

DATE: 9/02/2015

Page: 5

BID NO.: 50-00114291

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 X

MAXIMUM ESCALATION PERCENTAGE REQUESTED _____%

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF _____

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

5-7 Days

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

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: Cinco

ADDRESS: 1840 LTA Road

CITY, STATE: Metairie, LA ZIP: 70001

TELEPHONE: (504) 835-7319 FAX: (504) 832-0820

EMAIL ADDRESS: JEFF@CINCOINC.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 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: \$ 51847.05

AUTHORIZED SIGNATURE: [Signature]

TITLE: SALES

JEFF DELIVER

Printed Name

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.

DATE: 9/02/2015

Page 6

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00114291

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			ONE (1) YEAR CONTRACT FOR A SUPPLY OF HEAVY WALL PVC (SDR-26) SEWER PIPE FOR THE JEFFERSON PARISH DEPARTMENT OF PUBLIC WORKS, SEWERAGE AND ALL JEFFERSON PARISH AGENCIES AND MUNICIPALITIES		
1	1.00	LF	0010 - PIPE, PVC, SEWER (SDR26) 4 INCH PVC (SDR26) PIPE	1.05	1.05
2	4,000.00	LF	0020 - PIPE, PVC, SEWER 6 INCH PVC (SDR26) PIPE	2.25	9000.00
3	1,900.00	LF	0030 - PIPE, PVC, SEWER 8 INCH PVC (SDR26) PIPE	4.06	7714.00
4	1,050.00	LF	0040 - PIPE, PVC, SEWER 10 INCH PVC (SDR26) PIPE	6.36	6678.00
5	2,250.00	LF	0050 - PIPE, PVC, SEWER 12 INCH PVC (SDR26) PIPE	9.07	20407.50
6	125.00	LF	0060 - PIPE, PVC, SEWER 15 INCH PVC (SDR26) PIPE	13.78	1722.50
7	310.00	LF	0070 - PIPE, PVC, SEWER 18 INCH PVC (SDR26) PIPE	20.40	6324.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/10/2015

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 E B Ducasse Insurance Agency, Inc 3200 Ridgelake Dr, Suite 401 Metairie LA 70002 INSURED CIMSCO INC 1840 L AND A ROAD METAIRIE LA 70001-6237		CONTACT NAME: Darly Oser PHONE (A/C No. Ext): (504) 840-9883 FAX (A/C No.): (504) 840-9889 E-MAIL ADDRESS: doser@ebducasse.com INSURER(S) AFFORDING COVERAGE <table border="1"><tr><td>INSURER A: United Fire and Indemnity Co</td><td>NAIC # 19496</td></tr><tr><td>INSURER B: Progressive Paloverde Insuran</td><td>NAIC # 44695</td></tr><tr><td>INSURER C: Retailers Casualty Ins. Co</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>		INSURER A: United Fire and Indemnity Co	NAIC # 19496	INSURER B: Progressive Paloverde Insuran	NAIC # 44695	INSURER C: Retailers Casualty Ins. Co		INSURER D:		INSURER E:		INSURER F:	
INSURER A: United Fire and Indemnity Co	NAIC # 19496														
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INSURER C: Retailers Casualty Ins. Co															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES**CERTIFICATE NUMBER:** CL1582600090**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	<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:		60418952	9/1/2015	9/1/2016	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td>Liquor Liability Exclusion</td><td>\$</td></tr></table>	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	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000	Liquor Liability Exclusion	\$
EACH OCCURRENCE	\$ 1,000,000																			
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000																			
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GENERAL AGGREGATE	\$ 2,000,000																			
PRODUCTS - COMP/OP AGG	\$ 2,000,000																			
Liquor Liability Exclusion	\$																			
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		01817731-3	9/1/2015	9/1/2016	<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td>Non-owned</td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$	Non-owned	\$				
COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000																			
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PROPERTY DAMAGE (Per accident)	\$																			
Non-owned	\$																			
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		60418952 UMBRELLA POLICY EXCLUDES AUTO COVERAGE	9/1/2015	9/1/2016	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>AGGREGATE</td><td>\$ 1,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	AGGREGATE	\$ 1,000,000		\$								
EACH OCCURRENCE	\$ 1,000,000																			
AGGREGATE	\$ 1,000,000																			
	\$																			
C	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		99909508	9/1/2015	9/1/2016	<table border="1"><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td></tr></table>	<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						
<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																			

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

The general liability policy contains a blanket additional insured and blanket waiver of subrogation if required by written contract. The general liability policy is primary and non-contributory. Bid No: 50-00114291

CERTIFICATE HOLDER**CANCELLATION**

The Parish of Jefferson, its Districts,
Department & Agencies under the direction
the Parish President & the Parish Council
P O Box 9
Gretna, LA 70054

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 REPRESENTATIVEE Ducasse Sr./DARLY *Edward B. Ducasse, Sr.*

CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF
CIMSCO, INC.
INCORPORATED.

AT THE MEETING OF DIRECTORS OF CIMSCO, INC.
INCORPORATED, DULY NOTICED AND HELD ON March 11, 2015,
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT
WAS:

RESOLVED THAT Jeffrey DeVillier, 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.

