

# LOUISIANA UNIFORM PUBLIC WORK BID FORM

TO: Jefferson Parish  
Attn: Purchasing Department  
200 Derbigny St., Suite 4400  
Gretna, Louisiana 70053  
(Owner to provide name and address of owner)

BID FOR: Eastbank WWTP EPS Improvements  
Jefferson Parish, Louisiana  
SCIP No. C-5120  
Bid Proposal No. 50-00115870  
(Owner to provide name of project and other identifying information)

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: GreenPoint Engineering LLC. and dated: February 2016  
(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) ONE.

**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:

one million nine hundred thirty six thousand & 00/100 Dollars (\$ 1,936,000.00)

**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 Replace Surge Suppression Valve Assemblies – Additive Alternate** for the lump sum of:

one hundred nine thousand & 00/100 Dollars (\$ 109,000.00)

**Alternate No. 2 Re-Program Existing Plant SCADA/HMI (Wonderware) – Additive Alternate** for the lump sum of:

Ten Thousand seven hundred & 00/100 Dollars (\$ 10,700.00)

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

N/A Dollars (\$ n/a)

NAME OF BIDDER: Deubler Electric  
ADDRESS OF BIDDER: 5143 River Road Harahan LA 70123  
LOUISIANA CONTRACTOR'S LICENSE NUMBER: 15695  
Name OF AUTHORIZED SIGNATORY OF BIDDER: E.J. DEUBLER II  
TITLE OF AUTHORIZED SIGNATORY OF BIDDER: PRESIDENT  
SIGNATURE OF AUTHORIZED SIGNATORY OF BIDDER \*\*: E.J. Deubler II  
DATE: April 12, 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(B)5.

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

# LOUISIANA UNIFORM PUBLIC WORK BID FORM

## UNIT PRICE FORM

TO: Jefferson Parish

Attn: Purchasing Department

200 Derbigny St., Suite 4400

Gretna, Louisiana 70053

(Owner to provide name and address of owner)

BID FOR: Eastbank WWTP EPS Improvements

Jefferson Parish, Louisiana

SCIP No. C-5120

Bid Proposal No. 50-00115870

(Owner to provide name of project and other identifying information)

UNIT PRICES: This form shall be used for any and all work required by the Bidding Documents and described as unit prices. Amounts shall be stated in figures and only in figures.

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#	MOBILIZATION, DEMOBILIZATION AND CLEANUP		
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
B-1	1	LS	241,928. <sup>00</sup>	\$ 241,928. <sup>00</sup>

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#	REPAIR TO EXISTING ELECTRICAL EQUIPMENT		
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
B-2	1	LS	80,140. <sup>00</sup>	\$ 80,140. <sup>00</sup>

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#	DEMOLITION OF EXISTING EQUIPMENT		
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
B-3	1	LS	30,050. <sup>00</sup>	\$ 30,050. <sup>00</sup>

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#	SUPPLY AND INSTALL 250HP VERTICAL MOTOR		
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
B-4	3	EACH	208,170. <sup>00</sup>	\$ 624,510. <sup>00</sup>

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#	SUPPLY AND INSTALL PUMP CONTROL PANEL		
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
B-5	1	LS	1107,310. <sup>00</sup>	\$ 1107,310. <sup>00</sup>

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#	SUPPLY AND INSTALL 1000 KVA TRANSFORMER		
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
B-6	2	EACH	85,380. <sup>00</sup>	\$ 170,760. <sup>00</sup>

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#	SUPPLY AND INSTALL MCC		
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
B-7	1	LS	180,850. <sup>00</sup>	\$ 180,850. <sup>00</sup>

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#	SUPPLY AND INSTALL VFDs WITH REDUCED VOLTAGE BYPASS		
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
B-8	3	EACH	143,690. <sup>00</sup>	431,070. <sup>00</sup>



DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#	SUPPLY AND REPLACE EXISTING CEILING FANS AND CONTROLS		
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> )
B-9	2	EACH	1,391. <sup>00</sup>	\$2,782. <sup>00</sup>

