

SEALED BID ENCLOSED

To:

St. Landry Parish
(Yambilee Building)
1939 West Landry Street
Opelousas, LA 70570

From:

Barriere Construction Co., L.L.C.
12601 Scenic Highway
Baton Rouge, LA 70807
Phone: 225-753-1121 Fax: 225-756-0208
LA Contractors License No. 6276

BIDS FOR:

Furnish Coldmix for a period of 1 (one) year starting April 13, 2021.

Bid Date: Thursday April 8, 2021

Bid Time: 2:00 P.M.

SPECIFICATIONS & BID SHEET
HOT MIX & COLD MIX ASPHALT

BID PERIOD: 04-14-21 TO 04-13-22

HOT MIX F.O.B. PICKED UP BY PARISH TRUCKS AT PLANT:

Plant Site n/a Price Per Ton n/a

Plant Site n/a Price Per Ton n/a

COLD MIX F.O.B. PICKED UP BY PARISH TRUCKS AT PLANT:

Plant Site 12601 Scenic Hwy. Price Per Ton \$85.00

Baton Rouge, LA 70807

Plant Site n/a Price Per Ton n/a

COLD MIX DELIVERED TO PARISH STOCK PILE:

Located in Opelousas Price Per Ton \$88.00
*minimum 25 tons

COLD MIX (LIGHTWEIGHT AGGREGATE) F.O.B. PICKED UP BY PARISH

TRUCKS AT PLANT:

Plant Site n/a Price Per Ton n/a

COLD MIX (#8 LIMESTONE MIX) F.O.B. PICKED UP BY PARISH TRUCKS AT PLANT:

Plant Site n/a Price Per Ton n/a

#8 LIMESTONE MIX DELIVERED (Opelousas Yard) Price Per Ton n/a

NOTES:

1) In the event the successful bidder cannot furnish, the Parish Government reserves the right to purchase hot mix and/or cold mix and will charge the difference to the successful bidder.

2) In the event inferior material is delivered, the Parish representative shall have the right to refuse to accept

the load.

3) In accordance with Act No. 1029 of the 1991 Legislative Session the Parish Government does not pay state or local sales tax.

4) All materials sold to the Parish Government shall be free and clear of any and all liens and encumbrances, there by guarantying ownership of materials.

5) Bids are for the St. Landry Parish Government and its component units.

6) Bidder for Hot Mix must have plant within 10 miles of Public Works yard located at 905 Hwy 749 Opelousas, LA.

4-8-21

DATE

Barriere Construction Co., L.L.C.

BIDDER

12601 Scenic Highway

ADDRESS

Baton Rouge, LA 70807

(225) 753-1121

TELEPHONE #



Justin M White, Group Manager
SIGNATURE OF AUTHORIZED AGENT

CORPORATE RESOLUTION

EXCERPT FROM THE MINUTES OF A MEETING OF THE BOARD OF DIRECTORS OF BARRIERE CONSTRUCTION CO., L.L.C.

At a meeting of the Board of Directors of *Barriere Construction Co., L.L.C.*, successor by merger to Barriere Construction Co., Inc., duly noticed and held on August 25, 2020, a quorum being there present on motion duly made and seconded, it was:

FURTHER RESOLVED, that each of George H. Wilson, Jr., Chairman of the Board; Peter A. Wilson, President - Chief Executive Officer; Heath D. Wahden, C.F.O./Treasurer and Secretary; Douglas G. Olson, Chief Estimator; Jason P. Latiolais, Vice President – Asphalt Operations; Matthew D. Woods, Vice President – Construction Operations; Paul W. Albrecht, Senior Director of Safety and Training; Justin M. White, Group Manager; Joseph P. Kennedy, Group Manager; Andrew M. Wilson, Operations Manager – Construction Group; Matthew G. Wilson, Director of Marketing, Communications, and Government Affairs; and Tristan A. Wilson, Group Manager, acting together or alone, be and are appointed, constituted, and designated as agents and attorneys-in-fact of this Company, with full power of authority to act on behalf of this Company in all negotiations, bidding, concerns, and transactions, the execution of contracts and other required documents on behalf of the Company; approving, confirming, and accepting each and every such act performed by the said agents and attorneys-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:

BARRIERE CONSTRUCTION CO., L.L.C.



Heath D. Wahden
Secretary

AFFIDAVIT OF USE OF STATUS VERIFICATION SYSTEM

PURSUANT TO La. R.S. 38:2212.10C, a private employer shall not bid on or otherwise contract with a public entity for the physical performance of services within the state of Louisiana unless the private employer verifies in a sworn affidavit that the private employer is registered with, participates in, and utilizes the status verification system required by La. R.S. 38:2212.10B(2), known as the "E-Verify" program, in accordance with federal rules and regulations pertaining to E-Verify.

Name of Private Employer: Barriere Construction Co., L.L.C.

Name of Authorized Agent: Justin White

Mailing Address: 12601 Scenic Highway
Baton Rouge, LA 70807

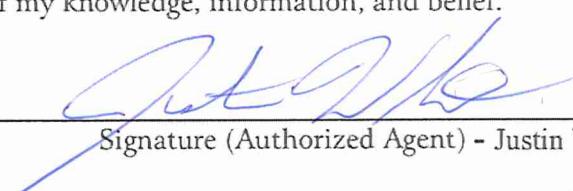
ATTESTATION

I hereby attest that Barriere Construction Co., L.L.C. :
(name of private employer)

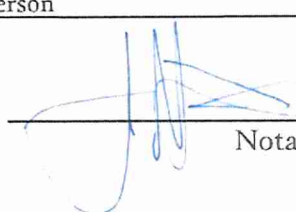
1. Is registered with and participates in the status verification system to verify that all new employees in the state of Louisiana are legal citizens of the United States or are legal aliens.
2. Will continue, during the term of the contract, to utilize the status verification system to verify the legal status of all new employees in the state of Louisiana.
3. Will require all subcontractors to submit an affidavit verifying that the subcontractor is registered with, participates in, and utilizes the status verification system to verify the legal status of all new employees in the State of Louisiana.

