



The State of New Hampshire  
**Department of Environmental Services**



Robert R. Scott, Commissioner 5H - 9/16/26

August 6, 2026

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

**REQUESTED ACTION**

Authorize the Department of Environmental Services (DES) to amend a contract (PO#9006040) with Cyano Holdings, Inc., DBA Greenwater Laboratories, Palatka, Florida (VC# 407832 B001), by extending the completion date to December 31, 2028 from September 30, 2026 to continue laboratory analyses for cyanotoxin testing in drinking water surface sources, effective upon Governor and Council approval through December 31, 2028. The contract was originally approved by Governor and Council on January 10, 2024, Item #55. This is a no-cost time extension. 100% Federal Funds.

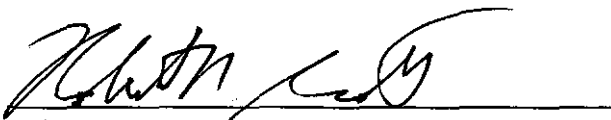
**EXPLANATION**

Currently, there are approximately eleven public water systems that draw from ponds, lakes or reservoirs that periodically experience cyanobacteria blooms. Certain cyanobacteria generate cyanotoxins that can impact human health, if consumed in drinking water at concentrations above the United States Environmental Protection Agency's (USEPA) published health advisory levels.

The purpose of this request is to ensure that public water systems and NHDES can quickly identify the presence of cyanotoxins in drinking water. The extension will maintain access to laboratory testing services that provide rapid confirmation of cyanotoxins in both source water and treated drinking water supplied by public water systems. To date, \$10,675 out of \$311,250 contract funds have been spent.

All other conditions of the original agreement will remain in full effect. This amendment has been approved as to form, substance, and execution by the Office of the Attorney General. In the event federal funds are no longer available, general funds will not be requested to support this program.

We respectfully request your approval of this item.

  
Robert R. Scott  
Commissioner

**AMENDMENT NO. 1  
TO AGREEMENT BETWEEN  
N.H. DEPARTMENT OF ENVIRONMENTAL SERVICES  
AND  
CYANO HOLDINGS, INC.**

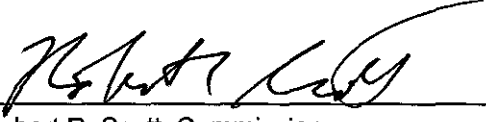
**CONTRACT FOR SERVICES- CYANOTOXIN LABORATORY ANALYSES**

WHEREAS, the State of New Hampshire Department of Environmental Services (NHDES) has entered into a contract with Cyano Holdings, Inc. in the amount of \$311,250 to assist the New Hampshire Department of Environmental Services Drinking Water and Groundwater Bureau by offering laboratory analysis services to identify and quantify cyanotoxins in untreated surface water and treated drinking water as specified and per the costs stated in Exhibit C through September 30, 2026 which was approved by Governor and Council on January 10, 2024, as Item #55.

NOW THEREFORE, amend the original contract between NHDES and Cyano Holdings, Inc. as approved by Governor and Council on January 10, 2024, as item #55 in the following manner:

1. The Completion Date as set forth in sub-paragraph 1.7 shall be changed from September 30, 2026 to December 31, 2028.
2. Delete Exhibit C and replace with Exhibit C-Amendment. Exhibit C-Amendment are attached hereto and incorporated into this amendment and agreement by reference.

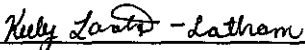
All other conditions outlined in the contract shall remain in effect.

  
Robert R. Scott, Commissioner  
Department of Environmental Services

8/10/26  
Date

  
Amanda Foss, President  
Cyano Holdings, Inc.

7/20/26  
Date

  
Assistant Attorney General Keely Lovato-Latham  
Department of Environmental Services

8/17/2026  
Date

**EXHIBIT C-Amendment  
Cost of Analyses**

All services shall be performed to the satisfaction of the Department of Environmental Services before payment is made. All payments shall be made upon completion of lab services requested by NHDES and upon receipt of the associated invoice.