DESCRIPTION:	<input type="checkbox"/> Base Bid or <input checked="" type="checkbox"/> Alt.# <u>1</u>	SUPPLY AND INSTALL 12" SURGE SUPPRESSION VALVE ASSEMBLIES		
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> )
B-10	3	EACH	23,920. <sup>00</sup>	\$71,760. <sup>00</sup>

DESCRIPTION:	<input type="checkbox"/> Base Bid or <input checked="" type="checkbox"/> Alt.# <u>1</u>	SUPPLY AND INSTALL 8" SURGE SUPPRESSION VALVE ASSEMBLIES		
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> )
B-11	1	EACH	9,570. <sup>00</sup>	\$9,570. <sup>00</sup>

DESCRIPTION:	<input type="checkbox"/> Base Bid or <input checked="" type="checkbox"/> Alt.# <u>1</u>	SUPPLY AND INSTALL 6" SURGE SUPPRESSION VALVE ASSEMBLIES		
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> )
B-12	3	EACH	7,700. <sup>00</sup>	\$23,100. <sup>00</sup>

DESCRIPTION:	<input type="checkbox"/> Base Bid or <input checked="" type="checkbox"/> Alt.# <u>1</u>	SUPPLY AND INSTALL 4" SURGE SUPPRESSION VALVE ASSEMBLIES		
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> )
B-13	1	EACH	4,570. <sup>00</sup>	\$4,570. <sup>00</sup>

DESCRIPTION:	<input type="checkbox"/> Base Bid or <input checked="" type="checkbox"/> Alt.# <u>2</u>	RE-PROGRAM EXISTING PLANT SCADA/HMI (WONDERWARE)		
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> )
B-14	1	EACH	10,700. <sup>00</sup>	\$10,700. <sup>00</sup>

Wording for "DESCRIPTION" is to be provided by the Owner

All quantities are estimated. The contractor will be paid upon actual quantities as verified by Owner.

Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: Amy D. Foy, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized vice president of Deubler electric (Entity), the party who submitted a bid in response to Bid Number 50-00115870, 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:

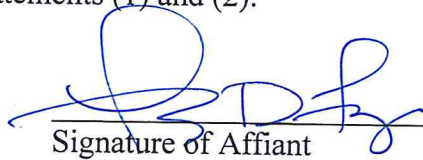
- (a) Theft (R.S. 14:67)
- (b) Identity Theft (R.S. 14:67, 16)
- (c) Theft of a business record (R.S. 14:67.20)
- (d) False accounting (R.S. 14:70)
- (e) Issuing worthless checks (R.S. 14:71)
- (f) Bank fraud (R.S. 14:71.1)
- (g) Forgery (R.S. 14:72)
- (h) Contractors; misapplication of payments (R.S.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

Amy D. Foy  
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME  
ON THE 12 DAY OF April, 2016.

  
Notary Public

Donald P. DiMaggio  
Printed Name of Notary

33195  
Notary/Bar Roll Number

My commission expires @death.

[Print](#)

## Notary Search - Detail

**Name:** MR. DONALD P. DIMAGGIO  
**Address:** 5440 MOUNES ST. SUITE 108  
ELMWOOD, LA 70123

**Phone:** (504) 734-8100  
**Phone 2:** (504) 733-5143

**Notary ID Number:** 33195  
**Parish:** JEFFERSON with authority in the following parishes:  
ORLEANS, PLAQUEMINES, ST. BERNARD  
**Agency:** N/A  
**Notary Type:** Non Attorney  
**Status:** Active

**Commission Date:** 08/26/1991  
**Oath Date:** 08/02/1991  
**Surety Expiration Date:** None  
**Annual Report Current:** Yes

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



## CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF  
Deubler electric  
INCORPORATED.

AT THE MEETING OF DIRECTORS OF Deubler Electric  
INCORPORATED, DULY NOTICED AND HELD ON April 6, 2016,  
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT  
WAS:

RESOLVED THAT E. J. Deubler III, 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.

