

LOUISIANA UNIFORM PUBLIC WORK BID FORM

TO: Jefferson Parish Purchasing Department
General Government Building
200 Derbigny Street, Suite 4400
Gretna, LA 70053

BID FOR: Westwego II Pump Station Improvements
Jefferson Parish, Louisiana
Bid No. 50-00125942

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: Perrin & Carter, Inc. and dated: January 31, 2019

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) 001 (5/15/2019)

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 Forty Seven Thousand Three hundred
Seventy four & N/100 Dollars (\$ 2,247,374.00)

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 - Gear refurbishment described in specification Section 15133C for the lump sum add of:

Seven hundred Forty Seven Thousand One hundred & N/100 Dollars (\$ 747,100.00)

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 (\$ _____)

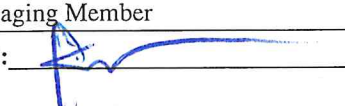
NAME OF BIDDER: APC Construction, LLC

ADDRESS OF BIDDER: 1910 Peters Road

LOUISIANA CONTRACTOR'S LICENSE NUMBER: 51053

Name OF AUTHORIZED SIGNATORY OF BIDDER: Keith Porta

TITLE OF AUTHORIZED SIGNATORY OF BIDDER: Managing Member

SIGNATURE OF AUTHORIZED SIGNATORY OF BIDDER **: 

DATE: 5-21-2019

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

TO: Jefferson Parish Purchasing Department
General Government Building
200 Derbigny Street, Suite 4400
Gretna, LA 70053

BID FOR: Westwego II Pump Station Improvements
Jefferson Parish, Louisiana

Bid No. 50-00125942

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.# ____ Labor, Materials and Equipment necessary to complete Westwego II Pump Station Improvements			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>)
0010	1	Lump Sum	\$2,247,372.00	\$2,247,372.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ Cost to contractor to list Jefferson Parish as an additional insured on Contractor's General Liability Insurance			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>)
0020	1	ONLY	\$1.00	\$1.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ Cost to contractor to list Jefferson Parish as an additional insured on Contractor's Automotive Insurance			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>)
0030	1	ONLY	\$1.00	\$1.00

DESCRIPTION:	<input type="checkbox"/> Base Bid or <input checked="" type="checkbox"/> Alt.# <u>1</u> Gear refurbishment described in specification Section 15133C.			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>)
0040	1	Lump Sum	\$747,100.00	\$747,100.00

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>)

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>)

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,

APC Construction, LLC, 1910 Peters Road, Harvey, LA 70058

as PRINCIPAL, and

Hudson Insurance Company, 100 William Street, 5th Floor, New York, NY 10038

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

Five Percent of the Total Bid Price (Base Bid and any Alternates)

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 May 21, 2019, for

WESTWEGO II PUMP STATION IMPROVEMENTS

Bid No. 50-00125942, Public Works Project No. 2018-021-PS

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 21st day of May, 2019, 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:

BY: _____

APC Construction, LLC

(Corporate Principal)

1910 Peters Road, Harvey, LA 70058

(Business Address, including Zip Code)

BY: _____

AFFIX

CORPORATE

SEAL

ATTEST:

Hudson Insurance Company

(Corporate Surety)

100 William Street, 5th Floor, New York, NY 10038

(Business Address, including Zip Code)

BY: _____

AFFIX CORPORATE SEAL

Scott C. Mahorsky, Attorney-In-Fact

Countersigned:

BY: Christine A. Hartung
Attorney-in-Fact* Christine A. Hartung

State of Pennsylvania

CONSENT OF SURETY

KNOW ALL MEN BY THESE PRESENTS, that for and in consideration of the sum of \$1.00, lawful money of the United States of America, the receipt whereof is hereby acknowledged, paid the undersigned corporation, and for other valuable consideration, the Hudson Insurance Company organized and existing under the laws of the State of DE and licensed to do business in the State of LA certifies and agrees, that if contract for Westwego II Pump Station Improvements, Bid No. 50-00125942, Public Works Project No. 2018-021-PS

for Parish of Jefferson


is awarded to APC Construction, LLC

the undersigned Corporation will execute the bond or bonds as required of the contract documents and will become Surety in the full amount set forth in the contract documents for the faithful performance of all obligations of the Contractor.

