

## LOUISIANA UNIFORM PUBLIC WORK BID FORM

**TO:** Jefferson Parish  
Attn.: Purchasing Department  
200 Derbigny St., Suite 4400  
Gretna, Louisiana 70053

**BID FOR:** Resident Housing at Whitney-Barataria Pumping Station  
Jefferson Parish Drainage District  
1301 Engineers Road, Belle Chasse, LA 70037  
Proposal No. 50-00113259

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: Burgdahl & Graves AIA Architects and dated: 10 April 2015.

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:

Three hundred and Sixty-Five Thousand dollars <sup>00/100</sup> Dollars (\$ 365,000.00)

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

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

Cazan Services

**ADDRESS OF BIDDER:**

P.O. Box 481 Belle Chasse LA 70037

**LOUISIANA CONTRACTOR'S LICENSE NUMBER:**

45475

**Name OF AUTHORIZED SIGNATORY OF BIDDER:**

John Hymes

**TITLE OF AUTHORIZED SIGNATORY OF BIDDER:**

Manager

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

[Signature]

**DATE:**

4-15-15

\* 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.

**BID BOND**

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

Cuzan Services, LLC P.O. Box 481 Belle Chasse, LA 70037  
as PRINCIPAL, AND  
Hudson Insurance Company 1515 CR 210 W, Ste 211, Jacksonville, FL 32259  
as SURETY, are held and firmly bound unto the Jefferson Parish Council, Jefferson Parish,  
Louisiana, as OWNER in the penal sum of:  
Not to Exceed 5% of Total Amount Bid DOLLARS (\$                      )  
for the payment of which, well and truly to be made, we hereby jointly and severally bid  
ourselves, successors and assigns.

The condition of the above obligation is such that whereas the Principal has submitted to the  
Parish of Jefferson, Louisiana a certain Bid, attached hereto and hereby made a part hereof to  
enter into a contract in writing, for the

New Construction of Resident Housing at The Jefferson Parish Drainage District  
in Jefferson Parish, Project No. 50 00113259, Proposal No. 50-00113259

NOW, THEREFORE,

- (a) If said Bid shall be rejected, or in the alternate,
- (b) If said Bid shall be accepted and the Principal shall execute and deliver a contract in the  
Form of Contract attached hereto (properly completed in accordance with said Bid) and  
shall furnish a bond for his faithful performance of said contract, and for the payment of  
all persons performing labor or furnishing materials in connection therewith, and shall in  
all other respects perform the agreement created by the acceptance of said Bid,

then this obligation shall be void, otherwise the same shall remain in force and effect; it being  
expressly understood and agreed that the liability of the Surety for any and all claims hereunder  
shall, in no event, exceed the penal amount for this obligation as herein stated.

The Surety, for value received, hereby stipulates and agrees that the obligations of said Surety  
and its bond shall be in no way impaired or affected by an extension of the time within the  
Owner MAY accept such Bid; and said Surety does hereby waive notice of any such extension.

IN WITNESS WHEREOF, the above bounded parties have executed this instrument under their  
several seals this 15th day June, 20 15, 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:**Cuzan Services, LLC

(Individual Principal)

P.O. Box 481 Belle Chasse, LA 70037

(Business Address, including Zip Code)

N/A

(Partnership)

ATTEST:

BY:

(SEAL)

John Hymes, Managing Member  
(Corporate Principal)Hudson Insurance Company 1515 CR 210 W., Ste. 211, Jacksonville, FL 32259

(Business Address, including Zip Code)

BY:

AFFIX CORPORATE SEAL

ATTEST:

(Corporate Surety)

Peter A. Kessler, Attorney-in-Fact

N/A

(Business Address, including Zip Code)

BY:

AFFIX CORPORATE SEAL

Countersigned:

BY: N/A  
Attorney-in-FactSTATE OF N/A



## POWER OF ATTORNEY

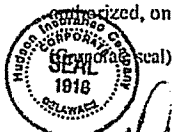
KNOW ALL MEN BY THESE PRESENTS: That HUDSON INSURANCE COMPANY, a corporation of the State of Delaware, with offices at 100 William Street, New York, New York, 10038, has made, constituted and appointed, and by these presents, does make, constitute and appoint

Peter A. Kessler, Sonja Harris, Natalie Ponder, Jessica Renn, Whitney Serabis  
of the State of Florida

its true and lawful Attorney(s)-in-Fact, at New York, 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, bonds and undertakings given for any and all purposes, also to execute and deliver on its behalf as aforesaid renewals, extensions, agreements, waivers, consents or stipulations relating to such bonds or undertakings provided, however, that no single bond or undertaking shall obligate said Company for any portion of the penal sum thereof in excess of the sum of Ten Million Dollars (\$10,000,000.00).

