

LOUISIANA UNIFORM PUBLIC WORK BID FORM

TO: City of Thibodaux
P. O. Box 5418
Thibodaux, LA 70302

BID FOR: North Canal Pedestrian Path, Phase 1, City of Thibodaux, Lafourche Parish, Louisiana

The undersigned bidder hereby declares and represents that she/he; a) has carefully examined and understands the Bidding Documents, b) has not received, relied on, or based his bid on any verbal instructions contrary to the Bidding Documents or any addenda, c) has personally inspected and is familiar with the project site, and hereby proposes to provide all labor, materials, tools, appliances and facilities as required to perform, in a workmanlike manner, all work and services for the construction and completion of the referenced project, all in strict accordance with the Bidding Documents prepared by: David A. Waitz Engineering and Surveying, Inc. and dated: July, 2015.

Bidders must acknowledge all addenda. The Bidder acknowledges receipt of the following ADDENDA: (Enter the number the Designer has assigned to each of the addenda that the Bidder is acknowledging) None

TOTAL BASE BID: For all work required by the Bidding Documents (including any and all unit prices designated "Base Bid" * but not alternates) the sum of:

One Hundred
Sixty-Two Thousand Nine Hundred Forty-Two and Fifty/100 — Dollars (\$ 162,942.50)

NAME OF BIDDER: Byron E. Talbot Contractor, Inc.

ADDRESS OF BIDDER: P.O. Box 5658
Thibodaux, LA 70302

LOUISIANA CONTRACTOR'S LICENSE NUMBER: 12198

NAME OF AUTHORIZED SIGNATORY OF BIDDER: Byron E. Talbot

TITLE OF AUTHORIZED SIGNATORY OF BIDDER: President

SIGNATURE OF AUTHORIZED SIGNATORY OF BIDDER **: 

DATE: 08/19/15

* The Unit Price Form shall be used if the contract includes unit prices. Otherwise it is not required and need not be included with the form. The number of unit prices that may be included is not limited and additional sheets may be included if needed.

** If someone other than a corporate officer signs for the Bidder/Contractor, a copy of a corporate resolution or other signature authorization shall be required for submission of bid. Failure to include a copy of the appropriate signature authorization, if required, may result in the rejection of the bid unless bidder has complied with La. R.S. 38:2212(A)(1)(c) or RS 38:2212(O).

BID SECURITY in the form of a bid bond, certified check or cashier's check as prescribed by LA RS 38:2218.A is attached to and made a part of this bid.

LOUISIANA UNIFORM PUBLIC WORK BID FORM
UNIT PRICE FORM

TO: City of Thibodaux
P. O. Box 5418
Thibodaux, LA 70301

BID FOR: North Canal Pedestrian Path, Phase 1, City
of Thibodaux, Lafourche Parish, Louisiana

UNIT PRICES: This form shall be used for any and all work required by the Bidding Documents and described as unit prices.
Amounts shall be stated in figures and only in figures.

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ REMOVAL OF STRUCTURES & OBSTRUCTIONS			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
202-01	1	LUMP SUM	6,000.00	6,000.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ BORROW (VEHICULAR MEASUREMENT)			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
203-07	1,000	CUBIC YARDS	10.25	10,250.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ 18" A-2000 PVC STORM DRAIN PIPE			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
701-03(A)	20	LINEAR FOOT	48.00	960.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ 24" CONTECH ULTRA-FLO			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
701-03(B)	350	LINEAR FOOT	61.00	21,350.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ CATCH BASIN (CB-04)			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
702-03(A)	2	EACH	1,500.00	3,000.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ 24" RISER INLET			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
702-03(B)	6	EACH	1,100.00	6,600.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ CONCRETE WALK (4 INCH THICK)			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
706-01	1,342.5	SQUARE YARDS	63.00	84,577.50

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ CONCRETE DRIVE (6 INCH THICK)			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
706-02	113.4	SQUARE YARDS	75.00	8,505.00

Wording for "DESCRIPTION" is to be provided by the Owner.
All quantities are estimated. The contractor will be paid based upon actual quantities as verified by the Owner

LOUISIANA UNIFORM PUBLIC WORK BID FORM
UNIT PRICE FORM

TO: City of Thibodaux
P. O. Box 5418
Thibodaux, LA 70301

BID FOR: North Canal Pedestrian Path, Phase 1, City
of Thibodaux, Lafourche Parish, Louisiana

UNIT PRICES: This form shall be used for any and all work required by the Bidding Documents and described as unit prices. Amounts shall be stated in figures and only in figures.

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ TEMPORARY SIGNS AND BARRICADES			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>)
713-01	1	LUMP SUM	8,000.00	8,000.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ MOBILIZATION			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>)
727-01	1	LUMP SUM	8,000.00	8,000.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ CONCRETE STEPS			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>)
S-001	1	EACH	2,000.00	2,000.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ HANDICAPPED SIDEWALK TRANSITIONS			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>)
S-002	4	EACH	925.00	3,700.00

Wording for "DESCRIPTION" is to be provided by the Owner.

