

LOUISIANA UNIFORM PUBLIC WORK BID FORM

TO: Jefferson Parish Purchasing Dept.
200 Derbigny Street, Suite 4400
Gretna, Louisiana 70053

BID FOR: IMPROVEMENTS TO LIFT STATION D7-2
(KAWANEE and OLYMPIC) PUMP STATION AND FORCE MAIN
SCIP #D5812

Jefferson Parish Bid Proposal No. 50-00112985

(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: ARCADIS-US, Inc. and dated: March 2015

(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) 1-2-3-4-5

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 million sixty eight thousand Dollars (\$ 2,068,000.00)

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: BLD Services, LLC

ADDRESS OF BIDDER: 2424 Tyler St Kenner, LA 70062

LOUISIANA CONTRACTOR'S LICENSE NUMBER: 46722

Name OF AUTHORIZED SIGNATORY OF BIDDER: Thomas Behan

TITLE OF AUTHORIZED SIGNATORY OF BIDDER: Project Manager

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

DATE: 06/18/15

* 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.

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

TO: Jefferson Parish Purchasing Dept.
200 Derbigny Street, Suite 4400
Gretna, Louisiana 70053

(Owner to provide name and address of owner)

BID FOR: IMPROVEMENTS TO LIFT STATION D7-2
(KAWANEE and OLYMPIC).
PUMP STATION STATION AND FORCE
MAIN

SCIP #D5812

Jefferson Parish Bid Proposal No. 50-00112985

(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: | MOBILIZATION AND DEMOBILIZATION <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# N/A | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>) |
| 1 | 1 | LUMP SUM | \$ 100,000.00 | \$ 100,000.00 |

| | | | | |
|--------------|---|------------------|------------|---|
| DESCRIPTION: | BYPASS DIVERSION PUMPING ITEMS: INSTALLATION AND MAINTENANCE INCLUDING ALL LABOR, EQUIPMENT, MATERIALS, AND POWER NECESSARY TO FACILITATE BYPASS PUMPING FOR THE DURATION OF PROJECT (AS NEEDED) INCLUDING BUT NOT LIMITED TO PUMPS, PIPING, ELECTRICAL CONTROLS, EQUIPMENT, INSTRUMENTATION AND POWER. <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# N/A | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>) |
| 2 | 1 | LUMP SUM | 105,000.00 | 105,000.00 |

| | | | | |
|--------------|---|------------------|------------|---|
| DESCRIPTION: | TRAFFIC CONTROL & REGULATION <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# N/A | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>) |
| 3 | 1 | LUMP SUM | 55,000.00 | 55,000.00 |

| | | | | |
|--------------|---|------------------|------------|---|
| DESCRIPTION: | STABILIZED CONSTRUCTION EXIT <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# N/A | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>) |
| 4 | 50 | SQUARE YARD | 75.00 | 3,750.00 |

| | | | | |
|--------------|--|------------------|------------|---|
| DESCRIPTION: | 6-FT DIA. PRECAST CONCRETE SANITARY MANHOLE <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# N/A | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>) |
| 6 | 1 | EACH | 5,000.00 | 5,000.00 |

| | | | | |
|--------------|---|------------------|------------|---|
| DESCRIPTION: | 6-FT DIA FORCE MAIN BYPASS MANHOLE WITH HATCH, VALVE AND MISCELLANEOUS ACCESSORIES AND APPURTENANCES. <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# N/A | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>) |
| 7 | 1 | EACH | 40,000.00 | 40,000.00 |

| | | | | |
|--------------|---|------------------|------------|---|
| DESCRIPTION: | DEMOLITION OF EXISTING PUMPS, PIPING, VALVES, ELECTRICAL AND INSTRUMENTATION DEVICES. DEMOLITION OF ROOF OF LIFT STATION AS SHOWN SHOWN ON PLANS, INCLUDES REMOVAL AND DISPOSAL OF CONCRETE, MISCELLANEOUS DEBRIS AND ASBESTOS ABATEMENT AND OTHER MATERIALS FROM SITE. <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# N/A | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>) |
| 8 | 1 | LUMP SUM | 25,000.00 | 25,000.00 |

