

DATE: 4/26/2017

Page: 5

BID NO.: 50-00119467

**BID FORM**  
Non Public Works

**All Public Work Projects are required to use the Louisiana Uniform Public Work Bid Form**

All prices must be held firm unless an escalation provision is requested in this bid. Jefferson Parish will allow one escalation during the term of the contract, which may not exceed the U.S. Bureau of Labor Statistics National Index for all Urban Consumers, unadjusted 12 month figure. The most recently published figure issued at the time an adjustment is requested will be used. A request must be made in writing by the vendor, and the escalation will only be applied to purchases made after the request is made.

Are you requesting an escalation provision?

YES \_\_\_\_\_ NO X

MAXIMUM ESCALATION PERCENTAGE REQUESTED 0 %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF 7/31/17

For the purposes of comparison of bids when an escalation provision is requested, Jefferson Parish will apply the maximum escalation percentage quoted by the bidder to the period to which it is applied in the bid. The initial price and the escalation will be used to calculate the total bid price. It will be assumed, for comparison of prices only, that an equal amount of material or labor is purchased each month throughout the entire contract.

**DELIVERY: FOB JEFFERSON PARISH**

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

TBD

**LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable)**

39349

**THIS SECTION MUST BE COMPLETED BY BIDDER:**

FIRM NAME: RYCARS Construction, LLC

ADDRESS: P.O. Box 370, Kenner, LA 70063

CITY, STATE: Kenner, LA

ZIP: 70063

TELEPHONE: ( 504 ) 305-5309

FAX: ( 504 ) 305-5308

EMAIL ADDRESS: ryanburks@rycars.com

In the event that addenda are issued with this bid, bidders MUST acknowledge all addenda on the bid form. Bidder must acknowledge receipt of an addendum on the bid form as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: 1

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

TOTAL PRICE OF ALL BID ITEMS: \$ 316,425.00

AUTHORIZED

SIGNATURE: 

Ryan E. Burks

Printed Name

TITLE: President

SIGNING INDICATES YOU HAVE READ AND COMPLY WITH THE INSTRUCTIONS AND CONDITIONS.

**NOTE: All bids should be returned with the BID NUMBER and BID OPENING DATE indicated on the outside of the envelope submitted to the Purchasing Department.**

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00119467

SEALED BID

| ITEM<br>NUMBER | QUANTITY | U/M  | DESCRIPTION OF ARTICLES   | UNIT PRICE<br>QUOTED | TOTALS              |
|----------------|----------|------|---|----------------------|---------------------|
| 1              | 1.00     | JOB  | <p>FURNISH AND INSTALL ALL LABOR, MATERIALS AND EQUIPMENT FOR THE INSTALLATION OF AN ELASTOMERIC SILICONE ROOF COATING SYSTEM AT THE JEFFERSON PARISH HUMAN SERVICE AUTHORITY BUILDING</p> <p>0010-INSTALLATION OF AN ELASTOMERIC SILICONE ROOF COATING SYSTEM AT THE JEFFERSON PARISH HUMAN SERVICES AUTHORITY BUILDING.</p> <p>BASE BID:<br/>ALL WORK DESCRIBED IN THE SPECIFICATION WITH THE EXCEPTION OF SECTIONS NINE (9) AND TEN (10).</p> <p>WE EXTEND THIS BID TO SUPPLY ALL LABOR, MATERIALS, AND EQUIPMENT TO REPAIR, CLEAN, TEST AND COATING OF THE ROOF AT HUMAN SERVICES AUTHORITY BUILDING LOCATED AT 5001 WESTBANK EXPRESSWAY, MARRERO, LA, 70072.</p> | <u>\$162,360.00</u>  | <u>\$162,360.00</u> |
| 2              | 1.00     | SQFT | <p>0020-ANCILLARY WORK:<br/>PROVIDE A COST PER SQUARE FOOT TO REMOVE, REPAIR, AND REPLACE WATER DAMAGE. ROOFING MATERIALS DESCRIBED IN SECTION 9.0 OF THE SPECIFICATIONS. THIS LINE ITEM WILL ONLY BE USED IF NEEDED.</p>   | <u>\$10.00/SF</u>    | <u>\$10.00/SF</u>   |
| 3              | 1.00     | ONLY | <p>0030-ALTERNATE ONE (1):<br/>SEE SECTION 10.0 OF THE SPECIFICATIONS. THIS LINE ITEM WILL BE ACCEPTED IF EXISTING BUDGET FOR THIS WORK IS SUFFICIENT.</p>  | <u>\$154,055.00</u>  | <u>\$154,055.00</u> |

