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

DATE: May 5, 2020

CONTRACT #: 8002429 NIGP CODE: 990-0500

CONTRACT FOR: Alarm and Access Control System Maintenance & Monitoring Services

CONTRACTOR: Total Security VENDOR CODE #: 169806

SUBMITTED FOR ACCEPTANCE BY:

ERIC BRISON, PURCHASING AGENT
BUREAU OF PURCHASE AND PROPERTY

RECOMMENDED FOR ACCEPTANCE BY:

PAUL ROHDES, ADMINISTRATOR III
BUREAU OF PURCHASE AND PROPERTY

APPROVED FOR ACCEPTANCE BY:

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

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

CHARLES M. ARLINGHAUS, COMMISSIONER
DEPARTMENT OF ADMINISTRATIVE SERVICES

Form Revised 8/23/2019 LMR
FIFTH AMENDMENT TO THE CONTRACT
BETWEEN TOTAL SECURITY INC.
AND
THE STATE OF NEW HAMPSHIRE, DEPARTMENT OF ADMINISTRATIVE SERVICES,
FOR ALARM AND ACCESS CONTROL SYSTEM, MAINTENANCE AND MONITORING SERVICES
CONTRACT # 8002429

This Fifth Amendment (hereinafter referred to as the "Amendment"), dated this 13th day of April, 2020, is by and between the State of New Hampshire, Department of Administrative Services (hereinafter referred to as "the State") and Total Security, Inc. (hereinafter referred to as "the Contractor") for Alarm and Access Control, Maintenance and Monitoring Services.

WHEREAS, pursuant to an agreement effective January 1, 2019, amended by the First Amendment on February 22, 2019, amended by the Second Amendment on November 5, 2019, amended by the Third Amendment on November 27, 2019, amended by the Fourth Amendment on February 11, 2020 and set to expire December 31, 2021, (hereinafter referred to as "the Agreement"), the Contractor agreed to perform certain alarm and access control system, maintenance and monitoring 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 $285,005.74

2. Amend Exhibit B Payment & Pricing; add the following location and payment terms for the period May 1, 2020 through December 31, 2021:

<table>
<thead>
<tr>
<th>AGENCY NAME</th>
<th>ADDRESS</th>
<th>MAINTENANCE SERVICES INCLUDED</th>
<th>MONITORING SERVICES INCLUDED</th>
<th>ANNUAL COST 2020</th>
<th>ANNUAL COST 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milford Circuit Courthouse</td>
<td>4 Meadowbrook Drive, Milford, NH</td>
<td>Yes</td>
<td>Yes</td>
<td>$463.36</td>
<td>$695.00</td>
</tr>
</tbody>
</table>

3. All other provisions of the Agreement, approved by the Commissioner, Department of Administrative Services on November 1, 2018, amended by the First Amendment on February 22, 2019, Amended by the Second Amendment on November 5, 2019, amended by the Third Amendment on November 27, 2019, amended by the Fourth Amendment on February 11, 2020 and set to expire on December 31, 2022. The contract shall remain in full force and effect.
TOTAL SECURITY LLC.

By: _________________________________
   (Print Name)

Ralph King

Date: 4/13/2020

STATE OF NEW HAMPSHIRE

By: _________________________________
   (Print Name)

Charles M. Arlinghaus

Title: Commissioner,
       Department of Administrative Services

Date: 6/19/20

NOTARY PUBLIC/JUSTICE OF THE PEACE

On the 13th day of April, 2020
There appeared before me, the state and county foresaid a person who satisfactorily identified himself as

Ralph King

And acknowledge that he executed this document indicated above.

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

(Notary Public/Justice of the Peace)

My commission expires:

5/1/2024
   (Date)
Corporate Resolution

I Ralph King, hereby certify that I am duly appointed President of Total Security, Inc. I hereby certify the following is a true copy of a vote taken at a meeting of the Board of Directors, duly called and held on April 13th 2020 at which a quorum of the directors was present and voting.

That Ralph King is duly authorized to enter into contracts or agreements on behalf of Total Security, Inc. with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any documents which may in his/her judgment be desirable or necessary to affect the purpose of this vote. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract to which this certificate is attached. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated: 4-13-20  Attest:  

[Signature]

Name & Title
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 TOTAL SECURITY, INC. is a New Hampshire Profit Corporation registered to transact business in New Hampshire on August 27, 2003. 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: 445044
Certificate Number: 0004890458

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire,
this 13th day of April A.D. 2020.

William M. Gardner
Secretary of State
# Certificate of Liability Insurance

**Date:** 2/5/2020

**Certificate of Liability Insurance**

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not affirmatively or negatively amend, extend or alter the coverage afforded by the policies below. This certificate of insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder.

**Important:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

**Producer:**

US Risk Underwriters, LLC
8401 N. Central Expway, Suite 1000
Dallas, TX 75225

**INSURER(S) AFFORDING COVERAGE:**

Underwriters at Lloyd's, London
AA1122000

**Coverages**

<table>
<thead>
<tr>
<th>Insr Ltr</th>
<th>Type of Insurance</th>
<th>Policy Number</th>
<th>Policy Eff (MM/DD/YYYY)</th>
<th>Policy Exp (MM/DD/YYYY)</th>
<th>Limits</th>
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<tr>
<td>A</td>
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<td>SPG160782</td>
<td>01/24/2020</td>
<td>01/24/2021</td>
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</tbody>
</table>

**Certificate Number:**

**Revision Number:**

This is to certify that the policies of insurance listed below have been issued to the Insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies. Limits shown may have been reduced by paid claims.

**Certification:**

DAS Bureau of Purchase & Property is listed as Additional insured as respect to General Liability Coverage related to operations of the Named Insured.

**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

Randall Goss, CEO/Chairman

**Description of Operations / Locations / Vehicles:** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Erica.Brisson@das.nh.gov

Concord, NH 03301
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFER NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Melcher & Prescott Insurance
426 Main Street
Lacocia NH 03246

CONTACT NAME: Jennifer Reckmeyer
PHONE (A/C No. Ext): (503) 524-4535
FAX (A/C No.):
EMAIL ADDRESS: reckmeyer@melcher-prescott.com

INSURED
Total Security Inc
172 Lily Pond
Gilford NH 03249

INSURER(S) AFFORDING COVERAGE NAIC 
INSURER A: Star Insurance Company 18023

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

19/20 Master

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.

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<tr>
<th>USER LTR</th>
<th>TYPE OF INSURANCE</th>
<th>ADDITIONAL INSURED</th>
<th>INSD</th>
<th>WWD</th>
<th>POLICY NUMBER</th>
<th>POLICY EXP (MM/DD/YYYY)</th>
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<td>ANY PROPRIETOR-PARTNER-EXECUTIVE OFFICER-MEMBER-EMPLOYEE (Statutory in NH)</td>
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<td>Y</td>
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<td>VVC0870874</td>
<td>03/04/2019</td>
<td>03/04/2020</td>
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</tr>
</tbody>
</table>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Statutory State(s): NH Excluded officer: Ralph King

CERTIFICATE HOLDER

DAS Bureau of Purchase & Property
25 Capital Street, Room 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

© 1988-2015 ACORD CORPORATION. All rights reserved.
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Melcher & Prescott Insurance
428 Main Street
Laconia NH 03246

CONTACT NAME: Jennifer Reckmeyer
PHONE (AIG. No. Ext): (603) 524-4535
FAX (AIG. No.):
EMAIL ADDRESS: jreckmeyer@melcher-prescott.com

INSURER(S) AFFORDING COVERAGE: Star Insurance Company
NAIC # 18023

INSURED
Total Security Inc
172 Lily Pond
Gofford NH 03249

COVERAGES
CERTIFICATE NUMBER: CL2021004344
REVISION NUMBER:

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

UNIT LTR TYPE OF INSURANCE ADDENDUM WWII POLICY NUMBER POLICY EXP (MM/DD/YYYY) LIMITS
COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR

SUMM LIMITE LIMITS APPLIES PER,
POLICY PROJECT LOC
OTHER

AUTOMOBILE LIABILITY
ANY AUTO
OWNED AUTOS ONLY
H-RENT AUTOS ONLY
SCHEDULED AUTOS
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WORKERS COMPENSATION
AND EMPLOYER'S LIABILITY
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DESCRIPTION OF OPERATIONS /LOCATIONS /VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Statutory State(s): NH Excluded officer: Ralph King

CERTIFICATE HOLDER
DAS Bureau of Purchase & Property
25 Capital Street, Room 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

© 1988-2015 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD
DATE: February 7, 2020

CONTRACT #: 8002429  NIGP CODE: 990-0500

CONTRACT FOR: Alarm and Access Control System Maintenance & Monitoring Services

CONTRACTOR: Total Security  VENDOR CODE #: 169806

SUBMITTED FOR ACCEPTANCE BY:

ERIC BRISON, PURCHASING AGENT  DATE 2/7/2020
BUREAU OF PURCHASE AND PROPERTY

RECOMMENDED FOR ACCEPTANCE BY:

PAUL RHODES, ADMINISTRATOR III  DATE 2/11/2020
BUREAU OF PURCHASE AND PROPERTY

APPROVED FOR ACCEPTANCE BY:

GARY S. LUNETTA, DIRECTOR  DATE 2/11/2020
DIVISION OF PROCUREMENT & SUPPORT SERVICES

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

CHARLES M. ARLINGHAUS, COMMISSIONER  DATE 2/11/2020
DEPARTMENT OF ADMINISTRATIVE SERVICES

Form Revised 8/23/2019 LMR
FOURTH AMENDMENT TO THE CONTRACT
BETWEEN TOTAL SECURITY INC.
AND
THE STATE OF NEW HAMPSHIRE, DEPARTMENT OF ADMINISTRATIVE SERVICES,
FOR ALARM AND ACCESS CONTROL SYSTEM, MAINTENANCE AND MONITORING SERVICES
CONTRACT # 8002429

This Fourth Amendment (hereinafter referred to as the "Amendment"), dated this 5th day of February, 2020, is by and between the State of New Hampshire, Department of Administrative Services (hereinafter referred to as "the State") and Total Security Inc. (hereinafter referred to as "the Contractor") for Alarm and Access Control System, Maintenance and Monitoring Services.

