



# State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES

25 Capitol Street – Room 100  
Concord, New Hampshire 03301  
(603) 271-3201 | [Office@das.nh.gov](mailto:Office@das.nh.gov)

Charles M. Arlinghaus  
Commissioner

Catherine A. Keane  
Deputy Commissioner

Sheri L. Rockburn  
Assistant Commissioner

June 23, 2023

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

## REQUESTED ACTION

- 1) Authorize the Division of Public Works Design and Construction to enter into a contract with Loureiro Building Construction, LLC (VC#457236) Plainville, Connecticut, for a total price not to exceed \$335,895.92 for Grounds Garage and Dolloff Fire Suppression Improvements, Concord, New Hampshire, Public Works project #81233 Contract E. This contract is effective upon Governor and Council approval through October 31, 2023, unless extended in accordance with the contract terms. **100% Capital Funds.**
- 2) Further authorize that a contingency in the amount of \$15,000 be approved for unanticipated expenses for the Grounds Garage and Dolloff Fire Suppression Improvements, bringing the total to \$350,895.92. **100% Capital Funds.**
- 3) Further authorize the amount of \$8,000 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC#311152), for engineering services provided, bringing the total to \$358,895.92. **100% Capital Funds.**

Funding is available in account titled Facilities Asset Management, as follows:

	<u>FY 2024</u>
01-14-14-149030-92710000 L21:11B1-Life Safety Upgrades	
034-500162 – Repair/Renovation Buildings - New Construction	\$ 335,895.92
034-500162 – Repair/Renovation Buildings - Contingency	\$ 15,000.00
034-500162 – Repair/Renovation Buildings - DPW Fees	<u>\$ 8,000.00</u>
<b>Grand Total</b>	<b>\$ 358,895.92</b>

### EXPLANATION

Pursuant to Chapter 107:1, 1, B, 1, Laws of 2021, funds are made available for the purpose of making life safety upgrades to the Grounds Garage, Thayer, Brown, and Dolloff Buildings at the Governor Hugh J. Gallen State Office Park. This contract addresses life safety upgrades at the Grounds Garage and Dolloff Building. A new fire alarm and sprinkler system will be installed in the Grounds Garage; the sprinkler supply line and riser will be repaired and relocated at the Dolloff Building.

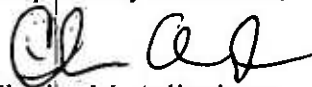
The Grounds Garage does not currently have a fire alarm or sprinkler system. Expensive grounds maintenance equipment is located within this building and needs to be protected. The Dolloff Building main fire sprinkler supply line is too close to the ground surface outside the building, causing it to freeze during the winter seasons. It is also located underneath the building and enters the building through the floor slab. The supply line needs to be lowered and rerouted to enter the building from outside the building footprint (the current supply line runs underneath the building and comes up through the floor. The riser connection is rusted and is about to break and cannot be easily replaced in the same location. Nor can the existing supply line be repaired; it has to be rerouted so it is easier to access. The portion that freezes is just outside the building to the west where it runs over the top of a granite culvert for Bow Brook.) so that it can be maintained and prevent freezing. The riser connection to the supply line is currently rusted and in a location that is remote from the exterior of the building. The riser needs to be repaired and relocated to connect to the new supply line.

A public bid opening was held on March 15, 2023. One bid proposal was received and the contract was awarded to the lowest qualified bidder. The bid was 22% over the Department estimate. The estimate was missing the riser relocation for Dolloff Building. Also, the costs for site work were greater than anticipated, due to unknown conditions related to crossing the abandoned granite culvert (now filled with flowable fill) that used to carry Bow Brook. The cost and availability of ductile iron piping also negatively impacted bids.

Department Estimate: \$261,988  
Contract Amount: \$335,896  
Over Estimate: \$ 73,908

The agreement has been approved by the Attorney General as to form and execution; and the Department of Administrative Services has certified that the necessary funds are available. Copies of the fully executed agreement are on file at the Secretary of State's Office and the Department of Administrative Services – Division of Public Works Design and Construction.