**CORPORATE RESOLUTION**

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF  
RYCARS Construction is a Limited Liability Company. See attached Certificate of Signature Authority  
INCORPORATED.

AT THE MEETING OF DIRECTORS OF \_\_\_\_\_ N/A  
INCORPORATED, DULY NOTICED AND HELD ON \_\_\_\_\_ N/A  
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT  
WAS:

RESOLVED THAT \_\_\_\_\_ N/A  
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.

N/A

\_\_\_\_\_  
**SECRETARY-TREASURER**

N/A

\_\_\_\_\_  
**DATE**

**Non-Public Works Bid****AFFIDAVIT****STATE OF** Louisiana**PARISH/COUNTY OF** Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: Ryan E. Burks  
\_\_\_\_\_, (Affiant) who after being by me duly sworn, deposed and said that  
he/she is the fully authorized President of RYCARS Construction, LLC (Entity),  
the party who submitted a bid in response to Bid Number 50-00119467, 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.

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.

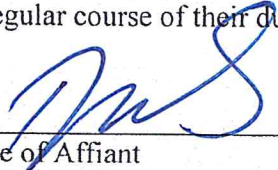
Choice B   X   There are **NO** debts which would require disclosure under Choice A of this section.

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

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

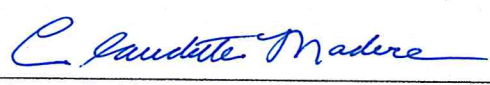
That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection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

  
\_\_\_\_\_  
Signature of Affiant

Ryan E. Burks  
\_\_\_\_\_  
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

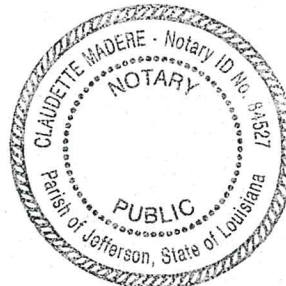
ON THE 1 DAY OF May, 2017.

  
\_\_\_\_\_  
Notary Public

Claudette Maderé  
\_\_\_\_\_  
Printed Name of Notary

84527  
\_\_\_\_\_  
Notary/Bar Roll Number

My commission expires Perpetual.



[Print](#)

## Notary Search - Detail

**Name:** MS. CLAUDETTE MADERE  
**Address:** P.O. BOX 365  
DESTREHAN, LA 70047  
**Phone:** (504) 417-0430  
**Notary ID Number:** 84527  
**Parish:** JEFFERSON with authority in the following parishes:  
ORLEANS, PLAQUEMINES, ST. BERNARD  
**Agency:** N/A  
**Notary Type:** Non Attorney  
**Status:** Active  
**Commission Date:** 01/29/2007  
**Oath Date:** 11/16/2006  
**Surety Expiration Date:** 03/29/2020  
**Annual Report Current:** Yes

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





# AIA® Document A310™ – 2010

## Bid Bond

### CONTRACTOR:

(Name, legal status and address)

**RYCARS Construction, LLC**

**PO Box 370**

**Kenner, LA 70063**

### OWNER:

(Name, legal status and address)

**Jefferson Parish Purchasing Department**

**200 Derbigny Street**

**Gretna, LA 70053**

**BOND AMOUNT: 5% of Amount Bid**

### SURETY:

(Name, legal status and principal place of business)