| | | | | |
|--------------|---|------------------|------------|---|
| DESCRIPTION: | LIFT STATION ITEMS: FIBERGLASS STRUCTURE (REHABILITATE WET WELL COVER AND VALVE VAULT), EXCAVATION AND BACKFILL, REMOVE AND REPLACE CONCRETE WET WELL AND VALVE VAULT TOPS, WET WELL HATCHES, VALVE VAULT HATCHES, RAILINGS; DRAIN LINE CONNECTIONS; VENTILATION PIPING WITH NEW BIRD SCREENS, ELECTRIC AND CONTROL PADS. <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# N/A | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>) |
| 9 | 1 | LUMP SUM | 345,000.00 | 345,000.00 |

| | | | | |
|--------------|---|------------------|------------|---|
| DESCRIPTION: | LIFT STATION MISCELLANEOUS ITEMS: SUPPLY AND INSTALLATION OF WET-WELL SUBMERSIBLE PUMPS, COOLING JACKETS, WET WELL DISCHARGE PIPING AND BRACKETS, VALVE VAULT DISCHARGE PIPING, PIPING SUPPORTS, ALL VALVES AND SUPPORTS, INCLUDING ANY FITTINGS, BRACKETS, AND ANY OTHER MISCELLANEOUS ACCESSORIES AND APPURTENANCES NECESSARY FOR THE OPERATION OF THE LIFT STATIONS. <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# N/A | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>) |
| 10 | 1 | LUMP SUM | 160,000.00 | 160,000.00 |

| | | | | |
|--------------|--|------------------|------------|---|
| DESCRIPTION: | SUPPLY AND INSTALL LIFT STATION CONTROL SYSTEM, INCLUDING BUT NOT LIMITED TO SCADA SOFTWARE ENGINEERING SECURITY AND QUALITY REQUIREMENTS, PRIMARY INSTRUMENTATION DEVICES, CONTROL CABINET ENCLOSURES, CONDUITS, CONNECTIONS, BOXES, UNDERGROUND ELECTRICAL POWER, LIGHT POLE AND RELOCATION OF EXISTING ELECTRICAL UTILITIES AS NEEDED, CATHODIC PROTECTION SYSTEM OR ANY OTHER MISCELLANEOUS ACCESSORIES AND APPURTENANCES NECESSARY FOR THE OPERATION OF THE LIFT STATION. <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# N/A | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>) |
| 11 | 1 | LUMP SUM | 125,000.00 | 125,000.00 |

| | | | | |
|--------------|--|------------------|------------|---|
| DESCRIPTION: | RESTORE STREET, SIDE WALK AND CURB AND GUTTER FOR LIFT STATION AND FORCE MAIN ROUTE. <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# N/A | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>) |
| 12 | 1 | LUMP SUM | 50,000.00 | 50,000.00 |

| | | | | |
|--------------|---|------------------|------------|---|
| DESCRIPTION: | TRENCH SAFETY SYSTEM FOR TRENCH EXCAVATIONS <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# N/A | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>) |
| 13 | 450 | LINEAR FEET | 5.00 | 2,250.00 |

| | | | | |
|--------------|--|------------------|------------|---|
| DESCRIPTION: | 18-INCH DIAMETER HDPE SANITARY FORCE MAIN BY HORIZONTAL DIRECTIONAL DRILLING <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# N/A | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>) |
| 14 | 4150 | LINEAR FEET | 195.00 | 809,250.00 |

| | | | | |
|--------------|--|------------------|------------|---|
| DESCRIPTION: | 16-INCH DIAMETER SANITARY D.I. FORCE MAIN ON BRIDGE CROSSING WITH SUPPORTS <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# N/A | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>) |
| 15 | 250 | LINEAR FEET | 435.00 | 108,750.00 |

| | | | | |
|--------------|---|------------------|------------|---|
| DESCRIPTION: | 18-INCH DIAMETER HDPE SANITARY FORCE MAIN BY OPEN CUT <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# N/A | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>) |
| 16 | 200 | LINEAR FEET | 375.00 | 75,000.00 |

| | | | | |
|--------------|--------------------------|------------------|------------|---|
| DESCRIPTION: | 3-INCH AIR RELEASE VALVE | | | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>N/A</u> |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>) |
| 17 | 1 | EACH | 4,000.00 | 4,000.00 |

| | | | | |
|--------------|--|------------------|------------|---|
| DESCRIPTION: | CUT, PLUG AND ABANDON EXISITNG 12" FORCEMAIN | | | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>N/A</u> |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>) |
| 18 | 4500 | LINEAR FEET | 10.00 | 45,000.00 |

| | | | | |
|--------------|---------------------------------|------------------|------------|---|
| DESCRIPTION: | PRE AND POST SEWER SYSTEM VIDEO | | | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>N/A</u> |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>) |
| 19 | 1 | LUMP SUM | 10,000.00 | 10,000.00 |