Such bonds and undertakings 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 Senior Vice President thereunto duly authorized, on this 4th day of February, 2014 at New York, New York.



Attest: *Dina Daskalakis*  
Dina Daskalakis  
Corporate Secretary

HUDSON INSURANCE COMPANY

By: *M. P. Gleeson*  
Michael P. Gleeson  
Senior Vice President

STATE OF NEW YORK  
COUNTY OF NEW YORK. SS.

On the 4th day of February, 2014 before me personally came Michael P. Gleeson to me known, who being by me duly sworn did depose and say that he is a Senior Vice President of HUDSON INSURANCE COMPANY, the corporation described herein and which executed the above instrument, that he knows the seal of said Corporation, that the seal affixed to said instrument is such corporate seal, that it was so affixed by order of the Board of Directors of said Corporation, and signed his name thereto by like order.



*Alicia T. McKinney*  
ALICIA T. MCKINNEY  
Notary Public, State of New York  
No. 01MC6212495  
Qualified in New York County  
Commission Expires October 13, 2017

## CERTIFICATION

STATE OF NEW YORK  
COUNTY OF NEW YORK. SS.

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 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 Corporation this 15th day of June, 2015.

(Corporate seal)



Form PERA 10 8 2010 (v3)

By: *Dina Daskalakis*  
Dina Daskalakis, Corporate Secretary

Secretary of State



## ARTICLES OF ORGANIZATION

(R.S. 12:1301)

Domestic Limited Liability Company  
Enclose \$75.00 filing fee  
Make remittance payable to  
Secretary of State  
Do not send cash

Return to: Commercial Division  
P. O. Box 94125  
Baton Rouge, LA 70804-9125  
Phone (225) 925-4704  
Web Site: [www.sos.louisiana.gov](http://www.sos.louisiana.gov)

STATE OF Louisiana

Check one: ☒ Business ( ) Nonprofit

PARISH/COUNTY OF East Baton Rouge

1. The name of this limited liability company is : Cuzan Services, L.L.C.

2. This company is formed for the purpose of: (check one)

(X) Engaging in any lawful activity for which limited liability companies may be formed.

( )

(use for limiting activity)

3. The duration of this limited liability company is : (may be perpetual) perpetual

4. Other provisions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signatures:

John L. Hymes, manager  
\_\_\_\_\_  
\_\_\_\_\_

On this 17<sup>th</sup> day of October, 2005, before me, personally appeared \_\_\_\_\_

John L. Hymes, to me known to be the person described in and who

executed the foregoing instrument, and acknowledged that he/she executed it as his/her free act and deed.

NOTARY NAME MUST BE TYPED OR PRINTED WITH NOTARY #

Janice Reese  
Notary Signature, #9081  
Commission Expires at Death

Public Works Bid

AFFIDAVIT

STATE OF LA

PARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: John Hynes, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized Manager of Curran Services, LLC (Entity), the party who submitted a bid in response to Bid Number 500011.32.59, 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)

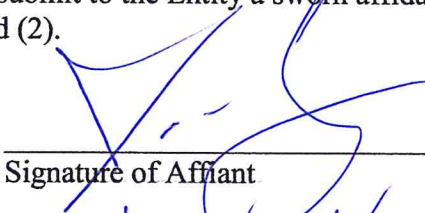
The five-year prohibition provided for in this section shall apply only if the crime was committed during the solicitation or execution of a contract or bid awarded pursuant to these provisions. If evidence is submitted substantiating that a false attestation has been made and the project must be readvertised 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.]*



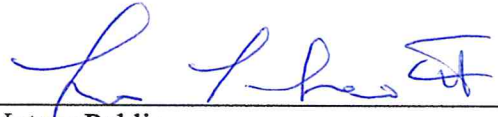
Affiant further said:

- (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

Notary James  
\_\_\_\_\_  
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME  
ON THE 16 DAY OF June, 2015.

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

Louis L. Lucett  
\_\_\_\_\_  
Printed Name of Notary

52499  
\_\_\_\_\_  
Notary/Bar Roll Number

My commission expires For life.



