

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 of owner)

BID FOR: Drainage Improvements to the
B&C Canal between stations
24+50.00 and 34+50.00
Bid Proposal No.: 50-113128
(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: The Three C's Properties Inc and dated: 7/28/15
(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) Acknowledge Addenda #1 (7-14-2015)
Acknowledge Addenda #2 (7-21-2015)
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:

One million six hundred fourteen thousand, seventeen Dollars (\$ 1,614,017.80)
dollars and eighty cents.
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 (\$ _____)

Alternate No. 2 (Owner to provide description of alternate and state whether add or deduct) for the lump sum of:
N/A Dollars (\$ _____)

Alternate No. 3 (Owner to provide description of alternate and state whether add or deduct) for the lump sum of:
N/A Dollars (\$ _____)

NAME OF BIDDER: Three C's Properties
ADDRESS OF BIDDER: 141 I-310 Service Rd, St. Rose, LA 70087
LOUISIANA CONTRACTOR'S LICENSE NUMBER: 38610
Name OF AUTHORIZED SIGNATORY OF BIDDER: Connie Boe
TITLE OF AUTHORIZED SIGNATORY OF BIDDER: President
SIGNATURE OF AUTHORIZED SIGNATORY OF BIDDER **: [Signature]
DATE: 7-28-15

* 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.

** If someone other than a corporate officer signs for the Bidder/Contractor, a copy of a corporate resolution or other signature authorization shall be required for submission of bid. Failure to include a copy of the appropriate signature authorization, if required, may result in the rejection of the bid unless bidder has complied with 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.

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UNIT PRICE FORM

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DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u> </u> Clearing and Grubbing			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
201 (01)	1	LS	4921.47	4921.47

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u> </u> Removal of Structures and Obstructions			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
202(01)	1	LS	13,282.37	13,282.37

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u> </u> Removal and Replacement of Fencing			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
202(03)	500	LF	36.72	18,360.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u> </u> Drainage Excavation			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
203(02)	3,235	CY	26.98	87,280.30

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u> </u> Embankment (Selected Soils, Net Section)			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
203(03)	4,430	CY	21.31	94,403.30

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u> </u> Temporary Erosion Control			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
204(01)	1	LS	12901.58	12901.58

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u> </u> Portland Cement Concrete Pavement (9")			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
601(01)	35	SY	325.08	11,377.80

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u> </u> Reinforced Concrete Pipe (15" Class III, Type 3 Joints)			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
701(03)(F)	38	LF	165.18	6276.84

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u> </u> Reinforced Concrete Pipe (24" Class III, Type 3 Joints)			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
701(03)(I)	12	LF	431.45	5177.40

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u> </u> Reinforced Concrete Pipe (30" Class III, Type 3 Joints)			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
701(03)(K)	42	LF	200.76	8431.92

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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DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u> </u> Polymer Coated CMP (Extension, 12", Type 3 Joints)			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
701(12)(E)	10	LF	369.01	3690.10

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u> </u> Polymer Coated CMP (Extension, 15", Type 3 Joints)			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
701(12)(F)	10	LF	375.32	3753.20

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u> </u> PVC Pipe Extension (10", ASTM D 3034, SDR 35)			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
701 (16) (D)	8	LF	436.10	3488.80

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u> </u> Drain Manholes (36" Max Pipe Connection)			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
702 (02) (H)	3	EA	4984.42	14,953.26

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u> </u> Access Manholes			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
702 (02) (I)	3	EA	2005.84	6017.52

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u> </u> Jefferson Parish Standard Drop Inlet			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
702 (03) (A)	4	EA	2512.25	10,049.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u> </u> Tee Inlets w 2'-4" x 3'-4" Type "C" Grate & Seat			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
702 (03) (H)	8	EA	1243.16	9945.28

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u> </u> Temporary Signs and Barricades			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
713 (01)	1	LS	27,164.88	27,164.88

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u> </u> Project Site Laboratory			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
722 (01)	1	LS	25,504.02	25,504.02

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u> </u> Mobilization			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
727 (01)	1	LS	94,093.09	94,093.09

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DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#	<u>Hydroseeding</u>		
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
739 (01)	1	AC	2066.77	2066.77

