

DATE: 6/26/2024

Page: 6

BID NO.: 50-00145235

BID FORM
Non Public Works

All Public Work Projects are required to use the Louisiana Uniform Public Work Bid Form

All prices must be held firm unless an escalation provision is requested in this bid. Jefferson Parish will allow one escalation during the term of the contract, which may not exceed the U.S. Bureau of Labor Statistics National Index for all Urban Consumers, unadjusted 12 month figure. The most recently published figure issued at the time an adjustment is requested will be used. A request must be made in writing by the vendor, and the escalation will only be applied to purchases made after the request is made.

Are you requesting an escalation provision?

YES _____ NO ✓

MAXIMUM ESCALATION PERCENTAGE REQUESTED _____ %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF 7/2026

For the purposes of comparison of bids when an escalation provision is requested, Jefferson Parish will apply the maximum escalation percentage quoted by the bidder to the period to which it is applied in the bid. The initial price and the escalation will be used to calculate the total bid price. It will be assumed, for comparison of prices only, that an equal amount of material or labor is purchased each month throughout the entire contract.

DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

AS/PER/BID

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

53760

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: BOLAND MARINE AND INDUSTRIAL LLC

ADDRESS: CITY, 1000 TCHOUPITOUS STREET

STATE: NEW ORLEANS, LA ZIP: 70130

TELEPHONE (504) 581-5800 FAX: (504) 581-5814

EMAIL ADDRESS: WLHALEY@BOLANDMAR.COM

In the event that addenda are issued with this bid, bidders MUST acknowledge all addenda on the bid form. Bidder must acknowledge receipt of an addendum on the bid form by placing the addendum number as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: _____

NUMBER: _____

NUMBER: _____

NUMBER: _____

TOTAL PRICE OF ALL BID ITEMS: \$ 123,500

AUTHORIZED SIGNATURE: Walter Haley

Walter Haley
Printed Name

TITLE: V/P OPS

SIGNING INDICATES YOU HAVE READ AND COMPLY WITH THE INSTRUCTIONS AND CONDITIONS.

NOTE: All bids should be returned with the BID NUMBER and BID OPENING DATE indicated on the outside of the envelope submitted to the Purchasing Department.

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00145235

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			TWO (2) YEAR CONTRACT FOR MACHINE SHOP SERVICES FOR THE DEPARTMENT OF PUBLIC WORKS-DRAINAGE & ALL JEFFERSON PARISH AGENCIES		
1	100.00	HR	0010 LARGE LATHE WORK GENERAL PURPOSE TURNING, THREASING, FACING, AND BORING ON WORK PIECES UP TO 42" DIAMETER AND UP TO 342" IN LENGTH	\$ 65	\$ 6500
			TWO (2) YEAR CONTRACT FOR THE SUPPLY OF MACINE SHOP SERVICES FOR THE JEFFERSON PARISH DEPARTMENT OF PUBLIC WORKS, DRAINAGE PUMP STATIONS AND ALL JEFFERSON PARISH AGENCIES		
2	100.00	HR	0020 MEDIUM LATHE WORK GENERAL PURPOSE TURNING, FACING, BORING, AND THREADING ON WORK PIECES UP TO 20" IN DIAMETER AND UP TO 374" IN LENGTH	\$ 65	\$ 6500
3	100.00	HR	0030 SMALL LATHE WORK GENERAL PURPOSE TURNING, FACING, BORING, AND THREADING ON WORK PIECES UP TO 16" IN DIAMETER AND UP TO 60" IN LENGTH. INCLUDES BAR STOCK THREADING UP TO 2" IN DIAMETER, USING HOLLOW SPINDLE.	\$ 65	\$ 6500
4	100.00	HR	0040 LARGE VERTICAL AXIS BORING MILL WORK GENERAL PURPOSE TURNING, FACING, AND BORING ON WORK PIECES UP TO 36" IN HEIGHT AND UP TO 66" IN DIAMETER	\$ 55	\$ 5500
5	100.00	HR	0050 SMALL VERTICAL AXIS BORING MILL WORK GENERAL PURPOSE TURNING, FACING, AND BORING ON WORK PIECES UP TO 24" IN HEIGHT AND UP TO 48" IN DIAMETER	\$ 50	\$ 5000
6	100.00	HR	0060 MEDIUM HORIZONTAL AXIS BORING MILL WORK GENERAL PURPOSE TURNING, FACING, AND BORING ON WORK PIECES UP TO 20" IN WIDTH OR IN HEIGHT AND UP TO 60" IN LENGTH	\$ 65	\$ 6500
7	100.00	HR	0070 LARGE HORIZONTAL AXIS BORING MILL WORK	\$ 75	\$ 7500

