

## LOUISIANA UNIFORM PUBLIC WORK BID FORM

TO: JEFFERSON PARISH  
PURCHASING DEPARTMENT  
200 DERBIGNY ST. SUITE 4400  
GRETN. LA 70053

(Owner to provide name and address of owner)

BID FOR: TWO (2) YEAR CONTRACT FOR STREET  
LIGHTING MAINTENANCE AND REPAIR EAST AND  
WEST BANK AND JEAN LAFITTE AS WELL AS  
ELECTRICAL INSTALLATION AND REPAIRS

Bid number 50-114175

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: JEFFERSON PARISH DEPARTMENT OF TRAFFIC ENGINEERING and dated: August 11, 2015

(Owner to provide name of entity preparing bidding documents.)

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) 1, 2 & 3

**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:

THREE MILLION Forty-EIGHT THOUSAND THIRTY-TWO Dollars (\$ 3,048,032.00)

**ALTERNATES:** For any and all work required by the Bidding Documents for Alternates including any and all unit prices designated as alternates in the unit price description.

**Alternate No. 1** (Owner to provide description of alternate and state whether add or deduct) for the lump sum of:

N/A Dollars (\$ \_\_\_\_\_)

**Alternate No. 2** (Owner to provide description of alternate and state whether add or deduct) for the lump sum of:

N/A Dollars (\$ \_\_\_\_\_)

**Alternate No. 3** (Owner to provide description of alternate and state whether add or deduct) for the lump sum of:

N/A Dollars (\$ \_\_\_\_\_)

NAME OF BIDDER: ALL STAR ELECTRIC INC  
ADDRESS OF BIDDER: 1708 BERT ST LA PLACE, LA 70065  
LOUISIANA CONTRACTOR'S LICENSE NUMBER: LA 30186  
Name OF AUTHORIZED SIGNATORY OF BIDDER: Timothy S. Blanchard  
TITLE OF AUTHORIZED SIGNATORY OF BIDDER: President  
SIGNATURE OF AUTHORIZED SIGNATORY OF BIDDER \*\*: [Signature]  
DATE: 10-20-15

\* 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(B)5.

**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.

Revised per Addendum #3, use this form to bid

**LOUISIANA UNIFORM PUBLIC WORK BID FORM**  
**UNIT PRICE FORM**

**TO: JEFFERSON PARISH**  
**PURCHASING DEPARTMENT**  
**200 DERBIGNY ST. SUITE 4400**  
**GRETN, LA 70053**

(Owner to provide name and address of owner)

**BID FOR: TWO (2) YEAR CONTRACT FOR STREET**  
**LIGHTING MAINTENANCE AND REPAIR EAST AND**  
**WEST BANK AND JEAN LAFITTE AS WELL AS**  
**ELECTRICAL INSTALLATION AND REPAIRS**

***Bid number 50-114175***

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.# ____ 0010 Monthly Maintenance Cost for routine maintenance and repair work, including underground circuits and foundations. The current number of Parish owned street light units is approximately 15,900 (see Inventory Summary) Unit Price quoted shall be cost per month to undertake all routine maintenance and repair on street light units as set forth in the attached specification summary, Section G. The approximate number of work orders per month has been in the range of 125 more or less: however, no adjustment will be made to the monthly cost.			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0010	24.00	MO	<b># 62,300.00</b>	<b># 1,495,200.00</b>
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ 0020 Traffic Control - Police Detail			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0020	50	HR	<b># 100.00</b>	<b># 5,000.00</b>
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ 0040 Supervisor for oversight and coordination when using approved subcontractors			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0040	6,000	HR	<b># 25.00</b>	<b># 150,000.00</b>
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ 0050 Labor - Licensed Electrician			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0050	1,000	HR	<b># 22.00</b>	<b># 22,000.00</b>
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ 0060 Labor - Mechanic			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0060	10,000	HR	<b># 22.00</b>	<b># 220,000.00</b>
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ 0070 Labor - Laborer			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0070	500	HR	<b># 15.00</b>	<b># 7,500.00</b>
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ 0080 Labor - Equipment Operator (CDL)			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0080	200	HR	<b># 25.00</b>	<b># 5,000.00</b>
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ 0090 Bucket Truck equipped with special tools and equipment necessary to undertake work in conjunction with the repair and maintenance of a street lighting system.			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0090	2,500	HR	<b># 35.00</b>	<b># 87,500.00</b>
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ 0100 Backhoe and Loader Combination (If rented, equipment will be charged at direct cost.)			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0100	2,000	HR	<b># 25.00</b>	<b># 50,000.00</b>
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ 0110 Truck Mounted Crane (If rented, equipment will be charged at direct cost.)			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0110	1,000	HR	<b># 45.00</b>	<b># 45,000.00</b>