Respectfully submitted,



Charles M. Arlinghaus,  
Commissioner



Division of Public Works

# Bid Report

The undersigned, hereinafter referred to as principal or bidder, hereby proposes to furnish all materials and perform all labor necessary to complete the work described in the caption hereof, in accordance with the plans, current Standard Specifications, and special provisions, for the prices set for in the Total Bid. Failure to complete and submit this bid in its entirety or falsification of bid documents will result in the entire proposal being considered irregular and may be rejected by the Department of Administrative Services, Division of Public Works. Plans and specifications on this project cannot be transferred to any other firm or organization for the purpose of submitting a bid as a general contractor without the knowledge and authority of the department. Those who sign (manually and electronically) and the firm for which they are authorized to sign, do so under the penalty of perjury as specified by the laws of the United States and the State of New Hampshire.

State Contract Number: 81233E CONCORD

## Contractor Profile

Firm	LOUREIRO BUILDING CONSTRUCTION LLC
Contractor ID	163141
Address	100 NORTHWEST DRIVE PLAINVILLE CT 06062
Phone	(860)742-5317
FAX	
E-Mail	kmdera@loureiro.com
Authorized Signature:	<i>Is/Brian Cutler</i>

## Bid Bond

Verified

Auth Code/Check#	SNH03099896
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## Receipt of Addenda

Sequence	Date	
1	03/09/2023	Yes



Department of Administrative Services, Division  
of Public Works

Total Bid for Award Consideration

Proposal

**\$335,895.92**

Contract Number: 81233E

Bid Opening Date: 15-Mar-2023

Contract Name: CONCORD

Project Funding: State

Proposal For: 163141 - LOUREIRO BUILDING  
CONSTRUCTION LLC

Items

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
1	901	GROUNDS, GARAGE FIRE SUPPRESSION AND FIRE ALARM WORK	U	1.000	\$204,502.50	\$204,502.50
2	902	DOLLOFF BUILDING FIRE WATER SUPPLY AND RISER RELOCATION	U	1.000	\$96,393.42	\$96,393.42
3	903	ALLOWANCE FOR UNFORSEEN CONDITIONS	\$	35,000,000	\$1.00	\$35,000.00

**Total for Category Items \$335,895.92**

**Total Bid for Award Consideration \$335,895.92**

## Proposal

Proposal Of

LOUREIRO BUILDING CONSTRUCTION LLC  
100 NORTHWEST DRIVE, PLAINVILLE CT, 06062

to furnish and deliver all materials and to perform all work in accordance with the Contract of the State of New Hampshire, Department of Administrative Services, Division of Public Works for which proposals will be received until 2:00:00 PM, Prevailing Time on Wednesday, March 15, 2023. Said project being situated as follows:

**GROUNDS GARAGE and DOLLOFF FIRE SUPPRESION IMPROVEMENTS**

Department of Administrative Services, Division of Public Works  
John O. Morton Building  
P. O. Box 483  
Concord, NH 03302-0483

Commissioner:

In accordance with the advertisement of the Department of Administrative Services, Division of Public Works inviting proposals for the project hereinbefore named and in conformity with the Plans and Specifications on file in the office of the Department of Administrative Services, Division of Public Works, I/WE hereby certify that I AM/WE ARE the only person, or persons, interested in this proposal as principals; that this proposal is made without collusion with any person, firm or corporation; that an examination has been made of the Plans, of the Standard Specifications, of the Standard Plans Book, of the Proposal, and applicable addendums, including but not restricted to the Special Attentions, Supplemental Specifications, and Special Provisions attached thereto, and also that an examination has been made of the site of the work; and I, or we, propose to furnish all necessary machinery, equipment, tools, labor and other means of construction, and to furnish all materials specified in the manner and at the time prescribed; and understand that the quantities of work as shown herein are approximate only and are subject to increase or decrease, and further understand that all quantities of work whether increased or decreased are to be performed at the following prices:

I acknowledge, understand, and accept these terms and conditions.

Yes  No

Signature Isl Brian Cutler

## SIGN-STATE

It is further proposed:

To execute the Contract and begin work within 10 days from the date specified in the "Notice to Proceed" and to prosecute said work so as to complete the Project and its appurtenances on or before October 31, 2023.