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00145235

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			GENERAL PURPOSE TURNING, FACING, AND BORING ON WORK PIECES UP TO 66" IN WIDTH OR IN HEIGHT AND UP TO 108" IN LENGTH		
8	100.00	HR	0080 LARGE RADIAL ARM DRILL PRESS WORK GENERAL PURPOSE DRILLING OF HOLES UP TO 2", TAPPING UP TO 2" N.C., REAMING AND SPOT FACING ON WORK PIECES UP TO 48" IN HEIGHT AND DIAMETER UP TO 96".	\$ 50	\$ 5000
9	100.00	HR	0090 MEDIUM DRILL PRESS WORK GENERAL PURPOSE DRILLING OF HOLES UP TO 1", TAPPING U PTO 2" N.C., REAMING AND SPOT FACING ON WORK PIECES UP TO 15" IN HEIGHT AND WEIGHT GENERALLY LESS THAN 200 POUNDS.	\$ 50	\$ 5000
10	100.00	HR	0100 MEDIUM MILLING MACHINE WORK GENERAL PURPOSE MILLING WORK, PARTICULAR PARTICULARLY FOR KEYSEATING OF SHAFTS UP TO 8" IN DIAMETER AND KEYWAY WIDTHS UP TO 1 1/2".	\$ 50	\$ 5000
11	100.00	HR	0110 SMALL MILLING MACHINE WORK GENERAL PURPOSE MILLING, DRILLING, FACING, SPOT FACING AND KEYSEATING DONE ON A BRIDGEPORT OF SMALL WORK PIECES GENERALLY LESS THAN 200 POUNDS IN WEIGHT	\$ 60	\$ 6000
12	100.00	HR	0120 KEYWAY CUTTING KEYSEATING OF THE BORE OF COUPLINGS, IMPELLERS AND SIMILAR PIECES WITH HUB LENGTH UP TO 18", DIAMETER UP TO 66" AND KEYWAYS UP TO 1 1/2" IN WIDTH.	\$ 50	\$ 5000
13	100.00	HR	0130 SAW WORK TRANSVERSE CUTTING OF ROUND BARS, BEAMS AND OTHER LONG SHAPES UP TO 12" IN SIZE (DIAMETER OR DEPTH).	\$ 40	\$ 4000
14	100.00	HR	0140 LAPPING MACHINE WORK FACING MECHANICAL SEALS ON WORK PIECES UP TO 12" IN DIAMETER.	\$ 60	\$ 6000
15	100.00	EA	0150 DYNAMIC BALANCING BALANCING ROTATING ELEMENTS UP TO 96" IN	\$ 75	\$ 7500

**THE GRAY INSURANCE COMPANY
THE GRAY CASUALTY & SURETY COMPANY**

GENERAL POWER OF ATTORNEY

KNOW ALL BY THESE PRESENTS, THAT The Gray Insurance Company and The Gray Casualty & Surety Company, corporations duly organized and existing under the laws of Louisiana, and having their principal offices in Metairie, Louisiana, do hereby make, constitute, and appoint: [Christen Tyner](#)

on behalf of each of the Companies named above its true and lawful Attorney(s)-in-Fact, to make, execute, seal and deliver, for and on its behalf and as its deed, bonds, or other writings obligatory in the nature of a bond, as surety, contracts of suretyship as are or may be required or permitted by law, regulation, contract or otherwise, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed the amount of \$15,000,000.00.

Surety Bond Number: [SLA0718263097](#)
Principal: [Boland Marine & Industrial LLC](#)
Obligee: [Jefferson Parish](#)

This Power of Attorney is granted and is signed by facsimile under and by the authority of the following Resolutions adopted by the Boards of Directors of both The Gray Insurance Company and The Gray Casualty & Surety Company at meetings duly called and held on the 26th day of June, 2003.

