



THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION



CHRISTOPHER D. CLEMENT, SR.
COMMISSIONER

JEFF BRILLHART, P.E.
ASSISTANT COMMISSIONER

Bureau of Construction
 July 23, 2012

His Excellency, Governor John H. Lynch
 and the Honorable Council
 State House
 Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Transportation to enter into a contract with Republic Intelligent Transportation Services, Inc. of Billerica, MA (Vendor #172155) on the basis of a low bid of \$207,700.00 for replacing signal cabinets and the associated equipment housed inside the cabinets at 10 locations throughout the State, from the date of Governor and Council approval through June 28, 2013 unless extended by the Department in accordance with the Standard Specifications. 100% Betterment Funds.

| | |
|--------------------------------------|----------------|
| Funding is available as follows: | <u>FY 2013</u> |
| 04-96-96-963015-3039 | |
| Highway Betterment Aid | |
| 400-500870 Highway Contract Payments | \$207,700.00 |

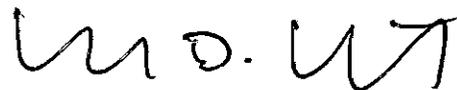
EXPLANATION

This project is part of the annual Statewide Traffic Signal Equipment Replacement program within the Betterment Program. This project will replace outdated and troublesome signal cabinets and controllers. These are older systems with a track record of maintenance problems. Replacing this equipment will reduce maintenance costs and call outs and will meet 2009 MUTCD standards. The new controllers will provide improved reliability and functionality, and be capable of running time of day programs for signal timings (during peak hours) to reduce delays to motorists.

The Contractor has been prequalified by this Department. The Contract has been approved by the Attorney General as to form and execution, and the Department has certified that the necessary funds are available. Copies of the fully executed contract are on file at the Secretary of State's Office and the Department of Administrative Service's Office, and subsequent to Governor and Council approval will be on file at the Department of Transportation.

A copy of the Tabulation of Bids received for this project is attached along with the Contract Supplemental Sheet and a map indicating the location of the project.

Sincerely,

Handwritten signature of Christopher D. Clement, Sr. in black ink.

Christopher D. Clement, Sr.
Commissioner

CDC/md

Department Estimate: \$287,500.00
Contract Amount: \$207,700.00
Under Estimate: \$ 79,800.00

Attachments

**STATEWIDE
23258**

June 12, 2012

SUPPLEMENTAL PROJECT INFORMATION SHEET

DESCRIPTION: This project consists of replacing signal cabinets and the associated equipment housed inside the cabinet at ten (10) locations throughout the State of New Hampshire.

FEDERAL FUNDING: 0% (100% Betterment)

CONTINGENCY: None

PROJECT INITIATED: States 10 Year Transportation Improvement Plan.

PROJECT EXPLANATION: This project addresses the needed replacement of existing (old/outdated) Signal Cabinets and Controllers to meet 2009 MUTCD Standards. The new controllers will be capable of running time of day programs for signal timings (during peak hours) to reduce delays to motorists.

TRAFFIC IMPLICATIONS: The replacement of signal cabinets and controllers shall be during low traffic volume/non-peak hours and in some locations within the recommended railroad schedule. All associated work shall be outside of the roadway shoulder, behind existing guardrail with the shoulder being used as a staging area for work vehicles. The Contractor shall utilize Item 618.61 – Uniformed Officer with Vehicle for Traffic Control when the signal operations are down. No work will be allowed on Friday afternoons after 12 noon, weekends, and holidays, unless otherwise directed.

1. In any event the shoulder closures shall be discontinued whenever the Engineer determines that backups may contribute to either unsafe conditions or result in delays for the traveling public.

ADVERTISING DATE: June 26, 2012

COMPLETION DATE: June 28, 2013

New Hampshire DOT

Department of Transportation

LOCATION MAP

STATEWIDE 23258

0 5 10 15 20
Miles

CANADA



VERMONT

LOCATION 4
GORHAM
SIGNAL NUMBER: S-177-02
INTERSECTION: NH 16 / NH 2

LOCATION 3
GILFORD
SIGNAL NUMBER: S-169-02
INTERSECTION: NH 11 / NH 11C

LOCATION 2
GILFORD
SIGNAL NUMBER: S-169-01
INTERSECTION: NH 11 / NH 11B

LOCATION 5
TILTON
SIGNAL NUMBER: S-451-04
INTERSECTION: US 3 /
I93 SB ON RAMP

LOCATION 1
CONCORD
SIGNAL NUMBER: S-099-05
INTERSECTION: NH 9 / NH 106

LOCATION 6
SEABROOK
SIGNAL NUMBER: S-409-08
INTERSECTION: NH 107 /
STARD ROAD

LOCATION 7
DERRY
SIGNAL NUMBER: S-119-01
INTERSECTION: NH 28 BY-PASS /
ISLAND POND RD / NH 28

LOCATION 9
AMHERST
SIGNAL NUMBER: S-013-05
INTERSECTION: NH 101A /
NORTHERN BLVD

LOCATION 11
JAFFREY
SIGNAL NUMBER: S-233-01
INTERSECTION: NH 202 /
NH 124 / STRATTON / BLAKE ST

LOCATION 8
PELHAM
SIGNAL NUMBER: S-359-02
INTERSECTION: NH 38 / MAIN ST

ATLANTIC OCEAN

\$215,360.00

\$207,700.00

\$207,700.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/21/2012

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 MARSH USA, INC. 445 SOUTH STREET MORRISTOWN, NJ 07960-6454 | | CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: | |
| 100129-REPUB--12/13 RE21C Peters | | INSURER(S) AFFORDING COVERAGE NAIC # | |
| | | INSURER A: HDI-Genling America Insurance Company 41343 | |
| | | INSURER B: Liberty Mutual Fire Ins Co 23035 | |
| | | INSURER C: LM Insurance Corporation 33600 | |
| | | INSURER D: | |
| | | INSURER E: | |
| | | INSURER F: | |

