointment.

There are no explicit UDS specific exclusions for adults to participate in the CT screenings, outside of any exclusions for any CT screenings. These exclusions are based on the participants' personal doctor's recommendations and industry standards.

#### **1.3.4 Pilot Program Reporting**

UDS will ensure relevant test results data, demographic information, and any additional relevant information agreed upon with Division of Fire Standards & Training and Emergency Medical Services are collected for analysis. UDS will ensure full compliance with ensuring consent for said data collection as well as the confidential storage and dissemination of the data.

#### **1.3.5 Invoicing**

UDS will ensure invoicing is accurate and timely. UDS will verify and validate the invoicing before Division of Fire Standards & Training and Emergency Medical Services will process warranted payments.

The cost for Chest Computed Tomography for each person per test is listed in Exhibit C.

### **Section 2 Non-eligible participants**

2.1 UDS may offer ultrasound and CT services to firefighters beyond the eligible participants. These services shall be offered at the same cost per test as what is offered through the pilot program. If UDS chooses to allow non-eligible participants to utilize these tests, it shall be outside the scope of this contract and FSTEMS shall not be charged for third-party administration or testing cost. UDS is solely responsible for acquiring payment directly from any non-eligible participant.

2.2 Any data collected from non-eligible participants shall not be included in aggregate reporting of the pilot program.

### **Section 3 Compensation and Contract Value**

Contract(s) shall have a total shared price limitation of \$5,000,000.00 with no minimum or maximum service volume guaranteed between selected contractors. If an extension is exercised, the NH Department of Safety shall determine the shared price limitation and cumulative utilization or volume. Any extension option shall be contingent upon satisfactory contract performance, continued appropriation of funds and Governor and Council approval.

**EXHIBIT C**

**5. CONTRACT PRICE: LIMITATION ON PRICE: PAYMENT.**

The cost for Third Party Administration is \$50.00 per participant.

The cost for Ultrasound Diagnostic Screening is \$335.00 per person per test.

The cost for Chest Computed Tomography to include lungs is \$415.00 per person per test.

The cost for optional generator rental is not to exceed \$1,600.00 per week. Fuel cost is reimbursable at current market price.

The total number of eligible participants shall not exceed 3,450 participants.

The cost of the services is not to exceed \$2,760,000.00. Partial payments accepted and invoices shall be submitted when services have been completed to:

State of New Hampshire  
Department of Safety  
Division of Fire Standards & Training and Emergency Medical Services  
33 Hazen Drive  
Concord, NH 03305  
Email: [AccountsPayable@dos.nh.gov](mailto:AccountsPayable@dos.nh.gov)

# 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 UNITED DIAGNOSTIC SERVICES, LLC is a New York Limited Liability Company registered to transact business in New Hampshire on July 15, 2025. 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: **997351**

Certificate Number : **0007242552**



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 July A.D. 2025.

A handwritten signature in black ink, appearing to read "D. Scanlan", is written over a faint circular stamp.

David M. Scanlan  
Secretary of State



**United Diagnostic Services, LLC**

Phone: 646-701-2533

Email: [rlankin@udshealth.com](mailto:rlankin@udshealth.com)

Date: October 17, 2025

To Whom It May Concern,

This letter is to formally confirm that Mr. Ray Lankin, Chief Executive Officer and Owner of United Diagnostic Services, LLC, is the sole authorized signatory empowered to sign all contracts and legally binding documents on behalf of the company.

United Diagnostic Services, LLC is a registered entity in the State of New York with a recognized business formation date of June 8, 2015. In accordance with internal governance and state requirements, Mr. Lankin retains exclusive authority to execute agreements, respond to official correspondence, and represent the company in all matters requiring contractual commitment.

This designation remains in full effect unless amended or revoked in writing by an officer of the company.

Please contact our office should you need additional documentation or clarification regarding this authorization.

Sincerely,

Adiba Dorcic  
Chief Operating Officer  
United Diagnostic Services, LLC

*Sworn to before me  
this 17<sup>th</sup> day of October, 2025*

ALICE ANTONOVSKY Notary Public, State of New York No. 02AN6154432 Qualified in Kings County Commission Expires on December 11, 2026
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UNITDIA-02

SWAFFAN

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/2/2025

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 Hylant - Ann Arbor 201 Depot Street Ann Arbor, MI 48104	CONTACT NAME:		
	PHONE (A/C, No, Ext): (734) 741-0044	FAX (A/C, No): (734) 741-1850	
E-MAIL ADDRESS: AnnArbor-office@hylant.com			
INSURED  United Diagnostic Services LLC 1400 Avenue Z, Suite 301 Brooklyn, NY 11235	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Massachusetts Bay Insurance Co		22306
	INSURER B: Accident Fund Ins Co of America		10166
	INSURER C: Ironshore Specialty Ins Co		25445
	INSURER D:		
	INSURER E:		
INSURER F:			

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			ODHH91517003	2/1/2025	2/1/2026	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			ODHH91517003	2/1/2025	2/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> EXCESS LIAB DED \$ RETENTION \$ 0			ODHH91517003	2/1/2025	2/1/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	100083325	1/1/2025	1/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Medical Professional			HC7CACFYJQ004	1/1/2025	1/1/2026	1M OCC / 3M AGG 1,000,000
C	Excess Medical Prof.			HC7CACX9RJ002	1/1/2025	1/1/2026	1M OCC / 1M AGG 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 •State National Insurance Co. (NAIC #12831): Cyber Coverage #EHJ-ADN00375888 5/30/2025-5/30/2026 - Occurrence/Aggregate \$2,000,000

•ShelterPoint Life Insurance Company (NAIC #81434): NY State Group Disability #DBL655863 1/1/2025-1/1/2026 -- Statutory Benefits

•Travelers Casualty & Surety of America (NAIC #31194): Crime 1st & 3rd Party #017628632 5/1/2025-5/1/2028 -- Crime Coverage Limit \$2,000,000 | Computer Fraud & Funds Transfer Fraud Coverage Limit \$500,000

## CERTIFICATE HOLDER

## CANCELLATION

State of New Hampshire  
 Department of Safety  
 Div. of Fire Standards, Training & Emergency Med. Services  
 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

Judy K. Wilson