

# LOUISIANA UNIFORM PUBLIC WORK BID FORM

TO: Jefferson Parish Purchasing Dept.  
200 Derbigny St., Suite 4400  
Gretna, LA 70053

*(Owner to provide name and address of owner)*

BID FOR: 50-00119410  
Lafreniere Park- Al Copeland  
Music Meadow Grading Improvements

*(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: CSRS, Inc. and dated: January 2017

*(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:

Fifty nine thousand four hundred fifty dollars <sup>00</sup>/<sub>100</sub> Dollars (\$ 59,450.<sup>00</sup>)

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

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

N/A Dollars (\$                     )

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

N/A Dollars (\$                     )

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

N/A Dollars (\$                     )

NAME OF BIDDER: Magee Excavation & Development LLC  
 ADDRESS OF BIDDER: 21114 Hwy 40 Bush LA 70431/PO Box 245 Covington LA 70435  
 LOUISIANA CONTRACTOR'S LICENSE NUMBER: 54896  
 Name OF AUTHORIZED SIGNATORY OF BIDDER: Skip Magee  
 TITLE OF AUTHORIZED SIGNATORY OF BIDDER: Owner  
 SIGNATURE OF AUTHORIZED SIGNATORY OF BIDDER \*\*: [Signature]  
 DATE: May 16, 2017

\* 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 Purchasing Dept.  
200 Derbigny St. Suite 4400  
Gretna LA 70053

(Owner to provide name and address of owner)

BID FOR: 50-00119410  
Lafreniere Park- Al Copeland  
Music Meadow Grading Improvements

(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.# <u>MOBILIZATION</u>			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
1	1	LUMP SUM	10,147. <sup>00</sup>	10,147. <sup>00</sup>

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>CLEARING &amp; GRUBBING</u>			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
2	1	LUMP SUM	3,000. <sup>00</sup>	3,000. <sup>00</sup>

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>UNCLASSIFIED EXCAVATION</u>			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
3	291	C.Y.	20. <sup>00</sup>	5,820. <sup>00</sup>

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>RETAINING WALL</u>			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
4	190	S.F.	45. <sup>00</sup>	8,550. <sup>00</sup>

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>12" PVC STORM DRAIN PIPE</u>			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
5	344	L.F.	20. <sup>00</sup>	6,880. <sup>00</sup>

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>DROP INLET</u>			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
6	4	EACH	1,800. <sup>00</sup>	7,200. <sup>00</sup>

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>TIE-IN TO EXISING DRAINAGE STRUCTURE</u>			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
7	1	EACH	1,500. <sup>00</sup>	1,500. <sup>00</sup>

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>REPLACE GRAVEL DRIVE (8" THICK)</u>			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
8	55	S.Y.	20. <sup>00</sup>	1,100. <sup>00</sup>

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>CLEANOUT</u>			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
9	2	EACH	200. <sup>00</sup>	400. <sup>00</sup>

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>4" PERFORATED PVC</u>			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
10	74	L.F.	20. <sup>00</sup>	1,480. <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.

**LOUISIANA UNIFORM PUBLIC WORK BID FORM**  
**UNIT PRICE FORM**

to: Jefferson Parish Purchasing Dept.  
200 Derbigny St., Suite 4400  
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BID FOR: 50-00119410  
Lafreniere Park- Al Copeland  
Music Meadow Grading Improvements

*(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.# <u>    </u> <b>TEMPORARY SILT FENCING</b>				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION <i>(Quantity times Unit Price)</i>
11	450	L.F.	1.00	450.00

DESCRIPTION: <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> <b>TEMPORARY STONE CONSTRUCTION ENTRANCE</b>				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION <i>(Quantity times Unit Price)</i>
12	1	EACH	1.00	1.00

DESCRIPTION: <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> <b>HYDRO-SEEDING</b>				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION <i>(Quantity times Unit Price)</i>
13	1,451	S.Y.	2.00	2,902.00

DESCRIPTION: <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> <b>PLANTS (PLANT) (1 GALLON)</b>				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION <i>(Quantity times Unit Price)</i>
14	56	EACH	30.00	1,680.00

DESCRIPTION: <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> <b>PLANTS (PLANT) (3 GALLON)</b>				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION <i>(Quantity times Unit Price)</i>
15	73	EACH	50.00	3,650.00

DESCRIPTION: <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> <b>PLANTS (PLANT) (5 GALLON)</b>				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION <i>(Quantity times Unit Price)</i>
16	43	EACH	80.00	3,440.00

DESCRIPTION: <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> <b>PLANTS (TREE) (1-1 1/2" CAL)</b>				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION <i>(Quantity times Unit Price)</i>
17	5	EACH	250.00	1,250.00

DESCRIPTION: <input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u>				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION <i>(Quantity times Unit Price)</i>

DESCRIPTION: <input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u>				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION <i>(Quantity times Unit Price)</i>

DESCRIPTION: <input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u>				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION <i>(Quantity times Unit Price)</i>

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 State Licensing Board for Contractors



### Contractor Information

Business Name MAGEE EXCAVATION & DEVELOPMENT, L.L.C. ✓  
Mailing Address P.O. Box 245  
Covington, LA 70434  
Phone Number (985) 373-8292  
Fax Number (905) 893-0885  
Email Address skip@mageeexcavation.net

### Active Licenses

License Number 54896 ✓  
Type Commercial License  
Status LICENSED  
Effective 12/29/2015  
Expiration 12/28/2018  
First Issued 12/28/2011

### Classifications

Class	Qualifying Party	Parishes
BUSINESS AND LAW	Skip Charles Magee	ALL
HIGHWAY, STREET AND BRIDGE CONSTRUCTION ✓	Jessica Ayo Magee	ALL
HIGHWAY, STREET AND BRIDGE CONSTRUCTION	Skip Charles Magee	ALL
SPECIALTY: EARTHWORK, DRAINAGE AND LEVELS	Skip Charles Magee	ALL



**BID BOND**

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

Magee Excavation & Development, L.L.C.  
as PRINCIPAL, and

The Gray 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 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 May 16, 2017, for

**LAFRENIERE PARK**  
**AL COPELAND MUSIC MEADOW GRADING IMPROVEMENTS**  
**Public Works Project No. 50-00119410**

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 16th day of May, 2017, 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:

  
\_\_\_\_\_

BY: \_\_\_\_\_

Magee Excavation & Development, L.L.C.  
(Corporate Principal)

P.O. Box 245, Covington, LA 70434  
(Business Address, including Zip Code)

BY:   
AFFIX CORPORATE


SEAL

ATTEST:

See Power-Of-Authority

The Gray Insurance Company  
(Corporate Surety)

1225 W. Causeway Approach, Mandeville, LA 70471  
(Business Address, including Zip Code)

BY:   
AFFIX CORPORATE SEAL  
Jeffrey E. Kropp, Attorney-In-Fact

Countersigned:

BY: Jeffrey E. Kropp

Jeffrey E. Kropp, Attorney-in-Fact\*

State of Louisiana

THE GRAY CASUALTY & SURETY COMPANY  
THE GRAY INSURANCE COMPANY

205812

GENERAL POWER OF ATTORNEY

KNOW ALL BY THESE PRESENTS, THAT The Gray Insurance Company and The Gray Casualty & Surety Company, corporations duly organized and existing under the laws of Louisiana, and having their principal offices in Metairie, Louisiana, do hereby make, constitute, and appoint **Edwin O. Schlesinger, William H. Ellsworth, Catherine R. Froeba, Jack T. Landry, Laura Burns and Jeffrey Kropp of Metairie, Louisiana** jointly or severally on behalf of each of the Companies named above its true and lawful Attorney(s)-in-Fact, to make, execute, seal and deliver, for and on its behalf and as its deed, bonds, or other writings obligatory in the nature of a bond, as surety, contracts of suretyship as are or may be required or permitted by law, regulation, contract or otherwise, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed the amount of \$10,000,000.00

This Power of Attorney is granted and is signed by facsimile under and by the authority of the following Resolutions adopted by the Boards of Directors of both The Gray Insurance Company and The Gray Casualty & Surety Company at meetings duly called and held on the 26<sup>th</sup> day of June, 2003.

"RESOLVED, that the President, Executive Vice President, any Vice President, or the Secretary be and each or any of them hereby is authorized to execute a power of Attorney qualifying the attorney named in the given Power of Attorney to execute on behalf of the Company bonds, undertakings, and all contracts of surety, and that each or any of them is hereby authorized to attest to the execution of such Power of Attorney, and to attach the seal of the Company; and it is

FURTHER RESOLVED, that the signature of such officers and the seal of the Company may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be binding upon the Company now and in the future when so affixed with regard to any bond, undertaking or contract of surety to which it is attached.

IN WITNESS WHEREOF, The Gray Insurance Company and The Gray Casualty & Surety Company have caused their official seals to be hereinto affixed, and these presents to be signed by their authorized officers this 12<sup>th</sup> day of September, 2011.



By:

*Michael T. Gray*  
Michael T. Gray  
President, The Gray Insurance Company  
and  
Vice President,  
The Gray Casualty & Surety Company

Attest:

*Mark S. Manguno*  
Mark S. Manguno  
Secretary,  
The Gray Insurance Company,  
The Gray Casualty & Surety Company



State of Louisiana

ss:

Parish of Jefferson

On this 12<sup>th</sup> day of September, 2011, before me, a Notary Public, personally appeared Michael T. Gray, President of The Gray Insurance Company and Vice President of The Gray Casualty & Surety Company, and Mark S. Manguno, Secretary of The Gray Insurance Company and The Gray Casualty & Surety Company, personally known to me, being duly sworn, acknowledged that they signed the above Power of Attorney and affixed the seals of the companies as officers of, and acknowledged said instrument to be the voluntary act and deed, of their companies.



*Lisa S. Millar*

Lisa S. Millar, Notary Public, Parish of Orleans  
State of Louisiana  
My Commission is for Life

I, Mark S. Manguno, Secretary of The Gray Insurance Company and The Gray Casualty & Surety Company, do hereby certify that the above and forgoing is a true and correct copy of a Power of Attorney given by the companies, which is still in full force and effect.

IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Companies this 16<sup>th</sup> day of May, 2017.



*Mark S. Manguno*

Mark S. Manguno, Secretary  
The Gray Insurance Company  
The Gray Casualty & Surety Company

AL. ATER  
SECRETARY OF STATE  
RECEIVED & FILED  
DATE JUL 18 2006

**ARTICLES OF ORGANIZATION  
OF  
MAGEE EXCAVATION & DEVELOPMENT, L.L.C.**

The undersigned, acting pursuant to the Louisiana Limited Liability Company Law, La. Rev. Stat. §12:1301 et seq., adopts the following Articles of Organization:

**ARTICLE I  
NAME**

The name of the limited liability company is Magee Excavation & Development, L.L.C. (hereinafter, "Company").

**ARTICLE II  
PURPOSE**

The purpose of the Company is to engage in any lawful activity for which limited liability companies may be formed under the Louisiana Limited Liability Company Law.

**ARTICLE III  
MANAGEMENT**

The Company shall be managed by its Member. The single member is Skip C. Magee.

**ARTICLE IV  
TERM**

The term of the company shall be perpetual.

**ARTICLE V  
RELIANCE ON CERTIFICATE**

Persons dealing with the LLC may rely upon a certificate of the certifying official named below to establish the membership of any member, the authenticity of any records of the LLC, including, without limitation, the operating agreement, or the authority of any person to act on behalf of the LLC, including, without limitation, the authority to take actions referred to in La. Rev. Stat. § 12:1318 (B). Skip C. Magee is hereby named authorized certifying official of the LLC, and may exercise the full authority granted by La. Rev. Stat. § 12:1305 (C) (5) without the need to obtain the written approval or certification of any other certifying official.

**ARTICLE VI**  
**OPERATING AGREEMENT**

The Operating Agreement for the Company and all amendments to it shall be in writing. In the event of a conflict between the Articles of Organization and the Operating Agreement, the Articles of Organization shall govern.

**MAGEE EXCAVATION & DEVELOPMENT, L.L.C.**

  
\_\_\_\_\_  
Skip C. Magee, Manager/Organizer

**ACKNOWLEDGMENT**

**STATE OF LOUISIANA**

**PARISH OF ST. TAMMANY**

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

**SKIP C. MAGEE**

to me known to be the person who signed the foregoing instrument as Organizer, and who, having been duly sworn, acknowledged and declared, in the presence of the undersigned witnesses, that she signed such instrument as her free act and deed for the purposes mentioned therein.

**IN WITNESS WHEREOF**, the appearer, witnesses and I have hereunto fixed our hands on this 14<sup>th</sup> day of July, 2006.

**WITNESSES:**

Lauren A. McDonald  
LAUREN A. MCDONALD

Skip C. Magee  
SKIP C. MAGEE, Organizer

Nedra Roper  
NEDRA ROPER

Cheryl L. Magee  
CHERYL L. MAGEE, NOTARY PUBLIC  
(Bar Roll No. 25150)

UNITED STATES OF AMERICA

State of Louisiana

Al Ater

SECRETARY OF STATE

*As Secretary of State, of the State of Louisiana, I do hereby Certify that*  
a copy of the Articles of Organization and Initial Report of

MAGEE EXCAVATION & DEVELOPMENT, L.L.C.

Domiciled at COVINGTON, LOUISIANA,

Was filed and recorded in this Office on July 18, 2006,

And all fees having been paid as required by law, the  
limited liability company is authorized to transact business  
in this State, subject to the restrictions imposed by law,  
including the provisions of R.S. Title 12, Chapter 22.