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

BID BOND

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

BLD Services, LLC

as PRINCIPAL, and

Hartford Fire Insurance Company

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

Five Percent of Bid Amount

DOLLARS (\$ 5%) lawful money of the United States, for the payment of which sum well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, that whereas the Principal has submitted the accompanying Bid dated ~~May 28~~ ^{14B} June 18, 2015, for

IMPROVEMENTS TO LIFT STATION D7-2, (KAWANEE & OLYMPIC)
PUMP STATION AND FORCE MAIN

Sewer Capital Improvement Project No. D5812

NOW, THEREFORE, if the Principal shall not withdraw said Bid within the period specified therein after the opening of the same or, if no period be specified, within forty-five (45) days after the said opening, and shall within the period specified therefore or, if no period be specified, within twelve (12) days after the prescribed forms are presented to him for signature, enter into a written Contract with the Parish in accordance with the Bid as accepted, and give bond with good and sufficient surety or sureties, as may be required, for the faithful performance and proper fulfillment of such Contract; or in the event of the withdrawal of said Bid within the period specified, or the failure to enter into such Contract and give such bond within the time specified, if the Principal shall pay the Parish the difference between the amount specified in said Bid and the amount for which the Parish may procure the required work or supplies, or both, if the latter be in excess of the former, then the above obligation shall be void and of no effect, otherwise, to remain in full force and virtue.

IN WITNESS WHEREOF, the above bounded parties have executed this instrument under their several seals this 18TH day of ~~May~~ June, 2015, the name and corporate seal of each corporate party being hereto affixed and these presents signed by its undersigned representative, pursuant to authority of its governing body.

BID BOND (continued)

In Presence of:

(Individual Principal)

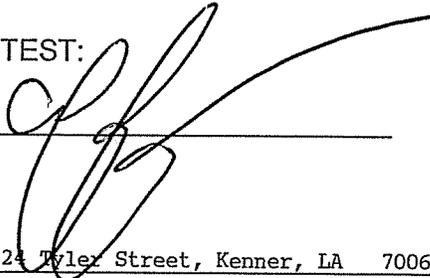
(Business Address, including Zip Code)

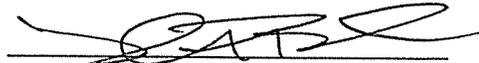
(Partnership)

(SEAL)

(Business Address, including Zip Code)

ATTEST:



BY: 

BLD Services, LLC
(Corporate Principal)

2424 Tyler Street, Kenner, LA 70062
(Business Address, including Zip Code)

BY: _____
AFFIX CORPORATE SEAL

ATTEST:

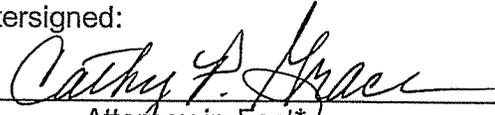
See Attached Power of Attorney

Hartford Fire Insurance Company
(Corporate Surety)

Hartford Plaza, T-4-47, Hartford, CT 06155
(Business Address, including Zip Code)

BY: 
AFFIX CORPORATE SEAL
Cathy P. Grace, Attorney-in-Fact

Countersigned:

BY: 
Attorney-in-Fact* Cathy P. Grace

State of Louisiana

POWER OF ATTORNEY

Direct Inquiries/Claims to:

THE HARTFORD
 Bond T-4
 One Hartford Plaza
 Hartford, Connecticut 06155
 call: 888-266-3488 or fax: 860-757-5835

Agency Code: 43-483896

KNOW ALL PERSONS BY THESE PRESENTS THAT:

- 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 :

Cathy P. Grace of BATON ROUGE, 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 August 1, 2009, the Companies have caused these presents to be signed by its 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.



