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Frank Edeblut  
Commissioner

Christine Brennan  
Deputy Commissioner

108

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF EDUCATION  
101 Pleasant Street  
Concord, N.H. 03301  
TEL. (603) 271-3495  
FAX (603) 271-1953

November 30, 2022

His Excellency, Governor Christopher T. Sununu  
and the Honorable Council  
State House  
Concord, NH 03301

**REQUESTED ACTION**

Authorize the New Hampshire Department of Education (NHED) to enter into a **sole source** amendment to an existing contract with New Hampshire Community Behavioral Health Association (CBHA), (Vendor Code #355870) Concord, NH by increasing the price limitation by \$1,354,000 from \$1,000,000 to \$2,354,000 to implement mental and behavioral health supports as part of the Rekindle Curiosity camp program, effective upon Governor and Council approval through September 30, 2024. The original contract was approved by the Governor on June 2, 2021, submitted to the Governor and Council on June 31, 2021 (Information Item #FF), amended on August 18, 2021 (Item #111), amended on August 17, 2022 (Item #67) and modified on September 20, 2022. 100% Federal Funds.

Funds to support this request are available in the account titled GEER II – CRRSA Act 2021 (GEER II) ESSER II- CRRSA Act 2021 (ESSER II), and ESSER III-ARP Act (ESSER III), in FY23 and anticipated to be available in FY24 and FY25 upon the availability and continued appropriation of funds in the future operating budget with the authority to adjust encumbrances amongst fiscal years within the price limitation through the Budget Office without further Governor and Council approval if needed and justified.

	FY21-22	FY23	FY24	FY25	Total
06-56-56-562010-19590000-102-500731 Contract for Program Services	\$356,563.39	\$143,436.61			\$500,000.00
06-56-56-562010-19580000-102-500731 Contract for Program Services		\$387,000.00	\$350,000.00		\$737,000.00
06-56-56-562010-24370000-102-500731 Contract for Program Services		\$250,000.00	\$427,000.00	\$440,000.00	\$1,117,000.00
<b>Total</b>	\$356,563.39	\$780,436.61	\$777,000.00	\$440,000.00	\$2,354,000.00

### EXPLANATION

This request is **sole source** because CBHA is the only organizing entity for the Community Mental Health Centers (CMHC) across the state. CBHA will coordinate with the CMHC to support Rekindle Curiosity camps to implement the NHED designated support services across the state.

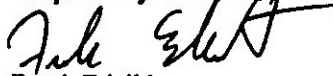
In response to the COVID-19 pandemic's impact on student social, emotional, and mental health, the NHED will support opportunities for positive childhood experiences at New Hampshire-approved overnight and day youth recreation camps. This program is called "Rekindling Curiosity: Every Kid Goes to Camp" or the "Program."

CBHA will implement the NHED determined mental health training program (the "Training Program") for Program counselors. CBHA will work with CMHCs to identify bachelor level staff who can be on the ground at Program camps to work in both camper-facing and staff-facing environments. Each CMHC will delegate staff, based on availability, who can devote at least one day per week to be present at Program camps ("CMHC Staffers"). The number of Workforce Staffers will be subject to workforce availability, but CBHA will work with the NHED to establish a work plan to ensure that available resources are targeted and as local as possible.

CBHA will work with the NHED and the CMHCs to offer higher levels of services to Program campers who need additional intensive supports in order to be successful at summer camp. CBHA will develop methods to identify and refer children in need of such supports ("Identification Methods"), which will be included in the Training Program. Additional supports may include working directly with Special Education staff to provide a coordinated effort and allowing youths to access CMHC supports for a successful camp experience. Any such services will be coordinated with Program campers' parent or guardian, as required by law and standards of professional practice.

CBHA will act as the program administrator and will work with NHED to fully develop a system of delivery to participating camps. A work plan will be created which coordinates both the Training Program and on-site personnel and services. CBHA will require that staff be employees of the CMHCs: certifications, credentialing and background checks will be managed by the CMHCs. The Training Program will be conducted by certified Mental Health First Aid Instructors where feasible. Training syllabus and content will be based on existing trainings, but programs will be tailored to ReKINDling Curiosity. Details of the trainings will be provided to the NHED and the participating camps in advance of the Program's start. CBHA will engage CMHC staff with the Program camps for services rather than engaging them with campers. This approach will ensure that CMHCs do not have to open a case for each child.

Respectfully submitted,



Frank Edelblut  
Commissioner of Education

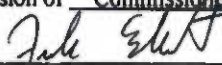
**AMENDMENT TO  
PROFESSIONAL SERVICES CONTRACT**

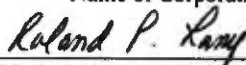
Now come the New Hampshire Department of Education hereinafter "the Agency," and the New Hampshire Community Behavioral Health Association, Concord, NH, hereinafter "CBHA", (Vendor Code #355870) and, pursuant to an agreement between the parties that was approved by Governor on June 2, 2021, submitted to the Governor and Council on June 31, 2021 (Information Item #FF), amended on August 18, 2021 (Item #111), amended on August 17, 2022 (Item #67), and modified on September 20, 2022 hereby agree to modify same as follows:

1. Amend Section 1.8 to increase the amount of the contract by \$1,354,000, from \$1,000,000 to \$2,354,000.
2. Remove Exhibit C-1 and replace with Exhibit C-2.
3. All other provisions of this agreement shall remain in full force and effect as originally set forth; and
4. This amendment shall commence upon Governor and Council approval and shall terminate September 30, 2024.
5. This modification of an existing agreement is hereby incorporated by reference to the existing agreement by the parties and must be attached to the said agreement.

IN WITNESS WHEREOF, the parties, hereto have set their hands as of the day and year first above written.

THE STATE OF NEW HAMPSHIRE  
Department of Education  
(Agency)

Division of Commissioner's Office  
By:  12/5/2022  
Frank Edelblut, Commissioner of Education Date

New Hampshire Community Behavioral Health Association  
Name of Corporation (Contractor)  
By:  November 10, 2022  
Roland P. Lamy, Executive Director Date

Approved as to form, substance, and execution by the Attorney General this 5 day of December, 2022.

  
Elizabeth Brown, Attorney General Office

Approved by the Governor and Council this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

By: \_\_\_\_\_

**EXHIBIT C-2  
Method of Payment**

<b>Description</b>	<b>Amount</b>
Training, including 5% coordination of services fee	\$331,475.00
Functional Support Staff Services, including 5% coordination of services fee	\$1,605,214.72
High Needs Students, including 5% coordination of services fee	\$265,451.28
Mileage Reimbursement, at prevailing reimbursement rate	\$12,500.00
Marketing	\$20,480.00
Administration	\$118,879.00
<b>Total</b>	<b>\$2,354,000.00</b>

The CBHA may include a five percent (5%) coordination fee for Training, Functional Support Staff Services and High Needs Students support services. Such fee shall be inclusive of the above budget amounts.

**Reporting:** The CBHA shall provide an end of summer/program report detailing numbers served and a narrative of the benefits, lessons learned and recommendations for future efforts

**Billing Schedule:** Fees for this program will be invoiced by the CBHA monthly to the NHED. Payment will be net 30 days.

**Limitation on Price:** Upon mutual agreement between the state contracting officer and the contractor, line items in this budget may be adjusted one to another, but in no case shall the State's obligation under this contract exceed \$2,354,000.

**Source of Funding:** Funds to support this request are available in the account titled GEER II – CRRSA Act 2021 (GEER II) ESSER II- CRRSA Act 2021 (ESSER II), and ESSER III-ARP Act (ESSER III), in FY23 and anticipated to be available in FY24 and FY25 upon the availability and continued appropriation of funds in the future operating budget with the authority to adjust encumbrances amongst fiscal years within the price limitation through the Budget Office without further Governor and Council approval if needed and justified

	<b>FY21-22</b>	<b>FY23</b>	<b>FY24</b>	<b>FY25</b>	<b>Total</b>
06-56-56-562010-19590000-102-500731 Contract for Program Services	\$356,563.39	\$143,436.61			\$500,000.00
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<b>Total</b>	<b>\$356,563.39</b>	<b>\$780,436.61</b>	<b>\$777,000.00</b>	<b>\$440,000.00</b>	<b>\$2,354,000.00</b>

Payment will be subject to funds availability. In the event that funds are not available, NHED shall immediately notify CBHA. Invoices and reports shall be submitted to:

Jessica Lescarbeau, Administrator IV  
[Jessica.l.lescarbeau@doe.nh.gov](mailto:Jessica.l.lescarbeau@doe.nh.gov)

Contractor Initials RPL  
Date 11/10/22

**State of New Hampshire  
Department of State**

**CERTIFICATE**

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that NR COMMUNITY BEHAVIORAL HEALTH ASSOCIATION is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on January 24, 2003. 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: 427021

Certificate Number: 0004958720



IN TESTIMONY WHEREOF,  
I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 14th day of July A.D. 2020.

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner  
Secretary of State

Certificate of Attestation

I, Margaret M. Pritchard, hereby certify that I am a duly appointed representative of  
(Margaret M. Pritchard)

NH Community Behavioral Health Association. I hereby certify that Roland Lamy, is duly

authorized to execute contracts on behalf of NH Community Behavioral Health Association and may bind  
the organization thereby.

**I hereby certify** that said authority has not been amended or repealed and remains in full force and  
effect as of the date of the contract to which this certificate is attached. This authority **remains valid for  
thirty (30) days**. I further certify that it is understood that the State of New Hampshire will rely on this  
certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that  
they have full authority to bind the corporation. To the extent that there are any limits on the authority of  
any listed individual to bind the corporation in contracts with the State of New Hampshire, all such  
limitations are expressly stated herein.

Dated: December 1, 2022

Attest: Margaret M. Pritchard  
(Margaret M. Pritchard, Title)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/27/2022

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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> USI Insurance Services LLC 3 Executive Park Drive, Suite 300 Bedford, NH 03110 855 874-0123	<b>CONTACT NAME:</b> Nicki Renaud <b>PHONE (A/C, No, Ext):</b> 855 874-0123 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> nicki.renaud@usi.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : Philadelphia Indemnity Insurance Co.</td> <td>18058</td> </tr> <tr> <td>INSURER B : Granite State Healthcare &amp; Human Svc WC</td> <td>NONAIC</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> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Philadelphia Indemnity Insurance Co.	18058	INSURER B : Granite State Healthcare & Human Svc WC	NONAIC	INSURER C :		INSURER D :		INSURER E :		INSURER F :
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<b>INSURED</b> The Mental Health Center for Southern NH DBA CLM Center for Life Management 10 Tsienneto Rd Derry, NH 03038														

**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 SUBR INSR 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 type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		[REDACTED]	10/01/2022	10/01/2023	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		[REDACTED]	10/01/2022	10/01/2023	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 <input checked="" type="checkbox"/> RETENTION \$10000		[REDACTED]	10/01/2022	10/01/2023	EACH OCCURRENCE \$5,000,000 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 N	[REDACTED]	01/01/2022	01/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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
A	Professional		[REDACTED]	10/01/2022	10/01/2023	1,000,000 Occurrence 3,000,000 Aggregate

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

<b>CERTIFICATE HOLDER</b> Department of Education 25 Hall Street Concord, NH 03301	<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)  
11/28/2022

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.

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<b>PRODUCER</b> Brown & Brown of New Hampshire, Inc. 309 Daniel Webster Highway Merrimack NH 03054		<b>CONTACT NAME:</b> Laura MacDonald <b>PHONE (A/C, No, Ext):</b> (603) 424-9901 <b>E-MAIL ADDRESS:</b> Laura.MacDonald@BBrown.com <b>FAX (A/C, No):</b> (868) 848-1223	
<b>INSURED</b> Monadnock Family Services 64 Main Street, Suite 210 Keene NH 03431		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Philadelphia Indemnity Insurance Company <b>INSURER B:</b> Technology Insurance Company, Inc. <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 18058 42378	

**COVERAGES**      **CERTIFICATE NUMBER:** 22-23 Master      **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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			[REDACTED]	09/01/2022	09/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			[REDACTED]	09/01/2022	09/01/2023	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 <input checked="" type="checkbox"/> RETENTION \$ 10,000			[REDACTED]	09/01/2022	09/01/2023	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
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	N/A	[REDACTED]	09/01/2022	09/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER    3A State: NH E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Professional Liability			[REDACTED]	09/01/2022	09/01/2023	Each Professional Inc. \$1,000,000 Aggregate Limit \$3,000,000

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

### CERTIFICATE HOLDER

### CANCELLATION

Department of Education 25 Hall Street  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 <i>Laura MacDonald</i>
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/02/2022

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<b>PRODUCER</b> FIAI/Cross Insurance 1100 Elm Street  Manchester	NH 03101	<b>CONTACT NAME:</b> Michele Palmer <b>PHONE (A/C, No, Ext):</b> (603) 669-3218 <b>FAX (A/C, No):</b> (603) 645-4331 <b>E-MAIL ADDRESS:</b> manch.certs@crossagency.com
		<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>
<b>INSURED</b>  Behavioral Health & Developmental Services of Strafford County Inc, DBA: Community Partners 113 Crosby Road, Ste 1 Dover	NH 03820	<b>INSURER A:</b> Hanover Ins Group
		<b>INSURER B:</b> Granite State Health Care and Human Services Self-I
		<b>INSURER C:</b> Philadelphia indemnity Ins Co      18058
		<b>INSURER D:</b>
		<b>INSURER E:</b>


**COVERAGES**      **CERTIFICATE NUMBER:** 22-23 All w/D&O      **REVISION NUMBER:**

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A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			[REDACTED]	11/01/2022	11/01/2023	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"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED. <input checked="" type="checkbox"/> RETENTION \$ 0			[REDACTED]	11/01/2022	11/01/2023	EACH OCCURRENCE \$ 7,000,000 AGGREGATE \$ 7,000,000
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			[REDACTED]	01/01/2022	01/01/2023	<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	<b>Directors &amp; Officers Liability</b>			[REDACTED]	11/01/2022	11/01/2023	Limit \$5,000,000 Deductible \$35,000

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

Refer to policy for exclusionary endorsements and special provisions.

<b>CERTIFICATE HOLDER</b>  Department of Education 25 Hall Street  Concord	NH 03301	<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.
		<b>AUTHORIZED REPRESENTATIVE</b>  

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/20/2022

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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> USI Insurance Services LLC 3 Executive Park Drive, Suite 300 Bedford, NH 03110 855 874-0123	<b>CONTACT NAME:</b> Christine A Skehan <b>PHONE (A/C, No, Ext):</b> 855 874-0123 <b>E-MAIL ADDRESS:</b> Christine.Skehan@usi.com	<b>FAX (A/C, No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Northern Human Services, Inc. 87 Washington Street Conway, NH 03818-6044	<b>INSURER A:</b> Philadelphia Insurance Company	<b>NAIC #</b> 32204
	<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 SUBR INSR 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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		[REDACTED]	03/31/2022	03/31/2023	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COM/OP AGG \$3,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY		[REDACTED]	03/31/2022	03/31/2023	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 <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10000		[REDACTED]	03/31/2022	03/31/2023	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		[REDACTED]			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Healthcare Prof		[REDACTED]	03/31/2022	03/31/2023	\$1,000,000/\$3,000,000
A	Physician Prof		[REDACTED]	03/31/2022	03/31/2023	\$1,000,000/\$3,000,000

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

**Evidence of Insurance.**  
 Allied Health staff share in the limits of Insurance of the Entity.  
 Physicians have their own separate \$1M/\$3M limits of insurance, and do not share in the entity Limits of insurance.

<b>CERTIFICATE HOLDER</b> New Hampshire Department of Education 25 Hall St. Concord, NH 03301	<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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**ACORD**

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
10/11/2022

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 any rights to the certificate holder in lieu of such endorsement(s).

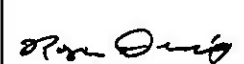
<b>PRODUCER</b> USI Insurance Services LLC 3 Executive Park Drive, Suite 300 Bedford, NH 03110 855 874-0123	<b>CONTACT NAME:</b> Christine A Skehan <b>PHONE (A/C, No, Ext):</b> 855 874-0123 <b>E-MAIL ADDRESS:</b> Christine.Skehan@usi.com	<b>FAX (A/C, No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Northern Human Services, Inc. 87 Washington Street Conway, NH 03818-6044	<b>INSURER A:</b> NH Employers Insurance Company	<b>NAIC #</b> 13083
	<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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	<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				09/30/2022	09/30/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000

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

<b>CERTIFICATE HOLDER</b> NH DEPT OF EDUCATION 25 HALL ST CONCORD, NH 03301	<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)

11/17/2022

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> Eaton & Berube Insurance Agency, LLC 11 Concord Street Nashua NH 03064	<b>CONTACT NAME:</b> Kimberly H. Gutekunst, CIC <b>PHONE (A/C, No, Ext):</b> 603-882-2766 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> kgx@eatonberube.com	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
		INSURER A : Scottsdale Insurance Co		
<b>INSURED</b> The Community Council of Nashua NH, Inc dba Greater Nashua Mental Health 100 West Pearl Street Nashua NH 03060	COMCO3	INSURER B : Concord General Mutual		20672
		INSURER C : Granite State Health Care & Human Services Self In		
		INSURER D :		
		INSURER E :		
		INSURER F :		

**COVERAGES**

CERTIFICATE NUMBER: 1164613102

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 WYD	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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		[REDACTED]	11/12/2022	11/12/2023	EACH OCCURRENCE	\$ 2,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 2,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
							\$
B	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		[REDACTED]	11/12/2022	11/12/2023	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 <input checked="" type="checkbox"/> RETENTION \$ 10,000		[REDACTED]	11/12/2022	11/12/2023	EACH OCCURRENCE	\$ 5,000,000
						AGGREGATE	\$ 5,000,000
							\$
C	<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 <input type="checkbox"/>	N/A	1/1/2022	1/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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
A	Professional Liability Claims Made Retro Date: 11/12/1986		[REDACTED]	11/12/2022	11/12/2023	Each Claim	\$5,000,000
						Aggregate	\$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Workers Compensation coverage: NH; no excluded officers.

**CERTIFICATE HOLDER**

CANCELLATION 30 days/10 days non-payment

Department of Education  
 25 Hall Street  
 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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/28/2022

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> Cross Insurance-Laconia 155 Court Street  Laconia NH 03246		<b>CONTACT NAME:</b> Sarah Cullen, AINS, ACSR <b>PHONE (A/C, No, Ext):</b> (603) 524-2425 <b>FAX (A/C, No):</b> (603) 524-3666 <b>E-MAIL ADDRESS:</b> sarah.cullen@crossagency.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Ace American Insurance Company	
		<b>INSURER B:</b> ACE Property & Casualty Ins Co	
		<b>INSURER C:</b> New Hampshire Employers Ins Co	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:** CL2261600009                      **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 Y/YD	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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			[REDACTED]	06/26/2022	06/26/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Employee Benefits Liab \$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			[REDACTED]	06/26/2022	06/26/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 1,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  DED    RETENTION \$			[REDACTED]	06/26/2022	06/26/2023	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
C	<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	[REDACTED]	06/26/2022	06/26/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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
A	Professional Liability			[REDACTED]	06/26/2022	06/26/2023	Per Incident \$5,000,000 Aggregate \$7,000,000

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

<b>CERTIFICATE HOLDER</b>		<b>CANCELLATION</b>	
Department of Education 25 Hall Street  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 	



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/22/2022

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> Fred C. Church Insurance 41 Wellman Street Lowell MA 01851	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 978-458-1865 E-MAIL ADDRESS: jnorton@fredchurch.com	<b>FAX (A/C, No):</b> 978-454-1865
		<b>INSURER(S) AFFORDING COVERAGE</b>
<b>INSURED</b> Seacoast Mental Health Center, Inc. 1145 Sagamore Avenue Portsmouth NH 03801	SEACMEN-01	<b>INSURER A:</b> Philadelphia Indemnity Insurance Company <b>INSURER B:</b> Granite State HC & HS Trust <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES**

CERTIFICATE NUMBER: 1191230324

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	ADOL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			[REDACTED]	3/1/2022	3/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Comp \$1,000 <input checked="" type="checkbox"/> Coll \$1,000			[REDACTED]	3/1/2022	3/1/2023	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 <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			[REDACTED]	3/1/2022	3/1/2023	EACH OCCURRENCE \$ 5,000,000 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	N/A	[REDACTED]	1/1/2022	1/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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
A	Professional Liability			[REDACTED]	3/1/2022	3/1/2023	\$1,000,000 \$3,000,000 Per Occurrence Annual Aggregate

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

**CERTIFICATE HOLDER****CANCELLATION**

New Hampshire Department of Education 25 Hall Street 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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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/08/2022

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**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> CGI Insurance, Inc. 5 Dartmouth Drive Auburn NH 03032		<b>CONTACT NAME:</b> Teri Davis <b>PHONE (A/C, No, Ext):</b> (877) 562-8954 <b>FAX (A/C, No):</b> (866) 574-2443 <b>E-MAIL ADDRESS:</b> TDavis@CGIBusinessInsurance.com	
<b>INSURED</b> The Mental Health Center of Greater Manchester, Inc. 401 Cypress Street Manchester NH 03103-3628		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Philadelphia Insurance <b>INSURER B:</b> Philadelphia Indemnity <b>INSURER C:</b> A.I.M. Mutual <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 22-23 w/WC RE

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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR Professional Liability \$2M Agg GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			[REDACTED]	04/01/2022	04/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Sexual/Physical Abuse or \$ 1,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			[REDACTED]	04/01/2022	04/01/2023	COMBINED-SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Hired/borrowed \$ 1,000,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			[REDACTED]	04/01/2022	04/01/2023	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
C	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	[REDACTED]	09/12/2022	09/12/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Workers Comp 3A State: NH, MA, VT, ME & VT. Supplemental Names: Manchester Mental Health Foundations, Inc., Amoskeag Residences Inc., Bedford Counseling Associates, Family 411, Mindful Wellness, North End Counseling, InShape. The Certificate is issued for insured operations usual to Mental Health Services.

