



# 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)

# 127

March 25, 2026

**Charles M. Arlinghaus**  
Commissioner

**Catherine A. Keane**  
Deputy Commissioner

**Sheri L. Rockburn**  
Assistant Commissioner

February 12, 2026

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 Triple Construction LLC (VC#395282), 237 Daniel Webster Highway, Merrimack, NH 03054, for a total price not to exceed \$2,534,301.00, for Project Number 81374-A NH State Forest Nursery Renovations. This contract is effective upon Governor and Council approval through the completion of construction administration services, estimated to be February 1, 2027, unless extended in accordance with the contract terms. **99.41% Capital Funds .59% General Funds**

2) Further authorize that a contingency in the amount of \$20,000 be approved for unanticipated site expenses. **100% Capital Funds.**

Funding is available in account title Department of Natural & Cultural Resources and Department of Administrative Services as follows:

	<u>FY 2026</u>
030-035-56400000-034-500153 L23:1XI2-Forest&Lands Facilities	
034-500153 – Contract	\$ 2,519,301.00
030-035-55650000-034-500162 L23:1XI1-Roofing & Repair	
034-500162 – Contingency	\$ 20,000.00
010-014-60470000-048-500226 Contractual Maint Build-GRN	
048-500226- Contract	\$ 15,000.00
<b>Project Total</b>	<b>\$ 2,554,301.00</b>

### EXPLANATION

Pursuant to Chapter L23:1, XI, 2, Laws of 2023, funds are available for NH State Forest Nursery Renovations. The work of this contract includes a 3,800 square foot one-story addition to an existing historic barn known as the Gerrish Farmstead in Boscawen, NH. The new addition will be a freestanding panelized walk-in cooler structure for the storage of tree saplings grown and sold at the NH State Forest Nursery. The project scope

also includes renovations to the existing ground level of the barn, including the removal of a non-original refrigerated storage addition, and partial demolition of an existing adjoining carport.

This project will expand the storage capacity of the Nursery and allow higher sales of saplings, better control over the temperature of the cooler, and provide a renovated interior space for sales and employees. The existing cooler is older refrigeration equipment and not as efficient as the new system.

This contract contained three (3) Alternate Bid Items (Alternates). Alternates are not included in the Base Bid and, therefore, 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 did not accept any alternates.

A public bid opening was held on September 10, 2025. Six (6) bid proposals were received and the contract was awarded to the lowest qualified bidder. The low bid is 12% over the Department estimate. Due to the historic nature of the building existing drawings were not available, so there were some unknown conditions that contributed to the higher cost. To get the contract within budget the scope of work for tree removal, chemical storage build, and some parking space work were removed from the contract.

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.

Respectfully submitted,



Charles M. Arlinghaus,  
Commissioner

Department Estimate:	\$ 2,253,894
Low Bid:	<u>\$ 2,534,301</u>
Over Estimate:	\$ 280,407



Division of Public Works

# ABC Bid Data

BOSCAWEN  
81374RA  
NON-FEDERAL

PROJECT: BOSCAWEN  
STATE PROJECT NUMBER: 81374RA  
FED. PROJECT NUMBER: NON-FEDERAL  
DATE BIDS OPEN: September 10, 2025, 2:00 PM  
SCOPE OF WORK: NH STATE FOREST NURSERY RENOVATIONS  
COMPLETION DATE: February 01, 2027  
LOCATION: Merrimack

Awarded To:

Amount: \$0.00  
Award Date:

Certified by: \_\_\_\_\_  
Director of Project Development

## Summary of Bidders

Contractor	Bid Amount	Rank
TRIPLE CONSTRUCTION LLC 237 DANIEL WEBSTER HIGHWAY, MERRIMACK NH 03054	\$2,714,503.00	A
ABERTHAW CONSTRUCTION CO INC 672 SUFFOLK STREET, SUITE 200, LOWELL MA 01854-3608	\$2,983,905.00	B
D. L. KING & ASSOCIATES INC. 3 MOUND COURT, UNIT 1, MERRIMACK NH 03054	\$3,169,500.00	C
TURNSTONE CORPORATION 479 NASHUA STREET, MILFORD NH 03055-3705	\$3,303,300.00	D
CHARTERS BROTHERS CONST LLC 27 MAIN STREET, DANVILLE NH 03819	\$3,647,577.76	E
HUTTER CONSTRUCTION CORPORATION 810 TURNPIKE ROAD, NEW IPSWICH NH 03071	<del>1,577,606.45</del> \$1,750,000.00	F