Betty Deubler  
SECRETARY-TREASURER

April 6, 2016  
DATE

## BID BOND

KNOW ALL MEN BY THESE PRESENTS that we, the undersigned,

Deubler Electric, Inc. as PRINCIPAL, and

Old Republic Insurance Company

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

Five Percent (5%) of the Amount Bid

DOLLARS (\$ 5% ) lawful money of the United States, for the payment of which sum well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, that whereas the Principal has submitted the accompanying Bid dated April 12, 2016, for

### EASTBANK WWTP EPS IMPROVEMENTS Sewer Capital Improvement Project No. C-5120

NOW, THEREFORE, if the Principal shall not withdraw said Bid within the period specified therein after the opening of the same or, if no period be specified, within forty-five (45) days after the said opening, and shall within the period specified therefore or, if no period be specified, within twelve (12) days after the prescribed forms are presented to him for signature, enter into a written Contract with the Parish in accordance with the Bid as accepted, and give bond with good and sufficient surety or sureties, as may be required, for the faithful performance and proper fulfillment of such Contract; or in the event of the withdrawal of said Bid within the period specified, or the failure to enter into such Contract and give such bond within the time specified, if the Principal shall pay the Parish the difference between the amount specified in said Bid and the amount for which the Parish may procure the required work or supplies, or both, if the latter be in excess of the former, then the above obligation shall be void and of no effect, otherwise, to remain in full force and virtue.

IN WITNESS WHEREOF, the above bounded parties have executed this instrument under their several seals this 12th day of April, 2016, the name and corporate seal of each corporate party being hereto affixed and these presents signed by its undersigned representative, pursuant to authority of its governing body.

**BID BOND (continued)**

In Presence of:

\_\_\_\_\_  
(Individual Principal)

\_\_\_\_\_  
(Business Address, including Zip Code)

\_\_\_\_\_  
(Partnership)

\_\_\_\_\_  
(SEAL)

\_\_\_\_\_  
(Business Address, including Zip Code)

ATTEST:

Betty Doubler

BY:

E. J. Deubler  
Deubler Electric, Inc.  
(Corporate Principal)

5143 River Road, Harahan, LA 70123

\_\_\_\_\_  
(Business Address, including Zip Code)

BY:

\_\_\_\_\_  
AFFIX CORPORATE SEAL

ATTEST:

(See Power of Attorney)

Old Republic Insurance Company

\_\_\_\_\_  
(Corporate Surety)

P.O. Box 789, Greensburg, PA 15601-0789

\_\_\_\_\_  
(Business Address, including Zip Code)

BY:

Melanie Stern  
AFFIX CORPORATE SEAL  
Melanie Stern, Attorney-in-Fact

Countersigned:

BY:

Melanie Stern  
Melanie Stern, Attorney-in-Fact\*

State of Louisiana





# OLD REPUBLIC INSURANCE COMPANY

## POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That OLD REPUBLIC INSURANCE COMPANY, a Pennsylvania stock insurance corporation, does make, constitute and appoint:

STEPHEN L. CORY, PAMELA K. TUCKER, MELANIE STERN, BERT GUIBERTEAU, JR., OF METAIRIE, LA

its true and lawful Attorney(s)-in-Fact, with full power and authority, not exceeding \$20,000,000, for and on behalf of the Company as surety, to execute and deliver and affix the seal of the Company thereto (if a seal is required), bonds, undertakings, recognizances or other written obligations in the nature thereof, (other than self-insurance workers compensation bonds guaranteeing payment of benefits, asbestos abatement contract bonds, waste management bonds, hazardous waste remediation bonds or black lung bonds), as follows:

ALL WRITTEN INSTRUMENTS IN AN AMOUNT NOT TO EXCEED AN AGGREGATE OF SIX MILLION DOLLARS (\$6,000,000) ----- FOR ANY SINGLE OBLIGATION, REGARDLESS OF THE NUMBER OF INSTRUMENTS ISSUED FOR THE OBLIGATION.

and to bind OLD REPUBLIC INSURANCE COMPANY thereby, and all of the acts of said Attorneys-in-Fact, pursuant to these presents, are ratified and confirmed. This document is not valid unless printed on colored background and is multi-colored. This appointment is made under and by authority of the board of directors at a meeting held on May 12, 2010. This Power of Attorney is signed and sealed by facsimile under and by the authority of the following resolutions adopted by the board of directors of the OLD REPUBLIC INSURANCE COMPANY on May 12, 2010.

