

**ESTIMATE ACCREDITED BUSINESS** 

Exhibit: A

"Simply Higher Standards" 3 Sanborn Road • Londonderry, NH 03053

www.ScoreConstructionCompany.com

Office: (603) 260-5494 Fax: (603) 260-6413 Direct: (603) 218-9999

Email: seth.scoreconstruction@gmail.com

TO:

**Brain McCarthy Town of Pelham** 6 Village Green Pelham, NH 03076 Phone: (603) 508-3074

Email: bmccarthy@pelhamweb.com

	JOB DESCRIPTION		
Town Hall and Municipal Building Renovation - Revised			

	A	MOUNT
Mile Stones and Schedule of Values :		
Selectmen's Office:	\$	8,241.00
Per specifications listed in revised RFP		
Town Clerks Office:	\$	15,416.00
Per specifications listed in revised RFP		
Assessor's Office:	\$	7,888.00
Per specifications listed in revised RFP		
Parks and Recreation Department:	\$	32,844.00
Per specifications listed in revised RFP		
Employee Entrance/Hallway:	\$	11,911.00
Per specifications listed in revised RFP		
General Conditions and Mobilization:	\$	1,300.00
Completion of Project:		
Project to be Completed no later than November 4th , 2016. With Liquidated Damages of 5% of the contract per day		
Start of Project:		
Project can be started within 10 days of Agreement and Notice to Proceed		
TOTAL ESTIMATED JOB COST	\$	77,600.00

Any and all materials in access of used materials are property of Contractor.	
Nazar Vincent	9/9/2016
PREPARED BY	DATE

DATE

All work and material is guaranteed to be as specified. Any alteration or deviation from above specifications involving extra costs will be

executed only upon written orders and will become an extra charge over and above the estimate.

Overdue accounts subject to a service charge of 15% per month.

ACCEPTED BY



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## **CERTIFICATE OF LIABILITY INSURANCE**

SCORE-3

OP ID: NB

DATE (MM/DD/YYYY) 08/29/2016

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(les) 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).

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	DUCE					CONTAC NAME:	James A	Santo		*
Planright Insurance-Salem				PHONE (AJC, No. Ext): 603-890-6439 (AJC, No.): 603-890-6521						
224 Main Street Suite 3C Salem, NH 03079					E-MAIL ADDRESS: jamie@santoinsurance.com					
		Santo				AUURE				NAIO 4
A								DING COVERAGE	NAIC #	
INSU		Score Construction Servi	000	110		INSURER A: Western World Insurance Co				
HASO	NED)	3 Sanborn Rd ste 3	CES	LLC		INSURER B : Concord Group 20672				
		Londonderry, NH 03053				INSURE	RC: Liberty	mutuai insi	Jrance Co	
						INSURE				
						INSURE	RE:			
						INSURE	RF:			
			_		NUMBER:				REVISION NUMBER:	
IN C	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,									
		ISIONS AND CONDITIONS OF SUCH				BEEN F				
INSR	<u></u>	TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$	1,000,000
		CLAIMS-MADE X OCCUR	1	1	NPP8360266		05/26/2016	05/26/2017	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	100,000
									MED EXP (Any one person) \$	5,000
									PERSONAL & ADV INJURY \$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	2,000,000
		POLICY PRO- LOC							PRODUCTS - COMP/OP AGG \$	2,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	1,000,000
В		ANY AUTO	l		20010922		05/27/2016	05/27/2017	BODILY INJURY (Per person) \$	<del></del>
		ALL OWNED Y SCHEDULED							BODILY INJURY (Per accident) \$	
	X	W NON-OWNED							PROPERTY DAMAGE	
		HIRED AUTOS AUTOS		1					(Per accident) \$	
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	$\vdash$	OCCUR.	1						EACH OCCURRENCE \$	
		C.AUNIS-INIADL	ł				i		AGGREGATE \$	
├─	WOR	DED RETENTION \$ 6KERS COMPENSATION	-	$\vdash$					X PER OTH-	
٦	AND	AND EMPLOYERS' LIABILITY YIN		WC531S683958025		08/27/2016	08/27/2017		500,000	
С	OFF	NY PROPRIETOR/PARTNER/EXECUTIVE FFICER/MEMBER EXCLUDED?	NIA	AI I			08/21/2016	08/2//2017	E.L. EACH ACCIDENT \$	500,000
l	(Mar	Mandátory in NH) fyes, describe under			3A NH				E.L. DISEASE - EA EMPLOYEE \$	
)—	DÉS	CRIPTION OF OPERATIONS below	}—	↓			<del> </del>	ļ	E.L. DISEASE - POLICY LIMIT   \$	500,000
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		TON OF OPERATIONS / LOCATIONS / VEHIC				ule, may b	e attached if mor	e space is requir	ed)	li li
Pau	II OI	lette Jr. is excluded from wo	rk c	omp	coverage					
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CF	RTIE	TCATE HOLDER			<del></del>	CAN	CELLATION			
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		Information				ALITE	DITEN DEBOFO	ENTATIVE	···· · · · · · · · · · · · · · · · · ·	<u>,                                      </u>
Only					AUTHORIZED REPRESENTATIVE					

## Better Business Bureau® Start With Trust Market Business Bureau®

**BBB New Hampshire** 



Score Construction Services LLC

Valid Through December 31, 2016

bbb.org