Award To: Triple Construction LLC  
Contract Award: \$ 2,534,301.00  
Negotiated: Yes/No?: YES  
Alternates: Yes/No?: NO  
Using Agency: DNCR  
Authorized By: \_\_\_\_\_  
Date: 11/13/2025

BASE BID TOTAL: \$ 2,534,301.00

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

GRAND TOTAL: \$ 2,534,301.00



Division of Public Works

# ABC Bid Data

**BOSCAWEN  
81374RA  
NON-FEDERAL**

Item No.	Description	Unit	Quantity	PS&E		TABLE CONSTRUCTION LLC 237 DANIEL WEBSTER HIGHWAY MERRIMACK, NH 03064		AMERINAW CONSTRUCTION CO INC 872 SUFFOLK STREET LOWELL, MA 01854-3698	
				Unit Price	Total	Unit Price	Total	Unit Price	Total
901	ALL WORK IN THE CONTRACT AS INDICATED IN THE PLANS AND SPECIFICATIONS	U	1.00			\$2,539,503.00	\$2,539,503.00	\$2,808,905.00	\$2,808,905.00
902	ALLOWANCE #1 FOR UNFORSEEN CONDITIONS	\$	175,000.00			\$1.00	\$175,000.00	\$1.00	\$175,000.00
<b>Totals:</b>						<b>\$2,253,894.00</b>	<b>\$2,714,503.00</b>	<b>\$2,883,905.00</b>	<b>\$2,883,905.00</b>
<b>ALTERNATES 81374RA</b>									
<b>ALTERNATE #1</b>									
991	ADD ALTERNATE PROVIDE THE COST TO ADD THE FOLLOWING WORK TO THE CONTRACT: SOLAR PV INSTALLATION ON	U	1.00			\$148,701.23	\$148,701.23	\$115,000.00	\$115,000.00
<b>ALTERNATE #2</b>									
992	DEDUCT ALTERNATE PROVIDE THE COST TO REMOVE THE FOLLOWING WORK FROM THE CONTRACT: CHIMNEY REMOVAL	U	1.00			(\$1,600.00)	(\$1,600.00)	(\$5,165.00)	(\$5,165.00)
<b>ALTERNATE #3</b>									
993	ADD ALTERNATE CHAMELION WAYS ADDASSET RESIN BOUND PAVING SYSTEM IN LIEU OF SPECIFIED STONE DUST WALK-WAY	U	1.00			\$73,474.61	\$73,474.61	\$24,500.00	\$24,500.00
<b>Alt. Totals:</b>						<b>\$2,253,894.00</b>	<b>\$2,714,503.00</b>	<b>\$2,883,905.00</b>	<b>\$2,883,905.00</b>



Division of Public Works

# ABC Bid Data

BOSCAWEN  
81374RA  
NON-FEDERAL

Item No.	Description	Unit	Quantity	PS&E		D. L. KING & ASSOCIATES INC. 3 MOUND COURT MERRIMACK, NH 03044		TURNSTONE CORPORATION 478 NASHUA STREET MILFORD, NH 03055-3765	
				Unit Price	Total	Unit Price	Total	Unit Price	Total
901	ALL WORK IN THE CONTRACT AS INDICATED IN THE PLANS AND SPECIFICATIONS	U	1.00			\$2,994,500.00	\$2,994,500.00	\$3,128,300.00	\$3,128,300.00
902	ALLOWANCE #1 FOR UNFORSEEN CONDITIONS	\$	175,000.00			\$1.00	\$175,000.00	\$1.00	\$175,000.00
<b>Totals:</b>							<b>\$2,253,884.00</b>		<b>\$3,303,300.00</b>
<b>ALTERNATES 81374RA</b>									
<b>ALTERNATE #1</b>									
991	ADD ALTERNATE PROVIDE THE COST TO ADD THE FOLLOWING WORK TO THE CONTRACT: SOLAR PV INSTALLATION ON	U	1.00			\$50,000.00	\$50,000.00	\$175,660.00	\$175,660.00
<b>ALTERNATE #2</b>									
992	DEDUCT ALTERNATE PROVIDE THE COST TO REMOVE THE FOLLOWING WORK FROM THE CONTRACT: CHIMNEY REMOVAL	U	1.00			(\$5,000.00)	(\$5,000.00)	(\$2,200.00)	(\$2,200.00)
<b>ALTERNATE #3</b>									
993	ADD ALTERNATE CHAMELION WAYS ADJASET RESIN BOUND PAVING SYSTEM IN LIEU OF SPECIFIED STONE DUST WALKW	U	1.00			\$31,250.00	\$31,250.00	\$48,250.00	\$48,250.00
<b>Alt. Totals:</b>									
<b>Totals:</b>							<b>\$3,168,500.00</b>		<b>\$3,303,300.00</b>