REVISED PER ADDENDUM #3, USE THIS FORM TO BID

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

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

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ___ 0120 Service Truck equipped with tools and equipment necessary to undertake work in conjunction with the repair and maintenance of a street lighting system.			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0120	7,500	HR	<b>\$25.00</b>	<b>\$187,500.00</b>
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ___ 0130 Flatbed Truck (If rented, equipment will be charged at direct cost.)			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0130	10	HR	<b>\$25.00</b>	<b>\$ 250.00</b>
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ___ 0140 Backhoe/Loader Transport (If rented, equipment will be charged at direct cost.)			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0140	25	HR	<b>\$25.00</b>	<b>\$ 625.00</b>
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ___ 0150 Air Compressor (If rented, equipment will be charged at direct cost.)			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0150	10	HR	<b>\$15.00</b>	<b>\$ 150.00</b>
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ___ 0160 Welding Machine (If rented, equipment will be charged at direct cost.)			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0160	5	HR	<b>\$30.00</b>	<b>\$ 150.00</b>
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ___ 0170 Directional Underground Borer at direct cost only			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0170	4,000	LF	<b>\$12.00</b>	<b>\$ 48,000.00</b>
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ___ 0180 Jack Hammer- PER.HOUR (If rented, equipment will be charged at direct cost.)			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0180	10	HR	<b>\$15.00</b>	<b>\$ 150.00</b>
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ___ 0190 Utility and/or Pole Trailer (If rented, equipment will be charged at direct cost.)			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0190	4,500	HR	<b>\$6.00</b>	<b>\$ 27,000.00</b>
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ___ 0200 Group Relampment - More than 5 lamps			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0200	500	EA	<b>\$35.00</b>	<b>\$ 17,500.00</b>
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ___ 0210 Leaning Poles needing minimal adjustment			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0210	350	EA	<b>\$150.00</b>	<b>\$ 52,500.00</b>
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ___ 0220 United Lighting Standards Washington Style 30 Foot Fluted Aluminum Pole, Black, Double Arm, Clamshell Base Assembly Package Catalog #RTA-FL-1055304-T3.5-BK, UMB-28-MOD-BK, Fixture: VTS-B08-LE-T3-BK			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0220	3	EA	<b>\$20,400.00</b>	<b>\$ 61,200.00</b>
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ___ 0230 United Lighting Standards Washington Style 30 Foot Fluted Aluminum Pole, Black, Single Arm, Clamshell Base Assembly Package Catalog #RTA-FL-1055304-T3.5-BK, UMB-18-MOD-BK, Fixture: VTS-B08-LE-T3-BK			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0230	3	EA	<b>\$16,260.00</b>	<b>\$ 48,780.00</b>
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ___ 0240 United Lighting Standards 30 Foot Fluted Aluminum Pole, Black, Double Arm, Deco Base Assembly Package Catalog #RTA-FL-1055304-T3.5-BK, UMB-26-MOD-BK, CSBC-BK-MOD,10RD- 2-Pc-Fleurdelis-BK Base Cover on 4 Sides, Fixture: F316-L-EAC-250HPS-TBD-IES3-RA19011			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0240	3	EA	<b>\$17,872.00</b>	<b>\$ 53,616.00</b>

