

**LOUISIANA UNIFORM PUBLIC WORK BID FORM**

**TO:** JEFFERSON PARISH PURCHASING  
200 DERBIGNY STREET, SUITE 4400  
GRETN, LA 70053

*(Owner to provide name and address of owner)*

**BID FOR:** JEFFERSON PARISH STREETS  
ADMINISTRATIVE OFFICE BUILD-OUT  
A/E PROJECT NO. 20-1603  
BID PROPOSAL NO. 50-00134678

*(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: MEYER ENGINEERS, LTD. and dated MARCH 10, 2021.

*(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

**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 Two Hundred and forty seven thousand 2,247,000 Dollars (\$       )

**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:** Centric Gulf Coast Inc.

**ADDRESS OF BIDDER:** 2325 N. Hullen St.

Metairie, LA 70001

**LOUISIANA CONTRACTOR'S LICENSE NUMBER:** 57595

**NAME OF AUTHORIZED SIGNATORY OF BIDDER:** Robert Desselles

**TITLE OF AUTHORIZED SIGNATORY OF BIDDER:** President

**SIGNATURE OF AUTHORIZED SIGNATORY OF BIDDER \*\*:** [Signature]

**DATE:** 8/12/21

**THE FOLLOWING ITEMS ARE TO BE INCLUDED WITH THE SUBMISSION OF THIS LOUISIANA UNIFORM PUBLIC WORK BID FORM:**

\* 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.

\*\* A **CORPORATE RESOLUTION OR WRITTEN EVIDENCE** of the authority of the person signing the bid for the public work as prescribed by 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 R.S. 38:2218(A) attached to and made a part of this bid.

Affiant further said:

- (1) Entity is registered and participates in a status verification system to verify that all employees in the State of Louisiana are legal citizens of the United States or are legal aliens.
- (2) Entity shall continue, during the term of the contract, to utilize a status verification system to verify the legal status of all new employees in the State of Louisiana.
- (3) Entity shall require all subcontractors to submit to the Entity a sworn affidavit verifying compliance with statements (1) and (2).



Signature of Affiant



Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 12 DAY OF August, 2021



Notary Public

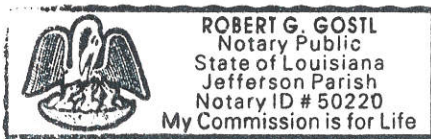


Printed Name of Notary



Notary/Bar Roll Number

My commission expires At Death



Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: Robert Derselles, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized President of Centric Gulf Coast Inc. (Entity), the party who submitted a bid in response to Bid Number 50-00134678, to the Parish of Jefferson.

Affiant further said:

Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A \_\_\_\_\_

Attached hereto is a list of all campaign contributions, including the date and amount of each contribution, made to current or former elected officials of the Parish of Jefferson by Entity, Affiant, and/or officers, directors and owners, including employees, owning 25% or more of the Entity during the two-year period immediately preceding the date of this affidavit or the current term of the elected official, whichever is greater. Further, Entity, Affiant, and/or Entity Owners have not made any contributions to or in support of current or former members of the Jefferson Parish Council or the Jefferson Parish President through or in the name of another person or legal entity, either directly or indirectly.

Choice B X

there are NO campaign contributions made which would require disclosure under Choice A of this section.

Affiant further said:

Debt Disclosures

**(Choose A or B, if option A is indicated please include the required attachment):**

Choice A \_\_\_\_\_ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the parish to the Affiant.

Choice B X There are **NO** debts which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.

Affiant further said:

Affiant personally has not been convicted of, nor has he/she entered into a plea of guilty or nolo contendere to any of the crimes or equivalent federal crimes listed below. No individual partner, incorporator, director, manager, officer, organizer, or member, who has a minimum of a ten percent ownership in the Bidding Entity, has been convicted of, or has entered a plea of guilty or nolo contendere to any of the crimes or equivalent federal crimes listed below. A conviction of or plea of guilty or nolo contendere to the following state crimes or equivalent federal crimes shall permanently bar any person or the bidding entity from bidding on public projects:

- (a) Public bribery (R.S. 14:118)
- (b) Corrupt influencing (R.S. 14:120)
- (c) Extortion (R.S. 14:66)
- (d) Money laundering (R.S. 14:230)

A conviction of or plea of guilty or nolo contendere to the following state crimes or equivalent federal crimes shall bar any person or the bidding entity from bidding on public projects for a period of five years from the date of conviction or from the date of the entrance of the plea of guilty or nolo contendere:

- (a) Theft (R.S. 14:67)
- (b) Identity Theft (R.S. 14:67, 16)
- (c) Theft of a business record (R.S. 14:67.20)
- (d) False accounting (R.S. 14:70)
- (e) Issuing worthless checks (R.S. 14:71)
- (f) Bank fraud (R.S. 14:71.1)
- (g) Forgery (R.S. 14:72)
- (h) Contractors; misapplication of payments (R.S. 14:202)
- (i) Malfeasance in office (R.S. 14:134)

The five-year prohibition provided for in this section shall apply only if the crime was committed during the solicitation or execution of a contract or bid awarded pursuant to these provisions. If evidence is submitted substantiating that a false attestation has been made and the project must be readvertised or the contract cancelled, the awarded entity making the false attestation shall be responsible to the public entity for the costs of rebidding, additional costs due to increased costs of bids and any and all delay costs due to the rebid or cancellation of this project.