*In testimony whereof, I have hereunto set  
my hand and caused the Seal of my Office  
to be affixed at the City of Baton Rouge on,  
July 18, 2006*

*Al Ater*  
ATH 36228844K

*Secretary of State*





# ACORD. CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)  
05/16/17

<b>PRODUCER</b>  D R COMMERCIAL LINES OF BATON ROUGE, INC. P.O. BOX 5498 COVINGTON, LA 70434		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
		<b>COMPANIES AFFORDING COVERAGE</b>	
		COMPANY <b>A</b> QBE SPECIALTY INSURANCE COMPANY	
		COMPANY <b>B</b> LC&I SIF	
		COMPANY <b>C</b>	
		COMPANY <b>D</b>	
<b>INSURED</b>  MAGEE EXCAVATION & DEVELOPMENT, LLC 21664 HWY 40 BUSH LA 70431			

**COVERAGES**  
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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	QSILA0016161	03/30/17	07/10/17	COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: \$ EACH ACCIDENT \$ AGGREGATE \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	20620-16	12/12/16	12/12/17	STATUTORY LIMITS EACH ACCIDENT \$1,000,000 DISEASE - POLICY LIMIT \$1,000,000 DISEASE - EACH EMPLOYEE \$1,000,000
A	<b>OTHER</b> UNINSURED MOTORIST #QSILA0016161 NORMAL RADIUS OF OPERATION 50 AIR MILES HAULS SAND, GRAVEL, DIRT, OWNED CONSTRUCTION EQUIPMENT, LOT CLEARING DEBRIS		07/10/16	07/10/17	\$100,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

VEHICLE SCHEDULE AVAILABLE UPON REQUEST

<b>CERTIFICATE HOLDER</b>  MAGEE EXCAVATION & DEVELOPMENT LLC 21664 HWY 40 BUSH LA 70431	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
AUTHORIZED REPRESENTATIVE	

\*PROOF OF COVERAGE\*



MAGEEXC-01

SFITCH

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/15/2017

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).

<b>PRODUCER</b> Insurance Underwriters, Ltd. P. O. Box 6738 Metairie, LA 70009	<b>CONTACT NAME:</b> Jonathan Landry, CIC, CRA	
	<b>PHONE (A/C, No, Ext):</b> (504) 620-1795 <b>FAX (A/C, No):</b> (504) 620-1779	
	<b>E-MAIL ADDRESS:</b> jclandry@iulins.com	
<b>INSURED</b>  Magee Excavation & Development LLC P.O. Box 245 Covington, LA 70434	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A :</b> United Specialty Insurance	12537
	<b>INSURER B :</b> Evanston Insurance Company	35378
	<b>INSURER C :</b> Lloyd's of London	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

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			DCI0027300	10/03/2016	10/03/2017	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="" type="checkbox"/> Per Project Agg						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b>						
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
B	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR			EZXS1006669	10/03/2016	10/03/2017	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 1,000,000
	DED RETENTION \$						
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
C	Prof. Errors & Omiss			B0621PMAGE000316	10/03/2016	10/03/2017	Aggregate 2,000,000
C	Pollution			B0621PMAGE000316	10/03/2016	10/03/2017	Occurrence 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 Certificate

Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF ST. Tammany

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

Magee, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized Owner of Magee Excavation & Development LLC (Entity), the party who submitted a bid in response to Bid Number 50-00119410, 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

Skip Magee  
Printed Name of Affiant

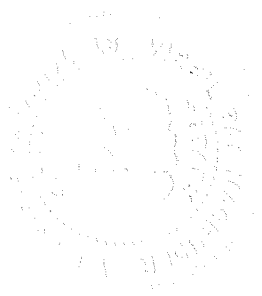
SWORN AND SUBSCRIBED TO BEFORE ME  
ON THE 16 DAY OF May, 2017.

  
Notary Public

Virginia Kay Magruder  
Printed Name of Notary

59919  
Notary/Bar Roll Number

My commission expires At Death



[Print](#)

## Notary Search - Detail

**Name:** MR. VIRGIL RAY MAGRUDER  
**Address:** 19520 TICE ROAD  
COVINGTON, LA 70435  
**Phone:** (985) 893-9730  
**Notary ID Number:** 59919  
**Parish:** ST. TAMMANY  
**Agency:** N/A  
**Notary Type:** Non Attorney  
**Status:** Active  
**Commission Date:** 11/10/1999  
**Oath Date:** 11/04/1999  
**Surety Expiration Date:** 10/26/2019  
**Annual Report Current:** Yes

## Notary Events

**Suspension** From: 01/11/2017 To: 01/12/2017  
**Suspension** From: 01/10/2013 To: 01/10/2013

Deceased, Inactivated, Leave of Absence, Pre-Assessment Registration, Pre-Assessment Taken, Resigned, Retirement, and Revoked events are not available prior to February 11, 2012.

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

**Request for Taxpayer  
Identification Number and Certification**

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

Name (as shown on your income tax return)  
**Magee Excavation & Development**

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:  
☐ Individual sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate  
☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) >   
☐ Other (see instructions) >   
☐ Exempt payee

Address (number, street, and apt. or suite no.)  
**21664 Hwy 40 Bush**  
City, state, and ZIP code  
**LA 70431**

Requester's name and address (optional)

List account number(s) here (optional)  
**#275000**

**Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. 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  
Employer identification number  
**20-5437616**

**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. citizen or other U.S. person (defined below).

**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 > **April 17, 2013**

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**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.

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. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use this requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



# LOUISIANA UNIFORM PUBLIC WORK BID FORM

TO: Jefferson Parish Purchasing Dept.  
200 Derbigny St., Suite 4400  
Gretna, LA 70053

(Owner to provide name and address of owner)

BID FOR: 50-00119410  
Lafreniere Park- Al Copeland  
Music Meadow Grading Improvements

(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: CSRS, Inc.

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

and dated: January 2017

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 HUNDREDS NINE THOUSAND THIRTY-FOUR

Dollars (\$ 109,034 )

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

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

N/A

Dollars (\$ )

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

N/A

Dollars (\$ )

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

N/A

Dollars (\$ )

**NAME OF BIDDER**: THE BELLTECH GROUP, INC.

**ADDRESS OF BIDDER**: 3309 Kaliste Saloom Rd, Lafayette LA. 70508

**LOUISIANA CONTRACTOR'S LICENSE NUMBER**: 31667

**Name OF AUTHORIZED SIGNATORY OF BIDDER**: MICHAEL C. BELLARD

**TITLE OF AUTHORIZED SIGNATORY OF BIDDER**: PRESIDENT

**SIGNATURE OF AUTHORIZED SIGNATORY OF BIDDER \*\***: Michael C. Bellard

**DATE**: 5/16/2017

\* 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 Purchasing Dept.  
200 Derbigny St. Suite 4400  
Gretna LA 70053

(Owner to provide name and address of owner)

BID FOR: 50-00119410  
Lafreniere Park- Al Copeland  
Music Meadow Grading Improvements

(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.# <u>    </u> MOBILIZATION			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
1	1	LUMP SUM	24,390 <sup>-</sup>	24,390 <sup>-</sup>

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> CLEARING & GRUBBING			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
2	1	LUMP SUM	9,000 <sup>-</sup>	9,000 <sup>-</sup>

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> UNCLASSIFIED EXCAVATION			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
3	291	C.Y.	46 <sup>-</sup>	13,386 <sup>-</sup>

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> RETAINING WALL			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
4	190	S.F.	55 <sup>-</sup>	10,450 <sup>-</sup>

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> 12" PVC STORM DRAIN PIPE			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
5	344	L.F.	23 <sup>-</sup>	7,912 <sup>-</sup>

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> DROP INLET			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
6	4	EACH	2,750 <sup>-</sup>	11,000 <sup>-</sup>

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> TIE-IN TO EXISING DRAINAGE STRUCTURE			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
7	1	EACH	1,500 <sup>-</sup>	1,500 <sup>-</sup>

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> REPLACE GRAVEL DRIVE (8" THICK)			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
8	55	S.Y.	90 <sup>-</sup>	4,950 <sup>-</sup>

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> CLEANOUT			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
9	2	EACH	300 <sup>-</sup>	600 <sup>-</sup>

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> 4" PERFORATED PVC			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
10	74	L.F.	13 <sup>-</sup>	962 <sup>-</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.

**LOUISIANA UNIFORM PUBLIC WORK BID FORM**  
**UNIT PRICE FORM**

TO: Jefferson Parish Purchasing Dept.  
 200 Derbigny St., Suite 4400  
 Gretna, LA 70053

(Owner to provide name and address of owner)

BID FOR: 50-00119410  
 Lafreniere Park- Al Copeland  
 Music Meadow Grading Improvements

(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.# <u>    </u> TEMPORARY SILT FENCING			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
11	450	L.F.	5 <sup>-</sup>	2,250 <sup>-</sup>

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> TEMPORARY STONE CONSTRUCTION ENTRANCE			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
12	1	EACH	900 <sup>-</sup>	900 <sup>-</sup>

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> HYDRO-SEEDING			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
13	1,451	S.Y.	4 <sup>-</sup>	5,804 <sup>-</sup>

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> PLANTS (PLANT) (1 GALLON)			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
14	56	EACH	55 <sup>-</sup>	3,080 <sup>-</sup>

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> PLANTS (PLANT) (3 GALLON)			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
15	73	EACH	75 <sup>-</sup>	5,475 <sup>-</sup>

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> PLANTS (PLANT) (5 GALLON)			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
16	43	EACH	125 <sup>-</sup>	5,375 <sup>-</sup>

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> PLANTS (TREE) (1-1/2" CAL)			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
17	5	EACH	400 <sup>-</sup>	2,000 <sup>-</sup>

DESCRIPTION:	<input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u>			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)

DESCRIPTION:	<input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u>			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)

DESCRIPTION:	<input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u>			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)

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 State Licensing Board for Contractors



### Contractor Information

Business Name **BELLTECH GROUP, INC., THE** ✓  
 Mailing Address **3309 Kaliste Saloom  
 Lafayette, LA 70508**  
 Phone Number **(337) 981-2268**  
 Fax Number **(337) 981-1431**  
 Email Address **btgaccounting@lusfiber.net**

### Active Licenses

License Number **554526**  
 Type **Home Improvement Contractor Registration**  
 Status **REGISTERED**  
 Effective **12/16/2016**  
 Expiration **12/15/2017**  
 First Issued **12/15/2011**  
 License Number **31667** ✓  
 Type **Commercial License**  
 Status **LICENSED**  
 Effective **03/21/2015**  
 Expiration **03/20/2018**  
 First Issued **03/20/1997**

### Classifications

Class	Qualifying Party	Parishes
BUILDING CONSTRUCTION	Michael Carl Bellard	ALL
BUSINESS AND LAW	Michael Carl Bellard	ALL
HEAVY CONSTRUCTION	Michael Carl Bellard	ALL
HIGHWAY, STREET AND BRIDGE CONSTRUCTION ✓	Michael Carl Bellard	ALL

**BID BOND**

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

The BellTech Group, Inc.  
as PRINCIPAL, and

Hudson 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 of 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 May 16, 2017, for

**LAFRENIERE PARK**  
**AL COPELAND MUSIC MEADOW GRADING IMPROVEMENTS**  
**Public Works Project No. 50-00119410**

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 16th day of May, 2017, 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:

Shenel Scallan

BY:

Michael C. Bellard  
The BellTech Group, Inc.  
(Corporate Principal)

3309 Kaliste Saloom, Lafayette, LA 70508

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

BY:

Michael C. Bellard  
/ AFFIX CORPORATE

SEAL

ATTEST:

Shan Nebert

Hudson Insurance Company  
(Corporate Surety)

100 William Street, 5th Floor, New York, NY 10038

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

BY:

Anthony J. Kennedy  
AFFIX CORPORATE SEAL  
Anthony J. Kennedy, Attorney-in-Fact

Countersigned:

BY: 

Attorney-in-Fact\* / LA Resident Agent

State of Louisiana



## BID BOND POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That HUDSON INSURANCE COMPANY, a corporation of the State of Delaware, with offices at 100 William Street, New York, New York, 10038, has made, constituted and appointed, and by these presents, does make, constitute and appoint

**Anthony J. Kennedy, Dominique Nicole Rogers, Jack B. Stehr, Jr.**  
of the State of Louisiana

its true and lawful Attorney(s)-in-Fact, at New York City in the State of New York, each of them alone to have full power to act without the other or others, to make, execute and deliver on its behalf, as Surety, bid bonds for any and all purposes.

Such bid bonds, when duly executed by said Attorney(s)-in-Fact, shall be binding upon said Company as fully and to the same extent as if signed by the President of said Company under its corporate seal attested by its Secretary.

In Witness Whereof, HUDSON INSURANCE COMPANY has caused these presents to be of its Executive Vice President thereunto authorized, on this 20th day of July, 20 15 at New York, New York.



Attest: [Signature]  
**Dina Daskalakis**, Corporate Secretary

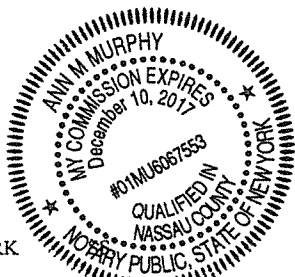
**HUDSON INSURANCE COMPANY**

By: [Signature]  
**Christopher T. Suarez**, Executive Vice President

STATE OF NEW YORK  
COUNTY OF NEW YORK SS.

On the 20th day of July, 20 15 before me personally came Christopher T. Suarez to me known, who being by me duly sworn did depose and say that he is an Executive Vice President of HUDSON INSURANCE COMPANY, the Company described herein and which executed the above instrument, that he knows the seal of said Company, that the seal affixed to said instrument is the corporate seal of said Company, that it was so affixed by order of the Board of Directors of said Company, and that he signed his name thereto by like order.

(Notarial Seal)



STATE OF NEW YORK  
COUNTY OF NEW YORK

[Signature]  
**ANN M. MURPHY**  
Notary Public, State of New York  
No. 01MU6067553  
Qualified in Nassau County  
Commission Expires December 10, 2017

## CERTIFICATION

The undersigned **Dina Daskalakis** hereby certifies:

THAT the original resolution, of which the following is a true and correct copy, was duly adopted by unanimous written consent of the Board of Directors of Hudson Insurance Company dated July 27<sup>th</sup>, 2007, and has not since been revoked, amended or modified:

"RESOLVED, that the President, the Executive Vice Presidents, the Senior Vice Presidents and the Vice Presidents shall have the authority and discretion, to appoint such agent or agents, or attorney or attorneys-in-fact, for the purpose of carrying on this Company's surety business, and to empower such agent or agents, or attorney or attorneys-in-fact, to execute and deliver, under this Company's seal or otherwise, bonds obligations, and recognizances, whether made by this Company as surety thereon or otherwise, indemnity contracts, contracts and certificates, and any and all other contracts and undertakings made in the course of this Company's surety business, and renewals, extensions, agreements, waivers, consents or stipulations regarding undertakings so made; and

FURTHER RESOVLED, that the signature of any such Officer of the Company and the Company's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seal when so used whether heretofore or hereafter, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed."

