

BIDDER'S LA LICENSE NUMBER:

License No. 12198

BIDDER:

Byron E. Talbot Contractor, Inc.

P. O. Box 5658

Thibodaux, LA 70302

985-447-5764

Sealed Bid:

St. James Molaison Sewer Facility

TWO ADDENDA HAVE BEEN RECEIVED.

OPENING DATE AND TIME:

Monday, June 22, 2020, 2:00pm

BID LOCATION:

Central Bidding

OWNER:

St. James Parish Government

5800 Highway 44

Convent, LA 70723

LOUISIANA UNIFORM PUBLIC WORK BID FORM

TO: ST. JAMES PARISH GOVERNMENT
5800 HIGHWAY 44
CONVENT, LA 70723

BID FOR: ST. JAMES PARISH MOLAISON
SEWER FACILITY
A/E PROJECT NO. 20-1317

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: MAY 21, 2020.

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) No.1 dated 06/11/2020; No.2 dated 06/17/2020

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:

SIX HUNDRED TEN THOUSAND DOLLARS AND NO CENTS Dollars (\$ 610,000.⁰⁰)

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.

Additive Alternate No. 1 – SEWER HOUSE CONNECTION. Add for the lump sum of:
ONE HUNDRED FORTY NINE THOUSAND FIVE HUNDRED
DOLLARS AND NO CENTS Dollars (\$ 149,500.⁰⁰)

Additive Alternate No. 2 – SEWER LIFT STATION PUMP INSTALLATION. Add for the lump sum of:
SIXTY THOUSAND DOLLARS AND NO CENTS — Dollars (\$ 60,000.⁰⁰)

Additive/Deductive Alternate No. 3 – PACKAGED MEMBRANE BIOREACTOR (MBR) TREATMENT PLANT. (Add)
or deduct for the lump sum of:

TWENTY FIVE THOUSAND DOLLARS AND NO CENTS Dollars (\$ 25,000.⁰⁰)

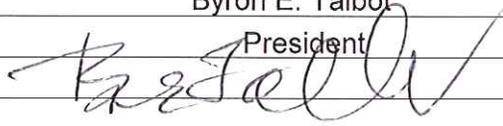
NAME OF BIDDER: Byron E. Talbot Contractor, Inc.

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

LOUISIANA CONTRACTOR'S LICENSE NUMBER: 12198

NAME OF AUTHORIZED SIGNATORY OF BIDDER: Byron E. Talbot

TITLE OF AUTHORIZED SIGNATORY OF BIDDER: President

SIGNATURE OF AUTHORIZED SIGNATORY OF BIDDER **: 

DATE: 06/22/2020

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

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

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

LOUISIANA UNIFORM PUBLIC WORK BID FORM
UNIT PRICE FORM

TO: ST. JAMES PARISH GOVERNMENT
5800 HIGHWAY 44
CONVENT, LA 70723

BID FOR: ST. JAMES PARISH MOLAISON
SEWER FACILITY
A/E PROJECT NO. 20-1317

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.# - Package Treatment Plant (including all site work) | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>) |
| 1 | 1 | LS | \$610,000.00 | \$610,000.00 |

| | | | | |
|--------------|--|------------------|------------|---|
| DESCRIPTION: | <input type="checkbox"/> Base Bid or <input checked="" type="checkbox"/> Alt.# 1 - Sewer House Connection (Alternate No. 1) | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>) |
| 2 | 45 | EA | \$2,000.00 | \$90,000.00 |

| | | | | |
|--------------|---|------------------|------------|---|
| DESCRIPTION: | <input type="checkbox"/> Base Bid or <input checked="" type="checkbox"/> Alt.# 1 - 4" PVC SEWER LINE (Alternate No. 1) | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>) |
| 3 | 3,000 | LF | \$14.00 | \$42,000.00 |

| | | | | |
|--------------|--|------------------|------------|---|
| DESCRIPTION: | <input type="checkbox"/> Base Bid or <input checked="" type="checkbox"/> Alt.# 1 - Exploratory Excavation (Alternate No. 1) | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>) |
| 4 | 7 | DAYS | \$2,500.00 | \$17,500.00 |

