

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

DATE: 9/3/2020

CONTRACT #: 8002424

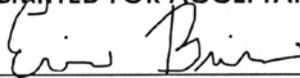
NIGP CODE: 936-3376

CONTRACT FOR: Fire Alarm Maintenance

CONTRACTOR: Johnson Control Fire Protection, LP

VENDOR CODE #: 175878

**SUBMITTED FOR ACCEPTANCE BY:**

  
ERICA BRISSON, PURCHASING AGENT  
BUREAU OF PURCHASE AND PROPERTY

DATE 9/3/2020

**RECOMMENDED FOR ACCEPTANCE BY:**

  
PAUL RHODES, ADMINISTRATOR III  
BUREAU OF PURCHASE AND PROPERTY

DATE 9/4/2020

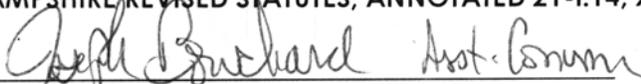
**APPROVED FOR ACCEPTANCE BY:**

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

Digitally signed by Gary S Lunetta  
DN: cn=Gary S Lunetta, o=Department of Administrative Svs,  
ou=Division of Procurement & Support Svs,  
email=Gary.Lunetta@das.nh.gov, c=US  
Date: 2020.09.04 12:28:50 -0400'

DATE \_\_\_\_\_

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

  
for CHARLES M. ARLINGHAUS, COMMISSIONER  
DEPARTMENT OF ADMINISTRATIVE SERVICES

DATE 9/4/20

SEVENTH 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

25th day of August 2020

(SLA)

This Seventh Amendment (hereinafter referred to as the "Amendment"), dated this \_\_\_\_ day of ~~September~~, 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, amended by the Sixth Amendment on June 19, 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 \$727,692.16

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

DEPT. OF MILITARY AFFAIRS & VETERAN SERVICES	2020	ANNUAL COST 2021
Rochester FMS, 86 Brock St. Rochester	\$750.00	\$1,500.00

Remove the following location and pricing:

AGENCY	ANNUAL COST 2020	ANNUAL COST 2021
NHDOT - DISTRICT 1, 180 SPRUCEVILLE RD, WEST MILAN, NH	\$280.00	\$280.00

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, amended by the Fifth Amendment on January 10, 2020, amended by the Sixth Amendment on June 19, 2020 and set to expire December 31, 2021. This shall remain in full force and effect.

Contractor Initials:   
 Date: 8/21/20

JOHNSON CONTROL FIRE PROTECTION LP

By: [Signature]  
W. DEAN BEDARD  
(Print Name)

Title: TSM

Date: 8-24-20

STATE OF NEW HAMPSHIRE

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

Title: Assistant  
Commissioner,  
Department of Administrative Services

Date: Sept. 4, 2020

NOTARY PUBLIC/JUSTICE OF THE PEACE

On the 24 day of August, 2020  
There appeared before me, the state and  
county foresaid a person who satisfactorily  
identified himself as

W. Dean Bedard

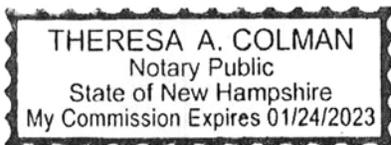
And acknowledge that he executed this  
document indicated above.

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)



Contractor Initials: [Signature]  
Date: 8-24-20



Johnson Controls Fire Protection LP  
6600 Congress Avenue  
Boca Raton, FL 33437

Tel: 561-341-7611  
www.johnsoncontrols.com

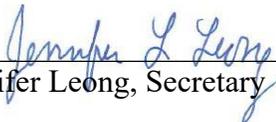
**JOHNSON CONTROL FIRE PROTECTION LP**

**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 August 25, 2020, W. Dean Bedard, Total Service Manager for the Limited Partnership, is authorized to sign and to execute documents in connection with Contract Number 8002426 and 8002424 for Fire Alarm and Fire Suppression Testing and Inspection 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 August 25, 2020.

  
\_\_\_\_\_  
Jennifer Leong, Secretary







**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> Marsh USA Inc.		<b>NAMED INSURED</b> Johnson Controls, Inc. Tyco International Holding S.a.r.l. SimplexGrinnell LP (see attached Acord 101) 5757 North Green Bay Avenue Milwaukee, WI 53209	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

**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, 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 certholder 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 A2A: 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 advice of cancellation will be delivered to certificate holders in accordance with the policy endorsements.

**NAMED INSURED:**

Air Distribution Technologies IP, LLC; Air System Components, Inc.; Carter Brothers, LLC; CEM Access Systems, Inc.; Central CPVC Corporation; Central Sprinkler LLC; Chemguard, Inc.; Connect 24 Wireless Communications Inc.; Digital Security Controls, Inc.; Eastern Sheet Metal, Inc.; Elpas, Inc.; Exaccq Technologies, Inc.; FBN Transportation, Inc.; Federal Energy Infrastructure Solutions, LLC; Grinnell Fire Protection Solutions LLC; Grinnell LLC; Hart & Cooley Trucking Company; Hart & Cooley, Inc.; Haz-Tank Fabricators, Inc.; IMECO LLC; Integrated Systems and Power, Inc.; Johnson Controls (Suisse) SA; Johnson Controls Air Conditioning and Refrigeration, Inc.; Johnson Controls Building Automation Systems, LLC; Johnson Controls Digital Solutions LLC; Johnson Controls Engineering, LLC; Johnson Controls Federal Systems, Inc.; Johnson Controls Fire Protection LP; Johnson Controls Foundation, Inc.; Johnson Controls Government Systems, LLC; Johnson Controls, Inc.; Johnson Controls Navy Systems, LLC; Johnson Controls PI Project Site Operations LLC; Johnson Controls Security Solutions LLC; Johnson Controls-Hitchi Air Conditioning North America LLC; Koch Filter Corporation; Master Protection LP dba FireMaster; Oolsys, Inc.; Retail Expert, Inc.; Ruskin Company; Ruskin Rooftop Systems, Inc.; Ruskin Service Company; Selkirk Corporation; Senelco Iberia, Inc.; Sensormatic Asia/Pacific, Inc.; Sensormatic Electronics (Puerto Rico) LLC; Sensormatic Electronics, LLC; ShopperTrak International Investment LLC; ShopperTrak RCT Corporation; Shurjoint America, Inc.; SimplexGrinnell LP; Tyco Fire & Security LLC; Tyco Fire Products LP; Tyco Integrated Security LLC; Tyco International Holding S.a.r.l.; Tyco International Management Company, LLC; Visonic Inc.; WillFire HC, LLC; York International (SA), Inc.; York International Corporation

# IL 10 (12/06) OLD REPUBLIC INSURANCE COMPANY

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

Named Insured Johnson Controls, Inc. Tyco International Holding S.a.r.l.			Endorsement Number
Policy Prefix MWZY	Policy Number 313947 19	Policy Period 10/01/2019 - 10/01/2020	Effective Date of Endorsement 10/01/19
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.

