

**BIDDER'S LA LICENSE NUMBER:**

License No. 12198

**BIDDER:**

Byron E. Talbot Contractor, Inc.

P. O. Box 5658

Thibodaux, LA 70302

985-447-5764

bsanchez@byronetalbot.com

**Sealed Bid:**

MORGAN CITY STREET REPAIR 2023

**3 ADDENDA HAVE BEEN RECEIVED.**

**Proposals – MORGAN CITY STREET  
REPAIR MARCH 27, 2023**

**OPENING DATE AND TIME:**

Monday, March 27, 2023, 10 AM

**BID LOCATION:**

Central Bidding

**OWNER:**

City of Morgan City

512 First Street, P.O. Box 1218

Morgan City, LA 70380

LOUISIANA UNIFORM PUBLIC WORK BID FORM

TO: City of Morgan City
512 First Street
Morgan City, Louisiana 70380

BID FOR: MORGAN CITY STREET REPAIR 2023

(Owner to provide name and address of owner)

(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:

CITY OF MORGAN CITY and dated: 2-27-23

(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, Uploaded 3/13/23; #2, Uploaded 3/13/23; #3, Uploaded 3/21/23.

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:

Two Hundred Thirty-Seven Thousand One Hundred Dollars and No Cents Dollars (\$ 237,100.00)

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 (\$ 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: Byron E. Talbot Contractor, Inc.

ADDRESS OF BIDDER: P.O. Box 5658

Thibodaux, LA 70302

LOUISIANA CONTRACTOR'S LICENSE NUMBER: 12198

NAME OF AUTHORIZED SIGNATORY OF BIDDER: Byron E. Talbot

TITLE OF AUTHORIZED SIGNATORY OF BIDDER: President

SIGNATURE OF AUTHORIZED SIGNATORY OF BIDDER \*\*: [Signature]

DATE:

3/27/23

\* 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(A)(1)(c) or RS 38:2212(O).

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**

**BID FOR: Morgan City Street Repair 2023**

**TO: City of Morgan City  
512 First Street  
Morgan City, Louisiana 70380**

*(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.# Removal of Structures and Obstructions 12" Thick                        | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| REF. NO.     | QUANTITY: UNIT OF MEASURE:   |            |  |
| 1            | 1337 Square yards  | 27.00      | 36,099.00  |
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# Class II Base Course Stone (6" compacted in place)                      | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| REF. NO.     | QUANTITY: UNIT OF MEASURE:   |            |  |
| 2            | 270 Cubic Yard   | 215.00     | 58,050.00  |
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# Portland Cement Concrete Pavement 6" Thick                              | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| REF. NO.     | QUANTITY: UNIT OF MEASURE:   |            |  |
| 3-A          | 1337 Square Yard   | 88.00      | 117,656.00                                       |
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# Portland Cement Concrete Pavement 4" Thick with 6 ADA Handicapped ramps | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| REF. NO.     | QUANTITY: UNIT OF MEASURE:   |            |  |
| 3-B          | 37 Square Yards  | 125.00     | 4,625.00   |
| DESCRIPTION: | <input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# Mountable Curb   | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| REF. NO.     | QUANTITY: UNIT OF MEASURE:   |            |  |
| 4            | 678 Linear Feet  | 15.00      | 10,170.00  |
| DESCRIPTION: | <input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# Mobilization   | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| REF. NO.     | QUANTITY: UNIT OF MEASURE:   |            |  |
| 5            | Lump Sum   | 10,500.00  | 10,500.00  |
| DESCRIPTION: | <input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#  | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| REF. NO.     | QUANTITY: UNIT OF MEASURE:   |            |  |
| N/A          | N/A N/A  | N/A        | N/A  |

**Wording for "DESCRIPTION" is to be provided by the Owner.  
All quantities are estimated. The contractor will be paid based upon actual quantities as verified by the Owner**

**BID BOND**  
FOR

Morgan City Street Repairs 2023

Date: March 27, 2023

KNOW ALL MEN BY THESE PRESENTS:

That Byron E. Talbot Contractor, Inc. of P.O. Box 5658, Thibodaux, LA 70302, as Principal, and Hartford Accident & Indemnity Company, as Surety, are held and firmly bound unto the City of Morgan City (Obligee), in the full and just sum of five (5%) percent of the total amount of this bid, including all alternates, lawful money of the United States, for payment of which sum, well and truly be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally firmly by these presents.

