DATE: 5/27/2020

CONTRACT #: 8002424

NIGP CODE: 936-3376

CONTRACT FOR: Fire Alarm Maintenance Services

VENDOR CODE #: 175878

CONTRACTOR: Johnson Control Fire Protection LP

SUBMITTED FOR ACCEPTANCE BY:

ERICA BRISSON, PURCHASING AGENT
BUREAU OF PURCHASE AND PROPERTY

DATE 6/15/2020

RECOMMENDED FOR ACCEPTANCE BY:

PAUL RHODES, ADMINISTRATOR III
BUREAU OF PURCHASE AND PROPERTY

DATE 6/15/2020

APPROVED FOR ACCEPTANCE BY:

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

DATE 6/16/2020

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 6/19-20
SIXTH AMENDMENT TO THE CONTRACT
BETWEEN JOHNSON CONTROL FIRE PROTECTION LP
AND
THE STATE OF NEW HAMPSHIRE, DEPARTMENT OF ADMINISTRATIVE SERVICES,
FOR FIRE ALARM MAINTENANCE SERVICES
CONTRACT # 8002424

This Sixth Amendment (hereinafter referred to as the "Amendment"), dated this 23rd day of May, 2020, is by and between the State of New Hampshire, Department of Administrative Services (hereinafter referred to as "the State") and Johnson Control Fire Protection LP (hereinafter referred to as "the Contractor") for Fire Alarm Maintenance Services.

WHEREAS, pursuant to an agreement effective January 1, 2019, amended by the First Amendment on February 8, 2019, amended by the Second Amendment on March 7, 2019, amended by the Third Amendment on May 6, 2019, amended by the Fourth Amendment on October 2, 2019, amended by the Fifth Amendment on January 10, 2020 and set to expire December 31, 2021, (hereinafter referred to as "the Agreement"), the Contractor agreed to perform certain fire alarm maintenance services 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 $725,442.16

2. Amend Exhibit B Payment & Pricing; remove the following locations and pricing:

<table>
<thead>
<tr>
<th>Department of Environmental Services</th>
<th>Annual Cost 2020</th>
<th>Annual Cost 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>DES-WRBP Glendale Pump Station, 74 Weirs Rd., Gilford, NH</td>
<td>$140.00</td>
<td>$140.00</td>
</tr>
<tr>
<td>DES-WRBP Glendale Pump Station, 31 Dock Rd., Gilford, NH</td>
<td>$140.00</td>
<td>$140.00</td>
</tr>
<tr>
<td>DES-WRBP Jewett Brook Pump Station, 73 Strafford St., Laconia, NH</td>
<td>$140.00</td>
<td>$140.00</td>
</tr>
<tr>
<td>DES-WRBP Laconia Maintenance Shop, 202 Water St., Laconia, NH</td>
<td>$280.00</td>
<td>$280.00</td>
</tr>
<tr>
<td>DES-WRBP MLC Pump Station, 763 Scenic Drive, Laconia, NH</td>
<td>$140.00</td>
<td>$140.00</td>
</tr>
<tr>
<td>DES-WRBP North Main Pump Station, 1539 Old North Main St., Laconia, NH</td>
<td>$140.00</td>
<td>$140.00</td>
</tr>
<tr>
<td>DES-WRBP Paugus Pump Station, 29 Paugus Park Rd., Laconia, NH</td>
<td>$140.00</td>
<td>$140.00</td>
</tr>
<tr>
<td>DES-WRBP Pendleton Pump Station, 67 Pendleton Beach Rd., Laconia, NH</td>
<td>$140.00</td>
<td>$140.00</td>
</tr>
</tbody>
</table>

Page 1 of 3
Contractor Initials: [Signature]
Date: [Date]
<table>
<thead>
<tr>
<th>Location</th>
<th>Annual Cost 2020</th>
<th>Annual Cost 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>DES-WRBP River Street Pump Station, 101 River Rd., Franklin, NH</td>
<td>$140.00</td>
<td>$140.00</td>
</tr>
<tr>
<td>DES-WRBP State School Pump Station, 1 Right Way Path, Laconia, NH</td>
<td>$140.00</td>
<td>$140.00</td>
</tr>
<tr>
<td>DES-WRBP WWTP Control Building, 528 River Rd., Franklin, NH</td>
<td>$1,540.00</td>
<td>$1,540.00</td>
</tr>
<tr>
<td>DES-WRBP WWTP Electrical Annex, 528 River Rd., Franklin, NH</td>
<td>$140.00</td>
<td>$140.00</td>
</tr>
<tr>
<td>DES-WRBP WWTP UV Building, 528 River Rd., Franklin, NH</td>
<td>$350.00</td>
<td>$350.00</td>
</tr>
<tr>
<td>DES-WRBP Winnisquam Pump Station, 202 Water St., Laconia, NH</td>
<td>$140.00</td>
<td>$140.00</td>
</tr>
<tr>
<td>DES-WRBP Ellacoya Pump Station, 280 Scenic Drive, Gilford, NH</td>
<td>$140.00</td>
<td>$140.00</td>
</tr>
</tbody>
</table>

Add the following location and pricing:

<table>
<thead>
<tr>
<th>NH Department of Transportation- Bridge Maintenance</th>
<th>Annual Cost 2020</th>
<th>Annual Cost 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Portsmouth Memorial Bridge, 45 State St., Portsmouth, NH</td>
<td>$2,392.00</td>
<td>$2,392.00</td>
</tr>
</tbody>
</table>

3. All other provisions of the Agreement, approved by the Commissioner, Department of Administrative Services on November 1, 2018, effective January 1, 2019, amended by the First Amendment on February 8, 2019, amended by the Second Amendment on March 7, 2019, amended by the Third Amendment on May 6, 2019, amended by the Fourth Amendment on October 2, 2019, and amended by the Fifth Amendment on January 10, 2020 and set to expire on December 31, 2021. The contract shall remain in full force and effect.
JOHNSON CONTROL FIRE PROTECTION LP  

By:  

W. Dean Bedard  
(Print Name)  

Title: TSM  

Date: 5-26-20  

STATE OF NEW HAMPSHIRE  

By:  

Charles M. Arlinghaus  
(Print Name)  

Title: Commissioner, Department of Administrative Services  

Date: 6-19-20  

NOTARY PUBLIC/JUSTICE OF THE PEACE  

On the 26th day of May, 2020  
There appeared before me, the state and countyforesaid a person who satisfactorily identified himself as  

W. Dean Bedard  

And acknowledge that he executed this document indicated above.  

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

Theresa A. Colman  
(Notary Public/Justice of the Peace)  

My commission expires:  

1-24-23  
(Date)  

THERESA A. COLMAN  
Notary Public  
State of New Hampshire  
My Commission Expires 01/24/2023  

Page 3 of 3  
Contractor Initials:  
Date: 6/24/20
JOHNSON CONTROL FIRE PROTECTION LP
SECRETARY'S CERTIFICATE

I, Jennifer Leong, Secretary of Johnson Controls Fire Protection LP, a Delaware limited partnership (the "Limited Partnership") hereby certify that as of May 11, 2020, W. Dean Bedard, Total Service Manager for the Limited Partnership, is authorized to sign and to execute documents in connection with Contract Number 8002424 for Fire Alarm Maintenance Services and related work for the State of New Hampshire.

The Certificate of Authority is valid from this date forward until otherwise amended by the Limited Partnership.

IN WITNESS WHEREOF, the undersigned has executed this Certificate on May 11, 2020.

__________________________
Jennifer Leong, Secretary
CERTIFICATE OF LIABILITY INSURANCE

PRODUCER
Marsh USA Inc.
411 E. Wisconsin Avenue
Suite 1300
Milwaukee, WI 53202
Attn: CJ. Cerritrequest@marsh.com
CN101230:506-5-19-20

INSURED
Johnson Controls, Inc.
Tyco International Holding S.a.r.l.
SimplexGrinnell LP
(see attached Acord 101)
5757 North Green Bay Avenue
Milwaukee, WI 53209

CONTACT NAME: ...
PHONE: ...
FAX: ...
EMAIL: ...
INSURER(S) AFFORDING COVERAGE
INSURER A: Old Republic Insurance Company
24147
INSURER B: ACE Property and Casualty Insurance Company
20699
INSURER C: 
INSURER D: 
INSURER E: 
INSURER F: 

COVERAGE NUMBER: CH-00907460-01
REVISION NUMBER: 1

DATE (MM/DD/YYYY) 04/22/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFER 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).