Division of Public Works

# PS&E Comparison

BOSCAWEN  
81374RA  
NON-FEDERAL

Item No.	Description	Unit	Quantity	A-Bidder		PS&E	
				Unit Price	Total	Unit Price	Total
901	ALL WORK IN THE CONTRACT AS INDICATED IN THE PLANS AND SPECIFICATIONS	U	1.00	\$2,539,503.00	\$2,539,503.00	\$2,078,894.00	\$2,078,894.00
902	ALLOWANCE #1 FOR UNFORSEEN CONDITIONS	\$	175,000.00	\$1.00	\$175,000.00	\$1.00	\$175,000.00
							\$460,609.00

## Items

### ALTERNATES 81374RA

#### ALTERNATE #1

991	ADD ALTERNATE PROVIDE THE COST TO ADD THE FOLLOWING WORK TO THE CONTRACT: SOLAR PV INSTALLATION ON	U	1.00	\$148,701.23	\$148,701.23	\$120,000.00	\$120,000.00
							\$28,701.23

#### ALTERNATE #2

992	DEDUCT ALTERNATE PROVIDE THE COST TO REMOVE THE FOLLOWING WORK FROM THE CONTRACT: CHIMNEY REMOVAL.	U	1.00	(\$1,600.00)	(\$1,600.00)	(\$30,000.00)	(\$30,000.00)
							\$28,400.00

#### ALTERNATE #3

993	ADD ALTERNATE CHAMELION WAYS ADDASET RESIN BOUND PAVING SYSTEM IN LIEU OF SPECIFIED STONE DUST WALKW	U	1.00	\$73,474.61	\$73,474.61	\$25,000.00	\$25,000.00
							\$48,474.61

### Total:

\$2,714,503.00

\$2,253,894.00

\$460,609.00



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: 81374RA BOSCAWEN

### Contractor Profile

Firm	TRIPLE CONSTRUCTION LLC
Contractor ID	395282
Address	237 DANIEL WEBSTER HIGHWAY MERRIMACK NH 03054
Phone	(603)546-1082
FAX	
E-Mail	kcormier@triple-construction.com
Authorized Signature:	/s/ Jennifer Poles

### Bid Bond Verified

Auth Code/Check#	SNH0910274061
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### Receipt of Addenda

Sequence	Date
1	08/20/2025 Yes
2	08/20/2025 Yes
3	08/28/2025 Yes
4	08/29/2025 Yes
5	09/03/2025 Yes

## Department of Administrative Services, Division of Public Works

Proposal

Total Bid for Award Consideration

**\$2,714,503.00**

Contract Number: 81374RA

Contract Name: BOSCAWEN

Proposal For: 395282 - TRIPLE CONSTRUCTION LLC

Bid Opening Date: 10-Sep-2025

Project Funding: State

### Items

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
1	901	ALL WORK IN THE CONTRACT AS INDICATED IN THE PLANS AND SPECIFICATIONS		1.000	\$2,539,503.00	\$2,539,503.00

2 902 ALLOWANCE #1 FOR UNFORSEEN CONDITIONS \$ 175,000.000 \$1.00 \$175,000.00

**Total for Category Items**

**\$2,714,503.00**

**ALTERNATES 81374RA  
ALTERNATE #1**

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
3	991	ADD ALTERNATE PROVIDE THE COST TO ADD THE FOLLOWING WORK TO THE CONTRACT: SOLAR PV INSTALLATION ON	U	1,000	\$148,701.23	\$148,701.23

