

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

N/ALOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 12344**THIS SECTION MUST BE COMPLETED BY BIDDER:**FIRM NAME: ARC MECHANICAL CONTRACTORS, INC.ADDRESS: PO BOX 6720CITY, STATE: SLIDELL, LAZIP: 70469-6720TELEPHONE: (985) 661-9191FAX: (985) 661-9169EMAIL ADDRESS: arcmechanical@bellsouth.net

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: 1

NUMBER: _____

NUMBER: _____

NUMBER: _____

TOTAL PRICE OF ALL BID ITEMS: \$ 31,900⁰⁰/_{xx}

AUTHORIZED

SIGNATURE: CHESTER A. CABIRACTITLE: PRESIDENT

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.

2525 Quail Drive, Baton Rouge, 70808 (225) 765-2301 Text-To-Verify: 1 (855) 999-7896



Louisiana State Licensing Board for Contractors

Contractor Information

Business Name **ARC MECHANICAL CONTRACTORS, INC.**
Mailing Address P. O. Box 6720
Slidell, LA 70469
Phone Number (504) 508-8333
Fax Number (985) 661-9169
Email Address arcmechanical@bellsouth.net
Website http://

Active Licenses

License Number **12344**
Type Commercial License
Status LICENSED
Effective 11/17/2017
Expiration 11/16/2020
First Issued 11/16/1978

License Number 86512
Type Residential License
Status LICENSED
Effective 01/02/2015
Expiration 01/01/2018
First Issued 01/01/2004

Classifications

Class	Qualifying Party	Parishes
BUILDING CONSTRUCTION	Brett Patrick Cabirac	ALL
BUILDING CONSTRUCTION	Chester Andrew Cabirac	ALL
BUILDING CONSTRUCTION	James Michel Brocato	ALL
BUSINESS AND LAW	Chester Andrew Cabirac	ALL
BUSINESS AND LAW	Chester Andrew Cabirac	ALL
ELECTRICAL WORK (RESTRICTED-BIDDING ONLY)	Chester Andrew Cabirac	ALL
HEAVY CONSTRUCTION	Brett Patrick Cabirac	ALL
HIGHWAY, STREET AND BRIDGE CONSTRUCTION	Chester Andrew Cabirac	ALL
HIGHWAY, STREET AND BRIDGE CONSTRUCTION	James Michel Brocato	ALL
MECHANICAL WORK (STATEWIDE)	Chester Andrew Cabirac	ALL
MUNICIPAL AND PUBLIC WORKS CONSTRUCTION	Brett Patrick Cabirac	ALL
MUNICIPAL AND PUBLIC WORKS CONSTRUCTION	Chester Andrew Cabirac	ALL
MUNICIPAL AND PUBLIC WORKS CONSTRUCTION	James Michel Brocato	ALL
RESIDENTIAL BUILDING CONTRACTOR	Chester Andrew Cabirac	ALL
SPECIALTY: INDUSTRIAL PIPING	Brett Patrick Cabirac	ALL
SPECIALTY: INSTALL REPAIR OR CLOSE UNDERGROUND STORAGE TANKS	Chester Andrew Cabirac	ALL

DATE: 9/13/2017

INVITATION TO BID FROM JEFFERSON PARISH - continued

Page 6

BID NO.: 50-00120781

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>LABOR, MATERIALS, & EQUIPMENT NECESSARY TO SUPPLY AND INSTALL NEW 4 INCH WATER PIPING AT THE JEFFERSON PARISH CORRECTIONAL CENTER ENGINE ROOM.</p> <p>0001 WE EXTEND THIS PROPOSAL TO PROVIDE LABOR MATERIALS AND EQUIPMENT NECESSARY TO COVER THE FOLLOWING WORK: THE REPLACEMENT OF APPROXIMATELY 150 FEET OF GALVANIZED PIPING AT THE JEFFERSON PARISH CORRECTIONAL CENTER LOCATED AT 100 DOLHONDE ST. GRETN, LA 70053.</p> <p>REPLACEMENT OF ALL ASSOCIATED VALVES, FITTINGS. PIPE INSULATION, AND PIPE HANGERS. THE REPLACEMENT WILL BE WITH NEW TYPE "K" COPPER PIPING. NEW PIPE HANGERS, NEW INSULATE PIPE, NEW VALVES AND FITTINGS.</p>	31,900 ⁰⁰ / ₁₀₀	31,900 ⁰⁰ / ₁₀₀

Non-Public Works Bid

AFFIDAVIT

STATE OF LOUISIANA

PARISH/COUNTY OF ST. TAMMANY

BEFORE ME, the undersigned authority, personally came and appeared: _____

CHESTER A. CABIRAC, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized PRESIDENT ARC MECHANICAL CONTRACTORS, INC. (Entity), the party who submitted a bid in response to Bid Number 50-00120781, 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.

