



State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES
25 Capitol Street – Room 100
Concord, New Hampshire 03301
(603) 271-3201 | Office@das.nh.gov

MLC

157

Charles M. Arlinghaus
Commissioner

Catherine A. Keane
Deputy Commissioner

Sheri L. Rockburn
Assistant Commissioner

September 26, 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 Triple Construction, LLC (VC #395282), Hudson, New Hampshire, for a total price not to exceed \$553,142 for Project Number 81242-B Philbrook Building Sewer Line Replacement, Concord, New Hampshire. This contract is effective upon Governor and Council approval through December 1, 2023, unless extended in accordance with the contract terms. **46% Capital Funds 38% Other Funds 16% General Funds**

2) Further authorize the amount of \$18,500 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 \$571,642. **29% General Funds 71% Other Funds.**

Funding is available in account titled Department of Human and Health Services as follows:

	<u>FY 2024</u>
05-95-94-940030-77290000-L23:14-11-Phlbrk Swr Ln Rplmn 034-500161 – New Construction	\$ 256,200
05-95-94-940010-87500000 Acute Psychiatric Services	
103-500736 – New Construction	\$ 200,000
048-500226 – New Construction	\$ 96,942
048-500226 – DPW Fees	<u>\$ 18,500</u>
Grand Total	\$ 571,642

EXPLANATION

Pursuant to Chapter 107:1, I, B, 3, Laws of 2021, as amended by Chapter 113:14, Laws of 2023, funds are available to replace the sewer line beginning from under Philbrook Building to the City's main sewer line. This project will replace the existing sewer line which runs through the Philbrook building by constructing new sewer lines from the building to a main line outside, and reconnecting to the City's sewer system.

The sewer line that currently runs under the building foundation slab has sagged over time, which has caused backups and continual maintenance issues. Additionally, the clay sewer pipe from the building to the City sewer line is damaged in several areas, exacerbating the backups. On several occasions, the sewer effluent has overflowed into the building, causing costly damage and disturbance to the building occupants. To prevent sewage backups from reoccurring, the Department of Health and Human Services hires a contractor on a regular basis to clean out the lines.

A public bid opening was held on May 10, 2023. One (1) bid proposal was received and the contract was awarded to the lowest qualified bidder. The low bid was 18% over the Department estimate. The estimate for some of the work may not have accurately reflected the continued rising costs within the industry for building material and labor.

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

Respectfully submitted,



Charles M. Arlinghaus,
Commissioner

Department estimate:	\$ 470,000
Low bid:	\$ 553,142
Under estimate:	\$ 83,142



Division of Public Works

ABC Bid Data

CONCORD
81242B
NON-FEDERAL

PROJECT: CONCORD
STATE PROJECT NUMBER: 81242B
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: May 03, 2023, 2:00 PM
SCOPE OF WORK: PHILBROOK BUILDING SEWER LINE REPLACEMENT
COMPLETION DATE: December 01, 2023
LOCATION: Merrimack

Awarded To:

Amount: \$0.00

Award Date:

Certified by:

Director of Project Development

Summary of Bidders

Contractor	Bid Amount	Rank
TRIPLE CONSTRUCTION LLC 5 EXECUTIVE DRIVE SUITE 3, HUDSON NH 03051	\$553,142.00	A

Award to: Triple Construction, LLC
Contract Amount: \$553,142.00, no Alternates
Using Agency: HHS
Authorized by: MLJ
Date: 6/2/23

Michelle L Juliano



Division of Public Works

ABC Bid Data

CONCORD
81242B
NON-FEDERAL

Item No.	Description	Unit	Quantity	PS&E		TRIPLE CONSTRUCTION LLC 8 EXECUTIVE DRIVE SUITE 3 HUDSON, NH 03051		Unit Price	Total
				Unit Price	Total	Unit Price	Total		

Items

901	A-WING SEWER LINE REPLACEMENT	U	1.00	\$90,000.00	\$90,000.00	\$138,664.00	\$138,664.00		
902	B-WING SEWER LINE REPLACEMENT	U	1.00	\$125,000.00	\$125,000.00	\$166,424.00	\$166,424.00		
903	C-WING SEWER LINE REPLACEMENT	U	1.00	\$215,000.00	\$215,000.00	\$208,054.00	\$208,054.00		
904	ALLOWANCE #1 FOR ADDITIONS AND MODIFICATIONS TO THE CONTRACT	\$	40,000.00	\$1.00	\$40,000.00	\$1.00	\$40,000.00		
Totals:					\$470,000.00		\$553,142.00		
Alt. Totals:									
Totals:					\$470,000.00		\$553,142.00		



