

LOUISIANA UNIFORM PUBLIC WORK BID FORM

TO: Jefferson Parish
Attn: Purchasing Department
200 Derbigny St., Suite 4400
Gretna, Louisiana 70053
(Owner to provide name and address of owner)

BID FOR: Eastbank WWTP EPS Improvements
Jefferson Parish, Louisiana
SCIP No. C-5120
Bid Proposal No. 50-00115870
(Owner to provide name of project and other identifying information)

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: GreenPoint Engineering LLC. and dated: February 2016
(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

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 Million One Hundred Thousand Dollars (\$ 2,100,000)

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 Replace Surge Suppression Valve Assemblies – Additive Alternate for the lump sum of:

Fifty - One Thousand Dollars (\$ 51,000)

Alternate No. 2 Re-Program Existing Plant SCADA/HMI (Wonderware) – Additive Alternate for the lump sum of:

Forty - Five Thousand Dollars (\$ 45,000)

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: Centric Gulf Coast, Inc.

ADDRESS OF BIDDER: 1508 L and A Road Metairie, LA 70001

LOUISIANA CONTRACTOR'S LICENSE NUMBER: 57595

Name OF AUTHORIZED SIGNATORY OF BIDDER: Robert Dosselles

TITLE OF AUTHORIZED SIGNATORY OF BIDDER: President

SIGNATURE OF AUTHORIZED SIGNATORY OF BIDDER **: NA

DATE: 4/11/16

* 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.

LOUISIANA UNIFORM PUBLIC WORK BID FORM
UNIT PRICE FORM

TO: Jefferson Parish
Attn: Purchasing Department
200 Derbigny St., Suite 4400
Gretna, Louisiana 70053
(Owner to provide name and address of owner)

BID FOR: Eastbank WWTP EPS Improvements
Jefferson Parish, Louisiana
SCIP No. C-5120
Bid Proposal No. 50-00115870
(Owner to provide name of project and other identifying information)

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, DEMOBILIZATION AND CLEANUP | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>) |
| B-1 | 1 | LS | 132,000 | 132,000 |

| | | | | |
|--------------|--|------------------|------------|---|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# _____ REPAIR TO EXISTING ELECTRICAL EQUIPMENT | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>) |
| B-2 | 1 | LS | 35,000 | 35,000 |

| | | | | |
|--------------|---|------------------|------------|---|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# _____ DEMOLITION OF EXISTING EQUIPMENT | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>) |
| B-3 | 1 | LS | 41,000 | 41,000 |

| | | | | |
|--------------|--|------------------|------------|---|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# _____ SUPPLY AND INSTALL 250HP VERTICAL MOTOR | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>) |
| B-4 | 3 | EACH | 241,000 | 723,000 |

| | | | | |
|--------------|--|------------------|------------|---|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# _____ SUPPLY AND INSTALL PUMP CONTROL PANEL | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>) |
| B-5 | 1 | LS | 110,000 | 110,000 |

| | | | | |
|--------------|--|------------------|------------|---|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# _____ SUPPLY AND INSTALL 1000 KVA TRANSFORMER | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>) |
| B-6 | 2 | EACH | 105,000 | 210,000 |

| | | | | |
|--------------|---|------------------|------------|---|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# _____ SUPPLY AND INSTALL MCC | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>) |
| B-7 | 1 | LS | 240,000 | 240,000 |

| | | | | |
|--------------|--|------------------|------------|---|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# _____ SUPPLY AND INSTALL VFDs WITH REDUCED VOLTAGE BYPASS | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>) |
| B-8 | 3 | EACH | 202,000 | 606,000 |

| | | | | |
|--------------|--|---|------------|---|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# _____ | SUPPLY AND REPLACE EXISTING CEILING FANS AND CONTROLS | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>) |
| B-9 | 2 | EACH | 1,500 | 3,000 |

| | | | | |
|--------------|---|---|------------|---|
| DESCRIPTION: | <input type="checkbox"/> Base Bid or <input checked="" type="checkbox"/> Alt.# <u>1</u> | SUPPLY AND INSTALL 12" SURGE SUPPRESSION VALVE ASSEMBLIES | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>) |
| B-10 | 3 | EACH | 11,500 | 34,500 |

| | | | | |
|--------------|---|--|------------|---|
| DESCRIPTION: | <input type="checkbox"/> Base Bid or <input checked="" type="checkbox"/> Alt.# <u>1</u> | SUPPLY AND INSTALL 8" SURGE SUPPRESSION VALVE ASSEMBLIES | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>) |
| B-11 | 1 | EACH | 5,000 | 5,000 |

