

LOUISIANA UNIFORM PUBLIC WORK BID FORM

TO: Jefferson Parish  
Attn.: Purchasing Department  
200 Derbigny St., Suite 4400  
Gretna, LA 70053

BID FOR: W. Esplanade Beautification Project  
District 5  
JPPW Project No. 2015-006-RB  
50-112611

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: Linfield, Hunter & Junius, Inc. and dated: December 22, 2014.

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

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:

TWO HUNDRED TWELVE THOUSAND SEVEN HUNDRED FIVE Dollars (\$ 212,705.00)

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 for the lump sum of:

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

Alternate No. 2 for the lump sum of:

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

Alternate No. 3 for lump sum of:

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

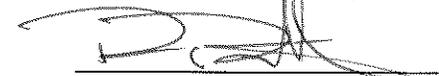
NAME OF BIDDER: Rotolo Consultants, Inc.

ADDRESS OF BIDDER: 894 Robert Blvd.  
Slidell, LA 70458

LOUISIANA CONTRACTOR'S LICENSE NUMBER: 29959

NAME OF AUTHORIZED SIGNATORY OF BIDDER: Red Rotolo

TITLE OF AUTHORIZED SIGNATORY OF BIDDER: Senior Vice President

SIGNATURE OF AUTHORIZED SIGNATORY OF BIDDER \*\*: 

DATE: 4/23/15

\* 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)(I)(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**

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**BID FOR:** W. Esplanade Beautification Project  
District 5  
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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.# _____ MOBILIZATION				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
1	1	LUMP SUM	10,600. <sup>00</sup>	10,600. <sup>00</sup>

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 (Quantity times Unit Price)
2	1	LUMP SUM	7,675. <sup>00</sup>	7,675. <sup>00</sup>

DESCRIPTION: <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# _____ CLEARING AND GRUBBING				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
3	1	LUMP SUM	10,700. <sup>00</sup>	10,700. <sup>00</sup>

DESCRIPTION: <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# _____ 4" BORE				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
4	150	LINEAR FOOT	40. <sup>00</sup>	6,000. <sup>00</sup>

DESCRIPTION: <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# _____ 2" BORE				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
5	40	LINEAR FOOT	25. <sup>00</sup>	1,000. <sup>00</sup>

DESCRIPTION: <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# _____ IRRIGATION ZONE				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
6	18	EACH	2,070. <sup>00</sup>	37,260. <sup>00</sup>

DESCRIPTION: <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# _____ BATTURE SAND BERM MATERIAL				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
7	600	CUBIC YARD	19.65	11,790. <sup>00</sup>

DESCRIPTION: <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# _____ 419 BERMUDA SOD				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
8	9,100	SQUARE YARD	4.85	44,135. <sup>00</sup>

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

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**UNIT PRICE FORM**

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**BID FOR:** W. Esplanade Beautification Project  
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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:	◆ Base Bid or □ Alt.# SABAL PALM			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
9	9	EACH	420. <sup>00</sup>	3,780. <sup>00</sup>

DESCRIPTION:	◆ Base Bid or □ Alt.# TUSKEGEE CRAPE MYRTLE			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
10	67	EACH	448. <sup>00</sup>	30,016. <sup>00</sup>

DESCRIPTION:	◆ Base Bid or □ Alt.# LITTLE GEM MAGNOLIA			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
11	10	EACH	299. <sup>00</sup>	2,990. <sup>00</sup>

DESCRIPTION:	◆ Base Bid or □ Alt.# BALED PINE STRAW MULCH			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
12	1	LUMP SUM	599. <sup>00</sup>	599. <sup>00</sup>

DESCRIPTION:	◆ Base Bid or □ Alt.# LANDSCAPE WALL			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
13	180	LINEAR FOOT	164. <sup>00</sup>	29,520. <sup>00</sup>

DESCRIPTION:	◆ Base Bid or □ Alt.# WALL COLUMN			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
14	8	EACH	1,410. <sup>00</sup>	11,280. <sup>00</sup>

DESCRIPTION:	◆ Base Bid or □ Alt.# 3,000 PSI CONCRETE SIGN/SCULPTURE FOOTER			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
15	8	CUBIC YARD	670. <sup>00</sup>	5,360. <sup>00</sup>

DESCRIPTION:	◆ Base Bid or □ Alt.# NOT USED			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
16				

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

GENERAL RESOLUTION FOR  
ROTOLO CONSULTANTS, INC

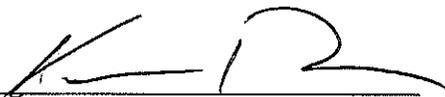
Resolved that, Joseph Rotolo, Jr., CEO, or Keith Rotolo, President / Secretary, or Rod Rotolo, Senior Vice President, or Brian Rotolo, Vice President, or Michael Rotolo, Vice President are hereby authorized and empowered to sign for and in the name of the corporation any such legal documents that said officers in their sole discretion may deem best.

