

## LOUISIANA UNIFORM PUBLIC WORK BID FORM

TO: Jefferson Parish  
Purchasing Department  
200 Derbigny Street, Suite 4400  
Gretna, Louisiana 70053  
*(Owner to provide name and address)*

BID FOR: Grand Isle Waterline and Valve Platform Repairs  
(Lafitte to Grand Isle, Louisiana)  
JPPW No. 2018-038-WR  
JP BID NO. 50-00135000  
*(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: All South Consulting Engineers, LLC, 652 Papworth Avenue, Metairie, Louisiana 70005, (504) 322-2783 and dated: May 2021.  
*(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.

**TOTAL BASE BID:** For all work required by the Bidding Documents (including any and all unit prices designated "Base Bid"\* but not alternates) the sum of:

Three Million, Five Hundred Fifty Thousand Dollars and zero cents Dollars (\$ 3,550,000.00 )

**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 (\$ 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:** Blanchard Industrial, LLC

**ADDRESS OF BIDDER:** 18838 Hwy 3235, Galliano, LA 70354

**LOUISIANA CONTRACTOR'S LICENSE NUMBER:** 64417

**NAME OF AUTHORIZED SIGNATORY OF BIDDER:** Daniel St. Germaine

**TITLE OF AUTHORIZED SIGNATORY OF BIDDER:** Authorized Agent

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

**DATE:** 8/19/2021

### **THE FOLLOWING ITEMS ARE TO BE INCLUDED WITH THE SUBMISSION OF THIS LOUISIANA UNIFORM PUBLIC WORK BID FORM:**

\* 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.

\*\* **A CORPORATE RESOLUTION OR WRITTEN EVIDENCE** of the authority of the person signing the bid for the public work as prescribed by 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**

Revised as per Addendum # 2

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Purchasing Department  
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(Lafitte to Grand Isle, Louisiana)  
JPPW No. 2018-038-WR  
JP BID NO. 50-00135000  
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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.# ___ Mobilization & Demobilization			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> )
1	1	Lump Sum	1,127,000.00	1,127,000.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ___ Magnetometer Survey			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> )
2	1	Lump Sum	37,848.00	37,848.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ___ Removal of Structures and Obstructions			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> )
3	1	Lump Sum	60,000.00	60,000.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ___ Disconnect and Reconnect Water Supply Line			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> )
4	2	Each	12,000.00	24,000.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ___ Disconnect and Reconnect Water Service Line			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> )
5	2	Each	12,000.00	24,000.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ___ Remove and Replace Ladder			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> )
6	24	Each	4,150.00	99,600.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ___ Remove and Replace Fence and Gate			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> )
7	24	Each	8,300.00	199,200.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ___ Air Release Valve Assembly			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> )
8	24	Each	2,500.00	60,000.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ___ Remove and Replace 20-inch Valve			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> )
9	3	Each	13,300.00	39,900.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ___ Remove and Replace 20-inch Tee			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> )
10	6	Each	10,000.00	60,000.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ___ Remove and Replace 16-inch Valve			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> )
11	21	Each	4,750.00	99,750.00

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.

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

Revised as per Addendum # 2

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DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ Remove and Replace 16-inch Tee			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> )
12	42	Each	3,550.00	149,100.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ Remove and Replace Steel Split Sleeve			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> )
13	8	Each	62,500.00	500,000.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ Remove and Replace Decking			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> )
14	940	Linear Foot	106.35	99,969.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ Remove and Replace Horizontal Brace			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> )
15	1,080	Linear Foot	92.50	99,900.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ Remove and Replace Cross Brace			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> )
16	1,824	Linear Foot	54.75	99,864.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ Remove and Replace Stringer			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> )
17	238	Linear Foot	420.00	99,960.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ Remove and Replace Pile Cap			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> )
18	202	Each	148.50	29,997.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ Remove and Replace Dolphin Reflector			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> )
19	70	Each	428.50	29,995.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ Remove and Replace Dolphin Cable			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> )
20	46	Each	1,086.00	49,956.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ Remove and Replace "Warning" Sign			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> )
21	47	Each	638.00	29,986.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ Remove and Replace "Authorized Personnel" Sign			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> )
22	24	Each	1,250.00	30,000.00

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.