THAT the above and foregoing is a full, true and correct copy of Power of Attorney issued by said Company, and of the whole of the original and that the said Power of Attorney is still in full force and effect and has not been revoked, and furthermore that the Resolution of the Board of Directors, set forth in the said Power of Attorney is now in force.



Witness the hand of the undersigned and the seal of said Company this 16th day of May, 20 17.

By: [Signature]  
**Dina Daskalakis**, Corporate Secretary



CERTIFICATION AS TO CORPORATE PRINCIPAL

I, Nancy H. Bellard, certify that I am the Secretary  
of the Corporation named as Principal in the within bond; that Michael  
C. Bellard who signed the said bond on behalf of the  
Principal was then PRESIDENT  
of said corporation; that I know his/her signature, and his/her signature thereto is genuine;  
and that said bond was duly signed, sealed, and attested to on behalf of said corporation by  
authority of this governing body.

Nancy H. Bellard (Corporate Seal)  
Title: Secretary

CERTIFICATE AS TO SURETY

I, ANTHONY J. KENNEDY, certify that I am the ANTHONY J. KENNEDY, ATTORNEY-  
IN-FACT of the Surety who signed the bond, I certify that we are licensed to do  
business in the State of Louisiana and are currently recognized by the U. S. Department of  
the Treasury as acceptable sureties.

Anthony J. Kennedy  
ANTHONY J. KENNEDY, ATTORNEY-IN-FACT

Power of Attorney for person signing for surety company must be attached to bond.

Public Works Bid

AFFIDAVIT

STATE OF LOUISIANA

PARISH/COUNTY OF Lafayette

BEFORE ME, the undersigned authority, personally came and appeared: Michael  
C. BELLARD, (Affiant) who after being by me duly sworn, deposed and said that  
he/she is the fully authorized BIDDER of THE BELLEFLOU GROUP, INC. (Entity),  
the party who submitted a bid in response to Bid Number 50-00119410 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).

Michael C. Bellard  
Signature of Affiant

MICHAEL C. BELLARD  
Printed Name of Affiant

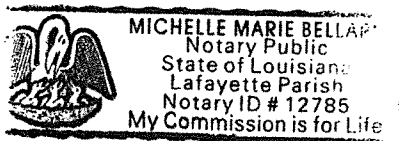
SWORN AND SUBSCRIBED TO BEFORE ME  
ON THE 16 DAY OF MAY, 2017.

Michelle Marie Bellard  
Notary Public

MICHELLE MARIE BELLARD  
Printed Name of Notary

# 12785  
Notary/Bar Roll Number

My commission expires AT DEATH.



[Print](#)

## Notary Search - Detail

**Name:** MS. MICHELLE MARIE BELLARD  
**Address:** 114 KINGS WALK  
LAFAYETTE, LA 70503  
**Phone:** (337) 406-8797  
**Phone 2:** (337) 254-9861  
**Notary ID Number:** 12785  
**Parish:** LAFAYETTE with authority in the following parishes:  
ACADIA, VERMILION, ST. LANDRY  
**Agency:** N/A  
**Notary Type:** Non Attorney  
**Status:** Active  
**Commission Date:** 01/28/2005  
**Oath Date:** 01/06/2005  
**Surety Expiration Date:** 01/08/2021  
**Annual Report Current:** Yes

## Notary Events

**Suspension** From: 01/12/2016 To: 01/21/2016  
**Name & Parish Change** Previous Name: MICHELLE BELLARD Previous Parish: ST. LANDRY Previous Commission Date: 01/22/1981  
**Name Change** Previous Name: MICHELLE DIEST Previous Commission Date: 01/22/1981

Deceased, Inactivated, Leave of Absence, Pre-Assessment Registration, Pre-Assessment Taken, Resigned, Retirement, and Revoked events are not available prior to February 11, 2012.

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

## CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF

THE BELLTECH GROUP,  
INCORPORATED.

AT THE MEETING OF DIRECTORS OF THE BELLTECH GROUP, INC.  
INCORPORATED, DULY NOTICED AND HELD ON DECEMBER 30, 2016  
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT  
WAS:

RESOLVED THAT MICHAEL C. BELLARD, 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.

Mary A. Ballard  
/ SECRETARY-TREASURER

5/16/2017  
DATE

ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/02/2017

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).

<b>PRODUCER</b> <b>Regions Ins Inc - Baton Rouge</b> <b>400 Convention St. Suite 200</b> <b>Baton Rouge, LA 70802</b> <b>225 927-7575</b>	<b>CONTACT NAME:</b> Michelle Neal <b>PHONE (A/C, No, Ext):</b> 225 927-7575 <b>FAX (A/C, No):</b> 866-255-0200 <b>E-MAIL ADDRESS:</b> michelle.neal@regions.com																					
<b>INSURED</b> <b>The BellTech Group, Inc.</b> <b>3309 Kaliste Saloom Road</b> <b>Lafayette, LA 70508</b>	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr> <tr> <td>INSURER A :</td><td>Catlin Specialty Insurance Co.</td><td>15989</td></tr> <tr> <td>INSURER B :</td><td>Louisiana Workers Compensation</td><td>22350</td></tr> <tr> <td>INSURER C :</td><td></td><td></td></tr> <tr> <td>INSURER D :</td><td></td><td></td></tr> <tr> <td>INSURER E :</td><td></td><td></td></tr> <tr> <td>INSURER F :</td><td></td><td></td></tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	Catlin Specialty Insurance Co.	15989	INSURER B :	Louisiana Workers Compensation	22350	INSURER C :			INSURER D :			INSURER E :			INSURER F :		
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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
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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	0300400266	10/01/2016	10/01/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	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						\$ \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						\$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		X	140677	11/07/2016	11/07/2017	<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)

Blanket additional insured with respects the GL policy as required by written contract. Blanket waiver of subrogation with respects the GL and Workers Comp policies as required by written contract.  
 G&I VIII Acadiana, LLC; RCG Ventures I, LLC; and their shareholders, agents, and employees are additional insured with respects the GL policy as required by written contract.

## CERTIFICATE HOLDER

## CANCELLATION

<b>G&amp;I VIII Acadiana, LLC</b> <b>c/o RCG Ventures I, LLC</b> <b>PO Box 53483</b> <b>Atlanta, GA 30355</b>	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 
--	--





THEBE-1

OP ID: DB

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/02/2017

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).

<b>PRODUCER</b> ISU-Dorsey Insurance Agency 503 Jefferson Terrace Blvd New Iberia, LA 70560 David Dorsey		<b>337-364-4563</b>		<b>CONTACT NAME:</b> David Dorsey	
				<b>PHONE (A/C, No, Ext):</b> 337-364-4563	
				<b>FAX (A/C, No):</b> 337-364-2174	
				<b>E-MAIL ADDRESS:</b> david_d@dorseyagency.com	
				<b>INSURER(S) AFFORDING COVERAGE</b>	
				<b>INSURER A:</b> Berkshire Hathaway Homestead	
				<b>NAIC #</b> 20044	
				<b>INSURER B:</b>	
				<b>INSURER C:</b>	
				<b>INSURER D:</b>	
				<b>INSURER E:</b>	
				<b>INSURER F:</b>	

**INSURED**  
The Belltech Group, Inc.  
Michael Bellard  
3309 Kaliste Saloom Rd  
Lafayette, LA 70508

## 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
	<b>COMMERCIAL GENERAL LIABILITY</b>						
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	OTHER:						
<b>A</b>	<b>AUTOMOBILE LIABILITY</b>						
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	<b>X</b>		<b>02APM010782-01</b>	<b>09/27/2016</b>	<b>09/27/2017</b>	
							<b>COMBINED SINGLE LIMIT (Ea accident)</b> \$ <b>1,000,000</b>
							<b>BODILY INJURY (Per person)</b> \$
							<b>BODILY INJURY (Per accident)</b> \$
							<b>PROPERTY DAMAGE (Per accident)</b> \$
							\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR						<b>EACH OCCURRENCE</b> \$
	<b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE						<b>AGGREGATE</b> \$
	<b>DED</b> <input type="checkbox"/> <b>RETENTION \$</b> <input type="checkbox"/>						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<b>Y / N</b>					<input type="checkbox"/> <b>PER STATUTE</b> <input type="checkbox"/> <b>OTH-ER</b>
	If yes, describe under DESCRIPTION OF OPERATIONS below	<b>N / A</b>					<b>E.L. EACH ACCIDENT</b> \$
							<b>E.L. DISEASE - EA EMPLOYEE</b> \$
							<b>E.L. DISEASE - POLICY LIMIT</b> \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
G & I VII Acadiana, LLC, RCG Ventures 1, LLC, and their shareholders, agents and employees are added as additional insured.

## CERTIFICATE HOLDER

## CANCELLATION

<b>GIACADI</b>  G & I VII Acadiana, LLC c/o RCG Ventures 1, LLC P O Box 53783 Atlanta, GA 30355	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b> <i>David Dorsey</i>
--	--

# Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>The BellTech Group, Inc.</b>	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) <b>3309 Kaliste Saloom Road</b>	Requester's name and address (optional)
	6 City, state, and ZIP code <b>Lafayette, LA 70508</b>	
	7 List account number(s) here (optional)	

<b>Part I Taxpayer Identification Number (TIN)</b>																																																			
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally 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 <i>How to get a TIN</i> on page 3.																																																			
<b>Note.</b> If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.																																																			
<table border="1"><tr><td colspan="10">Social security number</td></tr><tr><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td>-</td><td></td><td></td></tr><tr><td colspan="10">or</td></tr><tr><td colspan="10">Employer identification number</td></tr><tr><td>7</td><td>2</td><td>-</td><td>1</td><td>3</td><td>3</td><td>8</td><td>7</td><td>2</td><td>5</td></tr></table>		Social security number													-				-			or										Employer identification number										7	2	-	1	3	3	8	7	2	5
Social security number																																																			
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or																																																			
Employer identification number																																																			
7	2	-	1	3	3	8	7	2	5																																										

<b>Part II Certification</b>	
Under penalties of perjury, I certify that:	
1. 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	
2. 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	
3. I am a U.S. citizen or other U.S. person (defined below); and	
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
<b>Certification instructions.</b> 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 3.	
Sign Here	Signature of U.S. person ▶ <i>Michael C. Bellard</i> Date ▶ <i>5/16/2017</i>

<b>General Instructions</b> Section references are to the Internal Revenue Code unless otherwise noted. <b>Future developments.</b> Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at <a href="http://www.irs.gov/fw9">www.irs.gov/fw9</a> . <b>Purpose of Form</b> An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following: <ul style="list-style-type: none"><li>• Form 1099-INT (interest earned or paid)</li><li>• Form 1099-DIV (dividends, including those from stocks or mutual funds)</li><li>• Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)</li><li>• Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)</li><li>• Form 1099-S (proceeds from real estate transactions)</li><li>• Form 1099-K (merchant card and third party network transactions)</li></ul>	<ul style="list-style-type: none"><li>• Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)</li><li>• Form 1099-C (canceled debt)</li><li>• Form 1099-A (acquisition or abandonment of secured property)</li></ul> <p>Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.</p> <p>If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See <i>What is backup withholding?</i> on page 2.</p> <p>By signing the filled-out form, you:</p> <ol style="list-style-type: none"><li>1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),</li><li>2. Certify that you are not subject to backup withholding, or</li><li>3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and</li><li>4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See <i>What is FATCA reporting?</i> on page 2 for further information.</li></ol>
--	--

LOUISIANA UNIFORM PUBLIC WORK BID FORM

To: Jefferson Parish Purchasing Dept.  
200 Derbigny St., Suite 4400  
Gretna, LA 70053

(Owner to provide name and address of owner)

BID FOR: 50-00119410  
Lafreniere Park- Al Copeland  
Music Meadow Grading Improvements

(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: CSRS, Inc.