| | | | | |
|--------------|--|------------------|-------------|---|
| DESCRIPTION: | <input type="checkbox"/> Base Bid or <input checked="" type="checkbox"/> Alt.# 2 Sewer Lift Station Pump Installation (Alternate No. 2) | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>) |
| 5 | 1 | LS | \$60,000.00 | \$60,000.00 |

| | | | | |
|--------------|--|------------------|-------------|---|
| DESCRIPTION: | <input type="checkbox"/> Base Bid or <input checked="" type="checkbox"/> Alt.# 3 Packaged Membrane Bioreactor (MBR) Treatment Plant (Alternate No. 3) | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>) |
| 6 | 1 | LS | \$25,000.00 | \$25,000.00 |

| | | | | |
|--------------|---|------------------|------------|---|
| DESCRIPTION: | <input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# _____ | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>) |
| | | | | |

| | | | | |
|--------------|---|------------------|------------|---|
| DESCRIPTION: | <input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# _____ | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>) |
| | | | | |

| | | | | |
|--------------|---|------------------|------------|---|
| DESCRIPTION: | <input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# _____ | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>) |
| | | | | |

| | | | | |
|--------------|---|------------------|------------|---|
| DESCRIPTION: | <input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# _____ | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>) |
| | | | | |

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 the Owner.

BID BOND

Date: June 22, 2020

KNOW ALL MEN BY THESE PRESENTS:

That Byron E. Talbot Contractor, Inc. of P.O. Box 5658, Thibodaux, LA 70302, as Principal, and Hartford Accident & Indemnity Company, as Surety, are held and firmly bound unto the St. James Parish Government (Obligee), in the full and just sum of five (5%) percent of the total amount of this bid, including all alternates, lawful money of the United States, for payment of which sum, well and truly be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally firmly by these presents.

Surety represents that it is listed on the current U. S. Department of the Treasury Financial Management Service list of approved bonding companies as approved for an amount equal to or greater that the amount for which it obligates itself in this instrument or that it is a Louisiana domiciled insurance company with at least an A - rating in the latest printing of the A. M. Best's Key Rating Guide. If surety qualifies by virtue of its Best's listing, the Bond amount may not exceed ten percent of policyholders' surplus as shown in the latest A. M. Best's Key Rating Guide.

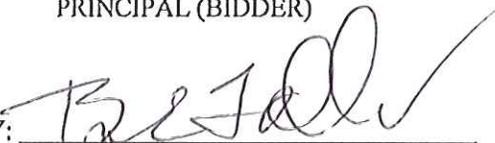
Surety further represents that it is licensed to do business in the State of Louisiana and that this Bond is signed by surety's agent or attorney-in-fact. This Bid Bond is accompanied by appropriate power of attorney.

THE CONDITION OF THIS OBLIGATION IS SUCH that, whereas said Principal is herewith submitting its proposal to the Obligee on a Contract for:

ST. JAMES PARISH MOLAISON SEWER FACILITY

NOW, THEREFORE, if the said Contract be awarded to the Principal and the Principal shall, within such time as may be specified, enter into the Contract in writing and give a good and sufficient bond to secure the performance of the terms and conditions of the Contract with surety acceptable to the Obligee, then this obligation shall be void; otherwise this obligation shall become due and payable.

Byron E. Talbot Contractor, Inc.
PRINCIPAL (BIDDER)

BY: 
AUTHORIZED OFFICER-OWNER-PARTNER
Byron E. Talbot, President

Hartford Accident & Indemnity Company
SURETY

BY: 
AGENT OR ATTORNEY-IN-FACT (SEAL)
Ryan Gros, Attorney in Fact

Direct Inquiries/Claims to:

THE HARTFORD

BOND, T-12

One Hartford Plaza

Hartford, Connecticut 06155

Bond.Claims@thehartford.com

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

POWER OF ATTORNEY

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: PAULS AGENCY LLC

Agency Code: 43-482456

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

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

Ryan Gros, Mark Lane, Philip G. McMahon, Jenna M. Oubre of MORGAN CITY, Louisiana

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

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 6, 2015 the Companies have caused these presents to be signed by its Senior Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.



