

ORIGINAL

DATE: 8/28/2018

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00123833

JEFFERSON PARISH

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

VENDOR: 27118 BLANK BID COPY VENDOR

BUYER: MCamardelle

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

10/1/18

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

5 (five)

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

10 (ten)

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 as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: #1 dated 9/13/18

NUMBER: n/a

NUMBER: n/a

NUMBER: n/a

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 4674

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

FIRM NAME:

Durr Heavy Construction, L.L.C.

SIGNATURE:

(Must be signed here)

TITLE:

Vice President

PRINT OR TYPE NAME:

William C. Johnson

ADDRESS:

817 Hickory Ave.

CITY, STATE:

Harahan, LA 70123

ZIP:

TELEPHONE:

(504) 737-3205

FAX:

(504) 737-3905

EMAIL ADDRESS:

wcjohnson@durrhc.com

TOTAL PRICE OF ALL BID ITEMS: \$ 25,600.00 (Twenty-Five Thousand Six Hundred Dollars and Zero Cents)

DATE: 8/28/2018

INVITATION TO BID FROM JEFFERSON PARISH - continued

Page: 5

BID NO.: 50-00123833

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	64.00	EA	<p>FURNISH ALL LABOR, MATERIALS, AND EQUIPMENT FOR REHABILITATION OF PILES AT THE BONNABEL BOAT LAUNCH FOR THE JEFFERSON PARISH DEPARTMENT OF PARKS AND RECREATIONS</p> <p>0010 Rehabilitation of Piles for the Bonnabel Boat Launch as per attached specifications to cover all labor, materials, and equipment</p>	400.00	25,600.00

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. <div style="border-bottom: 1px solid black; padding: 2px;">Durr Heavy Construction, LLC</div>	
	2 Business name/disregarded entity name, if different from above <div style="border-bottom: 1px solid black; height: 15px;"></div>	
	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 type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <u>S</u> <small>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.</small> <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.) <div style="border-bottom: 1px solid black; padding: 2px;">817 Hickory Ave.</div>	6 City, state, and ZIP code <div style="border-bottom: 1px solid black; padding: 2px;">Harahan, LA 70123</div>
7 List account number(s) here (optional) <div style="border-bottom: 1px solid black; height: 15px;"></div>		
8 Requester's name and address (optional) <div style="border-bottom: 1px solid black; height: 40px;"></div>		

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									
7	2		0	7	9	8	4	1	4

Part II Certification

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.

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 ▶	Date ▶ <u>9/18/18</u>
------------------	----------------------------	-----------------------

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/fw9.

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? on page 2.

By signing the filled-out form, you:

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, and
4. 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.



DURRHEA-02

LBARBER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/31/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Cory, Tucker & Larrowe, Inc. P. O. Box 6646 Metairie, LA 70009-6646	CONTACT NAME:		
	PHONE (A/C, No, Ext): (504) 834-5080	FAX (A/C, No): (504) 835-7726	
INSURED Durr Heavy Construction, L.L.C 817 Hickory Ave Harahan, LA 70123	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Zurich American Insurance Company		16535
	INSURER B: Starr Surplus Lines Insurance Company		
	INSURER C: Allied World National Assurance Company		10690
	INSURER D:		
INSURER E:			
INSURER F:			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			GLO 5939027-06	02/01/2018	02/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			BAP 5939028-06	02/01/2018	02/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			1000584905181	02/01/2018	02/01/2019	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC 5939026-06	02/01/2018	02/01/2019	<input checked="" type="checkbox"/> PER STATUTE <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
C	Professional Liab.			0309-9922	02/01/2018	02/01/2019	Each Occurrence 1,000,000
C	Pollution			0309-9922	02/01/2018	02/01/2019	Occurrence Limit 5,000,000

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

CERTIFICATE HOLDER

CANCELLATION

SAMPLE

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

**CERTIFIED RESOLUTION OF THE
BOARD OF DIRECTORS OF
DURR HEAVY CONSTRUCTION, L.L.C.**

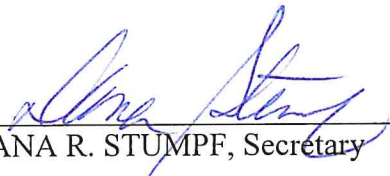
The undersigned, Secretary of Durr Heavy Construction, L.L.C., a limited liability company organized under the laws of the State of Louisiana (the "Company"), hereby certifies that the following resolutions were adopted at a special meeting of the Board of Directors of the Company on March 28, 2016, duly called, at which all Directors were present:

RESOLVED, that Dana R. Stumpf, Chief Executive Officer of the Company, Robert S. Wooderson, Executive Vice President of the Company, Robert W. Wooderson, Chief Operations Officer of the Company, William C. Johnson, Vice President of the Company, or Stephen F. Stumpf, Director of the Company, is hereby authorized, empowered and directed for and on behalf of the Company to sign, execute and negotiate any and all Contracts, Leases, Quotations, Estimates, Agreements, Bonds, Guarantees, Indemnity Agreements and all other documents which he/she in his/her sole discretion deems necessary and proper in conducting the ordinary business of the Company; and

FURTHER RESOLVED, that the Company hereby confirms and ratifies any and all acts which Dana R. Stumpf, Robert S. Wooderson, Robert W. Wooderson, William C. Johnson or Stephen F. Stumpf may do or cause to be done under and by virtue of the authority granted in the above resolution; and

FURTHER RESOLVED, that Dana R. Stumpf, Robert S. Wooderson, Robert W. Wooderson, William C. Johnson or Stephen F. Stumpf acting alone, or jointly, is hereby authorized and directed to do such other acts and things, including the execution of all documents, certificates and public or private acts, as are, in his/her sole and absolute discretion, necessary or proper to effectuate all Contracts, Leases, Quotations, Estimates, Agreements, Bonds, Guarantees, Indemnity Agreements and all other documents to carry out the above resolutions; and

FURTHER RESOLVED, that the Board of Directors from time to time shall be able to revoke the authority granted herein and may require approval in advance for certain transactions.


DANA R. STUMPF, Secretary

COPY

DATE: 8/28/2018

BID NO.: 50-00123833

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

JEFFERSON PARISH

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

VENDOR: 27118 BLANK BID COPY VENDOR

BUYER: MCamardelle

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 10/1/18

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK 5 (five)

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK 10 (ten)

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 as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

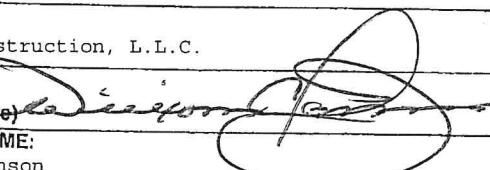
Acknowledge Receipt of Addenda: NUMBER: #1 dated 9/13/18

NUMBER: n/a

NUMBER: n/a

NUMBER: n/a

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 4674

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: Durr Heavy Construction, L.L.C.	
SIGNATURE: (Must be signed here) 	TITLE: Vice President
PRINT OR TYPE NAME: William C. Johnson	
ADDRESS: 817 Hickory Ave.	
CITY, STATE: Harahan, LA 70123	ZIP:
TELEPHONE: (504) 737-3205	FAX: (504) 737-3905
EMAIL ADDRESS: wcjohnson@durrhc.com	

TOTAL PRICE OF ALL BID ITEMS: \$ 25,600.00 (Twenty-Five Thousand Six Hundred Dollars and Zero Cents)

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. Durr Heavy Construction, LLC		
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) ▶ S 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.) 817 Hickory Ave.	Requester's name and address (optional)	
6 City, state, and ZIP code Harahan, LA 70123		
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								
7	2		-	0	7	9	8	4 1 4

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 	Date ▶ 9/18/18
-----------	--	----------------

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/fw9.

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?* on page 2.

By signing the filled-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.



DURRHEA-02

LBARBER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/31/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Cory, Tucker & Larowe, Inc. P. O. Box 6646 Metairie, LA 70009-6646	CONTACT NAME:		
	PHONE (A/C, No, Ext): (504) 834-5080	FAX (A/C, No): (504) 835-7726	
INSURED Durr Heavy Construction, L.L.C 817 Hickory Ave Harahan, LA 70123	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Zurich American Insurance Company		16535
	INSURER B: Starr Surplus Lines Insurance Company		
	INSURER C: Allied World National Assurance Company		10690
	INSURER D:		
INSURER E:			
INSURER F:			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			GLO 5939027-06	02/01/2018	02/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			BAP 5939028-06	02/01/2018	02/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			1000584905181	02/01/2018	02/01/2019	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WC 5939026-06	02/01/2018	02/01/2019	<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
C	Professional Liab.			0309-9922	02/01/2018	02/01/2019	Each Occurrence 1,000,000
C	Pollution			0309-9922	02/01/2018	02/01/2019	Occurrence Limit 5,000,000

