

LOUISIANA UNIFORM PUBLIC WORK BID FORM

TO: Jefferson Parish Government **BID FOR:** Rehabilitation of Paillet Pump Station
Department of Purchasing Public Works Project #2012-012-DR
200 Derbigny Street, Suite 4400 Bid #50-00115224
Gretna, Louisiana 70053

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: CDM Smith Inc. and dated: October 2015

(Owner to provide name of entity preparing bidding documents.)

Bidders must acknowledge all addenda. The Bidder acknowledges receipt of the following. **ADDENDA:** (Enter the number the Designer has assigned to each of the addenda that the Bidder is acknowledging No. 1 - dated 03/01/2016

No. 2 - dated 03/15/ 2106

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 eight hundred thirty four thousand Dollars (\$ 2,834,000.00)

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

Alternate No. 1 (Owner to provide description of alternate and state whether add or deduct) for the lump sum of:
Not Applicable Dollars (\$ N/A)

Alternate No. 2 (Owner to provide description of alternate and state whether add or deduct) for the lump sum of:
Not Applicable Dollars (\$ N/A)

Alternate No. 3 (Owner to provide description of alternate and state whether add or deduct) for the lump sum of:
Not Applicable Dollars (\$ N/A)

NAME OF BIDDER: The Lemoine Company, LLC

ADDRESS OF BIDDER: 214 Jefferson Street, Suite 200
Lafayette, Louisiana 70501

LOUISIANA CONTRACTOR'S LICENSE NUMBER: 32600

NAME OF AUTHORIZED SIGNATORY OF BIDDER: Donald H. Broussard, Jr.

TITLE OF AUTHORIZED SIGNATORY OF BIDDER: Secretary/Treasurer/CFO

SIGNATURE OF AUTHORIZED SIGNATORY OF BIDDER **: Donald H. Broussard, Jr.

DATE: March 22, 2016

* 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.

** If someone other than a corporate officer signs for the Bidder/Contractor, a copy of a corporate resolution or other signature authorization shall be required for submission of bid. Failure to include a copy of the appropriate signature authorization, if required, may result in the rejection of the bid unless bidder has complied with La. R.S. 38:2212(A)(1)(c) or RS 38:2212(O).

BID SECURITY in the form of a bid bond, certified check or cashier's check as prescribed by LA RS 38:2218.A is attached to and made a part of this bid. If a bid bond is provided it shall be on the attached form and only on the attached form.

LOUISIANA UNIFORM PUBLIC WORK BID FORM
UNIT PRICE FORM

TO: Jefferson Parish Government
Department of Purchasing
200 Derbigny Street, Suite 4400
Gretna, Louisiana 70053

BID FOR: Rehabilitation of Paillet Pump Station
Public Works Project #2012-012-DR
Bid #50-00115224

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:	Mobilization and Demobilization			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>)
1	1	LS	250,000	\$ 250,000.00

DESCRIPTION:	Construction of the Paillet Pump Station			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>)
2	1	LS	2,584,000	\$ 2,584,000.00



Bond Number: SLA16606906

Contractor Information

Principal: The Lemoine Company LLC

Address: 214 Jefferson St., Suite 200 Lafayette Louisiana 70501 United States

Owner/Obligee Information

Bond Form: Bid Bond in accordance with Contract Specifications

Owner/Obligee: Jefferson Parish

Address: 200 Derbigny Street Suite 4400 Gretna Louisiana 70053 United States

Bond Information

Surety: Federal Insurance Company

Bid Date: 3/22/2016

Estimated Contract Price: \$2,400,000.00

Time For Completion: 240 Calendar Days

Liquidated Damages: 500/Day

Estimated Work On Hand:

Amount of Bid Security: 5

Contract # or IFB #: 50-00115224

Description of Job: Rehabilitation of Pallet Pump Station

Job Breakdown:

Electronic Bidding Information

Bid Security Percentage: 5

Bid Security Maximum:

Owner Assigned Contractor Number:32600000

Primary Agency:

McGriff, Seibels & Williams, Inc.

Power of Attorney Limited to: unlimited

Executed

Entered By: Marc W. Boots - 3/7/2016 12:13:26 PM ET

Approved & Executed By:

Marc W. Boots

Marc W. Boots (Signed: 07-Mar-2016 12:13 PM EST (UTC-05:00))

[Signature Information](#)

Know all men by these presents that Federal Insurance Company, a Corporation duly organized under the laws of the State of Indiana, are held and firmly bound unto the above owner/obligee by this transmission. The surety agrees to waive the Statute of

Fraud defense and further agrees that the owner/obligee is a third party beneficiary of the waiver for the purposes of enforcing this bid bond.

© S2000, Inc.