John Gray

John Gray, Assistant Secretary

M. Ross Fisher

M. Ross Fisher, Senior Vice President

STATE OF CONNECTICUT }
COUNTY OF HARTFORD } ss. Hartford

On this 5th day of January, 2018, before me personally came M. Ross Fisher, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hartford, State of Connecticut; that he is the Senior Vice President of the Companies, the corporations described in and which executed the above instrument; that he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that he signed his name thereto by like authority.



CERTIFICATE

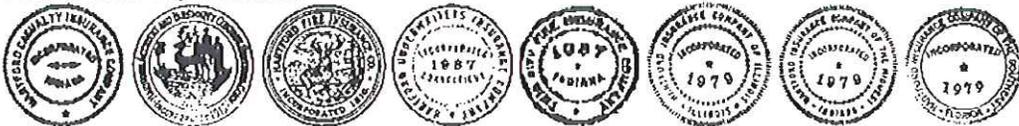
Kathleen T. Maynard

Kathleen T. Maynard
Notary Public

My Commission Expires July 31, 2021

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of June 22, 2020

Signed and sealed at the City of Hartford.



Kevin Heckman

Kevin Heckman, Assistant Vice President

CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF
Byron E. Talbot Contractor

INCORPORATED.

AT THE MEETING OF DIRECTORS OF Byron E. Talbot Contractor
INCORPORATED, DULY NOTICED AND HELD ON October 12, 2012,
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED.
IT WAS:

RESOLVED. THAT Bonnie M. Sanchez, BE AND IS
HEREBY APPOINTED, CONSTITUTED AND DESIGNATED AS AGENT AND
ATTORNEY-IN-FACT OF THE CORPORATION WITH FULL POWER AND
AUTHORITY TO ACT ON BEHALF OF THIS CORPORATION IN ALL NEGOTIATIONS,
BIDDING, CONCERNS AND TRANSACTIONS WITH THE TOWN OF GRAMERCY OR
ANY OF ITS AGENCIES, DEPARTMENTS, EMPLOYEES OR AGENTS, INCLUDING
BUT NOT LIMITED TO, THE EXECUTION OF ALL BIDS, PAPERS, DOCUMENTS,
AFFIDAVITS, BONDS, SURETIES, CONTRACTS AND ACTS AND TO RECEIVE AND
RECEIPT THEREFOR ALL PURCHASE ORDERS AND NOTICES ISSUED
PURSUANT TO THE PROVISIONS OF ANY SUCH BID OR CONTRACT, THIS
CORPORATION HEREBY RATIFYING, APPROVING, CONFIRMING, AND
ACCEPTING EACH AND EVERY SUCH ACT PERFORMED BY SAID AGENT AND
ATTORNEY-IN-FACT.

I HEREBY CERTIFY THE FOREGOING TO BE
A TRUE AND CORRECT COPY OF AN
EXCERPT OF THE MINUTES OF THE
ABOVE DATED MEETING OF THE
BOARD OF DIRECTORS OF SAID
CORPORATION, AND THE SAME HAS
NOT BEEN REVOKED OR RESCINDED.



SECRETARY-TREASURER
Bonnie M. Sanchez

06/22/2020

DATE

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



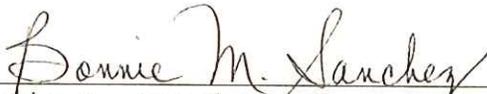
NORTH SHORE OFFICE
24288 Hwy. 190
Robert, LA 70455
Phone: (985) 419-9925
Fax: (985) 419-9833

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

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

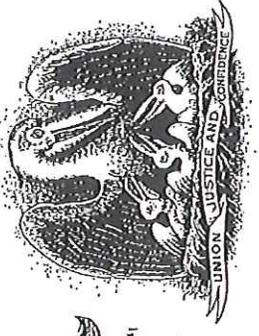
I, **BONNIE M. SANCHEZ**, Secretary of **BYRON E. TALBOT CONTRACTOR, INC.**, do hereby certify that the above and foregoing is a true and correct copy of a Resolution adopted at a meeting of the Board of Directors of said Corporation held on the 12th day of October, 2012, at which meeting all members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

WITNESS MY SIGNATURE this 22ND day of June, 2020, at Robert, Louisiana.



