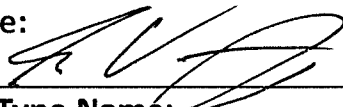


**BIDDERS MUST COMPLETE THIS SIGNATURE PAGE AND THE BID FORM. BOTH PAGES MUST BE RETURNED WITH BID SUBMISSION. FAILURE TO DO SO WILL RESULT IN BID REJECTION.**

By signing the below and submitting a bid, the bidder acknowledges and agrees to all instructions, general conditions, any special conditions, and specifications contained herein, including but not limited to 2 CFR Part 200 – Provisions for FEMA Public Assistance.

ALL BIDDERS MUST COMPLETE THE SECTION BELOW	
<b>Name of Firm:</b> Landrieu Concrete and Cement Industries	
<b>Signature:</b> 	
<b>Print or Type Name:</b> Gerard Vitrano Jr.	
<b>Title:</b> General Manager	
<b>Address:</b> 2748 Metairie Lawn Drive	
<b>City, State:</b> Metairie, LA	<b>Zip:</b> 70002
<b>Telephone:</b> ( 504 ) 304-4406	<b>Fax:</b> ( 504 ) 304-4409
<b>Email Address:</b> adardar@lccico.com	

<b>Bid Form</b>		
<b>A. 2500 PSI</b>		
<b>Quantity</b>	<b>Unit Of Measure</b>	<b>Unit Price</b>
8 and above	Cubic Yards	\$164.00
7	Cubic Yards	\$204.00
6	Cubic Yards	\$212.00
5	Cubic Yards	\$225.00
4	Cubic Yards	\$247.00
3	Cubic Yards	\$281.00
2	Cubic Yards	\$359.00
Fiber Mesh	Per Yard	\$7.00
<b>B. 3000 PSI</b>		
<b>Quantity</b>	<b>Unit Of Measure</b>	<b>Unit Price</b>
8 and above	Cubic Yards	\$171.00
7	Cubic Yards	\$211.00
6	Cubic Yards	\$219.00
5	Cubic Yards	\$232.00
4	Cubic Yards	\$254.00
3	Cubic Yards	\$288.00
2	Cubic Yards	\$366.00
Fiber Mesh	Per Yard	\$7.00
<b>C. 3500 PSI</b>		
<b>Quantity</b>	<b>Unit Of Measure</b>	<b>Unit Price</b>
8 and above	Cubic Yards	\$173.00
7	Cubic Yards	\$213.00
6	Cubic Yards	\$221.00
5	Cubic Yards	\$234.00
4	Cubic Yards	\$256.00
3	Cubic Yards	\$290.00
2	Cubic Yards	\$368.00
Fiber Mesh	Per Yard	\$7.00

<b>D. 4000 PSI</b>		
<b>Quantity</b>	<b>Unit Of Measure</b>	<b>Unit Price</b>
<b>8 and above</b>	Cubic Yards	\$177.00
7	Cubic Yards	\$217.00
6	Cubic Yards	\$225.00
5	Cubic Yards	\$238.00
4	Cubic Yards	\$260.00
3	Cubic Yards	\$294.00
2	Cubic Yards	\$372.00
Fiber Mesh	Per Yard	\$7.00
<b>E. 4500 PSI</b>		
<b>Quantity</b>	<b>Unit Of Measure</b>	<b>Unit Price</b>
<b>8 and above</b>	Cubic Yards	\$179.00
7	Cubic Yards	\$219.00
6	Cubic Yards	\$227.00
5	Cubic Yards	\$240.00
4	Cubic Yards	\$262.00
3	Cubic Yards	\$296.00
2	Cubic Yards	\$374.00
Fiber Mesh	Per Yard	\$7.00
<b>F. 5000 PSI</b>		
<b>Quantity</b>	<b>Unit Of Measure</b>	<b>Unit Price</b>
<b>8 and above</b>	Cubic Yards	\$185.00
7	Cubic Yards	\$225.00
6	Cubic Yards	\$232.00
5	Cubic Yards	\$246.00
4	Cubic Yards	\$267.00
3	Cubic Yards	\$301.00
2	Cubic Yards	\$380.00
Fiber Mesh	Per Yard	\$7.00

## Technical Compliance Sheet

Area(s) of Requirement(s)	Meets Requirements	Deviates
SPECIFICATIONS	Yes	
DELIVERY	Yes	

If Deviates, Please Note in appropriate category below

<b>Specifications</b>
<b>Delivery</b>
<b>Additional (Optional)</b>
<p>Pricing based on 28 day compressive strength . High Early Mixes and/or additional specialty performance admixtures will be priced at current rates at the time or order.</p>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/28/2025

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

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

<b>PRODUCER</b> Acentria Insurance - New Orleans 800 West Commerce Road, 104 Harahan LA 70123	<b>CONTACT NAME:</b> KELLY HARMON <b>PHONE (A/C, No, Ext):</b> 225-380-2008 <b>E-MAIL ADDRESS:</b> Kelly.Harmon@Acentria.com <b>FAX (A/C, No):</b>
<b>INSURED</b> Landrieu Concrete and Cement Industries, LLC, Intrastate Trucking I LLC 2748 Metairie Lawn Drive 2FL Metairie LA 70002	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : Ironshore Specialty Insurance Company INSURER B : Zurich American Insurance Company INSURER C : RLI Insurance Company INSURER D : Landmark American Insurance Company INSURER E : UPLAND SPECIALTY INS CO INSURER F :
	<b>NAIC #</b> 25445 16535 13056 33138 16988

**COVERAGES**

CERTIFICATE NUMBER: 1087394404

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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	IEPUW0032573000	3/1/2025	3/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/>	Y	Y	BAP 2930002-03	3/1/2025	3/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
E	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	USXTL0888625	3/1/2025	3/1/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
B	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	N/A	WC 2930000-02	3/1/2025	3/1/2026	<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	INLAND MARINE			ILM0600455	3/26/2025	3/26/2026	Leased & Rented LIMIT \$170,000
D	EXCESS AUTO LIABILITY			LHA605373	3/1/2025	3/1/2026	\$1,000,000

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

**GENERAL LIABILITY**

Waiver of Subrogation as required by written contract

Blanket Additional Insured Primary and Non-Contributory as required by written contract

Employee Benefits Liability \$1,000,000

**AUTO**

Blanket Designated Insured as required by written contract

Blanket Waiver of Subrogation as required by written contract

See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

St. Charles Parish Government  
PO Box 302  
Hahnville LA 70057

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

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## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Acentria Insurance - New Orleans		NAMED INSURED Landrieu Concrete and Cement Industries, LLC, Intrastate Trucking I LLC 2748 Metairie Lawn Drive 2FL Metairie LA 70002
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

## EXCESS AUTO LIABILITY

Follow Form

Policy #USXTL0888625 Upland Specialty Insurance Company 3.1.25 - 3.1.26

Underlying Policy: #BAP 2930002-02 Zurich-American Insurance Company 3.1.25 - 3.1.26

## EXCESS AUTO LIABILITY

Follow Form

Policy #LHA605373 Landmark American Insurance Company 3.1.24 - 3.1.25

Underlying Policy: #USXTL0567624 Upland Specialty Insurance Company 3.1.25 - 3.1.26

## WORKERS COMPENSATION

Waiver of Subrogation as required by written contract

Longshore and Harbor Workers Compensation Act Coverage

USL&amp;H

Alternate Employer as required by written contract

## SPECIAL LANGUAGE

Ready-Mix Concrete