# IL 10 (12/06) OLD REPUBLIC INSURANCE COMPANY

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

Named Insured Johnson Controls, Inc. Tyco International Holding S.a.r.l.			Endorsement Number
Policy Prefix MWZY	Policy Number 313947 19	Policy Period 10/01/2019 - 10/01/2020	Effective Date of Endorsement 10/01/19
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".

# 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.

A handwritten signature in cursive script, appearing to read "Wm 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: 5/27/2020

CONTRACT #: 8002424

NIGP CODE: 936-3376

CONTRACT FOR: Fire Alarm Maintenance Services

CONTRACTOR: Johnson Control Fire Protection LP

VENDOR CODE #: 175878

SUBMITTED FOR ACCEPTANCE BY:

Erica Brisson (off)  
ERICA BRISSON, PURCHASING AGENT  
BUREAU OF PURCHASE AND PROPERTY

DATE 6/15/2020

RECOMMENDED FOR ACCEPTANCE BY:

Paul A. Rhodes  
PAUL RHODES, ADMINISTRATOR III  
BUREAU OF PURCHASE AND PROPERTY

DATE 6/15/2020

APPROVED FOR ACCEPTANCE BY:

Gary S. Lunetta  
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  
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 26<sup>TH</sup> 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:

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

DES-WRBP River Street Pump Station, 101 River Rd., Franklin, NH	\$140.00	\$140.00
DeS-WRBP State School Pump Station, 1 Right Way Path, Laconia, NH	\$140.00	\$140.00
DES-WRPB WWTP Control Building, 528 River Rd., Franklin, NH	\$1,540.00	\$1,540.00
DES-WRPB WWTP Electrical Annex, 528 River Rd., Franklin, NH	\$140.00	\$140.00
DES-WRPB WWTP UV Building, 528 River Rd., Franklin, NH	\$350.00	\$350.00
DES-WRPB Winnisquam Pump Station, 202 Water St., Laconia, NH	\$140.00	\$140.00
DES-WRPB Ellacoya Pump Station, 280 Scenic Drive, Gilford, NH	\$140.00	\$140.00

Add the following location and pricing:

NH Department of Transportation- Bridge Maintenance	Annual Cost 2020	Annual Cost 2021
Portsmouth Memorial Bridge, 45 State St., Portsmouth, NH	\$2,392.00	\$2,392.00

- 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

STATE OF NEW HAMPSHIRE

By: *W Dean Bedard*  
W DEAN BEDARD  
(Print Name)

By: *Charles M. Arlinghaus*  
Charles M. Arlinghaus  
(Print Name)

Title: TSM

Title: Commissioner,  
Department of Administrative Services

Date: 5-26-20

Date: 6-19-20

NOTARY PUBLIC/JUSTICE OF THE PEACE

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

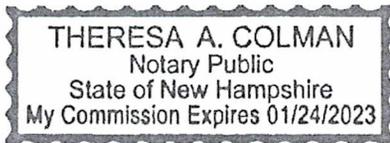
W. Dean Bedard

And acknowledge that he executed this  
document indicated above.

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)



Contractor Initials: *CAB*  
Date: 5/26/20



Johnson Controls Fire Protection LP  
6600 Congress Avenue  
Boca Raton, FL 33437

Tel: 561-341-7611  
www.johnsoncontrols.com

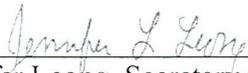
## JOHNSON CONTROL FIRE PROTECTION LP

### 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

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

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).

<b>PRODUCER</b> Marsh USA Inc. 411 E. Wisconsin Avenue Suite 1300 Milwaukee, WI 53202 Attn: JCI.Certrequest@marsh.com CN101230596--5-19-20*	<b>CONTACT NAME:</b> ...	<b>PHONE (A/C, No, Ext):</b>	<b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> Johnson Controls, Inc. Tyco International Holding S.a.r.l. SimplexGrinnell LP (see attached Acord 101) 5757 North Green Bay Avenue Milwaukee, WI 53209	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A :</b> Old Republic Insurance Company		24147
	<b>INSURER B :</b> ACE Property and Casualty Insurance Company		20699
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		

**COVERAGES**                      **CERTIFICATE NUMBER:** CHI-009507460-01                      **REVISION NUMBER:** 1

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> XCU Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MWZY 313947-19	10/01/2019	10/01/2020	EACH OCCURRENCE	\$ 10,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 10,000,000
							MED EXP (Any one person)	\$ 50,000
							PERSONAL & ADV INJURY	\$ 10,000,000
							GENERAL AGGREGATE	\$ 30,000,000
							PRODUCTS - COMP/OP AGG	\$ INC IN GEN AGG
								\$
A	<b>AUTOMOBILE LIABILITY</b>			MWTB 313946-19 (Excludes New Hamp)	10/01/2019	10/01/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 7,500,000
A	<input checked="" type="checkbox"/> ANY AUTO			MWTB 313949-19 (Primary NH \$250k)	10/01/2019	10/01/2020	BODILY INJURY (Per person)	\$
A	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			MWZX 313950-19 (Excess NH \$7.25mm)	10/01/2019	10/01/2020	BODILY INJURY (Per accident)	\$
				Excess NH Auto is Follow Form to Primary NH Auto			PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$			G28162509 004	10/01/2019	10/01/2020	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			MWC 313943-19 (AOS - see page 2)	10/01/2019	10/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	MWXS 313944 (OH & WA)	10/01/2019	10/01/2020	E.L. EACH ACCIDENT	\$ 5,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 5,000,000
							E.L. 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: 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                      CANCELLATION

State of New Hampshire 25 Capitol Street, RM 102 Concord, NH 03301	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>
	<b>AUTHORIZED REPRESENTATIVE</b> of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>

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**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> Marsh USA Inc.		<b>NAMED INSURED</b> Johnson Controls, Inc. Tyco International Holding S.a.r.l. SimplexGrinnell LP (see attached Acord 101) 5757 North Green Bay Avenue Milwaukee, WI 53209	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

**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, 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 certholder 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 A2A: 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 advice of cancellation will be delivered to certificate holders in accordance with the policy endorsements.

