

STATE OF NEW HAMPSHIRE
BUREAU OF PURCHASE AND PROPERTY
STATE HOUSE ANNEX - ROOM 102
25 CAPITOL ST
CONCORD NH 03301-6398

DATE: 2/26/2020

CONTRACT #: 8002179

NIGP CODE: 938-5900

CONTRACT FOR: Lab Equipment Service & Repairs

CONTRACTOR: Perkin Elmer Health Sciences Inc.

VENDOR CODE #: 174649

SUBMITTED FOR ACCEPTANCE BY:


ERICA BRISSON, PURCHASING AGENT
BUREAU OF PURCHASE AND PROPERTY

DATE 2/26/2020

RECOMMENDED FOR ACCEPTANCE BY:


PAUL RHODES, ADMINISTRATOR III
BUREAU OF PURCHASE AND PROPERTY

DATE 2/26/2020

APPROVED FOR ACCEPTANCE BY:


GARY S. LUNETTA, DIRECTOR
DIVISION OF PROCUREMENT & SUPPORT SERVICES

DATE 2/26/2020

ACCEPTED FOR THE STATE OF NEW HAMPSHIRE UNDER THE AUTHORITY GRANTED TO ME BY NEW HAMPSHIRE REVISED STATUTES, ANNOTATED 21-I:14, XII.


CHARLES M. ARLINGHAUS, COMMISSIONER
DEPARTMENT OF ADMINISTRATIVE SERVICES

DATE 2/26/2020

**SECOND AMENDMENT TO THE CONTRACT
 BETWEEN PERKIN ELMER HEALTH SCIENCES, INC.
 AND
 THE STATE OF NEW HAMPSHIRE, DEPARTMENT OF ADMINISTRATIVE SERVICES,
 FOR LAB EQUIPMENT SERVICES AND REPAIRS
 CONTRACT # 8002179**

This Second Amendment (hereinafter referred to as the "Amendment"), dated this 12 day of February, 2020, is by and between the State of New Hampshire, Department of Administrative Services (hereinafter referred to as "the State") and Perkin Elmer Health Sciences, Inc. (hereinafter referred to as "the Contractor") for Lab Equipment Services and Repairs.

WHEREAS, pursuant to an agreement effective July 1, 2017, amended by the First Amendment on November 19, 2019 and set to expire June 30, 2022, (hereinafter referred to as "the Agreement"), the Contractor agreed to perform certain lab equipment services and repairs for the State in consideration of payment by the State of certain sums as specified therein; and

WHEREAS, pursuant to Section 18 of the Agreement, the Agreement may be amended by an instrument in writing executed by both parties;

NOW, THEREFORE, for and in consideration of the mutual promises set forth in this Amendment and the underlying Agreement, the parties do mutually agree as follows:

1. Delete in its entirety Form Number P-37, item 1.8 Price Limitation and substitute the following:
 1.8 \$389,488.86
2. Amend Exhibit B Payment & Pricing; add the following:

Public Health Laboratories (PHL)	July 1, 2019 – June 30, 2020
Zephyr Work Station, Model: Zephyr G3 NGS, S/S ZY1720N0612	\$13,128.00

3. All other provisions of the Agreement, approved by the Commissioner, Department of Administrative Services on June 20, 2017, amended by the First Amendment on November 19, 2019 and set to expire on June 30, 2022. The contract shall remain in full force and effect.

Contractor Initials: KH
 Date: 2/12/20

PERKIN ELMER HEALTH SCIENCES, INC.

By: [Signature]
KAREN A HARRINGTON
(Print Name)

Title: ASST SECRETARY

Date: 2/12/20

STATE OF NEW HAMPSHIRE

By: [Signature]
Charles M. Arlinghaus
(Print Name)

Title: Commissioner,
Department of Administrative Services

Date: 2/26/2020

NOTARY PUBLIC/JUSTICE OF THE PEACE

On the 12 day of February, 2020
There appeared before me, the state and
county foresaid a person who satisfactorily
identified himself as

Karen A. Harrington

And acknowledge that he executed this
document indicated above.

In witness thereof, I hereunto set my hand
and official seal.