**CERTIFICATE HOLDER****CANCELLATION**

Department of Education 25 Hall St 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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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/09/2022

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> MARSH USA, INC. 99 HIGH STREET BOSTON, MA 02110 Attn: Boston.certrequest@Marsh.com  CN102105463-gaup-22-23	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):	
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> West Central Services, Inc dba West Central Behavioral Health 85 Mechanic St, Suite C2-1 Box A-10 Lebanon, NH 03766	<b>INSURER A :</b> Philadelphia Indemnity Insurance Company		18058
	<b>INSURER B :</b>		
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
	<b>INSURER F :</b>		

**COVERAGES**                      **CERTIFICATE NUMBER:** NYC-011365453-02                      **REVISION NUMBER:** 2

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"/> PROJ-JECT <input type="checkbox"/> LOC OTHER:			[REDACTED]	11/01/2022	11/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> 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)

<b>CERTIFICATE HOLDER</b>  Department of Education 25 Hall Street Concord, NH 03301	<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>Marsh USA Inc.</i>
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/17/2022

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 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> Bays Companies, Inc. 980 Washington Street Suite 325 Dedham MA 02026	<b>CONTACT NAME:</b> Colin Quirk <b>PHONE (AC No. Ext):</b> <b>FAX (AC No.):</b> <b>E-MAIL ADDRESS:</b> Colin.Quirk@bbrown.com
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Technology Insurance Company, Inc. <b>NAIC #</b> 42376 <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b> West Central Services, Inc.  85 Mechanic Street, Suite C2-1, Box A-10 Lebanon NH 03766	

**COVERAGES**

CERTIFICATE NUMBER: 22-23 WC

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. INSR. NO.	INSUR. WVD.	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Per occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED. RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<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		6/1/2022	6/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Evidence of Insurance

**CERTIFICATE HOLDER****CANCELLATION**
 Department of Education  
 25 Hall Street  
 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

James Hays/CEHITC

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 ACORD 25 (2014/01)  
 INS025 (201401)

The ACORD name and logo are registered marks of ACORD

**ACORD**

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
10/18/2022

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.

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<b>PRODUCER</b> USI Insurance Services LLC 3 Executive Park Drive, Suite 300 Bedford, NH 03110 855 874-0123		<b>CONTACT NAME:</b> Linda Jaeger, CIC <b>PHONE (A/C, No, Ext):</b> 855 874-0123 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> linda.jaeger@usi.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Philadelphia Indemnity Insurance Co.	
		<b>INSURER B:</b> Granite State Healthcare & Human Svc WC	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	
<b>INSURED</b> Riverbend Community Mental Health Inc. P.O. Box 2032 Concord, NH 03302-2032		<b>NAIC #</b> 18058  NONAIC	

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

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			[REDACTED]	10/01/2022	10/01/2023	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			[REDACTED]	10/01/2022	10/01/2023	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 <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10K			[REDACTED]	10/01/2022	10/01/2023	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			[REDACTED]	01/01/2022	01/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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
A	Professional Liability			[REDACTED]	10/01/2022	10/01/2023	\$1,000,000 Ea. Incident \$3,000,000 Aggregate

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

<b>CERTIFICATE HOLDER</b>  Department of Education 25 Hall Street Concord, NH 03301	<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>See Not</i>
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### **Mission**

Through advocacy and leadership we develop the relationships and systems to ensure the sustainability of high quality behavioral healthcare.

### **Vision**

NHCBHA envisions a future where:

- Behavioral health care is integral to overall health care
- Prevention and treatment of mental illnesses are valued by all
- Timely access is available to all
- The stigma and discrimination related to behavioral health is eliminated

### **Board of Directors Executive Committee**

Maggie Pritchard, CEO, Lakes Region Mental Health Center, Inc. – President  
Victor Topo, President & CEO, Center for Life Management – Vice President  
Jay Couture, President & CEO, Seacoast Mental Health Center, Inc. – Secretary  
Patricia Carty, CEO, Mental Health Center of Greater Manchester – Treasurer

### **Board Members**

Suzanne Gaetjens-Oleson, CEO, Northern Human Services  
Chris Kozak, Executive Director, Community Partners  
Lisa Madden, CEO, Riverbend Community Mental Health, Inc.  
Roger Osmun, President & CEO, West Central Behavioral Health  
Cynthia Whitaker, President & CEO, Greater Nashua Mental Health  
Phil Wyzik, CEO, Monadnock Family Services

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***NH COMMUNITY BEHAVIORAL  
HEALTH ASSOCIATION***

***REVIEWED FINANCIAL  
STATEMENTS***

***FOR THE YEARS ENDED  
JUNE 30, 2021 AND 2020***

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## INDEX TO FINANCIAL STATEMENTS

Independent Accountant's Review Report .....	1
Statements of Financial Position.....	2
Statements of Activities and Functional Expenses .....	3-4
Statements of Cash Flows .....	5
Notes to Financial Statements.....	6-13

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Six Bicentennial Square, Concord, New Hampshire 03301  
P: 603.224.2000 F: 603.224.2613



## INDEPENDENT ACCOUNTANT'S REVIEW REPORT

To the Board of Directors  
NH Community Behavioral Health Association  
Concord, New Hampshire

We have reviewed the accompanying financial statements of NH Community Behavioral Health Association (a nonprofit organization), which comprise the statements of financial position as of June 30, 2021 and 2020, and the related statements of activities and functional expenses, and cash flows for the years then ended, and the related notes to the financial statements. A review includes primarily applying analytical procedures to management's financial data and making inquiries of management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement whether due to fraud or error.

### Accountant's Responsibility

Our responsibility is to conduct the review engagements in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. Those standards require us to perform procedures to obtain limited assurance as a basis for reporting whether we are aware of any material modifications that should be made to the financial statements for them to be in accordance with accounting principles generally accepted in the United States of America. We believe that the results of our procedures provide a reasonable basis for our conclusion.

### Accountant's Conclusion

Based on our reviews, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in conformity with accounting principles generally accepted in the United States of America.

Respectfully submitted,

*Mason + Rich, P.A.*

MASON + RICH, PROFESSIONAL ASSOCIATION  
Certified Public Accountants  
Concord, New Hampshire

October 31, 2021

**NUMBERS TALK. WE TRANSLATE.**

**NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION**  
**STATEMENTS OF FINANCIAL POSITION**  
**AS OF JUNE 30, 2021 AND 2020**

	2021	2020
<b>ASSETS</b>		
<b>CURRENT ASSETS</b>		
Cash and Cash Equivalents	\$ 238,496	\$ 185,885
Certificate of Deposit	51,684	-
Accounts Receivable	16,181	730
<i>Total Current Assets</i>	<u>306,361</u>	<u>186,615</u>
<b>OTHER ASSETS</b>		
Certificate of Deposit	-	51,596
<i>Total Other Assets</i>	<u>-</u>	<u>51,596</u>
<b>TOTAL ASSETS</b>	<u>\$ 306,361</u>	<u>\$ 238,211</u>
<b>LIABILITIES AND NET ASSETS</b>		
<b>CURRENT LIABILITIES</b>		
Accounts Payable	<u>\$ 28,025</u>	<u>\$ 14,343</u>
<b>NET ASSETS WITHOUT DONOR RESTRICTIONS</b>	<u>278,336</u>	<u>223,868</u>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<u>\$ 306,361</u>	<u>\$ 238,211</u>

*See Accompanying Notes and Independent Accountant's Review Report*

**NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION**  
**STATEMENTS OF ACTIVITIES AND FUNCTIONAL EXPENSES**  
**FOR THE YEARS ENDED JUNE 30, 2021 AND 2020**

	2021	2020
<b>UNRESTRICTED ASSETS</b>		
<b>SUPPORT AND REVENUE</b>		
Dues	\$ 348,400	\$ 247,000
Dues - Communication Plan	49,000	49,000
Dues - Managed Medicaid Services	70,000	60,000
CIP Program	26,536	21,823
Grants	9,720	-
Miscellaneous Income	-	5,000
New Hampshire Behavioral Health Summit	18,134	21,177
<b>Total Support and Revenue</b>	<b>521,790</b>	<b>404,000</b>
<b>OPERATING EXPENSES</b>		
<b>PROGRAM EXPENSES</b>		
Advertising and Marketing	64,807	51,596
Consulting Fees	149,126	125,160
Dues and Subscriptions	15,493	14,750
Management Fees - CIP Program	13,596	13,596
Management Fees - NH Behavioral Health Summit	16,567	17,799
Management Fees - Data Improvement	78,097	32,470
Meetings	-	8,174
Miscellaneous	149	1,226
Printing and Reproduction	331	4,942
Website	1,896	486
Legal - Managed Medicaid	-	3,990
Government Relations	50,400	50,400
<b>Total Program Expenses</b>	<b>390,462</b>	<b>324,589</b>
<b>MANAGEMENT EXPENSES</b>		
Management Fees	66,312	66,312
Insurance	1,912	1,851
Accounting	7,604	7,680
Legal - General	1,124	1,335
Travel	-	2,478
<b>Total Management Expenses</b>	<b>76,952</b>	<b>79,656</b>
<b>TOTAL OPERATING EXPENSES</b>	<b>467,414</b>	<b>404,245</b>
<b>INCOME FROM OPERATIONS</b>	<b>\$ 54,376</b>	<b>\$ (245)</b>

See Accompanying Notes and Independent Accountant's Review Report

(Continued on next page)



**NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION**  
**STATEMENTS OF ACTIVITIES AND FUNCTIONAL EXPENSES**  
**FOR THE YEARS ENDED JUNE 30, 2021 AND 2020**

	2021	2020
<b>OTHER INCOME</b>		
Interest Income	\$ 92	\$ 899
<b>Total Other Income</b>	<u>92</u>	<u>899</u>
<b>INCREASE (DECREASE) IN NET ASSETS WITHOUT DONOR RESTRICTIONS</b>	54,468	654
<b>INCREASE (DECREASE) IN NET ASSETS</b>	<u>54,468</u>	<u>654</u>
<b>NET ASSETS, BEGINNING OF YEAR</b>	<u>223,868</u>	<u>223,214</u>
<b>NET ASSETS, END OF YEAR</b>	<u>\$ 278,336</u>	<u>\$ 223,868</u>

*See Accompanying Notes and Independent Accountant's Review Report*

**NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION**  
**STATEMENTS OF CASH FLOWS**  
**FOR THE YEARS ENDED JUNE 30, 2021 AND 2020**

	2021	2020
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Increase (Decrease) in Net Assets	\$ 54,468	\$ 654
Adjustments to Reconcile Change in Net Assets to Net Cash Provided by (Used in) Operating Activities:		
Change in Certificate of Deposit	(88)	(892)
(Increase) Decrease in Operating Assets:		
Accounts Receivable	(15,451)	8,168
Increase (Decrease) in Operating Liabilities:		
Accounts Payable	13,682	(4,449)
Total Adjustments	<u>(1,857)</u>	<u>2,827</u>
<i>Net Cash Provided by (Used in) Operating Activities</i>	<u>52,611</u>	<u>3,481</u>
<b>NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS</b>	52,611	3,481
<i>Cash and Cash Equivalents, Beginning of Year</i>	<u>185,885</u>	<u>182,404</u>
<i>Cash and Cash Equivalents, End of Year</i>	<u>\$ 238,496</u>	<u>\$ 185,885</u>

*See Accompanying Notes and Independent Accountant's Review Report*

**NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION**  
**NOTES TO FINANCIAL STATEMENTS**

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**A | NATURE OF OPERATIONS**

NH Community Behavioral Health Association (the "Organization") is a New Hampshire voluntary corporation comprised of the ten community mental health centers throughout New Hampshire. These centers serve individuals in New Hampshire who are living with, and recovering from, mental illness and emotional disorders. The goal of the Organization is to raise awareness about the crucial role played by community-based mental health centers to ensure public safety and overall public health for all New Hampshire residents. In addition, the Organization advocates for the priorities of its members which includes the sustainability of a high-quality and effective system of behavioral health care in each of the New Hampshire communities it serves so that it may improve the social welfare of the individuals in the State of New Hampshire. The Organization's revenue is derived mainly from membership dues, grants, and program revenue.

**B | SUMMARY OF SIGNIFICANT ACCOUNTING PRINCIPLES**

This summary of significant accounting principles of the Organization, a non-profit corporation, is presented to assist in understanding the Organization's financial statements. The financial statements and notes are the representations of the Organization's management who are responsible for their integrity and objectivity. These accounting policies conform to generally accepted accounting principles (GAAP) in the United States of America and have been consistently applied in the preparation of the financial statements.

***Basis of Accounting***

The Organization uses the accrual basis of accounting in its financial statements. Under this basis, revenue is recognized when earned rather than when payment is received, and expenses are recognized when the obligation is incurred rather than when the cash is disbursed.

***Use of Estimates***

The preparation of financial statements and related disclosures in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect certain amounts reported in the financial statements and accompanying notes. Actual results experienced by the Organization may differ from management's estimates.

***Net Assets***

The Organization reports its net assets as required by Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*. Under ASU 2016-14, the Organization is required to report information regarding its financial position and activities according to the following classes: net assets without donor restrictions and net assets with donor restrictions. Descriptions of the net asset categories included in the Organization's financial statements are as follows:

Net assets without donor restrictions include revenues and expenses which are not subject to any donor imposed restrictions. Unrestricted net assets can be board designated by the Executive Board for special projects and expenditures; however, there were no such designations at June 30, 2021 and 2020.

**NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION**  
**NOTES TO FINANCIAL STATEMENTS**

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Net assets with donor restrictions include revenues and expenses for which time restrictions or donor-imposed restrictions have not been met. When the restriction is met, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restriction. Net assets with donor restrictions also include gifts which require, by donor restriction, that the corpus be invested in perpetuity and only the income or a portion thereof (excluding capital gains restricted by State statute) be made available for program operations in accordance with donor restrictions. The Organization had no assets with donor restrictions at June 30, 2021 and 2020.

***Contributions and Promises to Give***

Contributions received are recorded as net assets with donor restrictions or net assets without donor restrictions depending on the existence or nature of any donor restrictions. Contributions are recognized when the donor makes an unconditional promise to give to the Organization. Contributions that are restricted by the donor are reported as increases in net assets without donor restrictions if the restriction expires in the fiscal year in which the contributions are recognized. All other donor-restricted contributions are reported as increases in net assets with donor restrictions depending on the nature of the restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions.

Contributions are recognized under FASB ASU 2018-08, *Not-For-Profit Entities (Topic 958): Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*. Under this ASU, contributions are not recognized as revenue if there are donor-imposed conditions and barriers that must be overcome before the Organization is entitled to the assets transferred. Conditional contributions can exist if the Organization has limited discretion over how the resources are spent and the contributor retains a right of return to the resources provided if the conditions are not met. If contributions are received prior to the satisfaction of the donor-imposed conditions and barriers, the advanced receipt of funds would be recorded as deferred revenue on the statement of financial position. Once conditions have been substantially met, the contributions are recognized as revenue and classified as net assets with or without donor restrictions depending on remaining donor restrictions.

***Cash and Cash Equivalents***

The Organization considers all cash accounts, which are not subject to withdrawal restrictions or penalties and certificates of deposit with original maturities of three months or less, to be cash or cash equivalents. As of June 30, 2021 and 2020, the Organization had no cash equivalents.

***Revenue Recognition Policy***

The Organization recognizes revenue under FASB Accounting Standards Codification (ASC) 606, *Revenue from Contracts with Customers*. Under FASB ASC 606, the Organization derives revenue from membership dues, contract management services, Child Impact Program class fees, and the New Hampshire Behavioral Health Summit.

Membership dues are paid by member organizations to provide them access to general management, administration, and legislative relation services provided by the Organization. The Organization also provides opportunities to facilitate communication and information between members to promote networking and strategic planning. Additionally, the Organization offers members with communication plan services to compile and prepare information to comply with reporting

**NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION**  
**NOTES TO FINANCIAL STATEMENTS**

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requirements between member organizations and external agencies. Membership dues are a fixed annual fee and the contracts with members begin and end within the same fiscal year. The Organization considers the benefits of the general management, administration, and legislative relation services to be a single performance obligation and the communication plan services to be a separate performance obligation. Member dues are allocated based on the percentage of costs to provide these services. The Organization has determined it is appropriate to recognize revenue from membership dues over time. The membership dues are fully recognized by year end because all of the benefits have transferred by the end of the year and there are no open contracts.

The Organization offers contract management services to its members to assist in the implementation, negotiation, and administration of Medicaid Managed Care contracts with third party managed care organizations. The revenue is considered a single performance obligation and the Organization receives payment from the member organizations on a quarterly basis. The Organization has determined that it is appropriate to recognize revenue over time. The Medicaid Managed Care contracts are fully recognized by year end because all of the benefits have transferred by the end of the year and there are no open contracts.

The Organization coordinates the Child Impact Program (CIP) between the participants, the court system, and its member organizations. The CIP is a court mandated class required for parents to understand the impact of divorce, separation, or custody issues on children. Classes are provided by the Organization's members in four hour sessions; either in a single session or in two sessions over the course of a week. Participants pay a one-time fee directly to the member organizations prior to attending the class. The Organization charges a fixed fee to its member organizations for each completed class. The revenue is considered a single performance obligation and the Organization receives payment from the member organizations on a quarterly basis. The Organization has determined that it is appropriate to recognize revenue at a point in time at the completion of each session.

The New Hampshire Behavioral Health Summit is a two day event for behavioral healthcare providers and organizations to share public policy goals, obtain training through professional development sessions, and network with other professionals in the behavioral health field. The event is hosted by the Organization in conjunction with two other local agencies. The Organization pays a fixed event management fee to a third party vendor to manage the event on behalf of the Organization. The event is considered a single performance obligation and the Organization receives revenue upon completion of the event. The Organization has determined that it is appropriate to recognize revenue at a point in time at the completion of the event.

The quoted transaction prices for all of the Organization's revenue does not include variable considerations and there is no allocations of discounts or non-cash considerations. All of the Organization's contracts are one year or less. As a result, costs associated to obtain a contract is recognized as expense in the period incurred. The Organization does not have any significant financing components to its contracts.

**NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION**  
**NOTES TO FINANCIAL STATEMENTS**

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***Contract Assets and Liabilities***

***Accounts Receivable***

Accounts receivable are stated at the amount management expects to collect from outstanding balances. Management evaluates the collectability of customer accounts by considering factors such as historical experience, the age of the accounts receivable balance, and current economic conditions that may affect a member's ability to pay. Past due receivables are written off at management's discretion using the direct write-off method; this is not considered a departure from accounting principles generally accepted in the United States because the effects of the direct write off method approximate those of the allowance method. The Organization does not charge interest on accounts receivable.

***Deferred Revenue***

Deferred revenue represents payments received from customers prior to the satisfaction of the corresponding performance obligations. Revenue is recognized once the corresponding performance obligations are satisfied based on the contract with the customer.

The Organization's contracts meet certain disclosure exemptions, including performance obligations, which are part of a contract that has an original expected duration of one year or less. As such, the Organization has elected to omit disclosure information about the transaction price allocated to remaining performance obligations and when revenue will be recognized. These performance obligations relate to management services which are completed in the month when the revenue is earned. All of the Organization's contracts are less than one year in length, and as a result, there were no contracts that would require disclosure of remaining performance obligations because there were no contracts open at June 30, 2021 and 2020.

***Functional Allocation of Expenses***

The costs of providing programs and other activities have been summarized on a functional basis in the statements of activities and functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited. Expenses are charged to each program based on the direct expenses incurred.

***Advertising and Marketing***

The Organization conducts non-direct response advertising. These costs are expensed as incurred. Advertising and marketing costs for the years ended June 30, 2021 and 2020 were \$64,807 and \$51,596, respectively.

***Income Taxes***

The Organization adopted the provisions of FASB ASC 740-10, *Accounting for Uncertain Tax Positions*. FASB ASC 740-10 prescribes a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return and also provides guidance on various related matters such as de-recognition, interest, penalties, and disclosures required. Additionally, the Organization recognizes interest and penalties, if any, related to unrecognized tax benefits in income tax expense.

**NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION**  
**NOTES TO FINANCIAL STATEMENTS**

**C | ADOPTION OF NEW ACCOUNTING STANDARD**

In May 2014, FASB established ASC Topic 606, *Revenue from Contracts with Customers*. ASC 606 and all subsequently issued clarifying ASUs replaced most existing revenue recognition guidance in GAAP. The ASC also requires expanded disclosures related to the nature, amount, time, and uncertainty of revenue and cash flows arising from contracts with customers. The Organization adopted the new standard effective July 1, 2020, using the modified retrospective approach.

As part of the adoption of ASC 606, the Organization elected the following transition practical expedients: (i) to reflect the aggregate of all contract modifications that occurred prior to the date of initial application when identifying satisfied and unsatisfied performance obligations, determining the transaction price, and allocating the transaction price; and (ii) to apply the standard only to contracts that are not completed at the initial date of application. Because contract modifications are minimal, there is not a significant impact as a result of electing these practical expedients.

Management has assessed the impact of ASC 606 and has determined that ASC 606 would have no significant impact in the timing of measurement of revenues based upon the guidance. As a result, there were no material effect on the Organization's financial statements for the year ended June 30, 2021.

In June 2018, FASB issued ASU 2018-08, *Not-For-Profit Entities (Topic 958): Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*, effective for financial reporting periods beginning after December 15, 2018. This update clarifies and improves current guidance about whether a transfer of assets is a contribution or exchange transaction. The Organization adopted the new standard effective July 1, 2020 using the modified prospective approach.

Prior to the implementation of ASU 2018-08, the Organization recorded conditional contributions that were restricted by the donor as increases in net assets with donor restrictions. After implementation of ASU 2018-08, the Organization may not recognize revenue if contributions are conditional. Conditional contributions received in advance are recorded as deferred revenue until conditional have been substantially met. See Note B, Contributions and Promises to Give, for more information.

**D | ACCOUNTS RECEIVABLE AND CONTRACT ASSETS AND LIABILITIES**

	2021	2020	Change (\$)
Accounts Receivable	\$ 16,181	\$ 730	\$ 15,451

Accounts receivable increased by \$15,451 for the year ended June 30, 2021 due to timing. There were no contract liabilities for the year ended June 30, 2021.

**NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION**  
**NOTES TO FINANCIAL STATEMENTS**

**E | DISAGGREGATION OF REVENUE FROM CONTRACTS WITH CUSTOMERS**

Contract revenue based on service line and timing of satisfaction of performance obligations consists of the following for the year ended June 30, 2021:

<u>Service transferred over time</u>	<u>Amount</u>
Dues	\$ 348,400
Dues – Communication Plan	49,000
Managed Medicaid Services	70,000
Total Revenue Over Time	<u>\$ 467,400</u>
<u>Service transferred at a point in time</u>	
CIP Program	\$ 26,536
New Hampshire Behavioral Health Summit	18,134
Total Revenue at a Point in Time	<u>\$ 44,670</u>
Total Revenue from Contracts with Customers	<u>\$ 512,070</u>

**F | CONCENTRATIONS**

***Cash and Certificate of Deposit***

The Organization maintains substantially all its cash and the certificate of deposit in one financial institution. The account is secured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. During the year, the Organization may occasionally exceed the FDIC insurance limit. At June 30 2021, the Organization had uninsured balances of \$40,180 and no uninsured balances as of June 30, 2020.

***Vendors***

Expenses from three of the Organization's major vendors represented 90% of the Organization's expense for the year ended June 30, 2021. The amounts due to these vendors comprised 99% of the total accounts payable balances at June 30, 2021.

Expenses from three of the Organization's major vendors represented 91% of the Organization's expense for the year ended June 30, 2020. The amounts due to these vendors comprised 93% of the total accounts payable balances at June 30, 2020.

**G | INCOME TAXES**

***Tax Status***

The Organization qualifies as a non-profit organization under section 501(c)(4) of the Internal Revenue Code; therefore, it is exempt from federal and state income taxes.



**NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION**  
**NOTES TO FINANCIAL STATEMENTS**

***Uncertain Tax Positions***

For the years ended June 30, 2021 and 2020, management has evaluated its tax positions in accordance with FASB ASC 740-10, Accounting for Uncertain Tax Positions. The Organization's management does not believe they have taken uncertain tax positions; therefore, a liability for income taxes associated with uncertain tax positions has not been recognized. Additionally, the Organization did not recognize interest or penalties resulting from tax liabilities associated with recognizing uncertain tax positions for the years ended June 30, 2021 and 2020.

***Income Tax Examinations***

The Organization is a nonprofit organization; as a result it files a federal form 990, *Return of Organization Exempt from Income Tax*. In the normal course of business, the Organization is subject to examination by taxing authorities. With few exceptions, the Organization is no longer subject to federal examinations of their federal Form 990 for years before 2018.

**H | CERTIFICATE OF DEPOSIT**

The Organization invested in a certificate of deposit which is classified as a short-term investment in 2021; however, in 2020 this certificate of deposit is classified as long-term since the maturity was extended beyond twelve months from the date of the statement of financial position. The certificate of deposit at June 30, 2021 matures on January 6, 2022 and earns interest at a rate of 0.15% percent per annum.

**I | RELATED PARTY TRANSACTIONS**

The Organization receives substantially all its revenue from its member organizations.

**J | LIQUIDITY AND AVAILABILITY OF FINANCIAL ASSETS**

The Organization's financial assets available within one year from the statement of financial position date for general operating expenses are as follows:

	2021	2020
Cash and Cash Equivalents	\$ 238,496	\$ 185,585
Certificate of Deposit	51,684	-
Accounts Receivable	16,181	730
Financial assets available to meet cash needs for general expenditures within one year	\$ 306,361	\$ 186,615

**NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION**  
**NOTES TO FINANCIAL STATEMENTS**

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For the year ended June 30, 2021, the Organization had financial assets on hand equal to approximately eight months of operating expenses, which totaled \$467,414. For the year ended June 30, 2020, the Organization had financial assets on hand equal to approximately five months of operating expenses, which totaled \$404,245. At times, the Board of Directors may designate a portion of any operating surplus to its liquidity reserve for future expenditures; however, there were no such designations at June 30, 2021 and 2020. The Organization believes its liquid financial assets are sufficient to fund unanticipated liquidity needs that may arise.

There were no board designated net assets at June 30, 2021 and 2020.

**K | SUBSEQUENT EVENTS**

Management has evaluated subsequent events through October 31, 2021, the date which the financial statements were available to be issued, and has not evaluated subsequent events after that date. The Organization did not identify any subsequent events that would require disclosure in the financial statements.

# ERIN K. MEAGHER

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## QUALIFICATIONS PROFILE

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- ◆ Expert multitasker supporting multiple partners and clients simultaneously with keen ability to meet deadlines and continuously exceed expectations.
- ◆ 30 plus years of customer focused work with a demonstrated ability to work successfully with groups including leaders, colleagues, internal & external customers balancing collaboration, leadership, and decisiveness.
- ◆ Proficient in planning, organizing, coordinating, & controlling resources required for day-to-day operations.
- ◆ Continued process improvement, maintaining high quality while improving timeliness, efficiency, & cost effectiveness.
- ◆ Action oriented, creative, and innovative problem solver. A big picture person with an eye on details & how they affect everyone involved.

## PROFESSIONAL EXPERIENCE

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### HELMS & COMPANY, INC.

CONCORD, NH

*Office Manager, Human Resources, Project Manager*

*August 2008 – Present*

- Operations Manager for NH Vaccine Association & NH Health Plan: management of assessment collections, agendas/minutes, customer education, Board support, administrative functions.
- Executive Assistant & Financial Administration for NH Community Behavioral Health Association: agendas/minutes, AR/AP, budgets, tax preparation, administration & oversight of the Child Impact Program & Summer Camp Program Grant, Board support, customer education.
- Executive Assistant, Financial Administration, & Payer Contract Support for: VNA Health System of Northern New England, Rural Home Care Network, & VNA Health Systems of Vermont: agendas/minutes, AR/AP, budgets, tax preparation, Board support, administrative functions, & support of up to six workgroups, support of contracting efforts with insurance companies, development of dashboards & ongoing maintenance, client education.
- Executive Assistant for five Principal Owners: administrative support on key projects, data analysis, administrative functions.
- Responsible for day-to-day operations, purchasing, building management, banking relations.
- Human Resource Officer: benefit administrator, hiring, annual performance reviews.

*Executive Assistant & Human Resources*

*April 2005 – August 2008*

*Executive Assistant*

*March 2004 – April 2005*

### KILLARNEY HOUSE INTERIOR DESIGN

CONCORD, NH

*Self-Employed Interior Designer*

*January 2001 – March 2004*

### THE GIG

LONDONDERRY, NH

*Billing & Account Specialist, Part time*

*October 2001 – July 2002*

- Insurance & patient billing, AR, for a radiologist & small physical therapy office.

# ERIN K. MEAGHER

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## ANTHEM BLUE CROSS BLUE SHIELD

MANCHESTER, NH

*Business Systems Analyst – Provider Network Management*

*November 1999 – January 2001*

- Liaison between system users & programmers to develop system enhancements ensuring business requirements are incorporated into system design & testing.
- Compile & analyze data to identify processes for improvement. Develop reliable procedures resulting in increased accuracy, decreased cycle time, improved efficiency, & substantial cost savings.
- Resolve internal & external problems certifying compliance with Plan administrative policies, laws & regulations governing the corporation.

*Provider Service Representative – Provider Network Management*

*January 1998 – October 1999*

- Maintain contractual relationship with existing providers & continued recruitment to network with professional & institutional providers.
- Educate physicians, PHO/IPA administrators, hospital administrators, office managers & staff on reimbursement, risk sharing, & billing requirements, through telephone & written communications, site visits, presentations at provider seminars.

*Senior Customer Service Representative – Federal Employee Program*

*February 1993 – January 1998*

- Daily management of customer service call center (up to seven employees), hiring, performance expectations & goals, annual performance reviews.
- Resolve high impact, complex inquiries involving policy, claim disputes, system errors.
- Develop & administer cross-functional training in customer service & claim processing. Provide Quality Service Skills (QSS) & Quality Assurance (QA) training.
- Interpret Federal regulations, bulletins, benefit policies & system updates. Implement necessary corporate policies & procedures to ensure compliance.

## SKILLS / APPOINTMENTS

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- ◆ Expert level: Microsoft Word, Excel, Outlook, PowerPoint, Publisher.
- ◆ Proficient: WordPress, QuickBooks, Access
- ◆ Notary Public

## REFERENCES

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- ◆ Available upon request.

**Roland P. Lamy Jr.**

MBA, New Hampshire College 1994

B.S. Management, Bloomsburg University 1991

## **CAREER EXPERIENCE**

### **Dartmouth Hitchcock Medical Center, Lebanon, NH 11/12- Present**

#### **Strategic Liaison**

Assist and manage initiatives to enhance the mission of Dartmouth Hitchcock Health including network liaison to a Medicare Shared Savings initiative in Vermont, development of a joint venture health plan and liaison to rural hospital system(s) seeking stronger affiliation to Dartmouth Hitchcock. Serve as Chair of the Board for Benevera Health, a population health company jointly owned by a large regional third-party payer, three hospitals and Dartmouth Hitchcock Health.

### **Helms and Company, Concord, NH 10/02 – Present**

#### **President/Senior Consultant**

Provide consultative resource to Hospitals, Physicians, and ancillary health care providers in Vermont, Maine, and New Hampshire. Manage the New Hampshire Community Behavioral Health Association, which contains the State's ten Community Mental Health Centers, which act as the system of community mental health care in New Hampshire. Assist Physicians and Hospitals with operational and economic issues including denial management processes, physician practice evaluations and valuations, third party payer contracting, and organizational structure analysis.

### **State of New Hampshire Department of Health and Human Services, NH 1/02- 10/02**

#### **Assistant Director, Office of Health Planning and Medicaid**

Directing 100+ employees serving New Hampshire's Medicaid population and provide oversight to several consultant and vendor contracts. Responsible for approximately \$285 million spent for services to care for low income adults, women, and children in New Hampshire.

Work closely with the Commissioner's office, State Legislature, and Governor's office on budget preparation, forecasting, and deficit plan reductions. Provide testimony on behalf of Department of Health and Human Services for Senate and House subcommittee hearings.

### **Helms and Company, Concord, NH 10/01–1/02**

#### **Healthcare Consultant**

Provided consulting services to several New Hampshire Hospitals regarding managed care contracting.

Performed educational sessions to physician practices in New Hampshire seacoast area with emphasis on negotiation skill and creating leverage.

**Anthem Blue Cross and Blue Shield, Manchester, NH 8/91-10/01**

**Executive Director Network Development and Management 10/00-10/01**

Directed the overall management of 60 employees responsible for administration of provider contracts including Hospital and Physician contract negotiation, provider contract administration, provider service, and network management.

Managed total health care budget for the enterprise and a \$10 million administrative budget with the goal of improving member health while utilizing the consumer dollar in the most effective and efficient manner possible.

Governed the oversight of 5 large vendor contracts including pharmacy management, behavioral health, provider bill audits, high cost drugs, and other consultants to develop an automated risk model settlement process.

**Special Network Consultant 03/00-10/00**

Maintained unique provider and payer risk model arrangement with nearly one-third of State provider network including Physicians and 12 Hospitals in the New Hampshire rural health coalition.

Worked directly with the Medical Director to develop new programs aimed at improving medical outcomes and financial targets based upon analysis of utilization levels for variety of specialties.

Evaluated risk model effectiveness on quality of care outcomes, financial targets, and performed risk model settlements including the development of new medical cost targets, reinsurance levels and pricing, and consulted with Rural Health Coalition on new initiatives to improve community results.

**Sales Manager of Public Business and Government Programs 6/94-3/00**

Directed account management of more than 50% of Blue Cross and Blue Shield membership servicing public business clients with a staff of 25: included market plan development, direct marketing programs, rate and product consultation, forecasting, budgeting, and monitoring of results.

Profitably directed company's public business and government programs, developed and evaluated new and existing government contracts such as Medicaid, Title XXI and Medicare Risk. Provided management guidance for creation of a new product in a fast track implementation and completed two corporate merger projects.

**Group Health Underwriter 8/91-6/94**

Executed underwriting policies, risk evaluation and creation of group health rates for all lines of health care business while meeting corporate objectives: included creation of a capitation "calculator" utilized for provider funding for Managed Care business.

**VOLUNTEER INTERESTS**

- **NH Healthy Kids Corporation**                      **2002-2012**
- **NH Fiscal Policy Institute**                      **2016-present**
- **NH Children's Health Foundation**              **2018-present**



**NH Community Behavioral  
Health Association**

1 Pillsbury Street, Suite 200  
Concord, NH 03301  
603.225.6633  
[www.nhcbha.org](http://www.nhcbha.org)

**Date:** November 30, 2022  
**To:** To whom it may concern  
**From:** Erin Meagher, Project Manager  
**cc:** Roland Lamy, Executive Director

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Please allow this memo to respond to the question posed regarding percent of salary of key personnel that the Department of Education grant supports.

The NH Community Behavioral Health Association is managed through a Management Services Agreement and does not have direct employees. Helms & Company, Inc. provides the management services and the administrative dollars noted in the September 20, 2022, grant amendment are approximately 16% of the overall agreement that funds the Association management.



Frank Edelblut  
Commissioner

Christine M. Brennan  
Deputy Commissioner

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF EDUCATION  
101 Pleasant Street  
Concord, NH 03301  
TEL. (603) 271-3495  
FAX (603) 271-1953

September 15, 2022

**Modification to: New Hampshire Community Behavioral Health Association Contract  
Approved by Governor and Council on August 17, 2022, Item #67**

Authorize New Hampshire Department of Education, Division of Learner Support, Bureau of Covid-19 Education Programs to modify the contract with New Hampshire Community Behavioral Health Association (VC# 355870) Concord, NH in the amount not to exceed \$1,000,000.00 to implement mental and behavioral health supports as part of the Rekindle Curiosity camp program. As of October 1, 2022, New Hampshire Community Behavioral Health Association, will modify their item budgets by transferring unused funds in the amount of \$143,436.61 from the FY21-22 budget to the FY23 budget. FY24 budget will remain unchanged at this time. See Budget Modification Table.

Modification to include:

- Funds in the FY21-22 budget will decrease by \$143,436.61
- Funds in the FY23 budget will increase by \$143,436.61
- The not to exceed amount of \$1,000,000.00 will remain unchanged.
- NOTE: all other contractual obligations remain in place as established in the original contract.

100% Federal Funds.

Funds to support this request are available in the accounts titled GEER II - CRRSA Act 2021 (GEER II) and ESSER III- ARP 2021 for FY21-22 and FY23 and are anticipated to be available in the ESSER III- ARP 2021 for FY24, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust encumbrances between fiscal years within the price limitation through the Budget Office, without further Governor approval, if needed and justified.



**Budget Modification Table:**

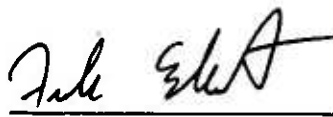
	FY21-22 Original	FY21-22 Decrease	FY21-22 Adjusted
06-56-56-562010-19590000-102-500731	\$500,000.00	(\$143,436.61)	\$356,563.39

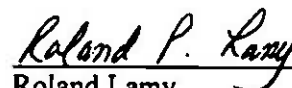
	FY23 Original	FY23 Increase	FY23 Adjusted	FY24
06-56-56-562010-19590000-102-500731	\$250,000.00	\$143,436.61	\$143,436.61	\$0
06-56-56-562010-24370000-102-500731	\$0	\$0	\$250,000.00	\$250,000.00
	\$250,000.00	\$143,436.61	\$393,463.61	\$250,000.00

**Limitation of Price:** This contract will not exceed \$1,000,000.00

Funds are contingent on:

- 1.) Federal Funding from the GEERII - CRRSA Act 2021 (GEER II) grant and ESSER III- ARP 2021; and
- 2.) Attainment of contractual and performance goals and measures.

  
 Date: 9/20/2022  
 Frank Edelblut  
 Commissioner  
 Department of Education

  
 Date: 09/15/22  
 Roland Lamy  
 Executive Director  
 New Hampshire Community Behavioral  
 Health Association

MLL  
67

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Frank Edelblut  
Commissioner

Christine Brennan  
Deputy Commissioner

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF EDUCATION  
101 Pleasant Street  
Concord, N.H. 03301  
TEL. (603) 271-3495  
FAX (603) 271-1853

July 26, 2021

His Excellency, Governor Christopher T. Sununu  
and the Honorable Council  
State House  
Concord, NH 03301

**REQUESTED ACTION**

Authorize the New Hampshire Department of Education (NHED) to enter into a sole source amendment to an existing contract with New Hampshire Community Behavioral Health Association (CBHA), (Vendor Code #355870), Concord, NH, by increasing the price limitation by \$500,000 from \$500,000 to \$1,000,000 and extending the end date from September 30, 2022 to September 30, 2024 to implement mental and behavioral health supports as part of the Rekindle Curiosity camp program, effective upon Governor approval. The original contract was approved by the Governor on June 2, 2021, submitted to the Governor and Council on June 31, 2021 (Information Item #FF), and amended on August 18, 2021 (Item #111). 100% Federal Funds.

Funds to support this request are available in the account titled GEER II – CRRSA Act 2021 (GEER II), in FY23 and anticipated to be available in FY24 upon the availability and continued appropriation of funds in the future operating budget with the authority to adjust encumbrances amongst fiscal years within the price limitation through the Budget Office without further Governor and Council approval if needed and justified.

	FY21-22	FY23	FY24	Total
06-56-56-562010-19590000-102-500731 Contract for Program Services	\$500,000	\$250,000	\$250,000	\$1,000,000

**EXPLANATION**

This request is sole source because CBHA is the organizing entity for the Community Mental Health Centers (CMHC) across the state. CBHA will coordinate with the CMHC to support Rekindle Curiosity camps to implement the NHDOE designated support services across the state.

As a result of school closures and the need to implement remote and hybrid instructional models across the state, as well as the broader community disruption from the pandemic, there are growing concerns around the mental and behavioral health of New Hampshire students. For many children, especially those from low-income background or with disabilities, accessing summer enrichment opportunities supporting social, emotional, and mental health is more important than ever.

His Excellency, Governor Christopher T. Sununu  
and the Honorable Council

In response to the COVID-19 pandemic's impact on student social, emotional, and mental health, the NHDOE will support opportunities for positive childhood experiences at New Hampshire-approved overnight and day youth recreation camps. This program is called "Rekindling Curiosity: Every Kid Goes to Camp" or the "Program."

**Services:**

In support of the above-described student Program, the NHDOE will work with the CBHA to support the Program with the services specifically enumerated below.

1. Training: CBHA will implement the DOE determined mental health training program (the "Training Program") for Program counselors as follows:
  - a. Senior Camp Counselor mental health training: CBHA will offer a 2 to 4 hour program to camp staff over the age of 18.
  - b. Junior Camp Counselor mental health training: CBHA will offer 1 to 2 hours of mental health training focused on camp counselors ages 14 to 18.
  - c. All trainings will be offered via Zoom or other virtual platforms, unless an in-person option can provide safety for all participants and follow CDC guidance.
  - d. Both the Senior and Junior Camp Counselor mental health trainings will include an overview of the New Hampshire CMHC and focused instructions for accessing emergency services in instances where referrals for youths experiencing an acute mental health crisis are made to local CMHC Emergency Services.
2. Summer Camp Functional Support Staffs.
  - a. CBHA will work with CMHCs to identify bachelor level staff who can be on the ground at Program camps to work in both camper-facing and staff-facing environments.
  - b. Each CMHC will delegate staff, based on availability, who can devote at least one day per week to be present at Program camps ("CMHC Staffers"). This would provide Program camps the ability to cover Program camps with a once per week "day at camp" for programs that have that level of need.
  - c. The number of Workforce Staffers will be subject to workforce availability, but CBHA will work with the NHDOE to establish a work plan to ensure that available resources are targeted and as locally as possible.
3. High Needs Campers.

CBHA will work with the NHDOE and the CMHCs to offer higher levels of services to Program campers who need additional intensive supports in order to be successful at summer camp., CBHA will develop methods to identify and refer children in need of such supports ("Identification Methods"), which will be included in the Training Program. Additional supports may include by example, without limitation, working directly with Special Education staff to provide a coordinated effort and allowing youths to access CMHC supports for a successful camp experience. Any such services will be coordinated with Program campers' parent or guardian, as required by law and standards of professional practice.

**Other Program Elements:**

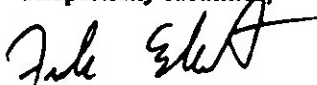
1. CBHA will act as the program administrator and will work with NHDOE to fully develop the system outlined above. A work plan will be created which coordinates both the Training Program and on-site personnel and services.
2. CBHA will require that staff be employees of the CMHCs: certifications, credentialing and background checks will be managed by the CMHCs.

His Excellency, Governor Christopher T. Sununu  
and the Honorable Council

3. The Training Program will be conducted by certified Mental Health First Aid Instructors where feasible.
4. Training syllabus and content will be based on existing trainings, but programs will be tailored to ReKINDling Curiosity. Details of the trainings will be provided to the NHDOE and the participating camps in advance of the Program's start.
5. CBHA will engage CMHC staff with the Program camps for services rather than engaging them with campers. This approach will ensure that CMHCs do not have to open a case for each child.

In the event Federal Funds are no longer available, General Funds will not be requested to support this request.

Respectfully submitted,



Frank Edelblut  
Commissioner of Education

**AMENDMENT TO  
PROFESSIONAL SERVICES CONTRACT**

Now come the New Hampshire Department of Education hereinafter "the Agency," and the New Hampshire Community Behavioral Health Association, Concord, NH, hereinafter "CBHA", (Vendor Code #355870) and, pursuant to an agreement between the parties that was approved by Governor on June 2, 2021, submitted to the Governor and Council on June 31, 2021 (Information Item #FF), and amended on August 18, 2021 (Item #111) hereby agree to modify same as follows:

1. Amend Section 1.7 Completion Date by removing September 30, 2022 and replacing with September 30, 2024.
2. Amend Section 1.8 to increase the amount of the contract by \$500,000, from \$500,000 to \$1,000,000.
3. Amend Exhibit C by replacing the current Exhibit C with Exhibit C-1.
4. All other provisions of this agreement shall remain in full force and effect as originally set forth; and
5. This amendment shall commence upon Governor and Council approval and shall terminate September 30, 2024.
6. This modification of an existing agreement is hereby incorporated by reference to the existing agreement by the parties and must be attached to the said agreement.