REVISED PER ADDENDUM #3, USE THIS FORM TO BID

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

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ 0250 United Lighting Standards 30 Foot Fluted Aluminum Pole, Black, Single Arm, Deco Base Assembly Package Catalog #RTA-FL-1055304-T3.5-BK, UMB-16-MOD-BK, CSBC-BK-MOD, 10RD-2Pe-Fleurdelis-BK Base Cover on 4 Sides, Fixture: F316-L-EAC-250HPS-TBD-IES3-RAL9011			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0250	3	EA	<b>\$15,049.00</b>	<b>\$45,147.00</b>
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ 0260 United Lighting Standards Washington Style 27 Foot Fluted Aluminum Pole, Black, Single Arm, Clamshell Base Assembly Package Catalog #RTA-FL-1069274-T3.5X7.5-BK, UMB-16-MOD-BK, Fixture: F316-L-EAC-250HPS-TBD-IES3-RA19011			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0260	3	EA	<b>\$16,240.00</b>	<b>\$48,720.00</b>
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ 0270 Dynamic/Amerlux 16 Foot Fluted Aluminum Pole, Black, Arm-Double Post Top Assembly Package Catalog #D2125.188-16-A356/TBK, 2BR04/TBK, Fixture: DU770-F4/DR-CL/250MH-PS- 240V/MOG/FDR/TW-PCL/TBK			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0270	3	EA	<b>\$6,250.00</b>	<b>\$18,750.00</b>
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ 0280 Dynamic/Amerlux 12 Foot Fluted Aluminum Pole, Black, Single Post Top Assembly Package Catalog #D2125.188-12/TBK, Fixture: DU770-F4/DR-CL/FDR/TW-PCL/150MH-MT/MED/TBK			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0280	3	EA	<b>\$4,570.00</b>	<b>\$13,710.00</b>
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ 0290 Dynamic/Amerlux 12 Foot Fluted Aluminum Pole, Black, Single Post Top Assembly Package Catalog #D2125.188-12/TBK, Fixture: DU770-F4/DR-CL/FDR/TW-PCL/175MH-MT/MED/TBK			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0290	3	EA	<b>\$6,250.00</b>	<b>\$18,750.00</b>
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ 0300 Holophane 30 Foot Fluted Aluminum Pole, Black Double Arm, Clamshell Base Assembly Package, Catalog #300058108T4F-BKY, Base HN24CSB-BK, BHC92/2-AB-27-4-RFD161702-WLLF, Fixture: ESL1504KASpB4			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0300	2	EA	<b>\$14,470.00</b>	<b>\$28,940.00</b>
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ 0310 Holophane 30 Foot Aluminum Pole, Black, Single Arm, Clamshell Base Assembly Package, Catalog #HOL300045808T4A, 5530TP90R, 4VBC710, WA24ACO83280 AB, WLC72/1CABKHRFD181887, Fixture: MGLED64KASMLHKPCSP#			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0310	2	EA	<b>\$11,615.00</b>	<b>\$23,230.00</b>
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ 0320 Holophane 16 Foot Fluted Aluminum Pole, Black, Twin Post Top Assembly Package, Catalog #DWA16 F5J 20 P08 ABG BK, PCP 36 CA BKH, Fixture: AWDE 100 4K AS M B 3 NSB			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0320	2	EA	<b>\$6,300.00</b>	<b>\$12,600.00</b>
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ 0330 Holophane 16 Foot Fluted Aluminum Pole, Black, POST Top Assembly Package, Catalog #DWA 16 F5J 20 P08BK-MODMECH, PCP36CABKH-RFD151848, Fixture: AWDE 100 5KASMB5NSG			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0330	2	EA	<b>\$8,680.00</b>	<b>\$17,360.00</b>
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ 0340 Holophane 16 Foot Fluted Aluminum Pole, Black, Post Top Assembly Package, Catalog #DWA 16 F5J 20 P05 ABG BK, Fixture: AWDE 100 4K AS M B 3 NSB			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0340	3	EA	<b>\$5,487.00</b>	<b>\$16,461.00</b>
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ 0350 Holophane 16 Foot Fluted Aluminum Pole, Black, Post Top Assembly Package, Catalog #DWA 16 F5J 20 P07 ABG BK, Fixture AWDE 100 4K AS M B 3 N S B H PCS			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0350	3	EA	<b>\$5,564.00</b>	<b>\$16,692.00</b>
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ 0360 Holophane 14 Foot Fluted Aluminum Pole, Black, Post Top Assembly Package, Catalog #DWA 14 F5J 20 P08 ABG BK, PCP 36 CA BKH, Fixture: AWDE 100 4K AS M B 3 N S B			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0360	3	EA	<b>\$6,205.00</b>	<b>\$18,615.00</b>

