

DATE: 5/24/2021

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BID NO.: 50-00134652

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 _____ %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF _____.

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

As requested

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 08584

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: Madden Contracting Company, LLC.

ADDRESS: P.O. Box 856

CITY, STATE: Minden, LA 71058-0856 ZIP: 71058-0856

TELEPHONE: (318) 377-0928 FAX: (318) 377-9065

EMAIL ADDRESS: pgulley@maddencontracting.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 by placing the addendum number as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: _____

NUMBER: _____

NUMBER: _____

NUMBER: _____

TOTAL PRICE OF ALL BID ITEMS: \$ 174,065.00

AUTHORIZED
SIGNATURE: E. Paul Gulley

E. Paul Gulley
Printed Name

TITLE: Sr. Manager

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.: 50-00134652

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			ONE (1) YEAR CONTRACT FOR THE SUPPLY OF ASPHALT PRODUCTS FOR THE JEFFERSON PARISH DEPARTMENT OF PUBLIC WORKS - STREETS		
1	1,200.00	TN	0010 - ONE YEAR CONTRACT FOR THE SUPPLY OF ASPHALT PRODUCTS ON AN AS NEEDED BASIS FOR THE STREETS DEPARTMENT. FIRST ITEM TO BE BID: LEVEL A INCIDENTAL WEARING (1/2 INCH NOMINAL) EAST JEFFERSON - SELF HAULED	\$61.25	\$73,500.00
2	25.00	TN	0020 LEVEL A INCIDENTAL WEARING (1/2 INCH NOMINAL) EAST JEFFERSON - VENDOR DELIVERED	\$200.00	\$5,000.00
3	100.00	TN	0030 LEVEL 1 BINDER (3/4 INCH NOMINAL) EAST JEFFERSON - SELF HAULED	\$61.50	\$6,150.00
4	25.00	TN	0040 LEVEL 1 BINDER (3/4 INCH NOMINAL) EAST JEFFERSON - VENDOR DELIVERED	\$200.00	\$5,000.00
5	1,000.00	GL	0050 TACK SS-1 EAST JEFFERSON - SELF HAULED	\$3.05	\$3,050.00
6	1,000.00	TN	0060 LEVEL A INCIDENTAL WEARING (1/2 INCH NOMINAL) WEST JEFFERSON - SELF HAULED	\$61.25	\$61,250.00
7	25.00	TN	0070 LEVEL A INCIDENTAL WEARING (1/2 INCH NOMINAL) WEST JEFFERSON - VENDOR DELIVERED	\$200.00	\$5,000.00
8	100.00	TN	0080 LEVEL 1 BINDER (3/4 INCH NOMINAL) WEST JEFFERSON - SELF HAULED	\$61.50	\$6,150.00
9	25.00	TN	0090 LEVEL 1 BINDER (3/4 INCH NOMINAL)	\$200.00	\$5,000.00

DATE: 5/24/2021

INVITATION TO BID FROM JEFFERSON PARISH - continued

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BID NO.: 50-00134652

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
10	1,300.00	GL	WEST JEFFERSON - VENDOR DELIVERED 0100 TACK SS-1 WEST JEFFERSON - SELF HAULED ***PLEASE SEE ATTACHED SPECIFICATIONS***	\$3.05	\$3,965.00

Non-Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Webster

BEFORE ME, the undersigned authority, personally came and appeared: _____

E. Paul Gulley, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized Sr. Manager of Madden Contracting Co., LLC (Entity), the party who submitted a bid in response to Bid Number 50-00134652, 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 ✓ 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 ✓ _____ 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.

E. Paul Gulky
Signature of Affiant

E. Paul Gulky
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

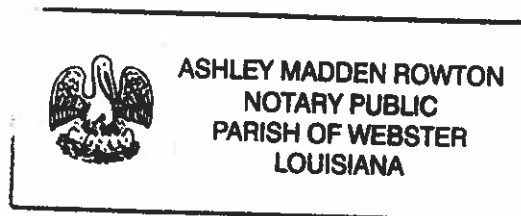
ON THE 2 DAY OF June, 2021.