WHEREAS, pursuant to an agreement effective January 1, 2019, amended by the First Amendment on February 22, 2019, amended by the Second Amendment on November 5, 2019, amended by the Third Amendment on November 27, 2019 and set to expire December 31, 2021, (hereinafter referred to as "the Agreement"), the Contractor agreed to perform certain alarm and access control system, maintenance and monitoring 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 $283,847.38

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

<table>
<thead>
<tr>
<th>AGENCY NAME</th>
<th>ADDRESS</th>
<th>MAINTENANCE SERVICES INCLUDED</th>
<th>MONITORING SERVICES INCLUDED</th>
<th>ANNUAL COST 2019</th>
<th>ANNUAL COST 2020</th>
<th>ANNUAL COST 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hampton Circuit Courthouse</td>
<td>3 Timber Swamp Rd., Hampton</td>
<td>Yes</td>
<td>Yes</td>
<td>N/A</td>
<td>$859.20</td>
<td>$935.00</td>
</tr>
</tbody>
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Update the following pricing:

<table>
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<tr>
<th>AGENCY NAME</th>
<th>ADDRESS</th>
<th>MAINTENANCE SERVICES INCLUDED</th>
<th>MONITORING SERVICES INCLUDED</th>
<th>ANNUAL COST 2019</th>
<th>ANNUAL COST 2020</th>
<th>ANNUAL COST 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lebanon* District Court</td>
<td>38 Centerra Parkway, Lebanon</td>
<td>Yes</td>
<td>Yes</td>
<td>$935.00</td>
<td>$480.00</td>
<td>$480.00</td>
</tr>
</tbody>
</table>

*Removing fire alarm monitoring only
3. All other provisions of the Agreement, approved by the Commissioner, Department of Administrative Services on November 1, 2018, amended by the First Amendment on February 22, 2019, amended by the Second Amendment on November 5, 2019, and amended by the Third Amendment on November 27, 2019. The contract shall remain in full force and effect.
TOTAL SECURITY INC.

By: __________________________
    (Print Name)

Title: P/E

Date: 2-5-20

NOTARY PUBLIC/JUSTICE OF THE PEACE

On the 5th day of February, 2020
There appeared before me, the state and countyforesaid a person who satisfactorily identified himself as

Ralph King

And acknowledge that he executed this document indicated above.

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

(Notary Public/Justice of the Peace)

My commission expires:

5/1/2034
(Date)

STATE OF NEW HAMPSHIRE

By: __________________________
    (Print Name)

Title: Commissioner,
       Department of Administrative Services

Date: 2/11/2020
Corporate Resolution

I Ralph King, hereby certify that I am duly appointed President of Total Security, Inc. I hereby certify the following is a true copy of a vote taken at a meeting of the Board of Directors, duly called and held on February 5th 2020 at which a quorum of the directors was present and voting.

That Ralph King is duly authorized to enter into contracts or agreements on behalf of Total Security, Inc. with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any documents which may in his/her judgment be desirable or necessary to affect the purpose of this vote. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract to which this certificate is attached. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated: 2-5-20

Attest:

Name & Title

172 Lily Pond Rd. Gilford, NH 03249 Phone: 603-524-2833 Fax: 603-524-2109 Website: www.TotalSecurityNH.com
CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/5/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFRS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER:
US Risk Underwriters, LLC
8401 N. Central Expressway, Suite 1000
Dallas TX  75225

CONTACT NAME: Crystal Jacobs
PHONE (AIC, NO. EXT): (866) 315-3838  FAX (AIC, NO.): (214) 265-4932
E-MAIL ADDRESS: usrisk@securityamericarrg.com
INSURER(S) AFFORDING COVERAGE NAIC #
INSURER A: Underwriters at Lloyd’s, London AA1122000

INSURED:
Total Security Inc
172 Lily Pond
Gilford NH  03249

INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

COVERAGE:

CERTIFICATE NUMBER:  SPG160782

REVISION NUMBER: 01/24/2020 01/24/2021

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

<table>
<thead>
<tr>
<th>TYPE OF INSURANCE</th>
<th>POLICY NUMBER</th>
<th>POLICY EFF (MM/DD/YYYY)</th>
<th>POLICY EXP (MM/DD/YYYY)</th>
<th>LIMITS</th>
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</thead>
<tbody>
<tr>
<td>GENERAL LIABILITY</td>
<td>SPG160782</td>
<td>01/24/2020</td>
<td>01/24/2021</td>
<td>EACH OCCURRENCE $1,000,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>DAMAGE TO RENTED PREMISES (Ex occurrence) $100,000</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>MED EXP (Any one person) $10,000</td>
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<tr>
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<td></td>
<td></td>
<td></td>
<td>PERSONAL &amp; ADV INJURY $1,000,000</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td>GENERAL AGGREGATE $2,000,000</td>
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<td></td>
<td>PRODUCTS - COMPOP AGG $2,000,000</td>
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<tr>
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<td></td>
<td></td>
<td></td>
<td>PROFESSIONAL LIABILITY $1,000,000</td>
</tr>
<tr>
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</tr>
<tr>
<td>AUTOMOTIVE LIABILITY</td>
<td></td>
<td></td>
<td></td>
<td>COMBINED SINGLE LIMIT (Ex accident)</td>
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<td></td>
<td></td>
<td></td>
<td>BODILY INJURY (Per person)</td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
<td>BODILY INJURY (Per accident)</td>
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<td></td>
<td></td>
<td></td>
<td>PROPERTY DAMAGE (Per accident)</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>EACH OCCURRENCE</td>
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<td>AGGREGATE</td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</td>
<td></td>
<td></td>
<td></td>
<td>EACH OCCURRENCE</td>
</tr>
<tr>
<td>ANY PROPERTY/SUBSIDIARY/EXECUTIVE OFFICER/OWNER EXCLUDED?</td>
<td>N/A</td>
<td></td>
<td></td>
<td>DAMAGE TO RENTED PREMISES (Ex occurrence)</td>
</tr>
<tr>
<td>If yes, describe under DESCRIPTION OF OPERATIONS below</td>
<td></td>
<td></td>
<td></td>
<td>MED EXP (Any one person)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PERSONAL &amp; ADV INJURY</td>
</tr>
</tbody>
</table>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
DAS Bureau of Purchase & Property is listed as Additional Insured as respect to General Liability Coverage related to operations of the Named Insured.

CERTIFICATE HOLDER
DAS Bureau of Purchase & Property
25 Capital Street, Room 102
Conford NH  03301

AUTHORIZED REPRESENTATIVE
Erica.Brisson@das.nh.gov

CANCELATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Randall Goss, CEO/Chairman
CERTIFICATE OF LIABILITY INSURANCE

PRODUCER
Melcher & Prescott Insurance
426 Main Street
Laconia NH 03246

INSURED
Total Security Inc
172 Lily Pond
Gilmanton NH 03249

INSURER(S) AFFORDING COVERAGE
Star Insurance Company
NAIC # 18023

COVERAGES
CERTIFICATE NUMBER: 19/20 Master

INSR. LTR. TYPE OF INSURANCE  ADDL/INSUR. IN SD. WD.  POLICY NUMBER  POLICY EFF. (MM/DD/YYYY)  POLICY EXP. (MM/DD/YYYY)  LIMITS
COMMERCIAL GENERAL LIABILITY
COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR

GENL. AGGREGATE LIMIT APPLIES PER:
POLICY

OTHER

AUTOMOBILE LIABILITY
ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS
ANY AUTO HIRED AUTOS ONLY NON-OWNED AUTOS ONLY

UMBRELLA LIABILITY OCCUR CLAIMS-MADE

EXCESS LIABILITY

DED RETENTION

WORKERS COMPENSATION AND EMPLOYEES' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES
Statutory State(s): NH  Excluded officer: Ralph King

CERTIFICATE HOLDER

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.
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Meicher & Prescott Insurance
426 Main Street
Lacsonia NH 03246

CONTACT NAME: Jennifer Reckmeyer
PHONE (Alt. No. Ext.): (603) 524-4535
FAX (Alt. No. Ext.):
EMAIL: jreckmeyer@meicher-prescott.com

INSURED
Total Security Inc
172 Lily Pond
Gilmour NH 03249

INSURER(S) AFFORDING COVERAGE
INSURER A: Star Insurance Company
NAIC #: 16023

COVERAGES
CERTIFICATE NUMBER: CL2021004344
REVISION NUMBER:

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

<table>
<thead>
<tr>
<th>INSURER</th>
<th>TYPE OF INSURANCE</th>
<th>ADDL. SUB LIMIT</th>
<th>POLICY LIMIT</th>
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<tbody>
<tr>
<td></td>
<td>COMMERCIAL GENERAL LIABILITY</td>
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<tr>
<td></td>
<td>CLAIMS-MADE</td>
<td>OCCUR</td>
<td></td>
</tr>
<tr>
<td></td>
<td>GENL AGGREGATE LIMIT</td>
<td>POLICY</td>
<td>LOC</td>
</tr>
<tr>
<td></td>
<td>AUTOMOBILE LIABILITY</td>
<td>ANY AUTO</td>
<td>OWNED AUTOS ONLY</td>
</tr>
<tr>
<td></td>
<td>UMBRELLA LIAB</td>
<td>OCCUR</td>
<td>CLAIMS-MADE</td>
</tr>
<tr>
<td></td>
<td>EXCESS LIAB</td>
<td>OCCUR</td>
<td>CLAIMS-MADE</td>
</tr>
</tbody>
</table>

DED RETENTION $ 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 N/A

POLICY NUMBER: WC0870874
POLICY EFF (MM/DD/YYYY): 03/04/2020
POLICY EXP (MM/DD/YYYY): 03/04/2021

E.L. EACH ACCIDENT $ 1,000,000
E.L. DISEASE - EA EMPLOYEE $ 1,000,000
E.L. DISEASE - POLICY LIMIT $ 1,000,000

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

Statutory State(s): NH Excluded officer: Ralph King

CERTIFICATE HOLDER

DAS Bureau of Purchase & Property
25 Capital Street, Room 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