**NAMED INSURED:**

Air Distribution Technologies IP, LLC; Air System Components, Inc.; Carter Brothers, LLC; CEM Access Systems, Inc.; Central CPVC Corporation; Central Sprinkler LLC; Chemguard, Inc.; Connect 24 Wireless Communications Inc.; Digital Security Controls, Inc.; Eastern Sheet Metal, Inc.; Elpas, Inc.; Exacq Technologies, Inc.; FBN Transportation, Inc.; Federal Energy Infrastructure Solutions, LLC; Grinnell Fire Protection Solutions LLC; Grinnell LLC; Hart & Cooley Trucking Company; Hart & Cooley, Inc.; Haz-Tank Fabricators, Inc.; IMECO LLC; Integrated Systems and Power, Inc.; Johnson Controls (Suisse) SA; Johnson Controls Air Conditioning and Refrigeration, Inc.; Johnson Controls Building Automation Systems, LLC; Johnson Controls Digital Solutions LLC; Johnson Controls Engineering, LLC; Johnson Controls Federal Systems, Inc.; Johnson Controls Fire Protection LP; Johnson Controls Foundation, Inc.; Johnson Controls Government Systems, LLC; Johnson Controls, Inc.; Johnson Controls Navy Systems, LLC; Johnson Controls PI Project Site Operations LLC; Johnson Controls Security Solutions LLC; Johnson Controls-Hitchi Air Conditioning North America LLC; Koch Filter Corporation; Master Protection LP dba FireMaster; Qolsys, Inc.; Retail Expert, Inc.; Ruskin Company; Ruskin Rooftop Systems, Inc.; Ruskin Service Company; Selkirk Corporation; Senelco Iberia, Inc.; Sensormatic Asia/Pacific, Inc.; Sensormatic Electronics (Puerto Rico) LLC; Sensormatic Electronics, LLC; ShopperTrak International Investment LLC; ShopperTrak RCT Corporation; Shurjoint America, Inc.; SimplexGrinnell LP; Tyco Fire & Security LLC; Tyco Fire Products LP; Tyco Integrated Security LLC; Tyco International Holding S.a.r.l.; Tyco International Management Company, LLC; Visonic Inc.; WillFire HC, LLC; York International (SA), Inc.; York International Corporation

# IL 10 (12/06) OLD REPUBLIC INSURANCE COMPANY

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

Named Insured Johnson Controls, Inc. Tyco International Holding S.a.r.l.			Endorsement Number
Policy Prefix MWZY	Policy Number 313947 19	Policy Period 10/01/2019 - 10/01/2020	Effective Date of Endorsement 10/01/19
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

# IL 10 (12/06) OLD REPUBLIC INSURANCE COMPANY

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

Named Insured Johnson Controls, Inc. Tyco International Holding S.a.r.l.			Endorsement Number
Policy Prefix MWZY	Policy Number 313947 19	Policy Period 10/01/2019 - 10/01/2020	Effective Date of Endorsement 10/01/19
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

# State of New Hampshire

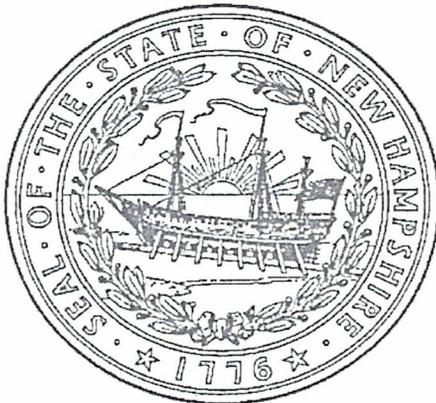
## Department of State

### 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.

A handwritten signature in cursive script, 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: 5/14/2020

CONTRACT #: 8002424

NIGP CODE: 936-3376

CONTRACT FOR: Fire Alarm Maintenance Services

CONTRACTOR: Johnson Control Fire Protection LP

VENDOR CODE #: 175878

**SUBMITTED FOR ACCEPTANCE BY:**

  
ERICA BRISSON, 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

.....

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

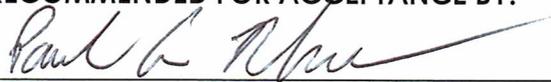
VENDOR CODE #: 175878

**SUBMITTED FOR ACCEPTANCE BY:**

  
ERICA BRISSON, PURCHASING AGENT  
BUREAU OF PURCHASE AND PROPERTY

DATE 1/9/2020

**RECOMMENDED FOR ACCEPTANCE BY:**

  
PAUL RHODES, ADMINISTRATOR III  
BUREAU OF PURCHASE AND PROPERTY

DATE 1/9/2020

**APPROVED FOR ACCEPTANCE BY:**

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

DATE 1/9/2020

**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 1-10-2020

**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 8<sup>th</sup> 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:

LOCATION	INSPECTION COVERAGE	ANNUAL COST 2020	ANNUAL COST 2021
Hooksett FMS, 1241 Hooksett Road, Hooksett	Annual	\$1,500.00	\$1,500.00

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.

JOHNSON CONTROL FIRE PROTECTION LP

By: [Signature]

W DEAN BEDARD  
(Print Name)

Title: TSM

Date: 1-8-20

STATE OF NEW HAMPSHIRE

By: [Signature]

Charles M. Arlinghaus  
(Print Name)

Title: Commissioner,  
Department of Administrative Services

Date: 1-10-2020

NOTARY PUBLIC/JUSTICE OF THE PEACE

On the 8 day of January, 2020  
There appeared before me, the state and  
county foresaid a person who satisfactorily  
identified himself as

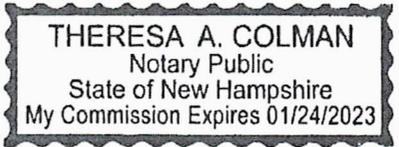
W. Dean Bedard

And acknowledge that he executed this  
document indicated above.

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)





Johnson Controls Fire Protection LP  
6600 Congress Avenue  
Boca Raton, FL 33437

Tel: 561-341-7611  
www.johnsoncontrols.com

**JOHNSON CONTROL FIRE PROTECTION LP**

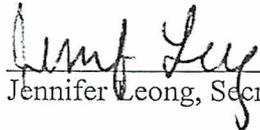
**SECRETARY'S CERTIFICATE**

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.



  
\_\_\_\_\_  
Jennifer Leong, Secretary



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/05/2019

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).

<b>PRODUCER</b> Marsh USA Inc. 411 E. Wisconsin Avenue Suite 1300 Milwaukee, WI 53202 Attn: JCI.Certrequest@marsh.com CN101230596-5-19-20*	<b>CONTACT NAME:</b>		<b>FAX (A/C, No):</b>	
	<b>PHONE (A/C, No, Ext):</b>		<b>E-MAIL ADDRESS:</b>	
<b>INSURER(S) AFFORDING COVERAGE</b>				<b>NAIC #</b>
<b>INSURER A : Old Republic Insurance Company</b>				24147
<b>INSURER B : ACE Property and Casualty Insurance Company</b>				20699
<b>INSURER C :</b>				
<b>INSURER D :</b>				
<b>INSURER E :</b>				
<b>INSURER F :</b>				

