

BID REJECTION FORM

Bid number: 50-00124270

Vendor Name: Buck Town Contractors & Co.

Reasons for

Rejection: Vendor did have the required category for the Louisiana

Contractor's License.

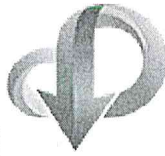
REVIEWED BY:

Buyer Name: Daphne Nelson

Date: 11/19/18

Chief Buyer: [Signature]

Date: 11-19-18



CENTRALBIDDING
FROM CENTRAL AUCTION HOUSE

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Central Bidding Time: Tue November 06, 2018 2:06:10 PM GMT-6

Place a Bid for 5000124270 VETERANS BLVD. AT CLEARY AVE. LANDSCAPE IMPROVEMENTS

Please enter your best bid proposal for this project

Louisiana Contractor ID#

28190000

Enter all information required on the outside of the sealed envelope in the box below

Buck Town Contractors & Co, Inc.
1005 Veterans Memorial Blvd, Suite 205
License # 28190
Acknowledge Addenda# 1

Jefferson Parish Purchasing Department
200 Derbigny Street, Suite 4400
Gretna, Louisiana 70053

Bid Bond #

SLA18715162

Jefferson Parish Vendor #:

Upload Attachment(s)

While this site accepts various file types, sizes and quantities, the preferred method for delivering all of the appropriate and required bid documents is one single scanned PDF file. Vendors submitting bids with multiple uploaded images/photos of bid responses are solely responsible for clarity. If uploaded images/documents are not legible, the bidder's submission will be rejected. Please note all requirements in this bid package for electronic bid submission.

Upload a file

Click the Upload button in order to upload bid related documents

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Central Auction House, LTD

LOUISIANA UNIFORM PUBLIC WORK BID FORM

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

BID FOR: Veterans Blvd. at Cleary Ave.
Landscape Improvements
JPPW Project No. 2018-025-S1
Bid No. 50-00124270
(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: _____ and dated: August 20, 2018
(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) 1

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 hundred forty thousand seven hundred forty three Dollars (\$ 140,743.⁰⁰)
and NO Cents.

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 (\$))

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

Not Applicable Dollars (\$))

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

Not Applicable Dollars (\$))

NAME OF BIDDER: Buck Town Contractors & Co
 ADDRESS OF BIDDER: 1005 VETERANS MEMORIAL Blvd KENNER LA 70062
 LOUISIANA CONTRACTOR'S LICENSE NUMBER: 28190
 Name OF AUTHORIZED SIGNATORY OF BIDDER: George D LeBourgeois
 TITLE OF AUTHORIZED SIGNATORY OF BIDDER: Vice President
 SIGNATURE OF AUTHORIZED SIGNATORY OF BIDDER **: [Signature]
 DATE: 11-5-2018

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. 38:2212(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) 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 Street, Suite 4400
Gretna, LA 70053

(Owner to provide name and address of owner)

BID FOR: Veterans Blvd. at Cleary Ave.
Landscape Improvements
JPPW Project No. 2018-025-ST
Bid No. 50-00124270

(Owner to provide name of project and office including information on)

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				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
1	1	Lump Sum	29,500. ⁰⁰	29,500. ⁰⁰
DESCRIPTION: <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt. # Temporary Signs and Barricades				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
2	1	Lump Sum	16,000. ⁰⁰	16,000. ⁰⁰
DESCRIPTION: <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt. # Concrete Saw Cut				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
3	200	Linear Foot	10. ⁰⁰	2,000. ⁰⁰
DESCRIPTION: <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt. # Concrete Removal				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
4	1,625	Square Foot	4.40	7,150. ⁰⁰
DESCRIPTION: <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt. # Turf Removal				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
5	6,750	Square Foot	0.32	2,160. ⁰⁰
DESCRIPTION: <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt. # Install Owner Provided Landscape Planter				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
6	4	Each	700. ⁰⁰	2,800. ⁰⁰
DESCRIPTION: <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt. # Chinese Pistache (45-Gal.)				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
7	23	Each	508. ⁰⁰	11,684. ⁰⁰
DESCRIPTION: <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt. # Hybrid Fan Palm (16" C.I.)				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
8	3	Each	534. ⁰⁰	1,602. ⁰⁰
DESCRIPTION: <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt. # Parsonii Juniper (13-Gal.)				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
9	141	Each	38. ⁰⁰	5,358. ⁰⁰
DESCRIPTION: <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt. # Gulf Coast Muhly Grass (3-Gal.)				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
10	17	Each	36. ⁰⁰	612. ⁰⁰

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.