© 1988-2015 ACORD CORPORATION. All rights reserved.
STATE OF NEW HAMPSHIRE  
BUREAU OF PURCHASE AND PROPERTY  
STATE HOUSE ANNEX - ROOM 102  
25 CAPITOL ST  
CONCORD NH 03301-6398

DATE: 11/26/2019  
CONTRACT #: 8002429  
NIGP CODE: 990-0500  
CONTRACT FOR: Alarm and Access Control System Maintenance & Monitoring Services

CONTRACTOR: Total Security  
VENDOR CODE #: 169806

SUBMITTED FOR ACCEPTANCE BY:  
ERIC BRISON, PURCHASING AGENT  
BUREAU OF PURCHASE AND PROPERTY  
DATE 11/26/19

RECOMMENDED FOR ACCEPTANCE BY:  
P AUL RHODES, ADMINISTRATOR III  
BUREAU OF PURCHASE AND PROPERTY  
DATE 11/27/19

APPROVED FOR ACCEPTANCE BY:  
GARY S. LUNETTA, DIRECTOR  
DIVISION OF PROCUREMENT & SUPPORT SERVICES  
DATE 11/27/19

ACCEPTED FOR THE STATE OF NEW HAMPSHIRE UNDER THE AUTHORITY GRANTED TO ME BY NEW HAMPSHIRE REVISED STATUTES, ANNOTATED 21-I:14, XII.  
CHARLES M. ARLINGHAUS, COMMISSIONER  
DEPARTMENT OF ADMINISTRATIVE SERVICES  
DATE 11-27-19

Form Revised 8/23/2019 LMR
THIRD AMENDMENT TO THE CONTRACT
BETWEEN TOTAL SECURITY INC.
AND
THE STATE OF NEW HAMPSHIRE, DEPARTMENT OF ADMINISTRATIVE SERVICES,
FOR ALARM AND ACCESS CONTROL SYSTEM, MAINTENANCE AND MONITORING SERVICES
CONTRACT # 8002429

This Third Amendment (hereinafter referred to as the "Amendment"), dated this 22 day of November, 2019, is by and between the State of New Hampshire, Department of Administrative Services (hereinafter referred to as "the State") and Total Security Inc. (hereinafter referred to as "the Contractor") for Alarm and Access Control System, Maintenance and Monitoring Services.

WHEREAS, pursuant to an agreement effective January 1, 2019, amended by the First Amendment on February 22, 2019, amended by the Second Amendment on November 5, 2019 and set to expire December 31, 2021, (hereinafter referred to as "the Agreement"), the Contractor agreed to perform certain alarm and access control system, maintenance and monitoring 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 $282,887.38

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

<table>
<thead>
<tr>
<th>AGENCY NAME</th>
<th>ADDRESS</th>
<th>MAINTENANCE SERVICES INCLUDED</th>
<th>MONITORING SERVICES INCLUDED</th>
<th>2019 COST</th>
<th>ANNUAL COST 2020</th>
<th>ANNUAL COST 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOS – Automotive Garage</td>
<td>39 Hazen Drive, Concord, NH</td>
<td>No</td>
<td>Yes</td>
<td>$20.00</td>
<td>$240.00</td>
<td>$240.00</td>
</tr>
</tbody>
</table>

Remove the following location and pricing:

<table>
<thead>
<tr>
<th>AGENCY NAME</th>
<th>ADDRESS</th>
<th>MAINTENANCE SERVICES INCLUDED</th>
<th>MONITORING SERVICES INCLUDED</th>
<th>2019 COST</th>
<th>ANNUAL COST 2020</th>
<th>ANNUAL COST 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dept. of Military Affairs and Veteran Services</td>
<td>Berlin Readiness Center, Riverside Drive, Berlin</td>
<td>No</td>
<td>Yes</td>
<td>$20.00</td>
<td>$240.00</td>
<td>$240.00</td>
</tr>
</tbody>
</table>
3. All other provisions of the Agreement, approved by the Commissioner, Department of Administrative Services on November 1, 2018, shall remain in full force and effect.
TOTAL SECURITY INC.
By: 
[Signature]
(Print Name)
Title: P144-31
Date: 11-22-19

STATE OF NEW HAMPSHIRE
By: Charles M. Arlinghaus
(Print Name)
Title: Commissioner,
Department of Administrative Services
Date: 11-27-19

NOTARY PUBLIC/JUSTICE OF THE PEACE

On the 22 day of November, 2019
There appeared before me, the state and county foresaid a person who satisfactorily identified himself as

Ralph King

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:

5/11/2024
(Date)
Corporate Resolution

I Ralph King, hereby certify that I am duly appointed President of Total Security, Inc. I hereby certify the following is a true copy of a vote taken at a meeting of the Board of Directors, duly called and held on October 31st 2019 at which a quorum of the directors was present and voting.

That Ralph King is duly authorized to enter into contracts or agreements on behalf of Total Security, Inc. with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any documents which may in his/her judgment be desirable or necessary to affect the purpose of this vote. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract to which this certificate is attached. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated: 10-31-19  
Attest:  

Name & Title
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 TOTAL SECURITY, INC. is a New Hampshire Profit Corporation registered to transact business in New Hampshire on August 27, 2003. 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: 445044
Certificate Number: 0004604432

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 14th day of October A.D. 2019.

William M. Gardner
Secretary of State
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: Crystal Jacobs
US Risk Underwriters, LLC
8401 N. Central Expressway, Suite 1000
Dallas, TX 75225

INSURED:
Total Security Inc
172 Lily Pond
Gilford, NH 03249

INSURER: Underwriters at Lloyd's, London
AA1122000

COVERAGE:

<table>
<thead>
<tr>
<th>TYPE OF INSURANCE</th>
<th>ADL INSR</th>
<th>SUBWWD</th>
<th>POLICY NUMBER</th>
<th>POLICY EFF (MM/DD/YYYY)</th>
<th>POLICY EXP (MM/DD/YYYY)</th>
<th>LIMITS</th>
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</thead>
<tbody>
<tr>
<td>GENERAL LIABILITY</td>
<td></td>
<td></td>
<td>X SPG160781</td>
<td>01/24/2019</td>
<td>01/24/2020</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>COMMERCIAL GENERAL LIABILITY</td>
<td>X CLAIMS-MADE</td>
<td>OCCUR</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AUTOMOTIVE LIABILITY</td>
<td>ANY AUTO</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>ANY OWNED AUTOS</td>
<td>SCHEDULED AUTOS</td>
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<td>NON-OWNED AUTOS</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>UMBRELLA LIABILITY</td>
<td>OCCUR</td>
<td>CLAIMS-MADE</td>
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<td>EXCESS LIAB</td>
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</tr>
<tr>
<td>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</td>
<td>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED</td>
<td>VIN</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

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

State Of New Hampshire, Admin Services Bureau of Purchase & Property is listed as Additional Insured as respect to General Liability Coverage related to operations of the Named Insured.

CERTIFICATE HOLDER
State Of New Hampshire, Administrative Services Bureau of Purchase & Property
25 Capitol Street Room 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
Randall Goss, CEO/Chairman
STATE OF NEW HAMPSHIRE
BUREAU OF PURCHASE AND PROPERTY
STATE HOUSE ANNEX - ROOM 102
25 CAPITOL ST
CONCORD NH 03301-6398

DATE: 11/5/19

CONTRACT #: 8002429

NIGP CODE: 990-0500

CONTRACT FOR: Alarm and Access Control System Maintenance & Monitoring Services

CONTRACTOR: TOTAL SECURITY

VENDOR CODE #: 169806

SUBMITTED FOR ACCEPTANCE BY:

ERIC BRISON, PURCHASING AGENT
BUREAU OF PURCHASE AND PROPERTY

DATE 11/5/19

RECOMMENDED FOR ACCEPTANCE BY:

PAUL RHODES, ADMINISTRATOR III
BUREAU OF PURCHASE AND PROPERTY

DATE 11/5/19

APPROVED FOR ACCEPTANCE BY:

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

DATE 11/5/19

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

CHARLES M. ARLINGHAUS, COMMISSIONER
DEPARTMENT OF ADMINISTRATIVE SERVICES

DATE 11-5-19
SECOND AMENDMENT TO THE CONTRACT
BETWEEN TOTAL SECURITY INC.
AND
THE STATE OF NEW HAMPSHIRE, DEPARTMENT OF ADMINISTRATIVE SERVICES,
FOR ALARM AND ACCESS CONTROL SYSTEM, MAINTENANCE & MONITORING SERVICES
CONTRACT # 8002429

This Second Amendment (hereinafter referred to as the "Amendment"), dated this 31st day of
November, 2019, is by and between the State of New Hampshire, Department of Administrative Services
(hereinafter referred to as "the State") and Total Security, Inc. (hereinafter referred to as "the Contractor")
for Alarm and Access Control System, Maintenance Services.

WHEREAS, pursuant to an agreement effective January 1, 2019, amended by the First
Amendment on February 22, 2019 and set to expire December 31, 2021, (hereinafter referred to as
"the Agreement"), the Contractor agreed to perform certain alarm and access control system,
maintenance & monitoring 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 $282,867.38

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

<table>
<thead>
<tr>
<th>AGENCY NAME</th>
<th>ADDRESS</th>
<th>MAINTENANCE SERVICES INCLUDED</th>
<th>MONITORING SERVICES INCLUDED</th>
<th>ANNUAL COST 2019</th>
<th>ANNUAL COST 2020</th>
<th>ANNUAL COST 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHDOT – Bridge Memorial Bridge</td>
<td>45 State St., Portsmouth, NH</td>
<td>NO</td>
<td>YES</td>
<td>$240.00</td>
<td>$240.00</td>
<td>$240.00</td>
</tr>
<tr>
<td>Adjutant General</td>
<td>140 West Main St., Hillsborough, NH</td>
<td>NO</td>
<td>YES</td>
<td>$480.00</td>
<td>$480.00</td>
<td>$480.00</td>
</tr>
<tr>
<td>NH Fire Marshal’s Office</td>
<td>64 Smokey Beak Blvd., Concord, NH</td>
<td>NO</td>
<td>YES</td>
<td>$440.00</td>
<td>$440.00</td>
<td>$440.00</td>
</tr>
<tr>
<td>NH Marine Patrol- Swat Storage Unit</td>
<td>3 Higgins Drive, Belmont, NH</td>
<td>NO</td>
<td>YES</td>
<td>$340.00</td>
<td>$340.00</td>
<td>$340.00</td>
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</table>
3. All other provisions of the Agreement, approved by the Commissioner, Department of Administrative Services on November 1, 2018, shall remain in full force and effect.
TOTAL SECURITY, INC.