IN WITNESS WHEREOF, the parties, hereto have set their hands as of the day and year first above written.

THE STATE OF NEW HAMPSHIRE  
Department of Education  
(Agency)

Division of Commissioner's Office  
By: Frank Edelblut 8/22/2022  
Frank Edelblut, Commissioner of Education Date

New Hampshire Community Behavioral Health Association  
Name of Corporation (Contractor)  
By: Roland Lamy 7/21/22  
Roland Lamy, Executive Director Date

Approved as to form, substance and execution by the Attorney General this 2 day of August, 2022.

Elizabeth A. Brown  
Elizabeth Brown, Attorney General Office

Approved by the Governor and Council this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

By: \_\_\_\_\_

**EXHIBIT C - I**  
Method of Payment

**Program Fees**

Description	Amount
Training, including 5% coordination of services fee	\$125,000
Functional Support Staff Services, including 5% coordination of services fee	\$600,000
High Needs Students, including 5% coordination of services fee	\$174,000
Mileage Reimbursement, at prevailing reimbursement rate	\$18,000
Marketing	\$23,000
Administration	\$60,000
<b>Total</b>	<b>\$1,000,000</b>

The CBHA may include a five percent (5%) coordination fee for Training, Functional Support Staff Services and High Needs Students support services. Such fee shall be inclusive of the above budget amounts.

**Reporting:** The CBHA shall provide an end of summer/program report detailing numbers served and a narrative of the benefits, lessons learned and recommendations for future efforts

**Billing Schedule:** Fees for this program will be invoiced by the CBHA monthly to the NHDOE. Payment will be net 30 days.

**Limitation on Price:** Upon mutual agreement between the state contracting officer and the contractor, line items in this budget may be adjusted one to another, but in no case shall the State's obligation under this contract shall not exceed \$1,000,000.

**Source of Funding:** Funds to support this request are available in the account titled GEER II – CRRSA Act 2021, with the ability to adjust encumbrances amongst fiscal years within the price limitation through the Budget Office without further Governor and Council approval if needed and justified, as follows:

	FY21-22	FY23	FY24	Total
06-56-56-562010-19590000-102-500731 Contract for Program Services	\$500,000	\$250,000	\$250,000	\$1,000,000

Payment will be subject to funds availability. In the event that funds are not available, NH DOE shall immediately notify CBHA. Invoices and reports shall be submitted to:

Jessica Lescarbeau,  
NH Department of Education  
25 Hall Street,  
Concord, NH 03301  
[Jessica.Lescarbeau@doe.nh.gov](mailto:Jessica.Lescarbeau@doe.nh.gov)

Contractor Initials CPK  
Date 7/2/22

**State of New Hampshire**  
**Department of State**

**CERTIFICATE**

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on January 24, 2003. 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: 427021

Certificate Number: 0004958720



IN TESTIMONY WHEREOF,  
I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 14th day of July A.D. 2020.

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner  
Secretary of State

**CERTIFICATE OF VOTE**

I, Margaret M. Pritchard, do hereby certify that:  
(Name of the Clerk of the Corporation, cannot be signatory)

- (1) I am the duly elected clerk of NH Community Behavioral Health Association  
(Corporation Name)
- (2) The following are true copies of the resolutions duly adopted at a meeting of the Board of Directors of the Corporation duly held on July 28, 2022.  
(date)

RESOLVED: That this Corporation enter into a contract with the State of New Hampshire, acting through its Department of Education.

RESOLVED: That Roland Lamy, Executive Director  
(Name of Contract Signatory) (Title of Contract Signatory)  
is hereby authorized on behalf of this Agency to enter into the said contract with the State and to execute all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate.

- (3) The foregoing resolution(s) have not been amended or revoked, and remain in full force and effect as of the 28<sup>th</sup> day of July, 2022.  
(day, month, yr) (must be same date as the contract date)
- (4) Roland Lamy is the duly elected Executive Director of the corporation.  
(name of contract signatory) (title of contract signatory)

IN WITNESS WHEREOF, I have hereunto set my hand as the Business Representative of the Corporation this 28<sup>th</sup> day of July, 2022.

Margaret M. Pritchard  
(Signature of Clerk of Corporation)



Client#: 1485395

MENTAHEA29

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/08/2022

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: USI Insurance Services LLC, 3 Executive Park Drive, Suite 300, Bedford, NH 03110, 855 874-0123. CONTACT NAME: Nicki Renaud, PHONE: 855 874-0123, FAX: (A/C, Me):, E-MAIL ADDRESS: nicki.renaud@usi.com. INSURER(S) AFFORDING COVERAGE: INSURER A: Philadelphia Indemnity Insurance Co. NAIC #: 18058. INSURED: The Mental Health Center for Southern NH DBA CLM Center for Life Management, 10 Talenneto Rd, Derry, NH 03038. INSURER B: Granite State Healthcare & Human Svc WC. NONAIC.

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL SUBR INSR, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include: A Commercial General Liability (Limits: \$1,000,000 per occurrence, \$3,000,000 aggregate), A Automobile Liability (Limits: \$1,000,000 combined single limit), A Umbrella Liability (Limits: \$5,000,000 aggregate), B Workers Compensation and Employers' Liability (Limits: \$1,000,000 per accident), A Professional Liab (Limits: 1,000,000 and 3,000,000).

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

Evidence of Insurance

CERTIFICATE HOLDER: Department of Education, 25 Hall Street, Concord, NH 03301. 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: [Signature]

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/24/2022

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).

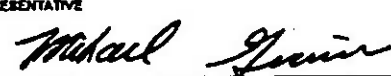
<b>PRODUCER</b> FIA/Cross Insurance 1100 Elm Street  Manchester NH 03101	<b>CONTACT NAME:</b> Michele Palmer <b>PHONE (A/C No. Ext.):</b> (603) 609-3216 <b>FAX (A/C No.):</b> (603) 645-4331 <b>E-MAIL ADDRESS:</b> manch.certs@crossagency.com
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Philadelphia Indemnity Ins Co NAIC # 18058 <b>INSURER B:</b> Granite State Health Care and Human Services Self- <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b> Behavioral Health & Developmental Services of Strafford County Inc, DBA: Community Partners 113 Crosby Road, Ste 1 Dover NH 03820	

**COVERAGES**      **CERTIFICATE NUMBER:** 21-22 All w/ D&O      **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	ADDITIONAL		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSR	WVD					
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Professional Liability			[REDACTED]	11/01/2021	11/01/2022	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
A	<input checked="" 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			[REDACTED]	11/01/2021	11/01/2022	MEOW EXP (Any one person)	\$ 20,000
							PERSONAL & ADV INJURY	\$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			[REDACTED]	11/01/2021	11/01/2022	GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
B	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			[REDACTED]	01/01/2022	01/01/2023	Professional Liability	\$ 1,000,000
							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
A	Directors & Officers Liability			[REDACTED]	11/01/2021	11/01/2022	BOOKLY INJURY (Per person)	\$
							BOOKLY INJURY (Per accident)	\$

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

<b>CERTIFICATE HOLDER</b>  Department of Education 25 Hall Street  Concord NH 03301	<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)  
7/22/2022

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> Eaton & Berube Insurance Agency, LLC 11 Concord Street Nashua NH 03064	<b>CONTACT NAME:</b> Kimberly H. Gutekunst, CIC <b>PHONE (AG No. Ext):</b> 603-882-2766 <b>FAX (AG No.):</b> <b>E-MAIL ADDRESS:</b> kgx@eatonberube.com
	<b>INSURER(S) AFFORDING COVERAGE</b>
<b>INSURED</b> The Community Council of Nashua NH, Inc dba Greater Nashua Mental Health 100 West Pearl Street Nashua NH 03060	<b>INSURER A:</b> Scottsdale Insurance Co
	<b>INSURER B:</b> Concord General Mutual
	<b>INSURER C:</b> General Star Indemnity Co
	<b>INSURER D:</b> Granite State Health Care & Human Services Self In
	<b>INSURER E:</b> <b>INSURER F:</b>

COVERAGES      CERTIFICATE NUMBER: 646470312      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.

OPER. LTR	TYPE OF INSURANCE	ADDITIONAL INSURED (INSR) (IND)	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:		[REDACTED]	11/12/2021	11/12/2022	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		[REDACTED]	11/12/2021	11/12/2022	COMBINED SINGLE LIMIT (Per 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 <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		[REDACTED]	11/12/2021	11/12/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
D	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	N/A	1/1/2022	1/1/2023	<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	Professional Liability Claims Made Retro Date: 11/12/1996		[REDACTED]	11/12/2021	11/12/2022	Each Claim \$5,000,000 Aggregate \$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Workers Compensation coverage: NH; no excluded officers.

CERTIFICATE HOLDER      CANCELLATION 10 days non-pay/30 days other

Department of Education 25 Hall Street 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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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/28/2022

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> Cross Insurance-Laconia 155 Court Street  Laconia NH 03248	<b>CONTACT NAME:</b> Sarah Cullen, AINS, ACSR <b>PHONE (AG, Ins, Ext):</b> (603) 524-2425 <b>FAX (AG, Net):</b> (603) 524-3886 <b>E-MAIL ADDRESS:</b> sarah.cullen@crossagency.com
	<b>INSURER(S) AFFORDING COVERAGE</b>
<b>INSURED</b> Lakes Region Mental Health Center, Inc. 40 Beacon Street East  Laconia NH 03248	<b>INSURER A:</b> Ace American Insurance Company
	<b>INSURER B:</b> ACE Property & Casualty Ins Co
	<b>INSURER C:</b> New Hampshire Employers Ins Co
	<b>INSURER D:</b>
	<b>INSURER E:</b>

COVERAGES      CERTIFICATE NUMBER: CL226100009      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.

LINE LTR	TYPE OF INSURANCE	ADDL SUBR (INSR)   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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		[REDACTED]	06/26/2022	06/26/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/PROP AGG \$ 3,000,000 Employee Benefits Liab \$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" 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		[REDACTED]	06/26/2022	06/26/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 1,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED   RETENTION \$		[REDACTED]	06/26/2022	06/26/2023	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
C	<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	[REDACTED]	06/26/2022	06/26/2023	<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
A	Professional Liability		[REDACTED]	06/26/2022	06/26/2023	Per Incident \$5,000,000 Aggregate \$7,000,000

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

<b>CERTIFICATE HOLDER</b>  Department of Education 25 Hall Street  Concord NH 03301	<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) :  
12/20/2021

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> Brown & Brown of New Hampshire 309 Daniel Webster Highway  Merrimack NH 03054	<b>CONTACT NAME:</b> Patrice LeBlanc <b>PHONE (A/C No. Ext.):</b> (603) 424-9901 <b>FAX (A/C No.):</b> (603) 846-1223 <b>EMAIL ADDRESS:</b> Patrice.LebLANC@Bbrown.com																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Philadelphia Indemnity Insurance Company</td> <td>18058</td> </tr> <tr> <td>INSURER B:</td> <td>Technology Insurance Company, Inc.</td> <td>42378</td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Philadelphia Indemnity Insurance Company	18058	INSURER B:	Technology Insurance Company, Inc.	42378	INSURER C:			INSURER D:			INSURER E:			INSURER F:	
INSURER(S) AFFORDING COVERAGE		NAIC #																			
INSURER A:	Philadelphia Indemnity Insurance Company	18058																			
INSURER B:	Technology Insurance Company, Inc.	42378																			
INSURER C:																					
INSURER D:																					
INSURER E:																					
INSURER F:																					
<b>INSURED</b> Monednock Family Services 64 Main Street Suite 210 Keene NH 03431																					

**COVERAGES**      **CERTIFICATE NUMBER:** 21-22      **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.

INER LTR	TYPE OF INSURANCE	ADOL INSR	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> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			[REDACTED]	09/01/2021	09/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" 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			[REDACTED]	09/01/2021	09/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INLAURY (Per person) \$ BODILY INLAURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			[REDACTED]	09/01/2021	09/01/2022	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
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 N/A	[REDACTED]	09/01/2021	09/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER    3A State NH E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - SA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Professional Liability			[REDACTED]	09/01/2021	09/01/2022	Each Incident \$1,000,000 Aggregate \$3,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Cyber coverage Limit \$1,000,000, \$5,000 deductible

<b>CERTIFICATE HOLDER</b>  NH Department of Education 25 Hall Street  Concord NH 03301	<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)  
08/17/2022

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 CGI Insurance, Inc. 5 Dartmouth Drive  Auburn NH 03032	CONTACT NAME: Teri Davis	
	PHONE (AC, No, Ext): (877) 562-8954	FAX (AC, No): (888) 574-2443
	EMAIL ADDRESS: TDavis@CGIBusinessInsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Philadelphia Insurance	
	INSURER B: Philadelphia Indemnity	
	INSURER C: A.I.M. Mutual	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES      CERTIFICATE NUMBER: 22-23 Master      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	ADDITIONAL INSURED	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liability \$2M Agg  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			[REDACTED]	04/01/2022	04/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Sexual/Physical Abuse or \$ 1,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			[REDACTED]	04/01/2022	04/01/2023	BODILY INJURY - SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Hired/borrowed \$ 1,000,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			[REDACTED]	04/01/2022	04/01/2023	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
C	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	N/A	[REDACTED]	08/12/2021	08/12/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Workers Comp 3A State: NH, MA & VT Supplemental Names: Manchester Mental Health Foundations, Inc., Manchester Mental Health Realty, Inc., Manchester Mental Health Services, Inc., Manchester Mental Health Ventures, Inc., Amoskeag Residences Inc., Bedford Counseling Associates, Family 411, Mindful Wellness, North End Counseling, InShape. The Certificate is issued for insured operations usual to Mental Health Services.

CERTIFICATE HOLDER  Department of Education 25 Hall St  Concord NH 03301	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  

Client#: 1010836

NORTHHUM

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/20/2022

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: USI Insurance Services LLC, 3 Executive Park Drive, Suite 300, Bedford, NH 03110, 855 874-0123. CONTACT NAME: Christine A Skehan, PHONE (A/C No, Ext): 855 874-0123, FAX (A/C No):, E-MAIL ADDRESS: Christine.Skehan@usi.com. INSURER(S) AFFORDING COVERAGE: INSURER A: Philadelphia Insurance Company, NAIC #: 32204. INSURED: Northern Human Services, Inc., 87 Washington Street, Conway, NH 03818-6044.

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL SUBR (INSR, WYD), POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liability, Workers Compensation and Employers' Liability, Healthcare Prof, and Physician Prof.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required): Evidence of Insurance. Allied Health staff share in the limits of insurance of the Entity. Physicians have their own separate \$1M/\$3M limits of insurance, and do not share in the entity limits of insurance.

CERTIFICATE HOLDER: New Hampshire Department of Education, 25 Hall St., Concord, NH 03301. 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: [Signature]

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Client#: 1010836

NORTHUM

**ACORD**

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
6/20/2022

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.

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<b>PRODUCER</b> USI Insurance Services LLC 3 Executive Park Drive, Suite 300 Bedford, NH 03110 855 874-0123	CONTACT NAME: Christine Skohan	
	PHONE (A/C, No, Ext): 855 874-0123	FAX (A/C, No):
E-MAIL ADDRESS: Christine.Skohan@usi.com		
<b>INSURED</b> Northern Human Services, Inc. 87 Washington Street Conway, NH 03818-6044	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Philadelphia Insurance Company	NAIC # 32204
	<b>INSURER B:</b> NH Employers Insurance Company	13083
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</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	ADDRESS		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSR	SUBR					
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> 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 <input type="checkbox"/> ANY AUTO 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) \$ \$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE QED    RETENTION \$						EACH OCCURRENCE \$10,000,000 AGGREGATE \$ \$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				09/30/2021	09/30/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000	

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

<b>CERTIFICATE HOLDER</b> New Hampshire Department of Education 25 Hall St. Concord, NH 03301	<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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Client#: 1364844

RIVERCOM12

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/20/2021

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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> USI Insurance Services LLC 3 Executive Park Drive, Suite 300 Bedford, NH 03110 855 874-0123	<b>CONTACT NAME:</b> Linda Jaeger, CIC <b>PHONE (A/C, No, Ext):</b> 855 874-0123 <b>E-MAIL ADDRESS:</b> linda.jaeger@usi.com	<b>FAX (A/C, No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Riverbend Community Mental Health Inc. 278 Pleasant Street Concord, NH 03301	<b>INSURER A:</b> Philadelphia Indemnity Insurance Co.	<b>NAIC #</b> 18058
	<b>INSURER B:</b> Granite State Healthcare & Human Svc WC	<b>NONAIC</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	ADD/SUBR INSR W/VD	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 GEM. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:		[REDACTED]	10/01/2021	10/01/2022	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY		[REDACTED]	10/01/2021	10/01/2022	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 <input checked="" type="checkbox"/> RETENTION \$10K		[REDACTED]	10/01/2021	10/01/2022	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) DESCRIPTION OF OPERATIONS below	Y/N N / A	[REDACTED]	01/01/2022	01/01/2023	<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
A	Professional Liability		[REDACTED]	10/01/2021	10/01/2022	\$1,000,000 Ea. Incident \$3,000,000 Aggregate

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

<b>CERTIFICATE HOLDER</b> Department of Education 26 Hall Street Concord, NH 03301	<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.
	<b>AUTHORIZED REPRESENTATIVE</b> <i>See Not</i>

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/22/2022

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.

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PRODUCER Fred C. Church Insurance 41 Wellman Street Lowell MA 01851	CONTACT NAME:	
	PHONE (A/C No. Ext): 978-458-1865	FAX (A/C No.): 978-454-1865
E-MAIL ADDRESS: jnorton@fredchurch.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Philadelphia Indemnity Insurance Company		18058
INSURED Seacoast Mental Health Center, Inc. 1145 Sagamore Avenue Portsmouth NH 03801	SEACMHEN-01	INSURER B: Granite State HC & HS Trust
		INSURER C:
		INSURER D:
		INSURER E:
		INSURER F:

COVERAGES      CERTIFICATE NUMBER: 1191230324      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  GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRG-JECT <input checked="" type="checkbox"/> LOC OTHER:			[REDACTED]	3/1/2022	3/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPROP AGG \$ 3,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Comp \$1,000 <input checked="" type="checkbox"/> Coll \$1,000			[REDACTED]	3/1/2022	3/1/2023	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 <input checked="" type="checkbox"/> RETENTION \$ 10,000			[REDACTED]	3/1/2022	3/1/2023	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) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	[REDACTED]	1/1/2022	1/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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
A	Professional Liability			[REDACTED]	3/1/2022	3/1/2023	\$1,000,000 \$3,000,000 Per Occurrence Annual Aggregate

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

CERTIFICATE HOLDER  New Hampshire Department of Education 25 Hall Street Concord NH 03301	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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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/29/2022

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<b>PRODUCER</b> MARSH USA, INC. 99 HIGH STREET BOSTON, MA 02110 Attn: Boston.cerrequest@Marsh.com	<b>CONTACT NAME:</b> PHONE (A/C, No. Ext): _____ FAX (A/C, No.): _____ E-MAIL ADDRESS: _____																					
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Cephal Specialty Insurance Corporation</td> <td>10328</td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Cephal Specialty Insurance Corporation	10328	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:	
INSURER(S) AFFORDING COVERAGE		NAIC #																				
INSURER A:	Cephal Specialty Insurance Corporation	10328																				
INSURER B:																						
INSURER C:																						
INSURER D:																						
INSURER E:																						
INSURER F:																						
<b>CN102105463-gaup-21-22</b>																						
<b>INSURED</b> West Central Services, Inc dba West Central Behavioral Health 85 Mechanic St., Suite C2-1 Box A-10 Lebanon, NH 03766																						

**COVERAGES**      **CERTIFICATE NUMBER:** NYC-011365453-01      **REVISION NUMBER:** 2

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 (INSR, SUBR)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT. <input type="checkbox"/> LOC OTHER: _____		[REDACTED]	11/01/2021	11/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$ _____
	<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) \$ _____ \$ _____
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> CED <input type="checkbox"/> RETENTION \$ _____					EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____
	<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			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> 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)

**CERTIFICATE HOLDER**      **CANCELLATION**

Department of Education 25 Hall Street 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  <i>Marsh USA Inc.</i>
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/17/2022

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.

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<b>PRODUCER</b> Hays Companies, Inc. 980 Washington Street Suite 325 Dedham MA 02026	<b>CONTACT NAME:</b> Colin Quirk	
	<b>PHONE (A/C No. Ext.):</b> <b>FAX (A/C No.):</b>	<b>EMAIL ADDRESS:</b> Colin.Quirk@bbrown.com
<b>INSURED</b> West Central Services, Inc.  85 Mechanic Street, Suite C2-1, Box A-10 Lebanon NH 03766	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Technology Insurance Company, Inc.	<b>NAIC #</b> 42376
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER: 22-23 WC**                      **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.

INSTR	TYPE OF INSURANCE	ADD INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (EA occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<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		6/1/2022	6/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

<b>CERTIFICATE HOLDER</b>  Department of Education 25 Hall Street Concord, NH 03301	<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.  <b>AUTHORIZED REPRESENTATIVE</b>  James Hays/CEHITC
---	--

AUG04'21 PM 3:59 RCVD

lll m/c

qu



Frank Edelblut  
Commissioner

Christine Brennan  
Deputy Commissioner

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF EDUCATION  
101 Pleasant Street  
Concord, N.H. 03301  
TEL. (603) 271-3495  
FAX (603) 271-1953

July 25, 2021

His Excellency, Governor Christopher T. Sununu  
and the Honorable Council  
State House  
Concord, New Hampshire 03301

**REQUESTED ACTION**

Authorize the Department of Education (Department) to amend an existing contract with the New Hampshire Community Behavioral Health Association (CBHA), Concord, NH, (Vendor Code #355870), by extending the end date from September 30, 2021 to September 30, 2022, and to broaden the scope of services to allow the CBHA mental health training program in non-Rekindling Curiosity Program camp settings including trainings for educators, with no increase to the contract price, effective upon Governor and Counsel approval. The original item was approved by the Governor on June 2, 2021. 100% Federal Funds.