| <b>Analyte(s) and Analytical Method</b>                                                                                                                                                              | <b>Minimum Reporting Limit (ug/L)</b> | <b>Unit Price</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------|
| Method 545: Determination of Cylindrospermopsin and Anatoxin-a in Drinking Water by Liquid Chromatography Electrospray Ionization Tandem Mass Spectrometry (LC/ESI-MS/MS) <b>Standard Turnaround</b> | 0.10 micrograms per liter             | \$445             |
| Method 545: Determination of Cylindrospermopsin and Anatoxin-a in Drinking Water by Liquid Chromatography Electrospray Ionization Tandem Mass Spectrometry (LC/ESI-MS/MS) <b>24-Hour Turnaround</b>  | 0.10 micrograms per liter             | \$890             |
| Method 546: Determination of Total Microcystins and Nodularins in Drinking Water and Ambient Water by Adda Enzyme-Linked Immunosorbent Assay <b>Standard Turnaround</b>                              | 0.10 micrograms per liter             | \$195             |
| Method 546: Determination of Total Microcystins and Nodularins in Drinking Water and Ambient Water by Adda Enzyme-Linked Immunosorbent Assay <b>24-Hour Turnaround</b>                               | 0.15 micrograms per liter             | \$390             |
| MC Suite (14+ Variants & Nodularin) LC-MS/MS <b>Standard Turnaround</b>                                                                                                                              |                                       | \$390             |

Contractor Initials AB  
Date 8/17/20

| Analyte(s) and Analytical Method                                                                                                                                                                                                               | Minimum Reporting Limit (ug/L) | Unit Price |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------|
| MC Suite (14+ Variants & Nodularin)<br>LC-MS/MS<br><b>24-Hour Turnaround</b>                                                                                                                                                                   |                                | \$780      |
| Single Laboratory Validated Method for Determination of Cylindrospermopsin and Anatoxin-a in Ambient Freshwaters by Liquid Chromatography/ Tandem Mass Spectrometry (LC/MS/MS) (EPA document # EPA/600/R-17/130)<br><b>Standard Turnaround</b> |                                | \$445      |
| Single Laboratory Validated Method for Determination of Cylindrospermopsin and Anatoxin-a in Ambient Freshwaters by Liquid Chromatography/ Tandem Mass Spectrometry (LC/MS/MS) (EPA document # EPA/600/R-17/130)<br><b>24-Hour Turnaround</b>  |                                | \$890      |
| Cylindrospermopsin<br>LC-MS/MS<br><b>Standard Turnaround</b>                                                                                                                                                                                   |                                | \$195      |
| Cylindrospermopsin<br>LC-MS/MS<br><b>24-Hour Turnaround</b>                                                                                                                                                                                    |                                | \$390      |
| CYN Suite (includes CYN, 7-epi-CYN, 7-deoxy-CYN) LC-MS/MS<br><b>Standard Turnaround</b>                                                                                                                                                        |                                | \$305      |
| CYN Suite (includes CYN, 7-epi-CYN, 7-deoxy-CYN) LC-MS/MS<br><b>24-Hour Turnaround</b>                                                                                                                                                         |                                | \$610      |
| Anatoxin-a LC-MS/MS<br><b>Standard Turnaround</b>                                                                                                                                                                                              |                                | \$195      |
| Anatoxin-a LC-MS/MS<br><b>24-Hour Turnaround</b>                                                                                                                                                                                               |                                | \$610      |

Contractor Initials

Date

*AB*  
*8/17/26*

| Analyte(s) and Analytical Method                                                                                                                  | Minimum Reporting Limit (ug/L) | Unit Price |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------|
| ATX Suite (includes ATX, HTX, dhATX)<br>LC-MS/MS<br><b>Standard Turnaround</b>                                                                    |                                | \$305      |
| ATX Suite (includes ATX, HTX, dhATX)<br><b>24-Hour Turnaround</b>                                                                                 |                                | \$610      |
| Saxitoxins (STX, Paralytic Shellfish Poison)<br>LC-MS/MS<br><b>Standard Turnaround</b>                                                            |                                | \$195      |
| Saxitoxins (STX, Paralytic Shellfish Poison)<br>LC-MS/MS<br><b>24-Hour Turnaround</b>                                                             |                                | \$390      |
| STX Suite (C1/C2, GTX 1,2,3,4,5,6, dcGTX2/3, dcSTX, NEO, STX) LC-MS/MS<br><b>Standard Turnaround</b>                                              |                                | \$390      |
| STX Suite (C1/C2, GTX 1,2,3,4,5,6, dcGTX2/3, dcSTX, NEO, STX) LC-MS/MS<br><b>72-Hour Turnaround (this can't be done for a 24-hour turnaround)</b> |                                | \$780      |
| qPCR DNA extraction (required for any qPCR service, billed per sample)<br><b>Standard Turnaround</b>                                              |                                | \$85       |
| qPCR DNA extraction (required for any qPCR service, billed per sample)<br><b>48-Hour Turnaround (this can't be done for a 24-hour turnaround)</b> |                                | \$170      |
| qPCR for Anatoxin-a (anaC)<br><b>Standard Turnaround</b>                                                                                          |                                | \$95       |
| qPCR for Anatoxin-a (anaC)<br><b>48-Hour Turnaround (this can't be done for a 24-hour turnaround)</b>                                             |                                | \$190      |
| qPCR for Cylindrospermopsin (cyrA)<br><b>Standard Turnaround</b>                                                                                  |                                | \$95       |
| qPCR for Cylindrospermopsin (cyrA)<br><b>48-Hour Turnaround (this can't be done for a 24-hour turnaround)</b>                                     |                                | \$190      |