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**UNIT PRICE FORM**

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DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ Four (4) Pile Timber Valve Platform (Complete)			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION <i>(Quantity times Unit Price)</i>
23	1	Each	200,000.00	200,000.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ Three (3) Pile Dolphin Cluster (Complete)			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION <i>(Quantity times Unit Price)</i>
24	13	Each	23,075.00	299,975.00

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.





**Bond Number:** SLA21123549

**Contractor Information**

**Principal:** Blanchard Industrial, LLC

**Address:** 18838 Hwy 3235 Galliano Louisiana 70354 United States

**Owner/Obligee Information**

**Bond Form:** Bid Bond in accordance with Contract Specifications

**Owner/Obligee:** Jefferson Parish

**Address:** 200 Derbigny Street Gretna Louisiana 70053 United States

**Bond Information**

**Surety:** Hartford Fire Insurance Company

**Bid Date:** 8/19/2021

**Estimated Contract Price:** \$3,550,000.00

**Time For Completion:**

**Liquidated Damages:** \$1,000.00 per calendar day

**Estimated Work On Hand:**

**Amount of Bid Security:** Five Percent of the Amount Bid

**Contract # or IFB #:** 50-00135000

**Description of Job:** Bid No. 50-00135000 GRAND ISLE WATERLINE AND VALVE PLATFORM REPAIRS LAFITTE TO GRAND ISLE, JEFFERSON PARISH PROJECT NO. 2018-038-WR

**Job Breakdown:**

**Electronic Bidding Information**

**Bid Security Percentage:** 5

**Bid Security Maximum:**

**Owner Assigned Contractor Number:**312240

**Primary Agency:**

Arthur J. Gallagher Risk Management Services

Power of Attorney Limited to: Unlimited

**Executed**

**Entered By:** Kathleen L. Berni - 8/19/2021 9:20:26 AM ET

**Approved & Executed By:**

*Kathleen L. Berni*

Kathleen L. Berni (Signed: 19-Aug-2021 09:20 AM EDT (UTC-04:00))

[Signature Information](#)

Know all men by these presents that Hartford Fire Insurance Company, a Corporation duly organized under the laws of the State of Connecticut, are held and firmly bound unto the above owner/obligee by this transmission. The surety agrees to waive the Statute of Fraud defense and further agrees that the owner/obligee is a third party beneficiary of the waiver for the purposes of enforcing this bid bond.

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Document ID: [S2000-1001115021](#)

**CORPORATE RESOLUTION**

EXCERPT FROM MINUTES OF MEETING OF THE MANAGERS OF **BLANCHARD INDUSTRIAL, LLC.**

AT THE MEETING OF THE MANAGERS OF BLANCHARD INDUSTRIAL, LLC., DULY NOTICED AND HELD ON JULY 1, 2021, A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT WAS:

RESOLVED THAT DANIEL ST. GERMAINE, BE AND IS HEREBY APPOINTED. CONSTITUTED AND DESIGNATED AS AGENT AND ATTORNEY-IN- FACT OF THE CORPORATION WITH FULL POWER AND AUTHORITY TO ACT ON BEHALF OF THIS CORPORATION IN ALL NEGOTIATIONS, BIDDING, CONCERNS AND TRANSACTIONS WITH THE PARISH OF JEFFERSON OR ANY OF ITS AGENCIES, DEPARTMENTS. EMPLOYEES OR AGENTS. INCLUDING BUT NOT LIMITED TO, THE EXECUTION OF ALL BIDS, PAPERS, DOCUMENTS, AFFIDAVITS. BONDS, SURETIES, CONTRACTS AND ACTS AND TO RECEIVE 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 A TRUE AND CORRECT COPY OF AN EXCERPT OF THE MINUTES OF THE ABOVE DATED MEETING OF THE BOARD OF DIRECTORS OF SAID CORPORATION, AND THE SAME HAS NOT BEEN REVOKED OR RESCINDED.