**\$148,701.23**

**Total for Category ALTERNATE #1**

**ALTERNATES 81374RA  
ALTERNATE #2**

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
4	992	DEDUCT ALTERNATE PROVIDE THE COST TO REMOVE THE FOLLOWING WORK FROM THE CONTRACT: CHIMNEY REMOVAL.	U	1,000	(\$1,600.00)	(\$1,600.00)

**(\$1,600.00)**

**Total for Category ALTERNATE #2**

**ALTERNATES 81374RA  
ALTERNATE #3**

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
5	993	ADD ALTERNATE CHAMELION WAYS ADDASSET RESIN BOUND PAVING SYSTEM IN LIEU OF SPECIFIED STONE DUST WALKW	U	1,000	\$73,474.61	\$73,474.61

**\$73,474.61**

**Total for Category ALTERNATE #3**

**Total Bid for Award  
Consideration**

**\$2,714,503.00**

**Proposal**

Proposal Of

TRIPLE CONSTRUCTION LLC  
237 DANIEL WEBSTER HIGHWAY, MERRIMACK NH, 03054

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 10, 2025. Said project being situated as follows:

**NH STATE FOREST NURSERY RENOVATIONS**

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

I acknowledge, understand, and accept these terms and conditions.  Yes  No

Signature Isl Jennifer Poles

**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 February 01, 2027. 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

Is/ Jennifer Poles



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/20/2025

**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 King Risk Partners, LLC 40 Stark St  Manchester NH 03101	CONTACT NAME: Karen Case
	PHONE (A/C, No, Ext): (603) 606-5157 FAX (A/C, No): E-MAIL ADDRESS: karen.case@king-insurance.com
INSURED  Triple Construction LLC 237 Daniel Webster Hwy  Merrimack NH 03054-4807	INSURER(S) AFFORDING COVERAGE
	INSURER A: Cincinnati Insurance Company NAIC # C00311
	INSURER B: Allied Eastern Indemnity Company 11242
	INSURER C:
	INSURER D:
	INSURER E:

**COVERAGES** CERTIFICATE NUMBER: CL257387687 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 WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			EPP 0713998	04/28/2025	04/28/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY			EPP 0713998	04/28/2025	04/28/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			EPP 0713998	04/28/2025	04/28/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 Comp Ops Aggregate \$ 5,000,000
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N Y	0000118851-2025A	07/17/2025	07/17/2026	<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

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

Project: NH State Forest Nursery Renovations Project#81374RA Boscawen.  
The State, its agencies, and its agents, and employees are additional insured as respects GL as required by written contract. Waiver of subrogation applies where permitted by state law. Work performed during the policy period: Carpentry. Workers' compensation coverage applies in NH, MA & ME. Kevin Cormier is excluded from the workers' compensation coverage. Umbrella Coverage has Completed Operations Aggregate of \$5,000,000

<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 PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
11/20/2025

**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> King Risk Partners, LLC 40 Stark St  Manchester NH 03101	<b>CONTACT NAME:</b> Karen Case <b>PHONE (A/C, No, Ext):</b> (603) 647-0800 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> karen.case@king-insurance.com <b>PRODUCER CUSTOMER ID:</b> 00020460														
<b>INSURED</b> Triple Construction LLC, STATE OF NH DEPT. OF ADMIN SERVICES, any and all subcontractors of all tiers and any other party having a Financial Interest in project	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : The Cincinnati Casualty Company</td> <td style="text-align: center;">28665</td> </tr> <tr> <td>INSURER B : Cincinnati Insurance Company</td> <td style="text-align: center;">C00311</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : The Cincinnati Casualty Company	28665	INSURER B : Cincinnati Insurance Company	C00311	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER B : Cincinnati Insurance Company	C00311														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