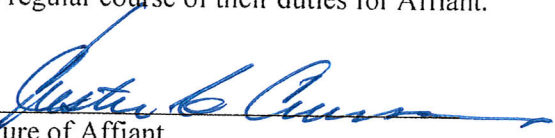
Choice B X There are **NO** debts which would require disclosure under Choice A of this section.

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

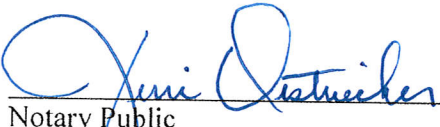
[The remainder of this page is intentionally left blank.]

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

CHESTER A. CABIRAC
Printed Name of Affiant

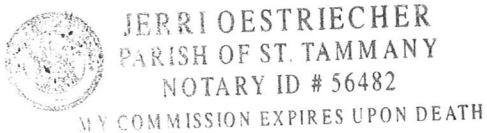
SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 12th DAY OF October, 2017.


Notary Public

Jerri Destrieche
Printed Name of Notary

56482
Notary/Bar Roll Number

My commission expires Upon Death.



Louisiana Secretary of State

Tom Schedler

SEARCH FOR LOUISIANA NOTARIES

A practicing notary in a parish may notarize in reciprocal parishes without additional bonding or examination.

You can also download information about all notaries on file. For more information, see [Notary Bulk Data](#).

[Print](#)

Notary Search - Detail

Name: MS. JERRI OESTRIECHER
Address: 36400 OLD BAYOU LIBERTY RD.
SLIDELL, LA 70460

Phone: (985) 781-4902
Phone 2: (985) 661-9191

Notary ID Number: 56482
Parish: ST. TAMMANY
Agency: N/A
Notary Type: Non Attorney
Status: Active

Commission Date: 03/07/2007
Oath Date: 02/23/2007
Surety Expiration Date: 02/08/2022
Annual Report Current: Yes

Notary Events

Parish Change Previous Parish: ST. BERNARD Previous Commission Date: 02/20/1998

Deceased, Inactivated, Leave of Absence, Pre-Assessment Registration, Pre-Assessment Taken, Resigned, Retirement, and Revoked events are not available prior to February 11, 2012.

[Back to Search Results](#)[New Search](#)

**Bid Bond
SURETY DEPARTMENT**



KNOW ALL MEN BY THESE PRESENTS,

That we, ARC MECHANICAL CONTRACTORS, INC., P.O. Box 6720, Slidell, LA 70469 as Principal, hereinafter called the Principal, and the Hartford Fire Insurance Company, a corporation created and existing under the laws of the State of CT whose principal office is in One Hartford Plaza, Hartford, CT 06115 as Surety, hereinafter called the Surety, are held and firmly bound unto Jefferson Parish, 200 Derbigny Street, Gretna, LA 70053 as Obligee, hereinafter called the Obligee, in the sum of FIVE PERCENT (5%) OF AMOUNT BID Dollars (\$ 5% A.B.), for the payment of which sum, well and truly to be made, the said Principal and the said Surety, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

Whereas, the Principal has submitted a bid for

SUPPLY & INSTALL 4 INCH WATER PIPING AT THE JEFFERSON PARISH CORRECTIONAL CENTER ENGINE ROOM

NOW, THEREFORE, if the Obligee shall accept the bid of the Principal and the Principal shall enter into a contract with the Obligee in accordance with the terms of such bid, and give such bond or bonds as may be specified in the bidding or contract documents with good and sufficient surety for the faithful performance of such contract and for the prompt payment of labor and material furnished in the prosecution thereof, or in the event of the failure of the Principal to enter such contract and give such bond or bonds, if the Principal shall pay to the Obligee the difference not to exceed the penalty hereof between the amount specified in said bid and such larger amount for which the Obligee may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect.

Signed and sealed this 12th day of October A.D. 2017.

Witness

ARC MECHANICAL CONTRACTORS, INC. (SEAL)

(Principal)

By

(SEAL)

Chester A. Cabirac (Title) President

Witness

Hartford Fire Insurance Company

By

(SEAL)

Michele M. Ellsworth, Attorney-in-fact

(Title)

Countersigned:

Michele M. Ellsworth

Louisiana Resident Agent # 487959

POWER OF ATTORNEY

Direct Inquiries/Claims to:

THE HARTFORD

Bond T-12

One Hartford Plaza

Hartford, Connecticut 06155

email: bond.claims@thehartford.com

call: 888-266-3488 | fax: 860-757-5835

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Code: 43-480815

- ☒ **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
☒ **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
☒ **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
☐ **Hartford Underwriters Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
☐ **Twin City Fire Insurance Company**, a corporation duly organized under the laws of the State of Indiana
☐ **Hartford Insurance Company of Illinois**, a corporation duly organized under the laws of the State of Illinois
☐ **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana
☐ **Hartford Insurance Company of the Southeast**, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, **up to the amount of Unlimited** :

Brian P. Bordlee, Charles F. Cowand, Anthony Currera, Alexander J. Ellsworth, William H. Ellsworth, Michele M. Ellsworth, Lauren T. Guillory, Ralph J. LeBlanc of METAIRIE, Louisiana

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by ☒, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on August 1, 2009, the Companies have caused these presents to be signed by its Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.