Surety represents that it is listed on the current U. S. Department of the Treasury Financial Management Service list of approved bonding companies as approved for an amount equal to or greater that the amount for which it obligates itself in this instrument or that it is a Louisiana domiciled insurance company with at least an A - rating in the latest printing of the A. M. Best's Key Rating Guide. If surety qualifies by virtue of its Best's listing, the Bond amount may not exceed ten percent of policyholders' surplus as shown in the latest A. M. Best's Key Rating Guide.

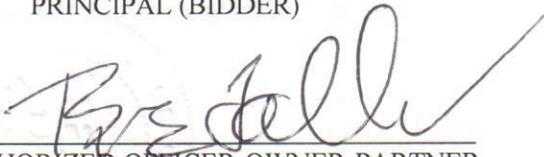
Surety further represents that it is licensed to do business in the State of Louisiana and that this Bond is signed by surety's agent or attorney-in-fact. This Bid Bond is accompanied by appropriate power of attorney.

THE CONDITION OF THIS OBLIGATION IS SUCH that, whereas said Principal is herewith submitting its proposal to the Obligee on a Contract for:

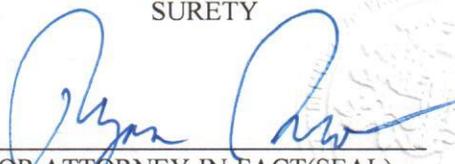
Morgan City Street Repairs 2023

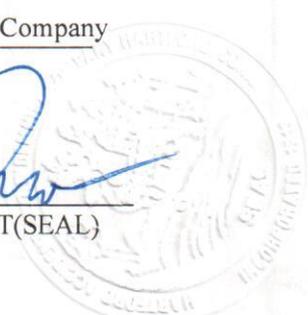
NOW, THEREFORE, if the said Contract be awarded to the Principal and the Principal shall, within such time as may be specified, enter into the Contract in writing and give a good and sufficient bond to secure the performance of the terms and conditions of the Contract with surety acceptable to the Obligee, then this obligation shall be void; otherwise this obligation shall become due and payable.

Byron E. Talbot Contractor, Inc.  
PRINCIPAL (BIDDER)

BY:   
AUTHORIZED OFFICER-OWNER-PARTNER  
Byron E. Talbot, President

Hartford Accident & Indemnity Company  
SURETY

BY:   
AGENT OR ATTORNEY-IN-FACT (SEAL)  
Ryan Gros, Attorney in Fact



# POWER OF ATTORNEY

Direct Inquiries/Claims to:

**THE HARTFORD**  
 BOND, T-12  
 One Hartford Plaza  
 Hartford, Connecticut 06155  
 Bond.Claims@thehartford.com

call: 888-266-3488 or fax: 860-757-5835

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: PAULS AGENCY LLC

Agency Code: 43-482456

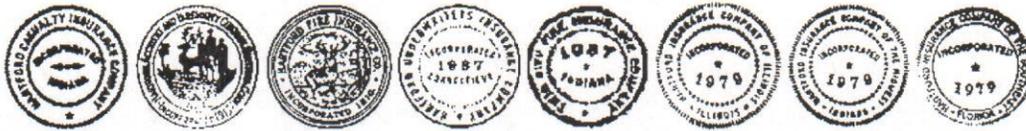
- Hartford Fire Insurance Company, a corporation duly organized under the laws of the State of Connecticut
- Hartford Casualty Insurance Company, a corporation duly organized under the laws of the State of Indiana
- Hartford Accident and Indemnity Company, a corporation duly organized under the laws of the State of Connecticut
- Hartford Underwriters Insurance Company, a corporation duly organized under the laws of the State of Connecticut
- Twin City Fire Insurance Company, a corporation duly organized under the laws of the State of Indiana
- Hartford Insurance Company of Illinois, a corporation duly organized under the laws of the State of Illinois
- Hartford Insurance Company of the Midwest, a corporation duly organized under the laws of the State of Indiana
- Hartford Insurance Company of the Southeast, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, **up to the amount of** Unlimited :

Ryan Gros, Mark Lane, Philip G. McMahon, Jenna M. Oubre of MORGAN CITY, Louisiana

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by , and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 6, 2015 the Companies have caused these presents to be signed by its Senior Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.



