

DATE: 5/12/2025

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00147789

**JEFFERSON PARISH**

PURCHASING DEPARTMENT  
P.O. BOX 9  
GRETNA, LA. 70054-0009  
504-364-2678

VENDOR: 27118 BLANK BID COPY VENDOR

PURCHASING SPECIALIST:  
SCHAMPAGNE

As per LSA-RS 47:301 et seq., all governmental bodies are excluded from payment of sales taxes to any Louisiana taxing body. Quotations shall be based on F.O.B. Agency warehouse or jobsite, anywhere within the Parish as designated by the Purchasing Department.

JEFFERSON PARISH reserves the right to cancel all or any part of an order if not shipped promptly. No charges will be allowed for parking or cartage unless specified in quotation. The order must not be filled at a higher price than quoted. JEFFERSON PARISH reserves the right to cancel at any time and for any reason by issuing a THIRTY (30) day written notice to the contractor.

JEFFERSON PARISH is expecting all products to be new and all work to be done in workman-like manner, according to standard practices. Any deviations or alteration from the specifications must be indicated on the bid form for each item and upon request, product data for same must be submitted by the time specified by the Purchasing Department.

**DELIVERY: FOB JEFFERSON PARISH**

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

17 days  
7 days  
7 days

In the event that addenda are issued with this bid, bidders MUST acknowledge all addenda on the bid form. Bidder must acknowledge receipt of an addendum on the bid form by placing the addendum number as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER:

#1, #2

NUMBER:

NUMBER:

NUMBER:

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable)

**\*\*\* ALL BIDDERS MUST COMPLETE SECTION BELOW \*\*\***

FIRM NAME:

Young Construction Group

SIGNATURE:

(Must be signed here)

TITLE:

owner

PRINT OR TYPE NAME:

Lonnie Young

ADDRESS:

5840 Lapalco Blvd

CITY, STATE:

Marrero

ZIP:

70072

TELEPHONE:

(504) 347-4282

FAX:

(504) 347-4283

EMAIL ADDRESS:

LonnieYoung39@gmail.com

TOTAL PRICE OF ALL BID ITEMS: \$

74,200 -

**INVITATION TO BID FROM JEFFERSON PARISH - continued**

**BID NO.: 50-00147789**

**SEALED BID**

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	8,000.00	GA	<p>Two (2) Year Contract to Provide Swimming Pool Chemicals and Supplies at Johnny Jacobs Swimming Pool for Jefferson Parish Department of Parks and Recreation</p> <p>0010 Liquid Chlorine-Sodium Hypochlorite solution. Bulk delivery into existing tank. Must match exactly to work with existing pool chemical system.</p>	\$ 6.85	\$ 54,800-
2	2.00	DRUM	<p>0020 Granular Chlorine-100 Pound Drum. As stated to match existing pool chemical system.</p>	\$ 250.00	\$ 500-
3	60.00	DRUM	<p>0030 Pool Acid, 30 gallons per drum. As stated to match existing pool chemical system. Pool acid is the name of the chemical currently in use.</p> <p>***Items will be ordered as needed.***</p> <p>Location / Delivery: Jefferson Parish Department of Parks and Recreation Johnny Jacobs Swimming Pool 5851 5th. Avenue Marrero, La 70072</p> <p>***Items must be delivered to the above address***</p> <p>No minimum order required. Items will be ordered as needed. Quantities listed in this bid are estimates only, based on historical information.</p>	\$ 315.00	\$ 18,900-



# JEFFERSON PARISH

## DEPARTMENT OF PURCHASING

CYNTHIA LEE SHENG  
PARISH PRESIDENT

RENNY SIMNO  
DIRECTOR

### JEFFERSON PARISH VENDOR REGISTRATION FORM

All vendors interested in submitting bids, or proposals to provide equipment, materials, supplies, services or performing major repairs/construction for Jefferson Parish must complete this form and indicate commodity codes applicable to their business. This application **MUST** be accompanied with vendor's signed W-9 Form (or W-8IMY Form if an international vendor) and a listing of applicable commodity codes. This application will not be processed otherwise. In order to receive payments within one (1) day of payment processing, please complete Vendor Direct Deposit Form available online at <http://purchasing.jeffparish.net> and email to [Purchasing@jeffparish.net](mailto:Purchasing@jeffparish.net). If a Vendor Direct Deposit Form is not received, you will receive a paper check via the mail.