John Gray

John Gray, Assistant Secretary

M. Ross Fisher

M. Ross Fisher, Vice President

STATE OF CONNECTICUT

COUNTY OF HARTFORD

SS.

Hartford

On this 12th day of July, 2012, before me personally came M. Ross Fisher, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hartford, State of Connecticut; that he is the Vice President of the Companies, the corporations described in and which executed the above instrument; that he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that he signed his name thereto by like authority.



CERTIFICATE

Kathleen T. Maynard

Kathleen T. Maynard
Notary Public

My Commission Expires July 31, 2016

I, the undersigned, Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of **OCTOBER 12, 2017**
Signed and sealed at the City of Hartford.



Kevin Heckman

Kevin Heckman, Assistant Vice President

Office:
985-661-9191
Fax:
985-661-9169



LA State Contractors
License # 12344
Email:
arcmechanical
@bellsouth.net

CORPORATE RESOLUTION

EXCERPT FROM THE MINUTES OF THE BOARD OF DIRECTORS OF ARC MECHANICAL CONTRACTORS, INCORPORATED. A CORPORATION INCORPORATED IN THE STATE OF LOUISIANA IN 1978.

AT THE MEETING OF DIRECTORS OF ARC MECHANICAL CONTRACTORS, INCORPORATED DULY NOTICED AND HELD ON OCTOBER 12, 2017 A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED, IT WAS;

RESOLVED, THAT CHESTER A. CABIRAC, 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 JEFFERSON PARISH 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 THEREFORE 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 THAT 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.



PRESIDENT

10/12/2017

DATE

APPROVED:



SECRETARY/TREASURER



ARCME-1

OP ID: CY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/13/2017

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 Stiel Insurance Services of New Orleans, Inc. 433 Metairie Road Suite #520 Metairie, LA 70005 Louis Martello		CONTACT NAME: Louis Martello PHONE (A/C, No, Ext): 504-832-5733 E-MAIL ADDRESS: lmartello@stielinsurance.com FAX (A/C, No): 504-831-3604		
INSURED ARC Mechanical Contractors Inc Mr. Chester Cabirac P O Box 6720 Slidell, LA 70469		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: American Casualty Co of		20427
		INSURER B: Continental Insurance Co. of		42625
		INSURER C: Continental Casualty Company		20443
		INSURER D: Columbia Casualty Co.		31127
		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 INSD	SUBR 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			C1015152154	08/23/2017	08/23/2018	EACH OCCURRENCE \$ 1,000,000
D	<input checked="" type="checkbox"/> Pollution			CBS6042957162	08/23/2017	08/23/2018	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						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
							Pollution \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			C2058039895	08/23/2017	08/23/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10000			C2078422473	08/23/2017	08/23/2018	EACH OCCURRENCE \$ 5,000,000
							AGGREGATE \$ 5,000,000
							\$
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 checked="" type="checkbox"/> N	N/A	WC131456473 USL&H	08/23/2017	08/23/2018	<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
A	Leased/Rented Eqpt			C1015152154	08/23/2017	08/23/2018	2500-Ded 125,000

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

Certificate holder to read: THE PARISH OF JEFFERSON, ITS DISTRICTS, DEPARTMENTS AND AGENCIES UNDER THE DIRECTION OF THE PARISH PRESIDENT AND THE PARISH COUNCIL DEPARTMENT OF GENERAL SERVICES.

CERTIFICATE HOLDER**CANCELLATION**

JEFFE17 The Parish of Jefferson, Its Districts, Departments and Agencies 200 Derbingy Street Ste3300 Gretna, LA 70053	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Louis E Martello</i>

22737

Print or type See Specific Instructions on page 2.	W-9 Form (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.
	Name (as shown on your income tax return)				
	Business name, if different from above ARC Mechanical Contractors, Inc.				
	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.) Post Office Box 6720			Requester's name and address (optional)	
City, state, and ZIP code Slidell, Louisiana 70469					
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.