Signed and sealed this 21st day of May, 2019.

Hudson Insurance Company

By:



Scott C. Mahorsky, Attorney-in-Fact





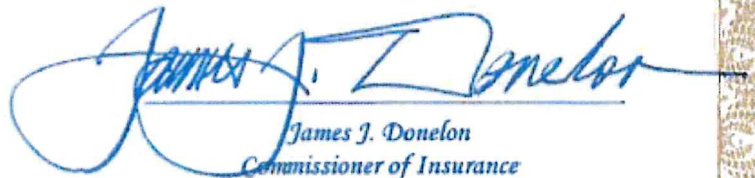
James J. Donelon

COMMISSIONER OF INSURANCE

CERTIFICATE OF AUTHORITY

Whereas, the HUDSON INSURANCE COMPANY located at Delaware has applied for a certificate of authority and made the filings required of such Insurer. Therefore, I, James J Donelon, the undersigned Commissioner of Insurance, do hereby certify that the said HUDSON INSURANCE COMPANY is authorized to transact its appropriate business of Burglary and forgery, Crop, Fidelity, Fire and allied lines, Health and accident, Homeowners, Liability, Marine and transportation, Surety, and Vehicle Insurance in this State, in accordance with the laws thereof. This certificate shall remain in effect until cancelled, suspended, revoked or the renewal thereof refused.

In Testimony Whereof, I hereunto subscribe my name,
and affix the seal of my office at Baton Rouge this
12th day of May A.D 2014.


James J. Donelon
Commissioner of Insurance

Amended: Original certificate effective date April 1, 2004





BID BOND POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That HUDSON INSURANCE COMPANY, a corporation of the State of Delaware, with offices at 100 William Street, New York, New York, 10038, has made, constituted and appointed, and by these presents, does make, constitute and appoint

Scott C. Mahorsky, Richard V. Dobbs, Jr., Christine A. Hartung

of the State of Pennsylvania

its true and lawful Attorney(s)-in-Fact, at New York City in the State of New York, each of them alone to have full power to act without the other or others, to make, execute and deliver on its behalf, as Surety, bid bonds for any and all purposes.

Such bid bonds, when duly executed by said Attorney(s)-in-Fact, shall be binding upon said Company as fully and to the same extent as if signed by the President of said Company under its corporate seal attested by its Secretary.

In Witness Whereof, HUDSON INSURANCE COMPANY has caused these presents to be of its Senior Vice President thereunto duly authorized, on this 11th day of December, 20 17 at New York, New York.



Attest.....
Dina Daskalakis, Corporate Secretary

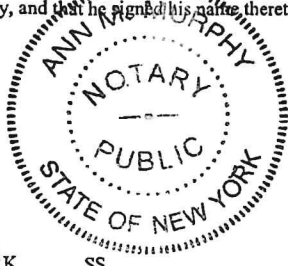
HUDSON INSURANCE COMPANY

By.....
Michael P. Cifone, Senior Vice President

STATE OF NEW YORK
COUNTY OF NEW YORK SS.

On the 11th day of December, 20 17 before me personally came Michael P. Cifone to me known, who being by me duly sworn did depose and say that he is a Senior Vice President of HUDSON INSURANCE COMPANY, the Company described herein and which executed the above instrument, that he knows the seal of said Company, that the seal affixed to said instrument is the corporate seal of said Company, that it was so affixed by order of the Board of Directors of said Company, and that he signed his name thereto by like order.

(Notarial Seal)



ANN M. MURPHY
Notary Public, State of New York
No. 01MU6067553
Qualified in Nassau County
Commission Expires December 10, 2021

CERTIFICATION

STATE OF NEW YORK
COUNTY OF NEW YORK SS.