RESOLVED FURTHER, that the chairman, president or any vice president of the Company's surety division, in conjunction with the secretary or any assistant secretary of the Company, be and hereby are authorized and directed to execute and deliver, to such persons as such officers of the Company may deem appropriate, Powers of Attorney in the form presented to and attached to the minutes of this meeting, authorizing such persons to execute and deliver and affix the seal of the Company to bonds, undertakings, recognizances, and suretyship obligations of all kinds, other than bail bonds, bank depository bonds, mortgage deficiency bonds, mortgage guaranty bonds, guarantees of installment paper and note guaranty bonds. The said officers may revoke any Power of Attorney previously granted to any such person. The authority of any Power of Attorney granted by any such officer of the Company as aforesaid shall not exceed twenty million dollars (\$20,000,000.00), except (a) bonds required to be filed as open penalty bonds, and (b) bonds filed with any court or governmental authority requiring an unlimited penalty in bonds filed in that court.

RESOLVED FURTHER, that any bond, undertaking, recognizance, or suretyship obligation shall be valid and binding upon the Company (i) when signed by the chairman, president or any vice president of the Company's surety division and attested and sealed (if a seal be required) by any secretary or assistant secretary; or (ii) when signed by a duly authorized Attorney-in-Fact and sealed with the seal of the Company (if a seal be required).

RESOLVED FURTHER, that the signature of any officer designated above, and the seal of the Company, may be affixed by facsimile to any Power of Attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company, and such signature and seal when so used shall have the same force and effect as though manually affixed.

IN WITNESS WHEREOF, OLD REPUBLIC INSURANCE COMPANY has caused these presents to be signed by its proper officer, and its corporate seal to be affixed this 26TH day of APRIL, 2013.

OLD REPUBLIC INSURANCE COMPANY

*Phyllis M. Johnson*  
Assistant Secretary



*Alan Pavlic*  
Vice President

STATE OF WISCONSIN, COUNTY OF WAUKESHA - SS

On this 26TH day of APRIL, 2013, personally came before me, ALAN PAVLIC and PHYLLIS M. JOHNSON to me known to be the individuals and officers of the OLD REPUBLIC INSURANCE COMPANY who executed the above instrument, and they each acknowledged the execution of the same, and being by me duly sworn, did severally depose and say; that they are said officers of the corporation aforesaid, and that the seal affixed to the above instrument is the seal of the corporation, and that said corporate seal and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority of the board of directors of said organization.



*Kathryn R. Pearson*  
Notary Public  
My commission expires: 9/28/14

### CERTIFICATE

I, the undersigned, assistant secretary of the OLD REPUBLIC INSURANCE COMPANY, a Pennsylvania corporation, CERTIFY that the foregoing and attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolutions of the board of directors set forth in the Power of Attorney, are now in force.

87-5266

Signed and sealed at the City of Brookfield, WI this 12th day of April, 2016



*James E. Channing*  
Assistant Secretary

CORY, TUCKER & LAROWE, INC.

THIS DOCUMENT HAS A COLORED BACKGROUND AND IS MULTICOLORED ON THE FACE. THE COMPANY LOGO APPEARS ON THE BACK OF THIS DOCUMENT AS A WATERMARK. IF THESE FEATURES ARE ABSENT, THIS DOCUMENT IS VOID.



Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise.

An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

### GENERAL INFORMATION

Proposed OCP Named Insured: <u>Doubler electric</u>		Today's Date: <u>4.11.16</u>
Mailing Address: <u>5143 River Road Hanahan LA 70123</u>		
Telephone Number: <u>504 733-1990</u>	Web Address: <u>doublerelectric.com</u>	
OCP Insured is: <input type="checkbox"/> Project Owner <input checked="" type="checkbox"/> General Contractor		
<input type="checkbox"/> Construction Manager <input type="checkbox"/> Other:		
Name of Contractor: <u>same as above</u>		
Mailing Address:		
Telephone Number:		Web Address:
Contractor is: <input checked="" type="checkbox"/> General Contractor <input type="checkbox"/> Construction Manager		
<input type="checkbox"/> Prime Contractor <input type="checkbox"/> Sub-Contractor		
Proposed Effective Date (mm/dd/yyyy) <u>June 1 2016</u>	Proposed Expiration Date (mm/dd/yyyy) <u>July 31, 2017</u>	