LOUISIANA UNIFORM PUBLIC WORK BID FORM
UNIT PRICE FORM

TO: Jefferson Parish
Attn: Purchasing Department
200 Derbigny Street, Suite 4400
Gretna, LA 70053

(Owner to provide name and address of owner)

BID FOR: Veterans Blvd. at Cleary Ave.
Landscape Improvements
JPPW Project No. 2018-025-S1
Bid No. 50-00124270

(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. #	Lantana (1-Gal.)		
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
11	8	Each	29. ⁰⁰	232. ⁰⁰

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt. #	41" Bermuda Sod		
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
12	750	Square Yard	8.10	6,075. ⁰⁰

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt. #	Irrigation Bore		
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
13	70	Linear Foot	91. ⁰⁰	6,370. ⁰⁰

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt. #	Irrigation Zone		
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
14	8	Each	6,150. ⁰⁰	49,200. ⁰⁰

DESCRIPTION:	<input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt. #	NOT USED		
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
15				

DESCRIPTION:	<input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt. #	NOT USED		
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
16				

DESCRIPTION:	<input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt. #	NOT USED		
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
17				

DESCRIPTION:	<input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt. #	NOT USED		
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
18				

DESCRIPTION:	<input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt. #	NOT USED		
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
19				

DESCRIPTION:	<input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt. #	NOT USED		
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
20				

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.

📍 2525 Quail Drive, Baton Rouge, 70808 📞 (225) 765-2301 🗨 Text-To-Verify: 1 (855) 999-7896



Louisiana State Licensing Board for Contractors

Contractor Information

Business Name BUCK TOWN CONTRACTORS & CO.
Mailing Address 1005 Veterans Memorial Blvd Suite 205
Kenner, LA 70062
Phone Number (504) 466-1060
Email Address bucktowninc@aol.com
Website http://

Active Licenses

License Number 28190
Type Commercial License
Status LICENSED
Effective 08/20/2018
Expiration 08/19/2021
First Issued 08/19/1993

Classifications

Class	Qualifying Party	Parishes
BUILDING CONSTRUCTION	Matthew Stephen O'brien	ALL
BUSINESS AND LAW	Evelyn L. Sticker	ALL
HIGHWAY, STREET AND BRIDGE CONSTRUCTION	Evelyn L. Sticker	ALL
MUNICIPAL AND PUBLIC WORKS CONSTRUCTION	Matthew Stephen O'brien	ALL



Bond Number: SLA18715162

Contractor Information

Principal: Buck Town Contractors & Co.

Address: 1005 Veterans Memorial Blvd Kenner Louisiana 70006 United States

Owner/Obligee Information

Bond Form: Bid Bond in accordance with Contract Specifications

Owner/Obligee: Jefferson Parish

Address: 200 Derbigny Street Gretna Louisiana 70053 United States

Bond Information

Surety: SureTec Insurance Company

Bid Date: 11/6/2018

Estimated Contract Price: \$105,268.55

Time For Completion: 75 days

Liquidated Damages: \$3,820.00

Estimated Work On Hand:

Amount of Bid Security: Five Percent (5%) of the Amount Bid

Contract # or IFB #: 50-00124270

Description of Job: Veterans Blvd. at Cleary Ave. Landscapes Improvements JPPW
Project No. 2018-025-ST, Bid No. 50-00124270

Job Breakdown:

Electronic Bidding Information

Bid Security Percentage: 5

Bid Security Maximum:

Owner Assigned Contractor Number:28190000

Primary Agency:

Insurance Underwriters, Ltd.