Name of Business: Young Construction Group, LLC		
Physical Address: 5040 Lapalco Blvd		Remittance Address: 5040 Lapalco Blvd
City: Marrero	State: LA	Zip: 70072
Phone Number (     ) 504-347-4282	Fax Number: (     ) 504-347-4283	
Email Address (REQUIRED): Lonnieyoung39@gmail.com	Federal Identification Number (REQUIRED): 86-3123165	
Nature of Business: Construction		
Trade, Specialty, or Professional Licenses: 71990		

Please check one:

Corporation: ☐ Individual: ☒ Partnership: ☐ Other: ☐ \_\_\_\_\_

Authorized to do Business in Louisiana: Yes: ☒ No: ☐

PAGE 1 of 3

JOSEPH S. YENNI BUILDING - 1221 ELMWOOD PARK BLVD - SUITE 404 - JEFFERSON, LA 70123 - PO BOX 10242 JEFFERSON, LA 70181-0242  
OFFICE 504.364-2678

GENERAL GOVERNMENT BUILDING - 200 DERBIGNY ST - SUITE 4400 - GRETN, LA 70053 - PO BOX 9 - GRETN - LA 70054  
OFFICE 504.364.2678

EMAIL: [PURCHASING@JEFFPARISH.NET](mailto:PURCHASING@JEFFPARISH.NET)

WEBSITE: [WWW.JEFFPARISH.NET](http://WWW.JEFFPARISH.NET)



# JEFFERSON PARISH

## DEPARTMENT OF PURCHASING


CYNTHIA LEE SHENG  
PARISH PRESIDENT

RENNY SIMNO  
DIRECTOR

Jefferson Parish strongly encourages the involvement of minority and/or woman-owned business enterprises (DBE's including, MBE's, WBE's and SBE's) to stimulate participation in procurement and assistance programs. Please indicate below as applicable:

DBE: ☐ MBE: ☐ WBE: ☐ SBE: ☐

Vendors registering to conduct business with Jefferson Parish hereby acknowledge that upon bid/proposal submission, vendors agree to comply with all provisions of Louisiana Law as well compliance with the Jefferson Parish Code of Ordinances, Louisiana Code of Ethics as well as applicable Jefferson Parish ethical standards and Jefferson Parish standard terms and conditions. Further, it shall be the duty of every applicant for certification of eligibility for a parish contractor or program to cooperate with the Inspector General in any investigation, audit, inspection, performance review, or hearing pursuant to Jefferson Parish Code of Ordinances Section 2-155.10 (19). By submitting a bid, vendor acknowledges this and will abide by all provisions of the referenced Jefferson Parish Code of Ordinances.

Vendor Contact Name: <b>Lonnie Young</b>	Title: <b>Owner</b>
Signature: 	Date: <b>5/19/2025</b>

**Prospective bidders are strongly encouraged to register for our e-procurement web portal.** All bids are uploaded onto this portal for review and response. There is no cost to register, view, download and submit bids. For more information on this and other bid information, please visit the Jefferson Parish Purchasing Department webpage located at <http://purchasing.jeffparish.net> or you can directly go to our e-procurement portal at [www.jeffparishbids.net](http://www.jeffparishbids.net). Vendors will be automatically notified of solicitations for commodities which they have registered to receive.

Jefferson Parish uses the National Institute for Governmental Procurement Commodity Codes to notify prospective bidders of solicitations to which they would be interested in. By selecting the appropriate commodity codes and listing them on Page 3 of this application, prospective bidders may be notified of current solicitations. Please go to at <http://purchasing.jeffparish.net> for a complete list of commodity codes and enter in the form below.