Division of Public Works

PS&E Comparison

CONCORD
81242B
NON-FEDERAL

Item No.	Description	Unit	Quantity	A-Bidder		PS&E		A-PS&E Difference
				Unit Price	Total	Unit Price	Total	
Items								
901	A-WING SEWER LINE REPLACEMENT	U	1.00	\$138,664.00	\$138,664.00	\$90,000.00	\$90,000.00	\$48,664.00
902	B-WING SEWER LINE REPLACEMENT	U	1.00	\$166,424.00	\$166,424.00	\$125,000.00	\$125,000.00	\$41,424.00
903	C-WING SEWER LINE REPLACEMENT	U	1.00	\$208,054.00	\$208,054.00	\$215,000.00	\$215,000.00	(\$6,946.00)
904	ALLOWANCE #1 FOR ADDITIONS AND MODIFICATIONS-TO-THE CONTRACT	\$	40,000.00	\$1.00	\$40,000.00	\$1.00	\$40,000.00	\$0.00
Total:					\$553,142.00		\$470,000.00	\$83,142.00



Division of Public Works

Bid Report

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

State Contract Number: 81242B CONCORD

Contractor Profile

Firm	TRIPLE CONSTRUCTION LLC
Contractor ID	395282
Address	5 EXECUTIVE DRIVE SUITE 3 HUDSON NH 03051
Phone	(603)318-7280
FAX	
E-Mail	mbrockelman@triple-construction.com
Authorized Signature:	<i>Is/Mark Brockelman</i>

Bid Bond

Verified

Auth Code/Check#	SNH05037438
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Receipt of Addenda

Sequence	Date	
1	04/25/2023	Yes

Department of Administrative Services, Division
of Public Works

Total Bid for Award Consideration

Proposal

\$553,142.00

Contract Number: 81242B

Bid Opening Date: 03-May-2023

Contract Name: CONCORD

Project Funding:

State

Proposal For: 395282 - TRIPLE CONSTRUCTION LLC

Items

Seq#	Item #	Description	Unit	Quantity	Unit Price	Extended Price
1	901	A-WING SEWER LINE REPLACEMENT	U	1.000	\$138,664.00	\$138,664.00
2	902	B-WING SEWER LINE REPLACEMENT	U	1.000	\$166,424.00	\$166,424.00
3	903	C-WING SEWER LINE REPLACEMENT	U	1.000	\$208,054.00	\$208,054.00
4	904	ALLOWANCE #1 FOR ADDITIONS AND MODIFICATIONS TO THE CONTRACT	\$	40,000.000	\$1.00	\$40,000.00

Total for Category Items \$553,142.00

Total Bid for Award Consideration

\$553,142.00

Proposal

Proposal Of

TRIPLE CONSTRUCTION LLC
5 EXECUTIVE DRIVE SUITE 3, HUDSON NH, 03051

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, May 3, 2023. Said project being situated as follows:

PHILBROOK BUILDING SEWER LINE REPLACEMENT

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 Mark Brockelman

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 December 01, 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 Isl Mark Brockelman



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/29/2023

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).

PRODUCER Optisure Risk Partners, LLC d/b/a Aspen Insurance Agency 40 Stark Street Manchester NH 03101		CONTACT NAME: Karen Case PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: Karen.Case@king-insurance.com	
INSURED TRIPLE CONSTRUCTION LLC 5 EXECUTIVE DR STE 3 HUDSON NH 03051-4910		INSURER(S) AFFORDING COVERAGE INSURER A: Selective Ins Co. of South Carolina INSURER B: Allied Eastern Indemnity Company INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 19259 11242

COVERAGES

CERTIFICATE NUMBER: CL2371232855

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 YWVD	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"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			S 2399837	04/28/2023	04/28/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			S 2399837	04/28/2023	04/28/2024	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"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			S 2399837	04/28/2023	04/28/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 Comp Ops 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 Y	N/A	03-0000118851-05	07/17/2023	07/17/2024	<input checked="" type="checkbox"/> PER STATUTE <input checked="" 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

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

Project : Philbrook /Concord Project 81242B The State of NH Department of Administrative Services and any and all subcontractors as the named insured. The State, its agencies, and its agents, and employees are additional insured as respects GL as required by written contract. Waiver of subrogation applies where permitted by state law. Work performed during the policy period: Carpentry. Workers' compensation coverage applies in NH, MA & ME. Kevin Cormier is excluded from the workers' compensation coverage.

