

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

DATE: September 11, 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:**

  
ERICA BRISSON, PURCHASING AGENT  
BUREAU OF PURCHASE AND PROPERTY

DATE 9/11/2020

**RECOMMENDED FOR ACCEPTANCE BY:**

  
PAUL RHODES, ADMINISTRATOR III  
BUREAU OF PURCHASE AND PROPERTY

DATE 9/11/2020

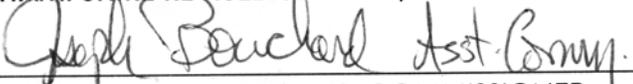
**APPROVED FOR ACCEPTANCE BY:**

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

Digitally signed by Gary S Lunetta  
DN: cn=Gary S Lunetta, o=Department of Administrative Svs, ou=Division  
of Procurement & Support Svs, email=Gary.Lunetta@das.nh.gov, c=US  
Date: 2020.09.14 09:09:03 -0400

DATE

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

  
for CHARLES M. ARLINGHAUS, COMMISSIONER  
DEPARTMENT OF ADMINISTRATIVE SERVICES

DATE Sept. 14 2020

**SIXTH 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 Sixth Amendment (hereinafter referred to as the "Amendment"), dated this 9 day of September, 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, amended by the Fifth Amendment on June 19, 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 \$286,285.74

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

AGENCY NAME	ADDRESS	MAINTENANCE SERVICES INCLUDED	MONITORING SERVICES INCLUDED	2020	ANNUAL COST 2021
Dept. of Safety- State Police/DOT	16 East Point Drive, Bedford	No	Yes	\$80.00	\$240.00
Dept. of Military Affairs & Veteran Services - Rochester FMS	106 Brock St., Rochester	No	Yes	\$80.00	\$240.00
Flume Visitor Center	Franconia Notch	No	Yes	\$80.00	\$240.00
Cannon Mountain	Franconia Notch	No	Yes	\$80.00	\$240.00

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, amended by the Fifth Amendment on June 19, 2020 and set to expire on December 31, 202. The contract shall remain in full force and effect.

TOTAL SECURITY LLC.

By: [Signature]  
Ralph King  
(Print Name)

Title: President

Date: 9-9-20

STATE OF NEW HAMPSHIRE

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

Assistant  
Title: Commissioner,  
Department of Administrative Services

Date: Sept. 14, 2020

NOTARY PUBLIC/JUSTICE OF THE PEACE

On the 9<sup>th</sup> day of September, 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.

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

My commission expires:  
08/02/2022  
(Date)



## Corporate Resolution

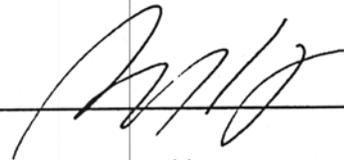
I Ralph King, hereby certify that I am duly appointed President of Total Security, Inc. I hereby certify the following is a true copy of a vote taken at a meeting of the Board of Directors, duly called and held on February 5<sup>nd</sup> 2020 at which a quorum of the directors was present and voting.

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: \_\_\_\_\_

9-9-20

Attest: \_\_\_\_\_



president

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.

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

William M. Gardner

Secretary of State



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/5/2020

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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:	CONTACT NAME:	Crystal Jacobs	
US Risk Underwriters, LLC	PHONE (A/C. NO. EXT.):	(866) 315-3838	Fax (A/C. No.): (214) 265-4932
	E-MAIL ADDRESS:	usrisk@securityamericarrg.com	
8401 N. Central Expressway, Suite 1000 Dallas TX 75225	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:		

## COVERAGES

## 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X		SPG160782	01/24/2020	01/24/2021	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$10,000
							PERSONAL & ADV INJURY \$1,000,000
							GENERAL AGGREGATE \$2,000,000
							PRODUCTS - COMP/OP AGG \$2,000,000
							PROFESSIONAL LIABILITY \$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	AUTOMOTIVE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> SCHEDULED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS						
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE
	DED <input type="checkbox"/> RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A					EACH OCCURRENCE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y/N						DAMAGE TO RENTED PREMISES (Ea occurrence)
	(Mandatory in NH) <input type="checkbox"/>						MED EXP (Any one person)
	If yes, describe under DESCRIPTION OF OPERATIONS below						PERSONAL & ADV INJURY

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

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

## CERTIFICATE HOLDER

## CANCELLATION

DAS Bureau of Purchase & Property  
25 Capital Street, Room 102  
  
Conford NH 03301  
Erica.Brisson@das.nh.gov

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/10/2020

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

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

PRODUCER Melcher & Prescott Insurance 426 Main Street  Laconia NH 03246	CONTACT NAME: Jennifer Reckmeyer	PHONE (A/C, No, Ext): (603) 524-4535	FAX (A/C, No):
	E-MAIL ADDRESS: jreckmeyer@melcher-prescott.com		
INSURED  Total Security Inc 172 Lily Pond  Gilford NH 03249	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Star Insurance Company		18023
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES CERTIFICATE NUMBER: 19/20 Master 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPI/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
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	WC0870674	03/04/2019	03/04/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

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

## CERTIFICATE HOLDER

## CANCELLATION

DAS Bureau of Purchase & Property 25 Capitol Street, Room 102  Concord NH 03301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/10/2020

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

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

<b>PRODUCER</b> Melcher & Prescott Insurance 426 Main Street  Laconia NH 03246		CONTACT NAME: Jennifer Reckmeyer PHONE (A/C, No, Ext): (603) 524-4535 FAX (A/C, No): E-MAIL ADDRESS: jreckmeyer@melcher-prescott.com	
<b>INSURED</b> Total Security Inc 172 Lily Pond  Gilford NH 03249		INSURER(S) AFFORDING COVERAGE INSURER A: Star Insurance Company NAIC # 18023 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

## 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.

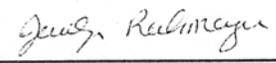
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/CP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
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	WC0870674	03/04/2020	03/04/2021	<input checked="" type="checkbox"/> PER STATE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

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

## CERTIFICATE HOLDER

## CANCELLATION

DAS Bureau of Purchase & Property 25 Capital Street, Room 102  Concord NH 03301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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STATE OF NEW HAMPSHIRE  
BUREAU OF PURCHASE AND PROPERTY  
STATE HOUSE ANNEX - ROOM 102  
25 CAPITOL ST  
CONCORD NH 03301-6398

DATE: May 5, 2020

CONTRACT #: 8002429

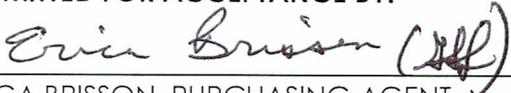
NIGP CODE: 990-0500

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

CONTRACTOR: Total Security

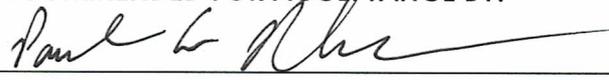
VENDOR CODE #: 169806

SUBMITTED FOR ACCEPTANCE BY:

  
ERICA BRISSON, PURCHASING AGENT  
BUREAU OF PURCHASE AND PROPERTY

DATE 6/15/2020

\*\*\*\*\*  
RECOMMENDED FOR ACCEPTANCE BY:

  
PAUL RHODES, ADMINISTRATOR III  
BUREAU OF PURCHASE AND PROPERTY

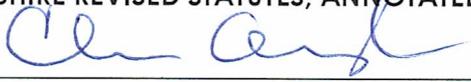
DATE 6/15/20

\*\*\*\*\*  
APPROVED FOR ACCEPTANCE BY:

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

DATE 6/15/2020

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

  
CHARLES M. ARLINGHAUS, COMMISSIONER  
DEPARTMENT OF ADMINISTRATIVE SERVICES

DATE 6/19/20

**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:

AGENCY NAME	ADDRESS	MAINTENANCE SERVICES INCLUDED	MONITORING SERVICES INCLUDED	ANNUAL COST 2020	ANNUAL COST 2021
Milford Circuit Courthouse	4 Meadowbrook Drive, Milford, NH	Yes	Yes	\$463.36	\$695.00

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, 2021. The contract shall remain in full force and effect.