### PAGE 2 of 3

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# JEFFERSON PARISH

DEPARTMENT OF PURCHASING

CYNTHIA LEE SHENG  
PARISH PRESIDENT

RENNY SIMNO  
DIRECTOR

## COMMODITY CODE ENROLLMENT

COMMODITY	COMMODITY DESCRIPTION
650-20	Fountains, Decorative
650-66	Swimming Pools, Equipment, and Supplies (Including Heaters, Lights, and Vacuum Machi
805-95	Whirlpools, Saunas, Hot Tubs, Spas, etc.
912-33	Construction, Swimming Pool
912-63	Maintenance and Repair, Swimming Pool (Includes, Swimming Pool Water Treatment Ser
931-65	Park, Playground, and Swimming Pool Equipment Maintenance and Repair
961-18	Concrete Resurfacing Services (Swimming Pools, Driveways, Patios, etc.)
988-83	Swimming Pool Management and Operation
885	WATER AND WASTEWATER TREATING CHEMICALS
630	PAINT, PROTECTIVE COATINGS, VARNISH, WALLPAPER, AND RELATED PRODUCTS
910	BUILDING MAINTENANCE, INSTALLATION AND REPAIR SERVICES
914-27	Carpentry
914-55	Masonry
914-61	Painting and Wallpapering

PAGE 3 OF 3

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WEBSITE: [WWW.JEFFPARISH.NET](http://WWW.JEFFPARISH.NET)

## Request for Taxpayer Identification Number and Certification

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

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Young Construction Group, LLC**

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☒ Individual/sole proprietor or single-member LLC    ☐ C Corporation    ☐ S Corporation    ☐ Partnership    ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ 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.) See instructions.  
**5040 Lapalco Blvd**

6 City, state, and ZIP code  
**Marrero, LA 70072**

7 List account number(s) here (optional)

8 Requester's name and address (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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
				-				

or

Employer identification number									
8	6		3	1	2	3	1	6	5

### 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 for Part II, later.

**Sign Here**    Signature of U.S. person     Date ► **1/1/2025**

## General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### 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 1098 (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, later.*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/21/2025

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> Bowles & Associates, Inc. 2804 Belle Chasse Hwy Gretna, LA 70053	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 504-362-0922 <b>FAX (A/C, No):</b> 504-362-8722 <b>E-MAIL ADDRESS:</b>																					
<b>INSURED</b> Young Construction Group LLC 5040 Lapalco Blvd MARRERO, LA 70072	<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Hamilton Select Insurance</td><td>17178</td></tr><tr><td>INSURER B:</td><td>Home Builders</td><td>none</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></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Hamilton Select Insurance	17178	INSURER B:	Home Builders	none	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
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INSURER E:																						
INSURER F:																						

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			SBHS00063534-01	04/14/25	04/14/26	EACH OCCURRENCE \$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000				
			MED EXP (Any one person) \$ 1,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <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						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
B	<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 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N/A		19403-25	04/1/25	04/1/26	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
			E L EACH ACCIDENT \$ 1,000,000				
			E L DISEASE - EA EMPLOYEE \$ 1,000,000				
			E L DISEASE - POLICY LIMIT \$ 1,000,000				
	Lonnie Young is excluded from the WC Policy.						

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

**CERTIFICATE HOLDER****CANCELLATION**

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

AUTHORIZED REPRESENTATIVE



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/02/2025

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>  Cas Fontenot Agency 3201 General DeGaulle Drive, Ste 103 New Orleans, LA 70114	<b>CONTACT NAME:</b> Phyllis <b>PHONE (A/C, No, Ext):</b> 504-366-8686 <b>E-MAIL ADDRESS:</b> phyllis.ivy.hxk3@statefarm.com	<b>FAX (A/C, No):</b> N/A
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>  Lonnie Young ; Young Construction Group 5040 Lapalco Blvd Marrero, LA 70072	<b>INSURER A:</b> State Farm Mutual Automobile Insurance Company	<b>NAIC #</b> 25178
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADD INSD	SUB 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"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	030 5649-D09-18S	04/09/2025	10/09/2025	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		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)

## CERTIFICATE HOLDER

## CANCELLATION

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AUTHORIZED REPRESENTATIVE





## State Licensing Board for Contractors

This is to Certify that:

Young Construction Group LLC  
5040 Lapalco Blvd

Marrero, LA 70072

is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION



Witness our hand and seal of the Board dated,  
Baton Rouge, LA 30th day of April 2025

Director

Chairman

Treasurer

Expiration Date: April 29, 2028

License No: 71990

This License Is Not Transferrable