CERTIFICATE HOLDER**CANCELLATION**

State of New Hampshire c/o 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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/05/2023

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).

PRODUCER King Insurance Partners, LLC 2321 NW 41st St Ste B Gainesville FL 32606	CONTACT NAME: PHONE (AC, No, Ext): (888) 377-0420 FAX (AC, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Selective Insurance INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** CL2362631880 **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 type="checkbox"/> OCCUR Owners Contractors Protective GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: OCP			S2399837	06/26/2023	06/23/2024	EACH OCCURRENCE	\$ 2000000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ -----
							MED EXP (Any one person)	\$ -----
							PERSONAL & ADV INJURY	\$ -----
	AUTOMOBILE LIABILITY <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)	\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						BODILY INJURY (Per person)	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							EACH OCCURRENCE	\$
							AGGREGATE	\$
							PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Concord project# 81242B

CERTIFICATE HOLDER State of New Hampshire c/o 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 <i>Danielle West</i>
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CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
06/05/2023

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.

PRODUCER Optisure Risk Partners, LLC d/b/a Aspen Insurance Agency 40 Stark Street Manchester NH 03101	CONTACT NAME: Danielle West
	PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: danielle.west@optisure.com PRODUCER CUSTOMER ID: 00020460
INSURED State of NH Dept. of Admin Svcs and all subs and all others employed on the Premise and Triple Construction LLC 5 Executive Drive Suite 3 HUDSON NH 03051-4910	INSURER(S) AFFORDING COVERAGE
	INSURER A: Hanover Insurance Company
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
INSURER F:	NAIC #

COVERAGES **CERTIFICATE NUMBER:** CP2362803774 **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
	<input type="checkbox"/> PROPERTY <input type="checkbox"/> CAUSES OF LOSS <input type="checkbox"/> DEDUCTIBLES <input type="checkbox"/> BASIC BUILDING <input type="checkbox"/> BROAD CONTENTS <input type="checkbox"/> SPECIAL <input type="checkbox"/> EARTHQUAKE <input type="checkbox"/> WIND <input type="checkbox"/> FLOOD				<input type="checkbox"/> BUILDING <input type="checkbox"/> PERSONAL PROPERTY <input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> EXTRA EXPENSE <input type="checkbox"/> RENTAL VALUE <input type="checkbox"/> BLANKET BUILDING <input type="checkbox"/> BLANKET PERS PROP <input type="checkbox"/> BLANKET BLDG & PP	
A	<input checked="" type="checkbox"/> INLAND MARINE <input type="checkbox"/> CAUSES OF LOSS <input type="checkbox"/> NAMED PERILS	TYPE OF POLICY POLICY NUMBER IHVJ462333	06/26/2023	06/26/2024	<input checked="" type="checkbox"/> completed value	\$ 553,142
	<input type="checkbox"/> CRIME <input type="checkbox"/> TYPE OF POLICY					
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Concord/ Philbrook Project # 81242B
 Waiver of subrogation in favor of the certificate holder

CERTIFICATE HOLDER State of New Hampshire c/O 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 <i>Danielle West</i>
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CERTIFICATE OF AUTHORITY

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

Manager of Triple Construction, LLC a limited liability company under
(Name of LLC)

RSA 304-C.

VOTED: That Kevin Cormier, Member is duly authorized to enter
(Name and Title)

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

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

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

DATED: June 5, 2023

ATTEST: 

(Name and Title)
Gino Bernard, Member

State of New Hampshire

Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that TRIPLE CONSTRUCTION, LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on January 07, 2016. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 737136

Certificate Number: 0006217041



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 26th day of April A.D. 2023.

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

David M. Scanlan
Secretary of State