TOTAL SECURITY LLC.

By: [Signature]  
Ralph King  
(Print Name)

Title: \_\_\_\_\_

Date: 4/13/2020

STATE OF NEW HAMPSHIRE

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

Title: Commissioner,  
Department of Administrative Services

Date: 6/19/20

NOTARY PUBLIC/JUSTICE OF THE PEACE

On the 13<sup>th</sup> 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.

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

My commission expires:

5/1/2024  
(Date)

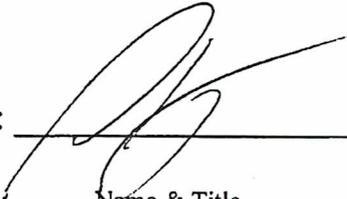


## Corporate Resolution

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:  President  
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.

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

William M. Gardner

Secretary of State



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/5/2020

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PRODUCER:	CONTACT NAME: Crystal Jacobs		
US Risk Underwriters, LLC	PHONE (A/C. NO. EXT):	(866) 315-3838	Fax (A/C. No.): (214) 265-4932
	E-MAIL ADDRESS: usrisk@securityamericarg.com		
8401 N. Central Expressway, Suite 1000	INSURER(S) AFFORDING COVERAGE		NAIC #
Dallas TX 75225	INSURER A:	Underwriters at Lloyd's, London	AA1122000
INSURED:	INSURER B:		
Total Security Inc 172 Lily Pond Gilford NH 03249	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	X		SPG160782	01/24/2020	01/24/2021	EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$2,000,000
	AUTOMOTIVE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE	
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	
	DED <input type="checkbox"/> RETENTION \$							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A					EACH OCCURRENCE	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N						DAMAGE TO RENTED PREMISES (Ea occurrence)	
	(Mandatory in NH) <input type="checkbox"/>						MED EXP (Any one person)	
	If yes, describe under DESCRIPTION OF OPERATIONS below						PERSONAL & ADV INJURY	

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

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

## CERTIFICATE HOLDER

## CANCELLATION

DAS Bureau of Purchase & Property  
25 Capital Street, Room 102

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

Conford NH 03301  
Erica.Brisson@das.nh.gov

AUTHORIZED REPRESENTATIVE

Randall Goss, CEO/Chairman



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/10/2020

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PRODUCER Melcher & Prescott Insurance 426 Main Street  Laconia NH 03246	CONTACT NAME: Jennifer Reckmeyer	FAX (A/C. No.):	
	PHONE (A/C. No. Ext): (603) 524-4535	E-MAIL ADDRESS: jreckmeyer@melcher-prescott.com	
INSURED  Total Security Inc 172 Lily Pond  Gilford NH 03249	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Star Insurance Company		18023
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES CERTIFICATE NUMBER: 19/20 Master REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
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		WC0870674	03/04/2019	03/04/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER  DAS 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  

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/10/2020

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<b>PRODUCER</b> Melcher & Prescott Insurance 426 Main Street  Laconia NH 03246		<b>CONTACT NAME:</b> Jennifer Reckmeyer <b>PHONE (A/C, No, Ext):</b> (603) 524-4535 <b>E-MAIL ADDRESS:</b> jreckmeyer@melcher-prescott.com <b>FAX (A/C, No):</b>	
		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : Star Insurance Company	<b>NAIC #</b> 18023
<b>INSURED</b> Total Security Inc 172 Lily Pond  Giford NH 03249		INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

**COVERAGES**

CERTIFICATE NUMBER: CL2021004344

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OPAGG \$ \$	
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> H'RED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC0870674	03/04/2020	03/04/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	

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

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

**CERTIFICATE HOLDER****CANCELLATION**
 DAS Bureau of Purchase & Property  
 25 Capital Street, Room 102

Concord

NH 03301

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

AUTHORIZED REPRESENTATIVE

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

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:

  
ERICA BRISSON, PURCHASING AGENT  
BUREAU OF PURCHASE AND PROPERTY

DATE 2/7/2020

RECOMMENDED FOR ACCEPTANCE BY:

  
PAUL RHODES, ADMINISTRATOR III  
BUREAU OF PURCHASE AND PROPERTY

DATE 2/10/2020

APPROVED FOR ACCEPTANCE BY:

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

DATE 2/11/2020

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

  
CHARLES M. ARLINGHAUS, COMMISSIONER  
DEPARTMENT OF ADMINISTRATIVE SERVICES

DATE 2/11/2020

**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 5<sup>th</sup> 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:

AGENCY NAME	ADDRESS	MAINTENANCE SERVICES INCLUDED	MONITORING SERVICES INCLUDED	ANNUAL COST 2019	ANNUAL COST 2020	ANNUAL COST 2021
Hampton Circuit Courthouse	3 Timber Swamp Rd., Hampton	Yes	Yes	N/A	\$859.20	\$935.00

Update the following pricing:

AGENCY NAME	ADDRESS	MAINTENANCE SERVICES INCLUDED	MONITORING SERVICES INCLUDED	ANNUAL COST 2019	ANNUAL COST 2020	ANNUAL COST 2021
Lebanon* District Court	38 Centerra Parkway, Lebanon	Yes	Yes	\$935.00	\$480.00	\$480.00

\*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: [Signature]  
Ralph King  
(Print Name)

Title: Pics.

Date: 2-5-20

STATE OF NEW HAMPSHIRE

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

Title: Commissioner,  
Department of Administrative Services

Date: 2/11/2020

NOTARY PUBLIC/JUSTICE OF THE PEACE

On the 5<sup>th</sup> day of February, 2020  
There appeared before me, the state and county foresaid a person who satisfactorily identified himself as

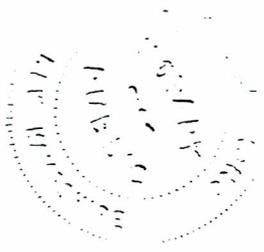
Ralph King

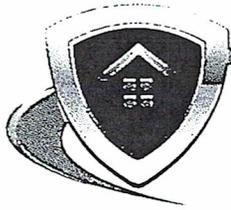
And acknowledge that he executed this document indicated above.