The undersigned Dina Daskalakis hereby certifies:

THAT the original resolution, of which the following is a true and correct copy, was duly adopted by unanimous written consent of the Board of Directors of Hudson Insurance Company dated July 27th, 2007, and has not since been revoked, amended or modified:

"RESOLVED, that the President, the Executive Vice Presidents, the Senior Vice Presidents and the Vice Presidents shall have the authority and discretion, to appoint such agent or agents, or attorney or attorneys-in-fact, for the purpose of carrying on this Company's surety business, and to empower such agent or agents, or attorney or attorneys-in-fact, to execute and deliver, under this Company's seal or otherwise, bonds obligations, and recognizances, whether made by this Company as surety thereon or otherwise, indemnity contracts, contracts and certificates, and any and all other contracts and undertakings made in the course of this Company's surety business, and renewals, extensions, agreements, waivers, consents or stipulations regarding undertakings so made; and

FURTHER RESOLVED, that the signature of any such Officer of the Company and the Company's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seal when so used whether heretofore or hereafter, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed."

THAT the above and foregoing is a full, true and correct copy of Power of Attorney issued by said Company, and of the whole of the original and that the said Power of Attorney is still in full force and effect and has not been revoked, and furthermore that the Resolution of the Board of Directors, set forth in the said Power of Attorney is now in force.

Witness the hand of the undersigned and the seal of said Company this 21st day of May, 20 19.



By.....
Dina Daskalakis, Corporate Secretary

HUDSON INSURANCE COMPANY
SHORT FORM FINANCIAL STATEMENT
AS OF DECEMBER 31, 2018

ASSETS

Bonds	\$	335,825,311
Real estate		0
Cash on hand and on deposit		56,610,897
Reinsurance Receivable		295,692,952
FIT recoverable (including net deferred tax asset)		19,975,326
Aggregate write-ins for other than invested assets		296,559,253
Deferred premiums, agents' balances and installments booked but deferred and not yet due (including earned but unbilled premiums)		64,104,446
Stocks		224,397,557
Other Assets		69,866,860
Total Assets	\$	<u>1,363,032,602</u>

LIABILITIES & SURPLUS

Losses	\$	206,909,194
Loss adjustment expense		23,275,155
Other expenses		20,681,593
Unearned premiums		86,239,183
Ceded reinsurance premiums payable		490,370,623
Payable to parent, subsidiaries and affiliates		448,529
Commissions payable, contingent commissions and other similar charges		13,750,069
Other Liabilities		79,865,111
Total Liabilities	\$	<u>921,539,457</u>
Preferred and Common capital stock	\$	7,500,238
Gross paid in and contributed surplus		293,480,097
Unassigned funds (surplus)		140,512,810
Surplus as regards policyholders	\$	441,493,145
Total Liabilities and Surplus	\$	<u>1,363,032,602</u>

STATE OF NEW YORK)
) ss:
COUNTY OF NEW YORK)

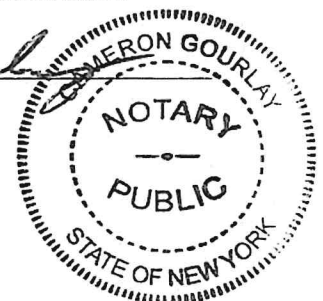
I, the undersigned Senior Vice President and Controller of Hudson Insurance Company hereby certify the foregoing to be a short form financial statement in the form of a balance sheet, showing the Company's assets and liabilities on a provisional basis, at the close of business on December 31, 2018.

IN TESTIMONY WHEREOF, I have set my hand and affixed the seal of the Company, this _____ day of _____, 2019.


Janice Zwinggi
Senior Vice President and Chief Financial Officer

Subscribed and sworn to before me this March 20 day of _____, 2019
My commission expires _____

CAMERON GOURLAY
Notary Public, State of New York
No. 01GO6372305
Qualified in New York County
Commission Expires June 4, 2022





Main Office:
2100 Quaker Pointe Drive
Quakertown, PA 18951
Phone: (215) 536-0253 • Fax: (215) 536-0257

Branch Offices:

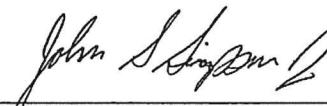
Pennsylvania
Pittsburgh

New York
Williamsville

Virginia
Norfolk

South Carolina
Charleston

Florida
Orlando

CERTIFICATE OF LIABILITY INSURANCE					DATE (MM/DD/YY) 5/21/2019	
PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 111 Veterans Memorial Blvd., Suite 1130 Metairie, LA 70005			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.			
INSURED APC Construction, LLC 1910 Peters Road Harvey, LA 70058			COMPANIES AFFORDING COVERAGE			
			COMPANY A THE GRAY INSURANCE COMPANY			
			COMPANY B			
			COMPANY C			
			COMPANY D			
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	XSGI-074215	3/8/2016	4/1/2019	GENERAL AGGREGATE	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				Unlimited	
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				PRODUCTS - COMP/OP AGG \$3,000,000.00	
					PERSONAL & ADV INJURY \$1,000,000.00	
					EACH OCCURRENCE \$1,000,000.00	
A	AUTOMOBILE LIABILITY	XSAL-075210	3/8/2016	4/1/2019	FIRE DAMAGE (Any one fire) \$50,000.00	
	<input checked="" type="checkbox"/> ANY AUTO				MED EXP (Any one person) \$5,000.00	
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				COMBINED SINGLE LIMIT \$1,000,000.00	
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person)	
	<input checked="" type="checkbox"/> HIRED AUTOS				BODILY INJURY (Per accident)	
	PROPERTY DAMAGE					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY	
					EACH ACCIDENT	
					AGGREGATE	
					EACH OCCURRENCE	
	EXCESS LIABILITY				AGGREGATE	
	<input type="checkbox"/> UMBRELLA FORM					
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
A	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	XSWC-070930	3/8/2016	4/1/2019	X WC STATUTORY LIMITS 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			CANCELLATION			
SAMPLE			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			
						
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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/21/2019

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 Arthur J. Gallagher Risk Management Services, Inc. 111 Veterans Boulevard, Suite 1130 Metairie LA 70005		CONTACT NAME: Cindy Bourne PHONE (A/C, No, Ext): 504-888-1100 FAX (A/C, No): 504-888-1299 E-MAIL ADDRESS: Cindy_bourne@ajg.com	
INSURED APC Construction, LLC 1910 Peters Road Harvey, LA 70058		INSURER(S) AFFORDING COVERAGE INSURER A: Indian Harbor Insurance Company INSURER B: Travelers Casualty and Surety Co of America INSURER C: Westchester Fire Insurance Company INSURER D: INSURER E: INSURER F:	
APCCONS-01		NAIC # 36940 31194 10030	

COVERAGES**CERTIFICATE NUMBER:** 1485341183**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 INSD	SUBR 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG \$ \$ \$ \$ \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) \$ \$ \$ \$
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	G46880742001	4/1/2018	4/1/2019	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
	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				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A B	Professional Liab & Cont. Poll Executive Package			PEC005035401 106560692	4/1/2018 7/20/2016	4/1/2019 7/20/2019	Prof Limit \$2,000,000 Contr Poll Limit \$2,000,000 Exec Pkg. See Below

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

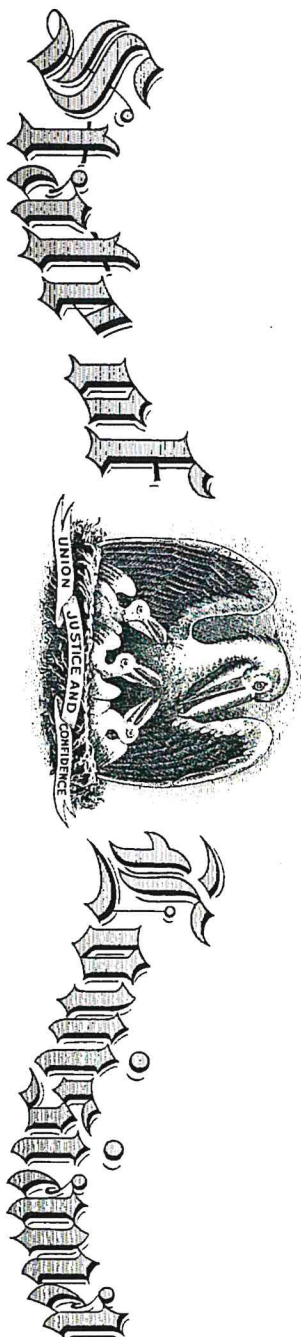
PRIVATE COMPANY DIRECTORS AND OFFICERS LIABILITY: Limit of Liability - \$1,000,000 for all claims
EMPLOYMENT PRACTICES LIABILITY: Limit of Liability - \$1,000,000 for all claims
FIDUCIARY LIABILITY: Limit of Liability - \$1,000,000 for all claims

EXCESS LIABILITY FOLLOW FORM - Policy is \$10,000,000 Excess of the Scheduled Underlying Gray Insurance Company primary policies pursuant to and subject to the policy terms, definitions, conditions and exclusions.