**EXPLANATION**

As the CBHA has rolled out its mental health training program to New Hampshire camps, they have received outreach from non-Program camps (e.g., non-Rekindling Curiosity camp programs) that also serve school age students. The Department and the CBHA would like to allow such non-Rekindling Curiosity Program camps to participate in the trainings. This can be accommodated at no additional cost to the Program. In addition, because of the late implementation of the Program, not all camps have been able to take advantage of this offer. By extending the time, more camps will be able to participate in the mental health training.

Respectfully submitted,

Frank Edelblut  
Commissioner of Education

**AMENDMENT TO  
PROFESSIONAL SERVICES CONTRACT**

Now come the New Hampshire Department of Education hereinafter "the Agency," and the New Hampshire Community Behavioral Health Association, Concord, NH, hereinafter "CBHA", (Vendor Code #355870) and, pursuant to an agreement between the parties that was approved by Governor on June 2, 2021 hereby agree to modify same as follows:

1. Amend Section 1.7 Completion Date by removing September 30, 2021 and replacing with September 30, 2022.
2. Add to Exhibit B, Section 1, "The CBHA shall also offer its mental health training program in non-Program settings that include programs that work with school age students, including trainings for educators."
3. All other provisions of this agreement shall remain in full force and effect as originally set forth; and
4. This amendment shall commence upon Governor and Council approval and shall terminate September 30, 2022.
5. This modification of an existing agreement is hereby incorporated by reference to the existing agreement by the parties and must be attached to the said agreement.

IN WITNESS WHEREOF, the parties, hereto have set their hands as of the day and year first above written.

THE STATE OF NEW HAMPSHIRE  
Department of Education  
(Agency)

Division of Commissioner's Office

By: [Signature] 7.29.21  
Commissioner of Education Date

New Hampshire Community Behavioral Health Association  
Name of Corporation (Contractor)

By: Roland P. Lamy July 21, 2021  
Roland Lamy Date

STATE OF (N/A COVID 19)

County of \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_, the undersigned officer, personally appeared \_\_\_\_\_ known to me (or satisfactory 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 hereto set my hand and official seal.

(N/A COVID 19) \_\_\_\_\_  
Notary Public/Justice of the Peace

\_\_\_\_\_  
Commission Expires

Approved as to form, substance and execution by the Attorney General this 2<sup>nd</sup> day of Aug, 2021

[Signature]  
Christopher Bond, Attorney General Office

Approved by the Governor and Council this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

By: \_\_\_\_\_

**CERTIFICATE OF VOTE**  
(Corporation without a Seal)

I, Brian Collins do hereby certify that:  
(Name of the Clerk of the Corporation, cannot be signatory)

(1) I am the duly elected clerk of NH Community Behavioral Health Association  
(Corporation Name)

(2) The following are true copies of the resolutions duly adopted at a meeting of the Board of Directors of the Corporation duly held on July 21, 2021  
(date)

RESOLVED: That this Corporation enter into a contract with the State of New Hampshire, acting through its Department of Education.

RESOLVED: That Roland P. Lamy Executive Director  
(Name of Contract Signatory) (Title of Contract Signatory)

is hereby authorized on behalf of this Agency to enter into the said contract with the State and to execute and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate.

(3) The foregoing resolution(s) have not been amended or revoked, and remain in full force and effect as of the 30 th day of September, 20 22.  
(day, month, yr) (must be same date as the contract date)

(4) Roland P. Lamy is the duly elected Executive Director of the corporation.  
(name of contract signatory) (title of contract signatory)

IN WITNESS WHEREOF, I have hereunto set my hand as the Business Representative of the Corporation this 21st day of July, 20 21.



(Signature of Clerk of Corporation)

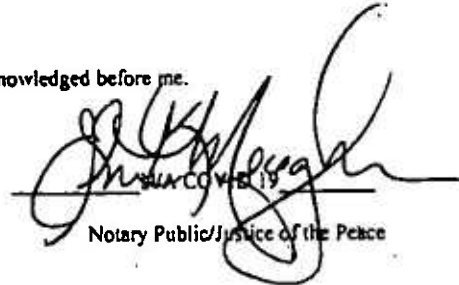
STATE OF NEW HAMPSHIRE

COUNTY OF Merrimack

On July 21, 20 21, the foregoing instrument was acknowledged before me.

In witness whereof I hereunto set my hand and official seal.

My commission expires on: **ERIN K. MEAGHER**  
Notary Public  
County of Merrimack  
State of New Hampshire  
My Commission Expires June 30, 2026

  
Notary Public/Justice of the Peace

**State of New Hampshire  
Department of State**

**CERTIFICATE**

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on January 24, 2003. 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: 427021

Certificate Number: 0004958720



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 14th day of July A.D. 2020.

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner  
Secretary of State



Client#: 1485395

MENTAHEA29

**ACORD. CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

6/09/2021

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.

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<b>PRODUCER</b> USI Insurance Services LLC 3 Executive Park Drive, Suite 300 Bedford, NH 03110 855 874-0123	<b>CONTACT NAME:</b> _____ <b>PHONE (AC, No, Ext):</b> 855 874-0123 <b>FAX (AC, No):</b> _____ <b>EMAIL:</b> _____ <b>ADDRESS:</b> _____																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Philadelphia Indemnity Insurance Co.</td> <td></td> <td>1805B</td> </tr> <tr> <td>INSURER B: Granite State Healthcare &amp; Human Svc WC</td> <td></td> <td>NONAIC</td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: Philadelphia Indemnity Insurance Co.		1805B	INSURER B: Granite State Healthcare & Human Svc WC		NONAIC	INSURER C:			INSURER D:			INSURER E:			INSURER F:	
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INSURER C:																					
INSURER D:																					
INSURER E:																					
INSURER F:																					
<b>INSURED</b> The Mental Health Center for Southern NH DBA CLM Center for Life Management 10 Talenneto Rd Derry, NH 03038																					

**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	ADDRESS (INSR, 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 type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____		[REDACTED]	10/01/2020	10/01/2021	EACH OCCURRENCE	\$1,000,000
						DAMAGE TO RENTED PREMISES (EA Occurrence)	\$250,000
						MED EXP (Any one person)	\$10,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$3,000,000
						PRODUCTS - COMPOP AGG	\$3,000,000
							\$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY		[REDACTED]	10/01/2020	10/01/2021	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 <input checked="" type="checkbox"/> RETENTION \$10,000		[REDACTED]	10/01/2020	10/01/2021	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) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	[REDACTED]	02/01/2021	02/01/2022	<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
A	Professional Lib		[REDACTED]	10/01/2020	10/01/2021		1,000,000 3,000,000

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

<b>CERTIFICATE HOLDER</b>  DHHS Dept Health & Human Services 129 Pleasant Street Concord, NH 03301	<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>See Act</i>
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/28/2021

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 Brown & Brown of New Hampshire 108 Daniel Webster Highway Manchester NH 03064	CONTACT Name: Particle LeBlanc Phone: (603) 424-6901 Fax: (603) 424-1223 Email: pleblanc@bbnline.com
INSURED Monadnock Family Services 64 Main Street Keene NH 03431	INSURER(S) AFFORDING COVERAGE INSURER A: Massachusetts Bay Insurance Company INSURER B: Allmerica Financial Benefit Insurance Company INSURER C: The Hanover Insurance Company INSURER D: Technology Insurance Company, Inc.

COVERAGES      CERTIFICATE NUMBER: 20-21      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.

CLASS	TYPE OF INSURANCE	INSURER	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN. AGGREGATE LIMIT APPLIES FOR: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO- DUCT <input checked="" type="checkbox"/> LOC OTHER:		[REDACTED]	08/01/2020	08/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EL. EXCEPTED) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPROP AGG \$
B	AUTOMOBILE LIABILITY: <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SPECIALIZED AUTOS NON-OWNED AUTOS ONLY		[REDACTED]	08/01/2020	08/01/2021	COMBINED SINGLE LIMIT (EL. EXCEPTED) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per incident) \$ PROPERTY DAMAGE (Per incident) \$ Medical payments \$ 5,000
C	<input checked="" type="checkbox"/> UMBRELLA LMB EXCESS LMB DED <input checked="" type="checkbox"/> RETENTION \$ 0 <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE		[REDACTED]	08/01/2020	08/01/2021	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
D	EMPLOYER'S COMPENSATION AND EMPLOYERS LIABILITY ANY PROVISIONS TO THE EXTENT OF ANY APPLICABLE STATE OR FEDERAL LAWS OR REGULATIONS Y/N N N/A		[REDACTED]	08/01/2020	08/01/2021	<input checked="" type="checkbox"/> PER EMPLOYEE <input checked="" type="checkbox"/> PER OCCASION 3A State: NH E.L. EACH ACCIDENT \$ 600,000 E.L. OCCASION - EA EMPLOYEE \$ 600,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Madon Services Professional Liability		[REDACTED]	08/01/2020	08/01/2021	Each Claim 1,000,000 Aggregate 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 99, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER NH DEPARTMENT OF EDUCATION 101 Pleasant St Concord NH 03301-3680	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 <i>Jude Bernier</i>
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/29/2021

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> FIA/Cross Insurance 1100 Elm Street  <b>Manchester</b> NH 03101	<b>CONTACT NAME:</b> Heather Prescott, AINS, CRIS <b>PHONE:</b> (603) 688-5218 <b>FAX:</b> (603) 943-4331 <b>EMAIL:</b> hprescott@crossagency.com
<b>INSURER</b> Behavioral Health & Developmental Services of Sunford Courty Inc. DBA: Community Partners 113 Crosby Road, Ste 1 Dover NH 03820	<b>INSURER A:</b> Philadelphia Indemnity Ins Co <b>INSURER B:</b> Granite State Health Care and Human Services SO <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

COVERAGES CERTIFICATE NUMBER: 20-21 w21-22 WC 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.

OVERLAP	TYPE OF INSURANCE	EXPIRES	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO-SECT <input checked="" type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Professional Liability		[REDACTED]	11/01/2020	11/01/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (as endorsed) \$ 1,000,000 MED EXP (day care services) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPROM AGG \$ 3,000,000 Professional Liability \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> RENTED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		[REDACTED]	11/01/2020	11/01/2021	BODILY INJURY (per person) \$ BODILY INJURY (per accident) \$ PROPERTY DAMAGE (per person) \$ \$
A	<input checked="" type="checkbox"/> BIKER'S LIABILITY <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 40,000		[REDACTED]	11/01/2020	11/01/2021	EACH OCCURRENCE \$ 5,000,000 APPROPRIATE \$ 5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROFESSIONAL SERVICE EXCLUDED? (Exempt from 102 if yes, otherwise enter description of operations) N/A	Y/N N	[REDACTED]	02/01/2021	02/01/2022	<input checked="" type="checkbox"/> EA DISEASE <input type="checkbox"/> SA EA, EACH ACCIDENT \$ 1,000,000 EA, DISEASE - EA EMPLOYEE \$ 1,000,000 EA, DISEASE - POLICY LIMIT \$ 1,000,000
A	Directors & Officers Liability		[REDACTED]	11/01/2020	11/01/2021	Limit of Insurance \$ 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Rows to Schedule, may be checked if more space is required)  
Refer to policy for exclusions, endorsements and special provisions.

<b>CERTIFICATE HOLDER</b>  Community Partners 113 Crosby Road Suite 1 Dover NH 03820	<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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Client#: 1010830

NORTHKUM

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/15/2021

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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> USI Insurance Services LLC 3 Executive Park Drive, Suite 300 Bedford, NH 03110 655 874-0123	<b>AGENT</b> Christina Skehan Phone: 655 874-0123 Email: Christina.Skehan@usi.com
<b>INSURED</b> Northern Human Services, Inc. 87 Washington Street Conway, NH 03816-6044	<b>INSURER AFFORDING COVERAGE</b> INSURER A: Philadelphia Insurance Company 32206 INSURER B: INSURER C: 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.

CLASS	TYPE OF COVERAGE	ADDITIONAL COVERAGES	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXPI. DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL. AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-SUBJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		[REDACTED]	03/31/2021	03/31/2022	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$100,000 MED EXP (Per one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMPROP ADD \$2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED <input type="checkbox"/> AUTOMOBILE ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY		[REDACTED]	03/31/2021	03/31/2022	COMBINED SINGLE LIMIT \$2,000,000 BODILY INJURY (Per person) \$250,000 BODILY INJURY (Per accident) \$500,000 PROPERTY DAMAGE (Per accident) \$50,000
A	<input checked="" type="checkbox"/> UMBRELLA LMB <input type="checkbox"/> EXCESS LMB <input checked="" type="checkbox"/> RETENTION \$10000	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR	[REDACTED]	03/31/2021	03/31/2022	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY EMPLOYERS (ANNUAL AGGREGATE LIMITS EXCLUDED) (Mandatory to NH) If yes, describe nature of OPERATION OF BUSINESS below:	N/A	[REDACTED]			PER STATUTE E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEES \$500,000 E.L. DISEASE - POLICY LIMIT \$
A	Healthcare Prof		[REDACTED]	03/31/2021	03/31/2022	1,000,000/3,000,000
A	Physician Prof		[REDACTED]	03/31/2021	03/31/2022	1,000,000/3,000,000
A	Crime		[REDACTED]	03/31/2021	03/31/2022	500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Allied Health staff share in the limits of the Entity.  
 Physicians have their own separate \$1M/\$3M limits of insurance, and do not share in the entity limits of insurance.

Evidence of insurance

<b>CERTIFICATE HOLDER</b> NH Dept of Education Vocational Rehabilitation 21 S. Fruit St., Suite 20 Concord, NH 03301	<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>See above</i>
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Client: 1010838

NORTHUM

# ACORD. CERTIFICATE OF LIABILITY INSURANCE

DATE (MONTH/YY)  
4/16/2021

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.

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<b>PRODUCER</b> USI Insurance Services LLC 3 Executive Park Drive, Suite 300 Bedford, NH 03110 855 874-0123	<b>CONTACT</b> Name: Christine Skehan Phone No: 855 874-0123 Email: Christine.Skehan@usi.com
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: NH Employers Insurance Company NAIC #: 13083
<b>INSURED</b> Northern Human Services, Inc. 87 Washington Street Conway, NH 03818-6044	<b>INSURER B:</b> _____
	<b>INSURER C:</b> _____
	<b>INSURER D:</b> _____
	<b>INSURER E:</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.

TYPE OF INSURANCE	INSURER	POLICY NUMBER	POLICY EFF. DATE (MM/YY)	POLICY EXP. DATE (MM/YY)	LIMITS
<b>CONTRACTUAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIM-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (As specified) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COGNOP AGG \$ _____ \$
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (As specified) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ _____ \$
<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIM-MADE  <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$:					EACH OCCURRENCE \$ AGGREGATE \$ _____ \$
<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b> ANY EMPLOYEES OR PART-TIME, SECTIVE OFFICIALS/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N		09/30/2020	09/30/2021	(PER STATUTE)    (OTH-ER) EA. EACH ACCIDENT \$500,000 EA. DISEASE - EA EMPLOYEE \$500,000 EA. DISEASE - POLICY LIMIT \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks below date, may be attached if more space is required)  
Evidence of Insurance  
Evidence of Insurance

<b>CERTIFICATE HOLDER</b> NH Dept of Education Vocational Rehabilitation 21 S. Fruit St., Suite 20 Concord, NH 03301	<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>See Note</i>
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/28/2021

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> Eston & Berube Insurance Agency, LLC 11 Concord St Nashua NH 03064	<b>CONTACT</b> Name: Cathy Beauregard Phone: 603-882-2798 Email: mberube@estonberube.com	<b>FAX</b> (AG. Use) 603-882-4230
	<b>INSURER(S) ASSOCIATED COVERAGES</b>	
<b>INSURED</b> The Community Council of Nashua NH Inc 100 West Pearl St Nashua NH 03060	<b>INSURER A:</b> Scotland Insurance Co	<b>NAIC #</b> 14376
	<b>INSURER B:</b> Concord Group Ins	
	<b>INSURER C:</b> The Lawson Group	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	

**COVERAGES**      **CERTIFICATE NUMBER: 657384677**      **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.

FORM	TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> INC <input type="checkbox"/> LOC OTHER:		[REDACTED]	11/12/2020	11/12/2021	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (As endorsed) \$ 200,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> HOMEOWNERS LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> RENTED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		[REDACTED]	11/12/2020	11/12/2021	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 LMB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LMB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> RETENTION \$ 10,000		[REDACTED]	11/12/2020	11/12/2021	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY EMPLOYER OR OTHER THIRD PARTY OFFICER/EMPLOYEE EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	[REDACTED]	1/16/2021	1/16/2022	<input type="checkbox"/> PER <input type="checkbox"/> DYS <input type="checkbox"/> FRATE <input type="checkbox"/> ER \$ L EACH ACCIDENT \$ 1,000,000 \$ L DISEASE - EA EMPLOYEE \$ 1,000,000 \$ L DISEASE - POLICY LIMIT \$ 1,000,000
A	<b>Professional Liability</b> Claims Made Auto Only 1/12/2020		[REDACTED]	11/12/2020	11/12/2021	Each Claim Aggregate \$5,000,000 \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Workers Compensation coverage: NH; no excluded officers.  
NH DMHS is listed as additional insured per written contract.

<b>CERTIFICATE HOLDER</b>  NH DMHS 129 Pleasant Street Concord NH 03301	<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)  
07/21/2021

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> Cross Insurance-Laconia 155 Court Street  Laconia NH 03248	<b>CONTACT NAME:</b> Sarah Cullen, AINS, ACSR <b>PHONE (AG No. Ext):</b> (603) 524-2425 <b>FAX (AG No.):</b> (603) 524-3686 <b>EMAIL ADDRESS:</b> sarah.cullen@crossagency.com
<b>INSURED</b>  Lakes Region Mental Health Center, Inc. 40 Beacon Street East  Laconia NH 03248	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Ace American Insurance Company INSURER B: ACE Property & Casualty Ins Co INSURER C: New Hampshire Employers Ins Co INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: CL2162461712 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.

PKT LTR	TYPE OF INSURANCE	ADDL COVR (R/S)	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:			[REDACTED]	06/26/2021	06/26/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Employee Benefits Liab \$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			[REDACTED]	06/26/2021	06/26/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per person) \$ Medical payments \$ 1,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			[REDACTED]	06/26/2021	06/26/2022	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
C	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	[REDACTED]	06/26/2021	06/26/2022	<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
A	Professional Liability			[REDACTED]	06/26/2021	06/26/2022	Each Incident 5,000,000 Aggregate 7,000,000

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

<b>CERTIFICATE HOLDER</b>  Department of Education 101 Pleasant Street  Concord NH 03301	<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>Sarah Cullen</i>
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# CERTIFICATE OF LIABILITY INSURANCE

DATE REPRODUCED  
2/26/2021

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> Fred C Church Insurance 41 Wallman Street Lowell MA 01851	<b>CONTACT NAME:</b> PHONE: 978-458-1815 FAX: 978-454-1865 EMAIL: jnorton@fredchurchi.com
<b>INSURED</b> Seacoast Mental Health Center, Inc 1145 Sagamore Avenue Portsmouth NH 03801	<b>INSURANCE AFFORDING COVERAGE</b> INSURER A: Philadelphia Indemnity Insurance Company INSURER B: Granite State HC AHS Trust INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES      CERTIFICATE NUMBER: 937323603      REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED(S) 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.

POLICY NO.	TYPE OF INSURANCE	PROD. NO.	POLICY NUMBER	POLICY EFF. DATE	POLICY EXPI. DATE	COVERAGES	LIMITS
A	COMMERCIAL GENERAL LIABILITY (FIRE RATE) X W.C.L.R.		[REDACTED]	3/1/2021	3/1/2022	ACCIDENTAL DAMAGE TO REALTY MEDICAL EXPENSES PRODUCTS AND COMPLETED OPERATIONS POLLUTANT PERSONAL AND ADVERTISING SIGNAGE, DECORATION THEFT AND VANDALISM	\$1,000,000 \$100,000 \$5,000 \$1,000,000 \$3,000,000 \$3,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOMOBILE X AUTOMOBILE X COMBINED		[REDACTED]	3/1/2021	3/1/2022	COVERED AUTOMOBILE NON-OWNED AUTOMOBILE MEDICAL EXPENSES PERSONAL AND ADVERTISING	\$1,000,000 \$500,000 \$500,000 \$500,000
B	UMBRELLA LIABILITY EXCESS LIABILITY	X	[REDACTED]	3/1/2021	3/1/2022	ACCIDENTAL DAMAGE ADVERTISING	\$3,000,000 \$3,000,000
B	EMPLOYERS' LIABILITY AND EMPLOYERS' LIABILITY (EMPLOYER'S LIABILITY) (EMPLOYER'S LIABILITY) (EMPLOYER'S LIABILITY)	X	[REDACTED]	3/1/2021	3/1/2022	PERMANENT AND TEMPORARY TOTAL DISABILITY MEDICAL BENEFITS DEATH BENEFIT	\$1,000,000 \$1,000,000 \$1,000,000
A	Professional Liability		[REDACTED]	3/1/2021	3/1/2022		\$1,000,000 \$1,000,000 Per Occurrence Annual Aggregate

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

<b>CERTIFICATE HOLDER</b> Seacoast Mental Health Center, Inc 1145 Sagamore Avenue Portsmouth NH 03801-5503	<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)  
03/23/2021

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.

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<b>PRODUCER</b> CGI Business Insurance 6 Dartmouth Drive Asbury NH 03032	<b>AGENT/NAME</b> Tari Davis <b>PHONE</b> (888) 841-4600 <b>FAX</b> (888) 674-2443 <b>EMAIL</b> TDavis@CGIBusinessInsurance.com
<b>INSURED</b> The Mental Health Center of Greater Manchester, Inc. 401 Cypress Street Manchester NH 03103-0828	<b>INSURER A:</b> Philadelphia Insurance <b>INSURER B:</b> Philadelphia Indemnity <b>INSURER C:</b> A.M. Mutual <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

COVERAGES      CERTIFICATE NUMBER: 21-27 Master      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.