**COVERAGES**      **CERTIFICATE NUMBER:** CHI-009228242-05      **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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD   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 <input checked="" type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> XCU Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		MWZY 313947-19	10/01/2019	10/01/2020	EACH OCCURRENCE	\$ 10,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 10,000,000
						MED EXP (Any one person)	\$ 50,000
						PERSONAL & ADV INJURY	\$ 10,000,000
						GENERAL AGGREGATE	\$ 30,000,000
						PRODUCTS - COM/OP AGG	\$ INC IN GEN AGG
							\$
A	AUTOMOBILE LIABILITY		MWTB 313946 (Excludes New Hamp)	10/01/2019	10/01/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 7,500,000
A	<input checked="" type="checkbox"/> ANY AUTO		MWTB 313949 (Primary NH \$250k)	10/01/2019	10/01/2020	BODILY INJURY (Per person)	\$
A	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY		MWZX 313950 (Excess NH \$7.25mm)	10/01/2019	10/01/2020	BODILY INJURY (Per accident)	\$
			Excess NH Auto is Follow Form to Primary NH Auto			PROPERTY DAMAGE (Per accident)	\$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED   RETENTION \$		G28162509 004	10/01/2019	10/01/2020	EACH OCCURRENCE	\$ 5,000,000
						AGGREGATE	\$ 5,000,000
							\$
A	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 <input checked="" type="checkbox"/> N	MWC 313943 (AOS - see page 2)	10/01/2019	10/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
A		N/A	MWXS 313944 (OH & WA)	10/01/2019	10/01/2020	E.L. EACH ACCIDENT	\$ 5,000,000
						E.L. DISEASE - EA EMPLOYEE	\$ 5,000,000
						E.L. 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 #8002426 & Contract #8002424.

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

**CERTIFICATE HOLDER**      **CANCELLATION**

State of New Hampshire Department of Administrative Services Bureau of Purchasing and Property 25 Capitol Street, RM 102 Concord, NH 03301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
--	--

## Business Information

### Business Details

Business Name: JOHNSON CONTROLS, INC.	Business ID: 2045
Business Type: Foreign Profit Corporation	Business Status: Good Standing
Business Creation Date: 01/02/1958	Name in State of Incorporation: JOHNSON CONTROLS, INC.
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	Mailing Address: PO Box 591,, X-81, Milwaukee, WI, 53201 - 0591, USA
Citizenship / State of Incorporation: Foreign/Wisconsin	
	Last Annual Report Year: 2019
	Next Report Year: 2020
Duration: Perpetual	
Business Email: laura.a.hawkins@jci.com	Phone #: 414-524-2058
Notification Email: NONE	Fiscal Year End Date: NONE

### Principal Purpose

S.No	NAICS Code	NAICS Subcode
1	OTHER / DESIGN, SALE, INSTALLATION & SERVICE OF BUILDING CONTROLS (1997 AR)	

Page 1 of 1, records 1 to 1 of 1

### Principals Information

Name/Title	Business Address
Michael R Peterson / President	5757 N Green Bay Ave, Milwaukee, WI, 53209 - 4408, USA
Rodney N Rushing / Vice President	5757 N Green Bay Ave, Milwaukee, WI, 53209 - 4408, USA
Michael R Peterson / Secretary	5757 N Green Bay Ave, Milwaukee, WI, 53209 - 4408, USA
Marc E L Vandiepenbeeck / Treasurer	5757 N Green Bay Ave, Milwaukee, WI, 53209 - 4408, USA
Michael R Peterson / Director	5757 N Green Bay Ave, Milwaukee, WI, 53209 - 4408, USA

< Previous ... 1 **2** ... Next > Page 1 of 2, records 1 to 5 of 7  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
------------------	----------------	------------------	-----------------

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: 9/30/2019

CONTRACT #: 8002424

NIGP CODE: 936-3376

CONTRACT FOR: Fire Alarm Maintenance

CONTRACTOR: Johnson Control Fire Protection LP

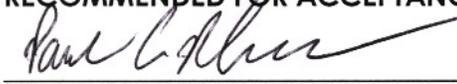
VENDOR CODE #: 175878

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

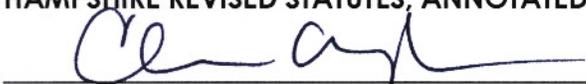
DATE 10/1/19

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

**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 30 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:

DEPARTMENT OF TRANSPORTATION				
LOCATION	INSPECTION COVERAGE	ANNUAL COST 2019	ANNUAL COST 2020	ANNUAL COST 2021
District 1, 116 Brown Rd., Groveton	Annual	\$280.00	\$280.00	\$280.00

Add the following locations and prices:

DEPARTMENT OF CORRECTIONS				
LOCATION	INSPECTION COVERAGE	ANNUAL COST 2019	ANNUAL COST 2020	ANNUAL COST 2021
Northern NH Correctional Facility	Annual	\$6,265.00	\$6,265.00	\$6,265.00
NH State Prison for Men	Annual	\$34,277.00	\$34,277.00	\$34,277.00

Contractor Initials: MTS  
 Date: 9-30-19

NH Correctional Facilities Women	Annual	\$5,368.00	\$5,368.00	\$5,368.00
NH State Prison Warehouse	Annual	\$1,397.00	\$1,397.00	\$1,397.00
NH State Prison Retail Store & Farm	Annual	\$1,505.00	\$1,505.00	\$1,505.00
Concord Probate & Parole District Office	Annual	\$2,386.00	\$2,386.00	\$2,386.00
North End House	Annual	\$1,397.00	\$1,397.00	\$1,397.00
Shea Farm	Annual	\$1,616.00	\$1,616.00	\$1,616.00
Calumet	Annual	\$1,835.00	\$1,835.00	\$1,835.00
Transitional Work Center & Minimum Security Unit	Annual	\$1,397.00	\$1,397.00	\$1,397.00

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

Contractor Initials: [Signature]  
Date: 9-30-19



Law Department  
Johnson Controls Fire Protection LP  
6600 Congress Avenue  
Boca Raton, Florida 33487

**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.

A handwritten signature in cursive script that reads "Jennifer L. Leong".

---

Jennifer L. Leong, Secretary





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/05/2019

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).

<b>PRODUCER</b> Marsh USA Inc. 411 E. Wisconsin Avenue Suite 1300 Milwaukee, WI 53202 Attn: JCI.Certrequest@marsh.com CN101230596-5-19-20*	<b>CONTACT NAME:</b> _____	<b>FAX (A/C, No):</b> _____																					
	<b>PHONE (A/C, No, Ext):</b> _____	<b>E-MAIL ADDRESS:</b> _____																					
<b>INSURED</b> Johnson Controls, Inc. Tyco International Holding S.a.r.l. SimplexGrinnell LP (see attached Acord 101) 5757 North Green Bay Avenue Milwaukee, WI 53209		<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A :</td> <td>Old Republic Insurance Company</td> <td>24147</td> </tr> <tr> <td>INSURER B :</td> <td>ACE Property and Casualty Insurance Company</td> <td>20699</td> </tr> <tr> <td>INSURER C :</td> <td></td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </table>	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 :			INSURER F :		
INSURER(S) AFFORDING COVERAGE		NAIC #																					
INSURER A :	Old Republic Insurance Company	24147																					
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INSURER C :																							
INSURER D :																							
INSURER E :																							
INSURER F :																							

**COVERAGES**      **CERTIFICATE NUMBER:** CHI-009228242-05      **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.