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

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

My commission expires:  
5/1/2024  
(Date)





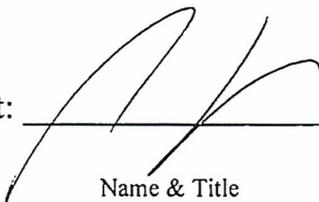
**Total Security**  
BEFORE IT HAPPENS

## 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 5<sup>nd</sup> 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:  Pres.  
Name & Title



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/5/2020

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US Risk Underwriters, LLC	PHONE (A/C. NO. EXT): (866) 315-3838 Fax (A/C. No.): (214) 265-4932
	E-MAIL ADDRESS: usrisk@securityamericarrg.com
8401 N. Central Expressway, Suite 1000 Dallas TX 75225	INSURER(S) AFFORDING COVERAGE
	INSURER A: Underwriters at Lloyd's, London NAIC # AA1122000
INSURED: Total Security Inc 172 Lily Pond Gilford NH 03249	INSURER B:
	INSURER C:
	INSURER D:
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**COVERAGES**

CERTIFICATE NUMBER:

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000
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	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$1,000,000
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							GENERAL AGGREGATE \$2,000,000
	AUTOMOTIVE LIABILITY						PRODUCTS - COMP/OP AGG \$2,000,000
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	<input type="checkbox"/> ALL OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per person)
	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)
	<input type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)
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	DED <input type="checkbox"/> RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A					EACH OCCURRENCE
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	(Mandatory in NH)						MED EXP (Any one person)
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Conford NH 03301  
Erica.Brisson@das.nh.gov

AUTHORIZED REPRESENTATIVE

Randall Goss, CEO/Chairman



# CERTIFICATE OF LIABILITY INSURANCE

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<b>INSURED</b> Total Security Inc 172 Lily Pond  Gilford NH 03249		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Star Insurance Company <b>NAIC #</b> 18023 <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:** 19/20 Master                      **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
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	WC0870674	03/04/2019	03/04/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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

### CANCELLATION

DAS Bureau of Purchase & Property 25 Capitol Street, Room 102  Concord NH 03301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
--	--



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/10/2020

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

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

PRODUCER		CONTACT NAME: Jennifer Reckmeyer	
Melcher & Prescott Insurance		PHONE (A/C, No, Ext): (603) 524-4535	FAX (A/C, No):
426 Main Street		E-MAIL ADDRESS: jreckmeyer@melcher-prescott.com	
Laconia NH 03246		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED		INSURER A: Star Insurance Company	18023
Total Security Inc		INSURER B:	
172 Lily Pond		INSURER C:	
Gilford NH 03249		INSURER D:	
		INSURER E:	
		INSURER F:	

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC0870674	03/04/2020	03/04/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

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

### CERTIFICATE HOLDER

### CANCELLATION

DAS Bureau of Purchase & Property 25 Capital Street, Room 102  Concord NH 03301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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STATE OF NEW HAMPSHIRE  
BUREAU OF PURCHASE AND PROPERTY  
STATE HOUSE ANNEX - ROOM 102  
25 CAPITOL ST  
CONCORD NH 03301-6398

DATE: 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:



ERICA BRISSON, PURCHASING AGENT  
BUREAU OF PURCHASE AND PROPERTY

DATE 11/26/19

RECOMMENDED FOR ACCEPTANCE BY:



PAUL RHODES, ADMINISTRATOR III  
BUREAU OF PURCHASE AND PROPERTY

DATE 11/27/19

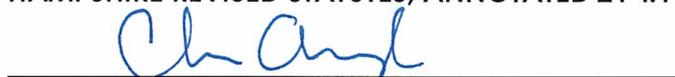
APPROVED FOR ACCEPTANCE BY:



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

**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:

AGENCY NAME	ADDRESS	MAINTENANCE SERVICES INCLUDED	MONITORING SERVICES INCLUDED	2019 COST	ANNUAL COST 2020	ANNUAL COST 2021
DOS – Automotive Garage	39 Hazen Drive, Concord, NH	No	Yes	\$20.00	\$240.00	\$240.00

Remove the following location and pricing:

AGENCY NAME	ADDRESS	MAINTENANCE SERVICES INCLUDED	MONITORING SERVICES INCLUDED	2019 COST	ANNUAL COST 2020	ANNUAL COST 2021
Dept. of Military Affairs and Veteran Services	Berlin Readiness Center, Riverside Drive, Berlin	No	Yes	\$20.00	\$240.00	\$240.00

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: [Signature]  
Ralph King  
(Print Name)

Title: president

Date: 11-22-19

**STATE OF NEW HAMPSHIRE**

By: [Signature]  
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:

5/1/2024  
(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 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

pres.

# State of New Hampshire

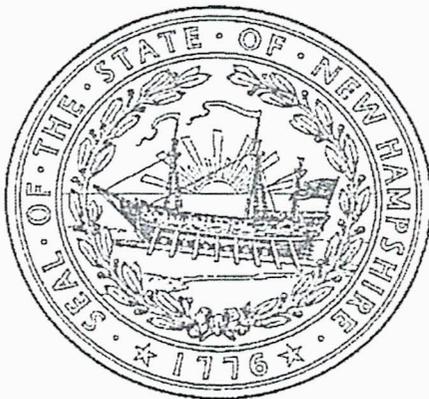
## Department of State

### 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.

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

William M. Gardner  
Secretary of State



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/2/2019

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

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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:	CONTACT NAME: Crystal Jacobs		
US Risk Underwriters, LLC	PHONE (A/C. NO. EXT):	(866) 315-3838	Fax (A/C. No.): (214) 265-4932
	E-MAIL ADDRESS: usrisk@securityamericarrg.com		
8401 N. Central Expressway, Suite 1000 Dallas TX 75225	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:		

COVERAGES 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X		SPG160781	01/24/2019	01/24/2020	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$2,000,000
							PRODUCTS - COMPI/OP AGG \$2,000,000
							PROFESSIONAL LIABILITY \$1,000,000
	AUTOMOTIVE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE
	DED <input type="checkbox"/> RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A					EACH OCCURRENCE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N						DAMAGE TO RENTED PREMISES (Ea occurrence)
	(Mandatory in NH) <input type="checkbox"/>						MED EXP (Any one person)
	If yes, describe under DESCRIPTION OF OPERATIONS below						PERSONAL & ADV INJURY

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 CANCELLATION

State Of New Hampshire, Administrative Services Bureau of Purchase & Property 25 Capitol Street Room 102 Concord NH 03301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 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

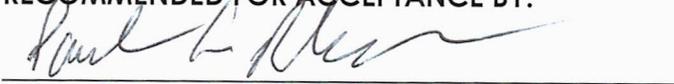
SUBMITTED FOR ACCEPTANCE BY:



ERICA 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

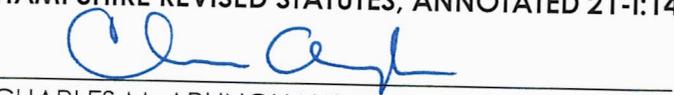
\*\*\*\*\*  
APPROVED FOR ACCEPTANCE BY:



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. 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 <sup>October</sup> ~~November~~ 31 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:

- Delete in its entirety Form Number P-37, item 1.8 Price Limitation and substitute the following:  
1.8 \$282,867.38

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

AGENCY NAME	ADDRESS	MAINTENANCE SERVICES INCLUDED	MONITORING SERVICES INCLUDED	ANNUAL COST 2019	ANNUAL COST 2020	ANNUAL COST 2021
NHDOT – Bridge Maintenance Memorial Bridge	45 State St., Portsmouth, NH	NO	YES	\$240.00	\$240.00	\$240.00
Adjutant General	140 West Main St., Hillsborough, NH	NO	YES	\$480.00	\$480.00	\$480.00
NH Fire Marshal's Office	64 Smokey Beak Blvd., Concord, NH	NO	YES	\$440.00	\$440.00	\$440.00
NH Marine Patrol- Swat Storage Unit	3 Higgins Drive, Belmont, NH	NO	YES	\$340.00	\$340.00	\$340.00

Merrimack County Superior Courthouse	5 Court St., Concord, NH	YES	YES	\$333.75	\$1,775.00	\$1,775.00
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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]  
Ralph King  
(Print Name)

Title: pres.