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

and dated: January 2017

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 5/13/17

**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:

Sixty two thousand, six hundred and thirty seven dollars and twenty six cents  
Dollars (\$62,637.96)

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

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

N/A

Dollars (\$ )

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

N/A

Dollars (\$ )

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

N/A

Dollars (\$ )

**NAME OF BIDDER:** LLS Environmental Construction L.L.C.

**ADDRESS OF BIDDER:** 1909 Industrial Blvd. Harvey, LA 70058

**LOUISIANA CONTRACTOR'S LICENSE NUMBER:** 60059

**Name OF AUTHORIZED SIGNATORY OF BIDDER:** Lance Benezech

**TITLE OF AUTHORIZED SIGNATORY OF BIDDER:** Vice President

**SIGNATURE OF AUTHORIZED SIGNATORY OF BIDDER \*\*:**

**DATE:** 5/16/17

\* 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 Purchasing Dept.  
200 Derbigny St. Suite 4400  
Gretna LA 70053

(Owner to provide name and address of owner)

BID FOR: 50-00119410  
Lafreniere Park- Al Copeland  
Music Meadow Grading Improvements

(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.# <u>    </u> MOBILIZATION			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
1	1	LUMP SUM	2925 <sup>00</sup>	2,925 <sup>00</sup>

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> CLEARING & GRUBBING			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
2	1	LUMP SUM	3393 <sup>00</sup>	3,393 <sup>00</sup>

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> UNCLASSIFIED EXCAVATION			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
3	291	C.Y.	9.40	2,735.40

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> RETAINING WALL			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
4	190	S.F.	65.50	12,445.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> 12" PVC STORM DRAIN PIPE			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
5	344	L.F.	42.50	14,620.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> DROP INLET			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
6	4	EACH	1053 <sup>00</sup>	4,212 <sup>00</sup>

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> TIE-IN TO EXISING DRAINAGE STRUCTURE			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
7	1	EACH	880 <sup>00</sup>	880 <sup>00</sup>

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> REPLACE GRAVEL DRIVE (8" THICK)			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
8	55	S.Y.	123 <sup>00</sup>	6,765.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> CLEANOUT			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
9	2	EACH	643.50	1,287 <sup>00</sup>

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> 4" PERFORATED PVC			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
10	74	L.F.	14 <sup>00</sup>	1,036.00

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 Purchasing Dept.  
200 Derbigny St. Suite 4400  
Gretna, LA 70053

(Owner to provide name and address of owner)

BID FOR: 50-00119410  
Lafreniere Park- Al Copeland  
Music Meadow Grading Improvements

(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.# <u>    </u> TEMPORARY SILT FENCING		
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
11	450	L.F.	4.10	1845.00

DESCRIPTION:		<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> TEMPORARY STONE CONSTRUCTION ENTRANCE		
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
12	1	EACH	3710.00	3710.00

DESCRIPTION:		<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> HYDRO-SEEDING		
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
13	1,451	S.Y.	1.85	2684.35

DESCRIPTION:		<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> PLANTS (PLANT) (1 GALLON)		
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
14	56	EACH	9.64	540.96

DESCRIPTION:		<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> PLANTS (PLANT) (3 GALLON)		
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
15	73	EACH	18.75	1368.75

DESCRIPTION:		<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> PLANTS (PLANT) (5 GALLON)		
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
16	43	EACH	33.50	1440.50

DESCRIPTION:		<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> PLANTS (TREE) (1-1/2" CAL)		
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
17	5	EACH	150.00	750.00

DESCRIPTION:		<input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u>		
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)

DESCRIPTION:		<input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u>		
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)

DESCRIPTION:		<input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u>		
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)

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 State Licensing Board for Contractors



### Contractor Information

Business Name LLJ ENVIRONMENTAL CONSTRUCTION, LLC ✓  
 Mailing Address 1909 Industrial Blvd.  
 Harvey, LA 70058  
 Email Address jgros@lljenvironmental.com

### Active Licenses

License Number 60059 ✓  
 Type Commercial License  
 Status LICENSED  
 Effective 05/16/2017  
 Expiration 05/15/2020  
 First Issued 05/15/2014  
 License Number 250544  
 Type Mold Remediation License  
 Status LICENSED  
 Effective 05/29/2017  
 Expiration 05/28/2020  
 First Issued 05/28/2014

### Classifications

Class	Qualifying Party	Parishes
BUILDING CONSTRUCTION ✓	Lance Edward Benezech	ALL
BUSINESS AND LAW	Lance Edward Benezech	ALL
BUSINESS AND LAW	Lance Edward Benezech	ALL
MOLD REMEDIATION CONTRACTOR	Lance Edward Benezech	ALL
SPECIALTY: ASBESTOS REMOVAL AND ABATEMENT	Joy Ann Gros	ALL
SPECIALTY: ASBESTOS REMOVAL AND ABATEMENT	Lance Edward Benezech	ALL
SPECIALTY: DEMOLISHING WORK	Joy Ann Gros	ALL
SPECIALTY: LEAD BASED PAINT ABATEMENT AND REMOVAL	Joy Ann Gros	ALL
SPECIALTY: LEAD BASED PAINT ABATEMENT AND REMOVAL	Lance Edward Benezech	ALL
SPECIALTY: PAVEMENT MARKINGS (STRIPING, RAISED REFLECTORS, RUMBLE STRIPS, SPEED BUMPS)	Lance Edward Benezech	ALL

Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: Lance Benezach  
\_\_\_\_\_, (Affiant) who after being by me duly sworn, deposed and said that  
he/she is the fully authorized Vice President of LSJ Environmental Construction LLC (Entity),  
the party who submitted a bid in response to Bid Number 50-00119410, 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:

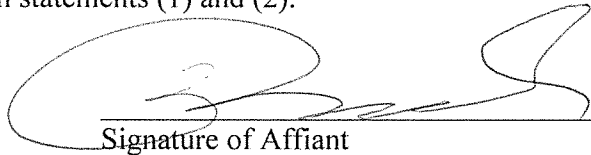
- (a) Theft (R.S. 14:67)
- (b) Identity Theft (R.S. 14:67, 16)
- (c) Theft of a business record (R.S. 14:67.20)
- (d) False accounting (R.S. 14:70)
- (e) Issuing worthless checks (R.S. 14:71)
- (f) Bank fraud (R.S. 14:71.1)
- (g) Forgery (R.S. 14:72)
- (h) Contractors; misapplication of payments (R.S.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

Lance Beneyech  
\_\_\_\_\_  
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 16<sup>th</sup> DAY OF May, 2014.

  
\_\_\_\_\_  
Notary Public

Igor BOROJEVIC  
\_\_\_\_\_  
Printed Name of Notary

36154  
\_\_\_\_\_  
Notary/Bar Roll Number

My commission expires for life.

IGOR BOROJEVIC  
ATTY/NOTARY 36154  
STATE OF LOUISIANA  
LIFETIME COMMISSION

[Print](#)

## Notary Search - Detail

**Name:** MR. IGOR BOROJEVIC  
**Address:** 2218 S. SALCEDO STREET  
NEW ORLEANS, LA 70125  
**Phone:** (330) 289-6764  
**Notary ID Number:** 142760  
**Parish:** ORLEANS with STATEWIDE JURISDICTION  
**Agency:** N/A  
**Notary Type:** Attorney  
**Bar Roll #:** 36154  
**Status:** Active  
**Commission Date:** 08/04/2015  
**Oath Date:** 08/03/2015  
**Surety Expiration Date:** Not Required  
**Annual Report Current:** Not Applicable

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

**BID BOND**

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

LLJ Environmental Construction, L.L.C.

as PRINCIPAL, and

Accredited Surety and Casualty Company, Inc.

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 May 16th, 2017, for

**LAFRENIERE PARK**  
**AL COPELAND MUSIC MEADOW GRADING IMPROVEMENTS**  
**Public Works Project No. 50-00119410**

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 16th day of May, 2017, 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)

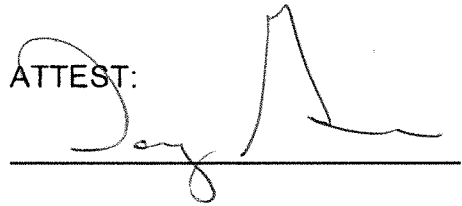
\_\_\_\_\_  
(Business Address, including Zip Code)

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

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

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

ATTEST:

  
\_\_\_\_\_  
Notary Public

BY:

  
\_\_\_\_\_  
LLJ Environmental Construction, L.L.C.  
(Corporate Principal)

1909 Industrial Blvd., Harvey, LA 70058

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

BY:

AFFIX CORPORATE

SEAL

ATTEST:

(See Attached Power of Attorney)

Accredited Surety and Casualty Company, Inc.  
(Corporate Surety)

4798 New Broad Street, Suite 200, Orlando, FL 32814

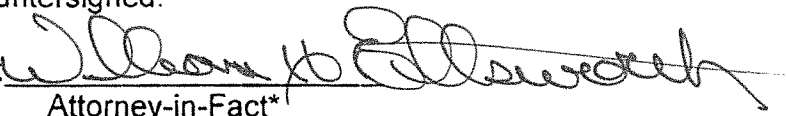
\_\_\_\_\_  
(Business Address, including Zip Code)

BY:

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

William H. Ellsworth  
Attorney-in-Fact

Countersigned:

BY: 

Attorney-in-Fact\*

William H Ellsworth

State of Louisiana

ACCREDITED SURETY AND CASUALTY COMPANY, INC.

ORLANDO, FLORIDA

CERTIFIED POWER OF ATTORNEY

No. 10083490

**KNOW ALL MEN BY THESE PRESENTS:** That Accredited Surety and Casualty Company, Inc. herein after referred to as "Accredited" a Florida corporation, having its principal office at 4798 New Broad Street, Suite 200, Orlando Florida, 32814 does hereby make, constitute and appoint:

**Laura A. Burns, William H. Ellsworth, Catherine R. Froeba, Jeffrey E. Kropp, Jack T. Landry**

its true and lawful Attorney(s)-in-Fact, with full power and authority hereby conferred to each in their separate capacity if more than one is named above, to sign, execute and deliver on its behalf surety bonds and other instruments of similar nature excluding bail bonds not to exceed:

**THREE MILLION DOLLARS (\$3,000,000.00)**

The acknowledgment and execution of any such document by the said Attorney-in-Fact shall be as binding upon this company as if such bond has been executed and acknowledged by the regularly elected Officers of this company. Accredited further certifies that this power is a true and exact copy of the resolution of the Board of Directors of Accredited duly adopted and now in force, to wit: "ALL bonds of the corporation shall be executed in the corporate name of the company an authorized Officer and they may appoint Attorneys-in-Fact or agents, who shall have authority to issue bonds in the name of the Company."

IN WITNESS WHEREOF, the said ACCREDITED SURETY AND CASUALTY COMPANY, INC. has caused these presents to be executed and its corporate seal to be hereto affixed by its authorized Officer this 6<sup>th</sup> day of December, 2016.



ACCREDITED SURETY AND CASUALTY COMPANY, INC.

By: Todd M. Campbell  
Todd M. Campbell, President and CEO

STATE OF FLORIDA } SS  
COUNTY OF ORANGE } SS

On this 6<sup>th</sup> day of December, 2016, before me, a Notary Public, personally appeared the above named Officer who is personally known to me, and being duly sworn, acknowledged that he/she signed the above Power of Attorney as an authorized Officer of the said ACCREDITED SURETY AND CASUALTY COMPANY, INC., and acknowledged said instrument to be the voluntary act of said corporation.

VALERIE M. HARVEY  
NOTARY PUBLIC - STATE OF FLORIDA  
COMMISSION # FF125201  
EXPIRES 8/22/2018  
BONDED THRU 1-888-NOTARY1

Valerie M. Harvey  
Notary Public, State of Florida

I, the undersigned, Officer of Accredited, do hereby certify that this is a true and correct copy of a Power of Attorney. In testimony whereof, I have hereunto set my hand and the corporate seal of Accredited which is still in full force and effect this \* 16th day of May, 2017. Signed and sealed at the City of Orlando, Florida.

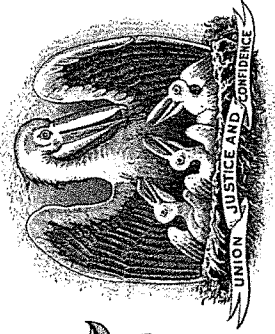


ACCREDITED SURETY AND CASUALTY COMPANY, INC.

By: Marney N. Emel  
Marney N. Emel, Chief Financial Officer

\* IMPORTANT: This date must be filled in before it is attached to the bond and it must be the same date as the bond.  
NOTE: For verification of the authority of this power, call (888) 668-2791 any business day between 8:00am and 5:00pm EST.  
WARNING: Any unauthorized reproduction or alteration of this document is prohibited.

# State of Louisiana



## State Licensing Board for Contractors

This is to Certify that:

LLJ ENVIRONMENTAL CONSTRUCTION, LLC  
1909 Industrial Blvd.  
Harvey, LA 70058

is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION; SPECIALTY: ASBESTOS REMOVAL AND ABATEMENT; SPECIALTY:  
DEMOLISHING WORK; SPECIALTY: LEAD BASED PAINT ABATEMENT AND REMOVAL; SPECIALTY:  
PAVEMENT MARKINGS (STRIPING, RAISED REFLECTORS, RUMBLE STRIPS, SPEED BUMPS)



Expiration Date: May 15, 2020

License No: 60059

Witness our hand and seal of the Board dated,  
Baton Rouge, LA 16th day of May 2017

Will S. McCP Director

Lee Mallett Chairman

Andy Rana Treasurer

This License Is Not Transferrable





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/5/2017

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).

<b>PRODUCER</b> Stone Insurance, Inc. 111 Veterans Blvd, Suite 1420 Metairie LA 70005-3055		<b>CONTACT NAME:</b> Janet Jiminez <b>PHONE (A/C, No, Ext):</b> (504) 832-4161 <b>FAX (A/C, No):</b> (504) 835-6657 <b>E-MAIL ADDRESS:</b> jan.jiminez@stone-insurance.com	
<b>INSURED</b> LLJ Environmental Construction LLC 1909 Industrial Blvd. Harvey LA 70058		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Capitol Specialty Insurance. Corp. <b>NAIC #</b> 10328 <b>INSURER B:</b> Silver Oak Casualty <b>26869</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER:** Master**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			ENV2016108302	5/5/2017	5/5/2018	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input checked="" type="checkbox"/> Contractors Pollution						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> Contractors Professional						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:			Professional Coverage -			GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			Claims Made Coverage Form			PRODUCTS - COM/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> OTHER: Includes XCU			Retro Date 5/5/2016			\$
A	<b>AUTOMOBILE LIABILITY</b>			ENV2016108302	5/5/2017	5/5/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<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 checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
X	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		EV0001621402	5/5/2017	5/5/2018	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 1,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			SVWCLA2498682017	5/5/2017	5/5/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	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
B	US Longshore & Harbor Workers Act (USL&H)			SVWCLA2498682017	5/5/2017	5/5/2018	IF ANY Included

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

Blanket Additional Insured including Completed Operations, Primary Non-Contributory wording, Per Project Aggregate, Waiver of Subrogation-all if required by contract. Workers Comp Waiver of Subrogation written on "specific" basis

**CERTIFICATE HOLDER****CANCELLATION**

For Insurance Information Purpose

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

Stephen Clay/JAN

**CORPORATE/LIMITED LIABILITY COMPANY RESOLUTION  
OF  
LLJ ENVIRONMENTAL CONSTRUCTION, L.L.C.**

Marrero, Louisiana

Date: August 1, 2014

The undersigned, being all of the members and managing members of LLJ Environmental Construction, L.L.C., a Louisiana Limited Liability Company organized under the laws of the State of Louisiana, this date, do hereby adopt the following Resolution by unanimous written consent:

**RESOLVED**, that Lonnie Young and Lance Benezech, Co-Owners and Co-Managing Members of LLJ Environmental Construction, L.L.C. are hereby authorized, empowered and directed on behalf of LLJ Environmental Construction, L.L.C. to sign, execute, negotiate and modify any and all public and private bids, contracts, sub-contracts, leases, purchases, sales, estimates, proposals, bonds, surety agreements, guarantees, indemnity agreements, and any and all other documents which they, in their sole discretion, deem proper, prudent or necessary for the operation or conducting of the business of LLJ Environmental Construction, L.L.C.; and

**FURTHER RESOLVED**, that LLJ Environmental Construction, L.L.C. hereby confirms the authority granted to Lonnie Young and Lance Benezech by virtue of this Resolution and does confirm and ratify any and all acts performed by Lonnie Young and Lance Benezech as Co-Managing Members in the course of their operation and management of LLJ Environmental Construction, L.L.C.; and

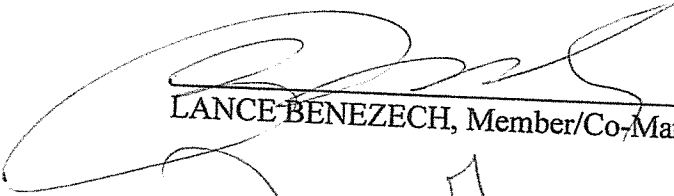
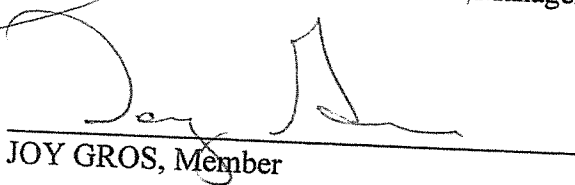
**FURTHER RESOLVED**, that Lonnie Young and Lance Benezech are hereby authorized as Co-Managing Members of LLJ Environmental Construction, L.L.C. to do and perform any and all other acts and things, including the execution of all contracts, documents, certificates, public and private bids, leases, estimates, quotations, proposals, agreements, bonds, guarantees, indemnity agreements, purchase or sale agreements and any and all other documents necessary in their sole discretion to manage and operate LLJ Environmental Construction, L.L.C. and to implement and carry out the Resolutions passed in this meeting.