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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> XCU Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____			MWZY 313947-19	10/01/2019	10/01/2020	EACH OCCURRENCE \$ 10,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 10,000,000 MED EXP (Any one person) \$ 50,000 PERSONAL & ADV INJURY \$ 10,000,000 GENERAL AGGREGATE \$ 30,000,000 PRODUCTS - COMP/OP AGG \$ INC IN GEN AGG
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			MWTB 313946 (Excludes New Hamp) MWTB 313949 (Primary NH \$250k) MWZX 313950 (Excess NH \$7.25mm) Excess NH Auto is Follow Form to Primary NH Auto	10/01/2019	10/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 7,500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED \$      RETENTION \$			G28162509 004	10/01/2019	10/01/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			MWC 313943 (AOS - see page 2) MWXS 313944 (OH & WA)	10/01/2019	10/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 5,000,000 E.L. DISEASE - EA EMPLOYEE \$ 5,000,000 E.L. 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 #8002426 & Contract #8002424.

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

<b>CERTIFICATE HOLDER</b> State of New Hampshire Department of Administrative Services Bureau of Purchasing and Property 25 Capitol Street, RM 102 Concord, NH 03301	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
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## ADDITIONAL REMARKS SCHEDULE

<b>AGENCY</b> Marsh USA Inc.		<b>NAMED INSURED</b> Johnson Controls, Inc. Tyco International Holding S.a.r.l. SimplexGrinnell LP (see attached Acord 101) 5757 North Green Bay Avenue Milwaukee, WI 53209	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

### 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, 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 certholder 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 A2A: 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 advance notice of cancellation will be delivered to certificate holders in accordance with the policy endorsements.

#### NAMED INSURED:

Air Distribution Technologies IP, LLC; Air System Components, Inc.; Carter Brothers, LLC; CEM Access Systems, Inc.; Central CPVC Corporation; Central Sprinkler LLC; Chemguard, Inc.; Connect 24 Wireless Communications Inc.; Digital Security Controls, Inc.; Eastern Sheet Metal, Inc.; Elpas, Inc.; Exacq Technologies, Inc.; FBN Transportation, Inc.; Federal Energy Infrastructure Solutions, LLC; Grinnell Fire Protection Solutions LLC; Grinnell LLC; Hart & Cooley Trucking Company; Hart & Cooley, Inc.; Haz-Tank Fabricators, Inc.; IMECO LLC; Integrated Systems and Power, Inc.; Johnson Controls (Suisse) SA; Johnson Controls Air Conditioning and Refrigeration, Inc.; Johnson Controls Building Automation Systems, LLC; Johnson Controls Digital Solutions LLC; Johnson Controls Engineering, LLC; Johnson Controls Federal Systems, Inc.; Johnson Controls Fire Protection LP; Johnson Controls Foundation, Inc.; Johnson Controls Government Systems, LLC; Johnson Controls, Inc.; Johnson Controls Navy Systems, LLC; Johnson Controls PI Project Site Operations LLC; Johnson Controls Security Solutions LLC; Johnson Controls-Hitachi Air Conditioning North America LLC; Koch Filter Corporation; Master Protection, LP; Qolsys, Inc.; Retail Expert, Inc.; Ruskin Company; Ruskin Rooftop Systems, Inc.; Ruskin Service Company; Selkirk Corporation; Senelco Iberia, Inc.; Sensormatic Asia/Pacific, Inc.; Sensormatic Electronics (Puerto Rico) LLC; Sensormatic Electronics, LLC; ShopperTrak International Investment LLC; ShopperTrak RCT Corporation; Shurjoint America, Inc.; SimplexGrinnell LP; Tyco Fire & Security LLC; Tyco Fire Products LP; Tyco Integrated Security LLC; Tyco International Holding S.a.r.l.; Tyco International Management Company, LLC; Visonic Inc.; WillFire HC, LLC; York International (SA), Inc.; York International Corporation

IL 10 (12/06) OLD REPUBLIC INSURANCE COMPANY

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

Named Insured Johnson Controls, Inc. Tyco International Holding S.a.r.l.			Endorsement Number
Policy Prefix MWYZ	Policy Number 313947 19	Policy Period 10/01/2019 - 10/01/2020	Effective Date of Endorsement 10/01/19
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

**IL 10 (12/06) OLD REPUBLIC INSURANCE COMPANY**

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

Named Insured Johnson Controls, Inc. Tyco International Holding S.a.r.l.			Endorsement Number
Policy Prefix MWYZ	Policy Number 313947 19	Policy Period 10/01/2019 - 10/01/2020	Effective Date of Endorsement 10/01/19
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

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

NIGP CODE: 936-3376

CONTRACT FOR: Fire Alarm Maintenance Services

CONTRACTOR: Johnson Control Fire Protection LP

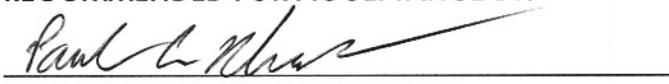
VENDOR CODE #: 175878

SUBMITTED FOR ACCEPTANCE BY:

  
ERICA BRISSON, PURCHASING AGENT  
BUREAU OF PURCHASE AND PROPERTY

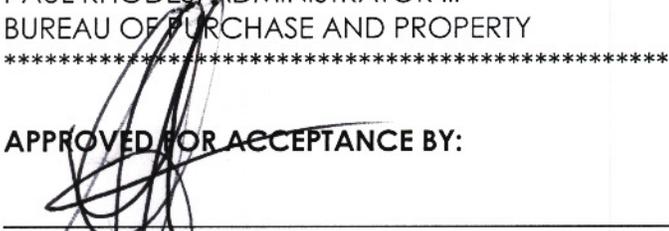
DATE 5/3/19

RECOMMENDED FOR ACCEPTANCE BY:

  
PAUL RHODES, ADMINISTRATOR III  
BUREAU OF PURCHASE AND PROPERTY

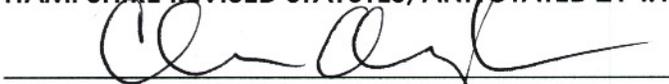
DATE 5/9/19

APPROVED FOR ACCEPTANCE BY:

  
GARY LUNETTA, DIRECTOR  
DIVISION OF PROCUREMENT & SUPPORT SERVICES

DATE 5/6/19

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 5/6/19

**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 25 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:

DEPARTMENT OF ENVIROMENTAL SERVICES				
LOCATION	INSPECTION COVERAGE	ANNUAL COST 2019	ANNUAL COST 2020	ANNUAL COST 2121
Dam Bureau – Lakeport Dam Operator House, 93 Elm St., Laconia, NH	Annual	\$140.00	\$140.00	\$140.00
Dam Bureau – Murphy Operator House, 11 Murphy Dam Rd., Pittsburg, NH	Annual	\$140.00	\$140.00	\$140.00