"RESOLVED, that the President, Executive Vice President, any Vice President, or the Secretary be and each or any of them hereby is authorized to execute a power of Attorney qualifying the attorney named in the given Power of Attorney to execute on behalf of the Company bonds, undertakings, and all contracts of surety, and that each or any of them is hereby authorized to attest to the execution of such Power of Attorney, and to attach the seal of the Company; and it is

FURTHER RESOLVED, that the signature of such officers and the seal of the Company may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be binding upon the Company now and in the future when so affixed with regard to any bond, undertaking or contract of surety to which it is attached.

IN WITNESS WHEREOF, The Gray Insurance Company and The Gray Casualty & Surety Company have caused their official seals to be hereinto affixed, and these presents to be signed by their authorized officers this 28th day of October, 2021.



By:

Michael T. Gray
President
The Gray Insurance Company

Cullen S. Piske
President
The Gray Casualty & Surety Company



State of Louisiana

ss:

Parish of Jefferson

On this 28th day of October, 2021, before me, a Notary Public, personally appeared Michael T. Gray, President of The Gray Insurance Company, and Cullen S. Piske, President of The Gray Casualty & Surety Company, personally known to me, being duly sworn, acknowledged that they signed the above Power of Attorney and affixed the seals of the companies as officers of, and acknowledged said instrument to be the voluntary act and deed, of their companies.



Leigh Anne Henican
Notary Public
Notary ID No. 92653
Orleans Parish, Louisiana

Leigh Anne Henican
Notary Public, Parish of Orleans State of Louisiana
My Commission is for Life

I, Mark S. Manguno, Secretary of The Gray Insurance Company, do hereby certify that the above and forgoing is a true and correct copy of a Power of Attorney given by the companies, which is still in full force and effect. IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Company this 07/18/2024 .

I, Leigh Anne Henican, Secretary of The Gray Casualty & Surety Company, do hereby certify that the above and forgoing is a true and correct copy of a Power of Attorney given by the companies, which is still in full force and effect. IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Company this 07/18/2024 .



CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF
Beland Marine & Industrial, LLC
INCORPORATED.

AT THE MEETING OF DIRECTORS OF Beland Marine & Industrial, LLC
INCORPORATED, DULY NOTICED AND HELD ON 06-03-24,
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT
WAS:

RESOLVED. THAT Walter Haley, 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 _____ 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 AND RECEIPT THEREFOR 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.

Bead Reed
SECRETARY-TREASURER

6-3-24
DATE

Non-Public Works Bid

AFFIDAVIT

STATE OF LOUISIANA

PARISH/COUNTY OF ORLEANS

BEFORE ME, the undersigned authority, personally came and appeared: WALTER
L. HALEY, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized OFFICER of BOLAND MARINE AND INDUSTRIAL (Entity),
the party who submitted a bid in response to Bid Number 50-00145235, 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 _____ 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.

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.

Walter L. Haley
Signature of Affiant

WALTER L. Haley
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 23rd DAY OF July, 2024

[Signature]
Notary Public

James A Mounger
Printed Name of Notary

3783
Notary/Bar Roll Number

My commission expires at birth.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/5/2024

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

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

PRODUCER Eustis Insurance & Benefits, a Marsh & McLennan Agency LLC Company 110 Veterans Memorial Blvd. Ste 200 Metairie LA 70005	CONTACT NAME: Sheila Menck, CIC	
	PHONE (A/C, No, Ext): 225-236-3869	FAX (A/C, No):
INSURED Boland Marine & Industrial, LLC 1000 Tchoupitoulas St New Orleans LA 70130	E-MAIL ADDRESS: Sheila.Menck@Marshmma.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Louisiana Workers' Compensation Corp.	
	INSURER B: Navigators Specialty Insurance Company	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		
NAIC #		
22350		
36056		

COVERAGES**CERTIFICATE NUMBER:** 666392758**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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
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 <input type="checkbox"/> N/A	78798	1/31/2024	1/31/2025	X PER STATUTE 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
B	Contractors Pollution		NY24ECPX00505NC	3/17/2024	3/17/2025	Operations Pollution 5,000,000 Site Pollution 5,000,000 Environmental Crisis 50,000

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

Pollution Coverage:
Operations Pollution Liability - \$5,000,000 Each Incident, \$5,000,000 Coverage Aggregate - \$5,000 Deductible
Site Pollution Liability - \$5,000,000 Each Incident, \$5,000,000 Coverage Aggregate - \$25,000 Deductible
Environmental Crisis Management - \$50,000 Each Incident, \$50,000 Coverage Aggregate - No Deductible
\$5,000,000 Policy Aggregate
Pollution Policy includes Blanket Additional Insured and Blanket Waiver of Subrogation where required by written contract.