[Signature]
(Notary Public/Justice of the Peace)

My commission expires:

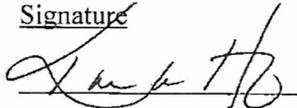
January 31, 2022
(Date)

PERKINELMER HEALTH SCIENCES, INC.
Officer's Certificate

I, Judith A. Albrecht, Assistant Secretary of PerkinElmer Health Sciences, Inc., a corporation duly organized and existing under the laws of the state of Delaware (the "Corporation"), do hereby certify that the following is a true and correct copy of a resolution which was duly adopted at a meeting of the Board of Directors of the Corporation on the 16th day of May, 2019, and that the same has not been rescinded or modified and remains in full force and effect as of the date hereof:

FURTHER RESOLVED: That the Officers of the Corporation are each authorized to execute, deliver and perform any and all agreements, instruments, certificates, governmental filings and documents as such officer or officers deem necessary or appropriate in connection with the operation of the Corporation; and

I further certify that at all times since May 17, 2018, Karen A. Harrington has been an Assistant Secretary of the Corporation, and that the signature set forth opposite her name below is her true and genuine signature:

<u>Name</u>	<u>Office</u>	<u>Signature</u>
Karen A. Harrington	Assistant Secretary	

This certificate expires Thursday, May 21, 2020.

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of the Corporation this 25 day of February, 2020.

(SEAL)

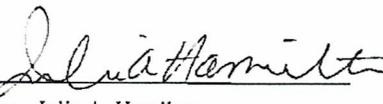
PERKINELMER HEALTH SCIENCES, INC.

By: 
Name: Judith A. Albrecht
Title: Assistance Secretary

State of Connecticut)
County of Fairfield, ss.)

On this 25 day of February, 2020, before me personally appeared Judith A. Albrecht, to me personally known, who, being by me duly affirmed, did say that he/she is Assistance Secretary of PerkinElmer Health Sciences, Inc., and that said instrument was signed and sealed on behalf of said company by authority of its board of directors, and said Judith A. Albrecht acknowledged said instrument to be the free act and deed of said company.

(SEAL)

By: 
Name: Julia A. Hamilton
Title: Notary Public
My commission expires: August 31, 2023



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
12/27/2019

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 Aon Risk Services Northeast, Inc. Boston MA Office 53 State Street Suite 2201 Boston MA 02109 USA	CONTACT NAME: PHONE (A.C. No. Ext): (866) 283-7122		FAX (A.C. No.): 800-363-0105
	E-MAIL ADDRESS:		
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Perkin-Elmer Inc. 710 Bridgeport Avenue #075 Shelton CT 06484 USA	INSURER A: Liberty Mutual Fire Ins Co		23035
	INSURER B: National Union Fire Ins Co of Pittsburgh		19445
	INSURER C: Liberty Insurance Corporation		42404
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER: 570079863664** **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. Limits shown are as requested

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:			TB2611004166070 SIR applies per policy terms & conditions	01/01/2020	01/01/2021	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 SIR/Deductible \$500,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			AS2-611-004166-270	01/01/2020	01/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
B	<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			28295351 SIR applies per policy terms & conditions	01/01/2020	01/01/2021	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000
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	WC7611004086460 AOS WA761D004086450 ND, PR, WA, WY	01/01/2020	01/01/2021	<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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 RE: Perkin Elmer Lab Repair and Service, Reference Quote No. 40594181. State of New Hampshire is included as Additional Insured with respect to the General Liability policy where required by written contract.

CERTIFICATE HOLDER	CANCELLATION
State of New Hampshire Administrative Services Bureau of Purchase and Property 25 Capitol Street, Room 102 Concord NH 03301 USA	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>Aon Risk Services Northeast, Inc.</i>

Holder Identifier :

Certificate No : 570079863664

Business Information

Business Details

Business Name:	PERKINELMER HEALTH SCIENCES, INC.	Business ID:	467306
Business Type:	Foreign Profit Corporation	Business Status:	Good Standing
Business Creation Date:	03/08/2004	Name in State of Incorporation:	PERKINELMER HEALTH SCIENCES, INC.
Date of Formation in Jurisdiction:	03/08/2004		
Principal Office Address:	940 Winter Street, Waltham, MA, 02451, USA	Mailing Address:	940 Winter St ATTN: J. Higgins, Waltham, MA, 02451, USA
Citizenship / State of Incorporation:	Foreign/Delaware		
		Last Annual Report Year:	2019
		Next Report Year:	2020
Duration:	Perpetual		
Business Email:	jessica.higgins@perkinelmer.com	Phone #:	NONE
Notification Email:	jessica.higgins@perkinelmer.com	Fiscal Year End Date:	NONE

Principal Purpose

S.No	NAICS Code	NAICS Subcode
1	OTHER / DESIGNS, MANUFACTURES, MARKETS AND SERVICES LIFE SCIENCES INSTRUMENTS AND PRODUCTS.	