Power of Attorney Limited to: \$20,000,000

Executed

Entered By: Jack Landry - 11/5/2018 3:02:12 PM ET

Approved & Executed By:

A handwritten signature in black ink that reads "Jack Landry".

Jack Landry (Signed: 05-Nov-2018 03:02 PM EST (UTC-05:00))

Signature Information

Know all men by these presents that SureTec Insurance Company, a Corporation duly organized under the laws of the State of Texas, 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: S2000-1000977263

Public Works Bid

AFFIDAVIT

STATE OF Mississippi

PARISH/COUNTY OF Hancock

BEFORE ME, the undersigned authority, personally came and appeared: George
LeBourgeois, (Affiant) who after being by me duly sworn, deposed and said that
he she is the fully authorized Vice President of Back Town Contractors & Co, Inc.
50-00124270 (Entity),
the party who submitted a bid in response to Bid Number _____, to the Parish of
Jefferson.

Affiant further said:

Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all campaign contributions, including the date and amount of each contribution, made to current or former elected officials of the Parish of Jefferson by Entity, Affiant, and/or officers, directors and owners, including employees, owning 25% or more of the Entity during the two-year period immediately preceding the date of this affidavit or the current term of the elected official, whichever is greater. Further, Entity, Affiant, and or Entity Owners have not made any contributions to or in support of current or former members of the Jefferson Parish Council or the Jefferson Parish President through or in the name of another person or legal entity, either directly or indirectly.

Choice B X there are **NO** campaign contributions made which would require disclosure under Choice A of this section.

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

Affiant further said:

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

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:

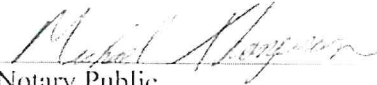
- (1) Entity is registered and participates in a status verification system to verify that all employees in the State of Louisiana are legal citizens of the United States or are legal aliens.
- (2) Entity shall continue, during the term of the contract, to utilize a status verification system to verify 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

George LeBourgeois
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 6 DAY OF November, 2018.


Notary Public

Michael Thompson
Printed Name of Notary

93124
Notary/Bar Roll Number

My commission expires May 21, 2021.



**RESOLUTION OF SPECIAL MEETING
OF THE MEMBERS OF BUCK TOWN CONTRACTORS & COMPANY,
A LOUISIANA CORPORATION**

A special meeting of the Board of Directors of **BUCK TOWN CONTRACTORS & COMPANY, a Louisiana Corporation** held November 5, 2018 at which meeting all of the Board of Directors were present; the following resolution was moved and adopted:

“RESOLVED, that **BUCK TOWN CONTRACTORS & COMPANY, a Louisiana Corporation** hereby authorizes and empowers **George D. LeBourgeois, Jr.** the authority to negotiate, sign and approve any and all documents relating to any and all bids, change orders, drawings, proposals, pay estimates or any other document necessary to conduct business on behalf of **BUCK TOWN CONTRACTORS & COMPANY, a Louisiana Corporation**.

George D. LeBourgeois, Jr. is Vice President of **BUCK TOWN CONTRACTORS & COMPANY, a Louisiana Corporation** and is specifically authorized to sign the bid and all other documents pertaining to : **Veterans Blvd, at Cleary Ave Landscape Improvements JPPW # 2018-025-ST**

This authority and empowerment shall remain in effect until revoked, in writing, though a corporate resolution.”

There being no further business, upon motion duly made, seconded and carried, the meeting was adjourned.

