

LOUISIANA UNIFORM PUBLIC WORK BID FORM

TO: Jefferson Parish Purchasing
200 Derbigny Street, Suite 4400
Gretna, LA 70053

(Owner to provide name and address of owner)

BID FOR: Soniat Canal Timber Bulkhead Replacement
Project No. 2019-033-DR
Bid No. 50-00135200

(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: Shread-Kuyrkendall & Associates, Inc. and dated: May 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) No. 1 (10/22/2021)

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:

Five Million Five Hundred Nine Thousand Seven Hundred Dollars (\$ 5,509,700.00)

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

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

N/A Dollars (\$)

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

N/A Dollars (\$)

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

N/A Dollars (\$)

NAME OF BIDDER: M.R. Pittman Group, LLC

ADDRESS OF BIDDER: 171 I-310 Service Road, St. Rose, Louisiana 70087

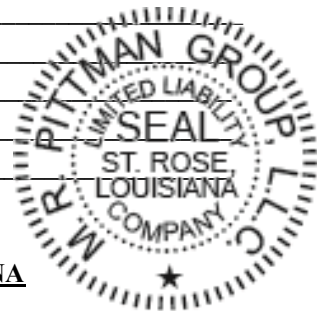
LOUISIANA CONTRACTOR'S LICENSE NUMBER: 42296

Name OF AUTHORIZED SIGNATORY OF BIDDER: Jeremy Vuljoin (jeremy@mrpittman.com)

TITLE OF AUTHORIZED SIGNATORY OF BIDDER: Secretary / Treasurer

SIGNATURE OF AUTHORIZED SIGNATORY OF BIDDER **: 

DATE: October 28, 2021



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 RS 38:2218.(A) attached to and made a part of this bid.

LOUISIANA UNIFORM PUBLIC WORK BID FORM

UNIT PRICE FORM

Jefferson Parish Purchasing
200 Derbigny Street, Suite 4400
Gretna, LA 70053

BID FOR: Soniat Canal Timber Bulkhead Replacement
Project No. 2019-033-DR
Bid No. 50-00135200

(Owner to provide name and address of owner)

(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			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>)
1	1	LS	\$ 270,000.00	\$ 270,000.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ DEMOLITION OF BULKHEADS & FENCING			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>)
2	1800	LF	\$ 255.00	\$ 459,000.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ EMBANKMENT			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>)
3	4000	CU YD	\$ 75.00	\$ 300,000.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ INSTALLATION OF STEEL SHEETPILE (PZ 22 X 20')			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>)
4	35050	SQ FT	\$ 60.00	\$ 2,103,000.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ INSTALL REINFORCED CONCRETE SHEET PILE CAP			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>)
5	1752	LF	\$ 600.00	\$ 1,051,200.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ FENCING			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>)
6	1500	LF	\$ 175.00	\$ 262,500.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ GRADING AND SOD			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>)
7	2500	SQ YD	\$ 30.00	\$ 75,000.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ TEMPORARY CONSTRUCTION SIGNS AND BARRICADES			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>)
8	1	LS	\$ 14,000.00	\$ 14,000.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ REMOVE AND REPLACE SLOPE PAVING			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>)
9	2500	SQ YD	\$ 350.00	\$ 875,000.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ RELOCATION OF INFRASTRUCTURE ITEMS			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>)
10	1	LS	100,000.00	ONE HUNDRED THOUSAND & NO/100 DOLLARS

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.


CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF
M.R. PITTMAN GROUP, LLC
INCORPORATED.

AT THE MEETING OF DIRECTORS OF M.R. PITTMAN GROUP, LLC
INCORPORATED, DULY NOTICED AND HELD ON AUGUST 10, 2020,
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT
WAS:

RESOLVED THAT JEREMY VULJOIN, 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 PARISH OF JEFFERSON 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 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.