REVISED PER ADDENDUM #3, USE THIS FORM TO BID

Wording for "DESCRIPTION" is to be provided by the Owner. ADDENDUM NO. 3

ADD3-5

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

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ___ 0370 Holophane 14 Foot Fluted Aluminum Pole, Black, Post Top Assembly Package, Catalog #ZDW14F412CADGH, Fixture: AWDE1005KASMB5NSG			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0370	3	EA	\$4,930.00	\$14,790.00
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ___ 0380 Holophane LED Post Top Fixture: AWDE 100 5K AS MB 5 N S G			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0380	5	EA	\$2,105.00	\$10,525.00
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ___ 0390 Holophane LED Post Top Fixture: AWDE 100 4K AS M B 3 N S B H PCS			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0390	5	EA	\$2,180.00	\$10,900.00
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ___ 0400 Holophane LED Post Top Fixture: AWDE 100 4K AS M B 3 N S B H			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0400	5	EA	\$2,155.00	\$10,775.00
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ___ 0410 Holophane LED Cobra Type Fixture: ATB2 60BLEDE10 480 R2 NR			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0410	5	EA	\$1,125.00	\$5,625.00
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ___ 0420 Holophane LED Mongoose Type Fixture MGLED 7 4K AS F L V Z PCSS P3			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0420	5	EA	\$2,040.00	\$10,200.00
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ___ 0430 Holophane Lighting LED Type Cobra Fixture: LEDG120534KAS2GL23PR			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0430	5	EA	\$1,768.00	\$8,840.00
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ___ 0440 Cooper Lighting LED Type Fixture: OVHB04LEDEUT3AAP			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0440	5	EA	\$1,315.00	\$6,575.00
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ___ 0450 Cooper Lighting LED Type Fixture: OVHB04LEDE8T3AAP			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0450	5	EA	\$1,400.00	\$7,000.00
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ___ 0460 Cooper Lighting LED Type Fixture: VSTE07LEDEUT2SAP4			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0460	5	EA	\$2,500.00	\$12,500.00
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ___ 0470 Cooper Lighting LED Type Fixture: VSTE07LEDE8T2SAP4			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0470	5	EA	\$2,590.00	\$12,950.00
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ___ 0480 Cooper Lighting LED Type Fixture: NAV-AE-03-E-UNV-T3R-10K-4-AP			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0480	5	EA	\$1,450.00	\$7,250.00
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ___ 0490 King Lighting 14 Foot Fluted Aluminum Pole, Black, Post Top Assembly Package, Catalog #LSFE5-14-BLACK-GFI-LUBA-.188-A356, LED Type Fixture: K118R-BAAR-111-101(SSL)8000-120-K13			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0490	2	EA	\$6,440.00	\$12,880.00

REVISED PER ADDENDUM #3, USE THIS FORM TO BID

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

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

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ 0500 Sternberg Lighting 14 Foot Fluted Aluminum Pole, Black, Post Top Assembly Package, Catalog #3914FP4, LED Type Fixture: A850SRLED			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0500	2	EA	\$4,480.00	\$8,960.00
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ 0510 Sternberg Lighting 12 Foot Fluted Aluminum Pole, Black, Post Top Assembly Package, Catalog #3912FP4, LED Type Fixture: A850SRLED			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0510	2	EA	\$4,480.00	\$8,960.00
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ 0520 LED Photocontrol, Acuity, DLL127 120-277V Fail On			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0520	50	EA	\$125.00	\$6,250.00
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ 0530 LED Photocontrol, Acuity, DLL127 480V Fail On			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0530	50	EA	\$128.00	\$6,400.00
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ 0540 Banner Arm, Amerlux, BBA24-SAVER-SM/TBK, Banner Arm Pole Saver			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0540	24	EA	\$794.00	\$19,056.00
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ 0550 Night Runs (Eastbank & Westbank) (Monthly)			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0550	100	HR	\$40.00	\$4,000.00