  
\_\_\_\_\_  
ANDREW BRUZDZINSKI

SECRETARY

8/17/2021

**Public Works Bid**

**AFFIDAVIT**

**STATE OF** Louisiana

**PARISH/COUNTY OF** Lafourche

BEFORE ME, the undersigned authority, personally came and appeared: \_\_\_\_\_  
Daniel St. Germaine, (Affiant) who after being by me duly sworn, deposed and said that  
he/she is the fully authorized Agent of Blanchard Industrial, LLC (Entity),  
the party who submitted a bid in response to Bid Number 50-00135000, 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:

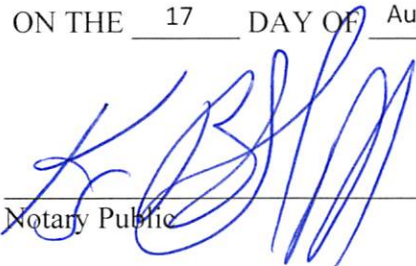
- (1) Entity is registered and participates in a status verification system to verify that all employees in the State of Louisiana are legal citizens of the United States or are legal aliens.
- (2) Entity shall continue, during the term of the contract, to utilize a status verification system to verify 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

Daniel St. Germaine  
\_\_\_\_\_  
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 17 DAY OF August, 2021.

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

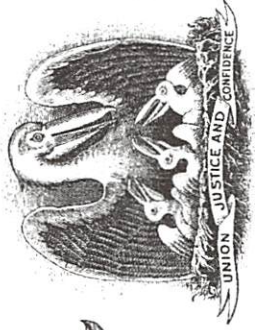
Printed Name of Notary **Kirby P. Blanchard, Jr., 84847**  
**Notary Public in and for**  
**the State of Louisiana**  
Notary/Bar Roll Number **My Commission is for Life**

My commission expires \_\_\_\_\_.

DONATION TO:	PAID BY:	DATE OF DONATION:	AMOUNT OF DONATION:	RAN FOR:
BYRON LEE CAMPAIGN FUND	GIS Engineering (Affiliate of Blanchard Industrial, LLC)	5/15/2019	\$1,000.00	JP Council Dist. 3
CHRIS ROBERTS CAMPAIGN FUND	GIS Engineering (Affiliate of Blanchard Industrial, LLC)	4/15/2019	\$2,500.00	JP Council At Large Div. A
COMMITTEE TO ELECT MARION EDWARDS	GIS Engineering (Affiliate of Blanchard Industrial, LLC)	3/10/2020	\$1,000.00	JP Council Dist. 1
COMMITTEE TO ELECT RICKY TEMPLET	GIS Engineering (Affiliate of Blanchard Industrial, LLC)	3/8/2019	\$1,000.00	JP Council At Large Div. A
DEANO BONANO CAMPAIGN FUND	GIS Engineering (Affiliate of Blanchard Industrial, LLC)	4/9/2019	\$1,000.00	JP Council Dist. 2
DEANO BONANO CAMPAIGN FUND	GIS Engineering (Affiliate of Blanchard Industrial, LLC)	4/30/2021	\$500.00	JP Council Dist. 2
GARY L. SMITH JR RE-ELECTION CAMPAIGN	GIS Engineering (Affiliate of Blanchard Industrial, LLC)	9/27/2019	\$750.00	LA Senate District 19
GARY L. SMITH JR RE-ELECTION CAMPAIGN	GIS Engineering (Affiliate of Blanchard Industrial, LLC)	2/18/2020	\$1,000.00	LA Senate District 19
GARY L. SMITH JR RE-ELECTION CAMPAIGN FUND	GIS Engineering (Affiliate of Blanchard Industrial, LLC)	6/12/2019	\$1,000.00	LA Senate District 19
JOSEPH ORGERON CAMPAIGN	GIS Engineering (Affiliate of Blanchard Industrial, LLC)	5/29/2020	\$2,500.00	LA Rep. District 54
RODNEY LYONS CAMPAIGN FUND	GIS Engineering (Affiliate of Blanchard Industrial, LLC)	1/14/2019	\$500.00	LA Rep. District 87
THE COMMITTEE TO ELECT CYNTHIA LEE SHENG	GIS Engineering (Affiliate of Blanchard Industrial, LLC)	6/12/2019	\$2,500.00	JP President
TIM KERNER CAMPAIGN FUND	GIS Engineering (Affiliate of Blanchard Industrial, LLC)	3/25/2019	\$500.00	LA Rep. District 84
TIMOTHY KERNER CAMPAIGN FUND	GIS Engineering (Affiliate of Blanchard Industrial, LLC)	9/12/2019	\$500.00	LA Rep. District 84
TIMOTHY KERNER CAMPAIGN FUND	GIS Engineering (Affiliate of Blanchard Industrial, LLC)	12/4/2020	\$2,500.00	LA Rep. District 84