**IT WAS FURTHER RESOLVED**, that this Resolution, passed by unanimous written consent, shall be posted on the books and records of LLJ Environmental Construction, L.L.C.; shall supersede and replace all prior Resolutions, but shall not diminish nor detract from the prior authority granted to Lonnie Young and Lance Benezech by virtue of prior Resolutions, which authority and all prior acts and actions taken by Lonnie Young and Lance Benezech on behalf of LLJ Environmental Construction, L.L.C. are hereby ratified and remain in full force and effect.

**IT WAS FURTHER RESOLVED** that this Corporate/Limited Liability Company Resolution, executed and passed this day, shall remain in full force and effect from this date forward until replaced or superseded by another Resolution, and shall be executed in multiple counterparts, each of which shall be deemed by LLJ Environmental Construction, L.L.C. to act as an original, to convey and document to all persons, companies, authorities and public entities

the full authority of Lonnie Young and Lance Benezech to act on behalf of LLJ Environmental Construction, L.L.C. in all respects listed above. A duplicate original, true copy, or photocopy of this Resolution shall act to grant to Lonnie Young and Lance Benezech all of the powers and authority granted by this Resolution and shall carry the same authority as the original Resolution filed in the books and records of LLJ Environmental Construction, L.L.C.

There being no further business to be conducted, the meeting of LLJ Environmental Construction, L.L.C. was unanimously declared adjourned.

  
\_\_\_\_\_  
LONNIE YOUNG, Member/Co-Manager  
\_\_\_\_\_  
LANCE BENEZECH, Member/Co-Manager  
\_\_\_\_\_  
JOY GROS, Member

#282991

**Form W-9**  
(Rev. January 2011)  
Department of the Treasury  
Internal Revenue Service

**Request for Taxpayer Identification Number and Certification**

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

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above  
LLJ Environmental Contractor LLC

Check appropriate box for federal tax classification (required): ☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☒ Partnership ☐ Trust/estate

☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) P ☐ Exempt payee

☐ Other (see instructions) ▶

Address (number, street, and apt. or suite no.)  
1309 Lockstreet Blvd.

City, state, and ZIP code  
Harvey, LA 70052

List account number(s) here (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. 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

Employer identification number  
46-5244512

**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. citizen or other U.S. person (defined below).

**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 ▶ Jay L... Date ▶ 6-4-14

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**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.

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. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

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.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

LOUISIANA UNIFORM PUBLIC WORK BID FORM

To: Jefferson Parish Purchasing Dept.  
200 Derbigny St., Suite 4400  
Gretna, LA 70053

(Owner to provide name and address of owner)

BID FOR: 50-00119410  
Lafreniere Park- Al Copeland  
Music Meadow Grading Improvements

(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: CSRS, Inc.

and dated: January 2017

(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 (5/3/2017)

**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 and three thousand five hundred and fifty-seven <sup>39/100</sup> Dollars (\$ 103,557.39)

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

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

N/A

Dollars (\$ \_\_\_\_\_)

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

N/A

Dollars (\$ \_\_\_\_\_)

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

N/A

Dollars (\$ \_\_\_\_\_)

**NAME OF BIDDER:** Grillot Construction, LLC

**ADDRESS OF BIDDER:** 2608 Engineers Road, Belle Chasse, Louisiana 70037

**LOUISIANA CONTRACTOR'S LICENSE NUMBER:** 38908

**Name OF AUTHORIZED SIGNATORY OF BIDDER:** Kerry Stafford

**TITLE OF AUTHORIZED SIGNATORY OF BIDDER:** Managing Member

**SIGNATURE OF AUTHORIZED SIGNATORY OF BIDDER \*\*:** 

**DATE:** 5/16/2017

\* 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 Purchasing Dept.  
200 Derbigny St., Suite 4400  
Gretna LA 70053

(Owner to provide name and address of owner)

BID FOR: 50-00119410  
Lafreniere Park- Al Copeland  
Music Meadow Grading Improvements

(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.# <u>    </u> <b>MOBILIZATION</b>				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
1	1	LUMP SUM	10,000 <sup>00</sup>	10,000 <sup>00</sup>

DESCRIPTION: <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> <b>CLEARING &amp; GRUBBING</b>				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
2	1	LUMP SUM	4,490 <sup>72</sup>	4,490 <sup>72</sup>

DESCRIPTION: <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> <b>UNCLASSIFIED EXCAVATION</b>				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
3	291	C.Y.	12 <sup>70</sup>	3,695 <sup>70</sup>

DESCRIPTION: <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> <b>RETAINING WALL</b>				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
4	190	S.F.	115 <sup>32</sup>	21,910 <sup>80</sup>

DESCRIPTION: <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> <b>12" PVC STORM DRAIN PIPE</b>				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
5	344	L.F.	66 <sup>45</sup>	22,858 <sup>80</sup>

DESCRIPTION: <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> <b>DROP INLET</b>				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
6	4	EACH	3,492 <sup>50</sup>	13,970 <sup>00</sup>

DESCRIPTION: <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> <b>TIE-IN TO EXISING DRAINAGE STRUCTURE</b>				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
7	1	EACH	700 <sup>00</sup>	700 <sup>00</sup>

DESCRIPTION: <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> <b>REPLACE GRAVEL DRIVE (8" THICK)</b>				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
8	55	S.Y.	31 <sup>49</sup>	1,732 <sup>28</sup>

DESCRIPTION: <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> <b>CLEANOUT</b>				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
9	2	EACH	350 <sup>00</sup>	700 <sup>00</sup>

DESCRIPTION: <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> <b>4" PERFORATED PVC</b>				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
10	74	L.F.	3 <sup>55</sup>	262 <sup>70</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.

**LOUISIANA UNIFORM PUBLIC WORK BID FORM**  
**UNIT PRICE FORM**

TO: Jefferson Parish Purchasing Dept.  
200 Derbigny St., Suite 4400  
Gretna, LA 70053

(Owner to provide name and address of owner)

BID FOR: 50-00119410  
Lafreniere Park- Al Copeland  
Music Meadow Grading Improvements

(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.# <u>    </u> <b>TEMPORARY SILT FENCING</b>				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
11	450	L.F.	3.50	1,575.00

DESCRIPTION: <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> <b>TEMPORARY STONE CONSTRUCTION ENTRANCE</b>				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
12	1	EACH	3,500.00	3,500.00

DESCRIPTION: <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> <b>HYDRO-SEEDING</b>				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
13	1,451	S.Y.	4.31	6,253.81

DESCRIPTION: <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> <b>PLANTS (PLANT) (1 GALLON)</b>				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
14	56	EACH	7.93	448.98

DESCRIPTION: <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> <b>PLANTS (PLANT) (3 GALLON)</b>				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
15	73	EACH	23.50	1,715.50

DESCRIPTION: <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> <b>PLANTS (PLANT) (5 GALLON)</b>				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
16	43	EACH	115.95	4,985.85

DESCRIPTION: <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> <b>PLANTS (TREE) (1-1/2" CAL)</b>				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
17	5	EACH	952.50	4,762.50

DESCRIPTION: <input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u>				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)

DESCRIPTION: <input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u>				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)

DESCRIPTION: <input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u>				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)

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 State Licensing Board for Contractors



### Contractor Information

Business Name GRILLOT CONSTRUCTION, LLC ✓  
 Mailing Address 2608 Engineers Road  
 Belle Chasse, LA 70037  
 Phone Number (504) 394-5596  
 Fax Number (504) 394-5178

### Active Licenses

License Number 38908 ✓  
 Type Commercial License  
 Status LICENSED  
 Effective 12/21/2016  
 Expiration 12/20/2018  
 First Issued 12/20/2001

### Classifications

Class	Qualifying Party	Parishes
BUILDING CONSTRUCTION ✓	Grillot, Russel	ALL
HEAVY CONSTRUCTION	Grillot, Russel	ALL
HIGHWAY, STREET AND BRIDGE CONSTRUCTION ✓	Grillot, Russel	ALL
MUNICIPAL AND PUBLIC WORKS CONSTRUCTION ✓	Grillot, Russel	ALL
SPECIALTY: CLEARING, GRUBBING AND SNAGGING	Grillot, Russel	ALL
SPECIALTY: FENCING	Grillot, Russel	ALL
SPECIALTY: SEEDING, SODDING, LOAD & SOIL STABILIZATION, EROSION CONTROL, SHEET PILING	Grillot, Russel	ALL



**BID BOND**

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

Grillot Construction, LLC, 2608 Engineers Road, Belle Chasse, LA 70037

as PRINCIPAL, and

Hudson Insurance Company, 100 William Street, 5th Floor, New York, NY 10038

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

Five Percent of the Total Bid Price (Base Bid and Any Alternates)

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 May 16, 2017, for

**LAFRENIERE PARK**  
**AL COPELAND MUSIC MEADOW GRADING IMPROVEMENTS**  
**Public Works Project No. 50-00119410**

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 16th day of May, 2017, 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:

  
\_\_\_\_\_  
Jason Cox

BY: 

\_\_\_\_\_  
Grillot Construction, LLC

\_\_\_\_\_  
(Corporate Principal)

\_\_\_\_\_  
2608 Engineers Road, Belle Chasse, LA 70037

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

BY: \_\_\_\_\_

AFFIX

CORPORATE

SEAL

ATTEST:

  
\_\_\_\_\_

\_\_\_\_\_  
Hudson Insurance Company

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

\_\_\_\_\_  
100 William Street, 5th Floor, New York, NY 10038

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

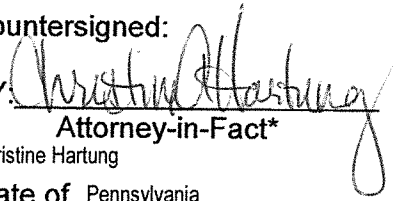
BY: 

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

\_\_\_\_\_  
Scott C. Mahorsky, Attorney-In-Fact

Countersigned:

BY:

  
Attorney-in-Fact\*

Christine Hartung

State of Pennsylvania

## CONSENT OF SURETY

KNOW ALL MEN BY THESE PRESENTS, that for and in consideration of the sum of \$1.00, lawful money of the United States of America, the receipt whereof is hereby acknowledged, paid the undersigned corporation, and for other valuable consideration, the Hudson Insurance Company organized and existing under the laws of the State of DE and licensed to do business in the State of LA certifies and agrees, that if contract for Lafreniere Park At Copeland Music Meadow Grading Improvements, Public Works Project No. 50-00119410

for Parish of Jefferson

is awarded to Grillot Construction, LLC

the undersigned Corporation will execute the bond or bonds as required of the contract documents and will become Surety in the full amount set forth in the contract documents for the faithful performance of all obligations of the Contractor.

Signed and sealed this 16th day of May, 2017.

Hudson Insurance Company

By:

Scott C. Mahorsky, Attorney-in-Fact





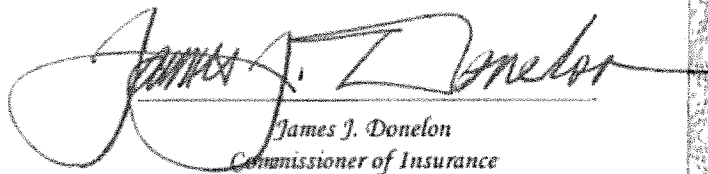
*James J. Donelon*

COMMISSIONER OF INSURANCE

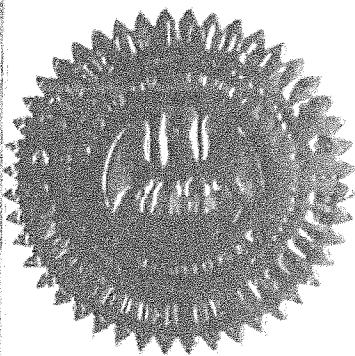
## CERTIFICATE OF AUTHORITY

Whereas, the HUDSON INSURANCE COMPANY located at Delaware has applied for a certificate of authority and made the filings required of such Insurer. Therefore, I, James J Donelon, the undersigned Commissioner of Insurance, do hereby certify that the said HUDSON INSURANCE COMPANY is authorized to transact its appropriate business of Burglary and forgery, Crop, Fidelity, Fire and allied lines, Health and accident, Homeowners, Liability, Marine and transportation, Surety, and Vehicle Insurance in this State, in accordance with the laws thereof. This certificate shall remain in effect until cancelled, suspended, revoked or the renewal thereof refused.