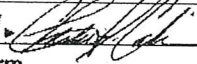
Social security number								
or								
Employer identification number								
7	2	0	8	4	1	2	6	6

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. 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 	Date 9/19/2007
------------------	---	-----------------------

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:

- 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.

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:

- 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(a) 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:

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

DATE: 9/13/2017

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BID NO.: 50-00120781

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 12/12/12

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 _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 48909

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: Gottfried Contracting, LLC

ADDRESS: 6 Meyers Road

CITY, STATE: Covington, LA

ZIP: 70435

TELEPHONE: (985) 893-3773

FAX: (985) 892-5238

EMAIL ADDRESS: dgottfried@gottfried-us.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: 1 (10/6/17)

NUMBER: _____

NUMBER: _____

NUMBER: _____

TOTAL PRICE OF ALL BID ITEMS: \$ 36,200.00

AUTHORIZED

SIGNATURE: 

David S. Gottfried

Printed Name

TITLE: Member

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.

📍 2525 Quail Drive, Baton Rouge, 70808 📞 (225) 765-2301 📧 Text-To-Verify: 1 (855) 999-7896



Louisiana State Licensing Board for Contractors

Contractor Information

Business Name **GOTTFRIED CONTRACTING, L.L.C.**
Mailing Address 6 Meyers Road
Covington, LA 70435
Phone Number (985) 893-3773
Fax Number (985) 892-5238
Email Address dgottfried@gottfried-us.com
Website http://

Active Licenses

License Number **48909**
Type Commercial License
Status LICENSED
Effective 12/14/2015
Expiration 12/13/2017
First Issued 12/13/2007

Classifications

Class	Qualifying Party	Parishes
BUILDING CONSTRUCTION	Karl Gottfried III	ALL
BUSINESS AND LAW	Karl Gottfried III	ALL
ELECTRICAL WORK (STATEWIDE)	Karl Gottfried III	ALL
HEAVY CONSTRUCTION	Karl Gottfried III	ALL
MECHANICAL WORK (STATEWIDE)	Karl Gottfried III	ALL
MUNICIPAL AND PUBLIC WORKS CONSTRUCTION	Karl Gottfried III	ALL
PLUMBING (STATEWIDE)	Karl Gottfried III	ALL

DATE: 9/13/2017

INVITATION TO BID FROM JEFFERSON PARISH - continued

Page 6

BID NO.: 50-00120781

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>LABOR, MATERIALS, & EQUIPMENT NECESSARY TO SUPPLY AND INSTALL NEW 4 INCH WATER PIPING AT THE JEFFERSON PARISH CORRECTIONAL CENTER ENGINE ROOM.</p> <p>0001 WE EXTEND THIS PROPOSAL TO PROVIDE LABOR MATERIALS AND EQUIPMENT NECESSARY TO COVER THE FOLLOWING WORK: THE REPLACEMENT OF APPROXIMATELY 150 FEET OF GALVANIZED PIPING AT THE JEFFERSON PARISH CORRECTIONAL CENTER LOCATED AT 100 DOLHONDE ST. GRETN, LA 70053.</p> <p>REPLACEMENT OF ALL ASSOCIATED VALVES, FITTINGS. PIPE INSULATION, AND PIPE HANGERS. THE REPLACEMENT WILL BE WITH NEW TYPE "K" COPPER PIPING. NEW PIPE HANGERS, NEW INSULATE PIPE, NEW VALVES AND FITTINGS.</p>		\$36,200.00

Bid Bond



AIA

Document A310™ – 2010

CONTRACTOR:

(Name, legal status and address)

GOTTFRIED CONTRACTING, L.L.C.

Six Meyers Road
Covington, LA 70435

SURETY:

(Name, legal status and principal
place of business)

Western Surety Company
333 S. Wabash Ave.
Chicago, IL 60604

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

OWNER:

(Name, legal status and address)

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

**Jefferson Parish Purchasing
Department**
200 Derbigny St, Su 4400
Gretna, LA 70053

BOND AMOUNT: FIVE PERCENT (5%) OF AMOUNT BID Dollars (\$ 5% A.B.)

PROJECT:

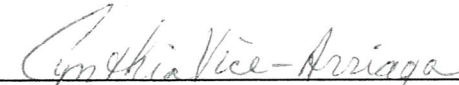
(Name, location or address, and Project number, if any) **SUPPLY AND INSTALL NEW 4" WATER PIPING AT THE JEFFERSON PARISH CORRECTIONAL CENTER ENGINE ROOM, BID NO. 50-120781**

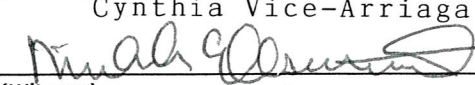
The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

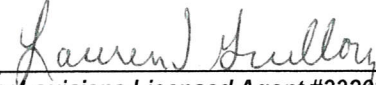
If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common-law bond.