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#	<u>Construction Layout</u>		
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
740 (01)	1	LS	42,682.20	42,682.20

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#	<u>Dewatering</u>		
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
802 (07)	1	LS	54,533.02	54,533.02

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#	<u>Class "A" Concrete</u>		
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
805 (01)	17	CY	1373.69	23,352.73

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#	<u>Reinforced Concrete Box Culvert (7'x7' Including Sheeting & Bracing)</u>		
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
805 (12) (P)	989	LF	978.15	967,390.35

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#	<u>Structural Steel (AASHTO M270, Grade 50) for Wingwall</u>		
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
807 (02)	500	LB	17.22	8610.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#	<u>Exploratory Excavation</u>		
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
S-001	3	EA	1285.13	3855.39

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#	<u>Galvanized Metal Grating</u>		
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
S-002	200	SF	51.35	10,270.00

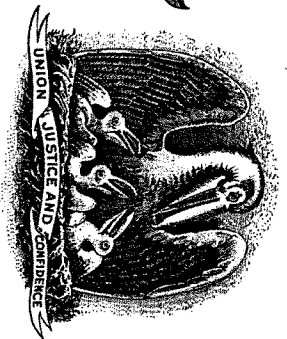
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#	<u>Initial Installation / Final Removal of Temporary Dams</u>		
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
S-003	1	LS	11,116.46	11,116.46

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#	<u>Temporary Dam Removal / Replacement</u>		
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
S-004	5	EA	4632.95	23,164.75

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#	<u>Standby Personnel</u>		
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
S-005	50	HR	118.08	5904.00

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.

State of Louisiana



State Licensing Board for Contractors

This is to Certify that:

THREE C'S PROPERTIES, INC., THE
141 I - 310 Service Road
St. Rose, LA 70087

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: EARTHWORK, DRAINAGE AND LEVEES



Expiration Date: December 20, 2016

License No: 38610

Witness our hand and seal of the Board dated,
Baton Rouge, LA 21st day of December 2013


Director


Chairman

This License Is Not Transferrable


Secretary-Treasurer

CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF

The Three L's Properties, Inc.
INCORPORATED.

AT THE MEETING OF DIRECTORS OF The Three L's Properties, Inc.
INCORPORATED, DULY NOTICED AND HELD ON JAN 5, 2015,
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT
WAS:

RESOLVED THAT Connie Box, 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.

Carol Ann

SECRETARY-TREASURER

7/28/15

DATE

BID BOND

KNOW ALL MEN BY THESE PRESENTS that we, the undersigned, _____

The Three C's Properties, Inc. as PRINCIPAL, and

Philadelphia Indemnity Insurance Company as SURETY,
are held and firmly bound unto the Parish of Jefferson, hereinafter called the "OWNER",
in the penal sum of:

Five Percent of Amount Bid

DOLLARS (\$ 5% of Amount Bid) lawful money of the United States, for the payment
of which sum well and truly to be made, we bind ourselves, our heirs, executors,
administrators, successors, and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, that whereas the Principal has
submitted the accompanying Bid dated July 28, 2015, for:

**The CONTRACTOR shall provide professional construction services
that are required for the construction of drainage improvements to the
B&C Canal between Station 24+50.00 and 34+50.00 (the Westbank Expressway
and 5th Avenue) consisting of the installation of a 989 Linear Feet (7' x 7') box
culvert in Jefferson Parish, Louisiana.**

Public Works Project No. 2010-022-DR

NOW, THEREFORE, if the Principal shall not withdraw said Bid within the period
specified therein after the opening of the same or, if no period be specified, within ninety
(90) days after the said opening, and shall within the period specified therefor or, if no
period be specified, within twelve (12) days after the prescribed forms are presented to
him for signature, enter into a written Contract with the Parish in accordance with the
Bid as accepted, and give bond with good and sufficient surety or sureties, as may be
required, for the faithful performance and proper fulfillment of such Contract; or in the
event of the withdrawal of said Bid within the period specified, or the failure to enter into
such Contract and give such bond within the time specified, if the Principal shall pay the
Parish the difference between the amount specified in said Bid and the amount for
which the Parish may procure the required work or supplies, or both, if the latter be in
excess of the former, then the above obligation shall be void and of no effect, otherwise,
to remain in full force and virtue.