# State of Louisiana



## State Licensing Board for Contractors

This is to Certify that:

BLANCHARD INDUSTRIAL, LLC  
P O Box 820  
Galliano, LA 70354

is duly licensed and entitled to practice the following classifications

HEAVY CONSTRUCTION



Expiration Date: November 17, 2023

License No: 64417

Witness our hand and seal of the Board dated,  
Baton Rouge, LA 18th day of November 2020

*Will B. May Jr.*

Director

*Lee Madgett*

Chairman

*Andy Duvall*

Treasurer

This License Is Not Transferrable





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/16/2021

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> Arthur J. Gallagher Risk Management Services, Inc. 111 Veterans Boulevard, Suite 1130 Metairie LA 70005	<b>CONTACT NAME:</b> William Hughs <b>PHONE (A/C, No, Ext):</b> 504-888-1100 <b>E-MAIL ADDRESS:</b> William_Hughs@ajg.com <b>FAX (A/C, No):</b> 504-888-1299
<b>INSURED</b> GIS Holdings, LLC P. O. Box 820 Galliano LA 70354-0820	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> The Gray Insurance Company <b>INSURER B:</b> Westchester Fire Insurance Company <b>INSURER C:</b> Underwriters at Lloyd's London <b>INSURER D:</b> Evanston Insurance Company <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES****CERTIFICATE NUMBER:** 2040408053**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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:	Y	Y	XSGL074391	12/1/2020	12/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	XSAL075387	12/1/2020	12/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	G46842066004	12/1/2020	12/1/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	Y	XSWC071114	12/1/2020	12/1/2021	<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	Excess Liab	Y	Y	SM0442220	12/1/2020	12/1/2021	See Attached
C	Professional Liab	Y	Y	B0146LDUSA2005061	12/1/2020	12/1/2021	See Attached
D	Pollution Liab	Y	Y	MKLV5ENV102061	12/15/2019	12/15/2021	See Attached

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

Named Insured includes the following:  
See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

Jefferson Parish Government  
200 Derbigny St., Suite 4400  
Gretna LA 70053

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

AGENCY Arthur J. Gallagher Risk Management Services, Inc.		NAMED INSURED GIS Holdings, LLC P. O. Box 820 Galliano LA 70354-0820	
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

GIS Holdings, LLC  
GIS, LLC  
Grand Isle Shipyard, LLC  
GIS Engineering, L.L.C. GIS Industrial, L.L.C.  
GW Integrated Solutions, LLC  
GIS Electrical and Instrumentation, L.L.C.  
GIS Oil & Gas Trinidad & Tobago Limited Global Inspections, L.L.C.  
Mack Steel & Supply, LLC  
Grand Isle Shipyard, LLC f/k/a Grand Isle Shipyard, Inc.  
Blanchard Industrial, LLC  
Blanchard Industrial, LLC f/k/a GIS Industrial, LLC  
Grand Isle Shipyard, L.L.C. (d/b/a MODS)  
NuWave Group, LLC  
Grand Isle Shipyard, LLC d/b/a NuWave

### ADDENDUM TO CERTIFICATE OF INSURANCE:

General Liability Limits: See 1st Page  
Carrier(s): The Gray Insurance Company Policy No.: XSGL074391  
Forms: General Liability policy includes the below described terms & conditions Blanket Waiver of Subrogation (CG 24 04 05 09) when required by written contract. Blanket Additional Insured (CG 20 10 11 85) when required by written contract.  
Primary and Noncontributory - Other Insurance Condition (CG 20 01 04 13) when required by written contract. Broad Form Property Damage Liability including Explosion, Collapse and Underground (XCU).  
Premises/Operations Products/Completed Operations  
Blanket Contractual Liability  
Sudden and Accidental Pollution Liability Occurrence Form  
Personal Injury  
"In Rem" Endorsement Cross Liability  
Severability of Interests Provision "Action Over" Claims  
Independent Contractors coverage for work sublet  
General Liability includes Marine Liability with a limit of \$1,000,000 for:  
Protection & Indemnity for vessel liability  
Removal of wreck/debris on scheduled vessels (see attached schedule). There is no language limiting liability "as owner of vessel"  
There are no phrases purporting to limit the underwriter's liability to the value of the vessel  
Non-owned watercraft endorsement attached.  
General Aggregate applies per project or equivalent.  
Blowout and Cratering  
Underground Resource and Equipment Coverage  
Coverage Territory Extension-Gulf of Mexico Form # GIC 03 02 45 11/16  
30 day Cancellation to Holder (Endt. Form # GIC 00 18 01 01) as required by written contract