Contractor Initials

Date

*AB*  
8/17/26

| Analyte(s) and Analytical Method                                                                                        | Minimum Reporting Limit (ug/L) | Unit Price |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------|
| qPCR for Microcystins/Nodularins (mcyE/ndaF)<br><b>Standard Turnaround</b>                                              |                                | \$95       |
| qPCR for Microcystins/Nodularins (mcyE/ndaF)<br><b>48-Hour Turnaround (this can't be done for a 24-hour turnaround)</b> |                                | \$190      |
| qPCR for Saxitoxins (stxA)<br><b>Standard Turnaround</b>                                                                |                                | \$95       |
| qPCR for Saxitoxins (stxA)<br><b>48-Hour Turnaround (this can't be done for a 24-hour turnaround)</b>                   |                                | \$190      |
| qPCR for Total Cyanobacteria (16s rRNA)<br><b>Standard Turnaround</b>                                                   |                                | \$95       |
| qPCR for Total Cyanobacteria (16s rRNA)<br><b>48-Hour Turnaround (this can't be done for a 24-hour turnaround)</b>      |                                | \$190      |

Contractor Initials AB  
Date 8/17/20

# State of New Hampshire

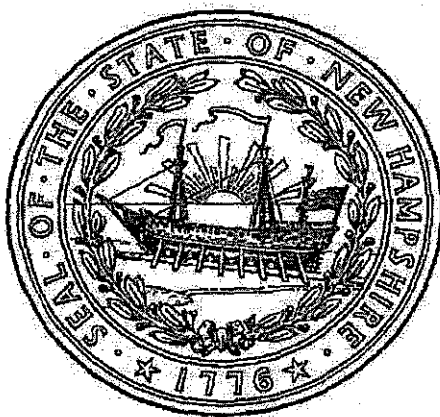
## Department of State

### CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that CYANO HOLDINGS, INC. is a Florida Profit Corporation registered to transact business in New Hampshire on November 17, 2023. 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: 947296

Certificate Number: 0007982790



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 16th day of July A.D. 2026.

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

David M. Scanlan  
Secretary of State

**CERTIFICATE OF VOTE**  
**CYANO HOLDINGS, INC.**

I, **Andrew Chapman**, hereby certify that I am the duly elected Vice President of **Cyano Holdings, Inc.** (the "Corporation"), a corporation organized and existing under the laws of the State of Florida, and that I was present and voting at the meeting described below.

I hereby certify that the following is a true copy of a vote taken at a meeting of the Board of Directors of the Corporation, duly called and held on **July 17, 2026**, at which a quorum of the Directors was present and voting:

**VOTED:** That **Amanda Foss**, President, is duly authorized on behalf of Cyano Holdings, Inc. to enter into and execute **Amendment No. 1** to the Contract for Services – Cyanotoxin Laboratory Analyses by and between Cyano Holdings, Inc. and the **State of New Hampshire, Department of Environmental Services**, as approved by the Governor and Executive Council on January 10, 2024 as Item #55, together with **Exhibit C-Amendment** thereto, and to execute any and all documents, agreements, and other instruments, and any amendments, revisions, or modifications thereto, which may in her judgment be desirable or necessary to effect the purpose of this vote.

I hereby certify that the foregoing vote is duly recorded in the minutes of the Corporation, has not been amended or repealed, and remains in full force and effect as of the date of the Amendment to which this Certificate is attached.

I further certify that **Amanda Foss** is the duly elected President of the Corporation as of the date hereof.

IN WITNESS WHEREOF, I have hereunto set my hand this 17th day of July, 2026.