IN WITNESS WHEREOF, the above bounded parties have executed this instrument
under their several seals this 28th day of July, 2015, the name
and corporate seal of each corporate party being hereto affixed and these presents
signed by its undersigned representative, pursuant to authority of its governing body.

BID BOND (continued)

In Presence of: _____
(Individual Principal)

(Business Address, including Zip Code)

(Partnership) (SEAL)

(Business Address, including Zip Code)

ATTEST:

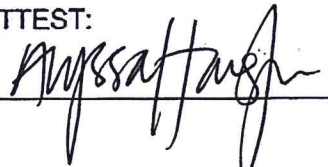
BY: _____

The Three C's Properties, Inc.
(Corporate Principal)

141 I - 310 Service Road, St. Rose, LA 70087
(Business Address, including Zip Code)

BY: 
AFFIX CORPORATE SEAL

ATTEST:



Philadelphia Indemnity Insurance Company
(Corporate Surety)

One Bala Plaza, Suite 100, Bala Cynwyd, PA 19004
(Business Address, including Zip Code)

BY: 
AFFIX CORPORATE SEAL
Anthony J. Kennedy, Attorney-in-Fact

Countersigned:

BY: 
Anthony J. Kennedy, Attorney-in-Fact

State of Louisiana

PHILADELPHIA INDEMNITY INSURANCE COMPANY

One Bala Plaza, Suite 100

Bala Cynwyd, PA 19004

Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS: that **PHILADELPHIA INDEMNITY INSURANCE COMPANY** (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint: **Harriett D. Lafleur, Stephen J. Gaffney, Charles R. Landry, Jack B. Stehr, Jr., Anthony J. Kennedy, Lacie P. Stacks and Godfrey Marine of Regions Insurance, Inc.**

Its true and lawful Attorney(s) in fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed \$25,000,000

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY at a meeting duly called the 1st day of July, 2011.

RESOLVED: That the Board of Directors hereby authorizes the President or any Vice President of the Company to: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

FURTHER RESOLVED: That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with the respect to any bond or undertaking to which it is attached.

IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEAL TO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 7TH DAY OF FEBRUARY 2013.

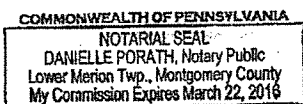
(Seal)



Robert D. O'Leary Jr.

Robert D. O'Leary Jr., President & CEO
Philadelphia Indemnity Insurance Company

On this 7th day of February 2013, before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the **PHILADELPHIA INDEMNITY INSURANCE COMPANY**; that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed.



Notary Public:

Danielle Porath

residing at:

Bala Cynwyd, PA

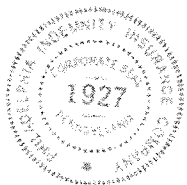
(Notary Seal)

My commission expires:

March 22, 2016

I, Craig P. Keller, Executive Vice President, Chief Financial Officer and Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and this Power of Attorney issued pursuant thereto are true and correct and are still in full force and effect. I do further certify that Robert D. O'Leary Jr., who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY,

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 28th day of July, 2015



Craig P. Keller
Craig P. Keller, Executive Vice President, Chief Financial Officer & Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

CERTIFICATION AS TO CORPORATE PRINCIPAL

I, Conrad Frey, certify that I am the Secretary

of the Corporation named as Principal in the within bond; that _____

Connie Roe who signed the said bond on behalf of the

Principal was then President

of said Corporation; that I know his/her signature thereto is genuine;

and that said bond was duly signed, sealed, and attested to on behalf of said

Corporation by authority of this governing body

Conrad Frey (Corporate Seal)

Title: Secretary

CERTIFICATE AS TO SURETY

I, Anthony J. Kennedy, certify that I am the Anthony J. Kennedy,

Attorney-in-Fact of the Surety who signed the bond, I certify that we are

licensed to do business in the State of Louisiana and are currently recognized

by the U. S. Department of the Treasury as acceptable sureties.

Anthony J. Kennedy
Anthony J. Kennedy, Attorney-in-Fact

Power of Attorney for person signing for surety must be attached to bond.