### PROJECT INFORMATION

1. Description of worksite effluent pump station
2. Project State: Louisiana Project Number: C-5120
3. Project Specific Exposures - Check if applicable and explain.
  - a. ☐ Watercraft/Aircraft: \_\_\_\_\_
  - b. ☐ Storing of flammable gases, liquids and explosives: \_\_\_\_\_
  - c. ☐ Hazardous waste removal or related work: \_\_\_\_\_
  - d. ☐ Drilling: \_\_\_\_\_
  - e. ☐ Blasting: \_\_\_\_\_
  - f. ☐ Scaffolding (over 3 stories): \_\_\_\_\_
  - g. ☐ Unusual or significant surrounding property damage exposure: \_\_\_\_\_
  - h. ☐ Is this project excluded from the Travelers CGL policy? ..... ☐ Yes ☒ No
  - i. ☐ Is this a residential project? ..... ☐ Yes ☐ No  
 If yes, is the OCP intended to cover a residential project excluded on Travelers CGL policy? ..... ☐ Yes ☐ No
  - j. ☐ Is there a Total Pollution Exclusion on the Travelers CGL Policy? ..... ☒ Yes ☐ No
4. Terms of contract:
  - a. Bid date 4.12.16
  - b. Proposed starting date June 1 2016
  - c. Job term (months) 13 mo
  - d. Completion date (indicate none if not shown in job specifications) 330 days

## LIMITS/COVERAGE

5. Limits of coverage desired: Each occurrence limit \$ \_\_\_\_\_ Aggregate limit \$ \_\_\_\_\_  
6. Total cost of construction: \$ \_\_\_\_\_

### *Contractor's General Liability Program*

Travelers general liability policy number: DTCO9D226915TIA16 Term: 1/1/16-17  
Umbrella policy number: DTSMCUP9D226915TIL16 Term: 1/1/16-17  
Umbrella carrier: Travelers Umbrella limit: \$3,000,000

7. Additional Insureds: ☐ Engineer, Architects or Surveyors ☐ Mortgagee, Assignee, Successor or Receiver  
Name of mortgagee: \_\_\_\_\_

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website:

[http://www.travelers.com/w3c/legal/Producer\\_Compensation\\_Disclosure.html](http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html)

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.

This application, including any material submitted in conjunction with the application or any renewal, does not amend the provisions or coverages of any insurance policy or bond issued by Travelers. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

## FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

**ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND:** Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**FLORIDA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND PENNSYLVANIA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

**LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

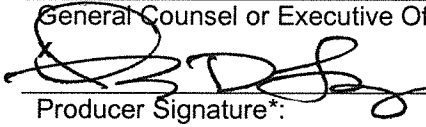
**OREGON:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

**PUERTO RICO:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.



<b>SIGNATURES</b>
-------------------

Producer information only required in Florida and Iowa.

General Counsel or Executive Officer *: 	General Counsel or Executive Officer Name/Title - Printed <b>Amy D. Foy</b>	Date (mm/dd/yyyy): <b>4.11.16</b>
Producer Signature*: <b>x</b>	State Producer License No (required in FL):	Date (mm/dd/yyyy):
Agency:	Agency Contact:	Agency Phone Number:

\* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

- ☐ Electronic Signature and Acceptance – General Counsel or Executive Officer  
☐ Electronic Signature and Acceptance – Producer

<b>ADDITIONAL INFORMATION</b>
-------------------------------

This area may be used to provide additional information to any question. Please reference the question number.



*HUB International Limited*

3510 N. Causeway Blvd., Suite 300  
Metairie, LA 70002  
Phone (800) 256-2842  
Fax (504) 834-2995

[www.hubinternational.com](http://www.hubinternational.com)

April 12, 2016

Deubler Electric, Inc.  
Attn: Amy D. Foy  
5143 River Road  
Harahan, LA 70123

RE: Jefferson Parish Eastbank Wastewater Treatment Plant Improvement Project

Dear Amy:

Attached is a Certificate of Insurance listing all of your current coverages.