COVERAGES **CERTIFICATE NUMBER:** NYC-006435991-08 **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 |
|----------|---|-----------|----------|---|--------------------------|--------------------------|--|
| A | GENERAL LIABILITY <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 | | | GLD1110104 | 10/01/2012 | 10/01/2013 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 100,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 7,500,000 PRODUCTS - COMP/OP AGG \$ INCL. \$ |
| B | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | AS2631004334212 | 10/01/2012 | 10/01/2013 | COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ N/A BODILY INJURY (Per accident) \$ N/A PROPERTY DAMAGE (Per accident) \$ N/A \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> DCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | CUD1110204 | 10/01/2012 | 10/01/2013 | EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$ |
| 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 | WA563D004334012 (AOS) WC5631004334022 (OR, WI) | 10/01/2012 10/01/2012 | 10/01/2013 10/01/2013 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000 |

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

RE: 23258
 STATE OF NEW HAMPSHIRE IS HEREBY ADDITIONAL INSURED AS OBLIGATED UNDER CONTRACT. SUCH INSURANCE AS IS AFFORDED BY THE ADDITIONAL INSURED ENDORSEMENT SHALL APPLY AS PRIMARY INSURANCE & OTHER INSURANCE MAINTAINED BY THE CERTIFICATE HOLDER SHALL BE EXCESS ONLY & NOT CONTRIBUTING WITH INSURANCE PROVIDED UNDER THIS POLICY.

| | |
|---|---|
| CERTIFICATE HOLDER STATE OF NEW HAMPSHIRE 7 HAZEN DRIVE PO BOX 483 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 of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i> |
|---|---|

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/07/2012

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| | | | |
|--|--|--|-----------------------|
| PRODUCER MARSH USA, INC. 445 SOUTH STREET MORRISTOWN, NJ 07960-6454 100129-REPUJ-11/12 RE21C Peters | CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: | | FAX (A/C, No): |
| | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURED REPUBLIC INTELLIGENT TRANSPORTATION SERVICES, INC. DBA REPUBLIC ITS 371 BEL MARIN KEYS BLVD, #200 NOVATO, CA 94949-5699 | INSURER A: HDI-Cerling America Insurance Company | | 41343 |
| | INSURER B: Liberty Mutual Fire Ins Co | | 23035 |
| | INSURER C: Liberty Insurance Corporation | | 42404 |
| | INSURER D: | | |
| | INSURER E: | | |
| INSURER F: | | | |

COVERAGES **CERTIFICATE NUMBER:** NYC-006435991-06 **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 | |
|----------|---|-----------|----------|---|--------------------------|--------------------------|---|--------------|
| A | GENERAL LIABILITY <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 | | | GLD11101-03 | 10/01/2011 | 10/01/2012 | EACH OCCURRENCE | \$ 1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |
| | | | | | | | MED EXP (Any one person) | \$ 100,000 |
| | | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | | | | | | | GENERAL AGGREGATE | \$ 7,500,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$ INCL. |
| | | | | | | | \$ | \$ |
| B | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | AS2-631-004334-211 | 10/01/2011 | 10/01/2012 | COMBINED SINGLE LIMIT (Ea accident) | \$ 2,000,000 |
| | | | | | | | BODILY INJURY (Per person) | \$ N/A |
| | | | | | | | BODILY INJURY (Per accident) | \$ N/A |
| | | | | | | | PROPERTY DAMAGE (Per accident) | \$ N/A |
| | | | | | | | \$ | \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | CUD11102-03 | 10/01/2011 | 10/01/2012 | EACH OCCURRENCE | \$ 2,000,000 |
| | | | | | | | AGGREGATE | \$ 2,000,000 |
| | | | | | | | \$ | \$ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | WA7-63D-004334-011 (AOS) WC7-631-004334-021 (OR, WI) | 10/01/2011 10/01/2011 | 10/01/2012 10/01/2012 | <input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER | |
| | | | | | | | E.L. EACH ACCIDENT | \$ 2,000,000 |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 2,000,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 2,000,000 |

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

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| | |
|---|---|
| CERTIFICATE HOLDER STATE OF NEW HAMPSHIRE 7 HAZEN DRIVE PO BOX 483 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 of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i> |
|---|---|

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/21/2012

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| PRODUCER MARSH USA, INC. 445 SOUTH STREET MORRISTOWN, NJ 07960-6454 | CONTACT NAME: | |
| | PHONE (A/C, No, Ext): | FAX (A/C, No): |
| E-MAIL ADDRESS: | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # |
| 100129-OCP-12-13 RE21C PETER | INSURER A: HDI-Gerling America Insurance Company 41343 | |
| INSURED THE STATE OF NEW HAMPSHIRE 7 HAZEN DRIVE CONCORD, NH 03302 | INSURER B: | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |

COVERAGES **CERTIFICATE NUMBER:** NYC-006457249-03 **REVISION NUMBER: 1**

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 | GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR OCP GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | OCD12237-00 | 07/23/2012 | 06/28/2013 | EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ \$ |
| | AUTOMOBILE LIABILITY <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) \$ \$ |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| | 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 | | | <input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |

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

RE 23258

| | |
|---|---|
| CERTIFICATE HOLDER STATE OF NEW HAMPSHIRE 7 HAZEN DRIVE P.O. BOX 483 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 of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i> |