Louisiana State Licensing Board for Contractors



Contractor Information

Business Name THREE C'S PROPERTIES, INC., THE
Mailing Address 141 I - 310 Service Road
 St. Rose, LA 70087
Phone Number (504) 712-7922
Fax Number (504) 712-1831
Email Address boe@bellsouth.net

Active Licenses

License Number 38610
Type Commercial License
Status LICENSED
Effective 12/21/2013
Expiration 12/20/2016
First Issued 12/20/2001

Classifications

Class	Qualifying Party	Parishes
BUILDING CONSTRUCTION	Connie Cook Boe	ALL
BUSINESS AND LAW	Connie Cook Boe	ALL
HEAVY CONSTRUCTION	Connie Cook Boe	ALL
HIGHWAY, STREET AND BRIDGE CONSTRUCTION	Connie Cook Boe	ALL
MUNICIPAL AND PUBLIC WORKS CONSTRUCTION	Connie Cook Boe	ALL
SPECIALTY: EARTHWORK, DRAINAGE AND LEVEES	Conrad Frey IV	ALL

[View assistance for Search Results](#)

Search Results

Current Search Terms: THREE* C'S properties*

Notice: This printed document represents only the first page of your SAM search results. More results may be available. To [print your complete search results, you can download the PDF and print it.](#)
No records found for current search.

Glossary

[Search](#)

[Results](#)

Entity

Exclusion

[Search](#)

[Filters](#)

By Record
Status

By
Functional
Area - Entity
Management

By
Functional
Area -
Performance
Information

SAM | System for Award Management 1.0

IBM v1.P.34.20150710-1415

Note to all Users: This is a Federal Government computer system. Use of this system constitutes consent to monitoring at all times.



[View assistance for Search Results](#)

Search Results

Current Search Terms: THREE* C

Your search for "THREE* C" returned the following results...

Notice: This printed document represents only the first page of your SAM search results. More results may be available. To print your complete search results, you can download the PDF and print it.

Entity	Three Phase Electric, L.L.C.	Status: Active
DUNS: 052130674	CAGE Code: 74Z37	View Details
Has Active Exclusion?: No	DoDAAC:	
Expiration Date: 05/07/2016	Delinquent Federal Debt? No	
Purpose of Registration: All Awards		
Entity	C Three Group LLC, The	Status: Active
DUNS: 053663030	CAGE Code: 5LNL4	View Details
Has Active Exclusion?: No	DoDAAC:	
Expiration Date: 04/19/2016	Delinquent Federal Debt? No	
Purpose of Registration: All Awards		
Entity	THREE TOWERS INVESTMENTS L.L.C.	Status: Active
DUNS: 961744401	CAGE Code: 64M17	View Details
Has Active Exclusion?: No	DoDAAC:	
Expiration Date: 04/10/2016	Delinquent Federal Debt? No	
Purpose of Registration: All Awards		
Entity	C-THREE FOUNDATION Inc.	Status: Active
DUNS: 079418425	CAGE Code: 78Y98	View Details
Has Active Exclusion?: No	DoDAAC:	
Expiration Date: 11/21/2015	Delinquent Federal Debt? No	
Purpose of Registration: Federal Assistance Awards Only		
Entity	3 C Electrical Co., Inc.	Status: Active
DUNS: 058897075	CAGE Code: 0DXP3	View Details
Has Active Exclusion?: No	DoDAAC:	
Expiration Date: 03/12/2016	Delinquent Federal Debt? No	
Purpose of Registration: All Awards		
Entity	THREE C CONSTRUCTION, INC.	Status: Active
DUNS: 048229806	CAGE Code: 3C4X4	View Details
Has Active Exclusion?: No	DoDAAC:	
Expiration Date: 02/02/2016	Delinquent Federal Debt? No	
Purpose of Registration: All Awards		
Entity	DC THREE LESSEE, L.L.C.	Status: Active
DUNS: 176088115	CAGE Code: 35DW6	View Details
Has Active Exclusion?: No	DoDAAC:	
Expiration Date: 10/23/2015	Delinquent Federal Debt? No	
Purpose of Registration: All Awards		
Exclusion	THREE FOLD CONSULTANTS, L.L.C.	Status: Active
DUNS: 930568576	CAGE Code:	View Details
Classification: Firm		
Activation Date: 01/30/2014	Termination Date: -	