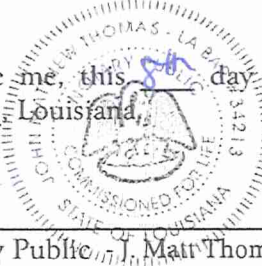
CERTIFICATE OF ACCURACY:

I hereby certify that the information herein is true and correct to the best of my knowledge, information, and belief.


Signature (Authorized Agent) - Justin White, Group Manager

Sworn To And Subscribed, before me, this 30 day of April,
2021, in Jefferson Louisiana


Notary Public, Matt Thomas, Bar Roll #34213





CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 1

DATE (MM/DD/YYYY)
06/29/2020

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 Willis Towers Watson Southeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: Willis Towers Watson Certificate Center PHONE (A/C No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com														
INSURED Barriere Construction Co., L.L.C. One Galleria Blvd. Suite 1650 Metairie, LA 70001	<table border="1"><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Arch Insurance Company</td><td>11150</td></tr><tr><td>INSURER B: Allied World Assurance Company US Inc</td><td>19489</td></tr><tr><td>INSURER C:</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(S) AFFORDING COVERAGE	NAIC #	INSURER A: Arch Insurance Company	11150	INSURER B: Allied World Assurance Company US Inc	19489	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Arch Insurance Company	11150														
INSURER B: Allied World Assurance Company US Inc	19489														
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER: W17003325


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			31PKG8904909	07/01/2020	07/01/2021	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			31PKG8904909	07/01/2020	07/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			0305-6976	07/01/2020	07/01/2021	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 1,000,000
	DED <input type="checkbox"/> RETENTION \$						\$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			31WCI8904809	07/01/2020	07/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input checked="" type="checkbox"/> No	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)
Medical Expense coverage is provided only when required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

Evidence of Coverage	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 

© 1988-2016 ACORD CORPORATION. All rights reserved.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

NOTICE OF CANCELLATION –CERTIFICATE HOLDERS

The person(s) or organization(s) listed or described in the Schedule below have requested that they receive written notice of cancellation when this policy is cancelled by us. We will mail or deliver to the Person(s) or Organization(s) listed or described in the Schedule a copy of the written notice of cancellation that we sent to you. Such copies of the notice will be mailed within 30 days, except 10 days for non-payment of premium, of the effective date of the cancellation, to the address or addresses of certificate holders as provided by your broker or agent.

Schedule

All certificate holders where written notice of the cancellation of this policy is required by written contract, permit or agreement with the Named Insured and whose names and addresses will be provided by the broker or agent listed in the Declarations Page of this policy for the purposes of complying with such request.

This notification of cancellation of the policy is intended as a courtesy only. Our failure to provide such notification to the person(s) or organization(s) shown in the Schedule will not extend any policy cancellation date nor impact or negate any cancellation of the policy. This endorsement does not entitle the person(s) or organization(s) listed or described in the Schedule below to any benefit, rights or protection under this policy.

Any provision of this endorsement that is in conflict with a statute or rule is hereby amended to conform to that statute or rule

All other terms and conditions of this policy remain unchanged.

Insured Name: Barriere Construction Co., LLC

Policy Number: 31PKG8904909

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

NOTICE OF CANCELLATION –CERTIFICATE HOLDERS

The person(s) or organization(s) listed or described in the Schedule below have requested that they receive written notice of cancellation when this policy is cancelled by us. We will mail or deliver to the Person(s) or Organization(s) listed or described in the Schedule a copy of the written notice of cancellation that we sent to you. Such copies of the notice will be mailed within 30 days, except 10 days for non-payment of premium, of the effective date of the cancellation, to the address or addresses of certificate holders as provided by your broker or agent.

Schedule

All certificate holders where written notice of the cancellation of this policy is required by written contract, permit or agreement with the Named Insured and whose names and addresses will be provided by the broker or agent listed in the Declarations Page of this policy for the purposes of complying with such request.

This notification of cancellation of the policy is intended as a courtesy only. Our failure to provide such notification to the person(s) or organization(s) shown in the Schedule will not extend any policy cancellation date nor impact or negate any cancellation of the policy. This endorsement does not entitle the person(s) or organization(s) listed or described in the Schedule below to any benefit, rights or protection under this policy.

Any provision of this endorsement that is in conflict with a statute or rule is hereby amended to conform to that statute or rule

All other terms and conditions of this policy remain unchanged.

Insured Name: Barriere Construction Co.,LLC

Policy Number: 31WCI8904809



State Licensing Board for Contractors

This is to Certify that:

BARRIERE CONSTRUCTION CO., L.L.C.
1 Galleria Blvd., Suite 1650
Metairie, LA 70001

is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION; HEAVY CONSTRUCTION; HIGHWAY, STREET AND BRIDGE CONSTRUCTION;
MUNICIPAL AND PUBLIC WORKS CONSTRUCTION; SPECIALTY: RIGGING, HOUSE MOVING, WRECKING
AND DISMANTLING



Witness our hand and seal of the Board dated,
Baton Rouge, LA 28th day of March 2021

Director

Chairman

Treasurer

Expiration Date: March 27, 2024

License No: 6276

This License Is Not Transferrable