By: [Signature]

(Print Name)

Title: [Title]

Date: 10/31/19

STATE OF NEW HAMPSHIRE

By: [Signature]

Charles M. Arlinghaus
(Print Name)

Title: Commissioner,
Department of Administrative Services

Date: 11-5-19

NOTARY PUBLIC/JUSTICE OF THE PEACE

On the 31st day of October, 2019
There appeared before me, the state and county forenamed a person who satisfactorily identified himself as

Ralph King

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:

May 1st 2024
(Date)
Corporate Resolution

I Ralph King, hereby certify that I am duly appointed President of Total Security, Inc. I hereby certify the following is a true copy of a vote taken at a meeting of the Board of Directors, duly called and held on October 31st 2019 at which a quorum of the directors was present and voting.

That Ralph King is duly authorized to enter into contracts or agreements on behalf of Total Security, Inc. with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any documents which may in his/her judgment be desirable or necessary to affect the purpose of this vote. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract to which this certificate is attached. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated: 10-31-19  Attest: [Signature]

Name & Title
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 TOTAL SECURITY, INC. is a New Hampshire Profit Corporation registered to transact business in New Hampshire on August 27, 2003. 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: 445044
Certificate Number: 0004604432

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 14th day of October A.D. 2019.

William M. Gardner
Secretary of State
# Certificate of Liability Insurance

**Date (MM/DD/YYYY):** 10/2/2019

**Producer:** US Risk Underwriters, LLC  

**Address:** 8401 N. Central Expressway, Suite 1000  
Dallas, TX 75225  

**Contact Person:** Crystal Jacobs  

**Phone (A/C. No. Ext.):** (866) 315-3838  
**Fax (A/C. No.):** (214) 265-4932  
**E-mail Address:** usrisk@securityamericarrg.com

**Insurer:** Underwriters at Lloyd's, London  

**NAIC #:** AA1122000

**Certificate Number:** SPG160781  
**Effective Date:** 01/24/2019  
**Expiration Date:** 01/24/2020

**Coverages:**

<table>
<thead>
<tr>
<th>Instr LTR</th>
<th>Type of Insurance</th>
<th>Addl Insr</th>
<th>Subr Wd</th>
<th>Policy Number</th>
<th>Policy Eff (MM/DD/YYYY)</th>
<th>Policy Exp (MM/DD/YYYY)</th>
<th>Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>General Liability</td>
<td>X</td>
<td></td>
<td>SPG160781</td>
<td>01/24/2019</td>
<td>01/24/2020</td>
<td>$1,000,000</td>
</tr>
<tr>
<td></td>
<td>Commercial General Liability</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$1,000,000</td>
</tr>
<tr>
<td></td>
<td>Claims-Made</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$1,000,000</td>
</tr>
<tr>
<td></td>
<td>Occur</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$1,000,000</td>
</tr>
<tr>
<td></td>
<td>GENL AGGREGATE LIMIT APPLIES PER:</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$1,000,000</td>
</tr>
<tr>
<td></td>
<td>Policy Project LOC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$1,000,000</td>
</tr>
</tbody>
</table>

**Automotive Liability:**

- **Any Auto**  
- **All Owned Autos**  
- **Hired Autos**  
- **Scheduled Autos**  
- **Non-Owned Autos**

**Umbrella Liability:**

- **Occur**

**Excess Liability:**

- **Claims-Made**

**Workers Compensation and Employers' Liability:**

- **Any Proprietor/Partner/Executive Officer/Member Excluded?** N/A

**Description of Operations / Locations / Vehicles:**

State Of New Hampshire, Administrative Services Bureau of Purchase & Property is listed as Additional Insured as respect to General Liability Coverage related to operations of the Named Insured.

**Certificate Holder:**

State Of New Hampshire, Administrative Services Bureau of Purchase & Property  
25 Capitol Street Room 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:**

Randall Goss, CEO/Chairman
STATE OF NEW HAMPSHIRE
BUREAU OF PURCHASE AND PROPERTY
STATE HOUSE ANNEX - ROOM 102
25 CAPITOL ST
CONCORD NH 03301-6398

DATE: 11/5/19

CONTRACT #: 8002429
NIGP CODE: 990-0500

CONTRACT FOR: Alarm and Access Control System Maintenance & Monitoring Services

CONTRACTOR: TOTAL SECURITY
VENDOR CODE #: 169806

SUBMITTED FOR ACCEPTANCE BY:

ERIC A. BRISSON, PURCHASING AGENT
BUREAU OF PURCHASE AND PROPERTY

DATE 11/5/19

RECOMMENDED FOR ACCEPTANCE BY:

PAUL RHODES, ADMINISTRATOR III
BUREAU OF PURCHASE AND PROPERTY

DATE 11/5/19

APPROVED FOR ACCEPTANCE BY:

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

DATE 11/5/19

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. ARLINGHAUSE, COMMISSIONER
DEPARTMENT OF ADMINISTRATIVE SERVICES

DATE 11-5-19
SECOND AMENDMENT TO THE CONTRACT
BETWEEN TOTAL SECURITY INC.

AND

THE STATE OF NEW HAMPSHIRE, DEPARTMENT OF ADMINISTRATIVE SERVICES,
FOR ALARM AND ACCESS CONTROL SYSTEM, MAINTENANCE & MONITORING SERVICES
CONTRACT # 8002429

This Second Amendment (hereinafter referred to as the “Amendment”), dated this 31st day of
November, 2019, is by and between the State of New Hampshire, Department of Administrative Services
(hereinafter referred to as “the State”) and Total Security, Inc. (hereinafter referred to as “the Contractor”)
for Alarm and Access Control System, Maintenance Services.

WHEREAS, pursuant to an agreement effective January 1, 2019, amended by the First
Amendment on February 22, 2019 and set to expire December 31, 2021, (hereinafter referred to as
“the Agreement”), the Contractor agreed to perform certain alarm and access control system,
maintenance & monitoring 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 $282,867.38

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

<table>
<thead>
<tr>
<th>AGENCY NAME</th>
<th>ADDRESS</th>
<th>MAINTENANCE SERVICES INCLUDED</th>
<th>MONITORING SERVICES INCLUDED</th>
<th>ANNUAL COST 2019</th>
<th>ANNUAL COST 2020</th>
<th>ANNUAL COST 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHDOT – Bridge Maintenance Memorial Bridge</td>
<td>45 State St., Portsmouth, NH</td>
<td>NO</td>
<td>YES</td>
<td>$240.00</td>
<td>$240.00</td>
<td>$240.00</td>
</tr>
<tr>
<td>Adjutant General</td>
<td>140 West Main St., Hillsborough, NH</td>
<td>NO</td>
<td>YES</td>
<td>$480.00</td>
<td>$480.00</td>
<td>$480.00</td>
</tr>
<tr>
<td>NH Fire Marshall’s Office</td>
<td>64 Smokey Beak Blvd., Concord, NH</td>
<td>NO</td>
<td>YES</td>
<td>$440.00</td>
<td>$440.00</td>
<td>$440.00</td>
</tr>
<tr>
<td>NH Marine Patrol- Swat Storage Unit</td>
<td>3 Higgins Drive, Belmont, NH</td>
<td>NO</td>
<td>YES</td>
<td>$340.00</td>
<td>$340.00</td>
<td>$340.00</td>
</tr>
</tbody>
</table>

Page 1 of 3

Contractor Initials: \( \) Date: 12/31/19
| Merrimack County Superior Courthouse | 5 Court St., Concord, NH | YES | YES | $333.75 | $1,775.00 | $1,775.00 |

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.
TOTAL SECURITY, INC.

By: 

(Print Name)

Title: Pres.

Date: 10/31/19

STATE OF NEW HAMPSHIRE

By: Charles M. Arlinghaus

(Print Name)

Title: Commissioner

Department of Administrative Services

Date: 11-5-19

NOTARY PUBLIC/JUSTICE OF THE PEACE

On the 31st day of October, 2019
There appeared before me, the state and county foresaid a person who satisfactorily identified himself as

Ralph King

And acknowledge that he executed this document indicated above.

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

(Notary Public/Justice of the Peace)

My commission expires:

May 1st 2024

(Date)
Corporate Resolution

I Ralph King, hereby certify that I am duly appointed President of Total Security, Inc. I hereby certify the following is a true copy of a vote taken at a meeting of the Board of Directors, duly called and held on October 31st 2019 at which a quorum of the directors was present and voting.

That Ralph King is duly authorized to enter into contracts or agreements on behalf of Total Security, Inc. with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any documents which may in his/her judgment be desirable or necessary to affect the purpose of this vote. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract to which this certificate is attached. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated: 10-31-19

Attest: 

Name & Title
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 TOTAL SECURITY, INC. is a New Hampshire Profit Corporation registered to transact business in New Hampshire on August 27, 2003. 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: 445044
Certificate Number: 0004604432

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire,
this 14th day of October A.D. 2019.

William M. Gardner
Secretary of State
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER:
US Risk Underwriters, LLC
8401 N. Central Expressway, Suite 1000
Dallas TX 75225

CONTACT NAME: Crystal Jacobs
PHONE (A/C NO. EXT): (866) 315-3838
FAX (A/C NO.): (214) 265-4932
E-MAIL ADDRESS: usrisk@securityamericarrg.com

INSURER(S) AFFORDING COVERAGE
INSURER A: Underwriters at Lloyd's, London
AA122000

INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

COVERAGES
CERTIFICATE NUMBER:
REVISISON NUMBER:

This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies. Limits shown may have been reduced by paid claims.