Page 1 of 1, records 1 to 1 of 1

Principals Information

Name/Title	Business Address
John L. Healy / Vice President	940 Winter Street, Waltham, MA, 02451, USA
John L. Healy / Secretary	940 Winter Street, Waltham, MA, 02451, USA
John L. Healy / Director	940 Winter Street, Waltham, MA, 02451, USA
Alan Fletcher / Vice President	68 Elm Street, Hopkinton, MA, 01748, USA
David C. Francisco / Vice President	940 Winter Street, Waltham, MA, 02451, USA

< Previous ... 1 2 3 4 5 ... Next > Page 1 of 7, records 1 to 5 of 33 Go to Page

Registered Agent Information

Name: C T Corporation System

Registered Office Address: 2 1/2 Beacon Street, Concord, NH, 03301 - 4447, USA

Registered Mailing Address: 2 1/2 Beacon Street, Concord, NH, 03301 - 4447, USA

Trade Name Information

No Trade Name(s) associated to this business.

Trade Name Owned By

No Records to View.

Trademark Information

Trademark Number	Trademark Name	Business Address	Mailing Address
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No records to view.

[Filing History](#)
 [Address History](#)
 [View All Other Addresses](#)
 [Name History](#)
[Shares](#)
 [Businesses Linked to Registered Agent](#)
 [Return to Search](#)
 [Back](#)

NH Department of State, 107 North Main St. Room 204, Concord, NH 03301 -- [Contact Us](#)

STATE OF NEW HAMPSHIRE
BUREAU OF PURCHASE AND PROPERTY
STATE HOUSE ANNEX - ROOM 102
25 CAPITOL ST
CONCORD NH 03301-6398

DATE: 11/15/19

CONTRACT #: 8002179

NIGP CODE: 938-5900

CONTRACT FOR: Lab Equipment Service & Repair

CONTRACTOR: Perkin Elmer Health Sciences Inc.

VENDOR CODE #: 174649

SUBMITTED FOR ACCEPTANCE BY:


ERICA BRISSON, PURCHASING AGENT
BUREAU OF PURCHASE AND PROPERTY

DATE 11/15/19

RECOMMENDED FOR ACCEPTANCE BY:


PAUL RHODES, ADMINISTRATOR III
BUREAU OF PURCHASE AND PROPERTY

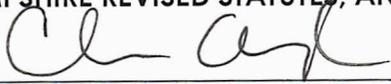
DATE 11/18/19

APPROVED FOR ACCEPTANCE BY:


GARY S. LUNETTA, DIRECTOR
DIVISION OF PROCUREMENT & SUPPORT SERVICES

DATE 11/19/19

ACCEPTED FOR THE STATE OF NEW HAMPSHIRE UNDER THE AUTHORITY GRANTED TO ME BY NEW HAMPSHIRE REVISED STATUTES, ANNOTATED 21-I:14, XII.


CHARLES M. ARLINGHAUS, COMMISSIONER
DEPARTMENT OF ADMINISTRATIVE SERVICES

DATE 11-19-19

**FIRST AMENDMENT TO THE CONTRACT
 BETWEEN PERKIN ELMER HEALTH SCIENCES, INC.
 AND
 THE STATE OF NEW HAMPSHIRE, DEPARTMENT OF ADMINISTRATIVE SERVICES,
 FOR LAB EQUIPMENT SERVICES AND REPAIRS
 CONTRACT # 8002179**

This First Amendment (hereinafter referred to as the "Amendment"), dated this 11/14/2019 day of November, 2019, is by and between the State of New Hampshire, Department of Administrative Services (hereinafter referred to as "the State") and Perkin Elmer Health Sciences, Inc. (hereinafter referred to as "the Contractor") for Lab Equipment Services and Repairs.

WHEREAS, pursuant to an agreement effective July 1, 2017 set to expire June 30, 2022 (hereinafter referred to as "the Agreement"), the Contractor agreed to perform certain lab equipment services and repairs for the State in consideration of payment by the State of certain sums as specified therein; and

WHEREAS, pursuant to Section 18 of the Agreement, the Agreement may be amended by an instrument in writing executed by both parties;

NOW, THEREFORE, for and in consideration of the mutual promises set forth in this Amendment and the underlying Agreement, the parties do mutually agree as follows:

1. Delete in its entirety Form Number P-37, item 1.8 Price Limitation and substitute the following:

1.8 \$376,360.86

2. Amend Exhibit B Payment & Pricing; add the following:

Public Health Laboratories (PHL)	July 1, 2020 -2021	FY 2022
Zephyr Work Station, Model: Zephyr G3 NGS, S/N ZY1720N0612	\$12,504.00	\$13,004.16

Remove the following equipment:

	FY2020	FY2021	FY2022
Public Health Laboratories (PHL)			
ICP MS (Ellie) ELANDRCII S/N Q0480204 (291N2052106)	REMOVED	REMOVED	REMOVED
MasSoftware S/N Q0480204	REMOVED	REMOVED	REMOVED
Chiller - Polyscience, Model N8122248, Serial # 4E1691356	REMOVED	REMOVED	REMOVED
CETEC ASX - 520 040579A520	REMOVED	REMOVED	REMOVED

3. All other provisions of the Agreement, approved by the Commissioner, Department of Administrative Services on June 20, 2017, shall remain in full force and effect.