### Auto Liability

Limits: See 1st Page  
Carrier(s) The Gray Insurance Company Policy No. XSAL075387  
Forms: Auto Liability policy includes the below described terms and conditions Blanket Waiver of Subrogation (CA 04 44 10 13) when required by written contract Blanket Additional Insured (GIC 00 29 04/98) when required by written contract Primary and Non-Contributory Wording Included (CA 04 49 11 16)  
Auto Includes Form MCS-90 Ed. 1/5/17  
30 Day Notice of Cancellation to Holder (Endt. Form # GIC 00 18 01 01) as required by written contract

### Workers Compensation

Limits: See 1st Page  
Carrier(s): The Gray Insurance Company  
Policy No.: XSWC-071114  
Forms: Workers Compensation policy includes the below described terms & conditions.  
Blanket Waiver of Subrogation (WC 00 03 13 4/84) if required by written contract.  
U.S. Longshoremen's and Harbor Workers Compensation Act Coverage  
Outer Continental Shelf Land Act  
Jones Act (including Transportation, Wages, Maintenance, and Cure),  
Death on the High Seas Act & General Maritime Law.  
Maritime Employers Liability Limit: \$1,000,000  
Voluntary Compensation Endorsement  
Other States Insurance  
Alternate Employer/Borrowed Servant Endorsement (WC 00 03 01 4/84)  
"In Rem" Endorsement  
Gulf of Mexico Territorial Extension  
30 Day Notice of Cancellation to Holder (Endt. Form # GIC 00 18 01 01) as required by written contract

### Professional Liability:

Lloyd's Syndicate 4000 (Pembroke Managing Agency Limited)



# **ADDITIONAL REMARKS SCHEDULE**

Page 2 of 2

<b>AGENCY</b> Arthur J. Gallagher Risk Management Services, Inc.		<b>NAMED INSURED</b> GIS Holdings, LLC P. O. Box 820 Galliano LA 70354-0820	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

## **ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Each Claim Limit: \$5,000,000

Aggregate: \$5,000,000

Retention: \$100,000

Claims Made

Blanket Waiver of Subrogation, included in the policy form Energy/Select 2018 (6/19), pursuant to and subject to the policy terms, definitions, conditions and exclusions

Allied World

Each Claim Limit: \$5,000,000

Aggregate: \$5,000,000

Claims Made

Blanket Waiver of Subrogation, follow form Energy/Select 2018 (6/19), pursuant to and subject to the policy terms, definitions, conditions and exclusions

Contractors Pollution:

Each CPL Condition: \$10,000,000

Aggregate: \$10,000,000

S.I.R. CPL (Each Pollution Conditions) \$100,000

Blanket Waiver of Subrogation Form # MEEI 2221 05 16

Blanket Additional Insured: Form # MEEI 0007 11 17

Excess Liability – 1st Layer

Limits: \$5,000,000 Occ/Agg Excess of \$1,000,000 Schedule of Underlying which includes General Liability, Auto Liability, P&I including Charters, Employers

Liability, Maritime Employers Liability, Riggers Liability,

Carrier(s): Westchester Fire Insurance Company Policy# - G46842066004- 12/1/20 to 12/1/21

Policy is Follow Form

Excess Liability - 2nd Layer

Limits: \$5,000,000 Occ/Agg Excess of \$5,000,000. Scheduled of Underlying which includes General Liability, Auto Liability, P&I including Charters, Employers

Liability, Maritime Employers Liability, Riggers Liability

Carrier(s): Underwriters at Lloyds London Policy # SM0442220 - 12/1/20 to 12/1/21