<table>
<thead>
<tr>
<th>INSR LTR</th>
<th>TYPE OF INSURANCE</th>
<th>ADOL INSR</th>
<th>SUBR WVD</th>
<th>POLICY NUMBER</th>
<th>POLICY EFF (MM/DD/YYYY)</th>
<th>POLICY EXP (MM/DD/YYYY)</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>GENERAL LIABILITY</td>
<td>X</td>
<td></td>
<td>SPG160781</td>
<td>01/24/2019</td>
<td>01/24/2020</td>
<td>$1,000,000</td>
</tr>
<tr>
<td></td>
<td>GENL AGGREGATE LIMIT APPLIES PER:</td>
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<td>X POLICY PROJECT LOC</td>
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<td>AUTOMOTIVE LIABILITY</td>
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<td>ANY AUTO</td>
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<td></td>
<td>ALL OWNED AUTOS</td>
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<td>HIRED AUTOS</td>
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<td>UMBRELLA LIAB</td>
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<td>EXCESS LIAB</td>
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<td>DED RETENTION $</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ANY PROPRIETOR, PARTNER, EXECUTIVE OFFICER, MEMBER EXCLUDED?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Mandatory in NH)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>if yes, describe under DESCRIPTION OF OPERATIONS below</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
State Of New Hampshire, Admin Services Bureau of Purchase & Property is listed as Additional Insured as respect to General Liability Coverage related to operations of the Named Insured.

CERTIFICATE HOLDER
State Of New Hampshire, Administrative Services
Bureau of Purchase & Property
25 Capitol Street Room 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
Randall Goss, CEO/Chairman
DATE: 2/13/19

CONTRACT #: 8002429

CONTRACT FOR: Alarm and Access Control System Maintenance & Monitoring Services

CONTRACTOR: Total Security

NIGP CODE:

VENDOR CODE #: 169806

SUBMITTED FOR ACCEPTANCE BY:

ERIC A. BRISON, PURCHASING AGENT
BUREAU OF PURCHASE AND PROPERTY

DATE 2-20-19

RECOMMENDED FOR ACCEPTANCE BY:

PAUL RHODES, ADMINISTRATOR III
BUREAU OF PURCHASE AND PROPERTY

DATE 2/21/19

APPROVED FOR ACCEPTANCE BY:

GARY LUNETTA, DIRECTOR
DIVISION OF PROCUREMENT & SUPPORT SERVICES

DATE 2/22/19

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 2/22/19

Revised 11/6/17 PAR
FIRST AMENDMENT TO THE CONTRACT
BETWEEN TOTAL SECURITY INC.
AND
THE STATE OF NEW HAMPSHIRE, DEPARTMENT OF ADMINISTRATIVE SERVICES,
FOR ALARM AND ACCESS CONTROL SYSTEM MAINTENANCE & MONITORING SERVICES
CONTRACT # 8002429

This First Amendment (hereinafter referred to as the “Amendment”), dated this ___ day of January, 2019, is by and between the State of New Hampshire, Department of Administrative Services (hereinafter referred to as “the State”) and Total Security Inc. (hereinafter referred to as “the Contractor”) for Alarm and Access Control System Maintenance & Monitoring 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 alarm and access control system maintenance & monitoring 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 $275,503.63

2. Amend Exhibit B Payment & Pricing; add the following payment terms for the period January 1, 2019 through December 31, 2021:

<table>
<thead>
<tr>
<th>AGENCY NAME</th>
<th>ADDRESS</th>
<th>MAINTENANCE SERVICES INCLUDED</th>
<th>MONITORING SERVICES INCLUDED</th>
<th>ANNUAL COST 2019</th>
<th>ANNUAL COST 2019</th>
<th>ANNUAL COST 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjutant General Dept.</td>
<td>Berlin Readiness Center Riverside Drive Berlin, NH</td>
<td>No</td>
<td>Yes</td>
<td>$240</td>
<td>$240</td>
<td>$240</td>
</tr>
<tr>
<td>Adjutant General Dept.</td>
<td>Portsmouth Readiness Center 803 McGee Drive Portsmouth, NH</td>
<td>No</td>
<td>Yes</td>
<td>$240</td>
<td>$240</td>
<td>$240</td>
</tr>
<tr>
<td>Adjutant General Dept.</td>
<td>Plymouth Readiness Center 19 Armory Rd Plymouth, NH</td>
<td>No</td>
<td>Yes</td>
<td>$240</td>
<td>$240</td>
<td>$240</td>
</tr>
<tr>
<td>Adjutant General Dept.</td>
<td>Littleton FMS 2 350 Meadow Street Littleton, NH</td>
<td>No</td>
<td>Yes</td>
<td>$240</td>
<td>$240</td>
<td>$240</td>
</tr>
<tr>
<td>Adjutant General Dept.</td>
<td>Littleton Readiness Center 350 Meadow St. Littleton, NH</td>
<td>No</td>
<td>Yes</td>
<td>$240</td>
<td>$240</td>
<td>$240</td>
</tr>
<tr>
<td>------------------------</td>
<td>----------------------------------------------------------</td>
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<td>------</td>
<td>------</td>
</tr>
<tr>
<td>Adjutant General Dept.</td>
<td>Somersworth Readiness Center 15 Blackwater Rd. Somersworth, NH</td>
<td>No</td>
<td>Yes</td>
<td>$240</td>
<td>$240</td>
<td>$240</td>
</tr>
<tr>
<td>Adjutant General Dept.</td>
<td>Milford Readiness Center 154 Osgood Rd. Milford, NH</td>
<td>No</td>
<td>Yes</td>
<td>$240</td>
<td>$240</td>
<td>$240</td>
</tr>
<tr>
<td>Adjutant General Dept.</td>
<td>Cooper House 11 Academy Ave. Ctr. Strafford, NH</td>
<td>No</td>
<td>Yes</td>
<td>$240</td>
<td>$240</td>
<td>$240</td>
</tr>
<tr>
<td>Adjutant General Dept.</td>
<td>Rochester Armory Annex 106 Brock St. Rochester, NH</td>
<td>No</td>
<td>Yes</td>
<td>$240</td>
<td>$240</td>
<td>$240</td>
</tr>
<tr>
<td>Adjutant General Dept.</td>
<td>Adjutant General’s Dept. 70 Rochester Hill Rd. Rochester, NH</td>
<td>No</td>
<td>Yes</td>
<td>$240</td>
<td>$240</td>
<td>$240</td>
</tr>
<tr>
<td>Adjutant General Dept.</td>
<td>Adjutant General’s Dept. 96 Sheep Davis Rd. Rochester, NH</td>
<td>No</td>
<td>Yes</td>
<td>$240</td>
<td>$240</td>
<td>$240</td>
</tr>
<tr>
<td>Bureau of General Services</td>
<td>Core 29 Hazen Drive Concord, NH</td>
<td>No</td>
<td>Yes</td>
<td>$240</td>
<td>$240</td>
<td>$240</td>
</tr>
<tr>
<td>Bureau of General Services</td>
<td>ASDC 27 Hazen Drive Concord, NH</td>
<td>No</td>
<td>Yes</td>
<td>$240</td>
<td>$240</td>
<td>$240</td>
</tr>
<tr>
<td>Bureau of General Services</td>
<td>Concord Probate Court 2 Charles Doe Dr. Concord, NH</td>
<td>Yes</td>
<td>Yes</td>
<td>$695</td>
<td>$695</td>
<td>$695</td>
</tr>
</tbody>
</table>
Service and price adjustments made to current locations as follows:

<table>
<thead>
<tr>
<th>AGENCY NAME</th>
<th>ADDRESS</th>
<th>MAINTENANCE SERVICES INCLUDED</th>
<th>MONITORING SERVICES INCLUDED</th>
<th>ANNUAL COST 2019</th>
<th>ANNUAL COST 2019</th>
<th>ANNUAL COST 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Services</td>
<td>DMV</td>
<td>Yes</td>
<td>Yes</td>
<td>$720</td>
<td>$720</td>
<td>$720</td>
</tr>
<tr>
<td></td>
<td>23 Hazen Drive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Concord</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrative Services</td>
<td>Emergency Operations 110</td>
<td>Yes</td>
<td>Yes</td>
<td>$720</td>
<td>$720</td>
<td>$720</td>
</tr>
<tr>
<td></td>
<td>Smokey Bear Blvd.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Concord, NH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department of Safety</td>
<td>Automotive/Radio</td>
<td>Yes</td>
<td>No</td>
<td>$480</td>
<td>$480</td>
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<tr>
<td></td>
<td>39 Hazen Drive</td>
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<td></td>
<td>Concord, NH</td>
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<td>Department of Safety</td>
<td>NH Fire Marshal’s Office 108</td>
<td>Yes</td>
<td>Yes</td>
<td>$920</td>
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<tr>
<td></td>
<td>Smokey Bear Blvd.</td>
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<tr>
<td>Department of Administrative</td>
<td>Coos County Superior Court</td>
<td>Yes</td>
<td>Yes</td>
<td>$1390</td>
<td>$1390</td>
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<tr>
<td>Services-Bureau of Court</td>
<td>55 School St.</td>
<td></td>
<td></td>
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<tr>
<td>Facilities</td>
<td>Lancaster, NH</td>
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The addition of fire alarm monitoring services added to the following Court Facilities locations:

<table>
<thead>
<tr>
<th>LOCATION NAME</th>
<th>ADDRESS</th>
<th>ANNUAL COST 2019</th>
<th>ANNUAL COST 2019</th>
<th>ANNUAL COST 2019</th>
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</thead>
<tbody>
<tr>
<td>Berlin District Court</td>
<td>650 Main St., Berlin, NH</td>
<td>$240</td>
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<td>Carroll County</td>
<td>96 Waterville Village Rd.,</td>
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<td>Court</td>
<td>Ossipee, NH</td>
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<td></td>
</tr>
<tr>
<td>Coos County Court</td>
<td>55 School St., Lancaster, NH</td>
<td>$240</td>
<td>$240</td>
<td>$240</td>
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<tr>
<td>Dover District Court</td>
<td>25 St. Thomas St., Dover, NH</td>
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<td>Hillsboro County Court South</td>
<td>30 Spring St., Nashua, NH</td>
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<td>Jaffrey District Court</td>
<td>84 Peterborough St., Jaffrey, NH</td>
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<td>Lebanon District Court</td>
<td>38 Centerra Parkway Lebanon, NH</td>
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<td>Merrimack District Court</td>
<td>4 Baboosic Lake Rd Merrimack, NH</td>
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<td>Merrimack Superior Court</td>
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<td>Plaistow District Court</td>
<td>14 Elm St. Plaistow, NH</td>
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<td>Portsmouth District Court</td>
<td>111 Parrott Avenue Portsmouth, NH</td>
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<tr>
<td>Rockingham County Court</td>
<td>10 Route 125 Brentwood, NH</td>
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</table>

3. All other provisions of the Agreement, approved by the Commissioner, Department of Administrative Services on November 1, 2018, shall remain in full force and effect.
TOTAL SECURITY INC.