  
\_\_\_\_\_  
Andrew Chapman  
Vice President, Cyano Holdings, Inc.



CYANHOL-01

RMONROE

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/17/2026

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

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

|                                                                                                                    |                                                           |                                      |
|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------|
| <b>PRODUCER</b><br>JP Perry Insurance, Inc<br>3342 Kori Road<br>Jacksonville, FL 32257                             | <b>CONTACT NAME:</b> Ronalda Monroe                       |                                      |
|                                                                                                                    | <b>PHONE (A/C, No, Ext):</b> (904) 482-1667               | <b>FAX (A/C, No):</b> (904) 900-2222 |
| <b>INSURED</b><br><br>CYANO Holdings Inc dba Green Water Laboratories<br>205 Zeagler Dr # 302<br>Palatka, FL 32177 | <b>E-MAIL ADDRESS:</b> rmonroe@jpperry.com                |                                      |
|                                                                                                                    | <b>INSURER(S) AFFORDING COVERAGE</b>                      |                                      |
|                                                                                                                    | <b>INSURER A : Homeland Insurance Company of New York</b> |                                      |
|                                                                                                                    | <b>INSURER B :</b>                                        |                                      |
|                                                                                                                    | <b>INSURER C :</b>                                        |                                      |
|                                                                                                                    | <b>INSURER D :</b>                                        |                                      |
| <b>INSURER E :</b>                                                                                                 |                                                           |                                      |
| <b>INSURER F :</b>                                                                                                 |                                                           |                                      |

## 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"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER: |           |          | 7930140890000 | 3/28/2025               | 12/6/2026               | EACH OCCURRENCE \$ 2,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 2,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000 |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                                                                                                     |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$                                                                                           |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$                                                                                                                                                               |           |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$                                                                                                                                                                                                        |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                            |           | N/A      |               |                         |                         | PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                                                                           |
| A        | <b>Professional Liab</b>                                                                                                                                                                                                                                                                                                  |           |          | 7930140890000 | 3/28/2025               | 12/6/2026               | Limit \$ 1,000,000                                                                                                                                                                                                                        |

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

## CERTIFICATE HOLDER

## CANCELLATION

N.H. Dept. of Environmental Services  
29 Hazen Drive  
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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/16/2026

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

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

|                                                                                                                     |                                                          |                       |
|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------|
| <b>PRODUCER</b><br>Next First Insurance Agency, Inc.<br>PO Box 60787<br>Palo Alto, CA 94306                         | <b>CONTACT NAME:</b>                                     |                       |
|                                                                                                                     | <b>PHONE (A/C, No, Ext):</b> (855) 222-5919              | <b>FAX (A/C, No):</b> |
| <b>INSURED</b><br>Cyano Holdings, Inc DBA GreenWater Laboratories<br>205 Zeagler Dr, Suite 302<br>Palatka, FL 32177 | <b>E-MAIL ADDRESS:</b> support@nextinsurance.com         |                       |
|                                                                                                                     | <b>INSURER(S) AFFORDING COVERAGE</b>                     |                       |
|                                                                                                                     | <b>INSURER A:</b> State National Insurance Company, Inc. |                       |
|                                                                                                                     | <b>INSURER B:</b>                                        |                       |
|                                                                                                                     | <b>INSURER C:</b>                                        |                       |
|                                                                                                                     | <b>INSURER D:</b>                                        |                       |
| <b>INSURER E:</b>                                                                                                   |                                                          |                       |
| <b>INSURER F:</b>                                                                                                   |                                                          |                       |

## COVERAGES

CERTIFICATE NUMBER: 872772408

REVISION NUMBER:

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

| INSR LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                 | ADDL SUBR INSD / WVD | POLICY NUMBER    | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                      |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------|-------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER:  |                      |                  |                         |                         | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>OTHER \$                 |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                 |                      |                  |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>OTHER \$                                                 |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$                                                                                                       |                      |                  |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>OTHER \$                                                                                                                                                              |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N/A                  | NXTPDV7VDR-00-WC | 01/08/2026              | 01/08/2027              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$500,000.00<br>E.L. DISEASE - EA EMPLOYEE \$500,000.00<br>E.L. DISEASE - POLICY LIMIT \$1,000,000.00 |

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

Proof of Insurance.

## CERTIFICATE HOLDER

NH Department of Environmental Services  
29 Hazen Dr  
Concord, NH 03301

LIVE CERTIFICATE



Click or scan to view

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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