Ashley M. Rowton
Notary Public

Ashley M. Rowton
Printed Name of Notary

146647
Notary/Bar Roll Number

My commission expires at death.



CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF

Madden Contracting Co., LLC
~~INCORPORATED.~~

AT THE MEETING OF DIRECTORS OF Madden Contracting Co., LLC
~~INCORPORATED~~, DULY NOTICED AND HELD ON 2 June, 2021,

A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT WAS:

RESOLVED THAT E. Paul Gully, 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.

Ashley M. Rowton
SECRETARY-TREASURER

6.2.21
DATE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/02/2021

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

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

PRODUCER Querbes & Nelson 214 Milam Street Shreveport LA 71101		CONTACT NAME: Pam Patton PHONE (A/C, No, Ext): (318) 221-5241 FAX (A/C, No): (318) 429-0599 E-MAIL ADDRESS: ppatton@qnins.com													
INSURED Madden Contracting Co., LLC P O Box 856 Minden LA 71058		INSURER(S) AFFORDING COVERAGE <table border="1"><tr><td>INSURER A: Zurich American Insurance Company</td><td>NAIC # 16535</td></tr><tr><td>INSURER B: AXIS Surplus Insurance Company</td><td>26620</td></tr><tr><td>INSURER C: Allied World Assuramance Co (U.S.) Inc.</td><td>19489</td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>		INSURER A: Zurich American Insurance Company	NAIC # 16535	INSURER B: AXIS Surplus Insurance Company	26620	INSURER C: Allied World Assuramance Co (U.S.) Inc.	19489	INSURER D:		INSURER E:		INSURER F:	
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INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER: 2020-21 CGLALXSWC

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														
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			GLO011621405	10/01/2020	10/01/2021	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 300,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	MED EXP (Any one person)	\$ 5,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
	EACH OCCURRENCE	\$ 1,000,000																			
	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000																			
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GENERAL AGGREGATE	\$ 2,000,000																				
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	\$																				
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BAP011621505	10/01/2020	10/01/2021	<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 2,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000																			
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PROPERTY DAMAGE (Per accident)	\$																				
	\$																				
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			P00100041568701	10/01/2020	10/01/2021	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 3,000,000</td></tr><tr><td>AGGREGATE</td><td>\$ 3,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 3,000,000	AGGREGATE	\$ 3,000,000		\$								
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AGGREGATE	\$ 3,000,000																				
	\$																				
A	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 <input checked="" type="checkbox"/> N	N/A	WC011621305	10/01/2020	10/01/2021	<table border="1"><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</td><td></td></tr><tr><td>E L EACH ACCIDENT</td><td>\$ 1,000,000</td></tr><tr><td>E L DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td></tr><tr><td>E L DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td></tr></table>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		E L EACH ACCIDENT	\$ 1,000,000	E L DISEASE - EA EMPLOYEE	\$ 1,000,000	E L DISEASE - POLICY LIMIT	\$ 1,000,000						
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C	EXCESS UMBRELLA			03125300	10/01/2020	10/01/2021	<table border="1"><tr><td>Each Occurrence</td><td>5,000,000</td></tr><tr><td>Aggregate</td><td>5,000,000</td></tr></table>	Each Occurrence	5,000,000	Aggregate	5,000,000										
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Bid Number 50-00134652

Jefferson Parish, its Districts Departments and Agencies under the direction of the Parish President and the Parish Council is an additional insured on the General Liability, Business Automobile, and Umbrella policies as required by written contract subject to policy terms, conditions, and exclusions.

CERTIFICATE HOLDER

CANCELLATION

Jefferson Parish Purchasing Department 200 Derbigny Street, General Government Building, Ste 4400 Gretna LA 70053	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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