POLICY NUMBER: M4Z3 31347-19
POLICY EFF (MM/DD/YYYY): 10/01/2019
POLICY EXP (MM/DD/YYYY): 10/01/2020

LIMITS

EXC. OCCURRANCE $10,000,000
DAMAGE TO RENTED PREMISES (Exc. occurrence) $10,000,000
MED. EXP. (Any one person) $50,000
PERSONAL & ADV. INJURY $10,000,000
GENERAL AGGREGATE $30,000,000
PRODUCTS- COMPO SP AGG $500,000
INC. IN GEN. AGG $50,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: Milford Circuit Courthouse
See attached Acord 101 for additional information including Additional Insured, Primary/Non-contributory, Waiver of Subrogation and Notice of Cancellation provisions.

CERTIFICATE HOLDER
State of New Hampshire
25 Capitol Street, RM 102
Concord, NH 03301

Authorized Representative
of Marsh USA Inc.
Manashi Mukherjee

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ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

WORKERS COMPENSATION:
Workers Compensation "AOS" Policy includes coverage for employees from the following States WHILE WORKING IN ANY STATE: AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NE, NH, NJ, NM, NV, NY, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WI, & WV.

PRIMARY COVERAGE:
The General Liability and Automobile Liability policies are primary and not excess of or contributing with other insurance or self-insurance, where required by written lease or written contract. For General Liability, this applies to both ongoing and completed operations.

WAIVER OF SUBROGATION:
The General Liability, Automobile Liability, Workers' Compensation and Employers Liability policies include a Waiver of Subrogation in favor of the cedent and any other person or organization, BUT ONLY to the extent required by written contract.

ADDITIONAL INSURED - AUTOMOBILE LIABILITY:
The Automobile Liability policy, if required by written contract, includes coverage for Additional insureds as required by such written contract.

ADDITIONAL INSURED - GENERAL LIABILITY:
For General Liability, if required by written contract, the following are included as additional insureds, as required pursuant to a written contract with a named insured, per attached Policy Endorsements and as required by written contract.

LIMIT OF LIABILITY:
The Liability Limit that applies is the amount indicated on the face of this Certificate of Liability Insurance, or the minimum Liability limit that is required by the written contract, whichever is less. If there is no contract then the Liability Limit is limited to $1,000,000.

UMBRELLA-EXCESS LIABILITY:
If the primary insurance policies noted on the face of this Certificate of Liability Insurance satisfy the combination of minimum primary limits and minimum Umbrella-Excess Liability limits required by the written contract, the Umbrella-Excess Liability limits shown on the face of this Certificate of Liability Insurance do not apply.

NOTICE OF CANCELLATION TO CERTIFICATE HOLDERS:
Should any of the above described policies be cancelled, other than for non-payment, before the expiration date thereof, 30 days notice of cancellation will be delivered to certificate holders in accordance with the policy endorsements.

NAMED INSURED:

ACORD 101 (2008/01) © 2008 ACORD CORPORATION. All rights reserved.
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):
If required by contract, the person or organization listed on the certificate of insurance as additional insured, and each other person or organization required to be included as an additional insured pursuant to a contract with a named insured.

Location(s) Of Covered Operations:
As required by contract.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II - Who is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused solely by:

1. Your acts or omissions; or

2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

If required by contract, the person or organization listed on the certificate of insurance as additional insured, and each other person or organization required to be included as an additional insured pursuant to a contract with a named insured.

Location And Description Of Completed Operations:

As required by contract.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused solely by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

GL 289 002 1012
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 JOHNSON CONTROLS FIRE PROTECTION LP a Delaware Limited Partnership formed to transact business in New Hampshire on April 19, 2001. I further certify that it has paid the fees required by law and has not dissolved.

Business ID: 369964
Certificate Number: 0004898780

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire,
this 22nd day of April A.D. 2020.

William M. Gardner
Secretary of State
DATE: 5/14/2020

CONTRACT #: 8002424

NIGP CODE: 936-3376

CONTRACT FOR: Fire Alarm Maintenance Services

VENDOR CODE #: 175878

CONTRACTOR: Johnson Control Fire Protection LP

SUBMITTED FOR ACCEPTANCE BY:

ERICA BRISON, PURCHASING AGENT
BUREAU OF PURCHASE AND PROPERTY

DATE 5/15/2020

RECOMMENDED FOR ACCEPTANCE BY:

PAUL RHODES, ADMINISTRATOR III
BUREAU OF PURCHASE AND PROPERTY

DATE 5/15/2020

APPROVED FOR ACCEPTANCE BY:

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

DATE 5/15/2020

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 5/16/20

Form Revised 8/23/2019 LMR
STATE OF NEW HAMPSHIRE
BUREAU OF PURCHASE AND PROPERTY
STATE HOUSE ANNEX - ROOM 102
25 CAPITOL ST
CONCORD NH 03301-6398

DATE: 1/9/2020

CONTRACT #: 8002424 NIGP CODE: 936-3376

CONTRACT FOR: Fire Alarm Maintenance Service

CONTRACTOR: Johnson Control Fire Protection LP VENDOR CODE #: 175878

SUBMITTED FOR ACCEPTANCE BY:

ERICA BRISSON, PURCHASING AGENT
BUREAU OF PURCHASE AND PROPERTY

RECOMMENDED FOR ACCEPTANCE BY:

PAUL RHODES, ADMINISTRATOR III
BUREAU OF PURCHASE AND PROPERTY

APPROVED FOR ACCEPTANCE BY:

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

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

Form Revised 8/23/2019 LMR
FIFTH AMENDMENT TO THE CONTRACT
BETWEEN JOHNSON CONTROL FIRE PROTECTION LP
AND
THE STATE OF NEW HAMPSHIRE, DEPARTMENT OF ADMINISTRATIVE SERVICES,
FOR FIRE ALARM MAINTENANCE SERVICES
CONTRACT # 8002424

This Fifth Amendment (hereinafter referred to as the "Amendment"), dated this 15th day of January, 2020, is by and between the State of New Hampshire, Department of Administrative Services (hereinafter referred to as "the State") and Johnson Control Fire Protection LP (hereinafter referred to as "the Contractor") for Fire Alarm Maintenance Services.

WHEREAS, pursuant to an agreement effective January 1, 2019, amended by the First Amendment on February 8, 2019, amended by the Second Amendment on March 7, 2019, amended by the Third Amendment on May 6, 2019, amended by the Fourth Amendment on October 2, 2019 and set to expire December 31, 2021, (hereinafter referred to as "the Agreement"), the Contractor agreed to perform certain fire alarm maintenance services 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 $728,358.16

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

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>INSPECTION COVERAGE</th>
<th>ANNUAL COST 2020</th>
<th>ANNUAL COST 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hooksett FMS,</td>
<td>Annual</td>
<td>$1,500.00</td>
<td>$1,500.00</td>
</tr>
<tr>
<td>1241 Hooksett Road, Hooksett</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. The Department of Corrections shall have one annual inspection per year per facility starting January 1, 2020 through December 31, 2021.

4. All other provisions of the Agreement, approved by the Commissioner, Department of Administrative Services on November 1, 2018, effective January 1, 2019, amended by the First Amendment on February 8, 2019, amended by the Second Amendment on March 7, 2019, amended by the Third Amendment on May 6, 2019, amended by the Fourth Amendment on October 2, 2019 and set to expire December 31, 2021. The contract shall remain in full force and effect.

Contractor Initials: [Signature]
Date: [Signature]
JOHNSON CONTROL FIRE PROTECTION LP

By: ____________________________
    W. Dean Bedard
    (Print Name)

Title: TSM
Date: 1-8-20

STATE OF NEW HAMPSHIRE

By: ____________________________
    Charles M. Arlinghaus
    (Print Name)

Title: Commissioner,
       Department of Administrative Services
Date: 1-10-2020

NOTARY PUBLIC/JUSTICE OF THE PEACE

On the 2nd day of January, 2020
There appeared before me, the state and county foresaid a person who satisfactorily
identified himself as

W. Dean Bedard.

And acknowledge that he executed this
document indicated above.

Theresa A. Colman
(Notary Public/Justice of the Peace)

My commission expires:

1-24-23
(Date)

THERESA A. COLMAN
Notary Public
State of New Hampshire
My Commission Expires 01/24/2023
JOHNSON CONTROL FIRE PROTECTION LP

SECRETARY’S CERTIFICATE

I, Jennifer Leong, Secretary of Johnson Controls Fire Protection LP, a Delaware limited partnership (the “Limited Partnership”) hereby certify that as of January 2, 2020, W. Dean Bedard, Total Service Manager for the Limited Partnership, is authorized to sign and to execute documents in connection with RFP 2070-18 Fire Suppression System Testing, Fire Alarm Maintenance, Kitchen Fire Suppression, Fire Extinguisher and related work to the P-37 Contract for the State of New Hampshire.