REVISED PER ADDENDUM #3, USE THIS FORM TO BID

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

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

# THE AMERICAN INSTITUTE OF ARCHITECTS



AIA Document A310

## Bid Bond

KNOW ALL MEN BY THESE PRESENTS, that we

All Star Electric, Inc.  
821 Little Farms Avenue, Metairie, Louisiana 70003

(Here insert full name and address or legal title of Contractor)

as Principal, hereinafter called the Principal, and  
Travelers Casualty and Surety Company of America  
One Tower Square, Hartford, Connecticut 06183-6014

(Here insert full name and address or legal title of Surety)

a corporation duly organized under the laws of the State of Connecticut  
as Surety, hereinafter called the Surety, are held and firmly bound unto

Jefferson Parish  
200 Derbigny Street, Gretna, Louisiana 70053

(Here insert full name and address or legal title of Owner)

as Obligee, hereinafter called the Obligee, in the sum of

Five Percent (5%) of the Amount Bid----- Dollars (\$ ),

for the payment of which sum well and truly to be made, the said Principal and the said Surety, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal has submitted a bid for

(Here insert full name, address and description of project)

Bid No. 50-00114175

Two (2) Year Contract for Street Lighting Maintenance and Repairs for East and West Bank of Jefferson Parish and the Town of Jean Lafitte as Well as Other Electrical Installation and Repairs on a Parish Wide Basis

NOW, THEREFORE, if the Obligee shall accept the bid of the Principal and the Principal shall enter into a Contract with the Obligee in accordance with the terms of such bid, and give such bond or bonds as may be specified in the bidding or Contract Documents with good and sufficient surety for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof, or in the event of the failure of the Principal to enter such Contract and give such bond or bonds, if the Principal shall pay to the Obligee the difference not to exceed the penalty hereof between the amount specified in said bid and such larger amount for which the Obligee may in good faith contract with another party to perform the Work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect.

Signed and sealed this

29th

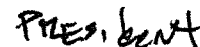
day of September, 2015

  
(Witness)

All Star Electric, Inc.

(Principal)

(Seal)

  
(Title)

  
(Witness)

Louisiana Resident Countersigning Agent

Charles E. Reagin, III - License #232446

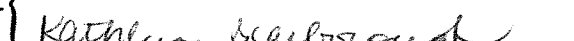
Wright & Percy Insurance

P.O. Box 3809, Baton Rouge, LA 70809

Travelers Casualty and Surety Company of America

(Surety)

(Seal)

  
Kathleen Scarborough (Title) Attorney-In-Fact



## POWER OF ATTORNEY

Farmington Casualty Company  
Fidelity and Guaranty Insurance Company  
Fidelity and Guaranty Insurance Underwriters, Inc.  
St. Paul Fire and Marine Insurance Company  
St. Paul Guardian Insurance Company

St. Paul Mercury Insurance Company  
Travelers Casualty and Surety Company  
Travelers Casualty and Surety Company of America  
United States Fidelity and Guaranty Company

Attorney-In Fact No. 224011

Certificate No. 005442704

**KNOW ALL MEN BY THESE PRESENTS:** That Farmington Casualty Company, St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company are corporations duly organized under the laws of the State of Connecticut, that Fidelity and Guaranty Insurance Company is a corporation duly organized under the laws of the State of Iowa, and that Fidelity and Guaranty Insurance Underwriters, Inc., is a corporation duly organized under the laws of the State of Wisconsin (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint

John B. Sneed, L. Wayne Tisdale, Scott Naugle, Belinda Tubbs of Gulfport, Mississippi; Jim E. Brashier, Troy P. Wagener, Norma J. McMahon, Loren Richard Howell, Jr., Andrew Rice, Kathleen Scarborough, Dewey Brashier of Biloxi, Mississippi, David Robin Fortenberry, Richard Teb Jones, Mary Jones Norval, Kimberly Barhum of Hattiesburg, Mississippi; John W. Nance, Teresa Farris of Tupelo, Mississippi; Andrew P. Underwood of Mobile, Alabama; Chris H. Boone, John R. Pittman, Sr., and Sharon Tuten

of the City of Jackson, State of Mississippi, their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory 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, the Companies have caused this instrument to be signed and their corporate seals to be hereto affixed, this 9th day of April, 2013.