Glossary

Search

Results

Entity

Exclusion

Search

Filters

By Record

Status

By

Functional

Area - Entity

Management

By

Functional

Area -

Performance

Information



Client#: 63123 THREE2
ACORD **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
 1/19/2015

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 Regions Ins Inc - Baton Rouge 400 Convention St. Suite 200 Baton Rouge, LA 70802 225 927-7575		CONTACT NAME: Rachel delaHoussaye PHONE (A/C, No, Ext): 225 927-7575 FAX (A/C, No): 866-255-0200 E-MAIL ADDRESS: rachel.delahoussaye@regions.com															
INSURED Three C's Properties, Inc. 141 I-310 Service Rd. St. Rose, LA 70087		<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: United Specialty Insurance Comp</td> <td>12537</td> </tr> <tr> <td>INSURER B: Hallmark Insurance Company</td> <td>34037</td> </tr> <tr> <td>INSURER C: American Interstate Insurance C</td> <td>31895</td> </tr> <tr> <td>INSURER D: Praetorian Insurance Company</td> <td>37257</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: United Specialty Insurance Comp	12537	INSURER B: Hallmark Insurance Company	34037	INSURER C: American Interstate Insurance C	31895	INSURER D: Praetorian Insurance Company	37257	INSURER E:		INSURER F:	
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INSURER E:																	
INSURER F:																	

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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	GENERAL LIABILITY <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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOG		BTO1537458	01/21/2015	01/21/2016	<table border="1"> <tr><td>EACH OCCURRENCE</td><td>\$1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (E&A occurrence)</td><td>\$50,000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$</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></td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$1,000,000	DAMAGE TO RENTED PREMISES (E&A occurrence)	\$50,000	MED EXP (Any one person)	\$	PERSONAL & ADV INJURY	\$1,000,000	GENERAL AGGREGATE	\$2,000,000	PRODUCTS - COMP/OP AGG	\$2,000,000		\$
EACH OCCURRENCE	\$1,000,000																			
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GENERAL AGGREGATE	\$2,000,000																			
PRODUCTS - COMP/OP AGG	\$2,000,000																			
	\$																			
D	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		PICLA0003469	01/21/2015	01/21/2016	<table border="1"> <tr><td>COMBINED SINGLE LIMIT (E&A 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></td><td>\$</td></tr> </table>	COMBINED SINGLE LIMIT (E&A accident)	\$1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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	\$																			
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$		66HX152C8E	01/21/2015	01/21/2016	<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		\$								
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AGGREGATE	\$1,000,000																			
	\$																			
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		AVWCLA2347552014	11/01/2014	11/01/2015	<table border="1"> <tr> <td><input checked="" type="checkbox"/> WC STATU-TORY LIMITS</td> <td><input type="checkbox"/> OTH-ER</td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td></td><td>\$1,000,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td></td><td>\$1,000,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td></td><td>\$1,000,000</td></tr> </table>	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS	<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		
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Blanket Additional Insured as required by written contract: GL & Auto. Blanket Waiver of Subrogation as required by written contract: GL, Auto & WC. Excess Policy is follow form of Auto.

CERTIFICATE HOLDER

CANCELLATION

Jefferson Parish Dept of Parks and Recreation 200 Derbigny Dr 4th Fl Ste 4400 Gretna, LA 70053-0000	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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197146

Form (Rev. October 2007) Department of the Treasury Internal Revenue Service	W-9		Request for Taxpayer Identification Number and Certification		Give form to the requester. Do not send to the IRS.
	Name (as shown on your income tax return) THE THREE C'S PROPERTIES, INC				
	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"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt <input type="checkbox"/> Other (see instructions) ▶ <input type="checkbox"/> payee				
	Address (number, street, and apt. or suite no.) 141 I-310 SERVICE ROAD		Requester's name and address (optional)		
City, state, and ZIP code ST ROSE, LA 70067					
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 *How to get a TIN* 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.

Social security number	
or	
Employer identification number	
72	1262287

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below).

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 ▶ <i>[Signature]</i>	Date ▶ 5/20/10
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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.

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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. 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.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

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:

- The U.S. owner of a disregarded entity and not the entity,