JEREMY VULJOIN
SECRETARY-TREASURER

OCTOBER 28, 2021
DATE





Bond Number: SLA21592088

Contractor Information

Principal: M.R. Pittman Group, LLC

Address: 171 I-310 Service Road Saint Rose Louisiana 70087 United States

Owner/Obligee Information

Bond Form: Bid Bond in accordance with Contract Specifications

Owner/Obligee: Jefferson Parish

Address: 200 Derbigny Street Gretna Louisiana 70053 United States

Bond Information

Surety: Travelers Casualty and Surety Company of America

Bid Date: 10/28/2021

Estimated Contract Price: 5000000

Time For Completion: 180 Days

Liquidated Damages: \$500 per day

Estimated Work On Hand:

Amount of Bid Security: 5%

Contract # or IFB #: 5000135200

Description of Job: Bid No. 50-00135200 / Public Works Project No. 2019-033-DR - Soniat Canal Timber Bulkhead Replacement, Metairie, LA 70123

Job Breakdown:

Electronic Bidding Information

Bid Security Percentage: 5

Bid Security Maximum:

Owner Assigned Contractor Number:189971

Primary Agency:

M & T Insurance Agency, Inc.

Power of Attorney Limited to: Unlimited

Executed

Entered By: Teresita C. Ramseur - 10/15/2021 1:11:37 PM ET

Approved & Executed By:

Teresita C. Ramseur

Teresita C. Ramseur (Signed: 15-Oct-2021 01:13 PM EDT (UTC-04:00))

[Signature Information](#)

Know all men by these presents that Travelers Casualty and Surety Company of America, a Corporation duly organized under the laws of the State of Connecticut, are held and firmly bound unto the above owner/obligee by this transmission. The surety agrees to waive the Statute of Fraud defense and further agrees that the owner/obligee is a third party beneficiary of the waiver for the purposes of enforcing this bid bond.

© S2000, Inc.

Public Works Bid

AFFIDAVIT

STATE OF LOUISIANA

PARISH/COUNTY OF JEFFERSON

BEFORE ME, the undersigned authority, personally came and appeared: Jeremy
Vuljoin, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized Secretary of M.R. Pittman (Entity),
Group, LLC
the party who submitted a bid in response to Bid Number 50-00135200, 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.]

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

Jeremy Vuljoin

Printed Name of Affiant



THIS DOCUMENT NOT
PREPARED BY THE
UNDERSIGNED NOTARY
ATTESTING TO SIGNATURES ONLY

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 25th DAY OF OCTOBER, 2021.

Notary Public

Printed Name of Notary

Notary/Bar Roll Number



My commission expires at death.



State Licensing Board for Contractors

This is to Certify that:

is duly licensed and entitled to practice the following classifications



Expiration Date:

License No:

Witness our hand and seal of the Board dated,
Baton Rouge, LA day of

WLB M. B. M. J.
Director

See Mallett
Chairman

Andy D. D.
Treasurer

This License Is Not Transferrable



Name	Type	City	Status
M.R. PITTMAN GROUP, L.L.C.	Limited Liability Company	ST ROSE	Active

Previous Names

Business: M.R. PITTMAN GROUP, L.L.C.
Charter Number: 35643895K
Registration Date: 2/9/2004

Domicile Address

171 I-310 SERVICE ROAD
ST ROSE, LA 70087

Mailing Address

171 I-310 SERVICE ROAD
ST. ROSE, LA 70087

Status

Status: **Active**
Annual Report Status: **In Good Standing**
File Date: 2/9/2004
Last Report Filed: 1/15/2021
Type: Limited Liability Company

Registered Agent(s)

Agent:	JEREMY VULJOIN
Address 1:	171 I-310 SERVICE ROAD
City, State, Zip:	ST. ROSE, LA 70087
Appointment Date:	2/20/2019

Officer(s)

Additional Officers: No

Officer:	KIRBY STUMPF
Title:	Member
Address 1:	10009 JOHN PAUL COURT
City, State, Zip:	RIVER RIDGE, LA 70123

Officer:	ANTHONY BERTUCCI
Title:	Member
Address 1:	1161 ROBERT E LEE BOULEVARD
City, State, Zip:	NEW ORLEANS, LA 70124

Officer:	JEREMY VULJOIN
Title:	Member
Address 1:	41422 COUNTRYSIDE LANE
City, State, Zip:	HAMMOND, LA 70403

Amendments on File

No Amendments on file

Print



Internal Revenue Service

DEPARTMENT OF THE TREASURY

The
Digital
Daily

Federal Tax ID / EIN

This is your provisional Employer Identification Number:

20-0709842

Today's Date is: February 10, 2004 GMT

You will receive a confirmation letter in U.S. mail within fifteen days.