Farmington Casualty Company  
Fidelity and Guaranty Insurance Company  
Fidelity and Guaranty Insurance Underwriters, Inc.  
St. Paul Fire and Marine Insurance Company  
St. Paul Guardian Insurance Company

St. Paul Mercury Insurance Company  
Travelers Casualty and Surety Company  
Travelers Casualty and Surety Company of America  
United States Fidelity and Guaranty Company



State of Connecticut  
City of Hartford ss.

By: \_\_\_\_\_

Robert L. Raney, Senior Vice President

On this the 9th day of April, 2013, before me personally appeared Robert L. Raney, who acknowledged himself to be the Senior Vice President of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.  
My Commission expires the 30th day of June, 2016.



Marie C. Tetreault  
Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, which resolutions are now in full force and effect, reading as follows:

**RESOLVED**, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

**FURTHER RESOLVED**, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

**FURTHER RESOLVED**, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

**FURTHER RESOLVED**, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, Kevin E. Hughes, the undersigned, Assistant Secretary, of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company 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 in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 29th day of September, 2015.

  
Kevin E. Hughes, Assistant Secretary



To verify the authenticity of this Power of Attorney, call 1-800-421-3880 or contact us at [www.travelersbond.com](http://www.travelersbond.com). Please refer to the Attorney-In-Fact number, the above-named individuals and the details of the bond to which the power is attached.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/25/2015

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).

<b>PRODUCER</b> BancorpSouth Insurance Services, Inc. The Insurance Center 213 Porter Biloxi MS 39530		<b>CONTACT NAME:</b> Shannon Ryan <b>PHONE (A/C, No, Ext):</b> 228-374-2000 <b>E-MAIL ADDRESS:</b> shannon.ryan@bxsi.com <b>FAX (A/C, No):</b> 228-863-1957															
<b>INSURED</b> All Star Electric, Inc. 1208 Bert St La Place LA 70068		<b>INSURER(S) AFFORDING COVERAGE</b> <table border="1"><thead><tr><th>INSURER</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A : Travelers Indemnity Company</td><td>25658</td></tr><tr><td>INSURER B : Travelers Property Casualty Co of A</td><td>25674</td></tr><tr><td>INSURER C : AGCS Marine Insurance Company</td><td>22837</td></tr><tr><td>INSURER D : Phoenix Insurance Company</td><td>25623</td></tr><tr><td>INSURER E : Travelers Indemnity Company of CT</td><td>25682</td></tr><tr><td>INSURER F :</td><td></td></tr></tbody></table>		INSURER	NAIC #	INSURER A : Travelers Indemnity Company	25658	INSURER B : Travelers Property Casualty Co of A	25674	INSURER C : AGCS Marine Insurance Company	22837	INSURER D : Phoenix Insurance Company	25623	INSURER E : Travelers Indemnity Company of CT	25682	INSURER F :	
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INSURER F :																	