CLASS	TYPE OF INSURANCE	INSURANCE	POLICY PERIOD	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CHANGE-OF-OWNERSHIP <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liability ERM Agg GEN. APPROPRIATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. ACT <input type="checkbox"/> LOC OTHER:			04/01/2021	04/01/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Per occurrence) \$ 1,000,000 \$ 700,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 S BODILY/PHYSICAL ABUSE OR \$ 1,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			04/01/2021	04/01/2022	BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 MISDEMEANOR LIABILITY \$ 1,000,000
B	UMBRELLA LIME EXCESS LIME <input checked="" type="checkbox"/> RESORTION \$ 10,000			04/01/2021	04/01/2022	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
C	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICERS/OWNERS EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	08/12/2020	09/12/2021	<input checked="" type="checkbox"/> PER ACCIDENT <input type="checkbox"/> OTHER \$ 600,000 \$ 600,000 \$ 600,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Workers Comp SA State: NH, MA & VT  
Supplemental Names: Manchester Mental Health Foundations, Inc., Manchester Mental Health Realty, Inc., Manchester Mental Health Services, Inc., Manchester Mental Health Ventures, Inc.  
The Certificate is issued for insured operations usual to Mental Health Services.

<b>CERTIFICATE HOLDER</b> The Mental Health Center of Greater Manchester 401 Cypress Street Manchester NH 03103	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREON, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/22/20

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> BARCH USA, INC. 88 HIGH STREET BOSTON, MA 02110 AOR: Boston.cer@barchusa.com	<b>CONTACT NAME:</b> NAME: <u>YAN</u> PHONE: <u>617-451-1100</u> E-MAIL: <u>yan@barchusa.com</u> ADDRESS:													
	<table border="1"> <tr> <th>INSURER(S) AFFORDED COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Capital Security Insurance Corporation</td> <td>10328</td> </tr> <tr> <td>INSURER B: Capital Indemnity Corp.</td> <td>10472</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> </table>	INSURER(S) AFFORDED COVERAGE	NAIC #	INSURER A: Capital Security Insurance Corporation	10328	INSURER B: Capital Indemnity Corp.	10472	INSURER C:		INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDED COVERAGE	NAIC #													
INSURER A: Capital Security Insurance Corporation	10328													
INSURER B: Capital Indemnity Corp.	10472													
INSURER C:														
INSURER D:														
INSURER E:														
INSURER F:														
ON10103403-gwp-20-21 <b>INSURED</b> West Central Services, Inc c/o West Central Behavioral Health 9 Haverhill Street, Suite 2 Lebanon, NH 03768														

COVERAGES      CERTIFICATE NUMBER: NYC-01077229-03      REVISION NUMBER: 2

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.

CLASS	TYPE OF INSURANCE	AMOUNT (each policy)	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXPI. DATE (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"/> PRO-ACC <input type="checkbox"/> LOC OTHER:			11/01/2020	11/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE RELATED PRODUCTS (Per occurrence) \$ 1,000,000 MED EXP (Per person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPROP AGG \$ 3,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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			11/01/2020	11/01/2021	COMBINED SINGLE LIMIT (Per occurrence) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per occurrence) \$ MED \$ ATTORNEY'S FEES \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE MED <input type="checkbox"/> RETENTION \$			11/01/2020	11/01/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 8,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b> APPLICABLE TO ALL FULL-TIME/REGULAR EMPLOYEES EXCEPT OFFICERS/DIRECTORS/EXCLUDED EMPLOYEES IN EQ If not, describe under DESCRIPTION OF OPERATIONS below Y/N N/A					STATE STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<input checked="" type="checkbox"/> Medical Professional Liability - Claims Made			11/01/2020	11/01/2021	Each Claim: 1,000,000 Aggregate: 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 991, Additional Remarks Schedule, may be attached if more space is required)  
Business of Coverage

<b>CERTIFICATE HOLDER</b> West Central Services, Inc c/o West Central Behavioral Health 9 Haverhill St, Suite 2 Lebanon, NH 03768	<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 of Barch USA Inc. Manojit Mukherjee <i>Manojit Mukherjee</i>
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/26/2021

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 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 Bays Companies Inc. 133 Federal Street, 4th Floor Boston MA 02110	CONTACT NAME: Mariana Sousa
	PHONE (AC No. EXT) FAX (AC No.) E-MAIL ADDRESS: msousa@bayscompanies.com
INSURED West Central Behavioral Health 9 Sanover Street, Suite 2 Lebanon NH 03766	INSURER(S) AFFORDING COVERAGE
	INSURER A: Technology Insurance Company, Inc. NAC # 42376
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

## COVERAGES

CERTIFICATE NUMBER: 21-22 WC

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.


SHORT LTD	TYPE OF INSURANCE	ADOL RISK	INSUR BY	POLICY NO.	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> 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 <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> Hired AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	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		8/1/2021	8/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Evidence of Insurance Coverage

## CERTIFICATE HOLDER

## CANCELLATION

Evidence of Coverage	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 James Hays/GSCHIC 

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W

FF 13



JUN 18 '21 AM 8:39 RCVD

Frank Edelblut  
Commissioner

Christine Brennan  
Deputy Commissioner

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF EDUCATION  
101 Pleasant Street  
Concord, N.H. 03301  
TEL. (603) 271-3495  
FAX (603) 271-1953

June 3, 2021

His Excellency, Governor Christopher T. Sununu  
and the Honorable Council  
State House  
Concord, NH 03301

**INFORMATIONAL ITEM**

Pursuant to RSA 4:45, RSA 21-P:43, and Section 4 of Executive Order 2020-04 as extended by Executive Orders 2020-05 and 2020-08, 2020-09, 2020-10, 2020-14, 2020-15, 2020-16, 2020-17, 2020-18, 2020-20, 2020-21, 2020-23, 2020-24, 2020-25, 2021-01, 2021-02, 2021-04, 2021-05, 2021-06, 2021-08, and 2021-10, and suspend the Manual of Procedures 150, V., B., 1., requirement, Governor Sununu has authorized the Department of Education (DOE), to enter into a sole source contract with New Hampshire Community Behavioral Health Association (CBHA), (Vendor Code #355870), Concord, NH, in an amount not to exceed \$500,000 to implement mental and behavioral health supports as part of the Rekindle Curiosity camp program, effective upon Governor approval through September 30, 2021. 100% Federal Funds.

Funds to support this request are available in the account titled GEER II – CRRSA Act 2021 (GEER II), as follows:

	<u>FY21</u>
06-56-56-562010-19590000-102-500731 Contracts for Program Svcs	\$500,000

**EXPLANATION**

This request is sole source because CBHA is the organizing entity for the Community Mental Health Centers (CMHC) across the state. CBHA will coordinate with the CMHC to support Rekindle Curiosity camps to implement the NHDOE designated support services across the state.

As a result of school closures and the need to implement remote and hybrid instructional models across the state, as well as the broader community disruption from the pandemic, there are growing

His Excellency, Governor Christopher T. Sununu  
and the Honorable Council  
June 3, 2021

concerns around the mental and behavioral health of New Hampshire students. For many children, especially those from low-income background or with disabilities, accessing summer enrichment opportunities supporting social, emotional, and mental health is more important than ever.

In response to the COVID-19 pandemic's impact on student social, emotional, and mental health, the NHDOE will support opportunities for positive childhood experiences at New Hampshire-approved overnight and day youth recreation camps. This program is called "ReKINDling Curiosity: Every Kid Goes to Camp" or the "Program."

**Services:**

In support of the above described student Program, the NHDOE will work with the CBHA to support the Program with the services specifically enumerated below.

1. Training: CBHA will implement the DOE determined mental health training program (the "Training Program") for Program counselors as follows:

- a. Senior Camp Counselor mental health training: CBHA will offer a 2 to 4 hour program to camp staff over the age of 18.
- b. Junior Camp Counselor mental health training: CBHA will offer 1 to 2 hours of mental health training focused on camp counselors ages 14 to 18.
- c. All trainings will be offered via Zoom or other virtual platforms, unless an in-person option can provide safety for all participants and follow CDC guidance.
- d. Both the Senior and Junior Camp Counselor mental health trainings will include an overview of the New Hampshire CMHC and focused instructions for accessing emergency services in instances where referrals for youths experiencing an acute mental health crisis are made to local CMHC Emergency Services.

2. Summer Camp Functional Support Staffs.

- a. CBHA will work with CMHCs to identify bachelor level staff who can be on the ground at Program camps to work in both camper-facing and staff-facing environments.
- b. Each CMHC will delegate staff, based on availability, who can devote at least one day per week to be present at Program camps ("CMHC Staffers"). This would provide Program camps the ability to cover Program camps with a once per week "day at camp" for programs that have that level of need.
- c. The number of Workforce Staffers will be subject to workforce availability, but CBHA will work with the NHDOE to establish a work plan to ensure that available resources are targeted and as locally as possible.

3. High Needs Campers.

CBHA will work with the NHDOE and the CMHCs to offer higher levels of services to Program campers who need additional intensive supports in order to be successful at summer camp. CBHA will develop methods to identify and refer children in need of such supports ("Identification Methods"), which will be included in the Training Program. Additional supports may include by example, without limitation, working directly with Special Education staff to provide a coordinated effort and allowing youths to access

His Excellency, Governor Christopher T. Sununu  
and the Honorable Council  
June 3, 2021

CMHC supports for a successful camp experience. Any such services will be coordinated with Program campers' parent or guardian, as required by law and standards of professional practice.

**Other Program Elements:**

1. CBHA will act as the program administrator and will work with NHDOE to fully develop the system outlined above. A work plan will be created which coordinates both the Training Program and on-site personnel and services.
2. CBHA will require that staff be employees of the CMHCs: certifications, credentialing and background checks will be managed by the CMHCs.
3. The Training Program will be conducted by certified Mental Health First Aid Instructors where feasible.
4. Training syllabus and content will be based on existing trainings, but programs will be tailored to ReKINDling Curiosity. Details of the trainings will be provided to the NHDOE and the participating camps in advance of the Program's start.
5. CBHA will engage CMHC staff with the Program camps for services rather than engaging them with campers. This approach will ensure that CMHCs do not have to open a case for each child.

In the event Federal Funds are no longer available, General Funds will not be requested to support this request.

Respectfully submitted,



Frank Edelblut  
Commissioner of Education

2



Frank Edelblut  
Commissioner

Christine Brennan  
Deputy Commissioner

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF EDUCATION  
101 Pleasant Street  
Concord, N.H. 03301  
TEL (603) 271-3488  
FAX (603) 271-1853

May 26, 2021

His Excellency, Governor Christopher T. Sununu  
State House  
Concord, New Hampshire 03301

**REQUESTED ACTION**

Authorize the New Hampshire Department of Education (NH DOE) to enter into a sole source contract with New Hampshire Community Behavioral Health Association (CBHA), (Vendor Code #355870), Concord, NH, in an amount not to exceed \$500,000 to implement mental and behavioral health supports as part of the Rekindle Curiosity camp program, effective upon Governor approval through September 30, 2021.. 100% Federal Funds.

Funds to support this request are available in the account titled GEER II – CRRSA Act 2021 (GEER II), as follows:

	<u>FY21</u>
06-56-56-562010-19590000-102-500731 Contracts for Program Svcs	\$500,000

**EXPLANATION**

This request is sole source because CBHA is the organizing entity for the Community Mental Health Centers (CMHC) across the state. CBHA will coordinate with the CMHC to support Rekindle Curiosity camps to implement the NHDOE designated support services across the state.

As a result of school closures and the need to implement remote and hybrid instructional models across the state, as well as the broader community disruption from the pandemic, there are growing concerns around the mental and behavioral health of New Hampshire students. For many children, especially those from low-income background or with disabilities, accessing summer enrichment opportunities supporting social, emotional, and mental health is more important than ever.

In response to the COVID-19 pandemic's impact on student social, emotional, and mental health, the NHDOE will support opportunities for positive childhood experiences at New Hampshire-

His Excellency, Governor Christopher T. Sununu  
April 21, 2021

approved overnight and day youth recreation camps. This program is called "ReKINDling Curiosity: Every Kid Goes to Camp" or the "Program."

**Services:**

In support of the above described student Program, the NHDOE will work with the CBHA to support the Program with the services specifically enumerated below.

1. Training: CBHA will implement the DOE determined mental health training program (the "Training Program") for Program counselors as follows:
  - a. Senior Camp Counselor mental health training: CBHA will offer a 2 to 4 hour program to camp staff over the age of 18.
  - b. Junior Camp Counselor mental health training: CBHA will offer 1 to 2 hours of mental health training focused on camp counselors ages 14 to 18.
  - c. All trainings will be offered via Zoom or other virtual platforms, unless an in-person option can provide safety for all participants and follow CDC guidance.
  - d. Both the Senior and Junior Camp Counselor mental health trainings will include an overview of the New Hampshire CMHC and focused instructions for accessing emergency services in instances where referrals for youths experiencing an acute mental health crisis are made to local CMHC Emergency Services.
  
2. Summer Camp Functional Support Staffs.
  - a. CBHA will work with CMHCs to identify bachelor level staff who can be on the ground at Program camps to work in both camper-facing and staff-facing environments.
  - b. Each CMHC will delegate staff, based on availability, who can devote at least one day per week to be present at Program camps ("CMHC Staffers"). This would provide Program camps the ability to cover Program camps with a once per week "day at camp" for programs that have that level of need.
  - c. The number of Workforce Staffers will be subject to workforce availability, but CBHA will work with the NHDOE to establish a work plan to ensure that available resources are targeted and as locally as possible.
  
3. High Needs Campers.

CBHA will work with the NHDOE and the CMHCs to offer higher levels of services to Program campers who need additional intensive supports in order to be successful at summer camp. CBHA will develop methods to identify and refer children in need of such supports ("Identification Methods"), which will be included in the Training Program. Additional supports may include by example, without limitation, working directly with Special Education staff to provide a coordinated effort and allowing youths to access CMHC supports for a successful camp experience. Any such services will be coordinated with Program campers' parent or guardian, as required by law and standards of professional practice.

**Other Program Elements:**

1. CBHA will act as the program administrator and will work with NHDOE to fully develop the system outlined above. A work plan will be created which coordinates both the Training Program and on-site personnel and services.



His Excellency, Governor Christopher T. Sununu  
April 21, 2021

2. CBHA will require that staff be employees of the CMHCs: certifications, credentialing and background checks will be managed by the CMHCs.
3. The Training Program will be conducted by certified Mental Health First Aid Instructors where feasible.
4. Training syllabus and content will be based on existing trainings, but programs will be tailored to ReKINDling Curiosity. Details of the trainings will be provided to the NHDOE and the participating camps in advance of the Program's start.
5. CBHA will engage CMHC staff with the Program camps for services rather than engaging them with campers. This approach will ensure that CMHCs do not have to open a case for each child.

In the event Federal Funds are no longer available, General Funds will not be requested to support this request.

Respectfully submitted,



Frank Edelblut  
Commissioner of Education

I hereby approve this request pursuant to RSA 4:45, RSA 21-P:43, and Section 4 of Executive Order 2020-04 as extended by Executive Orders 2020-05 and 2020-08, 2020-09, 2020-10, 2020-14, 2020-15, and 2020-16, 2020-17 and 2020-18, 2020-20, 2020-21, 2020-23, 2020-24, 2020-25, 2021-01, 2021-02, 2021-04, 2021-05, 2021-06, and 2021-08 and suspend the Manual of Procedures 150, V., B., 1., requirement.

6-2-21

Date



Governor Christopher T. Sununu

FORM NUMBER P-37 (version 12/11/2019)

**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 Education		1.2 State Agency Address 101 Pleasant Street, Concord, NH 03301	
1.3 Contractor Name NH Community Behavioral Health		1.4 Contractor Address 1 Pillsbury St Ste 200, Concord, NH 03301	
1.5 Contractor Phone Number 603-225-6633	1.6 Account Number See Exhibit C	1.7 Completion Date September 30, 2021	1.8 Price Limitation \$500,000
1.9 Contracting Officer for State Agency Katie Murphy		1.10 State Agency Telephone Number 603-271-3838	
1.11 Contractor Signature <i>Roland P. Lamy</i> Date: 05/03/21		1.12 Name and Title of Contractor Signatory Roland Lamy, Executive Director	
1.13 State Agency Signature <i>Frank Edtblut</i> Date: 6-2-21		1.14 Name and Title of State Agency Signatory Frank Edtblut, Commissioner of Education	
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: <i>Christopher Bond</i> Christopher Bond, Attorney On: 6/1/21			
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 as indicated in block 1.17, 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. 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, the obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds affected 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. 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, 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 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. The State shall have no liability to the Contractor other than the contract price.

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 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.

**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. 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 race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3 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 all rules, regulations and orders, and 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 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

## 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) days from the date of the notice; and if the Event of Default is not timely cured, terminate this Agreement, effective two (2) 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 this Agreement as breached, terminate the Agreement and pursue any of its remedies at law or in equity, or both.

8.3. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

## 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) 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) 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. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT B. In addition, at the State's discretion, the Contractor shall, within 15 days of notice of early termination, develop and

submit to the State a Transition Plan for services under the Agreement.

## 10. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

10.1 As used in this Agreement, the word "data" shall mean all 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, formulas, 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 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data 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 The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice, which shall be provided to the State at least fifteen (15) days prior to the assignment, and a written consent of the State. For purposes of this paragraph, 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.

12.2 None of the Services shall be subcontracted by the Contractor without prior written notice and consent of the State. 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.** Unless otherwise exempted by law, the Contractor shall indemnify and hold harmless the State, its officers and employees, from and against any and all claims, liabilities and costs for any personal injury or property damages, patent or copyright infringement, or other claims asserted against the State, its officers or employees, which arise out of (or which may be claimed to arise out of) the acts or omission of the

Contractor, or subcontractors, including but not limited to the negligence, reckless or intentional conduct. 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 sovereign immunity of the State, 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 his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than ten (10) days prior to the expiration date of each insurance policy. 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 his or her 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. 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.

17. 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.

18. CHOICE OF LAW AND FORUM. This Agreement shall be governed, interpreted and construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. 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. Any actions arising out of this Agreement shall be brought and maintained in New Hampshire Superior Court which shall have exclusive jurisdiction thereof.

19. CONFLICTING TERMS. In the event of a conflict between the terms of this P-37 form (as modified in EXHIBIT A) and/or attachments and amendment thereof, the terms of the P-37 (as modified in EXHIBIT A) shall control.

20. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. 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.

22. SPECIAL PROVISIONS. Additional or modifying provisions set forth in the attached EXHIBIT A are incorporated herein by reference.

23. 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.

24. 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**

**Additional Exhibits D-G**

**Federal Certification 2 CFR 200.415**

Required certifications include: (a) To assure that expenditures are proper and in accordance with the terms and conditions of the Federal award and approved project budgets, the annual and final fiscal reports or vouchers requesting payment under the agreements must include a certification, signed by an official who is authorized to legally bind the non-Federal entity, which reads as follows:

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

**Amendment to Paragraph 12.2**

Contractor is hereby authorized to assign its obligations under this contract to any of the following entities, provided that contractor shall present evidence to the Department that said entity has obtained insurance consistent with the requirements of paragraph 14 of this agreement before such obligations are assigned:

Center for Life Management  
10 Tsienneto Road  
Derry, NH 03038

Monadnock Family Services  
64 Main Street, Suite 301  
Keene, NH 03431

Community Partners  
113 Crosby Road, Suite 1  
Dover, NH 03820

Northern Human Services  
87 Washington Street  
Conway, NH 03818

Contractor Initials *ROC*  
Date *5/15/21*

Greater Nashua Mental Health  
7 Prospect Street  
Nashua, NH 03060  
Riverbend Community Mental Health, Inc.  
278 Pleasant Street, PO Box 2032  
Concord, NH 03302

Lakes Region Mental Health Center, Inc.  
40 Beacon Street East  
Laconia, NH 03246

Seacoast Mental Health Center, Inc.  
1145 Sagamore Avenue  
Portsmouth, NH 03801

Mental Health Center of Greater Manchester  
401 Cypress Street  
Manchester, NH 03103

West Central Behavioral Health  
9 Hanover Street, Suite 2  
Lebanon, NH 03766

**Amendment to paragraph 14**

The insurance requirements of paragraph 14 of this agreement are waived as to contractor, provided that contractor provides evidence of insurance consistent with the requirements of paragraph 14 for any of the entities listed in this Exhibit A who provide services pursuant to this agreement.

Contractor initials: *RLC*  
Date: *5/3/01*

**EXHIBIT B**  
**Scope of Services**

**Objective:** As a result of school closures and the need to implement remote and hybrid instructional models across the state, as well as the broader community disruption from the pandemic, there are growing concerns around the mental and behavioral health of New Hampshire students. For many children, especially those from low-income background or with disabilities, accessing summer enrichment opportunities supporting social, emotional, and mental health is more important than ever.

In response to the COVID-19 pandemic's impact on student social, emotional, and mental health, the New Hampshire Department of Education ("NHDOE") will support opportunities for positive childhood experiences at New Hampshire-approved overnight and day youth recreation camps. This program is called "ReKINDling Curiosity" or the "Program."

**Services:**

In support of the above described student Program, the NHDOE will work with the New Hampshire Community Behavioral Health Association ("CBHA" or "Contractor") to support the Program with the services specifically enumerated below.

1. Training: CBHA will implement the DOE-determined mental health training program (the "Training Program") for Program counselors as follows:
  - a. Senior Camp Counselor mental health training: CBHA will offer a 2 to 4 hour program to camp staff over the age of 18.
  - b. Junior Camp Counselor mental health training: CBHA will offer 1 to 2 hours of mental health training focused on camp counselors ages 14 to 18.
  - c. All trainings will be offered via Zoom or other virtual platforms, unless an in-person option can provide safety for all participants and follow CDC guidance.
  - d. Both the Senior and Junior Camp Counselor mental health trainings will include an overview of the New Hampshire Community Mental Health Centers ("CMHC") and focused instructions for accessing emergency services in instances where referrals for youths experiencing an acute mental health crisis are made to local CMHC Emergency Services.
  
2. Summer Camp Functional Support Staff:
  - a. CBHA will work with CMHCs to identify bachelor level staff who can be on the ground at Program camps to work in both camper-facing and staff-facing environments.
  - b. Each CMHC will delegate staff, based on availability, who can devote at least one day per week to be present at Program camps ("CMHC Staffers"). This would provide Program camps the ability to cover Program camps with a once per week "day at camp" for programs that have that level of need.
  - c. The number of Workforce Staffers will be subject to workforce availability, but CBHA will work with the NHDOE to establish a work plan to ensure that available resources are targeted and as locally as possible.
  