By: ____________________________

Ralph King
(Print Name)

Title: President

Date: 11/30/19

STATE OF NEW HAMPSHIRE

By: ____________________________

Charles M. Arlinghaus
(Print Name)

Title: Commissioner,
Department of Administrative Services

Date: 2/22/19

NOTARY PUBLIC/JUSTICE OF THE PEACE

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

Ralph King

And acknowledge that he executed this document indicated above.

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

(Notary Public/Justice of the Peace)

My commission expires:
KRISTY L. BUSHONG, Notary Public
My Commission Expires June 4, 2019

(Date)
Corporate Resolution

I Ralph King, hereby certify that I am duly appointed President of Total Security, Inc. I hereby certify the following is a true copy of a vote taken at a meeting of the Board of Directors, duly called and held on January 30th 2019 at which a quorum of the directors was present and voting.

That Ralph King is duly authorized to enter into contracts or agreements on behalf of Total Security, Inc. with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any documents which may in his/her judgment be desirable or necessary to affect the purpose of this vote. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract to which this certificate is attached. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated: 1-30-19 Attest: 

Name & Title
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 TOTAL SECURITY, INC. is a New Hampshire Profit Corporation registered to transact business in New Hampshire on August 27, 2003. 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: 445044
Certificate Number: 0004394495

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 30th day of January A.D. 2019.

William M. Gardner
Secretary of State
# Certificate of Liability Insurance

**Producer:**
CROSS INSURANCE - LACONIA
155 Court Street
Laconia, NH 03246

**Insured:**
Total Security, Inc.
P.O. Box 6702
Laconia, NH 03247-6702

**Certificate Number:** CL1851049427

**Date:** 1/30/2019

**Certifies:**
This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not affirmatively or negatively amend, extend or alter the coverage afforded by the policies below. This certificate of insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder.

**Important:** If the certificate holder is an additional insured, the policy(ies) must be endorsed. If subrogation is waived, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

**Contact Name:** Linda Tikkanen, CISR
**Phone (Avail. Ext.):** (603) 524-2425
**Fax:** (603) 524-3666
**E-Mail Address:** ltikkanen@crossagency.com

**Insurer(s) Affording Coverage:**

**NAIC #:**
- **A:** Star Insurance Co 18023

**Coverages:**

- **Commercial General Liability**
  - **Type of Insurance:** Claims-Made
  - **Aggregate Limit Applies Per Policy:**
    - Project
    - LOC

- **Automobile Liability**
  - **Any Auto**
    - **Type of Insurance:** Non-owned Autos
  - **Hired Autos**
    - **Type of Insurance:** Sched Autos

- **Umbrella Liability**
  - **Type of Insurance:** Occur
  - **Type of Coverage:** Claims-Made

- **Workers Compensation and Employers’ Liability**
  - **Type of Coverage:** Each Accident
    - **Statute:** NH
    - **Mandatory in NH:** Yes
    - **Description of Operations Below:**

**Policy Number:** MC0781050
**Policy Effective:** 3/4/2018
**Policy Expiration:** 3/4/2019

**Limits:**

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Description</th>
<th>Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Each occurrence</td>
<td>$1,000,000</td>
<td></td>
</tr>
<tr>
<td>Damage to rented premises (Ex occurrence)</td>
<td>$1,000,000</td>
<td></td>
</tr>
<tr>
<td>Med exp (Any one person)</td>
<td>$1,000,000</td>
<td></td>
</tr>
<tr>
<td>Personal &amp; Adv injury</td>
<td>$1,000,000</td>
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<tr>
<td>General aggregate</td>
<td>$1,000,000</td>
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<tr>
<td>Products - Comp/Org</td>
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</tr>
<tr>
<td>Combined Single Limit</td>
<td>$1,000,000</td>
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</tr>
</tbody>
</table>

**Description of Operations / Locations / Vehicles (ACORD 101, Additional Remarks Schedule, may be attached if more space is required):**

Ralph King is an excluded executive officer for workers compensation coverage. Coverage A States - NH Only

**Certificate Holder:**
State of New Hampshire
Administrative Services
Bureau of Purchase and Property
25 Capitol St, 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:**
L Tikkanen, CISR/LXT

© 1988-2014 ACORD CORPORATION. All rights reserved.
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMatively OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

STATE FARM INSURANCE
MIKE TESTA AGENCY
101 COURT STREET
LACONIA NH 03246

CONTACT NAME: MIKE TESTA
PHONE: 603-524-7733
FAX: 603-524-9476
E-MAIL: MIKE@MIKE-TESTA.COM

INSURED

TOTAL SECURITY, INC
172 LILY POND ROAD
GILFORD NH 03249

INSURER(S) AFFORDING COVERAGE
State Farm Fire and Casualty Company 25143

REVISION NUMBER: 1

COVERAGES CERTIFICATE NUMBER: 29-2059

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 PERMIT, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLOSIONS, AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

<table>
<thead>
<tr>
<th>INSR LTR</th>
<th>TYPE OF INSURANCE</th>
<th>ADDL/SUBR INSD VWD</th>
<th>POLICY NUMBER</th>
<th>POLICY EFF IMM/D/TYY</th>
<th>POLICY EXP IMM/D/TYY</th>
<th>LIMITS</th>
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<tbody>
<tr>
<td>X</td>
<td>COMMERCIAL GENERAL LIABILITY</td>
<td>CLAIMS-MADE X OCCUR</td>
<td>Y Y 94-BF-K949-9</td>
<td>11/15/2018</td>
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<td>MED EXP (Any one person) $ 5,000</td>
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<td>$</td>
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<td>AUTOMOBILE LIABILITY</td>
<td>ANY AUTO</td>
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<td>NON-OWNED AUTOS ONLY</td>
<td>066 4332-A30-29</td>
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<td>Y</td>
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<td>OCCUR</td>
<td>071 0291-D01-29</td>
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WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A |
| E.L. EACH ACCIDENT $ |
| E.L. DISEASE - EA EMPLOYEE $ |
| E.L. DISEASE - POLICY LIMIT $ |

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

ADDITIONAL AUTOS INSURED: 065 1757-C01-29A (09/01/18-03/01/19) & 035 9997-A14-29D (01/14/18-07/14/19) & 075 8785-A10-29 (01/10/19-07/10/19) & 075 8040-A01-29 (01/01/19-07/01/19)

CERTIFICATE HOLDER

State of New Hampshire - Administrative Services
Bureau of Purchase and Property
25 Capital Street, Room 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

Lauren Joyce

© 1988-2015 ACORD CORPORATION. All rights reserved.
CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER: US Risk Underwriters, LLC
8401 N. Central Expressway, Suite 1000
Dallas, TX 75225

INSURED:
Total Security Inc
135 Weirs Blvd.
Laconia, NH 03246

CONTACT NAME: Crystal Jacobs
PHONE (866) 315-3838
FAX (214) 265-4932
E-MAIL ADDRESS: usrisk@securityamerica.png
INSURER(S) AFFORDING COVERAGE: Underwriters at Lloyd's, London
NAIC # AA1122000

COVERAGES

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<th>TYPE OF INSURANCE</th>
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<th>SUBR</th>
<th>POLICY NUMBER</th>
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<th>POLICY EXP (MM/DD/YYYY)</th>
<th>LIMITS</th>
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<tr>
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<td>RETENTION $</td>
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</tr>
</tbody>
</table>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
State Of New Hampshire, Admin Services Bureau of Purchase & Property is listed as Additional Insured as respect to General Liability Coverage related to operations of the Named Insured.