The letter will also contain useful tax information for your business or organization.

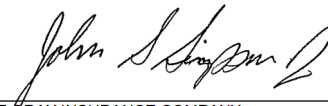
If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

You may click on the buttons below for different print options or to fill out another Form SS-4.

[Review and Print Form SS-4](#)

[Fill Out Another Form SS-4](#)

Click [here](#) to return to the Internet Employer Identification Number landing (start) page.

CERTIFICATE OF LIABILITY INSURANCE					DATE (MM/DD/YY) 5/14/2021			
PRODUCER Eustis Insurance, Inc. 110 Veterans Memorial Blvd., Suite 200 Metairie, LA 70005-4913			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. <div style="text-align: center;">COMPANIES AFFORDING COVERAGE</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">COMPANY A</div> <div style="width: 55%;">THE GRAY INSURANCE COMPANY</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">COMPANY B</div> <div style="width: 55%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">COMPANY C</div> <div style="width: 55%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">COMPANY D</div> <div style="width: 55%;"></div> </div>					
INSURED M. R. Pittman Group, L.L.C. 171 I-310 Service Road St. Rose, LA 70087								
COVERAGES								
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.								
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	GENERAL LIABILITY	XSSL-100027	6/1/2021	6/1/2024	GENERAL AGGREGATE	\$3,000,000.00		
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS – COMP/OP AGG	\$3,000,000.00		
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				PERSONAL & ADV INJURY	\$1,000,000.00		
					EACH OCCURRENCE	\$1,000,000.00		
					FIRE DAMAGE (Any one fire)	\$100,000.00		
					MED EXP (Any one person)	\$5,000.00		
A	AUTOMOBILE LIABILITY	XSAL-100030	6/1/2021	6/1/2024	COMBINED SINGLE LIMIT	\$1,000,000.00		
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)			
	<input checked="" type="checkbox"/> ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per accident)			
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE			
	<input checked="" type="checkbox"/> NON-OWNED AUTOS							
	GARAGE LIABILITY				AUTO ONLY – EA ACCIDENT			
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY			
					EACH ACCIDENT			
					AGGREGATE			
A	EXCESS LIABILITY	GXS-100049	6/1/2021	6/1/2022	EACH OCCURRENCE	\$4,000,000.00		
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$4,000,000.00		
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM							
A	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	XSWC-100025	6/1/2021	6/1/2024	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTH ER		
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE:				<input checked="" type="checkbox"/> INCL	<input type="checkbox"/> EXCL	EL EACH ACCIDENT	\$1,000,000.00
							EL DISEASE – POLICY LIMIT	\$1,000,000.00
							EL DISEASE – EA EMPLOYEE	\$1,000,000.00
	OTHER							
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS The certificate holder is an additional insured on all policies except Workers' Compensation and is provided a Waiver of Subrogation, all if required by written contract. The above insurance policies shall be primary and noncontributory to any other insurance policies maintained by the certificate holder, if required by written contract.								
CERTIFICATE HOLDER 2495#19 Jefferson Parish, its Districts, Departments and Agencies under the direction of the Parish President and Parish Council 1221 Elmwood Park Blvd., Suite 906 Jefferson, LA 70123			CANCELLATION In the event of cancellation by The Gray Insurance Company and if required by written contract, 30 days written notice will be given to the Certificate Holder. AUTHORIZED REPRESENTATIVE  THE GRAY INSURANCE COMPANY					
GCF 00 50 01 01 12			THE GRAY INSURANCE COMPANY					

THE GRAY INSURANCE COMPANY

The below coverages apply if the corresponding policy number is indicated on the previous page.