Wesley W. Cowling

Wesley W. Cowling, Assistant Secretary

M. Ross Fisher

M. Ross Fisher, Vice President

STATE OF CONNECTICUT }
 COUNTY OF HARTFORD } ss. Hartford

On this 12th day of July, 2012, 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 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.



CERTIFICATE

Kathleen T. Maynard

Kathleen T. Maynard
 Notary Public

My Commission Expires July 31, 2016

I, the undersigned, 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
 Signed and sealed at the City of Hartford. May 28, 2015



Gary W. Stumper

Gary W. Stumper, Vice President

Producer Compensation Notice



You can review and obtain information on The Hartford's
producer compensation practices at www.thehartford.com
or at 1-800-592-5717.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/03/2015

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.

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).

| | | |
|---|--|--------------|
| PRODUCER Brown & Brown of Louisiana, LLC Brown & Brown of Baton Rouge 6300 Corporate Blvd, Ste 250 BATON ROUGE, LA 70809 Barbara Vierck, CIC, CISR | CONTACT NAME: Barbara Vierck, CIC, CISR | |
| | PHONE (A/C, No, Ext): 225-763-5600 FAX (A/C, No): 225-763-5650 | |
| INSURED BLD Services, LLC 2424 Tyler Street Kenner, LA 70062 | E-MAIL ADDRESS: | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # |
| | INSURER A : *ZURICH AMERICAN INS CO | 16535 |
| | INSURER B : *AIG Specialty Insurance Co | 26883 |
| | INSURER C : *AGCS Marine Insurance Company | 22837 |
| | 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 OTHER: | | | GLO 0171174-01 | 06/06/2015 | 06/06/2016 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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 | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | BAP 0171173-01 | 06/06/2015 | 06/06/2016 | 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 checked="" type="checkbox"/> RETENTION \$ 10,000 | | | 067382199 | 06/06/2015 | 06/06/2016 | 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) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | WC 0171175-01 | 06/06/2015 | 06/06/2016 | <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 |
| D | Equipment L Leased/ Rented from Others | | | MXI93058893 | 06/06/2015 | 06/06/2016 | Per Item 400,000 Per Occ 400,000 |

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

See Attached.

CERTIFICATE HOLDER

CANCELLATION

| | |
|--|--|
| JEFF014 Jefferson Parish Purchasing Department P. O. Box 9 Gretna, LA 70054-0009 | 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 <i>Barbara Vierck</i> |
|--|--|

Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Jefferson

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

Thomas Behan, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized Project Manager of BLD Services, LLC (Entity), the party who submitted a bid in response to Bid Number 50-00112985, 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 x 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 x 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).



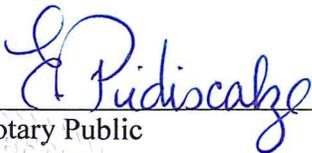
Signature of Affiant

Thomas Behan

Printed Name of Affiant

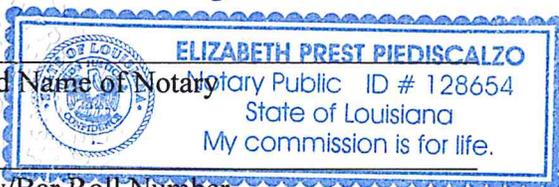
SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 18th DAY OF may, 2015.



Notary Public

Printed Name of Notary



Notary/Bar Roll Number

My commission expires AT DEATH.

Notary Search - Detail

Name: MS. ELIZABETH PREST PIEDISCALZO
Address: 53706 SILVER MAPLE LANE
BOGALUSA, LA 70427
Phone: (985) 373-4144
Phone 2: (985) 732-5265
Notary ID Number: 128654
Parish: WASHINGTON with STATEWIDE JURISDICTION
Agency: N/A
Notary Type: Non Attorney
Status: Active
Commission Date: 02/22/2012
Oath Date: 02/09/2012
Surety Expiration Date: 02/09/2017
Annual Report Current: Yes

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

CAMPAIGN CONTRIBUTIONS BLD SERVICES, LLC

JEFFERSON PARISH

| | | | |
|-----|----------|-------------|----------|
| 1.) | BEN ZAHN | \$ 1,000.00 | 04/10/12 |
| 2.) | BEN ZAHN | \$ 1,000.00 | 04/03/13 |



CORPORATE RESOLUTION

I, **SHIRLEY JARRELL WAGNER, CORPORATE SECRETARY** of BLD SERVICES, LLC, hereby certify that the following is a true copy of a RESOLUTION duly adopted by BLD SERVICES, LLC, which is in full force and effect on this date.