Document ID: [S2000-1000851989](#)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/29/2016

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 Wright & Percy Ins - Baton Rouge A Division of BancorpSouth Insurance Services P O Box 3809 Baton Rouge LA 70821-3809		CONTACT NAME: Trent Sandahl PHONE (A/C, No, Ext): 225-336-3200 E-MAIL ADDRESS: switchboard@wright-percy.com FAX (A/C, No):															
INSURED The Lemoine Company LLC 214 Jefferson Street Suite 200 Lafayette LA 70501		INSURER(S) AFFORDING COVERAGE <table border="1"><thead><tr><th>INSURER</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Illinois National Insurance Company</td><td>23817</td></tr><tr><td>INSURER B: National Union Fire Ins Co Pittsbur</td><td>19445</td></tr><tr><td>INSURER C: AIG Assurance Company</td><td>40258</td></tr><tr><td>INSURER D: Indian Harbor Insurance Co.</td><td>36940</td></tr><tr><td>INSURER E: Travelers Property Casualty Co of A</td><td>25674</td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>		INSURER	NAIC #	INSURER A: Illinois National Insurance Company	23817	INSURER B: National Union Fire Ins Co Pittsbur	19445	INSURER C: AIG Assurance Company	40258	INSURER D: Indian Harbor Insurance Co.	36940	INSURER E: Travelers Property Casualty Co of A	25674	INSURER F:	
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INSURER F:																	

COVERAGES

CERTIFICATE NUMBER: 994816512

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 SUBR INSD, 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 <input type="checkbox"/> OTHER		GL1617021	9/1/2015	9/1/2016	<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>\$10,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$15,000,000</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)	\$10,000	PERSONAL & ADV INJURY	\$1,000,000	GENERAL AGGREGATE	\$15,000,000	PRODUCTS - COMP/OP AGG	\$2,000,000		\$
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GENERAL AGGREGATE	\$15,000,000																			
PRODUCTS - COMP/OP AGG	\$2,000,000																			
	\$																			
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		CA8262810	9/1/2015	9/1/2016	<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$1,000,000</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)	\$1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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PROPERTY DAMAGE (Per accident)	\$																			
	\$																			
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		BE18255676	9/1/2015	9/1/2016	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$25,000,000</td></tr><tr><td>AGGREGATE</td><td>\$25,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$25,000,000	AGGREGATE	\$25,000,000		\$								
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	\$																			
C	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/A		WC001593397	9/1/2015	9/1/2016	<table border="1"><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER</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"/> OTHER		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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E.L. DISEASE - EA EMPLOYEE	\$1,000,000																			
E.L. DISEASE - POLICY LIMIT	\$1,000,000																			
D E	Professional/Pollution Equipment Coverage		CE07420832 QT6603226R21ATIL15	9/1/2015 9/1/2015	9/1/2016 9/1/2016	<table border="1"><tr><td>\$5,000,000 Occ.</td><td>\$5,000,000 Aggr.</td></tr><tr><td>See Remarks</td><td></td></tr></table>	\$5,000,000 Occ.	\$5,000,000 Aggr.	See Remarks											
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See Remarks																				

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

Subject to policy terms, conditions and exclusions; the certificate holder shall be considered a Blanket Additional Insured on a Primary and Non-Contributory basis (on General Liability, Automobile Liability and Excess policies) with a Blanket Waiver of Subrogation (on General Liability, Automobile Liability, Excess and Workers' Compensation policies) in their favor when required by written contract, but only to the extent of the Named Insured's obligation to indemnify, defend and/or hold harmless the certificate holder as required by written contract.

Subject to policy terms, conditions and exclusions, 60 day notice of cancellation shall be given.
See Attached...

CERTIFICATE HOLDER

CANCELLATION

Jefferson Parish Purchasing Department 200 Derbigny Street, Suite 4400 Gretna LA 70053	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE </p>
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**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY Wright & Percy Ins - Baton Rouge		NAMED INSURED The Lemoine Company LLC 214 Jefferson Street Suite 200 Lafayette LA 70501	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Blanket Alternate Employer on the Workers' Compensation when required by written contract.

Workers' Compensation includes Officers.

With respects to Pollution subject to policy terms, conditions and exclusions: The certificate holder shall be considered a blanket Additional Insured when required by written contract.

With respects to Pollution and Professional subject to the policy terms, conditions and exclusions: The certificate holder shall have a blanket Waiver of Subrogation in their favor when required by written contract.

Equipment Coverage: Leased/Rented: Limit \$1,600,000 per item / \$3,000,000 per occurrence.