A. Commercial General Liability

General Liability Policy Includes:

Blanket Waiver of Subrogation when required by written contract.

Blanket Additional Insured (CGL Form# CG 20 10 11 85) when required by written contract.

Primary Insurance Wording Included when required by written contract.

Broad Form Property Damage Liability including Explosion, Collapse and Underground (XCU).

Premises/Operations

Products/Completed Operations

Contractual Liability

Sudden and Accidental Pollution Liability

Occurrence Form

Personal Injury

"In Rem" Endorsement

Cross Liability

Severability of Interests Provision

"Action Over" Claims

Independent Contractors coverage for work sublet

Vessel Liability - Watercraft exclusion has been modified by the vessels endorsement on scheduled equipment.

General Aggregate applies per project or equivalent.

B. Automobile Liability Policy Includes:

Blanket Waiver of Subrogation when required by written contract.

Blanket Additional Insured when required by written contract.

C. Workers Compensation Policy Includes:

Blanket Waiver of Subrogation when required by written contract.

U.S. Longshoremen's and Harbor Workers Compensation Act Coverage

Outer Continental Shelf Land Act

Jones Act (including Transportation, Wages, Maintenance, and Cure),

Death on the High Seas Act & General Maritime Law.

Maritime Employers Liability Limit: \$1,000,000

Voluntary Compensation Endorsement

Other States Insurance

Alternate Employer/Borrowed Servant Endorsement

"In Rem" Endorsement

Gulf of Mexico Territorial Extension

D. Excess Liability Policy Includes:

Coverage is excess of the Auto Liability, General Liability, Employers Liability, & Maritime Employers Liability policies

Blanket Waiver of Subrogation when required by written contract.

Blanket Additional Insured when required by written contract.

Request for Taxpayer Identification Number and Certification

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
M R Pittman Group, LLC

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC
☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ **P**
☐ C Corporation
☐ S Corporation
☐ Partnership
☐ Trust/estate
☐ Other (see instructions) ▶

Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
171 I-310 SERVICE ROAD

6 City, state, and ZIP code
ST. ROSE, LA 70087

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally 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 instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number								
				-				

or

Employer identification number								
2	0		-	0	7	0	9	8
								4
								2

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); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 3.

Sign Here Signature of U.S. person ▶ *Catherine Amiez* Date ▶ *7/8/2015*

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- 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, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



CONTRACT DOCUMENTS, SPECIFICATIONS
AND
CONTRACT DRAWINGS
FOR
JEFFERSON PARISH
DEPARTMENT OF PUBLIC WORKS
SONIAT CANAL BULKHEAD
REPLACEMENT PROJECT

PARISH PROJECT NO. 2019-033-DR
PROPOSAL NO. 50-00135200

ADDENDUM NO. 1

DATE ISSUED: October 22, 2021

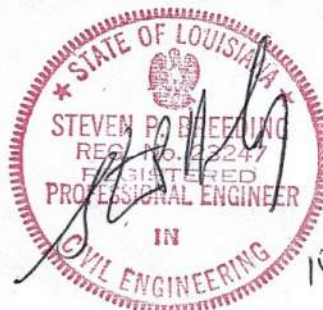
BID DATE: October 28, 2021 at 2:00 PM
BID LOCATION: Jefferson Parish General Government Building
Jefferson Parish Purchasing Dept., Suite 4400
200 Derbigny St., Gretna, LA 70053

This addendum shall be part of the Contract Documents as provided in the Instructions to Bidders.

The following items are issued to add to, modify, and clarify the Contract Documents. These items shall have full force and effect as the Contract Documents, and the cost involved shall be included in the bid prices.

Acknowledge receipt of the addendum by inserting its number on the Bid Form of the Bid Documents. Failure to do so may subject the bidder to rejection.

This Addendum No. 1 consists of 46 pages including the title sheet and all attachments.



10/22/21