*John Gray*

John Gray, Assistant Secretary

*M. Ross Fisher*

M. Ross Fisher, Senior Vice President

STATE OF CONNECTICUT }  
 COUNTY OF HARTFORD } ss. Hartford

On this 5th day of January, 2018, before me personally came M. Ross Fisher, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hartford, State of Connecticut; that he is the Senior Vice President of the Companies, the corporations described in and which executed the above instrument; that he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that he signed his name thereto by like authority.



*Kathleen T. Maynard*

Kathleen T. Maynard  
 Notary Public

My Commission Expires July 31, 2021

**CERTIFICATE**

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of March 27, 2023

Signed and sealed at the City of Hartford.



*Kevin Heckman*

Kevin Heckman, Assistant Vice President

MAIN OFFICE  
P. O. Box 5658  
Thibodaux, LA 70302  
Phone: (985) 447-5764  
Fax: (985) 448-0558



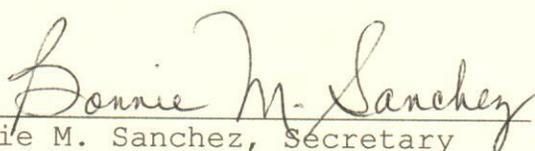
NORTH SHORE OFFICE  
24288 Hwy. 190  
Robert, LA 70455  
Phone: (985) 419-9925  
Fax: (985) 419-9833

C O R P O R A T E   R E S O L U T I O N

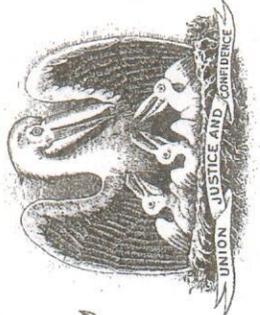
BE IT RESOLVED by the Board of Directors of **BYRON E. TALBOT CONTRACTOR, INC.**, in a meeting duly assembled, that **BYRON E. TALBOT**, President of the Corporation, be, and is hereby authorized, empowered, and directed for and on behalf of the Corporation to sign any and all documents for this corporation as he might deem to be in the best interest of the Corporation.

I, **BONNIE M. SANCHEZ**, Secretary of **BYRON E. TALBOT CONTRACTOR, INC.**, do hereby certify that the above and foregoing is a true and correct copy of a Resolution adopted at a meeting of the Board of Directors of said Corporation held on the 12th day of October, 2012, at which meeting all members of the Board of Directors were present and voted thereon and that said Resolution has been spread upon the minutes of the Corporation, and same is now in full force and effect.

WITNESS MY SIGNATURE this 27th day of March, 2023, at Robert, Louisiana.

  
\_\_\_\_\_  
Bonnie M. Sanchez, Secretary

# State of Louisiana



## State Licensing Board for Contractors

This is to Certify that:

BYRON E. TALBOT CONTRACTOR, INC.  
P. O. Box 5658  
Thibodaux, LA 70302

is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION; ELECTRICAL WORK (RESTRICTED); HEAVY CONSTRUCTION; HIGHWAY,  
STREET AND BRIDGE CONSTRUCTION; MECHANICAL WORK (RESTRICTED); MUNICIPAL AND PUBLIC  
WORKS CONSTRUCTION; SPECIALTY: ASBESTOS REMOVAL AND ABATEMENT; SPECIALTY:  
HAZARDOUS WASTE TREATMENT OR REMOVAL



Expiration Date: September 12, 2024

License No: 12198

Witness our hand and seal of the Board dated,  
Baton Rouge, LA 13th day of September 2021