Signed and sealed this **12th day of October, 2017**


(Witness) **Cynthia Vice-Arriaga**


(Witness)

Countersigned: 
Lauren T. Guillory Louisiana Licensed Agent #332087

GOTTFRIED CONTRACTING, L.L.C.

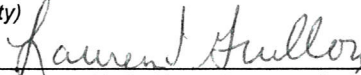
(Principal)

(Seal)

(Title) **David S. Gottfried, Member**
Western Surety Company

(Surety)

(Seal)


(Title) **Lauren T. Guillory, Attorney-in-fact**

CAUTION: You should sign an original AIA Contract Document, on which this text appears in RED. An original assures that changes will not be obscured

Western Surety Company

POWER OF ATTORNEY APPOINTING INDIVIDUAL ATTORNEY-IN-FACT

Know All Men By These Presents, That WESTERN SURETY COMPANY, a South Dakota corporation, is a duly organized and existing corporation having its principal office in the City of Sioux Falls, and State of South Dakota, and that it does by virtue of the signature and seal herein affixed hereby make, constitute and appoint

Ralph J Le Blanc, Alexander J Ellsworth, Anthony Currera, Charles F Cowand, Lauren T Guillory, Brian P Bordlee, Michele M Ellsworth, Individually

of Metairie, LA, its true and lawful Attorney(s)-in-Fact with full power and authority hereby conferred to sign, seal and execute for and on its behalf bonds, undertakings and other obligatory instruments of similar nature

- In Unlimited Amounts -

and to bind it thereby as fully and to the same extent as if such instruments were signed by a duly authorized officer of the corporation and all the acts of said Attorney, pursuant to the authority hereby given, are hereby ratified and confirmed.

This Power of Attorney is made and executed pursuant to and by authority of the By-Law printed on the reverse hereof, duly adopted, as indicated, by the shareholders of the corporation.

In Witness Whereof, WESTERN SURETY COMPANY has caused these presents to be signed by its Vice President and its corporate seal to be hereto affixed on this 5th day of May, 2017.



WESTERN SURETY COMPANY

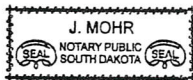
Paul T. Bruflat, Vice President

State of South Dakota }
County of Minnehaha } ss

On this 5th day of May, 2017, before me personally came Paul T. Bruflat, to me known, who, being by me duly sworn, did depose and say: that he resides in the City of Sioux Falls, State of South Dakota; that he is the Vice President of WESTERN SURETY COMPANY described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed pursuant to authority given by the Board of Directors of said corporation and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said corporation.

My commission expires

June 23, 2021



J. Mohr, Notary Public

CERTIFICATE

I, L. Nelson, Assistant Secretary of WESTERN SURETY COMPANY do hereby certify that the Power of Attorney hereinabove set forth is still in force, and further certify that the By-Law of the corporation printed on the reverse hereof is still in force. In testimony whereof I have hereunto subscribed my name and affixed the seal of the said corporation this 12TH day of OCTOBER, 2017.



WESTERN SURETY COMPANY

L. Nelson, Assistant Secretary

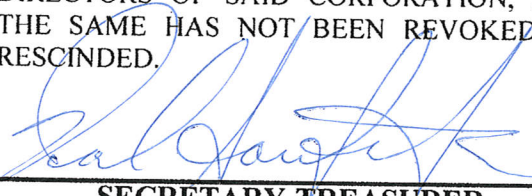
CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF
Gottfried Contracting, LLC
INCORPORATED.

AT THE MEETING OF DIRECTORS OF Gottfried Contracting, LLC
INCORPORATED, DULY NOTICED AND HELD ON October 11, 2017,
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT
WAS:

RESOLVED THAT David S. Gottfried, 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.



SECRETARY-TREASURER
Karl Gottfried III

10/11/17

DATE

Non-Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF St Tammany

BEFORE ME, the undersigned authority, personally came and appeared: _____
David S. Gottfried, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized Member of Gottfried Contracting, LL (Entity),
the party who submitted a bid in response to Bid Number 50-120781, 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 xxx 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.

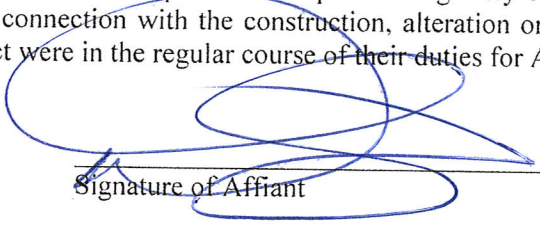
Choice B xxx There are **NO** debts which would require disclosure under Choice A of this section.