We will be able to obtain an OCP policy, Builder's Risk policy and Pollution policy as needed.

If you have any questions, please let us know.

Best Regards,

A handwritten signature in black ink, appearing to read "W. Kohlmann", written over a horizontal line.

William Kohlmann  
Vice-President





DEUBELE-01

SJORDAN

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/6/2016

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 License # 231432 Hub International Gulf South 3510 N. Causeway Blvd., Suite 300 Metairie, LA 70002	CONTACT NAME:	
	PHONE (A/C, No, Ext): (800) 256-2842	FAX (A/C, No): (504) 834-2995
INSURED  Deubler Electric, Inc., etal Attn: Mr. E.J. Deubler 5143 River Road Harahan, LA 70123	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Travelers Commercial Casualty Company	
	INSURER B : Louisiana Workers Comp Corp	
	INSURER C :	
	INSURER D :	
INSURER E :		
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.

INSTR	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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			DTCO9D226915TIA16	01/01/2016	01/01/2017	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 \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			BA9D22691516CNS	01/01/2016	01/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			DTSMCUP9D226915TIL16	01/01/2016	01/01/2017	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
B	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 type="checkbox"/>	N / A	127999	01/01/2016	01/01/2017	<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

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

Re: Eastbank WWTP EPS Improvements Project; Sewer Capital Improvement Project No. C-5120

## CERTIFICATE HOLDER

## CANCELLATION

Jefferson Parish Purchasing Department  
General Government Building  
200 Derbigny St, 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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## ADDITIONAL REMARKS SCHEDULE

AGENCY Hub International Gulf South		License # 231432	NAMED INSURED Deubler Electric, Inc., etal Attn: Mr. E.J. Deubler 5143 River Road Harahan, LA 70123
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

## ADDITIONAL REMARKS

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

## Remarks:

## Additional Coverage:

## COMMERCIAL GENERAL LIABILITY:

Additional Insured status is extended to any person or organization which requires such provision in a written contract executed prior to a loss.

Waiver of Subrogation is extended to any person or organization which requires such provision in a written contract executed prior to a loss.

## BUSINESS AUTO LIABILITY:

Additional Insured status is extended to any person or organization which requires such provision in a written contract executed prior to a loss.

Waiver of Subrogation is extended to any person or organization which requires such provision in a written contract executed prior to a loss.

## WORKERS COMPENSATION/EMPLOYERS LIABILITY:

Waiver of Subrogation is extended to any person or organization which requires such provision in a written contract executed prior to a loss.

Alternate Employer status is extended to any person or organization which requires such provision in a written contract executed prior to a loss.

This policy contains Longshore and Harbor Workers Compensation Act Coverage.



DEUBELE-01

SJORDAN

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/6/2016

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 License # 231432 Hub International Gulf South 3510 N. Causeway Blvd., Suite 300 Metairie, LA 70002	CONTACT NAME:	
	PHONE (A/C, No, Ext): (800) 256-2842	FAX (A/C, No): (504) 834-2995
INSURED  Deubler Electric, Inc., etal Attn: Mr. E.J. Deubler 5143 River Road Harahan, LA 70123	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Travelers Commercial Casualty Company	NAIC # 40282
	INSURER B : Louisiana Workers Comp Corp	22350
	INSURER C :	
	INSURER D :	
	INSURER E :	
	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	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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			DTCO9D226915TIA16	01/01/2016	01/01/2017	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 \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			BA9D22691516CNS	01/01/2016	01/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			DTSMCUP9D226915TIL16	01/01/2016	01/01/2017	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
B	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 type="checkbox"/>	N / A	127999	01/01/2016	01/01/2017	<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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Re: Eastbank WWTP EPS Improvements Project; Sewer Capital Improvement Project No. C-5120

## CERTIFICATE HOLDER

## CANCELLATION

Jefferson Parish Purchasing Department  
General Government Building  
200 Derbigny St, 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



## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Hub International Gulf South</b>		License # 231432	NAMED INSURED Deubler Electric, Inc., etal Attn: Mr. E.J. Deubler 5143 River Road Harahan, LA 70123
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

## ADDITIONAL REMARKS

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

## Remarks:

## Additional Coverage:

**COMMERCIAL GENERAL LIABILITY:**

Additional Insured status is extended to any person or organization which requires such provision in a written contract executed prior to a loss.