CERTIFICATE HOLDER**CANCELLATION**

"SAMPLE" For Information Only ...	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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State Licensing Board for Contractors

This is to Certify that:

APC CONSTRUCTION, LLC
1910 Peters Road
Harvey, LA 70058

is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION; ELECTRICAL WORK (STATEWIDE); HEAVY CONSTRUCTION; HIGHWAY,
STREET AND BRIDGE CONSTRUCTION; MECHANICAL WORK (STATEWIDE); MUNICIPAL AND PUBLIC
WORKS CONSTRUCTION; SPECIALTY: COASTAL RESTORATION & HABITAT ENHANCEMENT



Expiration Date: February 19, 2022

License No: 51053

Witness our hand and seal of the Board dated,
Baton Rouge, LA 20th day of February 2019

W. S. MacCP

Director

Lee M. Holt

Chairman

This License Is Not Transferrable

Andy Newman

Treasurer

Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: Keith
Porta, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized Managing Member of APC Construction, LLC (Entity),
the party who submitted a bid in response to Bid Number 50-00125942, 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 X

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 _____

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)

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

Keith Porta

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 21st DAY OF May, 2019.



Notary Public

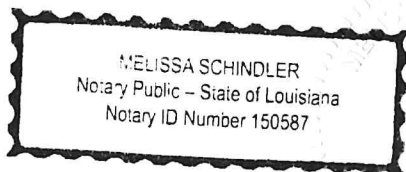
Melissa Schindler

Printed Name of Notary

Notary ID 150587

Notary/Bar Roll Number

My commission expires Upon Death.



<u>Receiving Party</u>	<u>Amount</u>	<u>Dates</u>
Dominick Impastato	\$ 500.00	2/15/2017
Dominick Impastato	\$ 500.00	9/26/2017

[Print](#)

Notary Search - Detail

Name: MS. MELISSA SCHINDLER
Address: 6001 RICKEY STREET
METAIRIE, LA 70003
Phone: (504) 554-2401
Notary ID Number: 150587
Parish: JEFFERSON with STATEWIDE JURISDICTION
Agency: N/A
Notary Type: Non Attorney
Status: Active
Commission Date: 01/19/2018
Oath Date: 01/19/2018
Surety Expiration Date: 01/16/2023
Annual Report Current: Yes

Notary Events

Pre-Assessment Registration Date: 08/26/2017 -

Deceased, Inactivated, Leave of Absence, Pre-Assessment Registration, Pre-Assessment Taken, Resigned, Retirement, and Revoked events are not available prior to February 11, 2012.

[Back to Search Results](#)[New Search](#)

Al Ater
Secretary of State



ARTICLES OF ORGANIZATION

(R.S. 12:1301)

Domestic Limited Liability Company
Enclose \$75.00 filing fee
Make remittance payable to
Secretary of State
Do not send cash

Return to: Commercial Division
P. O. Box 94125
Baton Rouge, LA 70804-9125
Phone (225) 925-4704
Web Site: www.sos.louisiana.gov

STATE OF Louisiana

Check one: (X) Business () Nonprofit

PARISH/COUNTY OF Jefferson

1. The name of this limited liability company is: APC Construction, LLC

2. This company is formed for the purpose of: (check one)

(X) Engaging in any lawful activity for which limited liability companies may be formed.

() _____
(use for limiting activity)

3. The duration of this limited liability company is: (may be perpetual) Perpetual

4. Other provisions: _____

Signatures:

[Signature] LA-007098878

On this 9th day of Nov, 2006, before me, personally appeared _____

KEITH O PORTA, to me known to be the person described in and who

executed the foregoing instrument, and acknowledged that he/she executed it as his/her free act and deed.