The Certificate of Authority is valid from this date forward until otherwise amended by the Limited Partnership.

IN WITNESS WHEREOF, the undersigned has executed this Certificate.

[Signature]
Jennifer Leong, Secretary
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFER 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
Marsh USA Inc.
411 E. Wisconsin Avenue
Suite 1300
Milwaukee, WI 53202
Attn: JCI.CertRequest@marsh.com
CN101235256-5-1-19-20

CONTACT
NAME: 
PHONE: 
MAIL No. Ext: 
FAX: 
EMAIL: 
ADDRESS: 

INSURER(S) AFFORDING COVERAGE

INSURER A: Old Republic Insurance Company
24147

INSURER B: ACE Property and Casualty Insurance Company
20689

INSURER C: 

INSURER D: 

INSURER E: 

INSURER F: 

COVERAGE NO.

CERTIFICATE NUMBER: CH-002222422-05

REVISED 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.

INSTR.

LTS.

TYPE OF INSURANCE

ADDITIONAL INSURED

INSURED W/ W/O

POLICY NUMBER

POLICY EFFECT

POLICY EXPIRY

LIMITS

A

COMMERCIAL GENERAL LIABILITY

CLAIMS-MADE X OCCUR

X

Contractual Liability

X

XCU Included

GENL AGGREGATE LIMIT APPLIES PER:

LOC

OTHER:

MWZY 313947-19

10/01/2019

10/01/2020

X EACH OCCURRENCE

$ 10,000,000

CUMULATIVE SINGLE LIMIT

$ 10,000,000

DAMAGE TO RENTED PROPERTY (A occurrence)

$ 10,000,000

MED EXP (Any one person)

$ 50,000

PERSONAL & ADJURY

$ 10,000,000

GENERAL AGGREGATE

$ 30,000,000

PRODUCTS-COURT-AGG

INC IN GEN AGG

B

AUTOMOBILE LIABILITY

ANY AUTO

OWNED AUTOS ONLY

SCHEDULED AUTOS

Hired AUTOS ONLY

NON-OWNED AUTOS ONLY

MWTB 313946 (Excludes New Hampshire)

MWTB 313945 (Primary NH $250K)

MWXZ 313950 (Excess NH $77.25mm)

10/01/2019

10/01/2020

10/01/2019

10/01/2020

10/01/2019

10/01/2020

X EACH OCCURRENCE

$ 7,500,000

CUMULATIVE SINGLE LIMIT (Per accident)

$ 7,500,000

BODILY INJURY (Per person)

$ 7,500,000

PERSONAL & ADJURY (Per accident)

$ 7,500,000

PROPERTY DAMAGE (Per accident)

$ 7,500,000

EACH OCCURRENCE

$ 5,000,000

AGGREGATE

$ 5,000,000

C

UMBRELLA LIABILITY

CLAIMS-MADE X OCCUR

MWXZ 313944 (CH & WA)

10/01/2019

10/01/2020

X EACH OCCURRENCE

$ 5,000,000

EACH EXCESS LIABILITY

$ 5,000,000

EACH DISEASE - EA EMPLOYER

$ 5,000,000

EACH DISEASE - POLICY LIMIT

$ 5,000,000

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

Re: Contract #6002426 & Contract #6002424.

See attached Acord 101 for additional information including Additional Insured, Primary/Non-contributory, Waiver of Subrogation and Notice of Cancellation provisions.

CERTIFICATE HOLDER

Manish Mukherjee

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

Manish Mukherjee

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Business Information

Business Details

Business Name: JOHNSON CONTROLS, INC.
Business Type: Foreign Profit Corporation
Business Creation Date: 01/02/1958
Date of Formation in Jurisdiction: 01/02/1958
Principal Office % Corporate Tax X 81 5757 N Address: Green Bay Ave PO Box 591, Milwaukee, WI, 53209, USA
Citizenship / State of Incorporation: Foreign/Wisconsin

Business ID: 2045
Business Status: Good Standing
Name in State of Incorporation: JOHNSON CONTROLS, INC.
Mailing Address: PO Box 591,, X-81, Milwaukee, WI, 53201 - 0591, USA
Last Annual Report Year: 2019
Next Report Year: 2020
Phone #: 414-524-2058
Fiscal Year End Date: NONE

Duration: Perpetual
Business Email: laura.a.hawkins@jci.com
Notification Email: NONE

Principal Purpose

<table>
<thead>
<tr>
<th>S.No</th>
<th>NAICS Code</th>
<th>NAICS Subcode</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>OTHER / DESIGN, SALE, INSTALLATION &amp; SERVICE OF BUILDING CONTROLS (1997 AR)</td>
<td></td>
</tr>
</tbody>
</table>

Page 1 of 1, records 1 to 1 of 1

Principals Information

<table>
<thead>
<tr>
<th>Name/Title</th>
<th>Business Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael R Peterson / President</td>
<td>5757 N Green Bay Ave, Milwaukee, WI, 53209 - 4408, USA</td>
</tr>
<tr>
<td>Rodney N Rushing / Vice President</td>
<td>5757 N Green Bay Ave, Milwaukee, WI, 53209 - 4408, USA</td>
</tr>
<tr>
<td>Michael R Peterson / Secretary</td>
<td>5757 N Green Bay Ave, Milwaukee, WI, 53209 - 4408, USA</td>
</tr>
<tr>
<td>Marc E L Vandiepenbeeck / Treasurer</td>
<td>5757 N Green Bay Ave, Milwaukee, WI, 53209 - 4408, USA</td>
</tr>
<tr>
<td>Michael R Peterson / Director</td>
<td>5757 N Green Bay Ave, Milwaukee, WI, 53209 - 4408, USA</td>
</tr>
</tbody>
</table>

Registered Agent Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>C T Corporation System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Office Address:</td>
<td>2 1/2 Beacon Street, Concord, NH, 03301 - 4447, USA</td>
</tr>
<tr>
<td>Registered Mailing Address:</td>
<td>2 1/2 Beacon Street, Concord, NH, 03301 - 4447, USA</td>
</tr>
</tbody>
</table>

Trade Name Information

No Trade Name(s) associated to this business.

Trade Name Owned By

No Records to View.

Trademark Information

<table>
<thead>
<tr>
<th>Trademark Number</th>
<th>Trademark Name</th>
<th>Business Address</th>
<th>Mailing Address</th>
</tr>
</thead>
</table>

No records to view.
DATE: 9/30/2019

CONTRACT #: 8002424

NIGP CODE: 936-3376

CONTRACT FOR: Fire Alarm Maintenance

VENDOR CODE #: 175878

CONTRACTOR: Johnson Control Fire Protection LP

SUBMITTED FOR ACCEPTANCE BY:

ERICA BRISSON, PURCHASING AGENT
BUREAU OF PURCHASE AND PROPERTY

DATE: 9/30/19

RECOMMENDED FOR ACCEPTANCE BY:

PAUL RHODES, ADMINISTRATOR III
BUREAU OF PURCHASE AND PROPERTY

DATE: 10/1/19

APPROVED FOR ACCEPTANCE BY:

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

DATE: 10/1/19

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: 10-2-19

Form Revised 8/23/2019 LMR
FOURTH AMENDMENT TO THE CONTRACT
BETWEEN JOHNSON CONTROL FIRE PROTECTION LP
AND
THE STATE OF NEW HAMPSHIRE, DEPARTMENT OF ADMINISTRATIVE SERVICES,
FOR FIRE ALARM MAINTENANCE SERVICES
CONTRACT # 8002424

This Fourth Amendment (hereinafter referred to as the “Amendment”), dated this 30th day of September, 2019, is by and between the State of New Hampshire, Department of Administrative Services (hereinafter referred to as “the State”) and Johnson Control Fire Protection LP (hereinafter referred to as “the Contractor”) for Fire Alarm Maintenance Services.