3. High Needs Campers:

CBHA will work with the NHDOE and the CMHCs to offer higher levels of services to Program campers who need additional intensive supports in order to be successful at summer camp. CBHA will develop methods to identify and refer children in need of such supports ("Identification Methods"), which will be included in the Training Program. Additional supports may include by

Contractor Initials: RPL  
Date: 05/03/21



**EXHIBIT B**  
**Continued**

example, without limitation, working directly with Special Education staff to provide a coordinated effort and allowing youths to access CMHC supports for a successful camp experience. Any such services will be coordinated with Program campers' parent or guardian, as required by law and standards of professional practice.

**Other Program Elements:**

1. CBHA will act as the program administrator and will work with NHDOE to fully develop the system outlined above. A work plan will be created which coordinates both the Training Program and on-site personnel and services.
2. CBHA will require that staff be employees of the CMHCs: certifications, credentialing and background checks will be managed by the CMHCs.
3. The Training Program will be conducted by certified Mental Health First Aid Instructors where feasible.
4. Training syllabus and content will be based on existing trainings, but programs will be tailored to ReKINDling Curiosity. Details of the trainings will be provided to the NHDOE and the participating camps in advance of the Program's start.
5. CBHA will engage CMHC staff with the Program camps for services rather than engaging them with campers. This approach will ensure that CMHCs do not have to open a case for each child.
6. When appropriate, the CMHC staff will make both Emergency Services and CMHC referrals for Program campers who need higher levels of care in coordination with camp staff and legal guardians. Those youths would have open cases if they chose to pursue services with the CMHC.

Contractor Initials **RPL**  
Date **05/03/21**

**EXHIBIT C**  
Method of Payment

**Program Fees**

**Training:**

Unit price: \$150 per hour Assumes a maximum of 20 students per training	
15 Senior Level counselor trainings @ 4 hours: 60 hours	\$9,000
15 Junior Level counselor trainings @ 2 hours: 30 hours	\$4,500
Travel: .56 per mile	\$5,821
Materials: \$20 per counselor @ 600	\$12,000
Adapt existing trainings: \$1,200 per center @10	\$12,000
Total	\$43,321

**Functional Support Staff:**

\$866 per day, plus travel 10 staff per center x 10 centers = 100 staff 10 staff x 50 staff days per week @ \$866 x 8 weeks	\$346,400
Travel 20,000 miles @.56 per mile	\$11,200
Total	\$357,600

**High Needs Campers:**

While it is most likely that these campers will become, or are already, clients of their local CMHCs, most of the costs will be covered by Medicaid or the camper's family's commercial provider. For those costs not otherwise covered, the fee schedule will be as follows.

Consultation at \$125 per hour Estimated number of campers: 100 @ 2 hours per consultation	
Travel 2,500 miles @.56	\$1,400
Uninsured camper reimbursement	\$50,000
Total	\$51,400

Contractor Initials **RPL**  
Date **05/03/21**

**EXHIBIT C**  
Continued

**Marketing:**

CBHA will undertake a 2-phase marketing and communications plan in support of the Summer Camps Supports Program.

- Phase I:
  - Audience: Primarily summer camp directors/leadership
  - News Release announcing the CMHC role in the Summer Camps Supports Program
  - Kick Off News release
  - Local CMHC letter to summer camps' mental health supports
  - Updates to CBHA Web site to offer information and navigation for the Summer Camps Supports Program
  - Coordination of Summer Camps Supports Program web site messaging and separate pages informed by the DOE's communications
  - Kickoff news release
  - CBHA will be available to react to news media inquiries about the program and will coordinate with DOE
  - End of summer news release
  
- Phase II: If the uptake in camp participation is low, a second phase outreach program from CBHA will be undertaken:
  - Local CMHC outreach to regional summer camps
  - Validation messaging form participating camps to those not yet enrolled
  - Web site updates
  
- \$140 per hour:
  - Phase 1 30 hours: \$4,200
  - Phase 2 15 hours: \$2,100
  
- Materials: \$2,500
  
- TOTAL \$8,800

**Administration:**

7.5%: \$38,879.00

1. Sub-contracting with CMHCs
  - a. Develop and implement training and staffing agreements
  - b. Develop and implement scheduling of training programs
    - i. Craft camp counselor participation certification reporting process to DOE
2. Training Schedules
  - a. Hosted by local CMHC
  - b. Outreach and counselor registration
3. Functional Supports Staffing
  - a. Develop and implement system for participating camps to connect with local CMHC
    - i. Basic Agreement
  - b. Develop and implement staff assignment and scheduling to local summer camps
  - c. Develop and implement time reporting and billing method.
    - i. CMHC invoicing to CBHA
    - ii. CBHA invoicing to DOE

Contractor initials: RPL  
Date: 05/03/21

**EXHIBIT C**  
**Continued**

4. Reporting:

- a. End of summer/program report from CBHA detailing numbers served and a narrative of the benefits, lessons learned and recommendations for future efforts

**Subtotals:**

Training	\$43,321
Staff	\$357,600
High needs	\$51,400
Marketing	\$8,800
Administration	\$38,879
<b>TOTAL</b>	<b>\$500,000</b>

**Billing Schedule:** Fees for this program will be invoiced by the CBHA monthly to the NHDOE. Payment will be net 30 days.

**Limitation on Price:** Upon mutual agreement between the state contracting officer and the contractor, line items in this budget may be adjusted one to another, but in no case shall the total budget exceed the price limitation of \$500,000.

**Source of Funding:** Funds to support this request are available in the account titled GEER II - CRRSA Act 2021 in FY 21 as follows:

	<b>FY'21</b>
06-56-56-562010-19590000-102-500731 Contract for Program Services	<b>\$500,000</b>

Payment will be subject to funds availability. In the event that funds are not available, NH DOE shall immediately notify CBHA. Invoices and reports shall be submitted to:

Katie Murphy  
Division of Learner Support  
NH DOE  
101 Pleasant Street  
Concord, NH 03301  
Susan.K.Murphy@doe.nh.gov

Contractor Initials: **RPL**  
Date: **05/03/21**

## EXHIBIT D

### Contractor Obligations

Contracts in excess of the simplified acquisition threshold (currently set at \$250,000) must address administrative, contractual, or legal remedies in instances where the contractors violate or breach contract terms, and provide for such sanctions and penalties as appropriate. Reference: 2 C.F.R. § 200.326 and 2 C.F.R. 200, Appendix II, required contract clauses.

The contractor acknowledges that 31 U.S.C. Chap. 38 (Administrative Remedies for False Claims and Statements) applies to the contractor's actions pertaining to this contract.

The Contractor, certifies and affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. § 3801 et seq. apply to this certification and disclosure, if any.

#### Breach

A breach of the contract clauses above may be grounds for termination of the contract, and for debarment as a contractor and subcontractor as provided in 29 C.F.R. § 5.12.

#### Fraud and False Statements

The Contractor understands that, if the project which is the subject of this Contract is financed in whole or in part by federal funds, that if the undersigned, the company that the Contractor represents, or any employee or agent thereof, knowingly makes any false statement, representation, report or claim as to the character, quality, quantity, or cost of material used or to be used, or quantity or quality work performed or to be performed, or makes any false statement or representation of a material fact in any statement, certificate, or report, the Contractor and any company that the Contractor represents may be subject to prosecution under the provision of 18 USC §1001 and §1020.

#### Environmental Protection

(This clause is applicable if this Contract exceeds \$150,000. It applies to Federal-aid contracts only.)

The Contractor is required to comply with all applicable standards, orders or requirements issued under Section 306 of the Clean Air Act (42 U.S.C. 1857 (h)), Section 508 of the Clean Water Act (33 U.S.C. 1368), Executive Order 11738, and Environmental Protection Agency (EPA) regulations (40 CFR Part 15) which prohibit the use under non-exempt Federal contracts, grants or loans of facilities included on the EPA List of Violating Facilities. Violations shall be reported to the FHWA and to the U.S. EPA Assistant Administrator for Enforcement.

#### Procurement of Recovered Materials

In accordance with Section 6002 of the Solid Waste Disposal Act (42 U.S.C. § 6962), State agencies and agencies of a political subdivision of a state that are using appropriated Federal funds for procurement must procure items designated in guidelines of the Environmental Protection Agency (EPA) at 40 CFR 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds \$10,000 or the value of the quantity acquired in the preceding fiscal year exceeded \$10,000; must procure solid waste management services in a manner that maximizes energy and resource recovery; and must have established an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.

Contractor Initials RPL  
Date 05/03/21

Exhibit E

Federal Debarment and Suspension

- a. By signature on this Contract, the Contractor certifies its compliance, and the compliance of its Sub-Contractors, present or future, by stating that any person associated therewith in the capacity of owner, partner, director, officer, principal investor, project director, manager, auditor, or any position of authority involving federal funds:
1. Is not currently under suspension, debarment, voluntary exclusion, or determination of ineligibility by any Federal Agency;
  2. Does not have a proposed debarment pending;
  3. Has not been suspended, debarred, voluntarily excluded or determined ineligible by any Federal Agency within the past three (3) years; and
  4. Has not been indicted, convicted, or had a civil judgment rendered against the firm by a court of competent jurisdiction in any matter involving fraud or official misconduct within the past three (3) years.
- b. Where the Contractor or its Sub-Contractor is unable to certify to the statement in Section a.1. above, the Contractor or its Sub-Contractor shall be declared ineligible to enter into Contract or participate in the project.
- c. Where the Contractor or Sub-Contractor is unable to certify to any of the statements as listed in Sections a.2., a.3., or a.4., above, the Contractor or its Sub-Contractor shall submit a written explanation to the DOE. The certification or explanation shall be considered in connection with the DOE's determination whether to enter into Contract.
- d. The Contractor shall provide immediate written notice to the DOE if, at any time, the Contractor or its Sub-Contractor, learn that its Debarment and Suspension certification has become erroneous by reason of changed circumstances.

Contractor Initials RPL  
Date 05/03/21

Exhibit F

Anti-Lobbying

The Contractor agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, execute the following Certification:

The Contractor certifies, by signing and submitting this contract, to the best of his/her knowledge and belief, that:

- a. No federal appropriated funds have been paid or shall be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence any officer or employee of any State or Federal Agency, a Member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any Federal contract, the making of any federal grant, the making of any federal loan, the entering into any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- b. If any funds other than federally appropriated funds have been paid or shall be paid to any person for influencing or attempting to influence an officer or employee of any Federal Agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit the "Disclosure of Lobbying Activities" form in accordance with its instructions (<http://www.whitehouse.gov/omb/grants/ffillm.pdf>).
- c. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making and entering into this transaction imposed by Section 1352, Title 31 and U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.
- d. The Contractor also agrees, by signing this contract that it shall require that the language of this certification be included in subcontracts with all Sub-Contractor(s) and lower-tier Sub-Contractors which exceed \$100,000 and that all such Sub-Contractors and lower-tier Sub-Contractors shall certify and disclose accordingly.
- e. The DOE shall keep the firm's certification on file as part of its original contract. The Contractor shall keep individual certifications from all Sub-Contractors and lower-tier Sub-Contractors on file. Certification shall be retained for three (3) years following completion and acceptance of any given project.

Contractor Initials: RPL  
Date: 05/03/21

## Exhibit G

### Rights to Inventions Made Under a Contract, Copy Rights and Confidentiality

#### Rights to Inventions Made Under a Contract or Agreement

Contracts or agreements for the performance of experimental, developmental, or research work shall provide for the rights of the Federal Government and the recipient in any resulting invention in accordance with 37 CFR part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements," and any implementing regulations issued by the DOE.

Any discovery or invention that arises during the course of the contract shall be reported to the DOE. The Contractor is required to disclose inventions promptly to the contracting officer (within 2 months) after the inventor discloses it in writing to contractor personnel responsible for patent matters. The awarding agency shall determine how rights in the invention/discovery shall be allocated consistent with "Government Patent Policy" and Title 37 C.F.R. § 401.

#### Confidentiality

All written and oral information and materials disclosed or provided by the DOE under this agreement constitutes Confidential Information, regardless of whether such information was provided before or after the date on this agreement or how it was provided.

The Contractor and representatives thereof, acknowledge that by making use of, acquiring or adding to information about matters and data related to this agreement, which are confidential to the DOE and its partners, must remain the exclusive property of the DOE.

Confidential information means all data and information related to the business and operation of the DOE, including but not limited to all school and student data contained in NH Title XV, Education, Chapters 186:200.

Confidential information includes but is not limited to, student and school district data, revenue and cost information, the source code for computer software and hardware products owned in part or in whole by the DOE, financial information, partner information (including the identity of DOE partners), Contractor and supplier information, (including the identity of DOE Contractors and suppliers), and any information that has been marked "confidential" or "proprietary", or with the like designation. During the term of this contract the Contractor agrees to abide by such rules as may be adopted from time to time by the DOE to maintain the security of all confidential information. The Contractor further agrees that it will always regard and preserve as confidential information/data received during the performance of this contract. The Contractor will not use, copy, make notes, or use excerpts of any confidential information, nor will it give, disclose, provide access to, or otherwise make available any confidential information to any person not employed or contracted by the DOE or subcontracted with the Contractor.

#### Ownership of Intellectual Property

The DOE shall retain ownership of all source data and other intellectual property of the DOE provided to the Contractor in order to complete the services of this agreement. As well the DOE will retain copyright ownership for any and all materials, patents and intellectual property produced, including, but not limited to, brochures, resource directories, protocols, guidelines, posters, or reports. The Contractor shall not reproduce any materials for purposes other than use for the terms under the contract without prior written approval from the DOE.

Contractor #11101 RPL  
Date: 05/03/21



**State of New Hampshire**  
**Department of State**

**CERTIFICATE**

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on January 24, 2003. 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: 427021

Certificate Number: 0004958720



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 14th day of July A.D. 2020.

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner  
Secretary of State

**CERTIFICATE OF VOTE**  
(Corporation without a Seal)

I, Brian Collins do hereby certify that:  
(Name of the Clerk of the Corporation, cannot be signatory)

(1) I am the duly elected clerk of NH Community Behavioral Health Association  
(Corporation Name)

(2) The following are true copies of the resolutions duly adopted at a meeting of the Board of Directors of the Corporation duly held on April 21, 2021  
(date)

RESOLVED: That this Corporation enter into a contract with the State of New Hampshire, acting through its Department of Education.

RESOLVED: That Roland P. Lamy Executive Director  
(Name of Contract Signatory) (Title of Contract Signatory)

is hereby authorized on behalf of this Agency to enter into the said contract with the State and to execute and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate.

(3) The foregoing resolution(s) have not been amended or revoked, and remain in full force and effect as of the 30th day of September, 2021.  
(day, month, yr) (must be same date as the contract date)

(4) Roland P. Lamy is the duly elected Executive Director of the corporation.  
(name of contract signatory) (title of contract signatory)

IN WITNESS WHEREOF, I have hereunto set my hand as the Business Representative of the Corporation this 4th day of May, 2021.

Brian Collins  
(Signature of Clerk of Corporation)

STATE OF NEW HAMPSHIRE  
COUNTY OF Merrimack

On May 4, 2021, the foregoing instrument was acknowledged before me

In witness whereof I hereunto set my hand and official seal.

Erin K. Meagher  
N/A COVID U

My commission expires on:

**ERIN K. MEAGHER**  
Notary Public, State of New Hampshire  
My Commission Expires May 16, 2021

Notary Public/Justice of the Peace

Client#: 1485395

MENTAHEA29

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/24/2021

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 any rights to the certificate holder in lieu of such endorsement(s).


<b>PRODUCER</b> USI Insurance Services LLC 3 Executive Park Drive, Suite 300 Bedford, NH 03110 603 874-0123	<b>CONTACT</b> NAME: [REDACTED] PHONE: 603 874-0123 FAX: [REDACTED] EMAIL: [REDACTED]
<b>INSURED</b> The Mental Health Center for Southern NH DBA CLM Center for Life Management 10 Taleneto Rd Derry, NH 03038	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Philadelphia Indemnity Insurance Co. <b>NAIC # 18058</b> INSURER B: Granite State Healthcare & Health Care WC <b>NONAIC</b> INSURER C: 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.

TYPE OF INSURANCE	APPLICABLE PERIOD	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
<b>A COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIM-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PER. SECT. <input type="checkbox"/> LOC. OTHER:		[REDACTED]	10/01/2020	10/01/2021	EACH OCCURRENCE \$1,000,000 DAMAGES RENTED (EXCLUDED) \$250,000 MED EXP (Per person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000
<b>A AUTOS &amp; BOAT LIABILITY</b> <input checked="" type="checkbox"/> AVE. AUTO <input type="checkbox"/> OTHER AUTO <input checked="" type="checkbox"/> TRUCKS ONLY <input checked="" type="checkbox"/> BOAT ONLY <input type="checkbox"/> SCHEDULED AUTO <input checked="" type="checkbox"/> NON-SCHEDULED AUTO ONLY		[REDACTED]	10/01/2020	10/01/2021	COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per person) \$
<b>A UMBRELLA LIAB</b> <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIM-MADE <input checked="" type="checkbox"/> PER. SECT. \$1,000,000		[REDACTED]	10/01/2020	10/01/2021	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000
<b>B WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b> ANY POLICY EXCEPTS EXECUTIVE OFFICERS/BOARD MEMBERS EXCLUDED? Distribution: In NH: [ ] In other States: [ ] DESCRIPTION OF OPERATIONS WITH:		[REDACTED]	10/01/2020	02/01/2021	<input checked="" type="checkbox"/> PER. SECT. \$1,000,000 EL EACH ACCIDENT \$500,000 EL DISEASE - EA EMPLOYE \$500,000 EL DISEASE - POLICY LIMIT \$500,000
<b>A Professional Liab</b>		[REDACTED]	10/01/2020	10/01/2021	\$1,000,000 \$3,000,000

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

<b>CERTIFICATE HOLDER</b> State of NH Dept. of Education 101 Pleasant St Concord, NH 03301	<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)  
01/29/2021

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> PLANCross Insurance 1100 Elm Street Manchester NH 03101	AGENT: Heather Prescott, AINS, CPCU PHONE: (603) 669-3218 FAX: (603) 643-4321 EMAIL: hprescott@crossagency.com WEBSITE: www.crossagency.com
<b>INSURED</b> Behavioral Health & Developmental Services of Stratford County Inc. DBA: Community Partners 113 Crosby Road, Ste 1 Dover NH 03820	POLICY TYPE: <u>Professional Liability</u> INSURER A: Philadelphia Indemnity Ins Co INSURER B: Granite State Health Care and Human Services SIO INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES: CERTIFICATE NUMBER: 20-21 W21-22 WC 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.

TYPE	DESCRIPTION	POLICY PERIOD	EXPIRES	COVERAGE	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO. <input checked="" type="checkbox"/> OCC <input checked="" type="checkbox"/> OTHER: Professional Liability	11/01/2020	11/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTALS \$ 1,000,000 MEDICAL (Pw/accident) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPROP AGG \$ 3,000,000 PROFESSIONAL LIABILITY \$ 1,000,000 BODILY INJURY (Pw/accident) \$ 1,000,000 BODILY INJURY (Pw/accident) \$	
A	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	11/01/2020	11/01/2021	BODILY INJURY (Pw/accident) \$ BODILY INJURY (Pw/accident) \$ PROPERTY DAMAGE (Pw/accident) \$	
A	<input checked="" type="checkbox"/> GREYHOUND LMS <input type="checkbox"/> EXCESS LMS <input checked="" type="checkbox"/> RETENTION: 10,000 <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	11/01/2020	11/01/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000	
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS LIABILITY <input type="checkbox"/> ANY FUTURE COMPENSATION EXCLUSIVE OFFICERS/DIRECTORS EXCLUDED <input type="checkbox"/> If yes, describe under (DESCRIPTION OF OPERATIONS) below	02/01/2021	02/01/2022	<input checked="" type="checkbox"/> PERMANENT TOTAL DISABILITY <input type="checkbox"/> LTD \$L EACH ACCIDENT \$ 1,000,000 \$L DISEASE - SA EMPLOYEES \$ 1,000,000 \$L DISEASE - POLICY LIMIT \$ 1,000,000	
A	Directors & Officers Liability	11/01/2020	11/01/2021	Limit of Insurance \$ 5,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Refer to policy for exclusions, endorsements and special provisions.

<b>CERTIFICATE HOLDER</b> Community Partners 113 Crosby Road Suite 1 Dover NH 03820	<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>Michael Gossier</i>
---	--

Client#: 1010326

NORTHHAM

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/16/2021

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 any rights to the certificate holder. In Deu of such endorsement(s).

PRODUCER USI Insurance Services LLC 3 Executive Park Drive, Suite 300 Bedford, NH 03110 655 874-0123	AGENT Christine Skohan 655 874-0123 Christine.Skohan@usist.com	INSURER(S) PROVIDING COVERAGE INSURER A: Philadelphia Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 32204
INSURED Northern Human Services, Inc. 87 Washington Street Conway, NH 03818-6044			

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.

TYPE OF INSURANCE	AGREEMENT	POLICY NUMBER	POLICY BY (MM/DD/YYYY)	POLICY UP TO (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN. AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			03/31/2021	03/31/2022	EACH OCCURRENCE \$1,000,000 DAMAGES TO RENTED PREMISES (Per occurrence) \$100,000 MED EXP. (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMMOD. \$3,000,000
<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OTHER AUTOS ONLY <input type="checkbox"/> HYBRID AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-SCHEDULED AUTOS ONLY			03/31/2021	03/31/2022	COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per person) \$1 BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> UMBRELLA LIME <input type="checkbox"/> EXCESS LIME <input checked="" type="checkbox"/> RETENTION \$10000 <input type="checkbox"/> CLAIMS-MADE			03/31/2021	03/31/2022	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000
WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPERTY OR PARTS THEREOF OR EQUIPMENT OR VEHICLES OR OPERATIONS OR VESSELS (Necessity to file if you operate under DE REGISTRATION OF OPERATIONS STATE)	N/A				PER ACCIDENT \$2M \$ L EACH ACCIDENT \$ \$L DISEASE - EA EMPLOYEE \$ \$L DISEASE - POLICY LIMIT \$
<input type="checkbox"/> HealthCare Prof <input type="checkbox"/> Physician Prof <input type="checkbox"/> Crime			03/31/2021	03/31/2022	1,000,000/3,000,000 1,000,000/3,000,000 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 991, Additional Remarks Schedule, may be attached if more space is required)  
 Allied Health staff share in the limits of the Entity.  
 Physicians have their own separate \$1M/\$3M limits of insurance, and do not share in the entity limits of insurance.  
 Evidence of Insurance

CERTIFICATE HOLDER NH Dept of Education Vocational Rehabilitation 21 S. Fruit St., Suite 20 Concord, NH 03301	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 <i>See Attached</i>
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Client#: 1010838

NORTHNUM

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/18/2021

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 any rights to the certificate holder in lieu of such endorsement(s).