Adley Ruere
SECRETARY-TREASURER

9/9/15
DATE

Non-Public Works Bid

AFFIDAVIT

STATE OF LAPARISH/COUNTY OF JEFFERSON

BEFORE ME, the undersigned authority, personally came and appeared: JEFF
DEVILLIER, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized AGENT of CINISIO (Entity),
the party who submitted a bid in response to Bid Number 50-00114291, 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 X

there are NO campaign contributions made which would require disclosure under Choice A of this section.

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.

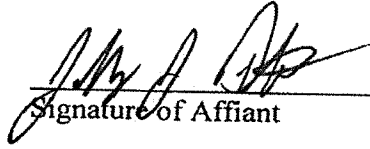
Choice B X _____ There are **NO** debts which would require disclosure under Choice A of this section.

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

[The remainder of this page is intentionally left blank.]

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.


Signature of Affiant

Jeff DeVillier
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

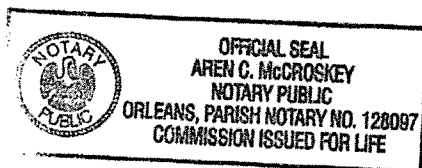
ON THE 14th DAY OF September 2011.

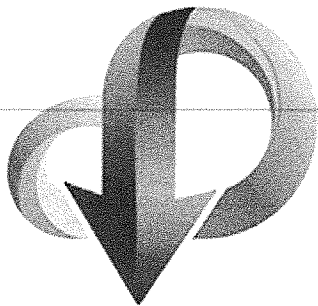

Notary Public

Aren C. McCroskey
Printed Name of Notary

128099
Notary/Bar Roll Number

My commission expires at death.





CENTRALBIDDING

FROM CENTRAL AUCTION HOUSE

Central Bidding Time: Thu September 17, 2015 2:02:16 PM GMT-6
Welcome to Central Bidding, **MCAMARD** - You are Logged-in - Log Out

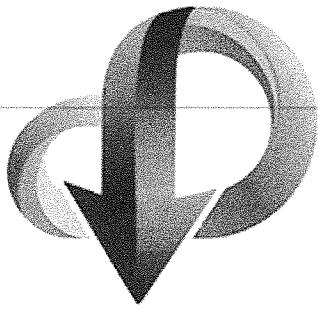
Location:	Metairie > Louisiana > USA
Name:	Jeff DeVillier
Email:	jeff@cimscoinc.com
Address:	1840 L&A Road
Zip code:	70001
Contact number:	+5048357319

Where To?



Main Menu





CENTRALBIDDING

FROM CENTRAL AUCTION HOUSE

Central Bidding Time: Thu September 17, 2015 2:02:32 PM GMT-6

Welcome to Central Bidding, **MCAMARD** - You are Logged-in - Log Out

Place a Bid for 5000114291 - ONE (1) YEAR CONTRACT FOR A SUPPLY OF HEAVY WALL PVC (SDR-26) SEWER PIPE FOR THE JEFFERSON PARISH DEPARTMENT OF PUBLIC WORKS, SEWERAGE AND ALL JEFFERSON PARISH AGENCIES AND MUNICIPALITIES

Please enter your best bid proposal for this project

Louisiana Contractor ID#

Enter all information required on the outside of the sealed envelope in the box below

[Check Spelling](#)

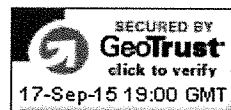
Bid Bond #

Jefferson Parish Vendor #:

Upload Attachment(s)

[Upload a file](#)

Click the Upload button in order to upload bid related documents



Accts Payable

364-2815

24656

Form W-9 (Rev. November 2005) Department of the Treasury Internal Revenue Service		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) <u>CINISCO, INC.</u>													
	Business name, if different from above													
	Check appropriate box: <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other		<input type="checkbox"/> Exempt from backup withholding											
	Address (number, street, and apt. or suite no.) <u>221 Canal St.</u> City, state, and ZIP code <u>METairie, LA 70005</u>		Requester's name and address (optional)											
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 Line 1 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 <i>How to get a TIN</i> on page 3. Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.														
<table border="1"> <tr> <td colspan="2">Social security number</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2">or</td> </tr> <tr> <td colspan="2">Employer identification number</td> </tr> <tr> <td colspan="2">72-0509506</td> </tr> </table>					Social security number				or		Employer identification number		72-0509506	
Social security number														
or														
Employer identification number														
72-0509506														
Part II Certification														
Under penalties of perjury, I certify that:														
1. 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														
2. 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														
3. I am a U.S. person (including a U.S. resident alien).														
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 <u>Paul E. [Signature]</u>	Date <u>9/30/10</u>												
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.														
U.S. person. 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:														
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),														
2. Certify that you are not subject to backup withholding, or														
3. Claim exemption from backup withholding if you are a U.S. exempt payee.														
In 3 above, 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.														
For federal tax purposes, you are considered a person if you are:														
<ul style="list-style-type: none"> • An individual who is a citizen or resident of the United States, • A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or • Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(b) and 7(a) for additional information. 														
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.														
The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:														
<ul style="list-style-type: none"> • The U.S. owner of a disregarded entity and not the entity, 														