WHEREAS, pursuant to an agreement effective January 1, 2019, amended by the First Amendment on February 8, 2019, amended by the Second Amendment on March 7, 2019, amended by the Third Amendment on May 6, 2019 and set to expire December 31, 2021, (hereinafter referred to as “the Agreement”), the Contractor agreed to perform certain fire alarm maintenance services 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 $725,358.16

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

<table>
<thead>
<tr>
<th>DEPARTMENT OF TRANSPORTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOCATION</td>
</tr>
<tr>
<td>----------</td>
</tr>
<tr>
<td>District 1, 116 Brown Rd., Groveton</td>
</tr>
</tbody>
</table>

Add the following locations and prices:

<table>
<thead>
<tr>
<th>DEPARTMENT OF CORRECTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOCATION</td>
</tr>
<tr>
<td>----------</td>
</tr>
<tr>
<td>Northern NH Correctional Facility</td>
</tr>
<tr>
<td>NH State Prison for Men</td>
</tr>
<tr>
<td>Facility Name</td>
</tr>
<tr>
<td>--------------------------------------</td>
</tr>
<tr>
<td>NH Correctional Facilities Women</td>
</tr>
<tr>
<td>NH State Prison Warehouse</td>
</tr>
<tr>
<td>NH State Prison Retail Store &amp; Farm</td>
</tr>
<tr>
<td>Concord Probate &amp; Parole District Office</td>
</tr>
<tr>
<td>North End House</td>
</tr>
<tr>
<td>Shea Farm</td>
</tr>
<tr>
<td>Calumet</td>
</tr>
<tr>
<td>Transitional Work Center &amp; Minimum Security Unit</td>
</tr>
</tbody>
</table>

3. All other provisions of the Agreement, approved by the Commissioner, Department of Administrative Services on November 1, 2018, shall remain in full force and effect.
JOHNSON CONTROL FIRE PROTECTION LP

By: [Signature]

W. Dean Bedard
(Print Name)

Title: Total Service Manager

Date: 9-30-2019

STATE OF NEW HAMPSHIRE

By: [Signature]

Charles M. Arlinghaus
(Print Name)

Title: Commissioner

Department of Administrative Services

Date: 10-2-19

NOTARY PUBLIC/JUSTICE OF THE PEACE

On the 30 day of September, 2019,
There appeared before me, the state and county foresaid a person who satisfactorily identified himself as

W. Dean Bedard

And acknowledge that he executed this document indicated above.

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

Theresa A. Thuillier
(Notary Public/Justice of the Peace)

My commission expires:

1-24-23
(Date)

THERESA A. THUILLIER, Notary Public
My Commission Expires January 24, 2023
JOHNSON CONTROLS FIRE PROTECTION LP

SECRETARY'S CERTIFICATE

I, Jennifer L. Leong, Secretary of Johnson Controls Fire Protection LP, a Delaware limited partnership (the “Limited Partnership”) hereby certify that as of March 26, 2019, W. Dean Bedard, Total Service Manager for the Limited Partnership, is authorized to sign and to execute documents in connection with RFB 2070-18 Fire Suppression System Testing, Fire Alarm Maintenance, Kitchen Fire Suppression, Fire Extinguisher and related work to the P-37 Contract for the State of New Hampshire.

This Certificate of Authority is valid from this date forward until otherwise amended by Johnson Controls Fire Protection LP.

IN WITNESS WHEREOF, the undersigned has executed this Certificate.

Jennifer L. Leong, Secretary
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFER NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE ASSUMED BY THE INSURERS 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
Marsh USA Inc.
411 E. Wisconsin Avenue
Suite 1300
Milwaukee, WI 53202
Attn: JCI.Certifquest@marsh.com
CN101230356-5-19-20

INSURED
Johnson Controls, Inc.
Tyco International Holding S.a.r.l.
SimplexGrinnell LP
(see attached Acord 161)
5757 North Green Bay Avenue
Milwaukee, WI 53209

COVERAGES

CERTIFICATE NUMBER:
CHI: 00228242-05

COVERAGE

INSCR TYPE OF INSURANCE
A X COMMERCIAL GENERAL LIABILITY
X CLAIMS-MADE
X OCCUR
X Commercial Liability
X XCU Induced

SEvLE AGGREGATE LIMIT APPLIES PER:
X POLICY
X SEXT
X LOG

OTHER:

INSCR TYPE OF INSURANCE
A X AUTOMOBILE LIABILITY
X ANY AUTO
X Owned
X Auto-Only
X Scheduled
X Non-Owned
X Auto-Only
X Hired
X Auto-Only
X Excess NH Auto Is Follow Form
X Primary NH Auto

C X UMBRELLA LIABILITY
X OCCUR
X CLAIMS-MADE

C E D
X RETENTION
S

INSCR TYPE OF INSURANCE
A X WORKERS' COMPENSATION
X AND EMPLOYERS' LIABILITY
Y IN
N N/A

X N Y

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

Re: Contract #0001425 & Contract #0002425.

See attached Acord 101 for additional information including Additional Insured, Primary/Non-contributory, Waiver of Subrogation and Notice of Cancellation provisions.

CERTIFICATE HOLDER
State of New Hampshire
Department of Administrative Services
Bureau of Purchasing and Property
25 Capitol Street, RM 102
Concord, NH 03301

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.
Manshi Mukherjee

© 1986-2016 ACORD CORPORATION. All rights reserved.
ADDITIONAL REMARKS SCHEDULE

AGENCY: Marsh USA Inc.

POLICY NUMBER:

CARRIER:

NAIC CODE:

EFFECTIVE DATE:

ADDITIONAL REMARKS

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

WORKERS COMPENSATION:
Workers Compensation "AOS" Policy includes coverage for employees from the following States WHILE WORKING IN ANY STATE:AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA,
HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WI, & WV.

PRIMARY COVERAGE:
The General Liability and Automobile Liability policies are primary and not excess of or contributing with other insurance or self-insurance, where required by written lease or written contract. For General Liability, this applies to both ongoing and completed operations.

WAIVER OF SUBROGATION:
The General Liability, Automobile Liability, Workers' Compensation and Employers Liability policies include a Waiver of Subrogation in favor of the cedent insurer and any other person or organization, BUT ONLY to the extent required by written contract.

ADDITIONAL INSURED - AUTOMOBILE LIABILITY:
The Automobile Liability policy, if required by written contract, includes coverage for Additional Insureds as required by such written contract.

ADDITIONAL INSURED - GENERAL LIABILITY:
For General Liability, if required by written contract, the following are included as Additional Insureds, as required pursuant to a written contract with a named insured, per attached Policy Endorsements A2 and A6A; THE CERTIFICATE HOLDER LISTED ON THIS CERTIFICATE OF LIABILITY INSURANCE, AND EACH OTHER PERSON OR ORGANIZATION REQUIRED TO BE INCLUDED AS AN ADDITIONAL INSURED PURSUANT TO A WRITTEN CONTRACT WITH THE NAMED INSURED.

CONTINUING OPERATIONS AND COMPLETED OPERATIONS INSURANCE
The General Liability Insurance includes insurance for ongoing operations and completed operations.

LIMIT OF LIABILITY:
The Liability Limit that applies is the amount indicated on the face of this Certificate of Liability Insurance, or the minimum Liability Limit that is required by the written contract, whichever is less. If there is no contract then the Liability Limit is limited to $1,000,000.

UMBRELLA EXCESS LIABILITY:
The primary insurance policies noted on the face of this Certificate of Liability Insurance satisfy the combination of minimum primary limits and minimum Umbrella/Excess Liability limits required by the written contract, the Umbrella/Excess Liability limits shown on the face of this Certificate of Liability insurance do not apply.

NOTICE OF CANCELLATION TO CERTIFICATE HOLDERS:
Should any of the above described policies be cancelled, other than for non-payment, before the expiration date thereof, 30 days notice of cancellation will be delivered to certificate holders in accordance with the policy endorsements.

NAMED INSURED:
Air Distribution Technologies, Inc.; Air Systems Components, Inc.; Carrier Brothers, LLC; CEM Access Systems, Inc.; Central CPVC Corporation; Central Sprinkler LLC;

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IL 10 (12/06)  OLD REPUBLIC INSURANCE COMPANY

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION - ENDORSEMENT A2

<table>
<thead>
<tr>
<th>Named Insured</th>
<th>Endorsement Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Johnson Controls, Inc. Tyco International Holding S.a.r.l.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Policy Prefix</th>
<th>Policy Number</th>
<th>Policy Period</th>
<th>Effective Date of Endorsement</th>
</tr>
</thead>
<tbody>
<tr>
<td>MWZY 313947-19</td>
<td>10/01/2019 - 10/01/2020</td>
<td>10/01/19</td>
<td></td>
</tr>
</tbody>
</table>

| Issued By | Old Republic Insurance Company |

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

If required by contract, the person or organization listed on the certificate of insurance as additional insured, and each other person or organization required to be included as an additional insured pursuant to a contract with a named insured,

Location(s) Of Covered Operations:

As required by contract.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II - Who is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused solely by:

1. Your acts or omissions; or

2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

GL 289 001 1012

MWZY 313947 19  Johnson Controls, Inc. Tyco International Holding  10/01/2019 - 10/01/2020
IL 10 (12/06)  OLD REPUBLIC INSURANCE COMPANY

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - COMPLETED OPERATIONS - ENDORSEMENT A2A

<table>
<thead>
<tr>
<th>Named Insured</th>
<th>Endorsement Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Johnson Controls, Inc. Tyco International Holding S.a.r.l.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Policy Prefix</th>
<th>Policy Number</th>
<th>Policy Period</th>
<th>Effective Date of Endorsement</th>
</tr>
</thead>
<tbody>
<tr>
<td>MWZY</td>
<td>313947 19</td>
<td>10/01/2019 - 10/01/2020</td>
<td>10/01/19</td>
</tr>
</tbody>
</table>

Issued By: Old Republic Insurance Company

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

If required by contract, the person or organization listed on the certificate of insurance as additional insured, and each other person or organization required to be included as an additional insured pursuant to a contract with a named insured.

