



The State of New Hampshire
Department of Transportation

12 - 10/21/26



David Rodrigue, P.E.
Commissioner

Susan M. Klasen, P.E.
Assistant Commissioner

Michelle L. Winters
Deputy Commissioner

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

Bureau of Highway Maintenance
September 11, 2026

Requested Action

Authorize the Department of Transportation to **retroactively** amend its **sole source** agreement with Bonnette, Page & Stone Corporation, (Vendor #154556) of Laconia, New Hampshire, for the repairs to the New Hampton Patrol Shed #324, by extending the completion date from July 31, 2026, to December 31, 2026, effective upon Governor and Council approval. The original agreement was approved by Governor and Council on May 20, 2026 (Item #28). Time extension only, no new funding.

Explanation

This **retroactive** request addresses scheduling delays related to the necessary repairs for the Highway Maintenance District 3 New Hampton Patrol Shed #324, which was damaged by a hired truck during the 2024–2025 winter season. No work has occurred since the original completion date, and repairs will only begin upon Governor and Council approval of this request. Bonnette, Page & Stone Corporation has indicated that all repairs will be completed prior to the onset of winter maintenance activities

It is respectfully requested that authority be given to amend this Agreement for repairs as outlined above.

Sincerely,

David M. Rodrigue, PE
Commissioner

Attachments



The State of New Hampshire
Department of Transportation



David Rodrigue, P.E.
Commissioner

Susan M. Klasen, P.E.
Assistant Commissioner

Michelle L. Winters
Deputy Commissioner

**NH DOT Patrol Shed 324 Repairs
Time Extension Amendment**

(P-37 Contract Approved May 20, 2026)

Bureau of Highway Operations
District 3
2 Sawmill Road
Gilford, NH 03249
July 28, 2026

Mr. Keith McBey
President
Bonnette, Page & Stone Corporation
51 Church Street
Laconia, NH 03246

Dear Mr. McBey,

This letter is to inform you of NHDOT's intent to amend NH DOT Patrol Shed 324 Repairs Completion Date, of the above-referenced Contract. The original and amended dates are as follows:

Original Completion Date:	July 31, 2026
By this letter, amended to:	December 31, 2026

This is a time extension change order, only. No additional costs are to be incurred with this contract extension.

This amendment becomes effective upon approval by the Governor and Council.

Sincerely,


Timothy M. Boodey, PE
Director of Operations

I/We concur with the above Amendment.
Bonnette, Page & Stone Corporation

By: 
Title: President

AMENDMENT AGREEMENT
NH DOT Patrol Shed 324 Repairs
Bonnette, Page & Stone Corporation

IN WITNESS WHEREOF the parties hereto have executed this amended AGREEMENT on the day and year first above written.

Contractor

WITNESS TO THE CONTRACTOR

By: [Signature]
(Signature)
Estimator
(Position/Title)

Dated: July 28, 2026

CONTRACTOR

By: [Signature] Keith M. Bey
(Signature)
President
(Position/Title)

Dated: July 28, 2026

Department of Transportation

WITNESS TO THE STATE OF NEW HAMPSHIRE

By: [Signature]
(Signature)
Program Specialist II
(Position/Title)

Dated: 8/3/26

STATE OF NEW HAMPSHIRE

By: [Signature]
(Signature)
DAVID RODRIGUE, P.E.
(Position/Title) **COMMISSIONER**

Dated: 8/3/26

Attorney General

This is to certify that the above-amended AGREEMENT has been reviewed by this office and is approved as to form and execution.

Dated: 9/9/26

By: [Signature]
Assistant Attorney General

Secretary of State

This is to certify that the GOVERNOR AND COUNCIL on _____ approved this amended AGREEMENT.

Dated: _____

Attest:

By: _____
Secretary of State

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 BONNETTE, PAGE & STONE CORP. is a New Hampshire Profit Corporation registered to transact business in New Hampshire on March 07, 1969. 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: 5496

Certificate Number: 0007914904



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 23rd day of April A.D. 2026.