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 31 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.

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

My commission expires:

May 1st 2024  
(Date)

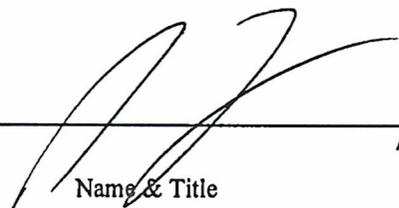


## Corporate Resolution

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:  pres.  
Name & Title

# State of New Hampshire

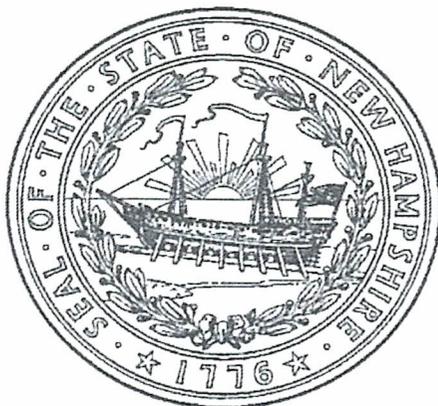
## Department of State

### 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.

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

William M. Gardner  
Secretary of State



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/2/2019

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

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must 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:		CONTACT NAME: Crystal Jacobs	
US Risk Underwriters, LLC		PHONE (A/C. NO. EXT): (866) 315-3838	Fax (A/C. No.): (214) 265-4932
8401 N. Central Expressway, Suite 1000		E-MAIL ADDRESS: usrisk@securityamericarrg.com	
Dallas TX 75225		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Underwriters at Lloyd's, London	NAIC # AA1122000
INSURED:		INSURER B:	
Total Security Inc		INSURER C:	
172 Lily Pond		INSURER D:	
Gilford NH 03249		INSURER E:	
		INSURER F:	

**COVERAGES**

CERTIFICATE NUMBER:

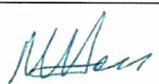
REVISION NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b>	X		SPG160781	01/24/2019	01/24/2020	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$10,000
							PERSONAL & ADV INJURY \$1,000,000
							GENERAL AGGREGATE \$2,000,000
							PRODUCTS - COMP/OP AGG \$2,000,000
							PROFESSIONAL LIABILITY \$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	<b>AUTOMOTIVE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)
	<input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR						EACH OCCURRENCE
	<b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE						AGGREGATE
	DED <input type="checkbox"/> RETENTION \$						
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	N / A					EACH OCCURRENCE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N (Mandatory in NH)						DAMAGE TO RENTED PREMISES (Ea occurrence)
	If yes, describe under DESCRIPTION OF OPERATIONS below						MED EXP (Any one person)
							PERSONAL & ADV INJURY

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****CANCELLATION**

State Of New Hampshire, Administrative Services Bureau of Purchase & Property 25 Capitol Street Room 102	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Concord NH 03301	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

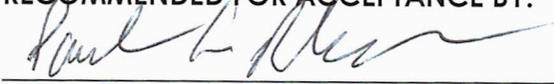
SUBMITTED FOR ACCEPTANCE BY:



ERICA 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. 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 <sup>October</sup> ~~November~~ 31 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:

AGENCY NAME	ADDRESS	MAINTENANCE SERVICES INCLUDED	MONITORING SERVICES INCLUDED	ANNUAL COST 2019	ANNUAL COST 2020	ANNUAL COST 2021
NHDOT – Bridge Maintenance Memorial Bridge	45 State St., Portsmouth, NH	NO	YES	\$240.00	\$240.00	\$240.00
Adjutant General	140 West Main St., Hillsborough, NH	NO	YES	\$480.00	\$480.00	\$480.00
NH Fire Marshal's Office	64 Smokey Beak Blvd., Concord, NH	NO	YES	\$440.00	\$440.00	\$440.00
NH Marine Patrol- Swat Storage Unit	3 Higgins Drive, Belmont, NH	NO	YES	\$340.00	\$340.00	\$340.00

Merrimack County Superior Courthouse	5 Court St., Concord, NH	YES	YES	\$333.75	\$1,775.00	\$1,775.00
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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]  
Ralph King  
(Print Name)

Title: pres.

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 31 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.

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

My commission expires:

May 1st 2024  
(Date)

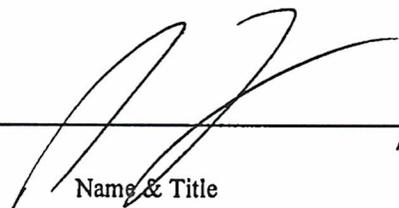


## Corporate Resolution

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:  pres.  
Name & Title

# State of New Hampshire

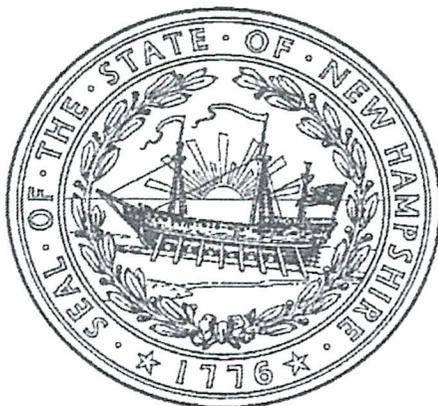
## Department of State

### 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.

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

William M. Gardner  
Secretary of State



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/2/2019

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

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

<b>PRODUCER:</b>	<b>CONTACT NAME:</b> Crystal Jacobs
US Risk Underwriters, LLC	<b>PHONE (A/C. NO. EXT.):</b> (866) 315-3838 <b>Fax (A/C. No.):</b> (214) 265-4932
8401 N. Central Expressway, Suite 1000	<b>E-MAIL ADDRESS:</b> usrisk@securityamericarrg.com
Dallas TX 75225	<b>INSURER(S) AFFORDING COVERAGE</b>
	<b>INSURER A:</b> Underwriters at Lloyd's, London <b>NAIC #</b> AA1122000
<b>INSURED:</b>	<b>INSURER B:</b>
Total Security Inc	<b>INSURER C:</b>
172 Lily Pond	<b>INSURER D:</b>
Gilford NH 03249	<b>INSURER E:</b>
	<b>INSURER F:</b>

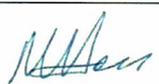
**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b>	X		SPG160781	01/24/2019	01/24/2020	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$10,000
							PERSONAL & ADV INJURY \$1,000,000
							GENERAL AGGREGATE \$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PROFESSIONAL LIABILITY \$1,000,000
	<b>AUTOMOTIVE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)
	<input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR						EACH OCCURRENCE
	<b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE						AGGREGATE
	DED <input type="checkbox"/> RETENTION \$						
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	N / A					EACH OCCURRENCE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N						DAMAGE TO RENTED PREMISES (Ea occurrence)
	(Mandatory in NH) <input type="checkbox"/>						MED EXP (Any one person)
	If yes, describe under DESCRIPTION OF OPERATIONS below						PERSONAL & ADV INJURY