Location And Description Of Completed Operations:

As required by contract.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused solely by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

GL 289 002 1012

MWZY 313947 19  Johnson Controls, Inc. Tyco International Holding  10/01/2019 - 10/01/2020
STATE OF NEW HAMPSHIRE
BUREAU OF PURCHASE AND PROPERTY
STATE HOUSE ANNEX - ROOM 102
25 CAPITOL ST
CONCORD NH 03301-6398

DATE: 5/3/19

CONTRACT #: 8002424

CONTRACT FOR: Fire Alarm Maintenance Services

CONTRACTOR: Johnson Control Fire Protection LP

NIGP CODE: 936-3376

VENDOR CODE #: 175878

SUBMITTED FOR ACCEPTANCE BY:

[Signature]
ERICA BRISSON, PURCHASING AGENT
BUREAU OF PURCHASE AND PROPERTY

RECOMMENDED FOR ACCEPTANCE BY:

[Signature]
PAUL RHODES, ADMINISTRATOR III
BUREAU OF PURCHASE AND PROPERTY

APPROVED FOR ACCEPTANCE BY:

[Signature]
GARY LUNETTA, DIRECTOR
DIVISION OF PROCUREMENT & SUPPORT SERVICES

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

[Signature]
CHARLES M. ARLINGHAUS, COMMISSIONER
DEPARTMENT OF ADMINISTRATIVE SERVICES

DATE 5/6/19

Revised 11/6/17 PAR
THIRD AMENDMENT TO THE CONTRACT
BETWEEN JOHNSON CONTROL FIRE PROTECTION LP
AND
THE STATE OF NEW HAMPSHIRE, DEPARTMENT OF ADMINISTRATIVE SERVICES,
FOR FIRE ALARM MAINTENANCE SERVICES
CONTRACT # 8002424

This Third Amendment (hereinafter referred to as the "Amendment"), dated this 15th day of April, 2019, is by and between the State of New Hampshire, Department of Administrative Services (hereinafter referred to as "the State") and Johnson Control Fire Protection LP (hereinafter referred to as "the Contractor") for Fire Alarm Maintenance Services.

WHEREAS, pursuant to an agreement effective January 1, 2019, amended by the First Amendment on February 8, 2019, amended by the Second Amendment on March 7, 2019, and set to expire December 31, 2021, (hereinafter referred to as "the Agreement"), the Contractor agreed to perform certain fire alarm maintenance services 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 $161,037.40
2. Amend Exhibit B Payment & Pricing; add the following:
   Remove the following payment terms for period January 1, 2019 through December 31, 2021:

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>INSPECTION COVERAGE</th>
<th>ANNUAL COST 2019</th>
<th>ANNUAL COST 2020</th>
<th>ANNUAL COST 2121</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dam Bureau – Lakeport</td>
<td>Annual</td>
<td>$140.00</td>
<td>$140.00</td>
<td>$140.00</td>
</tr>
<tr>
<td>Dam Operator House, 93 Elm St., Laconia, NH</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dam Bureau – Murphy Operator House, 11 Murphy Dam Rd., Piltsburgh, NH</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual</td>
<td>$140.00</td>
<td>$140.00</td>
<td>$140.00</td>
<td></td>
</tr>
</tbody>
</table>

Remove the following payment terms for period January 1, 2019 through July 1, 2020:

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>INSPECTION COVERAGE</th>
<th>ANNUAL COST 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>District 5, 16 East Point Drive, Bedford, NH</td>
<td>Annual</td>
<td>$560.00</td>
</tr>
<tr>
<td>District 5, 6 East Point Drive, Bedford, NH</td>
<td>Annual</td>
<td>$280.00</td>
</tr>
<tr>
<td>Address</td>
<td>Frequency</td>
<td>Amount</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-----------</td>
<td>----------</td>
</tr>
<tr>
<td>District 5, 41A Kendall Pond Rd., Derry, NH</td>
<td>Annual</td>
<td>$280.00</td>
</tr>
<tr>
<td>District 5, 54 Shadow Lake Rd., Salem, NH</td>
<td>Annual</td>
<td>$420.00</td>
</tr>
<tr>
<td>Bureau of Traffic, 18 Smokey Bear Blvd., Building A, Concord, NH</td>
<td>Annual</td>
<td>$140.00</td>
</tr>
<tr>
<td>Bureau of Traffic, 18 Smokey Bear Blvd., Building B, Concord, NH</td>
<td>Annual</td>
<td>$140.00</td>
</tr>
<tr>
<td>Bureau of Traffic, 18 Smokey Bear Blvd., Building C, Concord, NH</td>
<td>Annual</td>
<td>$140.00</td>
</tr>
</tbody>
</table>

3. All other provisions of the Agreement, approved by the Commissioner, Department of Administrative Services on November 1, 2018, shall remain in full force and effect.
JOHNSON CONTROL FIRE PROTECTION LP

By: __________________________
   W. Dean Bedard
   (Print Name)

Title: TSM

Date: 4-25-19

STATE OF NEW HAMPSHIRE

By: __________________________
   Charles M. Arlinghaus
   (Print Name)

Title: Commissioner,
       Department of Administrative Services

Date: 5-6-19

NOTARY PUBLIC/JUSTICE OF THE PEACE

On the 25 day of April, 2019
There appeared before me, the state and county foresaid a person who satisfactorily identified himself as

W. Dean Bedard

And acknowledge that he executed this document indicated above.

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

Theresa A. Thullier
   (Notary Public/Justice of the Peace)

My commission expires:

1-24-23
   (Date)

THERESA A. THULLIER, Notary Public
My Commission Expires January 24, 2023

Page 3 of 3
JOHNSON CONTROLS FIRE PROTECTION LP

SECRETARY’S CERTIFICATE

I, Jennifer L. Leong, Secretary of Johnson Controls Fire Protection LP, a Delaware limited partnership (the “Limited Partnership”) hereby certify that as of March 26, 2019, W. Dean Bedard, Total Service Manager for the Limited Partnership, is authorized to sign and to execute documents in connection with RFB 2070-18 Fire Suppression System Testing, Fire Alarm Maintenance, Kitchen Fire Suppression, Fire Extinguisher and related work to the P-37 Contract for the State of New Hampshire.

This Certificate of Authority is valid from this date forward until otherwise amended by Johnson Controls Fire Protection LP.

IN WITNESS WHEREOF, the undersigned has executed this Certificate.

____________________________________
Jennifer L. Leong, Secretary
# Certificate of Liability Insurance

**Contact**

- **Name:**
- **Phone:**
- **Fax:**
- **Email:**
- **Address:**

**Insured:**

- **Johns Controls, Inc.**
- **Tyco International Holding S.a.r.l.**
- **SimplexGrinnell, Inc.**

**Coverages**

**Certificate Number:** CH-000226132-05

**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.**

**Description of Operations/Locations/Vehicles (ACORD 101)**

See attached Acord 101 for additional information including Additional Insured, Primary non-contributory, Waiver of Subrogation and Notice of Cancellation provisions.

---

**Certificate Holder**

State of New Hampshire
Department of Administrative Services
Bureau of Purchasing and Property
25 Capitol Street, RM 162
Concord, NH 03301

**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**

Manoshi Mukerjee

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---

**ACORD 25 (2016/03)**

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ADDITIONAL REMARKS SCHEDULE

APPLICABLE TO THE FOLLOWING STATES:
AK, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, NE, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WI, & WV.

PRIMARY COVERAGE:
The General Liability and Automobile Liability policies are primary and non-excess of or contributing with other insurance or self-insurance, where required by written lease or written contract. For General Liability, this applies to both ongoing and completed operations.

WAIVER OF SUBROGATION:
The General Liability, Automobile Liability, Workers' Compensation and Employers' Liability policies include a Waiver of Subrogation in favor of the cedent or any other person or organization, BUT ONLY to the extent required by written contract.

ADDITIONAL INSURED - AUTOMOBILE LIABILITY:
The Automobile Liability policy, if required by written contract, includes coverage for Additional Insureds as required by such written contract.