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

DEPARTMENT OF TRANSPORTATION		
LOCATION	INSPECTION COVERAGE	ANNUAL COST 2019
District 5, 16 East Point Drive, Bedford, NH	Annual	\$560.00
District 5, 6 East Point Drive, Bedford, NH	Annual	\$280.00

Contractor Initials:   
 Date: 4/25/19

District 5, 41A Kendall Pond Rd., Derry, NH	Annual	\$280.00
District 5, 54 Shadow Lake Rd., Salem, NH	Annual	\$420.00
Bureau of Traffic, 18 Smokey Bear Blvd. Building A, Concord, NH	Annual	\$140.00
Bureau of Traffic, 18 Smokey Bear Blvd. Building B, Concord, NH	Annual	\$140.00
Bureau of Traffic, 18 Smokey Bear Blvd. Building C, Concord, NH	Annual	\$140.00

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 PROTECTON LP

By: [Signature]  
W Dean Bedard  
(Print Name)

Title: TSM

Date: 4-25-19

STATE OF NEW HAMPSHIRE

By: [Signature]  
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.

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

My commission expires:

1-24-23  
(Date)

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

Contractor Initials: [Signature]  
Date: 5-6-19



Law Department  
Johnson Controls Fire Protection LP  
6600 Congress Avenue  
Boca Raton, Florida 33487

**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.

A handwritten signature in cursive script that reads "Jennifer L. Leong".

\_\_\_\_\_  
Jennifer L. Leong, Secretary





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/05/2019

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).

<b>PRODUCER</b> Marsh USA Inc. 411 E. Wisconsin Avenue Suite 1300 Milwaukee, WI 53202 Attn: JCI.Certrequest@marsh.com CN101230596--5-19-20*	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b>	<b>FAX (A/C, No):</b>
<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A :</b> Old Republic Insurance Company		24147
<b>INSURER B :</b> ACE Property and Casualty Insurance Company		20699
<b>INSURER C :</b>		
<b>INSURER D :</b>		
<b>INSURER E :</b>		
<b>INSURER F :</b>		

**COVERAGES**                      **CERTIFICATE NUMBER:** CHI-009228242-05                      **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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD   WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> XCU Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		MWZY 313947-19	10/01/2019	10/01/2020	EACH OCCURRENCE \$ 10,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 10,000,000 MED EXP (Any one person) \$ 50,000 PERSONAL & ADV INJURY \$ 10,000,000 GENERAL AGGREGATE \$ 30,000,000 PRODUCTS - COMP/OP AGG \$ INC IN GEN AGG \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY		MWTB 313946 (Excludes New Hamp) MWTB 313949 (Primary NH \$250k) MWZX 313950 (Excess NH \$7.25mm) Excess NH Auto is Follow Form to Primary NH Auto	10/01/2019	10/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 7,500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$		G28162509 004	10/01/2019	10/01/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	MWC 313943 (AOS - see page 2) MWXS 313944 (OH & WA)	10/01/2019	10/01/2020	<input checked="" type="checkbox"/> PER STATUTE      OTH-ER E.L. EACH ACCIDENT \$ 5,000,000 E.L. DISEASE - EA EMPLOYEE \$ 5,000,000 E.L. 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 #8002426 & Contract #8002424.

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

**CERTIFICATE HOLDER**                      **CANCELLATION**

State of New Hampshire Department of Administrative Services Bureau of Purchasing and Property 25 Capitol Street, RM 102 Concord, NH 03301	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b> of Marsh USA Inc. Manashi Mukherjee
--	---



**ADDITIONAL REMARKS SCHEDULE**

AGENCY Marsh USA Inc.		NAMED 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	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**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, 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 certholder 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 A2A: 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 advice of cancellation will be delivered to certificate holders in accordance with the policy endorsements.

**NAMED INSURED:**

Air Distribution Technologies IP, LLC; Air System Components, Inc.; Carfer Brothers, LLC; CEM Access Systems, Inc.; Central CPVC Corporation; Central Sprinkler LLC; Chemguard, Inc.; Connect 24 Wireless Communications Inc.; Digital Security Controls, Inc.; Eastern Sheet Metal, Inc.; Elpas, Inc.; Exacq Technologies, Inc.; FBN Transportation, Inc.; Federal Energy Infrastructure Solutions, LLC; Grinnell Fire Protection Solutions LLC; Grinnell LLC; Hart & Cooley Trucking Company; Hart & Cooley, Inc.; Haz-Tank Fabricators, Inc.; IMECO LLC; Integrated Systems and Power, Inc.; Johnson Controls (Suisse) SA; Johnson Controls Air Conditioning and Refrigeration, Inc.; Johnson Controls Building Automation Systems, LLC; Johnson Controls Digital Solutions LLC; Johnson Controls Engineering, LLC; Johnson Controls Federal Systems, Inc.; Johnson Controls Fire Protection LP; Johnson Controls Foundation, Inc.; Johnson Controls Government Systems, LLC; Johnson Controls, Inc.; Johnson Controls Navy Systems, LLC; Johnson Controls PI Project Site Operations LLC; Johnson Controls Security Solutions LLC; Johnson Controls-Hitchi Air Conditioning North America LLC; Koch Filter Corporation; Master Protection, LP; Qolsys, Inc.; Retail Expert, Inc.; Ruskin Company; Ruskin Rooftop Systems, Inc.; Ruskin Service Company; Selkirk Corporation; Senelco Iberia, Inc.; Sensormatic Asia/Pacific, Inc.; Sensormatic Electronics (Puerto Rico) LLC; Sensormatic Electronics, LLC; ShopperTrak International Investment LLC; ShopperTrak RCT Corporation; Shurjoint America, Inc.; SimplexGrinnell LP; Tyco Fire & Security LLC; Tyco Fire Products LP; Tyco Integrated Security LLC; Tyco International Holding S.a.r.l.; Tyco International Management Company, LLC; Visonic Inc.; WillFire HC, LLC; York International (SA), Inc.; York International Corporation

IL 10 (12/06) OLD REPUBLIC INSURANCE COMPANY

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

Named Insured Johnson Controls, Inc. Tyco International Holding S.a.r.l.			Endorsement Number
Policy Prefix MWYZ	Policy Number 313947 19	Policy Period 10/01/2019 - 10/01/2020	Effective Date of Endorsement 10/01/19
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

**IL 10 (12/06) OLD REPUBLIC INSURANCE COMPANY**

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

Named Insured Johnson Controls, Inc. Tyco International Holding S.a.r.l.			Endorsement Number
Policy Prefix MWYZ	Policy Number 313947 19	Policy Period 10/01/2019 - 10/01/2020	Effective Date of Endorsement 10/01/19
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: 3/11/19