**SureTec Insurance Company**

**1330 Post Oak Blvd. Suite 1100**

**Houston, TX 77056**

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

### PROJECT:

(Name, location or address, and Project number, if any)

**Installation of an Elastomeric Silicone Roof Coating System at Jefferson Parish Human Services Authority Building**

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed and sealed this **1st** day of **June** **2017**

  
(Witness)

  
(Witness)

**RYCARS Construction, LLC**

(Principal)

(Title) **Ryan E. Burks President**

**SureTec Insurance Company**

(Surety)

(Title) **Kenneth Albert, Attorney-in-Fact**

**CAUTION: You should sign an original AIA Contract Document, on which this text appears in RED. An original assures that changes will not be obscured.**

Init.

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061110



# SureTec Insurance Company

## LIMITED POWER OF ATTORNEY

*Know All Men by These Presents*, That SURETEC INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Texas, and having its principal office in Houston, Harris County, Texas, does by these presents make, constitute and appoint

Steven M. Baas, Benjamin P. Dycus, Melissa Napier, Kenneth Albert

its true and lawful Attorney-in-fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include waivers to the conditions of contracts and consents of surety for, providing the bond penalty does not exceed

Five Million and 00/100 Dollars (\$5,000,000.00)

and to bind the Company thereby as fully and to the same extent as if such bond were signed by the President, sealed with the corporate seal of the Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney-in-Fact may do in the premises. Said appointment shall continue in force until 12/31/2018 and is made under and by authority of the following resolutions of the Board of Directors of the SureTec Insurance Company:

*Be it Resolved*, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

*Attorney-in-Fact* may be given full power and authority for and in the name of and of behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

*Be it Resolved*, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached. (Adopted at a meeting held on 20<sup>th</sup> of April, 1999.)

*In Witness Whereof*, SURETEC INSURANCE COMPANY has caused these presents to be signed by its President, and its corporate seal to be hereto affixed this 13th day of April, A.D. 2017.

SURETEC INSURANCE COMPANY

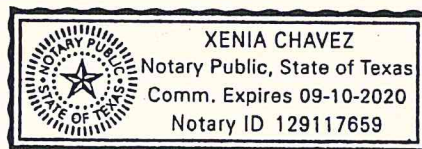
By: John Knox Jr., President

State of Texas  
County of Harris

SS:



On this 13th day of April, A.D. 2017 before me personally came John Knox Jr., to me known, who, being by me duly sworn, did depose and say, that he resides in Houston, Texas, that he is President of SURETEC INSURANCE COMPANY, the company described in and which executed the above instrument; that he knows the seal of said Company; that the seal affixed to said instrument is such corporate seal; 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.



Xenia Chavez  
Xenia Chavez, Notary Public

My commission expires September 10, 2020

I, M. Brent Beaty, Assistant Secretary of SURETEC INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Company, which is still in full force and effect; and furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

Given under my hand and the seal of said Company at Houston, Texas this 1st day of June, 2017, A.D.

M. Brent Beaty  
M. Brent Beaty, Assistant Secretary

Any instrument issued in excess of the penalty stated above is totally void and without any validity.

For verification of the authority of this power you may call (713) 812-0800 any business day between 8:00 am and 5:00 pm CST.

## Request for Taxpayer Identification Number and Certification

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

|   |   |  |
|---|---|--|
| Print or type<br>See Specific Instructions on page 2. | Name (as shown on your income tax return)<br><b>RYCARS Construction, LLC</b>  |  |
|   | Business name/disregarded entity name, if different from above  |  |
|   | Check appropriate box for federal tax classification:<br><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate<br><input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) <b>S</b><br><input type="checkbox"/> Other (see instructions) ▶ |  |
|   | Exemptions (see instructions):<br>Exempt payee code (if any) _____<br>Exemption from FATCA reporting code (if any) _____  |  |
|   | Address (number, street, and apt. or suite no.)<br><b>503 Coleman Place</b><br>City, state, and ZIP code<br><b>Kenner, Louisiana 70062</b><br>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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