ADDITIONAL INSURED - GENERAL LIABILITY:
For General Liability, if required by written contract, the following are included as additional insureds, as required pursuant to a written contract with a named insured, per attached Policy Endorsements A-2 and A-3: THE CERTIFICATE HOLDER LISTED ON THIS CERTIFICATE OF LIABILITY INSURANCE, AND EACH OTHER PERSON OR ORGANIZATION REQUIRED TO BE INCLUDED AS AN ADDITIONAL INSURED PURSUANT TO A WRITTEN CONTRACT WITH THE NAMED INSURED.

ONGOING OPERATIONS AND COMPLETED OPERATIONS INSURANCE:
The General Liability Insurance includes insurance for ongoing operations and completed operations.

LIMIT OF LIABILITY:
The Liability Limit that applies is the amount indicated on the face of this Certificate of Liability Insurance, or the minimum Liability Limit that is required by the written contract, whichever is less. If there is no contract then the Liability Limit is limited to $1,000,000.

UMBRELLA/EXCESS LIABILITY:
If the primary insurance policies noted on the face of this Certificate of Liability Insurance satisfy the combination of minimum primary limits and minimum Umbrella/Excess Liability limits required by the written contract, the Umbrella/Excess Liability limits shown on the face of this Certificate of Liability Insurance do not apply.

NOTICE OF CANCELLATION TO CERTIFICATE HOLDERS:
Should any of the above described policies be cancelled, other than for non-payment, before the expiration date thereof, 30 days notice of cancellation will be delivered to certificate holders in accordance with the policy endorsements.

NAMED INSURED:

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IL 10 (12/06) OLD REPUBLIC INSURANCE COMPANY

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION - ENDORSEMENT A2

<table>
<thead>
<tr>
<th>Named Insured</th>
<th>Endorsement Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Johnson Controls, Inc.</td>
<td>Tyco International Holding S. a. r. l.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Policy Prefix</th>
<th>Policy Number</th>
<th>Policy Period</th>
<th>Effective Date of Endorsement</th>
</tr>
</thead>
<tbody>
<tr>
<td>MWZY</td>
<td>313947 19</td>
<td>10/01/2019 - 10/01/2020</td>
<td>10/01/19</td>
</tr>
</tbody>
</table>

**Issued By**
Old Republic Insurance Company

---

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

**SCHEDULE**

**Name Of Additional Insured Person(s) Or Organization(s):**
If required by contract, the person or organization listed on the certificate of insurance as additional insured, and each other person or organization required to be included as an additional insured pursuant to a contract with a named insured.

**Location(s) Of Covered Operations:**
As required by contract.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. **Section II - Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused solely by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

GL 289 001 1012

MWZY 313947 19 Johnson Controls, Inc. Tyco International Holding 10/01/2019 - 10/01/2020
IL 10 (12/06) OLD REPUBLIC INSURANCE COMPANY

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - COMPLETED OPERATIONS - ENDORSEMENT A2A

<table>
<thead>
<tr>
<th>Named Insured</th>
<th>Endorsement Number</th>
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</thead>
<tbody>
<tr>
<td>Johnson Controls, Inc. Tyco International Holding S.p.A.</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Policy Prefix</th>
<th>Policy Number</th>
<th>Policy Period</th>
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<td>MWYZ</td>
<td>313947 19</td>
<td>10/01/2019 - 10/01/2020</td>
<td>10/01/19</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Issued By</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Old Republic Insurance Company</td>
<td></td>
</tr>
</tbody>
</table>

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

If required by contract, the person or organization listed on the certificate of insurance as additional insured, and each other person or organization required to be included as an additional insured pursuant to a contract with a named insured.

Location And Description Of Completed Operations:

As required by contract.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused solely by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".
DATE: 3/11/19

CONTRACT #: 8002424

CONTRACT FOR: Fire Alarm Maintenance

CONTRACTOR: Johnson Control Fire Protection LP

NIGP CODE: 936-3376

VENDOR CODE #:175878

SUBMITTED FOR ACCEPTANCE BY:

ERICA BRISSON, PURCHASING AGENT
BUREAU OF PURCHASE AND PROPERTY

DATE 3-11-19

RECOMMENDED FOR ACCEPTANCE BY:

PAUL RHODES, ADMINISTRATOR III
BUREAU OF PURCHASE AND PROPERTY

DATE 3/11/19

APPROVED FOR ACCEPTANCE BY:

GARY LUNEN, DIRECTOR
DIVISION OF PROCUREMENT & SUPPORT SERVICES

DATE 3/11/19

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 3/11/19

Revised 11/6/17 PAR
SECOND AMENDMENT TO THE CONTRACT
BETWEEN JOHNSON CONTROLS FIRE PROTECTION LP
AND
THE STATE OF NEW HAMPSHIRE, DEPARTMENT OF ADMINISTRATIVE SERVICES,
FOR FIRE ALARM MAINTENANCE SERVICES
CONTRACT # 8002424

This Second Amendment (hereinafter referred to as the "Amendment"), dated this 7th day of March, 2019, is by and between the State of New Hampshire, Department of Administrative Services (hereinafter referred to as "the State") and Johnson Control Fire Protection LP (hereinafter referred to as "the Contractor") for Fire Alarm Maintenance Services.

WHEREAS, pursuant to an agreement effective January 1, 2019 set to expire December 31, 2021, (hereinafter referred to as "the Agreement"), the Contractor agreed to perform certain fire alarm maintenance services 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 $163,837.40

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

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>INSPECTION COVERAGE</th>
<th>ANNUAL COST 2019-2020</th>
<th>ANNUAL COST 2020-2021</th>
<th>ANNUAL COST 2021-2022</th>
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<tr>
<td>NH Veterans Home</td>
<td>Annual 4-year smoke and fire damper testing</td>
<td>$7,413.00</td>
<td>$7,413.00</td>
<td>$7,413.00</td>
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<tr>
<td>139 Winter St.,</td>
<td>2 year sensitivity testing on smoke detectors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tilton, NH</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. All other provisions of the Agreement, approved by the Commissioner, Department of Administrative Services on November 1, 2018, shall remain in full force and effect.
JOHNSON CONTROL FIRE PROTECTION LLC
By: ____________________________
   W. Dean Bedard
   (Print Name)
Title: Total Service Manager
Date: 3-7-19

STATE OF NEW HAMPSHIRE
By: ____________________________
   Charles M. Arlinghaus
   (Print Name)
Title: Commissioner
Department of Administrative Services
Date: 3-11-19

NOTARY PUBLIC/JUSTICE OF THE PEACE

On the 7th day of March 2019,
There appeared before me, the state and county foreshaid a person who satisfactorily identified himself as

W. Dean Bedard

And acknowledge that he executed this document indicated above.

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

Theresa A. Thuillier
(Notary Public/Justice of the Peace)

My commission expires:

1-24-23
(Date)

THERESA A. THUILLIER, Notary Public
My Commission Expires January 24, 2023

Page 2 of 2

Contractor Initials: ____________________________
Date: 3-7-19
JOHNSON CONTROLS FIRE PROTECTION LP

SECRETARY'S CERTIFICATE

I, Jennifer L. Leong, Secretary of Johnson Controls Fire Protection LP, a Delaware limited partnership (the “Limited Partnership”) hereby certify that as of March 7, 2019, W. Dean Bedard, Total Service Manager for the Limited Partnership, is authorized to sign and to execute documents in connection with the RFB 2070-18 Fire Suppression System Testing, Fire Alarm Maintenance, Kitchen Fire Suppression, Fire Extinguisher and related work to the P-37 Contract for the State of New Hampshire.

IN WITNESS WHEREOF, the undersigned has executed this Certificate.

[Signature]
Jennifer L. Leong, Secretary
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 JOHNSON CONTROLS, INC. is a Wisconsin Profit Corporation registered to transact business in New Hampshire on January 02, 1958. 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: 2045
Certificate Number: 0004404155

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire,
this 8th day of February A.D. 2019.

[Signature]
William M. Gardner
Secretary of State
CERTIFICATE OF LIABILITY INSURANCE

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
Marsh USA Inc.
411 E. Wisconsin Avenue
Suite 1300
Milwaukee, WI 53202
Att: JCI Certificates@marsh.com
CMID1230595-5-18-19

INSURED
Johnson Controls, Inc.
Tyco International Holding S.A.R.L.
SimplexGrinnell LP
(see attached Acord 101)
5757 North Green Bay Avenue
Milwaukee, WI 53206

CONTACT
NAME: Anni Mooney
PHONE: 414.290.4700
FAX: 414.290.4900
EMAIL: anni.mooney@marsh.com

INSURER(S) AFFORDING COVERAGE
NAC #: 24147

INSURER A:
Old Republic Insurance Company

INSURER B:
ACE Property and Casualty Insurance Company

INSURER C:

INSURER D:

INSURER E:

INSURER F:

COVERAGES
CERTIFICATE NUMBER:
CH-00888309-04
REVISION NUMBER: 4

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.