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.]

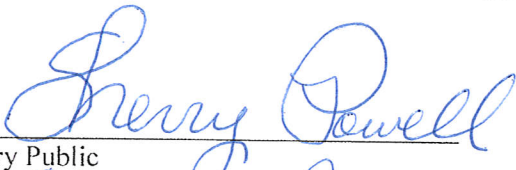
That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.

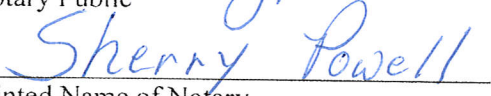

Signature of Affiant

David S. Gottfried, Member
Printed Name of Affiant

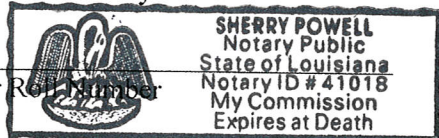
SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 11th DAY OF October 11, 2017.


Notary Public


Printed Name of Notary

Notary/Bar Roll Number



My commission expires _____.

Louisiana Secretary of State

Tom Schedler

SEARCH FOR LOUISIANA NOTARIES

A practicing notary in a parish may notarize in reciprocal parishes without additional bonding or examination.

You can also download information about all notaries on file. For more information, see [Notary Bulk Data](#).

[Print](#)

Notary Search - Detail

Name: MS. SHERRY POWELL
Address: 26150 WHISPERING PINES AVE.
DENHAM SPRINGS, LA 70726
Phone: (225) 664-7176
Notary ID Number: 41018
Parish: LIVINGSTON with STATEWIDE JURISDICTION
Agency: N/A
Notary Type: Attorney
Bar Roll #: 22314
Status: Active
Commission Date: 06/12/2013
Oath Date: 06/11/2013
Surety Expiration Date: Not Required
Annual Report Current: Not Applicable

Notary Events

Name Change	Previous Name:	Previous Commission Date:
	SHERRY POWELL CRAIN	10/18/1993

Deceased, Inactivated, Leave of Absence, Pre-Assessment Registration, Pre-Assessment Taken, Resigned, Retirement, and Revoked events are not available prior to February 11, 2012.

[Back to Search Results](#)[New Search](#)

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Gottfried Contracting, LLC

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC
☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
6 Meyers Road

6 City, state, and ZIP code
Covington, LA 70435

7 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 generally 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 instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number								
			-					
or								
Employer identification number								
2	6	-	0	3	9	5	7	3 1

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); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 3.

Sign Here Signature of U.S. person ▶ *Cynthia Vice Amaga* Date ▶ *10/11/17*

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- 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, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



GOTTCO-01

MLYNCH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/09/2017

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 11100 Mead Road, Suite 300 Baton Rouge, LA 70816		CONTACT NAME: PHONE (A/C, No, Ext): (800) 789-7365 FAX (A/C, No): (225) 218-2401 E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A : The Phoenix Insurance Company 25623	
		INSURER B : The Travelers Indemnity Company of America 25666	
		INSURER C : Travelers Property Casualty Company of America 25674	
		INSURER D : AGCS Marine Insurance Company 22837	
		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 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 <input checked="" type="checkbox"/> Limited Pollution 1M GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		DTCO5848R32APHX17	09/01/2017	09/01/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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		BA5848R32A17CNS	09/01/2017	09/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		DTSMCUP5848R32ATIL17	09/01/2017	09/01/2018	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	DTOUB5848R32A17	09/01/2017	09/01/2018	<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
D	<input checked="" type="checkbox"/> Rented & Leased EQ		SML0093053052	09/01/2017	09/01/2018	Per Item \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: Supply and Install new four (4) inch water piping at the Jefferson Parish Correctional Center Engine Room. The Certificate Holder is granted Additional Insured status on all policies except workers compensation & provided a waiver of subrogation on all policies including workers compensation, all if required by written contract. Coverage provided herein is considered primary and non-contributory. 30DNOC except 10 days for non-payment of premium. If job is awarded, Builder's risk and OCP coverages will be added when the Notice to Proceed is issued.

CERTIFICATE HOLDER Jefferson Parish Purchasing Dept. 200 Derbigny St., S#4400 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
--	--

DATE: 9/13/2017

Page: 5

BID NO.: 50-00120781

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 N/A %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF 12/30/2017

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

OCT. 30, 2017

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

8

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: Gootee Construction, Inc.

ADDRESS: 2400 N Arnoult Road

CITY, STATE: Metairie, LA

ZIP: 70001

TELEPHONE: (504) 831-1909

FAX: (504) 831-1912

EMAIL ADDRESS: kathy@gootee.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: 1

NUMBER: _____

NUMBER: _____

NUMBER: _____

TOTAL PRICE OF ALL BID ITEMS: \$ _____

AUTHORIZED

SIGNATURE: Kathleen Gootee

Kathleen Gootee

Printed Name

TITLE: Secretary

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.