CONTRACT #: 8002424

NIGP CODE: 936-3376

CONTRACT FOR: Fire Alarm Maintenance

CONTRACTOR: Johnson Control Fire Protection LP

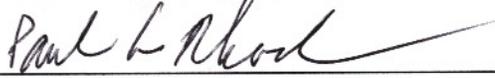
VENDOR CODE #:175878

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

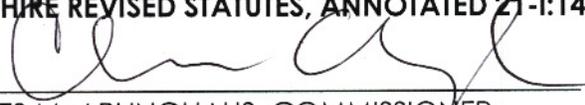
DATE 3/11/19

APPROVED FOR ACCEPTANCE BY:

  
GARY LUNETTA, 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

**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 7<sup>th</sup> 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:

LOCATION	INSPECTION COVERAGE	ANNUAL COST 2019-2020	ANNUAL COST 2020-2021	ANNUAL COST 2021-2022
NH Veterans Home 139 Winter St., Tilton, NH	Annual 4-year smoke and fire damper testing  2 year sensitivity testing on smoke detectors	\$7,413.00	\$7,413.00	\$7,413.00

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.

Contractor Initials:   
 Date: 3-7-19

**JOHNSON CONTROL FIRE PROTECTION LLC**

By: [Signature]  
W DEAN BEDARD  
(Print Name)

Title: TOTAL SERVICE MANAGER

Date: 3-7-19

**STATE OF NEW HAMPSHIRE**

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

Title: Commissioner,  
Department of Administrative Services

Date: 3-11-19

NOTARY PUBLIC/JUSTICE OF THE PEACE

On the 7<sup>th</sup> day of March, 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**



Contractor Initials: [Signature]  
Date: 3-7-19



Law Department  
Johnson Controls Fire Protection LP  
6600 Congress Avenue  
Boca Raton, Florida 33487

**JOHNSON CONROLS 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.



  
\_\_\_\_\_  
Jennifer L. Leong, Secretary

# State of New Hampshire

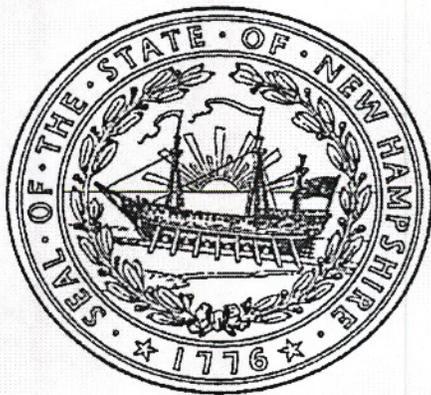
## Department of State

### 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.

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

William M. Gardner  
Secretary of State



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/18/2018

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).

<b>PRODUCER</b> Marsh USA Inc. 411 E. Wisconsin Avenue Suite 1300 Milwaukee, WI 53202 Attn: JCI.Certrequest@marsh.com CN101230596--5-18-19*	<b>CONTACT NAME:</b> Ann Moody <b>PHONE (A/C, No, Ext):</b> 414 290 4700 <b>E-MAIL ADDRESS:</b> ann.c.moody@marsh.com	<b>FAX (A/C, No):</b> 414 290 4960
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Johnson Controls, Inc. Tyco International Holding S.a.r.l. SimplexGrinnell LP (see attached Acord 101) 5757 North Green Bay Avenue Milwaukee, WI 53209	<b>INSURER A :</b> Old Republic Insurance Company	<b>NAIC #</b> 24147
	<b>INSURER B :</b> ACE Property and Casualty Insurance Company	20699
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:** CHI-008888309-04                      **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.

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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> XCU Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MWZY 313947	10/01/2018	10/01/2019	EACH OCCURRENCE \$ 10,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 10,000,000 MED EXP (Any one person) \$ 50,000 PERSONAL & ADV INJURY \$ 10,000,000 GENERAL AGGREGATE \$ 30,000,000 PRODUCTS - COMPOP AGG \$ INC IN GEN AGG \$
A	<b>AUTOMOBILE LIABILITY</b>			MWTB 313946 (Excludes New Hamp)	10/01/2018	10/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 7,500,000
A	<input checked="" type="checkbox"/> ANY AUTO			MWTB 313949 (Primary NH \$250k)	10/01/2018	10/01/2019	BODILY INJURY (Per person) \$
A	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			MWZX 313950 (Excess NH \$7.25mm) Excess NH Auto is Follow Form to Primary NH Auto	10/01/2018	10/01/2019	BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$			G28162509 003	10/01/2018	10/01/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			MWC 313943 00 (AOS - see page 2)	10/01/2018	10/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	MWXS 313944 (OH & WA)	10/01/2018	10/01/2019	E.L. EACH ACCIDENT \$ 5,000,000 E.L. DISEASE - EA EMPLOYEE \$ 5,000,000 E.L. DISEASE - POLICY LIMIT \$ 5,000,000

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.

Manashi Mukherjee

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

DATE: 2/13/19

CONTRACT #:8002424

NIGP CODE: 936-3376

CONTRACT FOR: Fire Alarm Maintenance Services

CONTRACTOR: Johnson Control Fire Protection LP

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

**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 8<sup>th</sup> 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:

	INSPECTION COVERAGE	ANNUAL COST
Department of Environmental Services		<b>2019-2020</b>
DES-WRBP Glendale Pump Station, 74 Weirs Rd., Gilford, NH	Annual	\$140.00
DES-WRBP Glendale Pump Station, 31 Dock Rd., Gilford, NH	Annual	\$140.00
DES-WRBP Jewett Brook Pump Station, 73 Strafford St., Laconia, NH	Annual	\$140.00
DES-WRBP Laconia Maintenance Shop, 202 Water St., Laconia, NH	Annual	\$280.00
DES-WRBP MLC Pump Station, 763 Scenic Drive, Laconia, NH	Annual	\$140.00
DES-WRBP North Main Pump Station, 1539 Old North Main St., Laconia, NH	Annual	\$140.00
DES-WRBP Paugus Pump Station, 29 Paugus Park Rd., Laconia, NH	Annual	\$140.00
DES-WRBP Pendleton Pump Station, 67 Pendleton Beach Rd., Laconia, NH	Annual	\$140.00
DES-WRBP River Street Pump Station, 101 River Rd., Franklin, NH	Annual	\$140.00
DeS-WRBP State School Pump Station, 1 Right Way Path, Laconia, NH	Annual	\$140.00
DES-WRPB WWTP Control Building, 528 River Rd., Franklin, NH	Annual	\$1,540.00
DES-WRPB WWTP Electrical Annex, 528 River Rd., Franklin, NH	Annual	\$140.00
DES-WRPB WWTP UV Building, 528 River Rd., Franklin, NH	Annual	\$350.00
DES-WRPB Winnisquam Pump Station, 202 Water St., Laconia, NH	Annual	\$140.00
DES-WRPB Ellacoya Pump Station, 280 Scenic Drive, Gilford, NH	Annual	\$140.00

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: WDB

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 8<sup>th</sup> 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**





Law Department  
Johnson Controls Fire Protection LP  
6600 Congress Avenue  
Boca Raton, Florida 33487

**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.



A handwritten signature in blue ink that reads "Jennifer L. Leong".