Policy is Follow Form

Excess Liability - 3rd Layer

Limits: \$15,000,000 Occ/Agg Excess of \$10,000,000. Scheduled of Underlying which includes General Liability, Auto Liability, P&I including Charters,

Employers Liability, Maritime Employers Liability, Riggers Liability

Carrier(s): U.S. Specialty Insurance Company# CXS11197120 - 12/1/20 to 12/1/21

Policy is Follow Form

Project # 2018-038-WR

Bid # 50-0135000

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – OWNERS, LESSEES OR  
CONTRACTORS – (FORM B)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

**SCHEDULE**

**Name of Person or Organization:**

When required by written contract, any person, firm or organization.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.

## WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

### SCHEDULE

**Name Of Person Or Organization:**

When required by written contract, any person, firm or organization.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **NON-OWNED VESSEL COVERAGE**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

#### **Description of Watercraft:**

**Any Vessel to which you are contractually obligated to defend and indemnify under a written contract for "bodily injury" claims asserted by "your" employees against the vessels on which "your" employees are working on or from at the time of the "occurrence".**

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

1.Exclusion g. of COVERAGE A (Section I) does not apply to any watercraft shown in the Schedule not owned by you.

**CERTIFICATE HOLDER WRITTEN NOTICE OF CANCELLATION ENDORSEMENT**

In the event of cancellation by the Company THIRTY (30) days written notice will be given to the scheduled certificate holders. This notice in no way changes the notice of cancellation that is required to be given to the insured by any state law:

**Schedule**

**Any person, organization or company as required by written contract.**

BUSINESS AUTOMOBILE COVERAGE

**ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

BUSINESS AUTOMOBILE COVERAGE

**SCHEDULE**

**NAME OF PERSON OR ORGANIZATION:**

When required by written contract, any person, firm or organization.

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations of "autos".

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)**

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

**Named Insured:** GIS Holdings, LLC

**Endorsement Effective Date:** 12/1/2020

### **SCHEDULE**

**Name(s) Of Person(s) Or Organization(s):**

When required by written contract, any person, firm or organization.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The **Transfer Of Rights Of Recovery Against Others To Us** condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.

Policy # XSAL075387

**CERTIFICATE HOLDER WRITTEN NOTICE OF CANCELLATION ENDORSEMENT**

In the event of cancellation by the Company THIRTY (30) days written notice will be given to the scheduled certificate holders. This notice in no way changes the notice of cancellation that is required to be given to the insured by any state law:

**Schedule**

**Any person, organization or company as required by written contract.**



**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

**WC 00 03 01**  
(Ed. 4-84)

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**ALTERNATE EMPLOYER ENDORSEMENT**

This endorsement applies only with respect to bodily injury to your employees while in the course of special or temporary employment by the alternate employer in the state named in the schedule. Part One (Workers Compensation Insurance) and Part Two (Employers Liability Insurance) will apply as though the alternate employer is insured.

Under Part One (Workers Compensation Insurance) we will reimburse the alternate employer for the benefits required by the workers compensation law if we are not permitted to pay the benefits directly to the persons entitled to them.

The insurance afforded by this endorsement is not intended to satisfy the alternate employer's duty to secure its obligations under the workers compensation law. We will not file evidence of this insurance on behalf of the alternate employer with any government agency.

We will not ask any other insurer of the alternate employer to share with us a loss covered by this endorsement.

Premium will be charged for your employees while in the course of special or temporary employment by the alternate employer.

The policy may be canceled according to its terms without sending notice to the alternate employer.

Part Four (Your Duties If Injury Occurs) applies to you and the alternate employer. The alternate employer will recognize our right to defend under Parts One and Two and our right to inspect under Part Six.

Schedule

Alternate Employer

Address

State of Special or  
Temporary Employment

If required by written contract, any alternate employer

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit any one not named in the Schedule.

Schedule

If required by written contract, any person, firm or organization.

Policy # XSWC071114

**CERTIFICATE HOLDER WRITTEN NOTICE OF CANCELLATION ENDORSEMENT**

In the event of cancellation by the Company THIRTY (30) days written notice will be given to the scheduled certificate holders. This notice in no way changes the notice of cancellation that is required to be given to the insured by any state law:

**Schedule**

**Any person, organization or company as required by written contract.**