In Testimony Whereof, I hereunto subscribe my name,  
and affix the seal of my office at Baton Rouge this  
12th day of May A.D 2014.

  
James J. Donelon  
Commissioner of Insurance

Amended: Original certificate effective date April 1, 2004





## BID BOND POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That HUDSON INSURANCE COMPANY, a corporation of the State of Delaware, with offices at 100 William Street, New York, New York, 10038, has made, constituted and appointed, and by these presents, does make, constitute and appoint

**Christine Hartung, Scott C. Mahorsky, Richard V. Dobbs, Jr.**  
of the State of Pennsylvania

its true and lawful Attorney(s)-in-Fact, at New York City in the State of New York, each of them alone to have full power to act without the other or others, to make, execute and deliver on its behalf, as Surety, bid bonds for any and all purposes.

Such bid bonds, when duly executed by said Attorney(s)-in-Fact, shall be binding upon said Company as fully and to the same extent as if signed by the President of said Company under its corporate seal attested by its Secretary.

In Witness Whereof, HUDSON INSURANCE COMPANY has caused these presents to be of its Executive Vice President thereunto authorized, on this 5th day of June, 20 15 at New York, New York.



Dina Daskalakis, Corporate Secretary

HUDSON INSURANCE COMPANY

By Christopher T. Suarez  
Christopher T. Suarez, Executive Vice President

STATE OF NEW YORK  
COUNTY OF NEW YORK SS.

On the 5th day of June, 20 15 before me personally came Christopher T. Suarez to me known, who being by me duly sworn did depose and say that he is an Executive Vice President of HUDSON INSURANCE COMPANY, the Company described herein and which executed the above instrument, that he knows the seal of said Company, that the seal affixed to said instrument is the corporate seal of said Company, that it was so affixed by order of the Board of Directors of said Company, and that he signed his name thereto by like order.

(Notarial Seal)



ANN M. MURPHY  
Notary Public, State of New York  
No. 01MU6067553  
Qualified in Nassau County  
Commission Expires December 10, 2017

## CERTIFICATION

STATE OF NEW YORK  
COUNTY OF NEW YORK

The undersigned Dina Daskalakis hereby certifies:

THAT the original resolution, of which the following is a true and correct copy, was duly adopted by unanimous written consent of the Board of Directors of Hudson Insurance Company dated July 27<sup>th</sup>, 2007, and has not since been revoked, amended or modified:

"RESOLVED, that the President, the Executive Vice Presidents, the Senior Vice Presidents and the Vice Presidents shall have the authority and discretion, to appoint such agent or agents, or attorney or attorneys-in-fact, for the purpose of carrying on this Company's surety business, and to empower such agent or agents, or attorney or attorneys-in-fact, to execute and deliver, under this Company's seal or otherwise, bonds obligations, and recognizances, whether made by this Company as surety thereon or otherwise, indemnity contracts, contracts and certificates, and any and all other contracts and undertaking made in the course of this Company's surety business, and renewals, extensions, agreements, waivers, consents or stipulations regarding undertakings so made; and

FURTHER RESOLVED, that the signature of any such Officer of the Company and the Company's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seal when so used whether heretofore or hereafter, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed."

THAT the above and foregoing is a full, true and correct copy of Power of Attorney issued by said Company, and of the whole of the original and that the said Power of Attorney is still in full force and effect and has not been revoked, and furthermore that the Resolution of the Board of Directors, set forth in the said Power of Attorney is now in force.



Witness the hand of the undersigned and the seal of said Company this 16th day of May, 20 17.

By Dina Daskalakis  
Dina Daskalakis, Corporate Secretary

**HUDSON INSURANCE COMPANY**  
**SHORT FORM FINANCIAL STATEMENT**  
**AS OF DECEMBER 31, 2016**

**ASSETS**

Bonds	\$ 322,353,377
Real estate	0
Cash on hand and on deposit	60,570,911
Reinsurance Receivable	192,076,222
FIT recoverable (including net deferred tax asset)	28,783,437
Aggregate write-ins for other than invested assets	233,225,823
Deferred premiums, agents' balances and installments booked but deferred and not yet due (including earned but unbilled premiums)	50,709,775
Stocks	243,888,222
Other Assets	28,297,030
	<u>\$ 1,159,904,797</u>

**LIABILITIES & SURPLUS**

Losses	\$ 154,184,245
Loss adjustment expense	19,135,432
Other expenses	25,051,920
Unearned premiums	45,412,869
Ceded reinsurance premiums payable	373,301,492
Payable to parent, subsidiaries and affiliates	12,584,128
Commissions payable, contingent commissions and other similar charges	14,625,204
Other Liabilities	62,452,222
	<u>\$ 706,747,514</u>
Preferred and Common capital stock	\$ 7,500,238
Gross paid in and contributed surplus	293,480,097
Unassigned funds (surplus)	152,176,948
Surplus as regards policyholders	\$ 453,157,283
	<u>\$ 1,159,904,797</u>

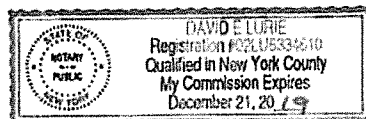
STATE OF NEW YORK )  
 ) ss:  
COUNTY OF NEW YORK )

I, the undersigned Senior Vice President and Controller of Hudson Insurance Company hereby certify the foregoing to be a short form financial statement in the form of a balance sheet, showing the Company's assets and liabilities on a provisional basis, at the close of business on December 31, 2016.

IN TESTIMONY WHEREOF, I have set my hand and affixed the seal of the Company, this 15<sup>th</sup> day of March, 2017.

  
Anthony Slowski  
Senior Vice President and Controller

Subscribed and sworn to before me this 15<sup>th</sup> day of March 2017  
My commission expires



Public Works Bid

AFFIDAVIT

STATE OF LOUISIANA

PARISH/COUNTY OF PLAQUEMINES

BEFORE ME, the undersigned authority, personally came and appeared: \_\_\_\_\_

KERRY STAFFORD (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized MANAGING MEMBER of GRIMOT CONSTRUCTION, LLC (Entity), the party who submitted a bid in response to Bid Number 50-0019410 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).



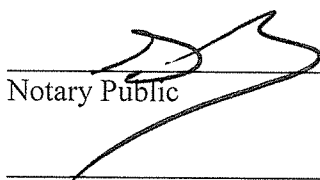
Signature of Affiant

KERRY STAFFORD

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 16<sup>th</sup> DAY OF May, 2017

  
Notary Public

Printed Name of Notary

Notary/Bar Roll Number

My commission expires \_\_\_\_\_.



**S. JACOB BRAUD**  
Notary Public  
Parish of Plaquemines  
State of Louisiana  
Commission Issued For Life  
Notary ID #28318

[Print](#)

## Notary Search - Detail

**Name:** MR. STEPHEN JACOB BRAUD  
**Address:** 8114 HWY 23  
BELLE CHASSE, LA 70037  
**Phone:** (504) 394-9841  
**Notary ID Number:** 68425  
**Parish:** PLAQUEMINES with STATEWIDE JURISDICTION  
**Agency:** N/A  
**Notary Type:** Attorney  
**Bar Roll #:** 28318  
**Status:** Active  
**Commission Date:** 09/02/2003  
**Oath Date:** 08/26/2003  
**Surety Expiration Date:** Not Required  
**Annual Report Current:** Not Applicable

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

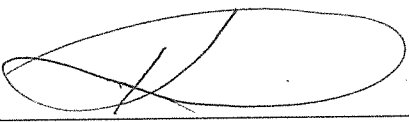
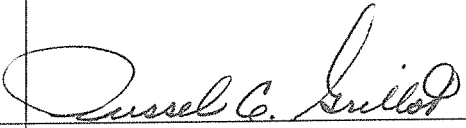

**Grillot Construction, LLC**

2608 Engineers Road  
Belle Chasse, Louisiana 70037  
Office: 504.394.5596/Fax: 504.394.5178

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**MEMBER RESOLUTION OF SIGNING AUTHORITY**

**BE IT RESOLVED** that the execution of Deeds, powers of attorney, transfers, assignments, contracts, obligations, certificates, and other instruments of whatever nature entered into by the Company directly or through a transfer agent or registrar for any stock company, acting in its capacity as a corporate director or exercising any and all other powers conferred upon it by the letters Patent incorporating it or by the law pertaining to such matters, shall be signed by any one of the persons listed below:

Name	Title	Specimen Signature
Kerry Stafford	Managing Member	
Russel Grillot	Member	
Jason Cox	Operations Manager	

The above people are fully authorized to appear in the name of and on behalf of the Company with respect to any and all matters, with fully authority to agree upon all matters on such terms and conditions deemed proper and appropriate.

I, **Kerry Stafford**, the undersigned Managing Member of **Grillot Construction, LLC** HEREBY CERTIFY that the foregoing is a true and correct copy of a Resolution of the Members of said Company passed by a resolution of the said Members dated on **January 4, 2017** and that said Resolution is still in full force and effect.



Managing Member (SEAL)



GRILCON-01

ARA

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/29/2016

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).

<b>PRODUCER</b> Dwight W. Andrus Insurance, Inc. P.O. Box 60970 Lafayette, LA 70596-0970	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b> (337) 981-7300 <b>FAX (A/C, No):</b> (337) 984-2166 <b>E-MAIL ADDRESS:</b> customerservice@andrus.com	
<b>INSURED</b>  Grillot Construction, LLC 2608 Engineers Rd Belle Chasse, LA 70037	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A:</b> Navigators Insurance Company	42307
	<b>INSURER B:</b> State National Ins. Co.	12831
	<b>INSURER C:</b> Granite State Insurance Co.	23809
	<b>INSURER D:</b> Mitsui Sumitomo Ins. Group	
	<b>INSURER E:</b>	
<b>INSURER F:</b>		

## 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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	HO16LIA15452001	08/21/2016	08/21/2017	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input checked="" type="checkbox"/> Marine GL					MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2,000,000
	OTHER:					PRODUCTS - COMP/OP AGG \$ 1,000,000
						\$
B	<b>AUTOMOBILE LIABILITY</b>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	QDX-LA000034-00	08/21/2016	08/21/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
						\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR		HO16LIA15452002	08/21/2016	08/21/2017	EACH OCCURRENCE \$ 4,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 4,000,000
	DED RETENTION \$					\$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	WC51754821	09/29/2016	09/29/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT \$ 1,000,000
		N/A				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Scheduled Equipment		CIM4112143	08/21/2016	08/21/2017	LIMIT 200,000
D	Rented/Leased Eqpt		CIM4112143	08/21/2016	08/21/2017	LIMIT 675,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
ACTUAL POLICY FORMS & ENDORSEMENTS ARE AVAILABLE UPON REQUEST FOR REVIEW

SEE ATTACHED ACORD 101

## CERTIFICATE HOLDER

## CANCELLATION

Insured's 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

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# **ADDITIONAL REMARKS SCHEDULE**

Page 1 of 1

AGENCY <b>Dwight W. Andrus Insurance, Inc.</b>		NAMED INSURED <b>Grillot Construction, LLC</b> 2608 Engineers Rd Belle Chasse, LA 70037	
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

### **Description of Operations/Locations/Vehicles:**

**ADDENDUM TO CERTIFICATE OF INSURANCE:** Any information contained in this Addendum is general and descriptive only. The Certificate of Insurance and this Addendum may not contain descriptions of any or all operations, locations, vehicles or exclusions. Please see policy forms and endorsements for specific coverages and exclusions.

### **Marine General Liability Policy # HO16LIA15452001 FORM NAVG-MGL01 (Ed. 08/13)**

- Blanket Additional Assured / Blanket Waiver of Subrogation NAVG-MGL26 (Ed. 08/13)
- Primary and Non-contributing Insurance for Additional Assureds
- Notice of Cancellation Endorsement (Cert Holders)
- 30 Days written Notice of Cancellation to cert holders if required by written contract
- Pollution Limitation Endt (Sudden & Accidental Basis) NAVG-MGL03 (Ed. 08/13)
- In Rem included in FORM NAVG-MGL01 (Ed. 08/13)

### **Business Automobile Policy #QDX-LA000034-00 FORM CA 00 01 10 13**

- Additional Insured Endorsement Q ADLIN-B 08 14
- Blanket as Required by Written Contract.
- Waiver of Subrogation Endorsement Q WAIVER-B 0814
- Blanket as Required by Written Contract.
- Primary Insurance Endt Q PIE 100 01 16

### **Marine Bumpershoot Liability Policy #HO16LIA15452002**

- Follows Form

### **Workers Comp Policy #51754821**

Owners are not excluded.

- Waiver of Our Right to Recover From Others Endorsement WC 00 03 13 (04/84)
- Blanket as Required by Written Contract
- Longshore and Harbor Workers' Compensation Act Coverage Endorsement WC 00 01 06 A (4-92)
- Louisiana & Virginia
- Maritime Coverage Endorsement WC 00 02 01 B (1-15)

**LIMITS:** Bodily Injury by Accident \$1,000,000 each accident / Bodily Injury by Disease \$1,000,000 aggregate  
Includes Transportation, Wages, Maintenance and Cure

### **Equipment Deductibles:**

- \$5,000 All Equipment, Per Occurrence
- \$25,000 Waterborne Equipment, Per Occurrence
- \$50,000 Named Windstorm, Per Occurrence
- \$50,000 Flood, Per Occurrence

<b>Form W-9</b> (Rev. October 2007) Department of the Treasury Internal Revenue Service	<b>Request for Taxpayer Identification Number and Certification</b>	Give form to the requester. Do not send to the IRS.
Name (as shown on your income tax return) <b>Grillot Construction, LLC</b>		
Business name, if different from above		
Check appropriate box: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (disregarded entity, C-corporation, P-partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶		
Address (number, street, and apt. or suite no.) <b>2808 Engineers Road</b>		Requester's name and address (optional)
City, state, and ZIP code <b>Belle Chasse, LA 70037</b>		
List account number(s) here (optional)		
<b>Part I Taxpayer Identification Number (TIN)</b>		
Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. 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 <i>How to get a TIN</i> 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 <b>58 2642699</b>
<b>Part II Certification</b>		
Under penalties of perjury, I certify that:		
1. 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		
2. 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 and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and		
3. I am a U.S. citizen or other U.S. person (defined below).		
<b>Definition of a U.S. person.</b> For federal tax purposes, you are considered a U.S. person if you are: • An individual who is a U.S. citizen or U.S. resident alien, • A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, • An estate (other than a foreign estate), or • A domestic trust (as defined in Regulations section 301.7701-7).		
<b>Special rules for partnerships.</b> Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.		
The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases: • The U.S. owner of a disregarded entity and not the entity.		
<b>Sign Here</b> Signature of U.S. person ▶ <i>Charles G. Grillot</i> Date ▶ <b>8/25/14</b>		
<b>General Instructions</b> Section references are to the Internal Revenue Code unless otherwise noted.		
<b>Purpose of Form</b> 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.		
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:		
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued), 2. Certify that you are not subject to backup withholding, or 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.		
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.		





