

LOUISIANA UNIFORM PUBLIC WORK BID FORM

50-00143458

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TO: JEFFERSON PARISH
PURCHASING DEPT.
200 DERBIGNY ST. SUITE 4400
GRETN, LA 70053

BID FOR: Labor, Materials and Equipment to
Install an Outdoor Fitness Station at
Williams Playlot for the Jefferson
Parish Parks and Recreation Dept

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: Jefferson Parish Recreation Department

(Owner to provide name of entity preparing bidding documents.) and dated: 08/14/2023

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) _____

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 Hundred ninety-seven thousand Dollars (\$) 297,000

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

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

N/A Dollars (\$) _____

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

N/A Dollars (\$) _____

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

N/A Dollars (\$) _____

NAME OF BIDDER: LEGACY RESTORATION AND REFERRAL LLC

ADDRESS OF BIDDER: 3844 CIMWOOD DR, HARVEY LOUISIANA 70058

LOUISIANA CONTRACTOR'S LICENSE NUMBER: 67727

NAME OF AUTHORIZED SIGNATORY OF BIDDER: NOEL WILLIAMS

TITLE OF AUTHORIZED SIGNATORY OF BIDDER: MANAGING MEMBER

SIGNATURE OF AUTHORIZED SIGNATORY OF BIDDER **: Noel Williams

DATE: 11/07/2023

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. 38:2218 (B)(5).

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



11-07-2023

Bid Bond in Accordance with Contract Specifications

SLA11078423

Legacy Restoration and Referral, LLC

Bond Number

Principal Name

3844 Cimwood Dr, Harvey, LA, 70058, US

Principal Address

Doel Williams
Principal Signature

Jefferson Parish

200 Derbigny Street, Gretna, LA, 70053, US

Owner/Obligee Name

Owner/Obligee Address

Bond Information

11-07-2023

American Alternative Insurance Corporation

3/40202

Bid Date

Surety

Contractor Vendor ID Number

50-00143458

Contract ID Number

Labor, Materials and Equipment Necessary to Install an Outdoor Fitness Station at Williams Playlot for the Jefferson Parish Parks and Recreation Department

Description of Job

Five Percent of the Greatest Amount Bid (\$ 5% G.A.B.)

5%

Amount of Bid Security

Bid Security Maximum

Bid Security Percentage

Brady K Cox

Attorney-In-Fact

AssuredPartners of Texas

Bond Entered and Executed By

Primary Agency

Brady K Cox

Attorney-In-Fact Signature

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





Corporate Resolution of: Legacy Restoration and Referral, LLC

We, the undersigned, being all the directors of this corporation consent and agree that the following corporate resolution was made on July 6, 2023 at 9:30am CST, at Harvey, LA.

We do hereby consent to the adoption of the following as if it were adopted at a regularly called meeting of the board of directors of this corporation. In accordance with State law and the bylaws of this corporation, by unanimous consent, the board of directors decided that:
Noel Williams has authority to enter bids and bind agreements on behalf of Legacy Restoration and Referral, LLC.

The officers of this corporation are authorized to perform the acts to carry out this corporate resolution.

Noel T. Williams
Dominick N. LaPene-Williams

Noel Williams
Managing Member signature

Noel Williams

August 1, 2023

State of LOUISIANA

Parish/County of JEFFERSON

Personally appeared before me this 1ST day of AUGUST, 2023,
NOEL T. WILLIAMS

(official certifying this resolution), the Managing Member
(title of official certifying this resolution) of Legacy Restoration and Referral, LLC
(name of corporation), and made oath that the above is a true copy from the records of the corporation.

Noel T. Williams

Notary Public

My commission expires ~~on~~ upon death.

Steven Prejean
Bar Roll#: 22849

Public Works Bid Affidavit Instructions

- Affidavit is supplied as a courtesy to Affiants, but it is the responsibility of the affiant to insure the affidavit they submit to Jefferson Parish complies, in both form and content, with federal, state and parish laws.
- Affidavit must be signed by an authorized representative of the entity or the affidavit will not be accepted.
- Affidavit must be notarized or the affidavit will not be accepted.
- Notary must sign name, print name, and include bar/notary number, or the affidavit will not be accepted.
- Affiant **MUST** select either A or B when required or the affidavit will not be accepted.
- Affiants who select choice A must include an attachment or the affidavit will not be accepted.
- If both choice A and B are selected, the affidavit will not be accepted.
- Affidavit marked N/A will not be accepted.
- It is the responsibility of the Affiant to submit a new affidavit if any additional campaign contributions are made after the affidavit is executed but prior to the time the council acts on the matter.

Instruction sheet may be omitted when submitting the affidavit

Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF JEFFERSON

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

Williams, (Affiant) who after being by me duly sworn, deposed and said that

he/she is the fully authorized Managing Member of Legacy Restoration (Entity),

the party who submitted a bid in response to Bid Number 50-00143458, 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.