<table>
<thead>
<tr>
<th>INSR</th>
<th>TYPE OF INSURANCE</th>
<th>POLICY NUMBER</th>
<th>POLICY EFF (M/DD/YYYY)</th>
<th>POLICY EXP (M/DD/YYYY)</th>
<th>LIMITS</th>
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<tbody>
<tr>
<td>A X</td>
<td>COMMERCIAL GENERAL LIABILITY</td>
<td>MWZY 313647</td>
<td>10/01/2018</td>
<td>10/01/2019</td>
<td>DAMAGE TO RENTED PREMISES (EA occurrence) $10,000,000</td>
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<td>MOLD EXP (any one person) $50,000</td>
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<td>PERSONAL &amp; ADJURY $10,000,000</td>
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<td>GENERAL AGGREGATE $30,000,000</td>
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<td>PRODUCTS - COMPOP AGG $ INC IN GEN AGG</td>
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<tr>
<td>A X</td>
<td>AUTOMOBILE LIABILITY</td>
<td>MWBT 313946 (Excludes New Hampshire)</td>
<td>10/01/2018</td>
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<td>COMPANIED SINGLE LIMIT (EA accident) $7,500,000</td>
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<td>MWBT 313949 (Primary NH $250k)</td>
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<td>BODILY INJURY (Per person)</td>
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<td>MWZX 313650 (Excess NH $7.25mm)</td>
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<td>BODILY INJURY (Per accident)</td>
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<td>Excess NH Auto is Follow Form</td>
<td>10/01/2018</td>
<td>10/01/2019</td>
<td>PROPERTY DAMAGE (Per damage)</td>
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<td></td>
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<td>Excess NH Auto is Primary NH Auto</td>
<td>10/01/2018</td>
<td>10/01/2019</td>
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<td>B X</td>
<td>UMBRELLA LIABILITY</td>
<td>G2B162559 003</td>
<td>10/01/2018</td>
<td>10/01/2019</td>
<td>EACH OCCURRENCE $5,000,000</td>
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<td>AGGREGATE $5,000,000</td>
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<td>A X</td>
<td>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</td>
<td>MWVX 313943 00 (ACS - 90 &amp; page 2)</td>
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<td>E.L. EACH ACCIDENT $5,000,000</td>
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<td>MWXS 313944 (OH &amp; WA)</td>
<td>10/01/2018</td>
<td>10/01/2019</td>
<td>E.L. DISEASE - EA EMPLOYEE $5,000,000</td>
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<td>E.L. DISEASE - POLICY LIMIT $5,000,000</td>
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</tbody>
</table>

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

See attached Acord 101 for additional information including Additional Insured, Primary/Non-contributory, Waiver of Subrogation and Notice of Cancellation provisions.

CERTIFICATE HOLDER
State of New Hampshire
Department of Administrative Services
Bureau of Purchasing and Property
25 Capitol Street, RM 102
Concord, NH 03301

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
Manashi Mukerjee

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ACORD 25 (2016/03) The ACORD name and logo are registered marks of ACORD
DATE: 2/13/19

CONTRACT #: 8002424

CONTRACT FOR: Fire Alarm Maintenance Services

CONTRACTOR: Johnson Control Fire Protection LP

NIGP CODE: 936-3376

VENDOR CODE #: 175878

SUBMITTED FOR ACCEPTANCE BY:

ERICA BRISSON, PURCHASING AGENT
BUREAU OF PURCHASE AND PROPERTY

DATE: 2-13-19

RECOMMENDED FOR ACCEPTANCE BY:

PAUL RHODES, ADMINISTRATOR III
BUREAU OF PURCHASE AND PROPERTY

DATE: 2/15/19

APPROVED FOR ACCEPTANCE BY:

GARY LUNETTA, DIRECTOR
DIVISION OF PROCUREMENT & SUPPORT SERVICES

DATE: 2/19/19

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: 2/19/19

Revised 11/6/17 PAR
FIRST AMENDMENT TO THE CONTRACT
BETWEEN JOHNSON CONTROLS FIRE PROTECTION LP
AND
THE STATE OF NEW HAMPSHIRE, DEPARTMENT OF ADMINISTRATIVE SERVICES,
FOR FIRE ALARM MAINTENANCE SERVICES
CONTRACT # 8002424

This First Amendment (hereinafter referred to as the “Amendment”), dated this 14th day of February, 2019, is by and between the State of New Hampshire, Department of Administrative Services (hereinafter referred to as “the State”) and Johnson Controls Fire Protection LP (hereinafter referred to as “the Contractor”) for Fire Alarm Maintenance Services.

WHEREAS, pursuant to an agreement effective January 1, 2019 set to expire December 31, 2021, (hereinafter referred to as “the Agreement”), the Contractor agreed to perform certain fire alarm maintenance services 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 $141,598.40

2. Amend Exhibit B Payment & Pricing; remove the following payment terms for the period January 1, 2019 through December 31, 2019:

<table>
<thead>
<tr>
<th>Department of Environmental Services</th>
<th>Inspection Coverage</th>
<th>Annual Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>DES-WRBP Glendale Pump Station, 74 Weirs Rd., Gilford, NH</td>
<td>Annual</td>
<td>$140.00</td>
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<tr>
<td>DES-WRBP Glendale Pump Station, 31 Dock Rd., Gilford, NH</td>
<td>Annual</td>
<td>$140.00</td>
</tr>
<tr>
<td>DES-WRBP Jewett Brook Pump Station, 73 Strafford St., Laconia, NH</td>
<td>Annual</td>
<td>$140.00</td>
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<tr>
<td>DES-WRBP Laconia Maintenance Shop, 202 Water St., Laconia, NH</td>
<td>Annual</td>
<td>$280.00</td>
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<tr>
<td>DES-WRBP MLC Pump Station, 763 Scenic Drive, Laconia, NH</td>
<td>Annual</td>
<td>$140.00</td>
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<tr>
<td>DES-WRBP North Main Pump Station, 1539 Old North Main St., Laconia, NH</td>
<td>Annual</td>
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<td>DES-WRBP Paugus Pump Station, 29 Paugus Park Rd., Laconia, NH</td>
<td>Annual</td>
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<td>DES-WRBP Pendleton Pump Station, 67 Pendleton Beach Rd., Laconia, NH</td>
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<td>DES-WRBP River Street Pump Station, 101 River Rd., Franklin, NH</td>
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<td>DeS-WRBP State School Pump Station, 1 Right Way Path, Laconia, NH</td>
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<td>$140.00</td>
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<td>DES-WRBP WWTP Control Building, 528 River Rd., Franklin, NH</td>
<td>Annual</td>
<td>$1,540.00</td>
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<td>DES-WRBP WWTP Electrical Annex, 528 River Rd., Franklin, NH</td>
<td>Annual</td>
<td>$140.00</td>
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<tr>
<td>DES-WRBP WWTP UV Building, 528 River Rd., Franklin, NH</td>
<td>Annual</td>
<td>$350.00</td>
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<tr>
<td>DES-WRBP Winnisquam Pump Station, 202 Water St., Laconia, NH</td>
<td>Annual</td>
<td>$140.00</td>
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<tr>
<td>DES-WRBP Ellacoya Pump Station, 280 Scenic Drive, Gilford, NH</td>
<td>Annual</td>
<td>$140.00</td>
</tr>
</tbody>
</table>
3. All other provisions of the Agreement, approved by the Commissioner, Department of Administrative Services on November 1, 2018, shall remain in full force and effect.
JOHNSON CONTROLS FIRE PROTECTION LLC

By: [Signature]

W Dean Bedard
(Print Name)

Title: TSM

Date: 2-8-19

STATE OF NEW HAMPSHIRE

By: [Signature]

Charles M. Arlinghaus
(Print Name)

Title: Commissioner,
Department of Administrative Services

Date: 2/19/19

NOTARY PUBLIC/JUSTICE OF THE PEACE

On the 8th day of February, 2019
There appeared before me, the state and county foresaid a person who satisfactorily identified himself as

W Dean Bedard

And acknowledge that he executed this document indicated above.