Contractor Initials: 
 Date: 11/14/2019

PERKIN-ELMER HEALTH SCIENCES, INC.

STATE OF NEW HAMPSHIRE

By: [Signature]
Judith Albrecht
(Print Name)

By: [Signature]
Charles M. Arlinghaus
(Print Name)

Title: Assistant Secretary

Title: Commissioner,
Department of Administrative Services

Date: 11/14/19

Date: 11-19-19

NOTARY PUBLIC/JUSTICE OF THE PEACE

On the 14 day of November, 2019
There appeared before me, the state and
county foresaid a person who satisfactorily
identified himself as

[Signature]
Judith Albrecht

And acknowledge that he executed this
document indicated above.

In witness thereof, I hereunto set my hand
and official seal.

[Signature]
Edric Deschuy
(Notary Public/Justice of the Peace)

My commission expires:
January 31, 2022
(Date)

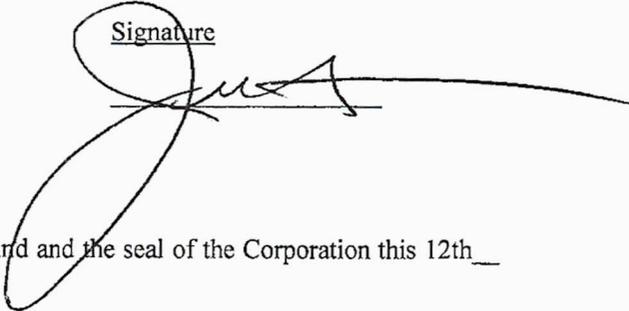
Contractor Initials: [Signature]
Date: 11/14/2019

PERKINELMER HEALTH SCIENCES, INC.
Officer's Certificate

I, Karen A. Harrington, Assistant Secretary of PerkinElmer Health Sciences, Inc., a corporation duly organized and existing under the laws of the state of Delaware (the "Corporation"), do hereby certify that the following is a true and correct copy of a resolution which was duly adopted at a meeting of the Board of Directors of the Corporation on the 16th day of May, 2019, and that the same has not been rescinded or modified and remains in full force and effect as of the date hereof:

FURTHER RESOLVED: That the Officers of the Corporation are each authorized to execute, deliver and perform any and all agreements, instruments, certificates, governmental filings and documents as such officer or officers deem necessary or appropriate in connection with the operation of the Corporation; and

I further certify that at all times since April 6, 2009, Judith A. Albrecht has been an Assistant Secretary of the Corporation, and that the signature set forth opposite her name below is her true and genuine signature:

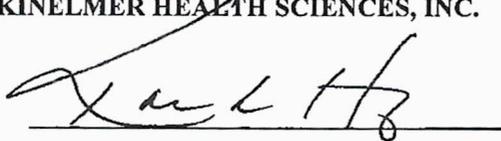
<u>Name</u>	<u>Office</u>	<u>Signature</u>
Judith A. Albrecht	Assistant Secretary	

This certificate expires Thursday, May 21, 2020.

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of the Corporation this 12th day of June, 2019.

PERKINELMER HEALTH SCIENCES, INC.

(SEAL)

By: 
Name: Karen A. Harrington
Title: Assistant Secretary

State of Connecticut)
County of Fairfield, ss.)

On this 12th day of June, 2019, before me personally appeared Karen A. Harrington, to me personally known, who, being by me duly affirmed, did say that he/she is Assistant Secretary of PerkinElmer Health Sciences, Inc., and that said instrument was signed and sealed on behalf of said company by authority of its board of directors, and said acknowledged said instrument to be the free act and deed of said company.