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

David M. Scanlan
Secretary of State

CERTIFICATE OF AUTHORITY/VOTE
(Limited Liability Company)

I, Keith McBey, hereby certify that:
(Name of Sole Member/Manager of Limited Liability Company, Contract Signatory - Print Name)

1. I am the Sole Member/Manager of the Company of Bonnette Page & Stone Corp.
(Name of Limited Liability Company)

2. I hereby further certify and acknowledge that the State of New Hampshire will rely on this certification as evidence that I have full authority to bind Bonnette Page & Stone Corp.
(Name of Limited Liability Company)

and that no corporate resolution, shareholder vote, or other document or action is necessary to grant me such authority.

[Signature]
(Contract Signatory - Signature)

July 28, 2026
(Date)

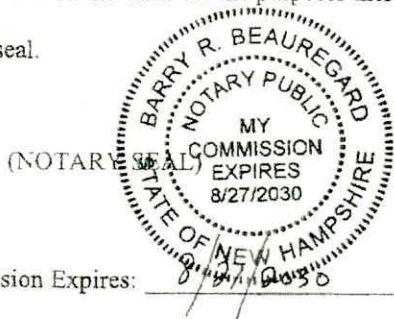
STATE OF New Hampshire

COUNTY OF Belknap

On this the 28 day of July, 2026, before me Barry Beauregard,
(Day) (Month) (Yr) (Name of Notary Public / Justice of the Peace)

the undersigned officer, personally appeared Keith McBey, known to me (or
(Contract Signatory - Print Name)

satisfactorily proven to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained. In witness whereof, I hereunto set my hand and official seal.



[Signature]
(Notary Public / Justice of the Peace - Signature)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/25/2026

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).

PRODUCER Arthur J. Gallagher Risk Management Services, LLC 45 Constitution Ave P.O. Box 511 25-26 all lines Concord NH 03301	CONTACT NAME: Scott Dearden PHONE (A/C, No, Ext): 800-238-3840 E-MAIL: scott_dearden@aig.com FAX (A/C, No): 603-224-8012 ADDRESS: scott_dearden@aig.com
INSURED Bonnette, Page & Stone Corp. 51 Church Street Laconia NH 03246	INSURER(S) AFFORDING COVERAGE INSURER A: Firemens Insurance Company of WA, D.C. INSURER B: Acadia Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:

License#: 0D69293

BONNPAG-01

NAIC #

21784

31325

COVERAGES**CERTIFICATE NUMBER:** 1991957053**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	ADD'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ LOC OTHER:		CPA5411494-16	11/1/2025	11/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY		CAA541149516	11/1/2025	11/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ RETENTION \$ 0		CUA541149616	11/1/2025	11/1/2026	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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 \$
A	☒ Lessor/Rentor Equipment Installation Floater		CPA5411494-16	11/1/2025	11/1/2026	Limit: \$150,000 Limit: \$250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Covering operations of the named insured throughout the policy period.

CERTIFICATE HOLDER**CANCELLATION**

State of New Hampshire DOT
PO Box 483
Concord, NH 03301

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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ACORD™

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DATE (MM/DD/YYYY)

2/25/2026

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PRODUCER	CONTACT NAME: Kelly Grahn	
USI Insurance Solutions, LLC	PHONE (A/C No, Ext): 855 874-0123	FAX (A/C No):
711 E. Main Street	E-MAIL ADDRESS: Futurecompcertrequest@usi.com	
Suite 201		
Chicopee, MA 01020-3600	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : ABC NH WORKERS COMP SIG, Inc	NONAIC
INSURED	INSURER B :	
Bonnette, Page & Stone Corp.	INSURER C :	
51 Church Street	INSURER D :	
Laconia, NH 03246	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY ☐					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ Y ☒ N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		ABC00400325	01/01/2026	01/01/2027X	PER STATUTE ☐ OTH-ER ☐ 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)

Evidence of NH Workers' Compensation Coverage.

CERTIFICATE HOLDER

State of New Hampshire DOT
PO Box 483
Concord, NH 03301

CANCELLATION

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AUTHORIZED REPRESENTATIVE

Joseph C. Blanche.

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