**CENTRALBIDDING**  
FROM CENTRAL AUCTION HOUSE

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**Central Bidding Time:** Tue May 16, 2017 2:02:32 PM GMT-6

Place a Bid for 5000119410 LAFRENIERE PARK AL COPELAND MUSIC MEADOW GRADING IMPROVEMENTS

Please enter your best bid proposal for this project

Louisiana Contractor ID#

40038

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

<p>To:                   Jefferson Parish General Government Bldg  Purchasing Dept.  200 Derbigny Street  Suite 4400    Gretna, LA 70053</p> <p>From:                Command Construction, LLC  3206 N. Turnbull Drive</p>	

Bid Bond #

SLA17221121

Jefferson Parish Vendor #:

172435

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.

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Central Auction House, LTD



LOUISIANA UNIFORM PUBLIC WORK BID FORM

to: Jefferson Parish Purchasing Dept.  
200 Derbigny St., Suite 4400  
Grefna, LA 70053

(Owner to provide name and address of owner)

BID FOR: 50-00119410  
Lafreniere Park- Al Copeland  
Music Meadow Grading Improvements

(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: CSRS, Inc.

and dated: January 2017

(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) (P.M. NO. 1 5-3-17)

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:

Eighty Seven Thousand Two Hundred Twenty Two Dollars (\$ 87,222.00)  
and zero 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:

N/A

Dollars (\$ N/A )

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

N/A

Dollars (\$ N/A )

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: Command Construction, LLC

ADDRESS OF BIDDER: 3206 N. Turnbull Drive - Metairie, LA 70002

LOUISIANA CONTRACTOR'S LICENSE NUMBER: 40038

Name OF AUTHORIZED SIGNATORY OF BIDDER: Derek J. Commander

TITLE OF AUTHORIZED SIGNATORY OF BIDDER: Managing Member

SIGNATURE OF AUTHORIZED SIGNATORY OF BIDDER \*\*

DATE: 5-16-17

\* 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 Purchasing Dept.  
200 Derbigny St. Suite 4400  
Gretna LA 70053

(Owner to provide name and address of owner)

BID FOR: 50-00119410  
Lafreniere Park- Al Copeland  
Music Meadow Grading Improvements

(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.# <u>    </u> MOBILIZATION			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
1	1	LUMP SUM	\$10,000.00	\$ 10,000.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> CLEARING & GRUBBING			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
2	1	LUMP SUM	\$10,000.00	\$ 10,000.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> UNCLASSIFIED EXCAVATION			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
3	291	C.Y.	\$ 20.00	\$ 5,820.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> RETAINING WALL			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
4	190	S.F.	\$ 40.00	\$ 7,600.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> 12" PVC STORM DRAIN PIPE			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
5	344	L.F.	\$ 50.00	\$ 17,200.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> DROP INLET			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
6	4	EACH	\$ 2,500.00	\$ 10,000.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> TIE-IN TO EXISTING DRAINAGE STRUCTURE			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
7	1	EACH	\$ 1,500.00	\$ 1,500.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> REPLACE GRAVEL DRIVE (8" THICK)			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
8	55	S.Y.	\$ 20.00	\$ 1,100.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> CLEANOUT			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
9	2	EACH	\$ 1,500.00	\$ 3,000.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> 4" PERFORATED PVC			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
10	74	L.F.	\$ 40.00	\$ 2,960.00

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 Purchasing Dept.  
200 Derbigny St., Suite 4400  
Gretna, LA 70053

BID FOR: 50-00119410  
Lafreniere Park- Al Copeland  
Music Meadow Grading Improvements

(Owner to provide name and address of owner)

(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.# <u>    </u> TEMPORARY SILT FENCING			
REF. NO.	QUANTITY	UNIT OF MEASURE	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
11	450	L.F.	\$ 1.00	\$ 450.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> TEMPORARY STONE CONSTRUCTION ENTRANCE			
REF. NO.	QUANTITY	UNIT OF MEASURE	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
12	1	EACH	\$ 2,500.00	\$ 2,500.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> HYDRO-SEEDING			
REF. NO.	QUANTITY	UNIT OF MEASURE	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
13	1,451	S.Y.	\$ 5.00	\$ 7,255.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> PLANTS (PLANT) (1 GALLON)			
REF. NO.	QUANTITY	UNIT OF MEASURE	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
14	56	EACH	\$ 12.00	\$ 672.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> PLANTS (PLANT) (3 GALLON)			
REF. NO.	QUANTITY	UNIT OF MEASURE	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
15	73	EACH	\$ 30.00	\$ 2,190.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> PLANTS (PLANT) (5 GALLON)			
REF. NO.	QUANTITY	UNIT OF MEASURE	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
16	43	EACH	\$ 75.00	\$ 3,225.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> PLANTS (TREE) (1-1/2" CAL)			
REF. NO.	QUANTITY	UNIT OF MEASURE	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
17	5	EACH	\$ 350.00	\$ 1,750.00

DESCRIPTION:	<input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u>			
REF. NO.	QUANTITY	UNIT OF MEASURE	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
			N/A	N/A

DESCRIPTION:	<input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u>			
REF. NO.	QUANTITY	UNIT OF MEASURE	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
			N/A	N/A

DESCRIPTION:	<input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u>			
REF. NO.	QUANTITY	UNIT OF MEASURE	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
			N/A	N/A

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 State Licensing Board for Contractors



### Contractor Information

Business Name **COMMAND CONSTRUCTION, L.L.C.** ✓  
 Mailing Address **3206 N. Turnbull Dr.  
 Metairie, LA 70002**  
 Phone Number **(504) 887-8795**  
 Fax Number **(504) 887-8906**  
 Email Address **kelly@commandindustries.com**

### Active Licenses

License Number **40038** ✓  
 Type **Commercial License**  
 Status **LICENSED**  
 Effective **02/22/2017**  
 Expiration **02/21/2020**  
 First Issued **02/21/2002**

### Classifications

Class	Qualifying Party	Parishes
<b>BUILDING CONSTRUCTION</b> ✓	<b>Derek John Commander</b>	<b>ALL</b>
<b>BUSINESS AND LAW</b>	<b>Derek John Commander</b>	<b>ALL</b>
<b>BUSINESS AND LAW</b>	<b>Eugene Leon Abadie III</b>	<b>ALL</b>
<b>ELECTRICAL WORK (RESTRICTED-BIDDING ONLY)</b>	<b>Derek John Commander</b>	<b>ALL</b>
<b>HEAVY CONSTRUCTION</b>	<b>Derek John Commander</b>	<b>ALL</b>
<b>HIGHWAY, STREET AND BRIDGE CONSTRUCTION</b> ✓	<b>Derek John Commander</b>	<b>ALL</b>
<b>HIGHWAY, STREET AND BRIDGE CONSTRUCTION</b>	<b>Eugene Leon Abadie III</b>	<b>ALL</b>
<b>MECHANICAL WORK (RESTRICTED-BIDDING ONLY)</b>	<b>Derek John Commander</b>	<b>ALL</b>
<b>MUNICIPAL AND PUBLIC WORKS CONSTRUCTION</b>	<b>Derek John Commander</b>	<b>ALL</b>
<b>MUNICIPAL AND PUBLIC WORKS CONSTRUCTION</b> ✓	<b>Eugene Leon Abadie III</b>	<b>ALL</b>



**Bond Number: SLA17221121**

**Contractor Information**

**Principal:** Command Construction LLC

**Address:** 3206 North Turnbull Drive Metairie Louisiana 70002 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:** Arch Insurance Company

**Bid Date:** 5/16/2017

**Estimated Contract Price:**

**Time For Completion:**

**Liquidated Damages:**

**Estimated Work On Hand:**

**Amount of Bid Security:** 5%

**Contract # or IFB #:** 50-00119410

**Description of Job:** LAFRENIERE PARK AL COPELAND MUSIC MEADOW GRADING IMPROVEMENTS

**Job Breakdown:**

**Electronic Bidding Information**

**Bid Security Percentage:** 5

**Bid Security Maximum:**

**Owner Assigned Contractor Number:**172435

**Primary Agency:**

Ellsworth Corporation

Power of Attorney Limited to: 30,000,000

Executed

**Entered By:** Alexander J. Ellsworth - 5/11/2017 11:39:42 AM ET

**Approved & Executed By:**

*Alexander J. Ellsworth*

Alexander J. Ellsworth (Signed: 11-May-2017 11:39 AM EDT (UTC-04:00))

Signature Information

Know all men by these presents that Arch Insurance Company, a Corporation duly organized under the laws of the State of Missouri, 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: S2000-1000908731





**Bond Number: SLA17221121**

**Contractor Information**

**Principal:** Command Construction LLC

**Address:** 3206 North Turnbull Drive Metairie Louisiana 70002 United States

**Owner/Obligee Information**

**Bond Form:** Bid Bond in accordance with Contract Specifications

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Alexander J. Ellsworth (Signed: 11-May-2017 11:39 AM EDT (UTC-04:00))

Signature Information

Know all men by these presents that Arch Insurance Company, a Corporation duly organized under the laws of the State of Missouri, 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: S2000-1000908731

## **Public Works Bid Affidavit Instructions**

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

*Instruction sheet may be omitted when submitting the affidavit*

---

Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF ST. TAMMANY

BEFORE ME, the undersigned authority, personally came and appeared: Derek J. Commander, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized managing member of Command Construction LLC (Entity), the party who submitted a bid in response to Bid Number 5D-DD119410, 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:

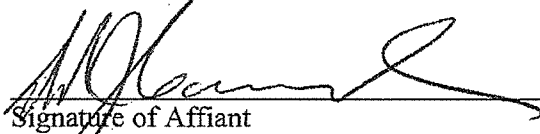
- (a) Theft (R.S. 14:67)
- (b) Identity Theft (R.S. 14:67, 16)
- (c) Theft of a business record (R.S. 14:67.20)
- (d) False accounting (R.S. 14:70)
- (e) Issuing worthless checks (R.S. 14:71)
- (f) Bank fraud (R.S. 14:71.1)
- (g) Forgery (R.S. 14:72)
- (h) Contractors; misapplication of payments (R.S.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

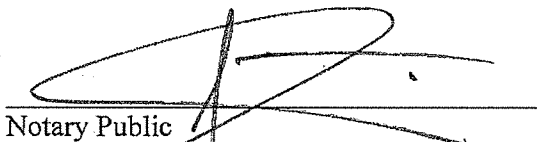
- (1) Entity is registered and participates in a status verification system to verify that all employees in the State of Louisiana are legal citizens of the United States or are legal aliens.
- (2) Entity shall continue, during the term of the contract, to utilize a status verification system to verify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

Derek J. Commander  
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 12<sup>th</sup> DAY OF May, 2017.

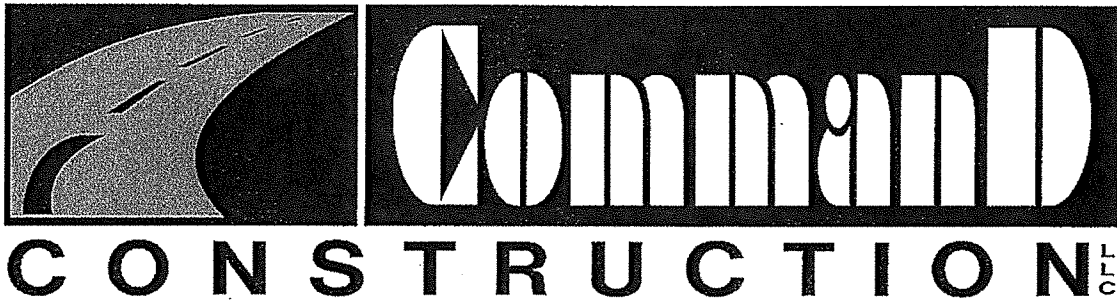
  
Notary Public

Craig J. Robichaux  
Printed Name of Notary

17119  
Notary/Bar Roll Number



My commission expires at death



Addendum to Affidavit

Campaign Contributions

John Young

7/16/15 \$2500

3/29/11 \$2000

9/23/10 \$1500

9/23/10 \$1500 (listed on LA Board of Ethics website, but believe this is a duplication)

Ben Zahn

10/20/16 \$1000

9/12/16 \$1000

3/31/16 \$500

8/27/13 \$1000

8/26/11 \$ 250

1/11/10 \$ 250

Chris Roberts

10/21/09 \$300

Mike Yenni

10/12/15 \$1000

---



[Print](#)

## Notary Search - Detail

**Name:** MR. CRAIG ROBICHAUX  
**Address:** 4565 LASALLE ST.,STE.300  
MANDEVILLE, LA 70471  
**Phone:** (985) 624-5010  
**Notary ID Number:** 9832  
**Parish:** ST. TAMMANY with STATEWIDE JURISDICTION  
**Agency:** N/A  
**Notary Type:** Attorney  
**Bar Roll #:** 17119  
**Status:** Active  
**Commission Date:** 03/14/1986  
**Oath Date:** Unknown  
**Surety Expiration Date:** Not Required  
**Annual Report Current:** Not Applicable

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/27/2017

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).