**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****CANCELLATION**

State Of New Hampshire, Administrative Services Bureau of Purchase & Property 25 Capitol Street Room 102	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>
Concord NH 03301	<b>AUTHORIZED REPRESENTATIVE</b> 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: 2/13/19

CONTRACT #: 8002429

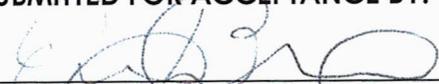
NIGP CODE:

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

CONTRACTOR: Total Security

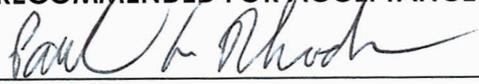
VENDOR CODE #: 169806

SUBMITTED FOR ACCEPTANCE BY:

  
ERICA BRISSON, 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

**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 30 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:

AGENCY NAME	ADDRESS	MAINTENANCE SERVICES INCLUDED	MONITORING SERVICES INCLUDED	ANNUAL COST 2019	ANNUAL COST 2019	ANNUAL COST 2019
Adjutant General Dept.	Berlin Readiness Center Riverside Drive Berlin, NH	No	Yes	\$240	\$240	\$240
Adjutant General Dept.	Portsmouth Readiness Center 803 McGee Drive Portsmouth, NH	No	Yes	\$240	\$240	\$240
Adjutant General Dept.	Plymouth Readiness Center 19 Armory Rd Plymouth, NH	No	Yes	\$240	\$240	\$240
Adjutant General Dept.	Littleton FMS 2 350 Meadow Street Littleton, NH	No	Yes	\$240	\$240	\$240

Adjutant General Dept.	Littleton Readiness Center 350 Meadow St. Littleton, NH	No	Yes	\$240	\$240	\$240
Adjutant General Dept.	Somersworth Readiness Center 15 Blackwater Rd. Somersworth, NH	No	Yes	\$240	\$240	\$240
Adjutant General Dept.	Milford Readiness Center 154 Osgood Rd. Milford, NH	No	Yes	\$240	\$240	\$240
Adjutant General Dept.	Cooper House 11 Academy Ave. Ctr. Strafford, NH	No	Yes	\$240	\$240	\$240
Adjutant General Dept.	Rochester Armory Annex 106 Brock St. Rochester, NH	No	Yes	\$240	\$240	\$240
Adjutant General Dept.	Adjutant General's Dept. 70 Rochester Hill Rd. Rochester, NH	No	Yes	\$240	\$240	\$240
Adjutant General Dept.	Adjutant General 15 Blackwater Rd. Somersworth, NH	No	Yes	\$240	\$240	\$240
Adjutant General Dept.	Adjutant General's Dept. 96 Sheep Davis Rd. Concord, NH	No	Yes	\$240	\$240	\$240
Bureau of General Services	Core 29 Hazen Drive Concord, NH	No	Yes	\$240	\$240	\$240
Bureau of General Services	ASDC 27 Hazen Drive Concord, NH	No	Yes	\$240	\$240	\$240
Bureau of General Services	Concord Probate Court 2 Charles Doe Dr. Concord, NH	Yes	Yes	\$695	\$695	\$695

Depart of Safety	Evidence & Armory 33 Hazen Drive Concord, NH	Yes	Yes	\$720	\$720	\$720
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Service and price adjustments made to current locations as follows:

AGENCY NAME	ADDRESS	MAINTENANCE SERVICES INCLUDED	MONITORING SERVICES INCLUDED	ANNUAL COST 2019	ANNUAL COST 2019	ANNUAL COST 2019
Administrative Services	DMV 23 Hazen Drive Concord	Yes	Yes	\$720	\$720	\$720
Administrative Services	Emergency Operations 110 Smokey Bear Blvd. Concord, NH	Yes	Yes	\$720	\$720	\$720
Department of Safety	Automotive/Radio 39 Hazen Drive Concord, NH	Yes	No	\$480	\$480	\$480
Department of Safety	NH Fire Marshal's Office 108 Smokey Bear Blvd. Concord, NH	Yes	Yes	\$920	\$920	\$920
Department of Administrative Services- Bureau of Court Facilities	Coos County Superior Court 55 School St. Lancaster, NH	Yes	Yes	\$1390	\$1390	\$1390

The addition of fire alarm monitoring services added to the following Court Facilities locations:

LOCATION NAME	ADDRESS	ANNUAL COST 2019	ANNUAL COST 2019	ANNUAL COST 2019
Berlin District Court	650 Main St., Berlin, NH	\$240	\$240	\$240
Carroll County	96 Waterville Village Rd.,	\$240	\$240	\$240

Court	Ossipee, NH			
Coos County Court	55 School St., Lancaster, NH	\$240	\$240	\$240
Dover District Court	25 St. Thomas St., Dover, NH	\$240	\$240	\$240
Hillsboro County Court South	30 Spring St., Nashua, NH	\$240	\$240	\$240
Jaffrey District Court	84 Peterborough St., Jaffrey, NH	\$240	\$240	\$240
Lebanon District Court	38 Centerra Parkway Lebanon, NH	\$240	\$240	\$240
Merrimack District Court	4 Baboosic Lake Rd Merrimack, NH	\$240	\$240	\$240
Merrimack Superior Court	163 North Main St. Concord, NH	\$240	\$240	\$240
Plaistow District Court	14 Elm St. Plaistow, NH	\$240	\$240	\$240
Portsmouth District Court	111 Parrott Avenue Portsmouth, NH	\$240	\$240	\$240
Rockingham County Court	10 Route 125 Brentwood, NH	\$240	\$240	\$240

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: 1/30/19

**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 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.

Kristy L. Bushong  
(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 30<sup>th</sup> 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

President

# State of New Hampshire

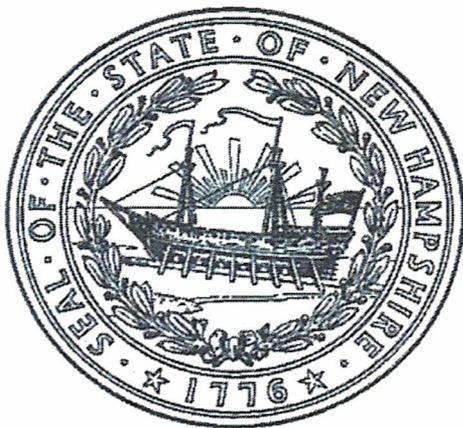
## Department of State

### 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.

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

William M. Gardner  
Secretary of State



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/30/2019

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

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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 CROSS INSURANCE - LACONIA 155 Court Street  Laconia NH 03246	CONTACT NAME: Linda Tikkanen, CISR
	PHONE (A/C, No, Ext): (603) 524-2425 FAX (A/C, No): (603) 524-3666
INSURED Total Security, Inc. P.O. Box 6702  Laconia NH 03247-6702	E-MAIL ADDRESS: ltikkanen@crossagency.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Star Insurance Co NAIC # 18023
	INSURER B:
	INSURER C:
	INSURER D:
INSURER E:	
INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL1851049427 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	WC0781550	3/4/2018	3/4/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Ralph King is an excluded executive officer for workers compensation coverage.  
 Coverage A States - NH Only