Waiver of Subrogation is extended to any person or organization which requires such provision in a written contract executed prior to a loss.

**BUSINESS AUTO LIABILITY:**

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**WORKERS COMPENSATION/EMPLOYERS LIABILITY:**

Waiver of Subrogation is extended to any person or organization which requires such provision in a written contract executed prior to a loss.

Alternate Employer status is extended to any person or organization which requires such provision in a written contract executed prior to a loss.

This policy contains Longshore and Harbor Workers Compensation Act Coverage.





## Louisiana State Licensing Board for Contractors



## Contractor Information

Business Name DEUBLER ELECTRIC, INC. ✓  
 Mailing Address 5143 River Road  
 Harahan, LA 70123  
 Phone Number (504) 733-1990  
 Fax Number (000) 000-0000  
 Email Address ejd@deublerelectric.com

## Active Licenses

License Number 15695 ✓  
 Type Commercial License  
 Status LICENSED  
 Effective 03/22/2015  
 Expiration 03/21/2018  
 First Issued 03/21/1982

## Classifications

Class	Qualifying Party	Parishes
BUSINESS AND LAW	Edward Joseph Deubler III	ALL
✓ ELECTRICAL WORK (STATEWIDE)	Edward Joseph Deubler III	ALL
SPECIALTY: TELECOMMUNICATIONS	Edward Joseph Deubler III	ALL
SPECIALTY: TOWER CONSTRUCTION	Edward Joseph Deubler III	ALL

**Request for Taxpayer  
Identification Number and Certification**

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

25326

Print or type  
See Specific Instructions on page 2.

Name <b>Deubler Electric Inc</b>	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.) <b>5143 River Road</b>	
City, state, and ZIP code <b>Harahan LA 70123</b>	
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. 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								
or								
Employer identification number								
7	2	0	8	7	8	9	4	1

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

**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 4.)

Sign Here Signature of U.S. person *[Signature]* Date *10.26.10*

**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, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** 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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding,
- or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: If 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.

**Foreign person.** If you are a foreign person, use the appropriate Form W-8 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.**

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

- The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
- The treaty article addressing the income.
- The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
- The type and amount of income that qualifies for the exemption from tax.
- Sufficient facts to justify the exemption from tax under the terms of the treaty article.

USER NAME

PASSWORD

LOG IN

[Forgot Username?](#)[Forgot Password?](#)[Create an Account](#)

# Entity Dashboard

[Entity Overview](#)[Entity Record](#)[Core Data](#)[Assertions](#)[Reps & Certs](#)[POCs](#)[Reports](#)[Service Contract Report](#)[BioPreferred Report](#)[Exclusions](#)[Active Exclusions](#)[Inactive Exclusions](#)[Excluded Family Members](#)[RETURN TO SEARCH](#)

DEUBLER ELECTRIC, INC.

DUNS: 099647935 CAGE Code: 04GX3

Status: Active

5143 RIVER RD

HARAHAN, LA, 70123-5315,

UNITED STATES

Expiration Date: 03/18/2017

Purpose of Registration: All Awards

## Entity Overview

### Entity Information

**Name:** DEUBLER ELECTRIC, INC.  
**Business Type:** Business or Organization  
**POC Name:** Edward Deubler  
**Registration Status:** Active  
**Activation Date:** 03/18/2016  
**Expiration Date:** 03/18/2017

### Exclusions

Active Exclusion Records? No

SAM | System for Award Management 1.0

IBM v1.P.46.20160226-1435

WWW6



**Note to all Users:** This is a Federal Government computer system. Use of this system constitutes consent to monitoring at all times.

228



DEUBLER electric, inc.

5143 RIVER RD.  
HARAHAN, LA 70123  
PHONE (504) 733-1990

LA State Lic. # 15695



Jefferson Parish Attn: Purchasing Dept.  
200 Derbigny St. Ste. 4400  
Gretna LA 70053  
Eastbank WWTP EPS Improvements  
Jefferson Parish, Louisiana  
SCIP No. G-5120 Bid Proposal No. 50-00115870