| | | | | |
|--------------|---|--|------------|---|
| DESCRIPTION: | <input type="checkbox"/> Base Bid or <input checked="" type="checkbox"/> Alt.# <u>1</u> | SUPPLY AND INSTALL 6" SURGE SUPPRESSION VALVE ASSEMBLIES | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>) |
| B-12 | 3 | EACH | 3,000 | 9,000 |

| | | | | |
|--------------|---|--|------------|---|
| DESCRIPTION: | <input type="checkbox"/> Base Bid or <input checked="" type="checkbox"/> Alt.# <u>1</u> | SUPPLY AND INSTALL 4" SURGE SUPPRESSION VALVE ASSEMBLIES | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>) |
| B-13 | 1 | EACH | 2,500 | 2,500 |

| | | | | |
|--------------|---|--|------------|---|
| DESCRIPTION: | <input type="checkbox"/> Base Bid or <input checked="" type="checkbox"/> Alt.# <u>2</u> | RE-PROGRAM EXISTING PLANT SCADA/HMI (WONDERWARE) | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>) |
| B-14 | 1 | EACH | 45,000 | 45,000 |

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.

BID BOND

KNOW ALL MEN BY THESE PRESENTS that we, the undersigned,

Centric Gulf Coast, Inc. as PRINCIPAL, and

Western Surety Company

as SURETY, are held and firmly bound unto the Parish of Jefferson, hereinafter called the "OWNER", in the penal sum of:

Five Percent of Total Amount Bid

DOLLARS (\$ 5%) lawful money of the United States, for the payment of which sum well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, that whereas the Principal has submitted the accompanying Bid dated 4/12, 2016, for

EASTBANK WWTP EPS IMPROVEMENTS
Sewer Capital Improvement Project No. C-5120

NOW, THEREFORE, if the Principal shall not withdraw said Bid within the period specified therein after the opening of the same or, if no period be specified, within forty-five (45) days after the said opening, and shall within the period specified therefore or, if no period be specified, within twelve (12) days after the prescribed forms are presented to him for signature, enter into a written Contract with the Parish in accordance with the Bid as accepted, and give bond with good and sufficient surety or sureties, as may be required, for the faithful performance and proper fulfillment of such Contract; or in the event of the withdrawal of said Bid within the period specified, or the failure to enter into such Contract and give such bond within the time specified, if the Principal shall pay the Parish the difference between the amount specified in said Bid and the amount for which the Parish may procure the required work or supplies, or both, if the latter be in excess of the former, then the above obligation shall be void and of no effect, otherwise, to remain in full force and virtue.

IN WITNESS WHEREOF, the above bounded parties have executed this instrument under their several seals this 7th day of April, 2016, the name and corporate seal of each corporate party being hereto affixed and these presents signed by its undersigned representative, pursuant to authority of its governing body.

BID BOND (continued)

In Presence of:

(Individual Principal)

(Business Address, including Zip Code)

(Partnership)

(SEAL)

(Business Address, including Zip Code)

ATTEST:



Corinne L. Hernandez,
Notary Public

BY: _____

Centric Gulf Coast Inc.

(Corporate Principal)

1508 L&A Road, Metairie, LA 70001

(Business Address, including Zip Code)

BY: _____

AFFIX CORPORATE SEAL


Robert Deselles, President

Western Surety Company

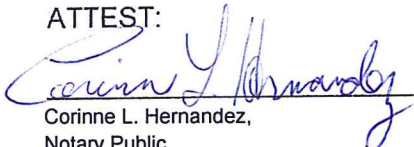
(Corporate Surety)

1000 Wilshire Blvd., Suite 1800

Los Angeles, CA 90017

(Business Address, including Zip Code)

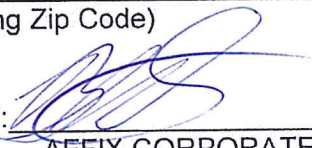
ATTEST:



Corinne L. Hernandez,
Notary Public

BY: _____

AFFIX CORPORATE SEAL


William Syrkin,
Attorney-In-Fact

Countersigned:

BY: _____

Catherine R. Froeba, ~~Attorney-In-Fact~~
Countersigning Agent

State of Louisiana

Western Surety Company

POWER OF ATTORNEY APPOINTING INDIVIDUAL ATTORNEY-IN-FACT

Know All Men By These Presents, That WESTERN SURETY COMPANY, a South Dakota corporation, is a duly organized and existing corporation having its principal office in the City of Sioux Falls, and State of South Dakota, and that it does by virtue of the signature and seal herein affixed hereby make, constitute and appoint

Owen Brown, Richard Adair, William Syrkin, Sergio D Bechara, Margaret Gilmore, Rebecca Haas-Bates, Individually

of Irvine, CA, its true and lawful Attorney(s)-in-Fact with full power and authority hereby conferred to sign, seal and execute for and on its behalf bonds, undertakings and other obligatory instruments of similar nature

- In Unlimited Amounts -

and to bind it thereby as fully and to the same extent as if such instruments were signed by a duly authorized officer of the corporation and all the acts of said Attorney, pursuant to the authority hereby given, are hereby ratified and confirmed.

This Power of Attorney is made and executed pursuant to and by authority of the By-Law printed on the reverse hereof, duly adopted, as indicated, by the shareholders of the corporation.

In Witness Whereof, WESTERN SURETY COMPANY has caused these presents to be signed by its Vice President and its corporate seal to be hereto affixed on this 9th day of June, 2015.



WESTERN SURETY COMPANY

Paul T. Bruflat

Paul T. Bruflat, Vice President

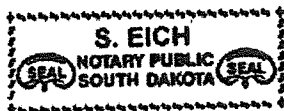
State of South Dakota
County of Minnehaha

} ss

On this 9th day of June, 2015, before me personally came Paul T. Bruflat, to me known, who, being by me duly sworn, did depose and say: that he resides in the City of Sioux Falls, State of South Dakota; that he is the Vice President of WESTERN SURETY COMPANY described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed pursuant to authority given by the Board of Directors of said corporation and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said corporation.

My commission expires

February 12, 2021



S. Eich

S. Eich, Notary Public

CERTIFICATE

I, L. Nelson, Assistant Secretary of WESTERN SURETY COMPANY do hereby certify that the Power of Attorney hereinabove set forth is still in force, and further certify that the By-Law of the corporation printed on the reverse hereof is still in force. In testimony whereof I have hereunto subscribed my name and affixed the seal of the said corporation this 7th day of April, 2016.



WESTERN SURETY COMPANY

L. Nelson

L. Nelson, Assistant Secretary

Authorizing By-Law

ADOPTED BY THE SHAREHOLDERS OF WESTERN SURETY COMPANY

This Power of Attorney is made and executed pursuant to and by authority of the following By-Law duly adopted by the shareholders of the Company.

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, and Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

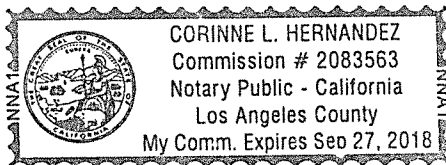
State of California)
County of Los Angeles)

On April 7, 2016 before me, Corinne L. Hernandez, Notary Public,
Date Here Insert Name and Title of the Officer
personally appeared William Syrkin
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature Corinne L. Hernandez
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____ Document Date: _____
Number of Pages: _____ Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Individual ☒ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other: _____
Signer Is Representing: Western Surety Company

Signer's Name: _____
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other: _____
Signer Is Representing: _____

To: Bidding Contractors
Attn: Estimating
Re: Jefferson Parish East Bank WWTP Effluent Pump Station Impr.

Quote Date: 4/12/16
Quote No.: 15K021Q02
Bid Date: 4/12/16

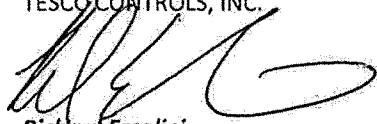
Dear Estimator:

Pursuant to specification section 16483-1.05-D, Tesco Controls, Inc. fully intends to furnish three variable frequency drives (VFDs) which will meet the specified requirements for harmonics and line notching.

Please feel free to contact us at (225) 910-4573 to discuss any questions or comments you may have regarding this quotation.

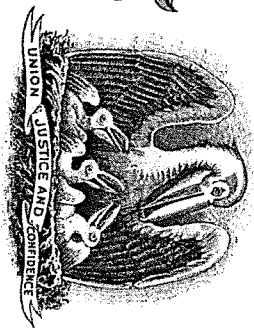
Sincerely,

TESCO CONTROLS, INC.