*Willis Moore*  
\_\_\_\_\_  
Director

*Lee Madgett*  
\_\_\_\_\_  
Chairman

*Indy Hume*  
\_\_\_\_\_  
Treasurer

This License Is Not Transferrable



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
02/28/2022

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><br>Aon Risk Services Central, Inc.<br>Chicago IL Office<br>200 East Randolph<br>Chicago IL 60601 USA  | <b>CONTACT NAME:</b><br>PHONE (A/C. No. Ext): (866) 283-7122      FAX (A/C. No.): (800) 363-0105 |                        |
|   | <b>E-MAIL ADDRESS:</b>   |                        |
| <b>INSURED</b><br>Byron E. Talbot Contractor, Inc.<br>B.E.T. Construction, Inc.<br>Reeco Rental & Supply, Inc.<br>301 Main Project Road<br>Schriever LA 70395 USA | <b>INSURER(S) AFFORDING COVERAGE</b>   |                        |
|   | INSURER A:   | Zurich American Ins Co |
|   | INSURER B:   |                        |
|   | INSURER C:   |                        |
|   | INSURER D:   |                        |
|   | INSURER E:   |                        |
|   | INSURER F:   |                        |
|   |  | NAIC #<br>16535        |

**COVERAGES**      **CERTIFICATE NUMBER:** 570091750966      **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.      **Limits shown are as requested**

| 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<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |  | GLO348672118   | 04/01/2022              | 04/01/2023              | EACH OCCURRENCE \$2,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000<br>MED EXP (Any one person) \$10,000<br>PERSONAL & ADV INJURY \$2,000,000<br>GENERAL AGGREGATE \$4,000,000<br>PRODUCTS - COMP/OP AGG \$4,000,000 |
| A        | AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                              |  | BAP 3486723-18 | 04/01/2022              | 04/01/2023              | COMBINED SINGLE LIMIT (Ea accident) \$2,000,000<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)   |
|          | UMBRELLA LIAB <input type="checkbox"/> OCCUR<br>EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED    RETENTION  |  |                |                         |                         | EACH OCCURRENCE<br>AGGREGATE  |
| A        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | <input type="checkbox"/> Y<br><input checked="" type="checkbox"/> N    N/A | WC348672218    | 04/01/2022              | 04/01/2023              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$1,000,000<br>E.L. DISEASE-EA EMPLOYEE \$1,000,000<br>E.L. DISEASE-POLICY LIMIT \$1,000,000                                  |

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

### CERTIFICATE HOLDER

### CANCELLATION

|  |  |
|--|--|
| Byron E. Talbot Contractor, Inc.<br>Pre-Qualification, Bids<br>301 Main Project Road<br>Schriever LA 70395 USA | 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<br><br><i>Aon Risk Services Central, Inc.</i>  |

Holder Identifier :



Certificate No : 570091750966

ACORD 25 (2016/03)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/31/2022

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><br>Marsh USA Inc.<br>One Towne Square Suite 1100<br>Southfield, MI 48076<br>Attn: DetroitGroupCaptive.certrequest@marsh.com | <b>CONTACT NAME:</b><br>_____          |                                 |
|   | <b>PHONE (A/C, No., Ext):</b><br>_____ | <b>FAX (A/C, No.):</b><br>_____ |
| <b>E-MAIL ADDRESS:</b><br>_____   |  |                                 |
| <b>INSURER(S) AFFORDING COVERAGE</b>  |  | <b>NAIC #</b>                   |
| <b>INSURER A :</b> RSUI Indemnity Company   |  | 22314                           |
| <b>INSURER B :</b> Endurance American Insurance Company   |  | 10641                           |
| <b>INSURER C :</b>  |  |                                 |
| <b>INSURER D :</b>  |  |                                 |
| <b>INSURER E :</b>  |  |                                 |
| <b>INSURER F :</b>  |  |                                 |

**COVERAGES**      **CERTIFICATE NUMBER:** CHI-008144619-28      **REVISION NUMBER:** 20

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><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: _____ |           |          |                |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$                |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                      |           |          |                |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED    RETENTION \$   |           |          | NHA253511      | 04/01/2022              | 04/01/2023              | EACH OCCURRENCE \$ 5,000,000<br>AGGREGATE \$ 5,000,000<br>\$  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |           |          |                |                         |                         | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A<br>PER STATUTE    OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$ |
| B        | Excess Liability (XS \$5M)   |           |          | EXC30017871900 | 04/01/2022              | 04/01/2023              | Each Occurrence \$ 5,000,000<br>Aggregate \$ 5,000,000  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Excess liability policy follows form of scheduled underlying coverages per policy terms and conditions.

### CERTIFICATE HOLDER

Byron E. Talbot Contractor, Inc.  
Pre-Qualification, Bids  
301 Main Project Road  
Schriever, LA 70395

### 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

*Marsh USA Inc.*