Certificate Holder shown is Additional Insured and Loss Payee with respects to leased/rented equipment when required by written contract. Subject to policy terms and conditions, Loss Payee shall receive the amount The Lemoine Company, LLC is obligated to pay for direct physical loss or damage to contractor's equipment by reason of their assumption of liability in a written contract or written agreement executed prior to the loss or damage for contractor's equipment that you lease or rent.

No Boom Overload Exclusion applies.

Project: Harvey WWTP

CERTIFICATE OF THE LEMOINE COMPANY, L.L.C.

Pursuant to Article VI of the Articles of Organization of The Lemoine Company, L.L.C. ("Company"), unless and until an authentic act of amendment to the Articles of Organization of the Company is filed in the office of the Louisiana Secretary of State and in each parish in which the Company owns immovable property, persons dealing with the Company may rely upon a certificate bearing the signature of any manager to establish the membership of any member, the authenticity of any records of the Company, or the authority of any person to act on behalf of the Company, including but not limited to the authority to take all actions referred to in LSA-R.S. 12:1318(B).

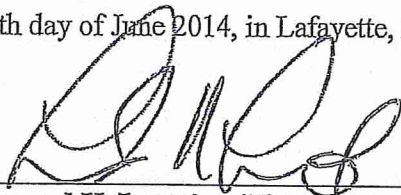
Pursuant to the authority granted in Article VI of the Articles of Organization of the Company, the undersigned Manager, being one of the Managers of the Company, hereby certifies that Leonard K. Lemoine, Vincent Champagne, II and Donald H. Broussard, Jr., or either of them, have the authority to prepare, execute and submit on behalf of the Company bid proposals to any person or entity and to enter into and execute contracts with any person or entity, containing such terms and provisions as either of them may in their sole discretion deem advisable, for the purposes of promoting the business of the Company, and shall have the authority to execute, deliver, acknowledge, file and record all documents and take all other actions which either of them may deem necessary or advisable in order to carry out the obligations of the Company as set forth in such bid proposals.

Pursuant to the authority granted in Article VI of the Articles of Organization of the Company, the undersigned Manager, being one of the Managers of the Company, hereby certifies that Leonard K. Lemoine, Donald H. Broussard, Jr., Gregory E. Landry, Vincent Champagne II, William M. Lemoine, Seth A. Lemoine, Robert Michael Rice and Timothy Burdette or any one of them, have the authority to prepare, execute and submit on behalf of the

Company subcontract agreements and related change orders to any person or entity and to containing such terms and provisions as any one of them may in their sole discretion deem advisable, for the purposes of promoting the business of the Company, and shall have the authority to execute, deliver, acknowledge, file and record all documents and take all other actions which either of them may deem necessary or advisable in order to carry out the obligations of the Company as set forth in such subcontract agreements or change orders.

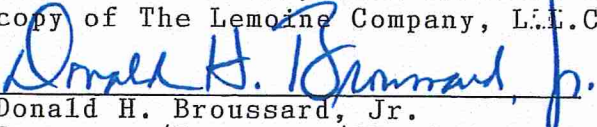
This Certificate of Authority supersedes and terminates all prior Certificates of Authority issued by the Company and its Members as of the date hereof.

THUS DONE AND SIGNED on this 8th day of June 2014, in Lafayette, Louisiana.

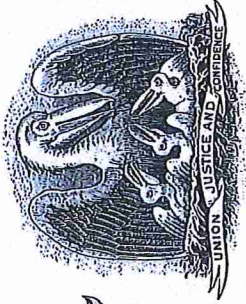


Leonard K. Lemoine, Manager

This is to certify that this is a true
copy of The Lemoine Company, L.L.C.


Donald H. Broussard, Jr.
Secretary/Treasurer/Chief Financial Officer

State of Louisiana



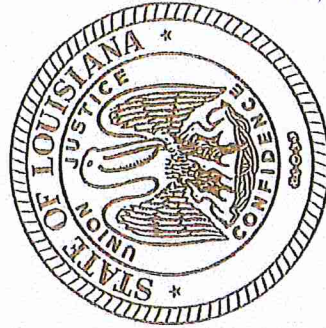
State Licensing Board for Contractors

This is to Certify that:

LEMOINE COMPANY, L.L.C., THE
214 Jefferson Street, Suite 200
Lafayette, LA 70501

is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION; HEAVY CONSTRUCTION; HIGHWAY, STREET AND BRIDGE
CONSTRUCTION; MUNICIPAL AND PUBLIC WORKS CONSTRUCTION



Witness our hand and seal of the Board dated,
Baton Rouge, LA 9th day of April 2015

Will B. MacP Director

See mallett Chairman

Andy Ramsey Secretary-Treasurer

Expiration Date: March 31, 2018

License No: 32600

This License Is Not Transferrable