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

CERTIFICATE HOLDER

CANCELLATION

SAMPLE

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

**CERTIFIED RESOLUTION OF THE
BOARD OF DIRECTORS OF
DURR HEAVY CONSTRUCTION, L.L.C.**


The undersigned, Secretary of Durr Heavy Construction, L.L.C., a limited liability company organized under the laws of the State of Louisiana (the "Company"), hereby certifies that the following resolutions were adopted at a special meeting of the Board of Directors of the Company on March 28, 2016, duly called, at which all Directors were present:

RESOLVED, that Dana R. Stumpf, Chief Executive Officer of the Company, Robert S. Wooderson, Executive Vice President of the Company, Robert W. Wooderson, Chief Operations Officer of the Company, William C. Johnson, Vice President of the Company, or Stephen F. Stumpf, Director of the Company, is hereby authorized, empowered and directed for and on behalf of the Company to sign, execute and negotiate any and all Contracts, Leases, Quotations, Estimates, Agreements, Bonds, Guarantees, Indemnity Agreements and all other documents which he/she in his/her sole discretion deems necessary and proper in conducting the ordinary business of the Company; and

FURTHER RESOLVED, that the Company hereby confirms and ratifies any and all acts which Dana R. Stumpf, Robert S. Wooderson, Robert W. Wooderson, William C. Johnson or Stephen F. Stumpf may do or cause to be done under and by virtue of the authority granted in the above resolution; and

FURTHER RESOLVED, that Dana R. Stumpf, Robert S. Wooderson, Robert W. Wooderson, William C. Johnson or Stephen F. Stumpf acting alone, or jointly, is hereby authorized and directed to do such other acts and things, including the execution of all documents, certificates and public or private acts, as are, in his/her sole and absolute discretion, necessary or proper to effectuate all Contracts, Leases, Quotations, Estimates, Agreements, Bonds, Guarantees, Indemnity Agreements and all other documents to carry out the above resolutions; and

FURTHER RESOLVED, that the Board of Directors from time to time shall be able to revoke the authority granted herein and may require approval in advance for certain transactions.


DANA R. STUMPF, Secretary

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



Louisiana State Licensing Board for Contractors

Contractor Information

Business Name DURR HEAVY CONSTRUCTION, L.L.C.
Mailing Address 817 Hickory Ave.
Harahan, LA 70123
Phone Number (504) 737-3205
Fax Number (504) 737-3905
Website <http://www.durrhc.com>

Active Licenses

License Number 4674
Type Commercial License
Status LICENSED
Effective 02/06/2018
Expiration 02/05/2021
First Issued 02/05/1967
License Number 80331
Type Residential License
Status LICENSED
Effective 02/23/2018
Expiration 02/22/2021
First Issued 02/22/1996

Classifications

Class	Qualifying Party	Parishes
BUILDING CONSTRUCTION	Dana Rae Stumpf	ALL
BUSINESS AND LAW	Dana Rae Stumpf	ALL
BUSINESS AND LAW	Dana Rae Stumpf	ALL
HEAVY CONSTRUCTION	Dana Rae Stumpf	ALL
HIGHWAY, STREET AND BRIDGE CONSTRUCTION	Dana Rae Stumpf	ALL
MUNICIPAL AND PUBLIC WORKS CONSTRUCTION	Dana Rae Stumpf	ALL
RESIDENTIAL BUILDING CONTRACTOR	Dana Rae Stumpf	ALL
SPECIALTY: ASBESTOS REMOVAL AND ABATEMENT	Robert W. Wooderson	ALL
SPECIALTY: EARTHWORK, DRAINAGE AND LEVEES	Dana Rae Stumpf	ALL
SPECIALTY: RECREATION & SPORTING FACILITIES & GOLF COURSES	Dana Rae Stumpf	ALL
SPECIALTY: RIGGING, HOUSE MOVING, WRECKING AND DISMANTLING	Dana Rae Stumpf	ALL

Bid For: Bid No. 50-00123833
Furnish All Labor, Materials and Equipment Necessary for
Rehabilitation of Piles at the Bonnabel Boat Launch for the Jefferson
Parish Department of Parks and Recreations

Bid From: Durr Heavy Construction, LLC
817 Hickory Ave.
Harahan, LA 70123
LA License No. 4674
504-737-3205

Bids To: Jefferson Parish Government
Purchasing Department
200 Derbigny St., Suite 400
Gretna, LA 70053

Bid Date: September 18, 2018

Bid Time: 11:00 AM