**COVERAGES****CERTIFICATE NUMBER:** 976105344**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														
D	<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 checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			DT-CO-529D2257	4/1/2015	4/1/2016	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$300,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$5,000</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$2,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000	MED EXP (Any one person)	\$5,000	PERSONAL & ADV INJURY	\$1,000,000	GENERAL AGGREGATE	\$2,000,000	PRODUCTS - COMP/OP AGG	\$2,000,000		\$
EACH OCCURRENCE	\$1,000,000																				
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000																				
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GENERAL AGGREGATE	\$2,000,000																				
PRODUCTS - COMP/OP AGG	\$2,000,000																				
	\$																				
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			DT-810-529D2257-TIA	4/1/2015	4/1/2016	<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000																				
BODILY INJURY (Per person)	\$																				
BODILY INJURY (Per accident)	\$																				
PROPERTY DAMAGE (Per accident)	\$																				
	\$																				
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000			DTSM-CUP-529D2257	4/1/2015	4/1/2016	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$5,000,000</td></tr><tr><td>AGGREGATE</td><td>\$5,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$5,000,000	AGGREGATE	\$5,000,000		\$								
EACH OCCURRENCE	\$5,000,000																				
AGGREGATE	\$5,000,000																				
	\$																				
E	<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 <input checked="" type="checkbox"/> Y N/A			DTKUB-4E38969-2	4/1/2015	4/1/2016	<table border="1"><tr><td><input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER</td><td>USL&amp;H</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$1,000,000</td></tr></table>	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER	USL&H	E.L. EACH ACCIDENT	\$1,000,000	E.L. DISEASE - EA EMPLOYEE	\$1,000,000	E.L. DISEASE - POLICY LIMIT	\$1,000,000						
<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER	USL&H																				
E.L. EACH ACCIDENT	\$1,000,000																				
E.L. DISEASE - EA EMPLOYEE	\$1,000,000																				
E.L. DISEASE - POLICY LIMIT	\$1,000,000																				
C	Blanket Installation Floater			MXI93057365	4/1/2015	4/1/2016	<table border="1"><tr><td>per location</td><td>1,000,000</td></tr><tr><td>limit per disaster</td><td>1,000,000</td></tr><tr><td>Deductible</td><td>5,000</td></tr></table>	per location	1,000,000	limit per disaster	1,000,000	Deductible	5,000								
per location	1,000,000																				
limit per disaster	1,000,000																				
Deductible	5,000																				

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

RE: 9/29/2015 Bid 50-00114175 Two (2) year contract for street lighting maintenance and repairs for East and West Bank of Jefferson parish and the Tow of Jean Lafitte as well as other electrical installation and repairs on Parish wide basis.

**CERTIFICATE HOLDER****CANCELLATION**

The Parish of Jeferson, its Districts, Departments and Agencies  
200 Derbigny St  
General Government Bldg Ste 4400  
Gretna LA 70053

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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**Tom Schedler**  
**Secretary of State**

**State of  
Louisiana  
Secretary of  
State**



**COMMERCIAL DIVISION**  
**225.925.4704**

Fax Numbers  
225.932.5317 (Admin. Services)  
225.932.5314 (Corporations)  
225.932.5318 (UCC)

---

Name	Type	City	Status
ALL STAR ELECTRIC, INC.	Business Corporation	LA PLACE	Active

**Business:** ALL STAR ELECTRIC, INC.

**Charter Number:** 35061328D

**Registration Date:** 3/22/2001

**Domicile Address**

1208 BERT STREET  
LA PLACE, LA 70068

**Mailing Address**

1208 BERT ST.  
LAPLACE, LA 70068

**Principal Office Address**

1208 BERT STREET  
LA PLACE, LA 70068

**Status**

**Status:** Active

**Annual Report Status:** In Good Standing

**File Date:** 3/22/2001

**Last Report Filed:** 4/20/2015

**Type:** Business Corporation

**Registered Agent(s)**

<b>Agent:</b>	THE BRADLEY LAW FIRM, PLLC
<b>Address 1:</b>	1208 BERT STREET
<b>City, State, Zip:</b>	LAPLACE, LA 70068
<b>Appointment Date:</b>	8/8/2012

**Officer(s)**

**Additional Officers:** No

<b>Officer:</b>	TIMOTHY S. BLANCHARD
<b>Title:</b>	President, Director
<b>Address 1:</b>	101 CYPRESS LANE
<b>City, State, Zip:</b>	DESTREHAN, LA 70047

<b>Officer:</b>	TODD TROSCLAIR
<b>Title:</b>	Director, Officer
<b>Address 1:</b>	7 BOCAGE DRIVE
<b>City, State, Zip:</b>	DESTREHAN, LA 70047

<b>Officer:</b>	HAROLD BOYDSTON
<b>Title:</b>	Vice-President, Director
<b>Address 1:</b>	2424 ORMOND BLVD
<b>City, State, Zip:</b>	DESTREHAN, LA 70047