Be it resolved that **THOMAS A. BEHAN, PROJECT MANAGER,** be and is hereby appointed, constituted and designated as Agent and Attorney-In-Fact of the Organization with full power and authority to act on behalf of this Organization in all negotiations, bidding, concerns, and transactions, including but not limited to, the execution of all Bids, Papers, Documents, Affidavits, Bonds, Sureties, Contracts and Acts and to receive and receipt thereof all purchase orders and notices issued pursuant to the provisions of any such Bid or Contract; this Corporation hereby ratifying, approving, confirming and accepting each and every such Act performed by said Agent and Attorney-In-Fact.

I hereby certify the foregoing to be true and correct and the same has not been revoked Or Rescinded.

A handwritten signature in blue ink, appearing to read 'Shirley Jarrell Wagner', is written over a horizontal line.

**SHIRLEY JARRELL WAGNER
CORPORATE SECRETARY
BLD SERVICES, LLC**

DATE

6/18/15

**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. | Name (as shown on your income tax return) BLD SERVICES, LLC | |
| | Business name/disregarded entity name, if different from above | |
| | Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <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) ▶ _____ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶ _____ | |
| | Address (number, street, and apt. or suite no.) 2424 TYLER ST. | Requester's name and address (optional) |
| City, state, and ZIP code KENNER, LA 70062 | | |
| List account number(s) here (optional) | | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

| | | | | | | | | |
|--|--|--|---|--|---|--|--|--|
| | | | - | | - | | | |
|--|--|--|---|--|---|--|--|--|

Employer identification number

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 7 | 2 | - | 1 | 5 | 1 | 2 | 6 | 2 | 5 |
|---|---|---|---|---|---|---|---|---|---|

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

| | | |
|------------------|----------------------------|------------------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ 10/9/2012 |
|------------------|----------------------------|------------------|

General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

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

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

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

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

 2525 Quail Drive, Baton Rouge, 70808

 (225) 765-2301


Louisiana State Licensing Board for Contractors



Contractor Information

Business Name BLD SERVICES, LLC ✓
Mailing Address 2424 Tyler Street
 Kenner, LA 70062
Phone Number (504) 466-1344
Fax Number (504) 461-5971
Email Address danw@bldllc.net

Active Licenses

License Number 46722 ✓
Type Commercial License
Status LICENSED
Effective 07/08/2013
Expiration 12/15/2015
First Issued 12/15/2006

Classifications

| Class | Qualifying Party | Parishes |
|--|---------------------------|----------|
| BUILDING CONSTRUCTION | Daniel Prosper Wagner III | ALL |
| BUSINESS AND LAW | Brad Louis Dutruch | ALL |
| BUSINESS AND LAW | Daniel Prosper Wagner III | ALL |
| ELECTRICAL WORK (RESTRICTED) | Daniel Prosper Wagner III | ALL |
| HEAVY CONSTRUCTION | Daniel Prosper Wagner III | ALL |
| HIGHWAY, STREET AND BRIDGE CONSTRUCTION | Thomas A. Behan | ALL |
| MECHANICAL WORK (STATEWIDE) | Daniel Prosper Wagner III | ALL |
| ✓ MUNICIPAL AND PUBLIC WORKS CONSTRUCTION | Brad Louis Dutruch | ALL |
| MUNICIPAL AND PUBLIC WORKS CONSTRUCTION | Daniel Prosper Wagner III | ALL |
| MUNICIPAL AND PUBLIC WORKS CONSTRUCTION | Thomas A. Behan | ALL |
| SPECIALTY: NAVIGATION VESSELS & MARINE CONSTRUCTION, SALVAGING & EQUIPMENT | Daniel Prosper Wagner III | ALL |
| SPECIALTY: NAVIGATION VESSELS & MARINE CONSTRUCTION, SALVAGING & EQUIPMENT | Thomas A. Behan | ALL |