PHYLLIS FABRE LLC  
6724 LAPALCO BLVD  
MARRERO, LA 70072  
1-504-348-0303  
LDI COI 271176 04 11

**PROGRESSIVE®**

**Policy number: 04744520-6**

Underwritten by:  
Progressive Paloverde Insurance Co  
June 16, 2015  
Page 1 of 1

## Certificate of Insurance

Certificate Holder	Insured	Agent
CUZAN SERVICES LLC PO BOX 481 BELLCHASE, LA 70037	CUZAN SERVICES LLC PO BOX 481 BELLCHASE, LA 70037	PHYLLIS FABRE LLC 6724 LAPALCO BLVD MARRERO, LA 70072

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Jun 16, 2015

Policy Expiration Date: Dec 16, 2015

Insurance coverage(s)	Limits
Bodily Injury/Property Damage	\$1,000,000 Combined Single Limit
Uninsured/Underinsured Motorist	\$1,000,000 Combined Single Limit

### Description of Location/Vehicles/Special Items

#### Scheduled autos only

2006 DODGE RAM 3500 3D7MX48C86G123543	
Medical Payments	\$5,000
Comprehensive	\$1,000 Ded
Collision	\$1,000 Ded
1998 BLUEBIRD NA 1BDJBCSH2WF079337	
Comprehensive	\$1,000 Ded
Collision	\$1,000 Ded

#### Certificate number

16715CKL520





# CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)  
 8/27/2014

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> Eagan Insurance Agency, Inc. Attn: Wayne Roussel or Sherry K or Angel D P. O. Box 8590 Metairie LA 70002	<b>CONTACT NAME:</b> Sherry Kellahan LaPlace LA Office <b>PHONE (A/C, No, Ext):</b> (504) 836-9600 <b>FAX (A/C, No):</b> (985) 652-1548 <b>E-MAIL ADDRESS:</b> kellahans@eaganins.com <b>PRODUCER CUSTOMER ID #:</b> 00026485														
<b>INSURED</b> Cuzan Services, LLC P.O. Box 481 Belle Chasse LA 70037	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Admiral Ins Co</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Admiral Ins Co		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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**COVERAGES** **CERTIFICATE NUMBER:** 14-15 gl renewal **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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b>					
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
A	<input checked="" type="checkbox"/> Blanket AI and WOS when Required by contract	X X	CA00001336907	8/25/2014	8/25/2015	MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b>					PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per person) \$
	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS					\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR					\$
	<b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$
	<b>DEDUCTIBLE</b>					AGGREGATE \$
	<b>RETENTION \$</b>					\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>					WC STATUTORY LIMITS OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A			E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

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

## 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

*Wayne Roussel*

Wayne Roussel/SHERRY

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/28/2015

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.

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<b>PRODUCER</b>  PHYLLIS FABRE, L.L.C. INS. AGENCY 6724 LAPALCO BLVD. SUITE A MARRERO LA 70072 (504) 348-0303	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (504) 348-0303      FAX (A/C, No): (504) 348-9373 <b>ADDRESS:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: LWCC</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: LWCC		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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<b>INSURED</b>  CUZAN SERVICES, LLC PO BOX 481 BELLE CHASSE, LA 70037															

**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	ADBL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<div>GENERAL LIABILITY</div> <div><div><div><div><div></div></div></div><div>COMMERCIAL GENERAL LIABILITY</div></div><div><div><div><div></div></div></div><div>CLAIMS-MADE</div></div><div><div><div><div></div></div></div><div>OCCUR</div></div></div> <div><div><div><div></div></div></div><div>GEN'L AGGREGATE LIMIT APPLIES PER:</div></div> <div><div><div><div></div></div></div><div>POLICY</div></div> <div><div><div><div></div></div></div><div>PRO-JECT</div></div> <div><div><div><div></div></div></div><div>LOC</div></div>						<div>EACH OCCURRENCE</div> <div>DAMAGE TO RENTED PREMISES (Ea occurrence)</div> <div>MED EXP (Any one person)</div> <div>PERSONAL &amp; ADV INJURY</div> <div>GENERAL AGGREGATE</div> <div>PRODUCTS - COMP/OP AGG</div> <div></div>
	<div>AUTOMOBILE LIABILITY</div> <div><div><div><div><div></div></div></div><div>ANY AUTO</div></div><div><div><div><div></div></div></div><div>ALL OWNED AUTOS</div></div><div><div><div><div></div></div></div><div>HIRED AUTOS</div></div><div><div><div><div></div></div></div><div>SCHEDULED AUTOS</div></div><div><div><div><div></div></div></div><div>NON-OWNED AUTOS</div></div></div>						<div>COMBINED SINGLE LIMIT (Ea accident)</div> <div>BODILY INJURY (Per person)</div> <div>BODILY INJURY (Per accident)</div> <div>PROPERTY DAMAGE (Per accident)</div> <div></div>
	<div><div>UMBRELLA LIAB</div><div>EXCESS LIAB</div><div><div><div><div></div></div></div><div>DED</div></div><div><div><div><div></div></div></div><div>RETENTION \$</div></div></div> <div><div><div><div></div></div></div><div>OCCUR</div></div> <div><div><div><div></div></div></div><div>CLAIMS-MADE</div></div>						<div>EACH OCCURRENCE</div> <div>AGGREGATE</div> <div></div>
A	<div>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</div> <div>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)</div> <div>If yes, describe under DESCRIPTION OF OPERATIONS below</div> <div><div>Y / N</div><div></div><div>N / A</div></div>			138378	01/01/2015	01/01/2016	<div><div><div><div><div></div></div></div><div>WC STATUTORY LIMITS</div></div><div><div><div><div></div></div></div><div>OTHER</div></div></div> <div><div><div><div></div></div></div><div>E.L. EACH ACCIDENT</div></div> <div><div><div><div></div></div></div><div>E.L. DISEASE - EA EMPLOYEE</div></div> <div><div><div><div></div></div></div><div>E.L. DISEASE - POLICY LIMIT</div></div> <div><div>\$1,000,000</div><div>\$1,000,000</div><div>\$1,000,000</div></div>