To furnish a Contract Bond in the amount of 100 per cent of the Contract award, as security for the construction and completion of the Project and its appurtenances in accordance with the Plans, Specifications and Contract. The Contractor's attention is called to section 103.05 of the Standard Specifications which reads, in part, as follows: "Unless specifically waived in the Proposal, upon execution of the Contract, the successful Bidder shall furnish the Department a surety bond or bonds equal to the sum of the Contract amount. The form of the bonds(s) shall be acceptable to the Department and the bonding Company issuing the bond(s) shall be licensed to transact business in the State of New Hampshire, and ..."

To guarantee all of the work performed under this Contract to be done in accordance with the Specifications and in good and workmanlike manner, and to renew or repair any work which may be rejected, due to defective materials or workmanship, prior to final completion and acceptance of the project.

Enclosed herewith find certified check or bid bond in the amount of **5% OF THE BID TOTAL** made payable to the "Treasurer, State of New Hampshire," as a proposal guarantee which it is understood will be forfeited in the event the Contract is not executed, if awarded by the Department to the undersigned.

I acknowledge, understand, and accept these terms and conditions.

Yes  No

Signature  /s/ Brian Cutler



# ABC Bid Data

CONCORD  
81233E  
NON-FEDERAL

PROJECT:	CONCORD	Awarded To:	
STATE PROJECT NUMBER:	81233E	Amount:	\$0.00
FED. PROJECT NUMBER:	NON-FEDERAL	Award Date:	
DATE BIDS OPEN:	March 15, 2023, 2:00	Certified by:	<u>Director of Project Development</u>
SCOPE OF WORK:	GROUNDS GARAGE and DOLLOFF FIRE SUPPRESSION IMPROVEMENTS		
COMPLETION DATE:	October 31, 2023		
LOCATION:	Merrimack:		

## Summary of Bidders

Contractor	Bid Amount	Rank
LOUREIRO BUILDING CONSTRUCTION LLC 100 NORTHWEST DRIVE PLAINVILLE CT 06062	\$335,895.92	1

BUREAU OF PUBLIC WORKS  
 Award to LOUREIRO Building Construction, LLC  
 Hold for Negotiation  
 Cancel Contract  
 User Agency DAS: BEAM  
 Authorized by [Signature]  
 Date 104072023  
 ipd : 12:47 pm

Item # 901: \$204,502.50  
 # 902: 96,393.42  
 # 903: 35,000.00  


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 Total This Contract = \$335,895.92





Division of Public Works

# ABC Bid Data

CONCORD  
81233E  
NON-FEDERAL

Item No.	Description	Unit	Quantity	PS&B		LOUREIRO BUILDING CONSTRUCTION LLC 100 NORTHWEST DRIVE PLAINVILLE, CT 06062		Unit Price	Total
				Unit Price	Total	Unit Price	Total		

Items

901	GROUNDS GARAGE FIRE SUPPRESSION AND FIRE ALARM WORK	U	1.00	\$185,756.00	\$185,756.00	\$204,502.50	\$204,502.50		
902	DOLLOFF BUILDING FIRE WATER SUPPLY AND RISER RELOCATION	U	1.00	\$41,232.00	\$41,232.00	\$96,393.42	\$96,393.42		
903	ALLOWANCE FOR UNFORSEEN CONDITIONS	\$	35,000.00	\$1.00	\$35,000.00	\$1.00	\$35,000.00		
<b>Totals:</b>					<b>\$281,988.00</b>		<b>\$335,895.92</b>		
<b>ALL Totals:</b>									
<b>Totals:</b>					<b>\$281,988.00</b>		<b>\$335,895.92</b>		



Division of Public Works

# PS&E Comparison

CONCORD  
81233E  
NON-FEDERAL

Item No.	Description	Unit	Quantity	A-Bidder		PS&E		A-PS&E Difference
				Unit Price	Total	Unit Price	Total	
<b>Items</b>								
901	GROUNDS GARAGE FIRE SUPPRESSION AND FIRE ALARM WORK	U	1.00	\$204,502.50	\$204,502.50	\$185,756.00	\$185,756.00	\$18,746.50
902	DOLLOFF BUILDING FIRE WATER SUPPLY AND RISER RELOCATION	U	1.00	\$96,393.42	\$96,393.42	\$41,232.00	\$41,232.00	\$55,161.42
903	ALLOWANCE FOR UNFORSEEN CONDITIONS	\$	35,000.00	\$1.00	\$35,000.00	\$1.00	\$35,000.00	\$0.00
<b>Total:</b>					\$335,895.92		\$261,988.00	\$73,907.92

# State of New Hampshire

## Department of State

### CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that LOUREIRO BUILDING CONSTRUCTION, LLC is a Connecticut Limited Liability Company registered to transact business in New Hampshire on April 08, 2022. 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: 898524

Certificate Number: 0006197084



IN TESTIMONY WHEREOF,  
I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 5th day of April A.D. 2023.