CERTIFICATE HOLDER

State Of New Hampshire, Admin Services Bureau of Purchase & Property
25 Capitol Street Room 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

Randall Goss, CEO/Chairman
STATE OF NEW HAMPSHIRE
BUREAU OF PURCHASE AND PROPERTY
STATE HOUSE ANNEX - ROOM 102
25 CAPITOL ST
CONCORD NH 03301-6398

DATE: 10/30/2018
CONTRACT #: 8002429
NIGP CODE: 990-0500

CONTRACT FOR: Alarm and Access Control System Maintenance & Monitoring Services

CONTRACTOR: Total Security
VENDOR CODE #: 169806

SUBMITTED FOR ACCEPTANCE BY:

[Signature]
RYAN AUBERT, PURCHASING AGENT
BUREAU OF PURCHASE AND PROPERTY

DATE 10/30/18

RECOMMENDED FOR ACCEPTANCE BY:

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

DATE 10/31/18

APPROVED FOR ACCEPTANCE BY:

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

DATE 10/31/18

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

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

DATE 11/1/18

Revised 11/6/17 PAR
FORM NUMBER P-37 (version 5/8/15)

Subject: Alarm and Access Control System Maintenance & Monitoring Services

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

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

GENERAL PROVISIONS

<table>
<thead>
<tr>
<th>1.1 State Agency Name</th>
<th>1.2 State Agency Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>State of New Hampshire</td>
<td>State House Annex, Room 102</td>
</tr>
<tr>
<td>Department of Administrative Services</td>
<td>25 Capitol Street</td>
</tr>
<tr>
<td>Bureau of Purchase and Property</td>
<td>Concord, NH 03301</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1.3 Contractor Name</th>
<th>1.4 Contractor Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Security</td>
<td>135 Weard Boulevard</td>
</tr>
<tr>
<td></td>
<td>Laconia, NH 03246</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1.5 Contractor Phone Number</th>
<th>1.6 Account Number Various</th>
<th>1.7 Completion Date</th>
<th>1.8 Price Limitation</th>
</tr>
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<tbody>
<tr>
<td>603-273-0032</td>
<td></td>
<td>12/31/2021</td>
<td>$252,241.63</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1.9 Contracting Officer for State Agency</th>
<th>1.10 State Agency Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ryan Aubert, Purchasing Agent</td>
<td>603-271-0580</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1.11 Contractor Signature</th>
<th>1.12 Name and Title of Contractor Signatory</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ralen King, President</td>
</tr>
</tbody>
</table>

| 1.13 Acknowledged: State of NH, County of Belknap |
| On 11/11/18, before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that she executed this document in the capacity indicated in block 1.12. |

| 1.13.1 Signature of Notary Public or Justice of the Peace |
| Kristy Busnong, Office Manager |

<table>
<thead>
<tr>
<th>1.14 State Agency Signature</th>
<th>1.15 Name and Title of State Agency Signatory</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Charles M. Arlinghaus, Commissioner</td>
</tr>
</tbody>
</table>

| 1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) |
| By: Director, On: |

| 1.17 Approval by the Attorney General (Form, Substance and Execution) (if applicable) |
| By: On: |

| 1.18 Approval by the Governor and Executive Council (if applicable) |
| By: On: |
2. EMPLOYMENT OF CONTRACTOR/SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT A which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.
3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.1B, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.14 ("Effective Date").
3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.
Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the Account identified in block 1.4 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.
5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.
5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/EQUAL EMPLOYMENT OPPORTUNITY.
6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. This may include the requirement to utilize auxiliary aids and services to ensure that persons with communication disabilities, including vision, hearing and speech, can communicate with, receive information from, and convey information to the Contractor. In addition, the Contractor shall comply with all applicable copyright laws.
6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and shall take affirmative action to prevent such discrimination.
6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor [41 C.F.R. Part 60], and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.
7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all persons engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.
7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.

Contractor initials __________
Date ________________
7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

8. EVENT OF DEFAULT/REMEDIES.
8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):
8.1.1 failure to perform the Services satisfactorily or on schedule;
8.1.2 failure to submit any report required hereunder; and/or
8.1.3 failure to perform any other covenant, term or condition of this Agreement.
8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:
8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;
8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;
8.2.3 set off against any other obligations the State owes to the Contractor any damages the State suffers by reason of any Event of Default; and/or
8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.
9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.
9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.
9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

10. TERMINATION. In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT A.

11. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and it neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other remuneration provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS. The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice and consent of the State. None of the Services shall be subcontracted by the Contractor without the prior written notice and consent of the State.

13. INDEMNIFICATION. The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, or any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, or account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.
14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:
14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than $1,000,000 per occurrence and $2,000,000 aggregate; and
14.1.2 special cause of loss coverage form covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.
14.2 The policies described in subparagraph 14.1 herein shall be in policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

Contractor initials: [Signature]
Date: [Date]
14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than thirty (30) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than thirty (30) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.
15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("Workers' Compensation").
15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers’ Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers’ Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers’ Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers’ Compensation laws in connection with the performance of the Services under this Agreement.

16. WAIVER OF BREACH. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver at the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

17. NOTICE. Any notice by a party hereof to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no such approval is required under the circumstances pursuant to State law, rule or policy.

19. CONSTRUCTION OF AGREEMENT AND TERMS. This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

20. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional provisions set forth in the attached EXHIBIT C are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire Agreement and understanding between the parties, and supersedes all prior Agreements and understandings relating hereeto.
EXHIBIT A
SCOPE OF SERVICES

1. INTRODUCTION

Total Security (herein referred to as the "Contractor") hereby agrees to provide the State of New Hampshire (herein referred to as the "State"). Department of Administrative Services, with Alarm and Access Control System Maintenance & Monitoring Services in accordance with the proposal submission in response to State Request for Proposal #2070-18 and as described herein.

2. CONTRACT DOCUMENTS

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

a. State of New Hampshire Terms and Conditions, General Provisions Form P-37
b. EXHIBIT A Scope of Services
c. EXHIBIT B Payment Terms
d. EXHIBIT C Special Provisions
e. EXHIBIT D RFP 2070-18

3. TERM OF CONTRACT

This Contract shall commence upon the approval of Governor and Executive Council and shall terminate on December 31, 2021, a period of approximately three (3) years, unless extended for additional terms.

The Contract may be extended for an additional two (2) years thereafter under the same terms, conditions and pricing structure upon the mutual agreement between the Contractor and State, and the with the approval of the Governor and Executive Council.

The maximum term of the Contract (including all extensions) cannot exceed five (5) years.

4. SCOPE OF WORK

The term "alarm and access control maintenance and monitoring services", shall include: providing all materials, equipment, labor, and transportation as necessary for the successful completion of the work under the terms and conditions contained herein. Monitoring service is meant to include burglar alarms, boiler alarms, generator alarms, low/high temperature monitoring, and panic/duress alarm systems.

Prior to any work commencing on the alarm systems that are part of any awarded contract, the Contractor shall contact the agency contact to arrange a site visit. Site visits will not be allowed without prior notification to the agency contact person or designee.

Monthly Reporting

The Contractor shall provide monthly reports summarizing the previous month’s maintenance activities (e.g. inspection failures, service calls, repairs). Monthly reports shall be submitted electronically to the purchasing agent assigned to the contract and the agency. The Contractor shall also provide capital improvement plans regarding the equipment, including items like obsolesce
and upgrade options. These reports are to be submitted to the purchasing agent assigned to the contract.

Repair Reports

Upon the completion of each scheduled repair service or emergency repair and prior to leaving the serviced location, the Contractor shall present a written summary of the work performed and obtain the State’s signature thereon.

Replacement Parts

The Contractor shall maintain, or have readily available, replacement parts that are new and of the same quality and brand name as that which is being replaced. Substitutions shall be permitted only with prior written authorization of the agency.

Service & General Requirements

The Contractor shall make service available twenty-four (24) hours per day, seven (7) days per week. Normal (regular) system maintenance shall occur between the hours indicated in Exhibit B Section 2. The Contractor shall be paid for service that is required on weekday evenings after regular hours, weekends, and on State Holidays at the repair rates established in any awarded contract.

The Contractor shall respond to service calls within one (1) hour for emergency calls and for non-emergency calls. If on-site service is required on an emergency basis Contractor shall arrive on-site anywhere in the state within two (2) hours, except for Coos County. For on-site service for emergency calls in Coos County, Contractor shall be on-site within four (4) hours. If on-site service is required for a non-emergency call, Contractor shall arrive on-site anywhere in the State within one (1) business day. The agency placing the service call shall determine whether the situation constitutes an emergency or a non-emergency.

If the Contractor cannot complete emergency repairs or replace the part[s] within twenty-four (24) hours, the Contractor shall contact the agency contact and indicate why the repair or replacing the part[s] cannot be completed and when the equipment shall be returned to normal use.

The Contractor shall ensure that all system testing and maintenance service shall be accomplished in accordance with the applicable codes, manufacturer recommendations, and any State or Local codes and regulations.

The Contractor shall secure and pay for all permits, inspections, and licenses necessary for the execution of services.

The Contractor shall be responsible for coordinating with the existing monitoring service providers to provide a seamless transition. The State shall be responsible to provide lockout codes for system dialers or new alarm panels as required. The Contractor shall not be allowed to program new dialers without lockout codes without the prior written approval of the State.

The Contractor shall do all the work and furnish all the materials, tools, equipment, transportation, and safety devices necessary to perform the work in the manner and time specified.

All buildings under any awarded contract[s] that shall need security systems upgraded over the term of the contract shall be the responsibility of the Contractor to maintain until the upgrade is complete.
After the upgrade is completed the Contractor may continue service for the subject facility at the rates specified in the contract or if the upgrade is significant enough as to necessitate an increase in fees, the Contractor shall submit a quote for the increase to the purchasing agent at the Bureau of Purchase of Property. If approved, the contract shall be amended. The State reserves the right to competitively bid any upgraded systems.

The State shall be responsible to provide reasonable means of access to all equipment covered by this agreement and promptly notify the Contractor of any malfunction in the system(s) that comes to the State’s attention.

All personnel shall observe all check-in procedures, escort procedures, and regulations or special restrictions in effect at the State agencies. Each individual agency may request the Contractor to provide security clearance and/or background checks for any and all Contractor representatives that may work in their facilities.

The Contractor shall provide employee picture identification badges identifying the company name and each employee servicing the State account. All employees while servicing the State shall wear the identification badge.

All repair services shall be conducted in full compliance with all specified standards in a manner equal to or better than the normal safety and security procedures and standards established by the State, and at no time shall State facilities or its occupants be placed in jeopardy.

All work shall be performed in such a manner as not to inconvenience building occupants. The Contractor shall determine the State’s normal working conditions and activities in progress and shall conduct the work in the least disruptive manner.

Upon request, the Contractor shall meet with the State either in person or via telephone conference call regarding corrective actions and/or resolution.

Locations may be added by requesting the Contractor(s) to provide a quotation for that new location. Pricing quotations submitted for new locations shall be in line with the pricing established in this Contract.

Locations may be deleted with thirty (30) days written notification.

Regular Maintenance & Monitoring

Maintenance pricing shall include labor, transportation, and all system components including all back-up batteries. Each system shall be inspected and tested twice (2) yearly. These inspections shall include the cleaning and adjusting of all system components, 50% sensor activation, and communication to central station verification. Said tests and inspections shall be conducted on weekdays outside of normal business hours (5:01 PM - 7:59 AM) in order to minimize inconvenience to inhabitants.