📍 2525 Quail Drive, Baton Rouge, 70808 📞 (225) 765-2301 🗨 Text-To-Verify: 1 (855) 999-7896



Louisiana State Licensing Board for Contractors

Contractor Information

Business Name **GOOTEE CONSTRUCTION, INC.**
 Mailing Address 2400 N. Arnoult Road
 Metairie, LA 70001
 Phone Number (504) 831-1909
 Fax Number (504) 831-1912
 Email Address info@gootee.com
 Website http://www.Gootee.com

Active Licenses

License Number **8**
 Type Commercial License
 Status LICENSED
 Effective 11/14/2015
 Expiration 11/13/2018
 First Issued 11/13/1991

Classifications

Class	Qualifying Party	Parishes
BUILDING CONSTRUCTION	Benjamin Patrick Gootee	ALL
BUILDING CONSTRUCTION	Kathleen Thomas Gootee	ALL
BUILDING CONSTRUCTION	Kenneth Eugene Gootee	ALL
BUSINESS AND LAW	Benjamin Patrick Gootee	ALL
BUSINESS AND LAW	Kathleen Thomas Gootee	ALL
BUSINESS AND LAW	Kenneth Eugene Gootee	ALL
ELECTRICAL WORK (RESTRICTED)	Kathleen Thomas Gootee	ALL
ELECTRICAL WORK (RESTRICTED)	Kenneth Eugene Gootee	ALL
HEAVY CONSTRUCTION	Benjamin Patrick Gootee	ALL
HEAVY CONSTRUCTION	Kathleen Thomas Gootee	ALL
HEAVY CONSTRUCTION	Kenneth Eugene Gootee	ALL
HIGHWAY, STREET AND BRIDGE CONSTRUCTION	Benjamin Patrick Gootee	ALL
HIGHWAY, STREET AND BRIDGE CONSTRUCTION	Kathleen Thomas Gootee	ALL
HIGHWAY, STREET AND BRIDGE CONSTRUCTION	Kenneth Eugene Gootee	ALL
MECHANICAL WORK (STATEWIDE)	Benjamin Patrick Gootee	ALL
MECHANICAL WORK (STATEWIDE)	Kenneth Eugene Gootee	ALL
MUNICIPAL AND PUBLIC WORKS CONSTRUCTION	Benjamin Patrick Gootee	ALL
MUNICIPAL AND PUBLIC WORKS CONSTRUCTION	Kathleen Thomas Gootee	ALL
MUNICIPAL AND PUBLIC WORKS CONSTRUCTION	Kenneth Eugene Gootee	ALL
SPECIALTY: INSTALL REPAIR OR CLOSE UNDERGROUND STORAGE TANKS	Kathleen Thomas Gootee	ALL
SPECIALTY: INSTALL REPAIR OR CLOSE UNDERGROUND STORAGE TANKS	Kenneth Eugene Gootee	ALL

DATE: 9/13/2017

Page 6

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00120781

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>LABOR, MATERIALS, & EQUIPMENT NECESSARY TO SUPPLY AND INSTALL NEW 4 INCH WATER PIPING AT THE JEFFERSON PARISH CORRECTIONAL CENTER ENGINE ROOM.</p> <p>0001 WE EXTEND THIS PROPOSAL TO PROVIDE LABOR MATERIALS AND EQUIPMENT NECESSARY TO COVER THE FOLLOWING WORK: THE REPLACEMENT OF APPROXIMATELY 150 FEET OF GALVANIZED PIPING AT THE JEFFERSON PARISH CORRECTIONAL CENTER LOCATED AT 100 DOLHONDE ST. GRETN, LA 70053.</p> <p>REPLACEMENT OF ALL ASSOCIATED VALVES, FITTINGS. PIPE INSULATION, AND PIPE HANGERS. THE REPLACEMENT WILL BE WITH NEW TYPE "K" COPPER PIPING. NEW PIPE HANGERS, NEW INSULATE PIPE, NEW VALVES AND FITTINGS.</p>	<u>\$44,000⁰⁰</u>	<u>\$44,000⁰⁰</u>

Document A310™ – 2010

Conforms with The American Institute of Architects AIA Document 310

Bid Bond

CONTRACTOR:

(Name, legal status and address)

Gootee Construction, Inc.
P.O. Box 55128
Metairie, LA 70055-5128

OWNER:

(Name, legal status and address)

Jefferson Parish Purchasing Department
200 Derbigny Street, Suite 4400
Gretna, LA 70053

SURETY:

(Name, legal status and principal place of business)

Travelers Casualty and Surety Company of America

One Tower Square
Hartford, CT 06183

Mailing Address for Notices

1301 E. Collins Blvd., Suite 340
Richardson, TX 75081

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

BOND AMOUNT: 5% Five Percent of Amount Bid

PROJECT:

(Name, location or address, and Project number, if any)

Bid No. 50-00120781 Labor, Equipment & Materials Necessary to Supply & Install 4 Inch Water Piping at the Jefferson Parish Correctional Center Engine Room

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed and sealed this 12th day of October, 2017.