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

David M. Scanlan  
Secretary of State

UNANIMOUS WRITTEN CONSENT OF THE BOARD OF DIRECTORS  
OF  
**LOUREIRO BUILDING CONSTRUCTION, LLC**

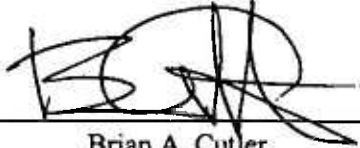
April 19, 2023

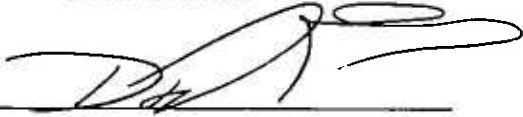
Pursuant to Section 33-749 of the Connecticut Business Corporations Act, the undersigned, being all of the members of the Board of Directors ("Board") of **LOUREIRO BUILDING CONSTRUCTION, LLC**. ("LBC"), a corporation organized under the laws of the State of Connecticut, and its affiliates and related entities, hereby consent to and adopt the following resolution in lieu of a special meeting of the Board, which resolution shall take effect as though adopted at a meeting duly called and held, at which a quorum was present and acting throughout:

On motions duly made, seconded and carried, by a unanimous vote, it was **RESOLVED**:

**THAT** Brian A. Cutler, Manager be and is hereby authorized to bind LBC, its affiliates and related entities, contractually or otherwise without prior written approval of the Board in each instance.

IN WITNESS WHEREOF, the undersigned Directors of LBC has executed this Consent as of the date set forth above, hereby waiving all notice of a meeting and the holding of a meeting of the Board, and hereby direct that this Consent be inserted by the Secretary in the minute book of LBC with the proceedings of the Board meetings.

  
\_\_\_\_\_  
Brian A. Cutler

  
\_\_\_\_\_  
David Fioreck

  
\_\_\_\_\_  
Dean M. Cordiano



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/31/2023

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> Willis Towers Watson Northeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	<b>CONTACT NAME:</b> Willis Towers Watson Certificate Center <b>PHONE (A/C, No, Ext):</b> 1-877-945-7378 <b>FAX (A/C, No):</b> 1-888-467-2378 <b>E-MAIL ADDRESS:</b> certificates@willis.com														
<b>INSURED</b> Loureiro Building Construction, LLC 100 Northwest Drive Plainville, CT 06062	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: National Union Fire Insurance Company of P</td> <td>19445</td> </tr> <tr> <td>INSURER B: Nautilus Insurance Company</td> <td>17370</td> </tr> <tr> <td>INSURER C: New Hampshire Insurance Company</td> <td>23841</td> </tr> <tr> <td>INSURER D: Allied World Assurance Company US Inc</td> <td>19489</td> </tr> <tr> <td>INSURER E: Travelers Property Casualty Company of Ame</td> <td>25674</td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: National Union Fire Insurance Company of P	19445	INSURER B: Nautilus Insurance Company	17370	INSURER C: New Hampshire Insurance Company	23841	INSURER D: Allied World Assurance Company US Inc	19489	INSURER E: Travelers Property Casualty Company of Ame	25674	INSURER F:	
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INSURER F:															

**COVERAGES**      **CERTIFICATE NUMBER:** W29129661      **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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			GL 9894834	06/01/2023	06/01/2024	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
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 <input type="checkbox"/> NON-OWNED <input type="checkbox"/> AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			CA 5717851	06/01/2023	06/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			FPF2036521-11	06/01/2023	06/01/2024	EACH OCCURRENCE \$ 11,000,000 AGGREGATE \$ 11,000,000
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 No	N/A	WC 015853409	06/01/2023	06/01/2024	<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
D	<b>Professional Liability</b> Retro Date: 04/01/1974			0312-6658	06/01/2023	06/01/2024	Each Claim \$10,000,000 Aggregate \$10,000,000 Retention \$100,000