---

Jennifer L. Leong, Secretary

# State of New Hampshire

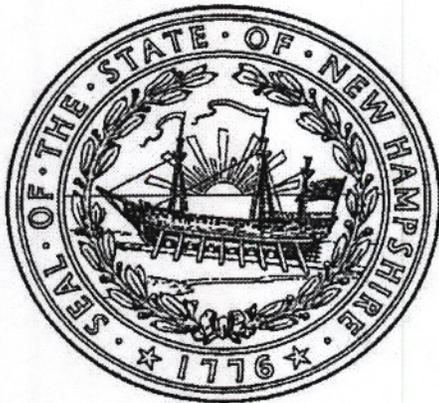
## Department of State

### 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.

A handwritten signature in cursive script, appearing to read "Wm Gardner".

William M. Gardner  
Secretary of State



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/18/2018

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).

<b>PRODUCER</b> Marsh USA Inc. 411 E. Wisconsin Avenue Suite 1300 Milwaukee, WI 53202 Attn: JCI.Certrequest@marsh.com CN101230596-5-18-19*	<b>CONTACT NAME:</b> Ann Moody <b>PHONE (A/C, No, Ext):</b> 414 290 4700 <b>E-MAIL ADDRESS:</b> ann.c.moody@marsh.com	<b>FAX (A/C, No):</b> 414 290 4960
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Johnson Controls, Inc. Tyco International Holding S.a.r.l. SimplexGrinnell LP (see attached Acord 101) 5757 North Green Bay Avenue Milwaukee, WI 53209	<b>INSURER A :</b> Old Republic Insurance Company	<b>NAIC #</b> 24147
	<b>INSURER B :</b> ACE Property and Casualty Insurance Company	<b>NAIC #</b> 20699
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
<b>INSURER F :</b>		

**COVERAGES**      **CERTIFICATE NUMBER:** CHI-008888309-04      **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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> XCU Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		MWZY 313947	10/01/2018	10/01/2019	EACH OCCURRENCE \$ 10,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 10,000,000 MED EXP (Any one person) \$ 50,000 PERSONAL & ADV INJURY \$ 10,000,000 GENERAL AGGREGATE \$ 30,000,000 PRODUCTS - COMP/OP AGG \$ INC IN GEN AGG
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		MWTB 313946 (Excludes New Hamp) MWTB 313949 (Primary NH \$250k) MWZX 313950 (Excess NH \$7.25mm) Excess NH Auto is Follow Form to Primary NH Auto	10/01/2018	10/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 7,500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$		G28162509 003	10/01/2018	10/01/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N    N/A	MWC 313943 00 (AOS - see page 2) MWXS 313944 (OH & WA)	10/01/2018	10/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 5,000,000 E.L. DISEASE - EA EMPLOYEE \$ 5,000,000 E.L. DISEASE - POLICY LIMIT \$ 5,000,000

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

### CANCELLATION

State of New Hampshire Department of Administrative Services Bureau of Purchasing and Property 25 Capitol Street, RM 102 Concord, NH 03301	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b> of Marsh USA Inc.  Manashi Mukherjee <i>Manashi Mukherjee</i>
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**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> Marsh USA Inc.		<b>NAMED INSURED</b> Johnson Controls, Inc. Tyco International Holding S.a.r.l. SimplexGrinnell LP (see attached Acord 101) 5757 North Green Bay Avenue Milwaukee, WI 53209	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

**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, 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 certholder 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 A2A: 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 advice of cancellation will be delivered to certificate holders in accordance with the policy endorsements.

**NAMED INSURED:**

Insureds include: Air Distribution Technologies IP, LLC; Air System Components, Inc.; Carter Brothers, LLC; CEM Access Systems, Inc.; Central CPVC Corporation; Central Sprinkler LLC; Chemguard, Inc.; Connect 24 Wireless Communications Inc.; Digital Security Controls, Inc.; Eastern Sheet Metal, Inc.; Elpas, Inc.; Exacq Technologies, Inc.; FBN Transportation, Inc.; Grinnell LLC; Hart & Cooley Trucking Company; Hart & Cooley, Inc.; Haz-Tank Fabricators, Inc.; IMECO LLC; Integrated Systems and Power, Inc.; Interstate Battery System International, Inc.; Johnson Controls, Inc.; Johnson Controls (Suisse) SA; Johnson Controls Advanced Power Solutions, LLC; Johnson Controls Air Conditioning and Refrigeration, Inc.; Johnson Controls APS Production, Inc.; Johnson Controls Battery Group, Inc.; Johnson Controls Building Automation Systems, LLC; Johnson Controls Engineering, LLC; Johnson Controls Federal Systems, Inc.; Johnson Controls Federal Systems/Versar, LLC; Johnson Controls Fire Protection LP f/k/a SimplexGrinnell LP; Johnson Controls Government Systems LLC; Johnson Controls Navy Systems, LLC; Johnson Controls Security Solutions LLC f/k/a Tyco Integrated Security, LLC; Koch Filter Corporation; Master Protection, LP d/b/a FireMaster; Qolsys, Inc.; Retail Expert, Inc.; Ruskin Company; Ruskin Rooftop Systems, Inc.; Ruskin Service Company; Selkirk Corporation; Senelco Iberia, Inc.; Sensormatic Asia/Pacific, Inc.; Sensormatic Electronics (Puerto Rico) LLC; Sensormatic Electronics, LLC; Sensormatic International, Inc.; ShopperTrak International Investment LLC; ShopperTrak RCT Corporation; Shurjoint America, Inc.; SimplexGrinnell LP; Tyco Fire & Security LLC; Tyco Fire Products LP; Tyco International Holding S.a.r.l.; Visonic Inc.; WillFire HC, LLC; York International (SA), Inc.; York International Corporation; BC Liquidation, Inc.; Grinnell Fire Protection Solutions LLC; JCW HVAC Supply Center, LLC; Lau Holdings, LLC; Tyco Integrated Security LLC; and Tyco International Management Company, LLC

**IL 10 (12/06) OLD REPUBLIC INSURANCE COMPANY**

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

Named Insured			Endorsement Number
Policy Prefix	Policy Number	Policy Period	Effective Date of Endorsement
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

# IL 10 (12/06) OLD REPUBLIC INSURANCE COMPANY

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

Named Insured			Endorsement Number
Policy Prefix	Policy Number	Policy Period	Effective Date of Endorsement
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