Bonnie M. Sanchez, Secretary

State of Louisiana



State Licensing Board for Contractors

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

This is to Certify that:

is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION; ELECTRICAL WORK (RESTRICTED); HEAVY CONSTRUCTION; HIGHWAY,
STREET AND BRIDGE CONSTRUCTION; MECHANICAL WORK (RESTRICTED); MUNICIPAL AND PUBLIC
WORKS CONSTRUCTION; SPECIALTY: ASBESTOS REMOVAL AND ABATEMENT; SPECIALTY:
HAZARDOUS WASTE TREATMENT OR REMOVAL



Witness our hand and seal of the Board dated,
Baton Rouge, LA 13th day of September 2019

See Malott
Chairman

Will S. Malott
Director

Expiration Date: September 12, 2021

License No: 12198

This License Is Not Transferrable

Andy D'Amico
Treasurer



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
03/18/2020

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).

PRODUCER
Aon Risk Services Central, Inc.
Chicago IL Office
200 East Randolph
Chicago IL 60601 USA

CONTACT NAME:
PHONE (A.C. No. Ext.): (866) 283-7122 **FAX (A.C. No.):** (800) 363-0105
E-MAIL ADDRESS:

INSURED
Byron E. Talbot Contractor, Inc.
B.E.T. Construction, Inc.
Reeco Rental & Supply, Inc.
301 Main Project Road
Schriever LA 70395 USA

| INSURER(S) AFFORDING COVERAGE | | NAIC # |
|-------------------------------|------------------------|--------|
| INSURER A: | Zurich American Ins Co | 16535 |
| INSURER B: | | |
| INSURER C: | | |
| INSURER D: | | |
| INSURER E: | | |
| INSURER F: | | |

Holder Identifier :

COVERAGES

CERTIFICATE NUMBER: 570080938284

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. Limits shown are as requested.

| INSR LTR | TYPE OF INSURANCE | ADDITIONAL SUBROGATION WAIVED | 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 GENL AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: | | GLO348672116 | 04/01/2020 | 04/01/2021 | EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP. OP AGG \$4,000,000 |
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | BAP 3486723-16 | 04/01/2020 | 04/01/2021 | COVERED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION | | | | | EACH OCCURRENCE AGGREGATE |
| A | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROP. ETOR, PARTNER, EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N N | WC348672216 | 04/01/2020 | 04/01/2021 | <input checked="" type="checkbox"/> PER STATUTE <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 |

Certificate No : 570080938284

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Evidence of Coverage.

CERTIFICATE HOLDER

Byron E. Talbot Contractor, Inc
P.O. Box 5658
Thibodaux LA 70302 USA

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

Aon Risk Services Central, Inc



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/27/2020

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).

PRODUCER
Marsh USA Inc
One Towne Square Suite 1100
Southfield, MI 48076
Attn: DetroitGroup.Captive.certrequest@marsh.com

CONTACT NAME:
PHONE (A/C, No, Ext): _____ **FAX (A/C, No):** _____
E-MAIL ADDRESS: _____

CN101820761-Exces-20-21

| INSURER(S) AFFORDING COVERAGE | | NAIC # |
|-------------------------------|------------------------|--------|
| INSURER A: | RSUI Indemnity Company | 22314 |
| INSURER B: | | |
| INSURER C: | | |
| INSURER D: | | |
| INSURER E: | | |
| INSURER F: | | |

INSURED
Byron E. Ta'bol Contractor, Inc
B.E.T. Construction, Inc
Reeco Rental & Supply, Inc
301 Main Project Road
Schriever, LA 70395

COVERAGES

CERTIFICATE NUMBER:

CHI-008144619-23

REVISION NUMBER: 20

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 |
|----------|--|--------------------|---------------|-------------------------|-------------------------|--|
| | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ |
| | GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER | | | | | |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| A | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE | | NIA249031 | 04/01/2020 | 04/01/2021 | EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In MI) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | NIA | | | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The excess policy follows form of the scheduled underlying policies, subject to the excess policy terms and conditions.

CERTIFICATE HOLDER

Byron E. Ta'bol Contractor, Inc
Pre-Qualification, Bids
301 Main Project Road
Schriever, LA 70395

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
of Marsh USA Inc.

John C Hurlay