### Amendments on File (6)

Description	Date
Disclosure of Ownership	12/4/2003
Disclosure of Ownership	6/20/2008
Disclosure of Ownership	1/30/2009
Appointing, Change, or Resign of Officer	4/7/2010
Domicile, Agent Change or Resign of Agent	8/8/2012
Disclosure of Ownership	3/23/2015

[Print](#)

2525 Quail Drive, Baton Rouge, 70808

(225) 765-2301



## Louisiana State Licensing Board for Contractors



## Contractor Information

**Business Name** ALL STAR ELECTRIC, INC.  
**Mailing Address** 1208 Bert Street  
 Laplace, LA 70068  
**Phone Number** (985) 618-1200  
**Fax Number** (985) 618-1208  
**Email Address** TBLANCHARD@ALLSTAR-ELECTRIC.COM

## Active Licenses

**License Number** 38186  
**Type** Commercial License  
**Status** LICENSED  
**Effective** 07/20/2014  
**Expiration** 07/19/2017  
**First Issued** 07/19/2001

<b>License Number</b>	87389
-----------------------	-------

**Type** Residential License  
**Status** LICENSED  
**Effective** 05/07/2014  
**Expiration** 04/11/2017  
**First Issued** 04/11/2005

## Classifications

Class	Qualifying Party	Parishes
BUILDING CONSTRUCTION	Todd Patrick Trosclair Sr.	ALL
BUSINESS AND LAW	Timothy S. Blanchard	ALL
BUSINESS AND LAW	Timothy S. Blanchard	ALL
ELECTRICAL WORK (STATEWIDE)	Timothy S. Blanchard	ALL
ELECTRICAL WORK (STATEWIDE)	Todd Patrick Trosclair Sr.	ALL
MECHANICAL WORK (STATEWIDE)	Harold Kevin Boydston	ALL
RESIDENTIAL BUILDING CONTRACTOR	Timothy S. Blanchard	ALL
SPECIALTY: HEAT, AIR CONDITIONING, VENTILATION DUCT WORK AND REFRIGERATION	Timothy S. Blanchard	ALL
SPECIALTY: HEAT, AIR CONDITIONING, VENTILATION DUCT WORK AND REFRIGERATION	Todd Patrick Trosclair Sr.	ALL

140747

Form <b>W-9</b> (Rev. November 2005) Department of the Treasury Internal Revenue Service	<b>Request for Taxpayer Identification Number and Certification</b>	Give form to the requester. Do not send to the IRS.
Name (as shown on your income tax return) <b>ALL STAR ELECTRIC</b>		
Business name <i>if different from above</i>		
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/> Exempt from backup withholding		
Address (number, street, and apt. or suite no.) <b>1208 BERT ST</b>		Requester's name and address (optional)
City, state, and ZIP code <b>LAPLACE LA. 70068</b>		
List account number(s) here (optional)		
<b>Part I Taxpayer Identification Number (TIN)</b>		
Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.		
Social security number <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> or Employer identification number <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0; text-align: center;"> <b>72-1141981610</b> </div>		
<b>Part II Certification</b>		
Under penalties of perjury, I certify that:		
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and		
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and		
3. I am a U.S. person (including a U.S. resident alien).		
<b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)		
<b>Sign Here</b>	Signature of U.S. person <b>Connie Boudreau</b>	Date <b>12/12/07</b>
<b>Purpose of Form</b> A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.		
<b>U.S. person.</b> Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:		
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),		
2. Certify that you are not subject to backup withholding, or		
3. Claim exemption from backup withholding if you are a U.S. exempt payee.		
In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.		
<b>Note.</b> If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.		
For federal tax purposes, you are considered a person if you are:		
<ul style="list-style-type: none"> <li>• An individual who is a citizen or resident of the United States,</li> <li>• A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or</li> <li>• Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.</li> </ul>		
<b>Special rules for partnerships.</b> Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.		
The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:		
<ul style="list-style-type: none"> <li>• The U.S. owner of a disregarded entity and not the entity,</li> </ul>		