### CERTIFICATE HOLDER

### CANCELLATION

State of New Hampshire Administrative Services Bureau of Purchase and Property 25 Capitol St, Rm 102 Concord, NH 03301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE L Tikkanen, CISR/LXT 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/30/2019

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

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

<b>PRODUCER</b> <b>State Farm</b> STATE FARM INSURANCE MIKE TESTA AGENCY 101 COURT STREET LACONIA NH 03246	<b>CONTACT NAME:</b> MIKE TESTA <b>PHONE (A/C, No, Ext):</b> 603-524-7733 <b>E-MAIL ADDRESS:</b> MIKE@MIKE-TESTA.COM	<b>FAX (A/C, No):</b> 603-524-9476	
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> State Farm Fire and Casualty Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>		<b>NAIC #</b> 25143
<b>INSURED</b> TOTAL SECURITY, INC 172 LILY POND ROAD GILFORD NH 03249			

**COVERAGES**                      **CERTIFICATE NUMBER: 29-2059**                      **REVISION NUMBER: 1**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	94-BF-K949-9	11/15/2018	11/15/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	071 0291-D01-29 066 4331-A30-2 073 3197-B08-29 066 4332-A30-29	10/01/2018 01/30/2018 08/10/2018 01/30/2018	04/01/2019 07/30/2019 02/08/2019 07/30/2019	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 100,000 \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE    OTH-ER 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)

<b>CERTIFICATE HOLDER</b> State of New Hampshire - Administrative Services Bureau of Purchase and Property 25 Capital Street, Room 102 Concord NH 03301	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/30/2019

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

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must 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:		CONTACT NAME: Crystal Jacobs	
US Risk Underwriters, LLC		PHONE (A/C. NO. EXT): (866) 315-3838	Fax (A/C. No.): (214) 265-4932
		E-MAIL ADDRESS: usrisk@securityamericarrg.com	
8401 N. Central Expressway, Suite 1000 Dallas TX 75225		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Underwriters at Lloyd's, London	NAIC # AA1122000
INSURED:		INSURER B:	
Total Security Inc 135 Weirs Blvd. Laconia NH 03246		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

**COVERAGES**

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>GENERAL LIABILITY</b>	X		SPG160781	01/24/2019	01/24/2020	EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - COMP/OP AGG	\$2,000,000
	<b>AUTOMOTIVE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR						EACH OCCURRENCE	
	<b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	
	DED <input type="checkbox"/> RETENTION \$							
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	N / A					EACH OCCURRENCE	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N						DAMAGE TO RENTED PREMISES (Ea occurrence)	
	(Mandatory in NH) <input type="checkbox"/>						MED EXP (Any one person)	
	If yes, describe under DESCRIPTION OF OPERATIONS below						PERSONAL & ADV INJURY	

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****CANCELLATION**

State Of New Hampshire, Admin Services  
Bureau of Purchase & Property  
25 Capitol Street Room 102

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

Concord NH 03301

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

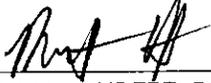
NIGP CODE: 990-0500

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

CONTRACTOR: Total Security

VENDOR CODE #: 169806

SUBMITTED FOR ACCEPTANCE BY:

  
\_\_\_\_\_  
RYAN AUBERT, PURCHASING AGENT  
BUREAU OF PURCHASE AND PROPERTY

DATE 10/30/18

\*\*\*\*\*

RECOMMENDED FOR ACCEPTANCE BY:

  
\_\_\_\_\_  
PAUL RHODES, ADMINISTRATOR III  
BUREAU OF PURCHASE AND PROPERTY

DATE 10/31/18

\*\*\*\*\*

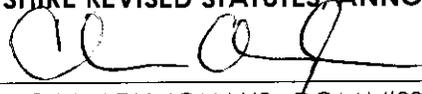
APPROVED FOR ACCEPTANCE BY:

  
\_\_\_\_\_  
GARY LUNETTA, 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.

  
\_\_\_\_\_  
CHARLES M. ARLINGHAUS, COMMISSIONER  
DEPARTMENT OF ADMINISTRATIVE SERVICES

DATE 11/1/18

.....

Subject: Alarm and Access Control System Maintenance & Monitoring Services

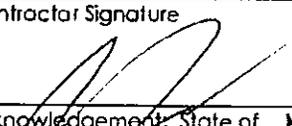
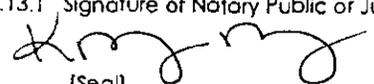
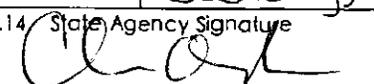
**Notice:** This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

**AGREEMENT**

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

**GENERAL PROVISIONS**

**1. IDENTIFICATION.**

1.1 State Agency Name State of New Hampshire Department of Administrative Services Bureau of Purchase and Property		1.2 State Agency Address State House Annex, Room 102 25 Capitol Street Concord, NH 03301	
1.3 Contractor Name Total Security		1.4 Contractor Address 135 Weird Boulevard Laconia, NH 03246	
1.5 Contractor Phone Number 603-273-0032	1.6 Account Number Various	1.7 Completion Date 12/31/2021	1.8 Price Limitation \$252,241.63
1.9 Contracting Officer for State Agency Ryan Aubert, Purchasing Agent		1.10 State Agency Telephone Number 603-271-0580	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Ralph King President	
1.13 Acknowledgement: State of NH, County of Belknap On 10/19/18, 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 s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace  [Seal]			
1.13.2 Name and Title of Notary or Justice of the Peace Kristy Bushong; Office Manager			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Charles M. Arlinghaus, Commissioner Date: 11/1/18	
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: _____			

*RK*

**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 1.18, 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 1.6 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.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

**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 will 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 personnel 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.

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 may owe 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 is 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 emoluments 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, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on 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 on 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.

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 of 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 hereto 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 hereto.

Contractor Initials R  
Date 10/19/18

**EXHIBIT A  
SCOPE OF SERVICES**

**1. INTRODUCTION**

Total Security (hereinafter referred to as the "Contractor") hereby agrees to provide the State of New Hampshire (hereinafter referred to as the "State"), Department of Administrative Services, with 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 personal 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. Request to repair and/or replace 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 deems incompetent, careless, insubordinate, or otherwise objectionable, or whose continued employment on the work is deemed to be contrary to the public interest or inconsistent with the best interest of security and the State.