See Attached...

CERTIFICATE HOLDER**CANCELLATION**

Jefferson Parish, its Districts Departments and Agencies
under the direction of the Parish President
and the Parish Council
200 Derbigny Street, Suite 4400
Gretna LA 70053
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

© 1988-2015 ACORD CORPORATION. All rights reserved.

AGENCY CUSTOMER ID: _____

LOC #: _____

**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY Eustis Insurance & Benefits,		NAMED INSURED Boland Marine & Industrial, LLC 1000 Tchoupitoulas St New Orleans LA 70130	
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

Workers Compensation policy includes Gulf of Mexico Extension (LWCC 6) Longshore and Harbor Workers Act coverage (WC000106A) Outer Continental Shelf Lands Act Coverage (WC000109C) Blanket Alternate Employer Endorsement where required by written contract (WC000301A) Blanket Waiver of Subrogation were required by written contract (WC000313).



BOLAMAR-01

SBARBEROT

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/29/2024

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

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

PRODUCER License # 231432
Hub International Gulf South
3510 N. Causeway Boulevard
Suite 300
Metairie, LA 70002

CONTACT
NAME
PHONE
(A/C, No, Ext): (800) 256-2842 FAX (A/C, No): (504) 834-2995
E-MAIL
ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: QBE

INSURER B: Lloyd's of London

15792

INSURER C: Markel International Insurance Company

INSURER D:

INSURER E:

INSURER F:

INSURED

Boland Marine & Industrial LLC
1000 Tchoupitoulas Street
New Orleans, LA 70130

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY					
	CLAIMS-MADE: <input checked="" type="checkbox"/> OCCUR		QL24MGLM15640	2/1/2024	2/1/2025	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> Marine General Liabi					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
						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
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO OWNED AUTOS ONLY	SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY				BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> CLAIMS-MADE	TMU-414887	2/1/2024	2/1/2025	EACH OCCURRENCE \$ 10,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 25,000					AGGREGATE \$
						Annual Agg \$ 10,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y / N				PER STATUTE LIMIT \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED (Mandatory in NH)	N / A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
C	Maritime Employers L		BINDER	2/1/2024	2/1/2025	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is Additional Insured as required by written contract.

CERTIFICATE HOLDER

CANCELLATION

The Parish of Jefferson, its Districts, Departments, and Agencies under the direction of the Parish President and Parish Council; Department of Water
1221 Elmwood Park Blvd
Suite 909
Jefferson, LA 70123

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




CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/05/2024

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.

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PRODUCER State Farm  Eric Deroche 10015 Jefferson Hwy River Ridge, LA 70123	CONTACT NAME: Ashley Farnsworth PHONE (A/C, No, Ext): 504-737-8559 FAX (A/C, No): 504-739-1109 E-MAIL ADDRESS: ashley@ericderoche.net
INSURED Boland Marine & Industrial, LLC 1000 Tchoupitoulas St New Orleans, LA 70130	INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Mutual Automobile Insurance Company INSURER B: <input checked="" type="checkbox"/> INSURER C: <input checked="" type="checkbox"/> INSURER D: <input checked="" type="checkbox"/> INSURER E: <input checked="" type="checkbox"/> INSURER F: <input checked="" type="checkbox"/>
	NAIC # 25178

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Comp \$500 <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Coll \$1000	Y Y	379-5925-B28-18C	08/28/2023	08/28/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Med Pay \$ 5,000
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	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				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

With respect to the above Automobile Liability policy, the certificate holder will be considered as an additional insured if required by written contract subject to the endorsement (HSIC CA 3301 0819) terms and conditions.

With respect to the above Automobile Liability policy, the certificate holder is provided a Waiver of Subrogation if required by written contract subject to the endorsement (HSIC CA 3301 0819) terms and conditions

CERTIFICATE HOLDER

Jefferson Parish its District Department and Agencies under the direction for the Parish President and the Parish Council
200 Derbigny Street
Gretna, LA 70053

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

Eric DeRoche



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