By: 
Name: Julia A. Hamilton
Title: Notary Public
My commission expires: August 31, 2023

(SEAL)



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
12/31/2018

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 Aon Risk Services Northeast, Inc. Boston MA Office 53 State Street Suite 2201 Boston MA 02109 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): 800-363-0105		
	E-MAIL ADDRESS:		
INSURED Perkin-Elmer Inc. 710 Bridgeport Avenue #075 Shelton CT 06484 USA	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Liberty Mutual Fire Ins Co		23035
	INSURER B: Liberty Insurance Corporation		42404
	INSURER C: National Union Fire Ins Co of Pittsburgh		19445
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES **CERTIFICATE NUMBER: 570074533058** **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. **Limits shown are as requested**

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:			TB2611004166079 SIR applies per policy terms & conditions	01/01/2019	01/01/2020	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 SIR/Deductible \$500,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <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			AS2-611-004166-279	01/01/2019	01/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
C	<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			28295066 SIR applies per policy terms & conditions	01/01/2019	01/01/2020	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC7611004086469 Workers Comp - WI WA761D004086459 workers Comp - AOS	01/01/2019	01/01/2020	<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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 RE: Perkin Elmer Lab Repair and Service, Reference Quote No. 40594181. State of New Hampshire is included as Additional Insured with respect to the General Liability policy where required by written contract.

CERTIFICATE HOLDER State of New Hampshire Administrative Services Bureau of Purchase and Property 25 Capitol Street, Room 102 Concord NH 03301 USA	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>Aon Risk Services Northeast Inc.</i>
--	---

Holder Identifier :

Certificate No : 570074533058



State of New Hampshire

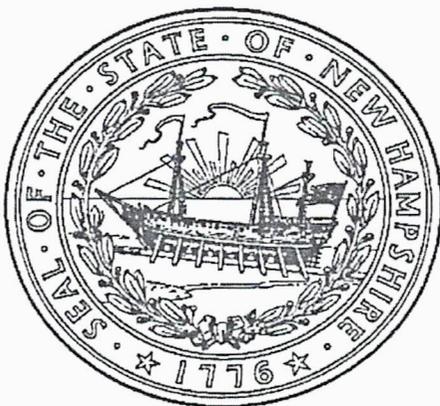
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that PERKINELMER HEALTH SCIENCES, INC. is a Delaware Profit Corporation registered to transact business in New Hampshire on March 08, 2004. 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: 467306

Certificate Number: 0004481417



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 1st day of April A.D. 2019.

A handwritten signature in black ink, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State

STATE OF NEW HAMPSHIRE
BUREAU OF PURCHASE AND PROPERTY
STATE HOUSE ANNEX - ROOM 102
25 CAPITOL ST
CONCORD NH 03301-6398

DATE: 6/19/2017

CONTRACT #: 8002179

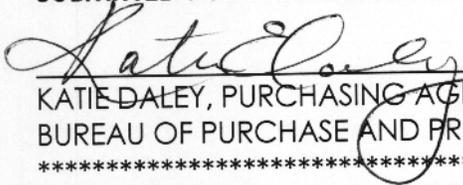
NIGP CODE: 938-59*

CONTRACT FOR: Lab Equipment Service and Repair

CONTRACTOR: PerkinElmer Health Sciences, Inc.

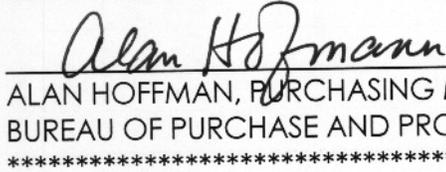
VENDOR CODE #: 174649

SUBMITTED FOR ACCEPTANCE BY:


KATIE DALEY, PURCHASING AGENT
BUREAU OF PURCHASE AND PROPERTY

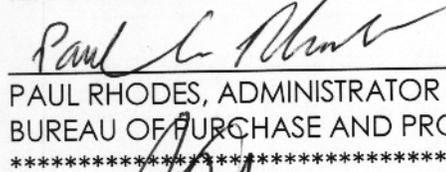
DATE 6/19/2017

RECOMMENDED FOR ACCEPTANCE BY:


ALAN HOFFMAN, PURCHASING MANAGER
BUREAU OF PURCHASE AND PROPERTY

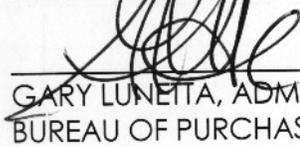
DATE 6/19/17

RECOMMENDED FOR ACCEPTANCE BY:


PAUL RHODES, ADMINISTRATOR III
BUREAU OF PURCHASE AND PROPERTY

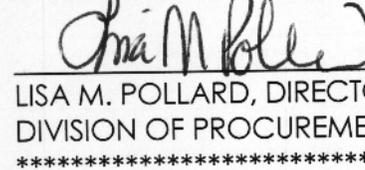
DATE 6/19/17

APPROVED FOR ACCEPTANCE BY:


GARY LUNETTA, ADMINISTRATOR IV
BUREAU OF PURCHASE AND PROPERTY

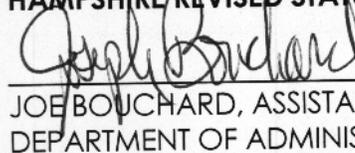
DATE 6/19/17

ENDORSED FOR ACCEPTANCE BY:


LISA M. POLLARD, DIRECTOR
DIVISION OF PROCUREMENT & SUPPORT SERVICES

DATE 6-20-17

ACCEPTED FOR THE STATE OF NEW HAMPSHIRE UNDER THE AUTHORITY GRANTED TO ME BY NEW HAMPSHIRE REVISED STATUTES, ANNOTATED 21-I:14, XII.


JOE BOUCHARD, ASSISTANT COMMISSIONER
DEPARTMENT OF ADMINISTRATIVE SERVICES

DATE 6-20-17

Subject: Lab Equipment Service and Repair

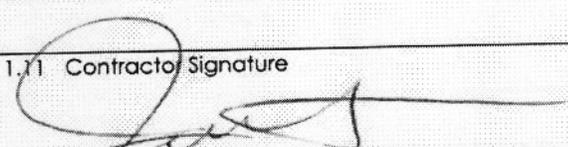
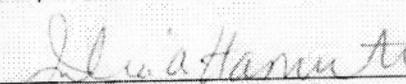
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name State of New Hampshire Administrative Services		1.2 State Agency Address State House Annex, Room 102 25 Capitol Street Concord, NH 03301	
1.3 Contractor Name PerkinElmer Health Sciences, Inc. VC: 174649		1.4 Contractor Address 710 Bridgeport Ave. Shelton, CT 06484	
1.5 Contractor Phone Number (203)402-1903	1.6 Account Number	1.7 Completion Date June 30, 2022	1.8 Price Limitation \$445,000.00
1.9 Contracting Officer for State Agency Katie Daley, Purchasing Agent		1.10 State Agency Telephone Number (603)271-3135	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Judith Albrecht, Assistant Secretary	
1.13 Acknowledgement: State of Connecticut , County of Fairfield On <u>11 May 2017</u> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace [Seal] 			
1.13.2 Name and Title of Notary or Justice of the Peace Julia A. Hamilton, Notary			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Vicki V. Gairan, Commissioner JOSEPH BOUCHARD Assistant Commissioner	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By: _____ On: _____			
1.18 Approval by the Governor and Executive Council (if applicable) By: _____ On: _____			



Julia A. Hamilton
 NOTARY PUBLIC
 State of Connecticut
 My Commission Expires
 August 31, 2018

**EXHIBIT A
SCOPE OF SERVICES**

1. INTRODUCTION

PerkinElmer Health Sciences, Inc. (hereinafter referred to as the "Contractor") hereby agrees to provide the State of New Hampshire (hereinafter referred to as the "State"), Department of Administrative Services, with Lab Equipment Service and Repair in accordance with the bid/proposal submission in response to State Request for Bid #1977-17 and as described herein.

2. CONTRACT DOCUMENTS

This Contract consists of the following documents ("Contract Documents") in order of precedence:

- a. State of New Hampshire Terms and Conditions, General Provisions Form P-37
- b. EXHIBIT A Scope of Services
- c. EXHIBIT B Payment Terms
- d. EXHIBIT C Special Provisions
- e. EXHIBIT D RFB 1977-17

3. TERM OF CONTRACT

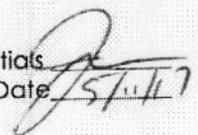
This contract shall commence on July 1, 2017 or the date approved by the Commissioner of Administrative Services, whichever is later, and terminates on June 30, 2022, a period of approximately five (5) years.

4. SCOPE OF WORK

The Contractor shall cover the following services of laboratory equipment/instrumentation currently manufacturer by PerkinElmer or its designee:

The Contractor shall provide:

- 1. Maintenance and repair services for all instruments listed under Exhibit B.
- 2. Unlimited toll-free telephone support during the hours of 8:30 AM and 5:00 PM (EST), Monday through Friday. Contractor shall respond by telephone within four (4) hours of the initial call for service.
- 3. Emergency repairs shall occur between the hours of 8:30 AM and 5:00 PM, Monday through Friday.
- 4. Unlimited emergency on-site repair services, to be provided within three (3) business days from the time it is determined that on-site repairs are needed.
- 5. Immediate notification of all recommended critical software issues.
- 6. Installation of all Original Equipment Manufacturer (OEM) recommended non-billable software and documentation for updates and new releases.
- 7. A 5% *minimum* discount on classroom, web and onsite training.
- 8. One (1) Preventative Maintenance (PM) visit performed by a Field Service Engineer per year on all applicable equipment specified under Exhibit B, and shall include:
 - a. Shall perform all maintenance functions as noted in the owner's manual and recommended by the manufacturer.