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

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

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

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

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

Contractor Initials W  
Date 10/19/18

**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**

AGENCY NAME	ADDRESS	MAINTENANCE SERVICE INCLUDED	MONITORING SERVICE INCLUDED	Annual Cost 2019	Annual Cost 2020	Annual Cost 2021
Department of Environmental Services	DES - WRBP Gilford Pump Station 74 Weirs Road Gilford, NH	NO	YES	\$178.21	\$178.21	\$178.21
Department of Environmental Services	DES-WRBP Glendale Pump Station 31 Dock Road Gilford, NH	NO	YES	\$178.21	\$178.21	\$178.21
Department of Environmental Services	DES-WRBP Jewett Brook Pump Station 73 Strafford Street Laconia, NH	NO	YES	\$178.21	\$178.21	\$178.21
Department of Environmental Services	DES-WRBP Laconia Maintenance Shop 202 Water Street Laconia, NH	NO	YES	\$178.21	\$178.21	\$178.21
Department of Environmental Services	DES-WRBP MLC Pump Station 763 Scenic Drive Laconia, NH	NO	YES	\$178.21	\$178.21	\$178.21
Department of Environmental Services	DES-WRBP North Main Pump Station 1539 Old North Main Street Laconia, NH	NO	YES	\$178.21	\$178.21	\$178.21
Department of Environmental Services	DES-WRBP Paugus Pump Station 29 Paugus Park Road Laconia, NH	NO	YES	\$178.21	\$178.21	\$178.21

Department of Environmental Services	DES-WRBP Pendleton Pump Station 67 Pendleton Beach Road Laconia, NH	NO	YES	\$178.21	\$178.21	\$178.21
Department of Environmental Services	DES-WRBP River Street Pump Station 101 River Road Franklin, NH	NO	YES	\$178.21	\$178.21	\$178.21
Department of Environmental Services	DES-WRBP WWTP 1 Right Way Path Laconia, NH	NO	YES	\$178.21	\$178.21	\$178.21
Department of Environmental Services	DES-WRBP WWTP 528 River Road Franklin, NH	NO	YES	\$178.21	\$178.21	\$178.21
Department of Environmental Services	DES-WRBP Winnisquam Pump Station 202 Water Street Laconia, NH	NO	YES	\$178.21	\$178.21	\$178.21
Department of Environmental Services	DES-WRBP Ellacoya Pump Station 280 Scenic Drive Gilford, NH	NO	YES	\$178.21	\$178.21	\$178.21
Department of Environmental Services	DES-WRBP River Street Pump Station 74 South Road Belmont, NH	NO	YES	\$178.21	\$178.21	\$178.21
NH Fish & Game	NHFG Headquarters 11 Hazen Drive Concord, NH	NO	YES	\$240.00	\$240.00	\$240.00
NH Fish & Game	NHFG Office 17 Hazen Drive Concord, NH	YES	YES	\$720.00	\$720.00	\$720.00
NH Fish & Game	NHFG Cold Storage 19 Hazen Drive Concord, NH	NO	YES	\$240.00	\$240.00	\$240.00
DNCR	Forest & Lands 629B Main Street Lancaster, NH	YES	YES	\$720.00	\$720.00	\$720.00
DNCR	Jericho Mountain State Park 298 Jericho Lake Road Berlin, NH	YES	YES	\$480.00	\$480.00	\$480.00
Department of Safety	DMV 110 Broad Street Nashua, NH	YES	YES	\$720.00	\$720.00	\$720.00
Department of Safety	DMV 377 South Willow Street Manchester, NH	YES	YES	\$720.00	\$720.00	\$720.00

Department of Safety	DMV 155 Main Street Salem, NH	YES	YES	\$720.00	\$720.00	\$720.00
Department of Safety	DMV 20 North Main Street, Suite B Newport, NH	YES	YES	\$720.00	\$720.00	\$720.00
Department of Safety	DMV 491 Main Street Gorham, NH	YES	YES	\$720.00	\$720.00	\$720.00
Department of Safety	FST & EMS 98 Smokey Bear Blvd Concord, NH	YES	YES	\$720.00	\$720.00	\$720.00
Department of Safety	Behind Fire Station at NH Fire Academy 108 Smokey Bear Blvd Concord, NH	YES	YES	\$720.00	\$720.00	\$720.00
Department of Safety	DMV 589 Elm Street Milford, NH	YES	YES	\$720.00	\$720.00	\$720.00
Department of Safety	Safety Warehouse 41 Hazen Drive Concord, NH	YES	YES	\$720.00	\$720.00	\$720.00
Department of Safety	Automotive/Radio 39 Hazen Drive Concord, NH	YES	YES	\$720.00	\$720.00	\$720.00
Department of Safety	State Police Crime Lab 33 Hazen Drive Concord, NH	YES	YES	\$720.00	\$720.00	\$720.00
Department of Safety	Marine Patrol 3 Higgins Drive Belmont, NH	YES	YES	\$720.00	\$720.00	\$720.00
Department of Safety	Marine Patrol 31 Dock Road Gilford, NH	YES	YES	\$720.00	\$720.00	\$720.00
Department of Safety	DMV 50 Boston Harbor Road Dover, NH	YES	YES	\$720.00	\$720.00	\$720.00
Department of Administrative Services Bureau of Court Facilities	Carroll County Courthouse 96 Water Village Road Ossipee, NH	YES	YES	\$695.00	\$695.00	\$695.00
Department of Administrative Services Bureau of Court Facilities	Concord Circuit Court 32 Clinton Street Concord, NH	YES	YES	\$695.00	\$695.00	\$695.00

Department of Administrative Services Bureau of Court Facilities	Coos County Superior Court 55 School Street Lancaster, NH	YES	YES	\$695.00	\$695.00	\$695.00
Department of Administrative Services Bureau of Court Facilities	Derry Circuit Court 10 Courthouse Lane Derry, NH	YES	YES	\$695.00	\$695.00	\$695.00
Department of Administrative Services Bureau of Court Facilities	Dover Circuit Court 25 St. Thomas Street Dover, NH	YES	YES	\$695.00	\$695.00	\$695.00
Department of Administrative Services Bureau of Court Facilities	Franklin Circuit Court 7 Hancock Terrace Franklin, NH	YES	YES	\$695.00	\$695.00	\$695.00
Department of Administrative Services Bureau of Court Facilities	Hillsborough County Superior Court (North) 300 Chestnut Street Manchester, NH	YES	YES	\$695.00	\$695.00	\$695.00
Department of Administrative Services Bureau of Court Facilities	Hillsborough County Superior Court (South) 30 Spring Street Nashua, NH	YES	YES	\$695.00	\$695.00	\$695.00
Department of Administrative Services Bureau of Court Facilities	Jaffrey Circuit Court 84 Peterborough Street Jaffrey, NH	YES	YES	\$695.00	\$695.00	\$695.00
Department of Administrative Services Bureau of Court Facilities	Laconia Circuit Court 26 Academy Street Laconia, NH	YES	YES	\$695.00	\$695.00	\$695.00
Department of Administrative Services Bureau of Court Facilities	Lebanon Circuit Court 38 Centerra Parkway Lebanon, NH	YES	YES	\$695.00	\$695.00	\$695.00
Department of Administrative Services Bureau of Court Facilities	Manchester Circuit Court 35 Amherst Street Manchester, NH	YES	YES	\$695.00	\$695.00	\$695.00
Department of Administrative Services Bureau of Court Facilities	Merrimack Circuit Court 4 Baboosic Lake Road Merrimack, NH	YES	YES	\$695.00	\$695.00	\$695.00