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

Project: Concord, NH, Contract # 81233E

SEE ATTACHED

**CERTIFICATE HOLDER**

State of New Hampshire Department of Administrative Services  
 7 Hazen Drive  
 Room 250  
 Concord, NH 03302

**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



**ADDITIONAL REMARKS SCHEDULE**

AGENCY Willis Towers Watson Northeast, Inc.		NAMED INSURED Loureiro Building Construction, LLC 100 Northwest Drive Plainville, CT 06062	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

The State of New Hampshire, its agencies, and its agents, and employees are included as Additional Insureds as respects to General Liability when required by contract.

EXCESS LIABILITY POLICY NUMBER: FFX2036521-10 is a follow form Excess Liability policy which provides coverage excess the general liability policy which includes products and completed operations coverage of \$4,000,000. It also comes excess over the Commercial Automobile and Employers Liability coverage.

INSURER AFFORDING COVERAGE: Allied World Assurance Company US Inc NAIC#: 19489  
 POLICY NUMBER: 0312-6658      EFF DATE: 06/01/2023      EXP DATE: 06/01/2024

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Pollution Liability	Each Occurrence	\$10,000,000
	Aggregate	\$10,000,000
	Retention	\$100,000

ADDITIONAL REMARKS:  
 Microbial Substance coverage is included under the Pollution Liability.

INSURER AFFORDING COVERAGE: Travelers Property Casualty Company of America NAIC#: 25674  
 POLICY NUMBER: QT-630-7R122736-TIL-22      EFF DATE: 06/01/2022      EXP DATE: 06/01/2023

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Leased/Rented Equipment	Per Item	\$850,000
	Deductible	\$1,000



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/19/2023

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<b>PRODUCER</b> Willis Towers Watson Northeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	<b>CONTACT NAME:</b> Willis Towers Watson Certificate Center <b>PHONE (A/C No. Ext):</b> 1-877-945-7378 <b>FAX (A/C No.):</b> 1-888-467-2378 <b>E-MAIL ADDRESS:</b> certificates@willis.com	
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<b>INSURED</b> Loureiro Building Construction, LLC 100 Northwest Drive Plainville, CT 06062	<b>INSURER A:</b> Travelers Property Casualty Company of Ame      25674	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	

**COVERAGES**      **CERTIFICATE NUMBER: W28943937**      **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
	<b>COMMERCIAL GENERAL LIABILITY</b> <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 - COMPROP 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 (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 DED    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				PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>Builders Risk Special Form</b>			QT-660-7W357548-T1L-23	04/25/2023	04/25/2024	Completed Value \$335,896 Temp Storage Limit \$250,000 In Transit Limit \$250,000 Waiver of Subrogation INCLUDED

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

Project: Concord, NH, Contract # 81233E

Additional Named Insureds include State of NH Department of Administrative Services, any and all subcontractors and all others employed on the premises.

<b>CERTIFICATE HOLDER</b>  State of New Hampshire c/o Department of Administrative Services 7 Hazen Drive Room 250 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>  



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/22/2023

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> Willis Towers Watson Northeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	<b>CONTACT NAME:</b> Willis Towers Watson Certificate Center <b>PHONE (A/C, No, Ext):</b> 1-877-945-7378 <b>FAX (A/C, No):</b> 1-888-467-2378 <b>E-MAIL ADDRESS:</b> certificates@willis.com														
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Great American Insurance Company</td> <td>16691</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Great American Insurance Company	16691	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
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INSURER F:															
<b>INSURED</b> State of New Hampshire Department of Administrative Services 7 Hazen Drive Room 250 Concord, NH 03302															

**COVERAGES**      **CERTIFICATE NUMBER:** W29017536      **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 SUBROGATION WAIVED	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 (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/POP 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 (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 \$ \$
	<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	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A				PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	CCP		04CCP002005157	04/19/2023	11/19/2023	Per Occurrence 2,000,000 Aggregate 3,000,000


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

Concord, NH, Contract # 81233E

Designated Contractor: Loureiro Building Construction, LLC

### CERTIFICATE HOLDER

### CANCELLATION

State of New Hampshire Department of Administrative Services 7 Hazen Drive Room 250 Concord, NH 03302	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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