*[The remainder of this page is intentionally left blank.]*

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	METAIRIE	Active

#### Previous Names

**Business:** CENTRIC GULF COAST, INC.

**Charter Number:** 40902933D

**Registration Date:** 7/31/2012

#### Domicile Address

2325 NORTH HULLEN STREET  
METAIRIE, LA 70001

#### Mailing Address

165 VALLEY DRIVE  
BRISBANE, CA 94005

#### Principal Office Address

2325 NORTH HULLEN STREET  
METAIRIE, LA 70001

### Status

**Status:** Active

**Annual Report Status:** In Good Standing

**File Date:** 7/31/2012

**Last Report Filed:** 7/8/2021

**Type:** Business Corporation

### Registered Agent(s)

<b>Agent:</b>	ROBERT DESSELLES
<b>Address 1:</b>	2325 NORTH HULLEN STREET
<b>City, State, Zip:</b>	METAIRIE, LA 70001
<b>Appointment Date:</b>	8/15/2014

### Officer(s)

Additional Officers: No

<b>Officer:</b>	BRUCE JONES
<b>Title:</b>	Director, Secretary, Treasurer
<b>Address 1:</b>	165 VALLEY DRIVE
<b>City, State, Zip:</b>	BRISBANE, CA 94005

<b>Officer:</b>	KEVIN RUSSELL
<b>Title:</b>	Director, Vice-President

**Address 1:** 165 VALLEY DRIVE  
**City, State, Zip:** BRISBANE, CA 94005

**Officer:** ROBERT DESSELLES  
**Title:** President, Director  
**Address 1:** 2325 NORTH HULLEN STREET  
**City, State, Zip:** METAIRIE, LA 70001

## Amendments on File (3)

Description	Date
Domicile, Agent Change or Resign of Agent	1/28/2013
Domicile, Agent Change or Resign of Agent	8/15/2014
Disclosure of Ownership	11/21/2016

**Print**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/12/2021

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

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

<b>PRODUCER</b> Foundation Risk Partners dba Millennium Risk Mgmt & Ins Services License #0M93299 550 N Brand Blvd #1100 Glendale, CA 91203	<b>CONTACT NAME:</b> Megan Hilke <b>PHONE (A/C, No, Ext):</b> (818) 844-4118 <b>E-MAIL ADDRESS:</b> MHilke@mcsins.com <b>FAX (A/C, No):</b> (949) 679-7240																					
<b>INSURED</b> Centric Gulf Coast Inc 2325 North Hullen Street Metairie, LA 70001	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>National Fire Ins. of Hartford</td><td>20478</td></tr><tr><td>INSURER B:</td><td>Transportation Insurance Company</td><td>20494</td></tr><tr><td>INSURER C:</td><td>Continental Insurance Company</td><td>35289</td></tr><tr><td>INSURER D:</td><td>Continental Casualty Company</td><td>20443</td></tr><tr><td>INSURER E:</td><td>Underwriters at Lloyds</td><td>15792</td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	National Fire Ins. of Hartford	20478	INSURER B:	Transportation Insurance Company	20494	INSURER C:	Continental Insurance Company	35289	INSURER D:	Continental Casualty Company	20443	INSURER E:	Underwriters at Lloyds	15792	INSURER F:		
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**COVERAGES****CERTIFICATE NUMBER:** 20-21 CPL 21-22 GL AU XS**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"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	2088850484	02/10/2021	02/10/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY		6076380581	02/10/2021	02/10/2022	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"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		7012307883	02/10/2021	02/10/2022	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 Excess over GL, AL, EL \$
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 Y	4030451359	02/10/2021	02/10/2022	<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	Contractors Professional Liability & Pollution Liability		B0621PCENT000420	08/09/2020	08/09/2021	Per Claim 2,000,000 Aggregate Limit 2,000,000 SIR 10,000

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

Re: All operations of the named insured for the certificate holder  
Certificate holder, where required by written contract, is named as additional insured with primary & non-contributory wording for general liability per form CNA75079 attached.

**CERTIFICATE HOLDER****CANCELLATION**

Jefferson Parish, Sewer Capital Improvement Project 2325 North Hullen St  Metairie LA 70001	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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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **SINGLE AGGREGATE LIMIT ENDORSEMENT – PER POLICY PERIOD**

This endorsement modifies insurance provided under the following:

OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART

**SECTION III – LIMITS OF INSURANCE** is deleted and replaced with the following:

### **SECTION III – LIMITS OF INSURANCE**

1. The Limits of Insurance shown in the Declarations and the rules below fix the most we will pay regardless of the number of:
  - a. Insureds;
  - b. Claims made or "suits" brought; or
  - c. Persons or organizations making claims or bringing "suits".
2. The Aggregate Limit is the most we will pay for the sum of damages because of all "bodily injury" or "property damage".
3. Subject to 2. above, the Each Occurrence Limit is the most we will pay for the sum of damages because of all "bodily injury" and "property damage" arising out of any one "occurrence".

If you designate more than one project in the Declarations, the Aggregate Limit shall apply separately to each project.

The Aggregate Limits shown on the Declarations is the most we will pay for damages for the period of 08/22/2019 to 03/31/2021.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

NAMED INSURED: JEFFERSON PARISH, SEWER CAPITAL IMPROVEMENT PROJECTS

POLICY NUMBER: 103 GL 0030946-00

LA - Surplus Lines Tax: \$75.18

## **POLICY PERIOD EXTENSION**

In consideration of an additional premium of \$1,550.00, the **POLICY PERIOD** as shown on the Declarations is replaced with the following:

**POLICY PERIOD:**

From 08/22/2019 to 03/31/2021 12:01 A.M. Standard Time at your mailing address above.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.