<b>PRODUCER</b> USI Insurance Services LLC 3 Executive Park Drive, Suite 300 Bedford, NH 03110 603 874-0123	<b>CONTACT NAME:</b> Christine Skohan <b>PHONE No.:</b> 603 874-0123 <b>EMAIL:</b> Christine.Skohan@usi.com
	<b>INSURED AFFORDING COVERAGE</b> <b>INSURER A:</b> NH Employers Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>REVISED:</b>
<b>INSURED</b> Northern Human Services, Inc. 67 Washington Street Conway, NH 03818-6044	

**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.

TYPE OF INSURANCE	ADDRESS (N/A, N/A)	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  <b>GEN'L AGGREGATE LIMIT APPLIES PER:</b> <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Per occurrence) \$ MED EXP (Per person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIREN/AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> GEN <input type="checkbox"/> RESTRICTION P					EACH OCCURRENCE \$ AGGREGATE \$ \$
<b>A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> (Mandatory in NH) If yes, describe worker DESCRIPTION OF OPERATIONS HERE	YLR <input checked="" type="checkbox"/> M <input type="checkbox"/> N/A		09/30/2020	09/30/2021	(Per statute)    (Per contract) E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Accident Response Schedule, may be attached if more space is required)  
 Evidence of Insurance  
 Evidence of Insurance

<b>CERTIFICATE HOLDER</b> NH Dept of Education Vocational Rehabilitation 21 S. Fruit St., Suite 20 Concord, NH 03301	<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.  <b>AUTHORIZED REPRESENTATIVE</b> 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/26/2021

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. (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 Eaton & Berube Insurance Agency, LLC 11 Concord St Nashua NH 03064	CONTACT SALES Cathy Beiswenger PHONE: 603-882-2700 FAX: 603-885-4230 EMAIL: mberube@eatonberube.com
INSURED The Community Council of Nashua NH inc 100 West Pearl St Nashua NH 03060	INSURER A: Scottdale Insurance Co INSURER B: Concord Group Inc INSURER C: The Lawren Group INSURER D: INSURER E: INSURER F:

COVERAGES: CERTIFICATE NUMBER: 657334677 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.

PER TYPE	TYPE OF INSURANCE	DESCRIPTION	POLICY PERIODS	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. ACCT <input type="checkbox"/> LOC  OTHER:		1/1/2020 - 1/1/2021	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (if applicable) \$ 200,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,500,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP ADD \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> RATED AUTOS ONLY <input type="checkbox"/> UNOWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY		1/1/2020 - 1/1/2021	COMBINED SINGLE LIMIT (if required) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per person) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LMB <input type="checkbox"/> EXCESS LMB <input checked="" type="checkbox"/> RETENTION \$ 0.00  <input checked="" type="checkbox"/> CLAIMS-MADE		1/1/2020 - 1/1/2021	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
C	EMPLOYER'S COMPENSATION AND EMPLOYERS LIABILITY APPROPRIATE FOR PART-TIME EXECUTIVE OFFICERS/EMPLOYEES EXCLUDED? (Employer in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N N/A	1/1/2021 - 1/1/2022	PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - FA EMPLOYEES \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability Class Code: 11/12/1988		11/12/2020 - 1/1/2021	Each Claim Aggregate \$5,000,000 \$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Report Schedule, may be attached if more space is required)  
 Workers Compensation covers: NH; no excluded officers.  
 NH DHHS is listed as additional insured per written contract.

CERTIFICATE HOLDER  NH DHHS 129 Pleasant Street Concord NH 03301	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 <i>Maria R. Beiswenger</i>
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Client#: 136444

RIVERCOM12

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/19/2021

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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> USI Insurance Services LLC 3 Executive Park Drive, Suite 300 Bedford, NH 03110 855 874-0123	<b>CONTACT</b> Name: [REDACTED] Phone: 855 874-0123 Email: [REDACTED]
	<b>INSURER APPROVED COVERAGE</b> INSURER A: Philadelphia Indemnity Insurance Co.      CLASS # 18058 INSURER B: Granite State Healthcare & Human Svcs WC      NONAC INSURER C: 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.

TYPE OF INSURANCE	COVERAGE	POLICY PERIOD	EXPIRES	LIMITS
<b>A COMMERCIAL GENERAL LIABILITY</b> <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN. AGGREGATE LIMIT APPLIED PER: <input type="checkbox"/> POLICY <input type="checkbox"/> AGG <input checked="" type="checkbox"/> LOC TYPE:	[REDACTED]	10/01/2020	10/01/2021	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PROPERTY (Per occurrence) \$100,000 MED EXP (Per one person) \$5,000 PERSONAL & ADV PLARY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS / COMPOP AGG \$3,000,000
<b>A AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTO ONLY <input checked="" type="checkbox"/> NON-OWNED AUTO ONLY <input type="checkbox"/> HOV <input type="checkbox"/> SCHEDULED AUTO <input checked="" type="checkbox"/> NON-SCHEDULED AUTO ONLY	[REDACTED]	10/01/2020	10/01/2021	COLLISIONS SINGLE LIMIT (Per accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<b>A EXCESS LIABILITY</b> <input checked="" type="checkbox"/> EXCESS LIMIT <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAMS-MADE	[REDACTED]	10/01/2020	10/01/2021	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000
<b>B WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b> ANY EMPLOYERS LIABILITY COVERAGE UNDER SECTION 100 (Minimum of 100) If you should wish A LISTING OF OPERATIONS, VISIT	[REDACTED]	02/01/2021	02/01/2022	<input checked="" type="checkbox"/> REA <input type="checkbox"/> EA \$1 EACH ACCIDENT \$1,000,000 \$1 DISEASE (EA EMPLOYEE) \$1,000,000 \$1 DISEASE (POLICY LIMIT) \$1,000,000
<b>A Professional Liability</b>	[REDACTED]	10/01/2020	10/01/2021	\$1,000,000 Ea. Incident \$3,000,000 Aggregate

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

<b>CERTIFICATE HOLDER</b>  NH DOE 101 Pleasant Street Concord, NH 03301	<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>[Signature]</i>
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/24/2021

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 state seal on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Cross Insurance-Lacoste 153 Court Street Lacoste NH 03246	<b>CONTACT PERSON</b> Sarah Cullen, AINS, ACER PHONE: (603) 824-3425 FAX: (603) 824-3698 EMAIL: scullen@crossagency.com
<b>INSURED</b> The Lakes Region Mental Health Center, Inc. 40 Bascom Street East Lacoste NH 03246	<b>INSURER(S) PROVIDING COVERAGE</b> INSURER A: ACE American Insurance Company INSURER B: ACE Property & Casualty Ins Co INSURER C: New Hampshire Employers Ins Co INSURER D: INSURER E:

COVERAGES: CERTIFICATE NUMBER: CL212140334 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.

TYPE	TYPE OF INSURANCE	BOOKING NO. (100)	POLICY NUMBER	POLICY PERIOD (MM/DD/YYYY)	POLICY PERIOD (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> CONCURRENT, GENERAL LIABILITY <input type="checkbox"/> CLAIM-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-ROOT <input type="checkbox"/> LOC OTHER:			06/08/2020	06/08/2021	EACH OCCURRENCE: \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence): \$ 250,000 MED EXP (Per person): \$ 25,000 PERSONAL AND ADJ. LIABILITY: \$ 1,000,000 GENERAL ACCIDENTS: \$ 3,000,000 PRODUCTS - Completed Adg.: \$ 3,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			06/25/2020	06/25/2021	COMBINED SINGLE LIMIT (Per auto): \$ 2,000,000 BODILY INJURY (Per person): \$ BODILY INJURY (Per accident): \$ PROPERTY DAMAGE (Per accident): \$ Medical payments: \$ 1,000
B	<input checked="" type="checkbox"/> UMBRELLA LMB <input type="checkbox"/> EXCESS LMB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIM-MADE DEF. <input type="checkbox"/> RESTRICTION B			06/08/2020	06/08/2021	EACH OCCURRENCE: \$ 4,000,000 AGGREGATE: \$ 4,000,000
C	NON-OWNED COMPOSITION AND EMPLOYER LIABILITY <input checked="" type="checkbox"/> ANY PROPRIETOR/ARTISAN/EXECUTIVE <input type="checkbox"/> OTHER (Specify under DEFINITION OF OPERATIONS)	T/R N	N/A	08/28/2020	08/28/2021	<input checked="" type="checkbox"/> PER OCCURRENCE <input type="checkbox"/> PER YEAR EL EACH ACCIDENT: \$ 1,000,000 EL DISEASE - EA EMPLOYEE: \$ 1,000,000 EL DISEASE - POLICY LIMIT: \$ 1,000,000
A	Professional Liability			06/28/2020	06/28/2021	Each Incident: \$6,000,000 Aggregate Limit: \$7,000,000

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

<b>CERTIFICATE HOLDER</b> Department of Education 101 Pleasant Street Concord NH 03301	<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>Sarah Cullen</i>
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/28/2021

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> Fred C Church Insurance 41 Weisman Street Lowell MA 01851	<b>CONTACT</b> NAME: PHONE (INC. NO. EXT.): 978-454-1805 FAX (INC. NO.): 978-454-1805 EMAIL: mcorio@fredchurch.com ADDRESS:
<b>INSURED</b> Seacoast Mental Health Center Inc 1145 Seagore Avenue Portsmouth NH 03801	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Philadelphia Indemnity Insurance Company INSURER B: Granite State HC & HS Trust INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES      CERTIFICATE NUMBER: 837325803      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, PROVISIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	ABOLISHED	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY (A) BODILY INJURY AND PROPERTY DAMAGE (B) PERSONAL AND ADVERTISING INJURY (C) PRODUCTS AND COMPLETED OPERATIONS (D) FIRE (E) AUTOMOBILE LIABILITY (F) AIRCRAFT LIABILITY (G) MARINE LIABILITY (H) POLLUTION (I) MEDICAL MALPRACTICE (J) PROFESSIONAL SERVICES (K) DIRECTORS AND OFFICERS LIABILITY (L) FIDELITY AND BONDING (M) CONTRACTORS POLLUTION LIABILITY (N) CYBER LIABILITY (O) OTHER			2/1/2021	2/1/2022	(A) BODILY INJURY AND PROPERTY DAMAGE: \$1,000,000 (B) PERSONAL AND ADVERTISING INJURY: \$1,000,000 (C) PRODUCTS AND COMPLETED OPERATIONS: \$1,000,000 (D) FIRE: \$3,000,000 (E) AUTOMOBILE LIABILITY: \$1,000,000 (F) AIRCRAFT LIABILITY: \$1,000,000 (G) MARINE LIABILITY: \$1,000,000 (H) POLLUTION: \$3,000,000 (I) MEDICAL MALPRACTICE: \$1,000,000 (J) PROFESSIONAL SERVICES: \$1,000,000 (K) DIRECTORS AND OFFICERS LIABILITY: \$1,000,000 (L) FIDELITY AND BONDING: \$1,000,000 (M) CONTRACTORS POLLUTION LIABILITY: \$1,000,000 (N) CYBER LIABILITY: \$1,000,000 (O) OTHER: Per Occurrence / Annual Aggregate
<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY (A) BODILY INJURY AND PROPERTY DAMAGE (B) PERSONAL AND ADVERTISING INJURY (C) PRODUCTS AND COMPLETED OPERATIONS (D) FIRE (E) AUTOMOBILE LIABILITY (F) AIRCRAFT LIABILITY (G) MARINE LIABILITY (H) POLLUTION (I) MEDICAL MALPRACTICE (J) PROFESSIONAL SERVICES (K) DIRECTORS AND OFFICERS LIABILITY (L) FIDELITY AND BONDING (M) CONTRACTORS POLLUTION LIABILITY (N) CYBER LIABILITY (O) OTHER			2/1/2021	2/1/2022	(A) BODILY INJURY AND PROPERTY DAMAGE: \$1,000,000 (B) PERSONAL AND ADVERTISING INJURY: \$1,000,000 (C) PRODUCTS AND COMPLETED OPERATIONS: \$1,000,000 (D) FIRE: \$3,000,000 (E) AUTOMOBILE LIABILITY: \$1,000,000 (F) AIRCRAFT LIABILITY: \$1,000,000 (G) MARINE LIABILITY: \$1,000,000 (H) POLLUTION: \$3,000,000 (I) MEDICAL MALPRACTICE: \$1,000,000 (J) PROFESSIONAL SERVICES: \$1,000,000 (K) DIRECTORS AND OFFICERS LIABILITY: \$1,000,000 (L) FIDELITY AND BONDING: \$1,000,000 (M) CONTRACTORS POLLUTION LIABILITY: \$1,000,000 (N) CYBER LIABILITY: \$1,000,000 (O) OTHER: Per Occurrence / Annual Aggregate
<input checked="" type="checkbox"/> UMBRELLA LIABILITY (A) BODILY INJURY AND PROPERTY DAMAGE (B) PERSONAL AND ADVERTISING INJURY (C) PRODUCTS AND COMPLETED OPERATIONS (D) FIRE (E) AUTOMOBILE LIABILITY (F) AIRCRAFT LIABILITY (G) MARINE LIABILITY (H) POLLUTION (I) MEDICAL MALPRACTICE (J) PROFESSIONAL SERVICES (K) DIRECTORS AND OFFICERS LIABILITY (L) FIDELITY AND BONDING (M) CONTRACTORS POLLUTION LIABILITY (N) CYBER LIABILITY (O) OTHER			2/1/2021	2/1/2022	(A) BODILY INJURY AND PROPERTY DAMAGE: \$3,000,000 (B) PERSONAL AND ADVERTISING INJURY: \$3,000,000 (C) PRODUCTS AND COMPLETED OPERATIONS: \$3,000,000 (D) FIRE: \$3,000,000 (E) AUTOMOBILE LIABILITY: \$1,000,000 (F) AIRCRAFT LIABILITY: \$1,000,000 (G) MARINE LIABILITY: \$1,000,000 (H) POLLUTION: \$3,000,000 (I) MEDICAL MALPRACTICE: \$1,000,000 (J) PROFESSIONAL SERVICES: \$1,000,000 (K) DIRECTORS AND OFFICERS LIABILITY: \$1,000,000 (L) FIDELITY AND BONDING: \$1,000,000 (M) CONTRACTORS POLLUTION LIABILITY: \$1,000,000 (N) CYBER LIABILITY: \$1,000,000 (O) OTHER: Per Occurrence / Annual Aggregate
<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS LIABILITY (A) BODILY INJURY AND PROPERTY DAMAGE (B) PERSONAL AND ADVERTISING INJURY (C) PRODUCTS AND COMPLETED OPERATIONS (D) FIRE (E) AUTOMOBILE LIABILITY (F) AIRCRAFT LIABILITY (G) MARINE LIABILITY (H) POLLUTION (I) MEDICAL MALPRACTICE (J) PROFESSIONAL SERVICES (K) DIRECTORS AND OFFICERS LIABILITY (L) FIDELITY AND BONDING (M) CONTRACTORS POLLUTION LIABILITY (N) CYBER LIABILITY (O) OTHER			2/1/2021	2/1/2022	(A) BODILY INJURY AND PROPERTY DAMAGE: \$1,000,000 (B) PERSONAL AND ADVERTISING INJURY: \$1,000,000 (C) PRODUCTS AND COMPLETED OPERATIONS: \$1,000,000 (D) FIRE: \$3,000,000 (E) AUTOMOBILE LIABILITY: \$1,000,000 (F) AIRCRAFT LIABILITY: \$1,000,000 (G) MARINE LIABILITY: \$1,000,000 (H) POLLUTION: \$3,000,000 (I) MEDICAL MALPRACTICE: \$1,000,000 (J) PROFESSIONAL SERVICES: \$1,000,000 (K) DIRECTORS AND OFFICERS LIABILITY: \$1,000,000 (L) FIDELITY AND BONDING: \$1,000,000 (M) CONTRACTORS POLLUTION LIABILITY: \$1,000,000 (N) CYBER LIABILITY: \$1,000,000 (O) OTHER: Per Occurrence / Annual Aggregate

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

<b>CERTIFICATE HOLDER</b>  Seacoast Mental Health Center Inc 1145 Seagore Avenue Portsmouth NH 03801-5503	<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 REISSUED  
01/23/2021

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 endorsements.

PRODUCER CCI Business Insurance 5 Dartmouth Drive Ashburn VA 20103	CONTACT PERSON Neil Davis PHONE: (800) 841-4800 FAX: (908) 674-3443 EMAIL: TDavis@CCIBusinessInsurance.com
INSURED The Mental Health Center of Greater Manchester, Inc. 401 Cypress Street Manchester NH 03103-0828	INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Insurance INSURER B: Philadelphia Indemnity INSURER C: A.L.M. Mutual INSURER D: INSURER E: INSURER F:

COVERAGES      CERTIFICATE NUMBER: 71-22-MNH      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 END CLAUSE.

TYPE OR CLASS	TYPE OF INSURANCE	INSURER	POLICY NUMBER	POLICY EFF. DATE (MM/YY)	POLICY EXP. DATE (MM/YY)	LIMITS
A	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PROFESSIONAL LIABILITY-EM Agg <input type="checkbox"/> POLICY <input type="checkbox"/> AGGREGATE <input type="checkbox"/> LOSS APPLICABLE <input type="checkbox"/> LEO <input type="checkbox"/> OTHER			04/01/2021	04/01/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES, EQUIPMENT \$ 1,000,000 \$ 100,000 MED EXP (Any and person) \$ 6,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMING AND GOING \$ 1,000,000 Sexual/Physical Abuse of Children/Adults ONLY (No Exclusion) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per Occurrence) \$ Fidelity/Depository Liability \$ 1,000,000
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED <input checked="" type="checkbox"/> RENTED <input checked="" type="checkbox"/> AUTOB ONLY <input checked="" type="checkbox"/> SCHEDULED <input checked="" type="checkbox"/> AUTOB <input checked="" type="checkbox"/> NON-OWNED <input checked="" type="checkbox"/> AUTOB ONLY			04/01/2021	04/01/2022	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per Occurrence) \$ Fidelity/Depository Liability \$ 1,000,000
B	<input checked="" type="checkbox"/> UMBRELLA LMB <input type="checkbox"/> EXCESS LMB <input type="checkbox"/> RETENTION: \$ 10,000			04/01/2021	04/01/2022	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
	<input checked="" type="checkbox"/> EMPLOYERS COMPENSATION <input checked="" type="checkbox"/> AND EMPLOYERS LIABILITY <input type="checkbox"/> ANY EMPLOYER/EMPLOYEE <input type="checkbox"/> EXCLUSIVE <input type="checkbox"/> NON-EXCLUSIVE <input type="checkbox"/> V.I.R. <input checked="" type="checkbox"/> N <input type="checkbox"/> W/A			08/12/2020	08/12/2021	<input checked="" type="checkbox"/> EM <input type="checkbox"/> EM \$ 500,000 \$ 500,000 \$ 500,000 \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 99, Additional Remarks Schedule, may be attached if more space is required)  
Workers Camp SA Sites: NH, MA & VT  
Supplemental Names: Manchester Mental Health Foundation, Inc., Manchester Mental Health Realty, Inc, Manchester Mental Health Services, Inc, Manchester Mental Health Ventures, Inc.  
The Certificate is issued for insured operations usual to Mental Health Services.

CERTIFICATE HOLDER The Mental Health Center of Greater Manchester 401 Cypress Street Manchester NH 03103	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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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/22/20

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> MARSH USA, INC. 88 HIGH STREET BOSTON, MA 02110 Alt: Boston.cer@usmact@marsh.com	<b>CONTACT</b> NAME: _____ PHONE: _____ FAX: _____ E-MAIL: _____ ADDRESS: _____
<b>ORIG</b> 010443-000-20-21 <b>INSURED</b> West Coast Services, Inc One West Central Behavioral Health 9 Haverer Street, Suite 2 Lebanon, NH 03788	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Capital Specialty Insurance Corporation 10028 INSURER B: Capital Industry Corp. 10472 INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____

**COVERAGES**      **CERTIFICATE NUMBER:** NYC-01072228-01      **REVISION NUMBER:** 2

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.

USER	TYPE OF INSURANCE	ADDENDUM	POLICY NUMBER	POLICY PERIOD (MM/DD/YYYY)	POLICY PERIOD (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"/> PRO-ACC <input type="checkbox"/> LDC OTHER: _____		[REDACTED]	11/01/2020	11/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 1,000,000 MED EXP (per one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPOP AGG \$ 3,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY		[REDACTED]	11/01/2020	11/01/2021	COMBINED SINGLE LIMIT (All accidents) \$ 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 checked="" type="checkbox"/> CLAIMS-MADE PER: _____ RETENTION: _____		[REDACTED]	11/01/2020	11/01/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 3,000,000
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR PARTNER OR EXECUTIVE OFFICERS WHEN EXCLUDED? (Specify in the Description of Operations below) V.I.N. <input checked="" type="checkbox"/> R. <input type="checkbox"/> N/A		[REDACTED]			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-PR E.L. EACH ACCIDENT \$ _____ E.L. DISEASE - EA EMPLOYEE \$ _____ E.L. DISEASE - POLICY LIMIT \$ _____
A	<input checked="" type="checkbox"/> Medical Professional Liability - Claims Made		[REDACTED]	11/01/2020	11/01/2021	Each Occ: 1,000,000 Aggregate: 3,000,000

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

<b>CERTIFICATE HOLDER</b> West Coast Services, Inc One West Central Behavioral Health 9 Haverer St, Suite 2 Lebanon, NH 03788	<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 of Marsh USA Inc. Marneshi Mithrajee <i>Marneshi Mithrajee</i>
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