5/11/17

- b. The Preventative Maintenance Visit shall occur at a mutually agreeable time which may be combined with a repair visit.
 - c. Test to assure the equipment is functioning according to factory acceptable standards.
9. All labor, travel costs, telephone assistant costs, and service parts, including consumable parts required for PM/repair/updates/etc. are included in the pricing listed in Exhibit B.

The State of New Hampshire reserves the right to add or delete equipment throughout the term of the agreement.

WARRANTY REQUIREMENTS:

The Contractor shall be required to warranty all of the equipment awarded for a period of not less than ninety (90) days, or the manufacturer's United States warranty standard period of time, whichever is greater, from the date the items are received, inspected and accepted by the State of New Hampshire. The warranty shall cover 100% of all parts, shipping, labor, travel, lodging and expenses.

All services performed under this Contract(s) shall be performed between the hours of 8:30 A.M. and 5:00 P.M. unless other arrangements are made in advance with the State. Any deviation in work hours shall be pre-approved by the Contracting Officer. The State requires one-day advance knowledge of said work schedules to provide security and access to respective work areas. No premium charges will be paid for any off-hour work.

The Contractor shall not commence work until such time they have been met at the laboratory and briefed by a member or representative of agency laboratory staff.

The State shall require correction of defective work or damages to any part of a building or its appurtenances when caused by the Contractor's employees, equipment or supplies. The Contractor shall replace in satisfactory condition all defective work and damages rendered thereby or any other damages incurred. Upon failure of the Contractor to proceed promptly with the necessary corrections, the State may withhold any amount necessary to correct all defective work or damages from payments to the Contractor.

The Contractor's work staff shall consist of qualified persons completely familiar with the products and equipment they shall use. The Contracting Officer may require the Contractor to dismiss from the work such employees as deems incompetent, careless, insubordinate, or otherwise objectionable, or whose continued employment on the work is deemed to be contrary to the public interest or inconsistent with the best interest of security and the State.

The Contractor or their personnel shall not represent themselves as employees or agents of the State.

While on State property, employees shall be subject to the control of the State, but under no circumstances shall such persons be deemed to be employees of the State.

All personnel shall observe all regulations or special restrictions in effect at the State Agency.

The Contractor's personnel shall be allowed only in areas where services are being performed. The use of State telephones is prohibited.


5/1/17

If sub-contractors are to be utilized, please include information regarding the proposed sub-contractors including the name of the company, their address, contact person and three references for clients they are currently servicing.

5. TERMINATION

The State of New Hampshire has the right to terminate the contract at any time by giving the Contractor thirty (30) days advance written notice.

6. OBLIGATIONS AND LIABILITY OF THE CONTRACTOR

The Contractor shall provide all services strictly pursuant to, and in conformity with, the specifications described in State RFB #1977-17, as described herein, and under the terms of this Contract.

The Contractor shall agree to hold the State of NH harmless from liability arising out of injuries or damage caused while performing this work. The Contractor shall agree that any damage to building(s), materials, equipment or other property during the performance of the service shall be repaired at its own expense, to the State's satisfaction.

7. DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION LOWER TIER COVERED TRANSACTIONS

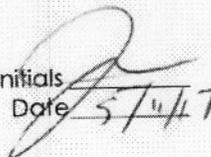
The Contractor certifies, by signature of this contract, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal Department or Agency.

8. CONFIDENTIALITY & CRIMINAL RECORD

If requested by the using agency, the Contractor and its employees, and Sub-Contractors (if any), shall be required to sign and submit a Confidential Nature of Department Records Form and a Criminal Authorization Records Form. These forms shall be submitted to the individual using agency prior to the start of any work.

9. INSURANCE

Certificate of insurance amounts must be met and maintained throughout the term of the contract and any extensions as per the P-37, section 14 and cannot be cancelled or modified until the State receives a 10 day prior written notice.