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

Theresa A. Thuillier
(Notary Public/Justice of the Peace)

My commission expires:

January 24, 2023
(Date)

THERESA A. THUILLIER, Notary Public
My Commission Expires January 24, 2023
JOHNSON CONTROLS FIRE PROTECTION LP

SECRETARY'S CERTIFICATE

I, Jennifer L. Leong, Secretary of Johnson Controls Fire Protection LP, a Delaware limited partnership (the "Limited Partnership") hereby certify that as of February 8, 2019, W. Dean Bedard, Total Service Manager for the Limited Partnership, is authorized to sign and to execute documents in connection with Contract Number 8002426 for Fire Suppression System Testing and Inspection Services and Contract Number 8002424 for Fire Alarm Maintenance Services and related work to the P-37 Contract for the State of New Hampshire.

IN WITNESS WHEREOF, the undersigned has executed this Certificate.

Jennifer L. Leong, Secretary
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 JOHNSON CONTROLS, INC. is a Wisconsin Profit Corporation registered to transact business in New Hampshire on January 02, 1958. 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: 2045
Certificate Number: 0004404155

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 8th day of February A.D. 2019.

William M. Gardner
Secretary of State
CERTIFICATE OF LIABILITY INSURANCE

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
Marsh USA Inc.
411 E. Wisconsin Avenue
Suite 1300
Milwaukee, WI 53202
Att: JCI/CertificateRequest@marsh.com
CN191230598E-5-18-19

INSURED
Johnson Controls, Inc.
Tyco International Holding S.a.r.l.
SimplexGrinnell LP
(see attached Acord 101)
5757 North Green Bay Avenue
Milwaukee, WI 53209

CONTACT NAME: Ann Moody
PHONE (I.A.C., No. Ext): 414 250 4700 FAX (I.A.C., No.): 414 250 4960 E-MAIL ADDRESS: ann.m.moody@marsh.com

INSURER(S) AFFORDING COVERAGE: NAIC #
INSURER A: Old Republic Insurance Company 24147
INSURER B: ACE Property and Casualty Insurance Company 20699
INSURER C:
INSURER D:
INSURER E:

CERTIFICATE NUMBER: CH00886300-04 REVISION NUMBER: 4

COVERAGES

Certifying 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.

<table>
<thead>
<tr>
<th>INSR. #</th>
<th>TYPE OF INSURANCE</th>
<th>ADDL. SUBRS.</th>
<th>POLICY NUMBER</th>
<th>POLICY EFF</th>
<th>POLICY EXP</th>
<th>LIMITS</th>
</tr>
</thead>
</table>
| A X     | COMMERCIAL General LIABILITY

CLAIMS-MADE X OCCUR
X Contractual Liability
X XCU Included
GENL AGG. LIMIT APPLIES PER POLICY
X POLICY WRTD. LOC. WRTD. LOC. |
MKZ 313847 | 10/01/2016 | 10/01/2019 | $10,000,000 |
| EACH OCCURRENCE |
| DAMAGE TO RENTED PREMISES (as occurrence) |
| MED EXP (Any one person) |
| PERSONAL & ADV INJURY |
| GENERAL AGG. LIMIT |
| PRODUCTS - COMPL AGG |
| INOC IN GEN AGG |

A X AUTOMOBILE LIABILITY

A X ANY AUTO
A OWNED
AUTOS ONLY |
X SCHEDULED AUTOS |
X NONOWNED
AUTOS ONLY |
MAWB 31846 (Excludes New Hampshire)
MAWT 31849 (Primary NH $250,000)
MAZX 31950 (Excess NH $7,500,000)
All NH Auto as Follow Form to Primary NH Auto
10/01/2016 | 10/01/2019 | $7,500,000 |
| COMBINED SINGLE LIMIT (exc accident) |
| BODILY INJURY (Per person) |
| BODILY INJURY (Per accident) |
| PROPERTY DAMAGE (Per accident) |

A X UMBRELLA LIABILITY |
G2H12500 000 |
10/01/2016 | 10/01/2019 | $5,000,000 |
| EACH OCCURRENCE |
| AGGREGATE |

A X WORKERS COMPENSATION AND EMPLOYER'S LIABILITY |
N/A |
10/01/2016 | 10/01/2019 | $5,000,000 |
| E.L. EACH INCIDENT |
| E.L. DISEASE - EMPLOYEE |
| E.L. DISEASE - POLICY LIMIT |

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

See attached Acord 101 for additional information including Additional Insured, Primary/Non-contributory, Waiver of Subrogation and Notice of Cancellation provisions.

CERTIFICATE HOLDER
State of New Hampshire
Department of Administrative Services
Bureau of Purchasing and Property
25 Capitol Street, RM 102
Concord, NH 03301

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.
Manasi Mukherjee

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### ADDITIONAL REMARKS SCHEDULE

**AGENCY**
Marsh USA Inc.

**POLICY NUMBER**

**CARRIER**

**NAIC CODE**

**NAMED INSURED**
- Johnson Controls, Inc.
- Tyco International Holding S.A.R.L.
- Simplex/Grinnell LP

(see attached Acord 101)

**5757 North Green Bay Avenue**
Milwaukee, WI 53209

**EFFECTIVE DATE:**

---

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 25  **FORM TITLE:** Certificate of Liability Insurance

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**WORKERS COMPENSATION:**
Workers' Compensation "AO" Policy includes coverage for employees from the following States WHILE WORKING IN ANY STATE: AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, NE, NH, NJ, NM, NV, NY, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WI, & WV.

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**PRIMARY COVERAGE:**
The General Liability and Automobile Liability policies are primary and not excess of or contributing with other insurance or self-insurance, where required by written lease or written contract. For General Liability, this applies to both ongoing and completed operations.

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**WAIVER OF SUBROGATION:**
The General Liability, Automobile Liability, Workers' Compensation and Employers' Liability policies include a Waiver of Subrogation in favor of the certificateholder and any other person or organization, BUT ONLY to the extent required by written contract.

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**ADDITIONAL INSURED - AUTOMOBILE LIABILITY:**
The Automobile Liability policy, if required by written contract, includes coverage for Additional Insureds as required by such written contract.

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**ADDITIONAL INSURED - GENERAL LIABILITY:**
For General Liability, if required by written contract, the following are included as additional insureds, as required pursuant to a written contract with a named insured, per attached Policy Endorsements A2 and A2b: THE CERTIFICATE HOLDER LISTED ON THIS CERTIFICATE OF LIABILITY INSURANCE, AND EACH OTHER PERSON OR ORGANIZATION REQUIRED TO BE INCLUDED AS AN ADDITIONAL INSURED PURSUANT TO A WRITTEN CONTRACT WITH THE NAMED INSURED.

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**ONGOING OPERATIONS AND COMPLETED OPERATIONS INSURANCE:**
The General Liability Insurance includes insurance for ongoing operations and completed operations.

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**LIMIT OF LIABILITY:**
The Liability Limit that applies is the amount indicated on the face of this Certificate of Liability Insurance, or the minimum Liability limit that is required by the written contract, whichever is less. If there is no contract then the Liability Limit is limited to $1,000,000.

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**UMBRELLA/EXCESS LIABILITY:**
If the primary insurance policies noted on the face of this Certificate of Liability Insurance satisfy the combination of minimum primary limits and minimum Umbrella/Excess Liability limits required by written contract, the Umbrella/Excess Liability limits shown on the face of this Certificate of Liability Insurance do not apply.

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**NOTICE OF CANCELLATION TO CERTIFICATE HOLDERS:**
Should any of the above described policies be cancelled, either through non-payment, before the expiration date thereof, 30 days notice of cancellation will be delivered to certificate holders in accordance with the policy endorsements.

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**NAMED INSURED:**
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

If required by contract, the person or organization listed on the certificate of insurance as additional insured, and each other person or organization required to be included as an additional insured pursuant to a contract with a named insured.

Location(s) Of Covered Operations:

As required by contract.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II - Who is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused solely by:

1. Your acts or omissions; or

2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

GL 289 001 1012

MWZY 313947  Johnson Controls, Inc.Tyco International Holding  10/01/2018 - 10/01/2019
IL 10 (12/06)  OLD REPUBLIC INSURANCE COMPANY

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - COMPLETED OPERATIONS - ENDORSEMENT A2A

<table>
<thead>
<tr>
<th>Named Insured</th>
<th>Endorsement Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Prefix</td>
<td>Policy Number</td>
</tr>
<tr>
<td>Policy Period</td>
<td>Effective Date of Endorsement</td>
</tr>
</tbody>
</table>

Issued By
Old Republic Insurance Company

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

If required by contract, the person or organization listed on the certificate of insurance as additional insured, and each other person or organization required to be included as an additional insured pursuant to a contract with a named insured.

Location And Description Of Completed Operations:

As required by contract.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused solely by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

GL 289 002 1012