Department of Administrative Services Bureau of Court Facilities	Manchester Circuit Court 35 East Conway Road Center Conway, NH	YES	YES		\$695.00	\$695.00	\$695.00
Department of Administrative Services Bureau of Court Facilities	Plymouth Circuit Court 26 Green Street Plymouth, NH	YES	YES		\$695.00	\$695.00	\$695.00
Department of Administrative Services Bureau of Court Facilities	Portsmouth Circuit Court 111 Parrott Avenue Portsmouth, NH	YES	YES		\$695.00	\$695.00	\$695.00
Department of Administrative Services Bureau of Court Facilities	Rochester Circuit Court 76 North Main Street Rochester, NH	YES	YES		\$695.00	\$695.00	\$695.00
Department of Administrative Services Bureau of Court Facilities	Rockingham County Superior Court 10 Route 125 Brentwood, NH	YES	YES		\$695.00	\$695.00	\$695.00
Department of Administrative Services Bureau of Court Facilities	Berlin Circuit Court 650 Main Street Berlin, NH	NO	YES		\$240.00	\$240.00	\$240.00
Department of Administrative Services Bureau of Court Facilities	Candia Circuit Court 110 Raymond Road Candia, NH	NO	YES		\$240.00	\$240.00	\$240.00
Department of Administrative Services Bureau of Court Facilities	Hillsborough Circuit Court 15 Antrim Road, Box 3 Hillsborough, NH	NO	YES		\$240.00	\$240.00	\$240.00
Department of Administrative Services Bureau of Court Facilities	Hooksett Circuit Court 101 Merrimack Street Hooksett, NH	NO	YES		\$240.00	\$240.00	\$240.00
Department of Administrative Services Bureau of Court Facilities	Littleton Circuit Court 134 Main Street Littleton, NH	NO	YES		\$240.00	\$240.00	\$240.00
Department of Administrative Services Bureau of Court Facilities	Milford Circuit Court 180 Elm Street Milford, NH	NO	YES		\$240.00	\$240.00	\$240.00

Department of Administrative Services Bureau of Court Facilities	Newport Circuit Court 55 Main Street Newport, NH	NO	YES	\$240.00	\$240.00	\$240.00
Department of Administrative Services Bureau of Court Facilities	Plaistow Circuit Court 14 Elm Street Plaistow, NH	NO	YES	\$240.00	\$240.00	\$240.00
Department of Administrative Services Bureau of Court Facilities	Seabrook Circuit Court 130 Ledge Road Seabrook, NH	NO	YES	\$240.00	\$240.00	\$240.00
Department of Administrative Services Bureau of Court Facilities	Cheshire County Courthouse 33 Winter Street Keene, NH	NO	YES	\$240.00	\$240.00	\$240.00
Administrative Services	DMV 23 Hazen Drive Concord, NH	YES	YES	\$998.00	\$998.00	\$998.00
Administrative Services	Emergency Operation Center 10 Smokey Bear Blvd Concord, NH	YES	YES	\$998.00	\$998.00	\$998.00

<b>Repair Rates (Repair Work/Emergency Service Calls)</b>	
Monday through Friday 7 AM to 4 PM	\$125 per hour/per person
Monday through Friday 4:01 PM to 6:59 AM	\$125 per hour/per person
Saturday	\$250 per hour/per person
Sunday & Holiday* Work *Holidays shall be based on State designated holidays	\$250 per hour/per person

### **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>

Contractor Initials                       
Date 10/19/18

**EXHIBIT C  
SPECIAL PROVISIONS**

There are no special provisions of this contract.

Contractor Initials                       
Date 10/19/18



# State of New Hampshire

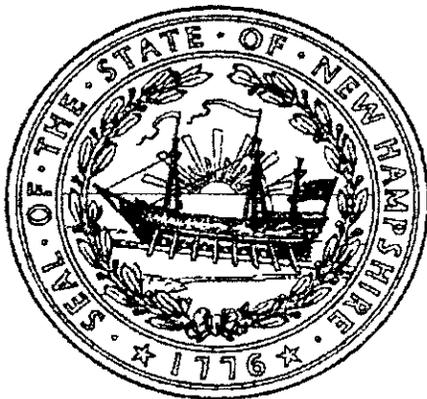
## Department of State

### 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 hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 19th day of October A.D. 2018.

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

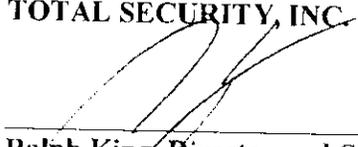
William M. Gardner  
Secretary of State

**CERTIFICATE OF AUTHORITY/VOTE  
TOTAL SECURITY, INC.**

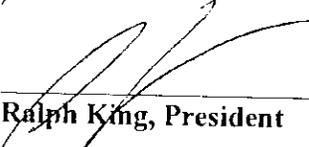
1. I, Ralph King hereby certify that I am President of Total Security, Inc.
2. I am the sole shareholder of Total Security, Inc.
3. I certify that I am authorized to enter into contracts or agreements on behalf of Total Security, Inc. I acknowledge that the State of New Hampshire will rely on this certification 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.

**TOTAL SECURITY, INC.**

Dated: 10-19-18

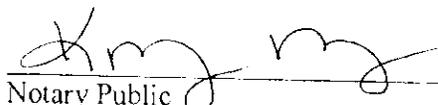
Attest:   
\_\_\_\_\_  
**Ralph King, Director and Sole  
Shareholder**

Dated: 10-19-18

Attest:   
\_\_\_\_\_  
**Ralph King, President**

**STATE OF NEW HAMPSHIRE  
COUNTY OF Belknap**

This instrument was acknowledged before me on this 19<sup>th</sup> 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, 2018**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/18/2018

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

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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	CONTACT NAME: Crystal Jacobs	PHONE (A/C. NO. EXT): (866) 315-3838	Fax (A/C. No.): (214) 265-4932
8401 N. Central Expressway, Suite 1000 Dallas TX 75225	E-MAIL ADDRESS: usrisk@securityamericarrg.com		
INSURED Total Security Inc 135 Weirs Blvd Laconia NH 03246		INSURER(S) AFFORDING COVERAGE INSURER A: Underwriters at Liberty's, London INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # AA1122000	

## COVERAGES

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 AND WITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		SPG16078	01/24/2018	01/24/2019	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPROP AGG \$2,000,000 PROFESSIONAL LIABILITY \$1,000,000
	GEN L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						COMBINED SINGLE LIMIT (3a accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	AUTOMOTIVE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> Hired AUTOS <input type="checkbox"/> NON-OWNED AUTOS						
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION S						EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) <input type="checkbox"/> Yes, describe under DESCRIPTION OF OPERATIONS below	N/A					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY

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 THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Randall Goss, CEO/Chairman



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/17/2018

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

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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 CROSS INSURANCE - LACONTA 155 Court Street  Laconia NH 03246	CONTACT NAME: Linda Tikkanen, CISR	FAX (A/C, No): 1603) 524-7666
	PHONE (A/C, No, Ext): (603) 524-2425	E-MAIL ADDRESS: ltikkanen@crossagency.com
INSURED Total Security, Inc. P.O. Box 6702  Laconia NH 03247-6702	INSURER(S) AFFORDING COVERAGE INSURER A: Star Insurance Co	NAIC # 18023
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL1851049427 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OPAGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> AL-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEF <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
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 Y	N/A	WC07R1550	3/4/2018	3/4/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E. EACH ACCIDENT \$ 1,000,000 E. DISEASE - EA EMPLOYEE \$ 1,000,000 E. DISEASE - POLICY LIMIT \$ 1,000,000

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.

## CERTIFICATE HOLDER

## CANCELLATION

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 THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE L. Tikkanen, CISR/AGENT <i>Linda Tikkanen</i>
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