Resolved further that said officers are hereby authorized and empowered to sign and execute for and in the name of the corporation any acts, deeds, notes, mortgages, insurance documents, or other documents that may be necessary and proper to carry the foregoing into effect, to receive and receipt for the purchase price of any property sold by the corporation, and any set of mortgages which he may execute shall contain all of the usual and customary security clauses, including the pact de non alienando, confession of judgment, the provisions for attorney's fees, and the right to have the property seized and sold unto executory proceeds to the highest bidder for cash.

I, Keith Rotolo, Secretary of ROTOLO CONSULTANTS, INC., do hereby certify that the above and foregoing is a true and correct copy of resolutions which were adopted at a meeting of the Board of Directors of said corporation held at its offices in the city of Slidell, LA on the 18<sup>th</sup> day of December, 2014.

IN WITNESS THEREOF, I have affixed my official signature on this the 23<sup>rd</sup> day of

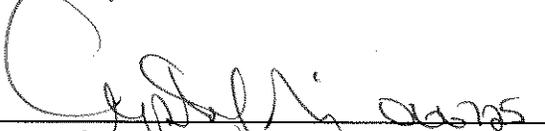
April, 2015.



Keith Rotolo, Secretary of  
Rotolo Consultants, Inc.

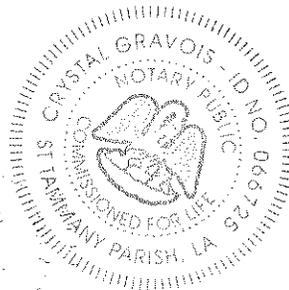
Signed before me, the undersigned notary public, this 23 day of

April, 2015.



Print: Crystal Gravois

My commission is for life.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/2/2014

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> Arthur J. Gallagher Risk Management Services, Inc. 235 Highlandia Drive, Suite 200 Baton Rouge LA 70810	<b>CONTACT NAME:</b> Tomi Kinney <b>PHONE (A/C, No., Ext):</b> 225-906-1217 <b>E-MAIL ADDRESS:</b> Tomi_Kinney@ajg.com	<b>FAX (A/C, No.):</b> 866-828-1408
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Rotolo Consultants Inc dba RCI Rotolo Land, Inc. 894 Robert Rd Slidell LA 70458	<b>INSURER A:</b> National Trust Insurance Company <b>NAIC #</b> 20141	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** 497258112      **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.

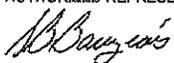
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Y	Y	CPP0016919	6/30/2014	6/30/2015	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
							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
								\$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS  <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	CA0024594	6/30/2014	6/30/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  DED <input checked="" type="checkbox"/> RETENTION \$10,000	Y	Y	UMB00172361	6/30/2014	6/30/2015	EACH OCCURRENCE	\$5,000,000
							AGGREGATE	\$5,000,000
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	WC00002222	6/30/2014	6/30/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <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
A	Equipment Floater			CPP0016919	6/30/2014	6/30/2015	Leased/Rented	\$500,000
A	Workers Comp			010WC14A71066	6/30/2014	6/30/2015	Policy Limit	\$1,000,000

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

See Attached...

## CERTIFICATE HOLDER

## CANCELLATION

Master ...	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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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



### ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Arthur J. Gallagher Risk Management Services, Inc.		NAMED INSURED Rotolo Consultants Inc dba RCI	
POLICY NUMBER		Rotolo Land, Inc. 894 Robert Rd Slidell LA 70458	
CARRIER	NAIC CODE	EFFECTIVE DATE:	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Blanket Additional Insured provided if required by written contract as respect General Liability form #CGL084(10/13); Blanket Additional Insured-Primary Non-Contributory, if required by written contract CGL025(11/08); Auto Liability form #CAU0710113

Blanket Waiver of Subrogation provided if required by written contract as respect General Liability, Auto Liability and Workers' Compensation.

Excess/Umbrella follows form over the Workers' Compensation, General Liability and Auto Liability.

General Liability, Auto and Workers' Comp. - 30 Day Notice of Cancellation to Third Parties - IL011(07/09)

Rented/Leased Equipment \$500,000 Aggregate

Installation/Builders Risk Floater - 6/30/14 to 6/30/15 - \$1,000,000 Limit; Policy #CPP0016919 - National Trust Ins. Co.

Workers' Comp., Policy #010WC14A71066 - Tennessee/Alabama/Mississippi  
 Limits: \$1,000,000/\$1,000,000/\$1,000,000  
 Louisiana WC Limits: \$1,000,000/\$1,000,000/\$1,000,000

Professional Liability - 6/30/14-15; Policy #CPL6765390615; Carrier-Catlin Specialty Ins. Co. - Each Claim \$1,000,000/\$2,000,000 Aggregate; Includes Pollution Liability - \$1,000,000 Per Claim/\$2,000,000 Aggregate