Richard Ercolini
Southeast Regional Manager

State of Louisiana



State Licensing Board for Contractors

This is to Certify that:

CENTRIC GULF COAST, INC.
1508 L and A Road
Metairie, LA 70001

is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION; ELECTRICAL WORK (STATEWIDE); MUNICIPAL AND PUBLIC WORKS
CONSTRUCTION



Expiration Date: November 28, 2018

License No: 57595

Witness our hand and seal of the Board dated,
Baton Rouge, LA 29th day of November 2015

Will S. MacO
Director

Joe M. Holt
Chairman

This License Is Not Transferrable

Andy P. Brown
Treasurer

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 |
|--------------------------|----------------------|-------------|--------|
| CENTRIC GULF COAST, INC. | Business Corporation | NEW ORLEANS | Active |

Business: CENTRIC GULF COAST, INC.

Charter Number: 40902933D

Registration Date: 7/31/2012

Domicile Address

1508 L&A ROAD
NEW ORLEANS, LA 70001

Mailing Address

1508 L&A ROAD
NEW ORLEANS, LA 70001

Principal Office Address

1508 L&A ROAD
NEW ORLEANS, LA 70001

Status

Status: Active

Annual Report Status: In Good Standing

File Date: 7/31/2012

Last Report Filed: 7/9/2015

Type: Business Corporation

Registered Agent(s)

| | |
|--------------------------|-----------------------|
| Agent: | ROBERT DESSELLES |
| Address 1: | 1508 L&A ROAD |
| City, State, Zip: | NEW ORLEANS, LA 70001 |
| Appointment Date: | 8/15/2014 |

Officer(s)

Additional Officers: No

| | |
|--------------------------|--------------------------------|
| Officer: | BRUCE JONES |
| Title: | Director, Secretary, Treasurer |
| Address 1: | 165 VALLEY DRIVE |
| City, State, Zip: | BRISBANE, CA 94005 |

| | |
|--------------------------|--------------------------|
| Officer: | KEVIN RUSSELL |
| Title: | Director, Vice-President |
| Address 1: | 165 VALLEY DRIVE |
| City, State, Zip: | BRISBANE, CA 94005 |

| | |
|--------------------------|-----------------------|
| Officer: | ROBERT DESSELLES |
| Title: | President, Director |
| Address 1: | 1508 L&A ROAD |
| City, State, Zip: | NEW ORLEANS, CA 70001 |

Amendments on File (2)

| Description | Date |
|---|-----------|
| Domicile, Agent Change or Resign of Agent | 1/28/2013 |
| Domicile, Agent Change or Resign of Agent | 8/15/2014 |

Print

2525 Quail Drive, Baton Rouge, 70808

(225) 765-2301



Louisiana State Licensing Board for Contractors



Contractor Information

Business Name CENTRIC GULF COAST, INC. ✓
 Mailing Address 1508 L and A Road
 Metairie, LA 70001
 Phone Number (504) 267-2800
 Email Address robertd@centricgc.com

Active Licenses

License Number 57595 ✓
 Type Commercial License
 Status LICENSED
 Effective 11/29/2015
 Expiration 11/28/2018
 First Issued 11/28/2012

Classifications

| Class | Qualifying Party | Parishes |
|---|------------------------|----------|
| BUILDING CONSTRUCTION | Robert Jason Desselles | ALL |
| BUSINESS AND LAW | Robert Jason Desselles | ALL |
| ELECTRICAL WORK (STATEWIDE) | Robert Jason Desselles | ALL |
| MUNICIPAL AND PUBLIC WORKS CONSTRUCTION | Robert Jason Desselles | ALL |

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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 |
|--------------------------|----------------------|-------------|--------|
| CENTRIC GULF COAST, INC. | Business Corporation | NEW ORLEANS | Active |

Business: CENTRIC GULF COAST, INC.

Charter Number: 40902933D

Registration Date: 7/31/2012

Domicile Address

1508 L&A ROAD
NEW ORLEANS, LA 70001

Mailing Address

1508 L&A ROAD
NEW ORLEANS, LA 70001

Principal Office Address

1508 L&A ROAD
NEW ORLEANS, LA 70001

Status

Status: Active

Annual Report Status: In Good Standing

File Date: 7/31/2012

Last Report Filed: 7/9/2015

Type: Business Corporation

Registered Agent(s)

| | |
|--------------------------|-----------------------|
| Agent: | ROBERT DESSELLES |
| Address 1: | 1508 L&A ROAD |
| City, State, Zip: | NEW ORLEANS, LA 70001 |
| Appointment Date: | 8/15/2014 |