5/4/17

**EXHIBIT B
PAYMENT TERMS**

1. CONTRACT PRICE

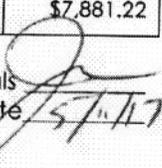
The Contractor hereby agrees to provide Lab Equipment Service and Repair in complete compliance with the terms and conditions specified in Exhibit A for an amount up to and not to exceed a price of \$445,000.00; this figure shall not be considered a guaranteed or minimum figure; however it shall be considered a maximum figure from the effective date of through the expiration date set as June 30, 2022.

2. PRICING STRUCTURE

Fiscal Years:

FY18 will be from July 1, 2017 to June 30, 2018
 FY19 will be from July 1, 2018 to June 30, 2019
 FY20 will be from July 1, 2019 to June 30, 2020
 FY21 will be from July 1, 2020 to June 30, 2021
 FY22 will be from July 1, 2021 to June 30, 2022

LABS/EQUIPMENT	FY2018	FY2019	FY2020	FY2021	FY2022
Public Health Laboratories (PHL)					
ICP MS (Elite) ELANDRCII S/N Q0480204 (291N2052106)	\$25,752.00	\$26,395.80	\$27,055.70	\$27,732.09	\$28,425.39
MasSoftware S/N Q0480204	\$924.00	\$947.10	\$970.78	\$995.05	\$1,019.92
Chiller - Polyscience, Model N8122248, Serial # 4E1691356	\$444.00	\$455.10	\$466.48	\$478.14	\$490.09
CETEC ASX - 520 040579A520	\$2,016.00	\$2,066.40	\$2,118.06	\$2,171.01	\$2,225.29
VictorX2, S/N 20301995	\$3,012.00	\$3,087.30	\$3,164.48	\$3,243.59	\$3,324.68
Shaker4Plate S/N 100105297	\$240.00	\$246.00	\$252.15	\$258.45	\$264.92
Delfia Plate Washer (KC9D306603)	\$1,116.00	\$1,143.90	\$1,172.50	\$1,201.81	\$1,231.86
TRI-Carb 2800TR Liquid Scintillation Counter S/N DG12073344	\$3,288.12	\$3,370.32	\$3,454.58	\$3,540.95	\$3,629.47
Zephyr 96-well Extraction System, ZY1522N0531	\$6,936.00	\$7,109.40	\$7,287.14	\$7,469.31	\$7,656.05
Department of Safety (DOS)					
Clarus 580 GC S/N 580516042816	\$3,240.00	\$3,321.00	\$3,404.03	\$3,489.13	\$3,576.35
Turbomatrix HS Series S/N HS4051604281	\$4,428.00	\$4,538.70	\$4,652.17	\$4,768.47	\$4,887.68
Turbomatrix 110 S/N HS40L0611241	\$4,428.00	\$4,538.70	\$4,652.17	\$4,768.47	\$4,887.68
Clarus 500 GC S/N 650N6120807	\$3,240.00	\$3,321.00	\$3,404.03	\$3,489.13	\$3,576.35
Department of Environmental Services Air Resources (DES)					
Clarus 500 GC S/N 650N4092702	\$3,396.00	\$3,480.90	\$3,567.92	\$3,657.12	\$3,748.55
Turbomatrix 100 thermal desorber S/N M41L0506149	\$3,876.00	\$3,972.90	\$4,072.22	\$4,174.03	\$4,278.38
Clarus 500 GC S/N 650N7102601	\$3,396.00	\$3,480.90	\$3,567.92	\$3,657.12	\$3,748.55
Turbomatrix 100 thermal desorber S/N TD100L0710271	\$7,140.00	\$7,318.50	\$7,501.46	\$7,689.00	\$7,881.22

Contractor Initials 
 Date 5/7/17

The State of New Hampshire reserves the right to add or delete equipment in this agreement within the contract period. As a result, a contingency of 10% of the contract price limitation shall be authorized, in the event an agency adds equipment(s) to be serviced under this agreement, the above listed prices shall remain firm.

4. INVOICE

Itemized invoices shall be submitted to the individual agency after the completion of the job/services and shall include a brief description of the work done along with the location of work.

Contractor shall be paid within 30 days after receipt of properly documented invoice and acceptance of the work to the State's satisfaction.

Contractor shall be paid by Procurement Card when invoice is received.

5. PAYMENT

Payments shall be made via Procurement Card.


5/7/17

**EXHIBIT C
SPECIAL PROVISIONS**

There are no special provisions of this contract.

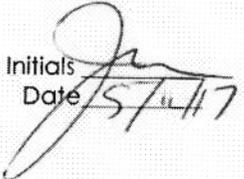
Contractor Initials 
Date 5/17

EXHIBIT D

RFB #1977-17 is incorporated here within.

Contractor Initials

Date

[Handwritten Signature]
5/14/17