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

|                                |   |   |   |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|---|---|---|
| Social security number         |   |   |   |   |   |   |   |   |
|                                |   |   | - |   |   |   |   |   |
| Employer identification number |   |   |   |   |   |   |   |   |
| 3                              | 7 | - | 1 | 4 | 2 | 3 | 2 | 8 |

### Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below), and
4. 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 ▶<br> | Date ▶ <b>June 1, 2017</b> |
|-----------|---|----------------------------|

### General Instructions

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

**Future developments.** The IRS has created a page on [www.irs.gov/w9](http://www.irs.gov/w9) for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

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

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

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.



RYCACON-03 ABRADSHAW

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/30/2016

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

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

|   |   |                               |        |
|---|---|-------------------------------|--------|
| PRODUCER<br>Van Meter Insurance Group<br>1240 Fairway Street<br>Bowling Green, KY 42103 | CONTACT NAME:   |                               |        |
|   | PHONE (A/C, No, Ext): (270) 781-2020                            | FAX (A/C, No): (270) 843-8808 |        |
| INSURED<br><br>RYCARS Construction LLC<br>PO Box 370<br>Kenner, LA 70063                | E-MAIL ADDRESS:   |                               |        |
|   | INSURER(S) AFFORDING COVERAGE                                   |                               | NAIC # |
|   | INSURER A : Cincinnati Specialty Underwriters Insurance Company |                               | 13037  |
|   | INSURER B : Ohio Casualty Group                                 |                               | 24074  |
|   | INSURER C : Rockhill Insurance Company                          |                               | 28053  |
|   | INSURER D : Amerisafe, Inc.                                     |                               |        |
| INSURER E : Alterra Excess & Surplus Insurance Company                                  |   | 33189                         |        |
| INSURER F :   |   |                               |        |

## COVERAGES

CERTIFICATE NUMBER:

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  | ADD'L INSD | SUBR WVD | POLICY NUMBER    | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|------------|----------|------------------|-------------------------|-------------------------|--|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR   |            |          | CSU0033874       | 01/01/2017              | 01/01/2018              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COM/OP AGG \$ 2,000,000<br>OTHER: \$ |
| B        | AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS |            |          | 55369052 (LA)    | 01/01/2017              | 01/01/2018              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>OTHER: \$   |
| C        | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  |            |          | FF015407-01      | 01/01/2017              | 01/01/2018              | EACH OCCURRENCE \$ 4,000,000<br>AGGREGATE \$ 4,000,000<br>DED \$<br>RETENTION \$   |
| D        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N        | N/A      | AVWCLA2562392017 | 01/01/2017              | 01/01/2018              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                      |
| E        | Inland Marine  |            |          | MKLM6IM0051340   | 01/01/2017              | 01/01/2018              | Leased/Rented 100,000  |
| B        | Commercial Auto  |            |          | 55374888 (GA)    | 01/01/2017              | 01/01/2018              | Combined Single Lmt 1,000,000  |

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

## CERTIFICATE HOLDER

## CANCELLATION

|                      |  |
|----------------------|--|
| Evidence of Coverage | 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<br>  |

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

**CUT-THROUGH ENDORSEMENT**

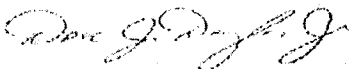
This endorsement modifies the policy to add the following special provisions:

1. The Reinsurer hereby agrees, at the request and with the agreement of the Reinsured, that if the Reinsured is declared insolvent, bankrupt, in liquidation or in dissolution, the Reinsurer shall, subject to all the conditions and limitations set forth in paragraph 2. below, make payment directly on behalf of the Reinsured to any third party those payments the Reinsured is legally obligated to pay under this policy of insurance.
2. The Reinsurer's liability to make payment, as described in paragraph 1. above is subject to the following conditions:
  - a. The Reinsured must actually have declared bankruptcy, be adjudicated to be insolvent, or in liquidation or dissolution before any payment is required by the Reinsurer under any circumstance or claim made;
  - b. The Reinsurer shall have no obligation to make payment unless it receives prior, written approval, in a form and content acceptable to the Reinsurer, from the relevant supervisor, rehabilitator, conservator, receiver or liquidator of the Reinsured which explicitly permits the Reinsurer to make such payments in full discharge of the Reinsurer's liability to the Reinsured, Named Insured or any other party;
  - c. The maximum amount that the Reinsurer shall be obligated to pay is limited as described in Section III-Limits of Insurance;
  - d. The Reinsurer shall have no obligation to make any payment if the Reinsured had no legal obligation to make any payment under the terms and conditions of this policy of insurance, including but not limited to, the exhaustion of any limit of insurance or aggregate limit of insurance;
  - e. Should the Reinsurer be requested to or required to make payment, it shall obtain all rights and defenses of the Reinsured as declared under this policy.

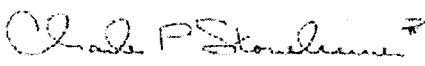
Reinsured: The Cincinnati Specialty Underwriters Insurance Company

Reinsurer: The Cincinnati Insurance Company

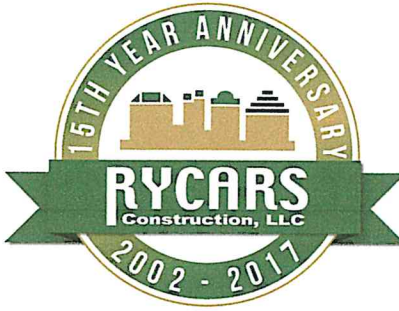
The Cincinnati Specialty Underwriters Insurance Company

By: 

The Cincinnati Insurance Company

By: 



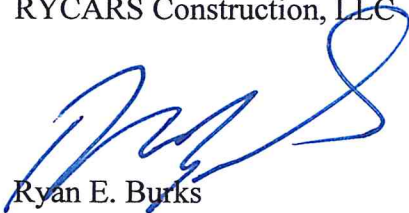


**The Source for Commercial Roofing**

### **Certification of Signature Authority**

Be it known that as of March 12, 2017 the Members and Managers of RYCARS Construction, LLC (a Louisiana organized limited liability company) hereby authorizes and empowers its Member, Ryan E. Burks to negotiate for and sign any and all bid proposal documents and/or contracts which this Limited Liability Company might enter into for the furnishing of services for the Company under such terms, conditions and stipulates, and for such consideration as he might deem to the best interest of the Company.