<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, Inc. 111 Veterans Blvd., Suite 1130 Metairie LA 70005	<b>CONTACT NAME:</b> George Baus		
	<b>PHONE (A/C, No, Ext):</b> 504-888-1100	<b>FAX (A/C, No):</b> 504-888-1299	
	<b>E-MAIL ADDRESS:</b> George_Baus@ajg.com		
<b>INSURED</b> Command Construction, LLC 3206 N. Turnbull Dr Metairie, LA 70002	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A : National Union Fire Insurance Compa		19445
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

**COVERAGES**

CERTIFICATE NUMBER: 397594496

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
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$10,000			BE032712963	5/1/2017	5/1/2018	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

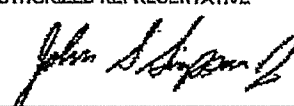
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Policy is Excess of Underlying and is Follow Form, pursuant to and subject to the policies terms, definitions, conditions and exclusions. Limited Advise of Cancellation To Entities Other Than The First Named Insured Form # 107232

**CERTIFICATE HOLDER****CANCELLATION**

Master Certificates . . .	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 

© 1988-2015 ACORD CORPORATION. All rights reserved.

CERTIFICATE OF LIABILITY INSURANCE					DATE (MM/DD/YY) 4/20/2017	
<b>PRODUCER</b>  Arthur J. Gallagher Risk Management Services, Inc. 111 VETERANS MEMORIAL BLVD., SUITE 1130 METAIRIE, LA 70005-3039			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
<b>INSURED</b>  Command Construction Industries LLC, Command Construction, L.L.C. 3206 North Tumbull Drive Metairie, LA 70002			<b>COMPANIES AFFORDING COVERAGE</b>			
			COMPANY A THE GRAY INSURANCE COMPANY			
			COMPANY B			
			COMPANY C			
COMPANY D						
<b>COVERAGES</b>						
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.						
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<b>GENERAL LIABILITY</b>	XSGL-074271	5/1/2017	5/1/2020	GENERAL AGGREGATE	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				Unlimited	
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				PRODUCTS - COMP/OP AGG \$3,000,000.00	
					PERSONAL & ADV INJURY \$1,000,000.00	
					EACH OCCURRENCE \$1,000,000.00	
A	<b>AUTOMOBILE LIABILITY</b>	XSAL-075266	5/1/2017	5/1/2020	FIRE DAMAGE (Any one fire) \$50,000.00	
	<input checked="" type="checkbox"/> ANY AUTO				MED EXP (Any one person) \$5,000.00	
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				COMBINED SINGLE LIMIT \$1,000,000.00	
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person)	
	<input checked="" type="checkbox"/> HIRED AUTOS				BODILY INJURY (Per accident)	
<input checked="" type="checkbox"/> NON-OWNED AUTOS	PROPERTY DAMAGE					
	<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT	
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY	
					EACH ACCIDENT	
					AGGREGATE	
					EACH OCCURRENCE	
	<b>EXCESS LIABILITY</b>				AGGREGATE	
	<input type="checkbox"/> UMBRELLA FORM				EACH OCCURRENCE	
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE	
A	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>	XSWC-070986	5/1/2017	5/1/2020	X WC STATUTORY LIMITS OTH ER	
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT \$1,000,000.00	
					EL DISEASE - POLICY LIMIT \$1,000,000.00	
					EL DISEASE - EA EMPLOYEE \$1,000,000.00	
<b>OTHER</b>						
<b>DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS</b> The certificate holder is an additional insured on all policies except Workers' Compensation and is provided a Waiver of Subrogation, all if required by written contract. The above insurance policies shall be primary and noncontributory to any other insurance policies maintained by the certificate holder, if required by written contract.  Sample Certificate for All Jobs Bid by Command Construction Industries, LLC, Command Construction, L.L.C.						
<b>CERTIFICATE HOLDER</b>			<b>CANCELLATION</b>			
			In the event of cancellation by The Gray Insurance Company and if required by written contract, 30 days written notice will be given to the Certificate Holder.			
			AUTHORIZED REPRESENTATIVE			
						
GCF 00 50 01 01 12			THE GRAY INSURANCE COMPANY			

**THE GRAY INSURANCE COMPANY**

The below coverages apply if the corresponding policy number is indicated on the previous page.

**A. Commercial General Liability**

General Liability Policy Includes:

Blanket Waiver of Subrogation when required by written contract.

Blanket Additional Insured (CGL Form# CG 20 10 11 85) when required by written contract.

Primary Insurance Wording Included when required by written contract.

Broad Form Property Damage Liability including Explosion, Collapse and Underground (XCU).

Premises/Operations

Products/Completed Operations

Contractual Liability

Sudden and Accidental Pollution Liability

Occurrence Form

Personal Injury

"In Rem" Endorsement

Cross Liability

Severability of Interests Provision

"Action Over" Claims

Independent Contractors coverage for work sublet

Vessel Liability - Watercraft exclusion has been modified by the vessels endorsement on scheduled equipment.

General Aggregate applies per project or equivalent.

**B. Automobile Liability Policy Includes:**

Blanket Waiver of Subrogation when required by written contract.

Blanket Additional Insured when required by written contract.

**C. Workers Compensation Policy Includes:**

Blanket Waiver of Subrogation when required by written contract.

U.S. Longshoremen's and Harbor Workers Compensation Act Coverage

Outer Continental Shelf Land Act

Jones Act (including Transportation, Wages, Maintenance, and Cure),

Death on the High Seas Act & General Maritime Law.

Maritime Employers Liability Limit: \$1,000,000

Voluntary Compensation Endorsement

Other States Insurance

Alternate Employer/Borrowed Servant Endorsement

"In Rem" Endorsement

Gulf of Mexico Territorial Extension

**D. Excess Liability Policy Includes:**

Coverage is excess of the Auto Liability, General Liability, Employers Liability, & Maritime Employers Liability policies

Blanket Waiver of Subrogation when required by written contract.

Blanket Additional Insured when required by written contract.



Arthur J. Gallagher Risk Management Services, Inc.

111 Veterans Blvd. Suite 1130  
Metairie, LA 70005  
Office 504-888-1100  
Fax 504-888-1299

May 11, 2017

Jefferson Parish  
Attn. Purchasing Department  
Jefferson Parish General Government Building  
200 Derbigny Street, Suite 4400  
Gretna, LA 70053

Re: Command Construction, LLC  
Bid No. 50-00119410

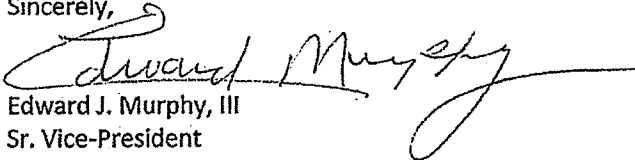
To Whom It May Concern,

Our firm, Arthur J. Gallagher Risk Management Services, Inc., is the insurance representative of Command Construction, LLC. They have asked us to write you regarding the captioned project. We have reviewed the insurance requirements contained in the specifications and can inform you that Command Construction, LLC meets or exceeds all of the requirements.

If Command Construction, LLC is awarded the project, we will be in position to provide both Owner's & Contractors Protective as well as Builder's Risks.

If you have any questions regarding this, please do not hesitate to contact us.

Sincerely,

  
Edward J. Murphy, III  
Sr. Vice-President

## Request for Taxpayer Identification Number and Certification

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

Print or type See Specific instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <u>Command Construction LLC</u>	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) <u>P</u> Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)	
	5 Address (number, street, and apt. or suite no.) <u>3206 N. TURNBULL DRIVE</u>	Requester's name and address (optional)
	6 City, state, and ZIP code <u>Metairie LA 70002</u>	
	7 List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally 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 instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number	
or	
Employer identification number	
01	0569764

### 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. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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 3.

Sign Here      Signature of U.S. person ▶ [Signature]      Date ▶ 9/29/16

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.  
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/irw9](http://www.irs.gov/irw9).

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1093 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filed-out form, you:

- 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. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

**Note.** If you are a U.S. person and 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.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 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 payee 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 to Form W-9 that specifies the following five items:

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

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

## What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

**a. Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note.** ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

**b. Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

**c. Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

**d. Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

**e. Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(ii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2. "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

**Line 2**

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

**Line 3**

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

**Limited Liability Company (LLC).** If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

**Line 4, Exemptions**

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

**Exempt payee code.**

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its Instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(ii)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note.** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

**Line 5**

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

**Line 6**

Enter your city, state, and ZIP code.

**Part I. Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS Individual Taxpayer Identification Number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [IRS.gov](http://IRS.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.



## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

## What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee <sup>1</sup> The actual owner <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>2</sup>
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor <sup>2</sup>
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

\*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

## Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN.
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-808-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-365-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://IRS.gov) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 8406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

## CORPORATE RESOLUTION

*See Attached*

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF  
\_\_\_\_\_  
INCORPORATED.

AT THE MEETING OF DIRECTORS OF \_\_\_\_\_  
INCORPORATED, DULY NOTICED AND HELD ON \_\_\_\_\_,  
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT  
WAS:

RESOLVED THAT \_\_\_\_\_, 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.

\_\_\_\_\_  
SECRETARY-TREASURER

\_\_\_\_\_  
DATE

RESOLUTION OF THE MANAGERS  
OF  
COMMAND CONSTRUCTION, L.L.C.

The undersigned, being all the managers of Command Construction, L.L.C., a Louisiana limited liability company (the "Company") pursuant to the resolutions in the Company's Unanimous Consent Agreement, hereby adopt the following resolution:

RESOLVED, that the following persons shall serve in the offices set forth opposite their names, and that such officers shall have the authority to sign bids, papers, documents, affidavits, bonds, sureties, contracts and acts and to receive and receipt therefore all purchase orders and notices issued pursuant to the provisions of any such bid or contract on behalf of the Company.

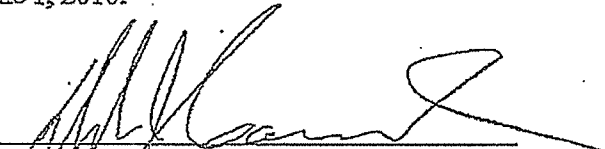
Member

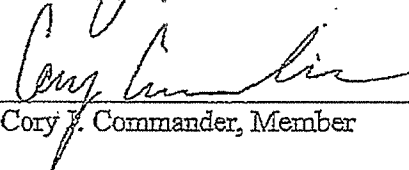
Cory J. Commander

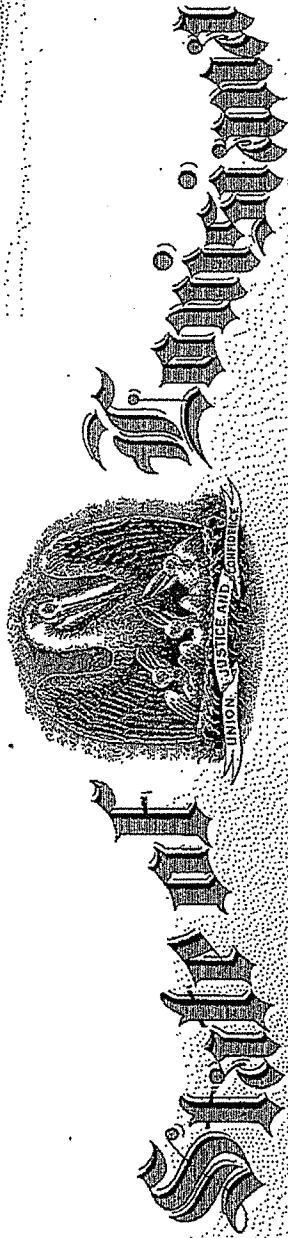
Member

Derek J. Commander

The foregoing Resolution was adopted on June 1, 2010.

  
Derek J. Commander, Managing Member

  
Cory J. Commander, Member



## State Licensing Board for Contractors

This is to Certify that:

COMMAND CONSTRUCTION, L.L.C.  
3206 N. Turnbull Dr.  
Metairie, LA 70002

is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION; ELECTRICAL WORK (RESTRICTED-BIDDING ONLY); HEAVY  
CONSTRUCTION; HIGHWAY, STREET AND BRIDGE CONSTRUCTION; MECHANICAL WORK  
(RESTRICTED-BIDDING ONLY); MUNICIPAL AND PUBLIC WORKS CONSTRUCTION



Expiration Date: February 21, 2020

License No. 40038

Witness our hand and seal of the Board dated,  
Baton Rouge, LA 22nd day of February 2017

*Michael J. McGehee*

Director

*Lee Madgett*

Chairman

*Anthony J. Rame*

Treasurer

This License Is Not Transferable

To: Jefferson Parish General Government Bldg  
Purchasing Dept.  
200 Derbigny Street  
Suite 4400  
Gretna, LA 70053

From: Command Construction, LLC  
3206 N. Turnbull Drive  
Metairie, LA 70002  
LICENSE # 40038

Bid For: Lafreniere Park Al Copeland Music Meadow  
Grading Improvements

Proposal: Bid Proposal No. 50-00119410

Bid Date: May 16, 2017 at 2:00 P.M.

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**CENTRALBIDDING**  
FROM CENTRAL AUCTION HOUSE

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  - [Create New Standard Envelope](#)
- [Logout \(DNEILSON\)](#)

**Central Bidding Time:** Tue May 16, 2017 2:01:35 PM GMT-6

Location: **Metairie > Louisiana > USA**

Name: **Derek Commander**

Email: **kelly@commandindustries.com**

Address: **3206 N. Turnbull Drive**

Zip code: **70002**

Contact number: **+5048878795**

Official Company/Business Name:

Are you registered with the State of Louisiana as a Disadvantaged Business Enterprise (DBE)?: **No**

NIGP Codes: (Commodity code categories)

**21007 - Basins, Catch, Including Accessories and Parts**

**91310 - Construction: Airport Roadway, Runway and Taxiway**

**91485 - Welding**

**92522 - Control Systems Engineering**

**92537 - Facilities Design Services, Engineering**

#### Where To?



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[Renew/Upgrade Membership](#)



Central Auction House, LTD