NOTARY NAME MUST BE TYPED OR PRINTED WITH NOTARY # 038234

[Signature]
Notary Signature

Al Ater
Secretary of State



LIMITED LIABILITY COMPANY INITIAL REPORT
(R.S. 12:1305 (E))

1. The name of this limited liability company is : APC Construction, LLC
2. The location and municipal address, not a post office box only, of this limited liability company's registered office:
1108 Epsilon St. Belle Chasse LA 70037
3. The full name and municipal address, not a post office box only, of each of this limited liability company's registered agent(s) is/are:
Keith Porta 1108 Epsilon St. Belle Chasse LA 70037
4. The names and municipal addresses, not a post office box only, of the first managers, or the members:
Keith Porta 1108 Epsilon St. Belle Chasse LA 70037

To be signed by each person who signed the articles of organization:

[Signature]

AGENT'S AFFIDAVIT AND ACKNOWLEDGEMENT OF ACCEPTANCE

I hereby acknowledge and accept the appointment of registered agent for and on behalf of the above named limited liability company.

Registered agent(s) signature(s):

[Signature]

Sworn to and subscribed before me, the undersigned Notary Public, on this date:
NOTARY NAME MUST BE TYPED OR PRINTED WITH NOTARY #

11/9/06
038234

[Signature]
Notary Signature

UNITED STATES OF AMERICA
State of Louisiana
Al Ater
UNION JUSTICE AND CONFIDENCE

SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that
a copy of the Articles of Organization and Initial Report of

APC CONSTRUCTION, LLC

Domiciled at BELLE CHASSE, LOUISIANA,

Was filed and recorded in this Office on November 09, 2006,

And all fees having been paid as required by law, the
limited liability company is authorized to transact business
in this State, subject to the restrictions imposed by law,
including the provisions of R.S. Title 12, Chapter 22.

*In testimony whereof, I have hereunto set
my hand and caused the Seal of my Office
to be affixed at the City of Baton Rouge on,*

November 9, 2006

Al Ater

LCO 36308049K

Secretary of State



Request for Taxpayer Identification Number and Certification

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

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. APC Construction, LLC	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► S Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	
	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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) See instructions. 1910 Peters Road	Requester's name and address (optional)
	6 City, state, and ZIP code Harvey, LA 70058	
	7 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 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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

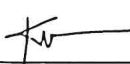
Social security number								
			-				-	
or								
Employer identification number								
3	2		-	0	1	8	6	3 8 6

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 for Part II, later.

Sign Here
Signature of U.S. person ► 

Date ► **5/21/2019**

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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, later.

📍 2525 Quail Drive, Baton Rouge, 70808 📞 (225) 765-2301 🗨 Text-To-Verify: 1 (855) 999-7896



Louisiana State Licensing Board for Contractors

Contractor Information

Business Name APC CONSTRUCTION, LLC ✓
Mailing Address 1910 Peters Road
HARVEY, LA 70058
Phone Number (504) 539-4260
Fax Number (504) 324-0777
Email Address info@apcconstruction.com
Website http://www.apcconstruction.com

Active Licenses

License Number 51053 ✓
Type Commercial License
Status LICENSED
Effective 02/20/2019
Expiration 02/19/2022
First Issued 02/19/2009

License Number 880270
Type Residential License
Status LICENSED
Effective 01/16/2019
Expiration 01/15/2022
First Issued 01/15/2009

Classifications

Class	Qualifying Party	Parishes
✓ BUILDING CONSTRUCTION	Keith ONeil Porta	ALL
BUSINESS AND LAW	Keith ONeil Porta	ALL
BUSINESS AND LAW	Keith ONeil Porta	ALL
ELECTRICAL WORK (STATEWIDE)	Keith ONeil Porta	ALL
HEAVY CONSTRUCTION	Keith ONeil Porta	ALL
HIGHWAY, STREET AND BRIDGE CONSTRUCTION	Keith ONeil Porta	ALL
✓ MECHANICAL WORK (STATEWIDE)	Keith ONeil Porta	ALL
MUNICIPAL AND PUBLIC WORKS CONSTRUCTION	Keith ONeil Porta	ALL
RESIDENTIAL BUILDING CONTRACTOR	Keith ONeil Porta	ALL
SPECIALTY: COASTAL RESTORATION & HABITAT ENHANCEMENT	Keith ONeil Porta	ALL