Respectfully,  
RYCARS Construction, LLC



Ryan E. Burks  
Managing Member



Louis E. McLendon  
Managing Member

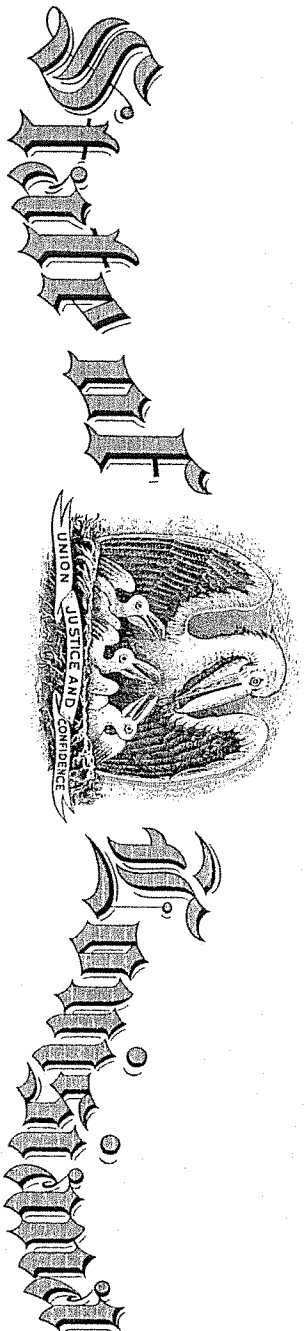
Company Seal



**Corporate Office**  
503 Coleman Place  
Kenner, Louisiana 70062  
Telephone • 504.305.5309  
Facsimile • 504.305.5308

**Georgia Office**  
3450 Buffington Center • Suite B  
Atlanta, Georgia 30349  
Telephone • 404.209.9991  
Facsimile • 404.209.9936





## State Licensing Board for Contractors

This is to Certify that:

RYCARS CONSTRUCTION, LLC  
P. O. Box 370  
Kenner, LA 70063

is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION; SPECIALTY: ROOFING AND SHEET METAL, SIDING



Expiration Date: May 16, 2018

License No: 39349

Witness our hand and seal of the Board dated,  
Baton Rouge, LA 17th day of May 2017

Will S. MacCoy  
Director

Joe M. Dett  
Chairman

This License Is Not Transferrable

Andy Dett  
Treasurer

Username

Password

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# Entity Dashboard

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- [Excluded Family Members](#)

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## RYCARS CONSTRUCTION, LLC

DUNS: 015953024 CAGE Code: 33VA0

Status: Active

Expiration Date: 01/17/2018

Purpose of Registration: All Awards

503 COLEMAN PL  
KENNER, LA, 70062-7166,  
UNITED STATES

## Entity Overview

### Entity Registration Summary

**Name:** RYCARS CONSTRUCTION, LLC  
**Business Type:** Business or Organization  
**Last Updated By:** Ryan Burks  
**Registration Status:** Active  
**Activation Date:** 01/17/2017  
**Expiration Date:** 01/17/2018

### Exclusion Summary

Active Exclusion Records? No

IBM v1.P.64.20170330-1550  
www?[Search Records](#)  
[Data Access](#)  
[Check Status](#)  
[About](#)  
[Help](#)[Disclaimers](#)  
[Accessibility](#)  
[Privacy Policy](#)[FAPIS.gov](#)  
[GSA.gov/IAE](#)  
[GSA.gov](#)  
[USA.gov](#)



## Louisiana State Licensing Board for Contractors



### Contractor Information

Business Name RYCARS CONSTRUCTION, LLC  
Mailing Address P. O. Box 370  
Kenner, LA 70063  
Phone Number (504) 305-5309  
Fax Number (504) 305-5308  
Email Address info@rycars.com  
Website www.rycars.com

### Active Licenses

License Number 39349  
Type Commercial License  
Status LICENSED  
Effective 05/17/2017  
Expiration 05/16/2018  
First Issued 05/16/2002

### Classifications

| Class                                      | Qualifying Party | Parishes |
|--|------------------|----------|
| BUILDING CONSTRUCTION                      | Ryan E. Burks    | ALL      |
| BUSINESS AND LAW                           | Ryan E. Burks    | ALL      |
| SPECIALTY: ROOFING AND SHEET METAL, SIDING | Ryan E. Burks    | ALL      |

**RYCARS Construction, LLC**  
**Louisiana License # 39349**

**Sealed Bid Enc**

**"BID DOCUMENTS"**  
**"SEALED BID ENCLOSED"**



**"The Source for Commercial Roofing"**

**Louisiana License # 39349**

P.O. Box 370  
503 Coleman Place  
Kenner, Louisiana 70063  
504-305-5309  
[www.rycars.com](http://www.rycars.com)

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**BID FOR: Installation of an Elastometric Silicone Roof  
Coating System**

**Bid # 50-00119467**

**Bid Due June 1, 2017 By 2 P.M.**

**Submit To:**  
**Jefferson Parish Purchasing Department**  
**200 Derbigny Street, Suite 4400**  
**Gretna, LA 70053**