**COVERAGES**                      **CERTIFICATE NUMBER:** CP25112608991                      **REVISION NUMBER:**

**LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
 Loc#:00001,405 Daniel Webster Hwy,Boscawen,NH,03303

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															
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">PROPERTY</td> <td style="width: 50%;">DEDUCTIBLES</td> </tr> <tr> <td>CAUSES OF LOSS</td> <td>BUILDING</td> </tr> <tr> <td>BASIC</td> <td rowspan="2">CONTENTS</td> </tr> <tr> <td>BROAD</td> </tr> <tr> <td>SPECIAL</td> <td></td> </tr> <tr> <td>EARTHQUAKE</td> <td></td> </tr> <tr> <td>WIND</td> <td></td> </tr> <tr> <td>FLOOD</td> <td></td> </tr> </table>	PROPERTY	DEDUCTIBLES	CAUSES OF LOSS	BUILDING	BASIC	CONTENTS	BROAD	SPECIAL		EARTHQUAKE		WIND		FLOOD					BUILDING PERSONAL PROPERTY BUSINESS INCOME EXTRA EXPENSE RENTAL VALUE BLANKET BUILDING BLANKET PERS PROP BLANKET BLDG & PP	\$ \$ \$ \$ \$ \$ \$ \$ \$
PROPERTY	DEDUCTIBLES																				
CAUSES OF LOSS	BUILDING																				
BASIC	CONTENTS																				
BROAD																					
SPECIAL																					
EARTHQUAKE																					
WIND																					
FLOOD																					
A	<input checked="" type="checkbox"/> INLAND MARINE CAUSES OF LOSS <input type="checkbox"/> NAMED PERILS <input checked="" type="checkbox"/> Special form <input type="checkbox"/> CRIME TYPE OF POLICY	TYPE OF POLICY Installation/Builder Risk  POLICY NUMBER EBN0763798	11/20/2025	11/20/2026	<input checked="" type="checkbox"/> Builders Risk New  <input checked="" type="checkbox"/> Waiver of Subrogat.	\$ 2,534,301 \$ \$ included															
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$															

**SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Project: NH State Forestry Nursery Renovations Project #81374RA Boscawen

<b>CERTIFICATE HOLDER</b>  STATE OF NH DEPARTMENT OF ADMIN SERVICES 7 Hazen Dr., 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  
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/20/2025

**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> King Risk Partners, LLC 40 Stark St  Manchester NH 03101		<b>CONTACT NAME:</b> Katie Bull <b>PHONE (A/C, No, Ext):</b> (603) 647-0800 <b>E-MAIL ADDRESS:</b> katie.bull@king-insurance.com		<b>FAX (A/C, No):</b>
<b>INSURED</b> State Of NH Department Of Admin Services C/O Triple Construction LLC 237 Daniel Webster Hwy Merrimack NH 03054-4807		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: The Cincinnati Insurance Company		<b>NAIC #</b> 10677
		<b>INSURER B:</b>		
		<b>INSURER C:</b>		
		<b>INSURER D:</b>		
		<b>INSURER E:</b>		
		<b>INSURER F:</b>		

**COVERAGES**      **CERTIFICATE NUMBER:** CL2512104694      **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners & Contractors Protective  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ENP 0763594	11/20/2025	11/20/2026	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ OTHER \$
	<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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ OTHER \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	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)**  
Project: NH State Forest Nursery Renovations Project#81374RA Boscawen.

<b>CERTIFICATE HOLDER</b> State of New Hampshire c/o Department of Administrative Services 7 Hazen Drive Rm 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 <i>Ava Stevenson</i>
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# 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 TRIPLE CONSTRUCTION, LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on January 07, 2016. 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: 737136

Certificate Number: 0007166206



IN TESTIMONY WHEREOF.

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

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

David M. Scanlan  
Secretary of State

**CERTIFICATE OF AUTHORITY**

I, Gino Bernard, hereby certify that I am a Member or

Manager of Triple Construction, LLC a limited liability  
company under

(Name of LLC)

RSA 304-C.

VOTED: That Kevin Cormier is duly  
authorized to enter

(Name and Title)

into contracts or agreements on behalf of Triple Construction, LLC with

(Name of LLC)

the State of New Hampshire and any of its agencies or departments; and further, is authorized to  
execute any documents which may, in his judgment, be desirable or necessary to effect the  
purpose of this vote.

I further certify that it is understood that the State of New Hampshire will rely on this  
certificate as evidence that the person listed above currently occupies the position indicated and  
that they have full authority to bind the LLC and that this authorization **shall remain valid for  
thirty (30) days** from the date of this Corporate Resolution.

DATED: 11.20.25

ATTEST: \_\_\_\_\_

(Name and Title)

Gino Bernard, Member