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 ✓ _____

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

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

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

Affiant further said:

Affiant personally has not been convicted of, nor has he/she entered into a plea of guilty or nolo contendere to any of the crimes or equivalent federal crimes listed below. No individual partner, incorporator, director, manager, officer, organizer, or member, who has a minimum of a ten percent ownership in the Bidding Entity, has been convicted of, or has entered a plea of guilty or nolo contendere to any of the crimes or equivalent federal crimes listed below. A conviction of or plea of guilty or nolo contendere to the following state crimes or equivalent federal crimes shall permanently bar any person or the bidding entity from bidding on public projects:

- (a) Public bribery (R.S. 14:118)
- (b) Corrupt influencing (R.S. 14:120)
- (c) Extortion (R.S. 14:66)
- (d) Money laundering (R.S. 14:230)

A conviction of or plea of guilty or nolo contendere to the following state crimes or equivalent federal crimes shall bar any person or the bidding entity from bidding on public projects for a period of five years from the date of conviction or from the date of the entrance of the plea of guilty or nolo contendere:

- (a) Theft (R.S. 14:67)
- (b) Identity Theft (R.S. 14:67, 16)
- (c) Theft of a business record (R.S. 14:67.20)
- (d) False accounting (R.S. 14:70)
- (e) Issuing worthless checks (R.S. 14:71)
- (f) Bank fraud (R.S. 14:71.1)
- (g) Forgery (R.S. 14:72)
- (h) Contractors; misapplication of payments (R.S. 14:202)
- (i) Malfeasance in office (R.S. 14:134)

The five-year prohibition provided for in this section shall apply only if the crime was committed during the solicitation or execution of a contract or bid awarded pursuant to these provisions. If evidence is submitted substantiating that a false attestation has been made and the project must be readvertised or the contract cancelled, the awarded entity making the false attestation shall be responsible to the public entity for the costs of rebidding, additional costs due to increased costs of bids and any and all delay costs due to the rebid or cancellation of this project.

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

Affiant further said:

- (1) Entity is registered and participates in a status verification system to verify that all employees in the State of Louisiana are legal citizens of the United States or are legal aliens.
- (2) Entity shall continue, during the term of the contract, to utilize a status verification system to verify the legal status of all new employees in the State of Louisiana.
- (3) Entity shall require all subcontractors to submit to the Entity a sworn affidavit verifying compliance with statements (1) and (2).

Signature of Affiant

Noel Williams

Printed Name of Affiant

Noel Williams

SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 7th DAY OF NOVEMBER, 2023

Notary Public

Steven L. Pfeiffer

Printed Name of Notary

Steven L. Pfeiffer

Notary Bar Roll Number

22849

My commission expires upon death



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/02/2023

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 Advanced Insurance Solutions, LLC 1006-A West Morris Ave.		CONTACT NAME: Advanced Insurance Solutions, LLC PHONE: (985) 340-2158 FAX: (985) 340-2160 FAX: (985) 340-2160 E-MAIL: info@ais-la.com ADDRESS: info@ais-la.com	
PRODUCER Hammond Legacy Restoration and Referral, LLC 3844 Cimwood Drive		INSURER(S) AFFORDING COVERAGE INSURER A: Scottsdale Insurance Company MA# 41297 INSURER B: EVANSTON INSURANCE COMPANY 35378 INSURER C: StoneTrust Insurance Company 11042 INSURER D: GEMINI INSURANCE COMPANY 10833 INSURER E: INSURER F:	
LA 70058		LA 70403	

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	ADOL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liability Included <input checked="" type="checkbox"/> Contractors Pollution Liab Include GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO- <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Primary & Non-Contributo		CPS7624984	07/30/2023	07/30/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 50,000 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 Prof Liab & Contr Poll I \$ 2 M / \$1 M COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
<input checked="" type="checkbox"/>	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> RETENTIONS DED RETENTIONS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		EZXS3086464	07/30/2023	07/30/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 E & O \$1,000,000
<input checked="" type="checkbox"/>	Professional Liability		VPPL018570	03/27/2023	03/27/2024	

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

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Legacy Restoration & Referral, LLC
3844 Cimwood Dr
Harvey
LA 70058

Advanced Insurance Solutions, L.L.C.

ACORD 25 (2016/03)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/11/2023

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.

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PRODUCER

0182 Duvalgneaud LA
PO BOX 5700, JACKSONVILLE, FL 32217

CONTACT

NAME: Progressive Commercial Lines Customer and Agent Servicing
PHONE:
FAX:
IAC, No. Exl: 1-800-444-487 IAC, Mib:
E-MAIL:
ADDRESS: progressivecommercial@email.progressive.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURED

LEGACY RESTORATION AND REFERRAL, LLC
3844 GIMWOOD DR
HARVEY, LA 70058

INSURER A : Progressive Palovende Insurance Company
INSURER B :
INSURER C :
INSURER D :
INSURER E :
INSURER F :

COVERAGES

CERTIFICATE NUMBER: 70175664442359771D081123T194944

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	ADDITIONAL INSURED	SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						DAMAGE TO RENTED PREMISES (Per occurrence) \$
							MED EXP (Adv one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
							PRODUCTS - COMP/OP AGG \$
	OTHER						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Per accident) \$
	ANY AUTO						BODILY INJURY (Per person) \$250,000
	OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$500,000
	MULTI-STATE AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$100,000
A		Y	N	0-023559	08/16/2023	02/16/2024	
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DEFECT RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in NH)	Y/N					SERUATE <input type="checkbox"/> GRH <input type="checkbox"/>
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEES \$
							E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Jefferson Parish Purchasing Department
200 Derby Street
Gretna, LA 70053

AUTHORIZED REPRESENTATIVE

Mark Park



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY CUSTOMER ID: _____
LOC #: _____

AGENCY 0182 DuVigneaud LA		NAMED INSURED LEGACY RESTORATION AND REFERRAL, LLC 3844 CUMWOOD DR HARVEY, LA 70058
POLICY NUMBER 01025359		
CARRIER Progressive Palovende Insurance Company	NAIC CODE 44995	EFFECTIVE DATE: 08/16/2023

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Description of Location/Vehicles/Special Items

Scheduled autos only
2004 DODGE RAM 3500 3D7MU48C24G163218 \$500 Ded
Collision \$500 Ded
Comprehensive \$500 Ded

Liability coverage may not apply to all scheduled vehicles.