All quantities are estimated. The contractor will be paid based upon actual quantities as verified by the Owner

RESERVED

C O R P O R A T E R E S O L U T I O N

BE IT RESOLVED by the Board of Directors of Byron E. Talbot Contractor, Inc.

_____ in a meeting duly assembled that (name)

Byron E. Talbot _____, (title) _____ President _____

of the Corporation, be, and he is hereby authorized, empowered and directed for and on behalf of the Corporation to negotiate for and sign any and all bid proposals and/or contracts which this corporation might enter into for the furnishing of services for the Corporation under such terms, conditions and stipulations, and for such consideration as he might deem to the best interest of the Corporation.

* * * * *

I, Bonnie M. Sanchez (name), Secretary of

Byron E. Talbot Contractor, Inc.

do hereby certify that the above and foregoing is a true and correct copy of a Resolution unanimously adopted at a meeting of the Board of Directors of said Corporation held on the 19th day of August, 2015, at which meeting all members of the Board of Directors were present and voted thereon and that said Resolution has been spread upon the minute books of the Corporation, and the same is now in full force and effect.

WITNESS MY SIGNATURE this 19th day of August,

20 15, at Robert, LA _____.

Bonnie M. Sanchez
Bonnie M. Sanchez, Corporate Secretary

(Title)

BID BOND

BYRON E. TALBOT CONTRACTOR, INC.

as Principal (Bidder) and HARTFORD ACCIDENT AND INDEMNITY COMPANY

as Surety, are bound unto the City of Thibodaux (hereinafter referred to as "COT" in the sum of
FIVE PERCENT OF THE AMOUNT BID

DOLLARS, (\$ 5%) for payment of which the Principal and Surety bind themselves,
their heirs, administrators, successors, and assigns, jointly and severally.

The condition of this obligation is such that Principal has submitted to COT a bid on a contract to
provide NORTH CANAL PEDESTRIAN PATH, PHASE 1, CITY OF THIBODAUX, LAFOURCHE PARISH, LOUISIANA

If the contract is awarded to the Principal and the Principal, within the specified time, enters into
the contract in writing and gives the required bond(s) with Surety acceptable to COT for performance of
said contract, this obligation shall be void; otherwise to remain in effect.

BYRON E. TALBOT CONTRACTOR, INC.

PRINCIPAL (Bidder)

BY: 

OWNER OR AUTHORIZED
REPRESENTATIVE

Byron E. Talbot, President
TYPED OR PRINTED NAME

DATE SIGNED AUGUST 19, 2015

HARTFORD ACCIDENT AND INDEMNITY COMPANY

Surety

BY: 

AGENT OR ATTORNEY IN FACT

ALEXANDER J. ELLSWORTH, ATTORNEY-IN-FACT

TYPED OR PRINTED NAME

DATED SIGNED AUGUST 19, 2015

I certify that I am as of the date of this bond a licensed Resident Agent of Louisiana in good
standing with the Louisiana Insurance Commission and authorized to countersign this bond on behalf of
the Surety.

BY: 

ALEXANDER J. ELLSWORTH

TYPED OR PRINTED NAME

188334

AGENT LICENSE NUMBER

ELLSWORTH CORPORATION

NAME OF AGENCY

P.O. BOX 8210

ADDRESS

METAIRIE, LA 70011

POWER OF ATTORNEY

Direct Inquiries/Claims to:

THE HARTFORD

Bond T-4

One Hartford Plaza

Hartford, Connecticut 06155

call: 888-266-3488 or fax: 860-757-5835)

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Code: 43-480815

- ☒ Hartford Fire Insurance Company, a corporation duly organized under the laws of the State of Connecticut
- ☒ Hartford Casualty Insurance Company, a corporation duly organized under the laws of the State of Indiana
- ☒ Hartford Accident and Indemnity Company, a corporation duly organized under the laws of the State of Connecticut
- ☐ Hartford Underwriters Insurance Company, a corporation duly organized under the laws of the State of Connecticut
- ☐ Twin City Fire Insurance Company, a corporation duly organized under the laws of the State of Indiana
- ☐ Hartford Insurance Company of Illinois, a corporation duly organized under the laws of the State of Illinois
- ☐ Hartford Insurance Company of the Midwest, a corporation duly organized under the laws of the State of Indiana
- ☐ Hartford Insurance Company of the Southeast, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, **up to the amount of Unlimited** :

Brian P. Bordlee, Charles F. Cowand, Anthony Currera, Michele M. Ellsworth, Alexander J. Ellsworth, Lauren T. Guillory, Ralph J. LeBlanc of METAIRIE, Louisiana

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by ☒, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on August 1, 2009, the Companies have caused these presents to be signed by its Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.