CERTIFICATION

I, Evelyn Sticker, Secretary / Treasurer of **BUCK TOWN CONTRACTORS & COMPANY, INC. a Louisiana Corporation** do hereby certify that the foregoing is a true copy of a resolution passed this November 5, 2018 at a meeting of the Board of Directors of **BUCK TOWN CONTRACTORS & COMPANY, a Louisiana Corporation**, as above stated at which meeting all of the members of the Board of Directors were present. This November 5, 2018

**BUCK TOWN CONTRACTORS & COMPANY,
a Louisiana Corporation**

BY: _____

Evelyn Sticker
Evelyn Sticker, Secretary / Treasurer



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/5/2018

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 Eagan Insurance Agency, LLC Attn: Wayne R, Sherry K or Angel D P. O. Box 8590 Metairie LA 70002	CONTACT NAME: Sherry Kellahan LaPlace LA Office PHONE (AC, No, Ext): (504) 836-9600 FAX (AC, No): (985) 652-1549 E-MAIL: kellahans@eaganins.com ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Gemini Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Buck Town Contractor & Co., Inc. 1005 Veterans Memorial Blvd. Ste 201 Kenner LA 70062	NAIC #

COVERAGES

CERTIFICATE NUMBER: 17-18 GL renew no excess

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			VIGP018591 Primary and Noncontrib When required by contract	12/31/2017	12/31/2018 2	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000				
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		MED EXP (Any one person) \$ 5,000				
	<input checked="" type="checkbox"/> Blanket Addl Insured		PERSONAL & ADV INJURY \$ 1,000,000				
	<input checked="" type="checkbox"/> Blanket Waiver		GENERAL AGGREGATE \$ 2,000,000				
	GENL AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COM/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	DED	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
General Contractor

CERTIFICATE HOLDER

CANCELLATION

Insured Copy	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 Wayne Roussel/SHERRY



BUCKTOW-01

LBURNS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/05/2018

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 Insurance Underwriters, Ltd. P. O. Box 6738 Metairie, LA 70009	CONTACT NAME: PHONE (A/C, No, Ext): (504) 883-2500 FAX (A/C, No): (504) 883-2535 E-MAIL ADDRESS:
INSURED Buck Town Contractors & Co. George LeBourgeois 1005 Veterans Mem. Blvd Ste 201 Kenner, LA 70062	INSURER(S) AFFORDING COVERAGE INSURER A : Bridgefield Casualty Ins. Co. NAIC # 10335 INSURER B : 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 SUBR INSD. WVD.	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$
	CLAIMS-MADE	OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence) \$
						MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER					GENERAL AGGREGATE \$
	POLICY	PRO- JECT	LOC			PRODUCTS - COMPI/OP AGG \$
	OTHER					\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO					BODILY INJURY (Per person) \$
	OWNED	SCHEDULED				BODILY INJURY (Per accident) \$
	AUTOS ONLY	AUTOS				PROPERTY DAMAGE (Per accident) \$
	HIRED	NON-OWNED				\$
	AUTOS ONLY	AUTOS ONLY				\$
	UMBRELLA LIAB	OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	CLAIMS-MADE				AGGREGATE \$
	DED	RETENTIONS				\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	19639540	08/27/2018	08/27/2019	X PER STATUTE OTH- ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y N/A				E L EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					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)

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

Sample
For bidding purposes

ACORD 25 (2016/03)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/19/2018

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 KERT LEBLANC INSURANCE AGENCY, INC STATE FARM INSURANCE 6820 VETERANS MEMORIAL BLVD STE B METAIRIE, LA 70003	CONTACT NAME: KERT LEBLANC	
	PHONE (A/C, No, Ext): 504-454-6036 FAX (A/C, No): 504-454-6063 E-MAIL ADDRESS: KERT.LEBLANC.B3CZ@STATEFARM.COM	
INSURED BUCKTOWN CONTRACTORS 1005 VETERANS MEMORIAL BLVD SUITE 201 KENNER, LA 70062	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: State Farm Mutual Automobile Insurance Company	25178
	INSURER B:	
	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
A	AUTOMOBILE LIABILITY			344 6547-F05 non owned	06/05/2018	06/05/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO			insured with single limit			BODILY INJURY (Per person) \$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS			191 0595-C31	03/31/2018	03/31/2019	BODILY INJURY (Per accident) \$ 1,000,000
	<input checked="" type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$ 1,000,000
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> OCCUR						\$
	<input type="checkbox"/> CLAIMS-MADE						
	DED RETENTIONS						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, 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

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