The Contractor shall promptly report all deficiencies to the Agency Contact Person. Requests for repair and/or replacement parts shall be approved in advance by the Agency Contact Person prior to any actual work being performed by the Contractor. Parts and materials shall be invoiced not to exceed 10% above Contractor's cost. The State reserves the right to request the Contractor supply the State with invoices from suppliers documenting the Contractor’s cost.
Alarm monitoring services shall consist of twenty-four (24) hour monitoring and dispatching services from an Underwriters Laboratories ("UL") approved central station. The central station shall have been in business for a minimum of five (5) years and shall have passed a minimum of two (2) consecutive UL inspections. The central station shall be staffed in accordance with UL requirements.

The central station shall supervise opening and closing signals from burglar alarms, provide opening and closing tracking, scheduled weekly reports and provide daily reports of any alarm signals consisting of time of alarm, name of person notified, and the cause of the alarm if known. Monitoring services shall include twenty-four (24) hour dialer test signals to each location. The central station shall comply with all current local and national codes.

The Contractor shall be responsible to program the communication equipment to ensure that the various digital signals are communicated and received properly at the central station. The central station shall be capable of issuing an unlimited amount of passcodes within twenty-four (24) hours of the request and have the ability to delete security passcodes immediately upon request.

When it is required, the central station shall be capable of calling several State contact personnel when alarms occur. The Contractor shall work with each agency to establish a comprehensive call list that shall ensure a person to person alert. It is not acceptable to leave messages; specific individuals shall be contacted and provided a person to person alert. If for whatever reason the specific individuals cannot be reached after a significant effort, the Contractor shall provide a default number to call for all accounts.

The Contractor shall be responsible to establish appointments and schedules with each individual agency. Contractor shall contact the agency a minimum of two (2) weeks in advance to confirm the scheduled regular maintenance visits.

The Contractor is required to repair and/or replace, at their expense, any defective components to main the systems in proper operating condition.

After completion of inspection the Contractor shall inform the appropriate site contact person when equipment need repairs to ensure systems are functional. The Contractor shall present after each visit a written summary of the work performed and obtain the State's signature thereon.

**Semi-Annual Testing**

The Contractor shall be responsible to provide a proposed schedule for semi-annual testing to the State a minimum of two (2) weeks after the commencement of any awarded contract.

Any equipment found to be defective as a result of the semi-annual inspection, shall be reported immediately to the site contact person, and shall be repaired and/or replaced within five (5) working days.

The Contractor shall present after each visit a written summary of the work performed and obtain the State's signature thereon.

All services performed under this Contract(s) shall be performed between the hours of 8:00 A.M. and 4:00 P.M. unless other arrangements are made in advance with the State. Any deviation in work hours shall be pre-approved by the Contracting Officer. The State requires ten-day advance knowledge of said work schedules to provide security and access to respective work areas. No premium charges will be paid for any off-hour work.
The Contractor shall not commence work until a conference is held with each agency, at which representatives of the Contractor and the State are present. The conference will be arranged by the requesting agency (State).

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

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

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

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

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

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

If sub-contractors are to be utilized, Contractor shall provide information regarding the proposed subcontractors including the name of the company, their address, contact person and three references for clients they are currently servicing. Approval by the State must be received prior to a subcontractor starting any work.

5. TERMINATION

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

6. OBLIGATIONS AND LIABILITY OF THE CONTRACTOR

The Contractor shall provide all services strictly pursuant to, and in conformance with, the specifications described in State RFP #2070-18, as described herein, and under the terms of this Contract.

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

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

8. INSURANCE

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

9. CONFIDENTIALITY & CRIMINAL RECORD

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

1. CONTRACT PRICE

The Contractor hereby agrees to provide Alarm and Access Control System Maintenance & Monitoring Services in complete compliance with the terms and conditions specified in Exhibit A for an amount up to and not to exceed a price of $252,241.63; this figure shall not be considered a guaranteed or minimum figure; however it shall be considered a maximum figure from the effective date through the expiration date as indicated in Form P-37 Block 1.7.

2. PRICING STRUCTURE

<table>
<thead>
<tr>
<th>AGENCY NAME</th>
<th>ADDRESS</th>
<th>MAINTENANCE SERVICE INCLUDED</th>
<th>MONITORING SERVICE INCLUDED</th>
<th>Annual Cost 2019</th>
<th>Annual Cost 2020</th>
<th>Annual Cost 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Environmental Services</td>
<td>DES - WRBP Gilford Pump Station 74 Weirs Road Gilford, NH</td>
<td>NO</td>
<td>YES</td>
<td>$178.21</td>
<td>$178.21</td>
<td>$178.21</td>
</tr>
<tr>
<td>Department of Environmental Services</td>
<td>DES-WRBP Glendale Pump Station 31 Dock Road Gilford, NH</td>
<td>NO</td>
<td>YES</td>
<td>$178.21</td>
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### Repair Rates (Repair Work/Emergency Service Calls)

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<th>Time Period</th>
<th>Rate per hour/per person</th>
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<td>Monday through Friday 7 AM to 4 PM</td>
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<td>Monday through Friday 4:01 PM to 6:59 AM</td>
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<td>Saturday</td>
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<tr>
<td>Sunday &amp; Holiday* Work</td>
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*Holidays shall be based on State designated holidays

### 3. INVOICE

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

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

The invoice shall be sent to the address of the using agency under agreement.

### 4. PAYMENT
Payments shall be made via ACH. Use the following link to enroll with the State Treasury for ACH payments: https://www.nh.gov/treasury
EXHIBIT C
SPECIAL PROVISIONS

There are no special provisions of this contract.
RFP #2070-18 is incorporated here within.
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 TOTAL SECURITY, INC. is a New Hampshire Profit Corporation registered to transact business in New Hampshire on August 27, 2003. 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: 445044
Certificate Number: 0004199389

IN TESTIMONY WHEREOF,
I hereo set my hand and cause to be affixed the Seal of the State of New Hampshire.
this 19th day of October A.D. 2018.

William M. Gardner
Secretary of State
CERTIFICATE OF AUTHORITY/VOTE
TOTAL SECURITY, INC.

1. I, Ralph King hereby certify that I am President of Total Security, Inc.
2. I am the sole shareholder of Total Security, Inc.
3. I certify that I am authorized to enter into contracts or agreements on behalf of Total Security, Inc. I acknowledge that the State of New Hampshire will rely on this certification as evidence that I have full authority to bind Total Security, Inc. and that no further corporate resolution, shareholder vote or other document or action is necessary to grant me such authority.

Dated: 10-9-18

TOTAL SECURITY, INC.

Attest: ______________________________
Ralph King, Director and Sole Shareholder

Dated: 10-17-18

Attest: ______________________________
Ralph King, President

STATE OF NEW HAMPSHIRE
COUNTY OF Belknap

This instrument was acknowledged before me on this 19th day of October, 2016 by Ralph King as Director, Sole Shareholder and President.

Notary Public
My commission expires:

KRISTY L. BUSHONG, Notary Public
My Commission Expires June 4, 2019
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFER OBVIOUS RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRM THE EFFECTIVE OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE INSURING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER:
US Risk Underwriters, LLC
8401 N. Central Expressway, Suite 1000
Dallas, TX 75225

INSURED:
Total Security Inc
135 Weirs Blvd
Laconia, NH 03246

CONTACT NAME:
Crystal Jacobs
PHONE (INC. NO. EXT.): (866) 319-3383
FAX (INC. NO.): (214) 265-4932
E-MAIL ADDRESS: usr-sk@securityamericang.com
INSURER(S) AFFORDING COVERAGE
INSURER A: Underwriters at Lloyd's, London
INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:
NAIC #: AA112000

COVERAGES NUMBER:
CER 03246

REVISION NUMBER:

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required): Certificate Holder is listed as Additional Insured as respect to General Liability Coverage related to operations of the Named Insured.

CERTIFICATE HOLDER
State of New Hampshire, Administrative Services, Bureau of Purchase and Property
25 Capital Street Room 102
Concord, NH 03301

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THE CANCELLATION NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Randall Goss, CEO/Chairman
# Certificate of Liability Insurance

**Producer:**
- Cross Insurance - Laconia
  - 155 Court Street
  - Laconia, NH 03246

**Insured:**
- Total Security, Inc.
  - P.O. Box 6702
  - Laconia, NH 03247-6702

## Coverages

**Certificate Number:** CL1851045427

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<thead>
<tr>
<th>Type of Insurance</th>
<th>Description</th>
<th>Policy Number</th>
<th>Policy Exp (MM/DD/YYYY)</th>
<th>Policy Exp Limit (MM/DD/YYYY)</th>
<th>Limits</th>
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<tbody>
<tr>
<td><strong>Commercial General Liability</strong></td>
<td>Each Occurrence</td>
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<td>DAMAGE TO THIRD PARTY PREMISES</td>
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<td>MED EXP (Any One Person)</td>
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<td>PERSONAL &amp; ADJ. LIABILITY</td>
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<td>PRODUCTS COMBINATION</td>
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<td><strong>Auto Mobile Liability</strong></td>
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<td>COMBINED SINGLE LIMIT (Per Occurrence)</td>
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<td>BODILY INJURY (Per Person)</td>
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<td>PROPERTY DAMAGE (Per Accident)</td>
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<tr>
<td><strong>Workers Compensation and Employer's Liability</strong></td>
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<td>DISEASE</td>
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</table>

**Workers Compensation and Employer's Liability: Any Provisions Pertaining to Executive Officers Not Excluded. (Mandatory in N.H.)**

| X | N/A | WE11500 | 3/27/2018 | 3/27/2019 |

**Description of Operations / Locations / Vehicles:**
- Ralph King is the excluded executive officer for workers compensation coverage.

## Cancellation

**Certificate Holder:**
- State Of New Hampshire Administrative Services
  - Bureau of Purchase and Property
  - 25 Capitol Street, Room 102
  - Concord, NH 03301

**Should Any of the Above Described Policies Be Cancelled Before the Expiration Date, This Notice Will Be Delivered in accordance with the Policy Provisions:**

**Authorized Representative:**
- Linda Tikkanen, CISR

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