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

CARPENTRY

<b>CERTIFICATE HOLDER</b>  <div style="height: 100px;"></div>	<b>CANCELLATION</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>AUTHORIZED REPRESENTATIVE</b> 
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**Tom Schedler**  
**Secretary of State**

**State of  
Louisiana  
Secretary of  
State**



**COMMERCIAL DIVISION**  
**225.925.4704**

Fax Numbers  
225.932.5317 (Admin. Services)  
225.932.5314 (Corporations)  
225.932.5318 (UCC)

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Name	Type	City	Status
CUZAN SERVICES, L.L.C.	Limited Liability Company	EMPIRE	Active

**Business:** CUZAN SERVICES, L.L.C.

**Charter Number:** 36032265K

**Registration Date:** 10/17/2005

**Domicile Address**

33705 HWY. 11 SOUTH  
EMPIRE, LA 70050

**Mailing Address**

C/O JOHN L. HYMES  
P. O. BOX 481  
BELLE CHASSE, LA 70037

**Status**

**Status:** **Active**

**Annual Report Status:** **In Good Standing**

**File Date:** 10/17/2005

**Last Report Filed:** 12/1/2014

**Type:** Limited Liability Company

**Registered Agent(s)**

<b>Agent:</b>	JOHN L. HYMES
<b>Address 1:</b>	33705 HWY. 11 SOUTH
<b>City, State, Zip:</b>	EMPIRE, LA 70050
<b>Appointment Date:</b>	10/17/2005

**Officer(s)**

**Additional Officers:** No

<b>Officer:</b>	JOHN L. HYMES
<b>Title:</b>	Manager, Member
<b>Address 1:</b>	33705 HWY. 11 SOUTH
<b>City, State, Zip:</b>	EMPIRE, LA 70050

**Amendments on File (1)**

Description	Date
Appointing, Change, or Resign of Officer	8/7/2006

**Print**

**Related Links:**[Online Search Main Page](#)**Licensing Board's Online Database****Search Results - Contractor Detail**

**Business Name:** CUZAN SERVICES, L.L.C.  
**Mailing Address:** P.O. Box 481  
Belle Chasse, LA 70037  
**Phone Number:** (504) 570-3089  
**Fax Number:** (866) 819-7053  
**Email Address:** [John@Cuzanservices.com](mailto:John@Cuzanservices.com)  
**Website:** [www.cuzanservices.com](http://www.cuzanservices.com)

**Active Licenses**

<u>Lic#</u>	<u>Type</u>	<u>Status</u>	<u>Effective</u>	<u>Expiration</u>	<u>First Issued</u>
45475	Commercial License Certificate	LICENSED	07/28/2014	07/27/2015	07/27/2006

**Classifications:****Class**

BUILDING CONSTRUCTION  
HEAVY CONSTRUCTION  
SPECIALTY: MASONRY, BRICK, STONE  
SPECIALTY: WATERPROOFING, COATING, SEALING, CONCRETE/MASONRY REPAIR  
SPECIALTY: RECREATION & SPORTING FACILITIES & GOLF COURSES  
SPECIALTY: DEMOLISHING WORK

**Qual Party   Valid Parishes**

John L. Hymes ALL  
John L. Hymes ALL  
John L. Hymes ALL  
John L. Hymes ALL  
John L. Hymes ALL  
John L. Hymes ALL

[Start New Contractor Search](#)

**Louisiana State Licensing Board For Contractors**  
2525 Quail Drive ~ Baton Rouge, LA 70808  
Phone: (225) 765-2301 ~ Fax: (225) 765-2431  
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