Officer(s)

Additional Officers: No

| | |
|--------------------------|--------------------------------|
| Officer: | BRUCE JONES |
| Title: | Director, Secretary, Treasurer |
| Address 1: | 165 VALLEY DRIVE |
| City, State, Zip: | BRISBANE, CA 94005 |

| | |
|--------------------------|--------------------------|
| Officer: | KEVIN RUSSELL |
| Title: | Director, Vice-President |
| Address 1: | 165 VALLEY DRIVE |
| City, State, Zip: | BRISBANE, CA 94005 |

| | |
|--------------------------|-----------------------|
| Officer: | ROBERT DESSELLES |
| Title: | President, Director |
| Address 1: | 1508 L&A ROAD |
| City, State, Zip: | NEW ORLEANS, CA 70001 |

Amendments on File (2)

| Description | Date |
|---|-----------|
| Domicile, Agent Change or Resign of Agent | 1/28/2013 |
| Domicile, Agent Change or Resign of Agent | 8/15/2014 |

[Print](#)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/10/2016

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 Millennium Corporate Solutions License # 0C13480 550 N Brand Blvd #1100 Glendale, CA 91203 | | CONTACT NAME: Megan Brandt PHONE (A/C No. Ext): 818-844-4118 FAX (A/C No.): 949-679-7240 E-MAIL ADDRESS: MBrandt@mcsins.com | | | | | | | | | | | | | |
| INSURED Centric Gulf Coast Inc 1508 L and A Rd Metairie, LA 70001 | | INSURER(S) AFFORDING COVERAGE <table border="1"><tr><td>INSURER A: Valley Forge Insurance Company</td><td>NAIC # 20508</td></tr><tr><td>INSURER B: Peerless Insurance Company</td><td>24198</td></tr><tr><td>INSURER C: St Paul Fire and Marine Ins Co</td><td>24767</td></tr><tr><td>INSURER D: Continental Casualty Company</td><td>20443</td></tr><tr><td>INSURER E: Beazley Insurance Company Inc</td><td>37540</td></tr><tr><td>INSURER F:</td><td></td></tr></table> | | INSURER A: Valley Forge Insurance Company | NAIC # 20508 | INSURER B: Peerless Insurance Company | 24198 | INSURER C: St Paul Fire and Marine Ins Co | 24767 | INSURER D: Continental Casualty Company | 20443 | INSURER E: Beazley Insurance Company Inc | 37540 | INSURER F: | |
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| INSURER E: Beazley Insurance Company Inc | 37540 | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | |

COVERAGES **CERTIFICATE NUMBER:** 15-16 Prof 16-17 GL AU XS WC **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 SUBR INSD WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|--------------------|--|-------------------------|-------------------------|--|
| A | <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"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | X | 2088850484 | 2/10/2016 | 2/10/2017 | 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 |
| B | 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 | | BA8947418 | 2/10/2016 | 2/10/2017 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| C | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | ZUP-15903521-16-NF XS over GL AL EL | 2/10/2016 | 2/10/2017 | EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 |
| D | 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 | 4030451359 | 2/10/2016 | 2/10/2017 | <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 |
| E | Professional Liability SIR \$10,000 | | B0621PCENT000415 | 8/9/2015 | 8/9/2016 | Per Claim: \$1,000,000 Aggregate Limit: \$2,000,000 |

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

Re: Jefferson Parish

The Parish of Jefferson, its Districts, Departments and Agencies under the direction of the Parish President and the Parish Council; where required by written contract; are named as additional insured for General Liability per form CNA75079 attached.

| | |
|--|---|
| CERTIFICATE HOLDER Parish of Jefferson 200 Derbigny St Ste 4400 Gretna, LA 70053 | 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 William Syrkina/BRANDT |
|--|---|

**GENERAL LIABILITY****Blanket Additional Insured - Owners, Lessees or
Contractors - with Products-Completed
Operations Coverage Endorsement**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

It is understood and agreed as follows:

- I. The **WHO IS AN INSURED** section is amended to add as an **Insured** any person or organization whom the **Named Insured** is required by **written contract** to add as an additional insured on this **coverage part**, including any such person or organization, if any, specifically set forth on the Schedule attachment to this endorsement. However, such person or organization is an **Insured** only with respect to such person or organization's liability for:
 - A. unless paragraph B. below applies,
 1. **bodily injury, property damage, or personal and advertising injury** caused in whole or in part by the acts or omissions by or on behalf of the **Named Insured** and in the performance of such **Named Insured's** ongoing operations as specified in such **written contract**; or
 2. **bodily injury or property damage** caused in whole or in part by **your work** and included in the **products-completed operations hazard**, and only if
 - a. the **written contract** requires the **Named Insured** to provide the additional insured such coverage; and
 - b. this **coverage part** provides such coverage.
 - B. **bodily injury, property damage, or personal and advertising injury** arising out of **your work** described in such **written contract**, but only if:
 1. this **coverage part** provides coverage for **bodily injury or property damage** included within the **products completed operations hazard**; and
 2. the **written contract** specifically requires the **Named Insured** to provide additional insured coverage under the 11-85 or 10-01 edition of CG2010 or the 10-01 edition of CG2037.
- II. Subject always to the terms and conditions of this policy, including the limits of insurance, the Insurer will not provide such additional insured with:
 - A. coverage broader than required by the **written contract**; or
 - B. a higher limit of insurance than required by the **written contract**.
- III. The insurance granted by this endorsement to the additional insured does not apply to **bodily injury, property damage, or personal and advertising injury** arising out of:
 - A. the rendering of, or the failure to render, any professional architectural, engineering, or surveying services, including:
 1. the preparing, approving, or failing to prepare or approve maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; and
 2. supervisory, inspection, architectural or engineering activities; or
 - B. any premises or work for which the additional insured is specifically listed as an additional insured on another endorsement attached to this **coverage part**.
- IV. Notwithstanding anything to the contrary in the section entitled **COMMERCIAL GENERAL LIABILITY CONDITIONS**, the Condition entitled **Other Insurance**, this insurance is excess of all other insurance available to the additional insured whether on a primary, excess, contingent or any other basis. However, if this insurance is required by **written contract** to be primary and non-contributory, this insurance will be primary and non-contributory relative solely to insurance on which the additional insured is a named insured.
- V. Solely with respect to the insurance granted by this endorsement, the section entitled **COMMERCIAL GENERAL LIABILITY CONDITIONS** is amended as follows:

**Request for Taxpayer
Identification Number and Certification**

Give Form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
CENTRIC GULF COAST, INC.

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☒ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ ☐ Exempt payee
☐ Other (see instructions) ▶

Address (number, street, and apt. or suite no.)
229 ELLIS STREET
City, state, and ZIP code
SAN FRANCISCO, CA 94102

Requester's name and address (optional)

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line 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 *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

| Social security number | | | | | | | | |
|------------------------|--|--|--|---|--|--|--|--|
| | | | | - | | | | |

| Employer identification number | | | | | | | | |
|--------------------------------|---|---|---|---|---|---|---|---|
| 4 | 6 | - | 0 | 7 | 1 | 3 | 5 | 7 |

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. 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.

Sign Here Signature of U.S. person ▶  Date ▶ 11/16/14

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

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.

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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. 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.

Note. 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.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. 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.

USER NAME

PASSWORD

LOG IN

[Forgot Username?](#)[Forgot Password?](#)[Create an Account](#)

Entity Dashboard

[Entity Record](#)[Core Data](#)[Assertions](#)[Reps & Certs](#)[POCs](#)[Reports](#)[Service Contract Report](#)[BioPreferred Report](#)[Exclusions](#)[Active Exclusions](#)[Inactive Exclusions](#)[Excluded Family Members](#)[RETURN TO SEARCH](#)

Centric Gulf Coast, Inc.

DUNS: 019888252 CAGE Code: 7KGV6

Status: Active

1508 L And A Rd

Metairie, LA, 70001-6261,

UNITED STATES

Expiration Date: 02/28/2017

Purpose of Registration: All Awards

Entity Overview

Entity Information

Name: Centric Gulf Coast, Inc.
Business Type: Business or Organization
POC Name: Robert Desselles
Registration Status: Active
Activation Date: 03/02/2016
Expiration Date: 02/28/2017

Exclusions

Active Exclusion Records? No

SAM | System for Award Management 1.0

IBM v1.P.46.20160226-1435

WWW6



Note to all Users: This is a Federal Government computer system. Use of this system constitutes consent to monitoring at all times.

nc.
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5

**Bid due:
April 12, 2016
2:00 pm**

**Eastbank WWTP EPS
Improvements**

Parish Project # SCIP C-5120

Bid Proposal No. 50-00115870

50-00115870
PRB