Wesley W. Cowling

Wesley W. Cowling, Assistant Secretary

M. Ross Fisher

M. Ross Fisher, Vice President

STATE OF CONNECTICUT

ss.

Hartford

COUNTY OF HARTFORD

On this 12th day of July, 2012, before me personally came M. Ross Fisher, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hartford, State of Connecticut; that he is the Vice President of the Companies, the corporations described in and which executed the above instrument; that he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that he signed his name thereto by like authority.



CERTIFICATE

Kathleen T. Maynard

Kathleen T. Maynard

Notary Public

My Commission Expires July 31, 2016

I, the undersigned, Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of AUGUST 19, 2015

Signed and sealed at the City of Hartford.



Gary W. Stumper

Gary W. Stumper, Vice President

MAIN OFFICE
P. O. Box 5658
Thibodaux, LA 70302
Phone: (985) 447-5764
Fax: (985) 448-0558

Byron E. Talbot
CONTRACTOR, INC.

NORTH SHORE OFFICE
24288 Hwy. 190
Robert, LA 70455
Phone: (985) 419-9925
Fax: (985) 419-9833

C O R P O R A T E R E S O L U T I O N

BE IT RESOLVED by the Board of Directors of **BYRON E. TALBOT CONTRACTOR, INC.**, in a meeting duly assembled, that **BYRON E. TALBOT**, President of the Corporation, be, and is hereby authorized, empowered, and directed for and on behalf of the Corporation to sign any and all documents for this corporation as he might deem to be in the best interest of the Corporation.

I, **BONNIE M. SANCHEZ**, Secretary of **BYRON E. TALBOT CONTRACTOR, INC.**, do hereby certify that the above and foregoing is a true and correct copy of a Resolution adopted at a meeting of the Board of Directors of said Corporation held on the 12th day of October, 2012, at which meeting all members of the Board of Directors were present and voted thereon and that said Resolution has been spread upon the minutes of the Corporation, and same is now in full force and effect.

WITNESS MY SIGNATURE this 19th day of August, 2015, at Robert, Louisiana.


Bonnie M. Sanchez, Secretary



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/25/2015

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 MARSH USA, INC. ONE TOWNE SQUARE, SUITE 1100 SOUTHFIELD, MI 48076 Attn: RAFFLES FAX (313) 393-6950 00265-00265-RAFLS-15/16	CONTACT NAME: PHONE (A/C, H/o, Ext): FAX (A/C, H/o): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Zurich American Insurance Company INSURER B: American Zurich Insurance Company INSURER C: National Union Fire Ins Co Pittsburgh PA INSURER D: INSURER E: INSURER F:	NAIC # 16535 40142 19445
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COVERAGES**CERTIFICATE NUMBER:**

CHI-004658352-11

REVISION NUMBER: 3

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 VVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			GLO3480721	04/01/2015	04/01/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 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
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			BAP3483723	04/01/2015	04/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			BE 045650661	04/01/2015	04/01/2016	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A			WC3486722	04/01/2015	04/01/2016	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
WORKERS' COMPENSATION DOES NOT APPLY TO MONOPOLISTIC STATES (ND, OH, WA AND WY), PUERTO RICO OR THE VIRGIN ISLANDS.

CERTIFICATE HOLDER**CANCELLATION**Byron E. Talbot Contractor, Inc.
301 Main Project Rd.
Schriever, LA 70395

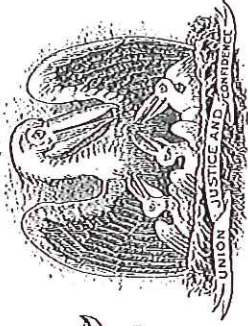
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.

John C Hurley

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State of Louisiana



State Licensing Board for Contractors

This is to Certify that:

BYRON E. TALBOT CONTRACTOR, INC.
P. O. Box 5658
Thibodaux, LA 70302

is duly licensed and entitled to practice the following classifications
BUILDING CONSTRUCTION; ELECTRICAL WORK (RESTRICTED); HEAVY CONSTRUCTION; HIGHWAY,
STREET AND BRIDGE CONSTRUCTION; MECHANICAL WORK (RESTRICTED); MUNICIPAL AND PUBLIC
WORKS CONSTRUCTION; SPECIALTY: ASBESTOS REMOVAL AND ABATEMENT; SPECIALTY:
HAZARDOUS WASTE TREATMENT OR REMOVAL



Expiration Date: September 12, 2016

License No: 12198

Witness our hand and seal of the Board dated,
Baton Rouge, LA 13th day of September 2014

WLB MACP Director

See mdt Chairman

Andy Remy Secretary-Treasurer

This License is Not Transferrable