(Witness)

Gootee Construction, Inc.

(Principal)

(Seal)

By:

(Title)

Kathleen Gootee, Secretary

Travelers Casualty and Surety Company of America

(Surety)

(Seal)

By:

(Title)

Kathleen L. Berni, Attorney-in-Fact



POWER OF ATTORNEY

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
St. Paul Fire and Marine Insurance Company
St. Paul Guardian Insurance Company

St. Paul Mercury Insurance Company
Travelers Casualty and Surety Company
Travelers Casualty and Surety Company of America
United States Fidelity and Guaranty Company

Attorney-In Fact No. 232304

Certificate No. 007273834

KNOW ALL MEN BY THESE PRESENTS: That Farmington Casualty Company, St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company are corporations duly organized under the laws of the State of Connecticut, that Fidelity and Guaranty Insurance Company is a corporation duly organized under the laws of the State of Iowa, and that Fidelity and Guaranty Insurance Underwriters, Inc., is a corporation duly organized under the laws of the State of Wisconsin (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint

George Villars Baus Jr., Edward J. Murphy III, Kathleen L. Berni, and Greg R. Weston

of the City of Metairie, State of Louisiana, their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed and their corporate seals to be hereto affixed, this 20th day of June, 2017.

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
St. Paul Fire and Marine Insurance Company
St. Paul Guardian Insurance Company

St. Paul Mercury Insurance Company
Travelers Casualty and Surety Company
Travelers Casualty and Surety Company of America
United States Fidelity and Guaranty Company



State of Connecticut
City of Hartford ss.

By: Robert L. Raney
Robert L. Raney, Senior Vice President

On this the 20th day of June, 2017, before me personally appeared Robert L. Raney, who acknowledged himself to be the Senior Vice President of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.
My Commission expires the 30th day of June, 2021.



Marie C. Tetreault
Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, Kevin E. Hughes, the undersigned, Assistant Secretary, of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 12th day of October, 20 17.


Kevin E. Hughes, Assistant Secretary



To verify the authenticity of this Power of Attorney, call 1-800-421-3880 or contact us at www.travelersbond.com. Please refer to the Attorney-In-Fact number, the above-named individuals and the details of the bond to which the power is attached.




**RESOLUTION OF THE BOARD OF DIRECTORS
GOOTEE CONSTRUCTION, INCORPORATED**

BE IT RESOLVED by the Board of Directors of Gootee Construction, Inc. domiciled in Metairie, Louisiana, that Kathleen T. Gootee, Kenneth E. Gootee, Benjamin P. Gootee, Kyle Sharbonno and Patrick L. Gootee are hereby authorized and empowered to execute any and all Contracts, Agreements, Proposals, Bids and/or Bonds and all other Documents on behalf of the Corporation.

CERTIFICATE

I, Kathleen T. Gootee of Gootee Construction, Inc. do hereby certify that the foregoing resolution is a true and exact copy unanimously adopted by the Board of Directors of said corporation at a meeting thereof legally held on the 1st day of July, 2011; that the said resolution is duly entered into the records of said corporation; that it has not been rescinded or modified; and that it is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand and the seal of the said corporation this 12th day of October, 2017.


Kathleen T. Gootee
Secretary

Non-Public Works Bid

AFFIDAVIT

STATE OF LA

PARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: _____


Kenneth Gootee, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized CEO of Gootee Construction, Inc. (Entity), the party who submitted a bid in response to Bid Number 50-00120781, 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.

Debt Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

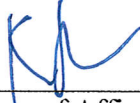
- Choice A _____ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.
- Choice B _____ There are NO debts which would require disclosure 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.



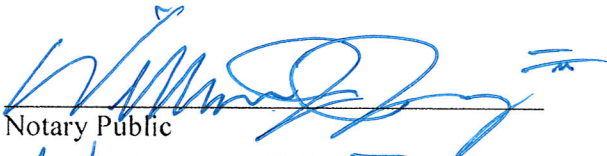
Signature of Affiant

Lawrence Goode

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 11 DAY OF October, 2017.



Notary Public

William J. Jung III

Printed Name of Notary

35855

Notary/Bar Roll Number

WILLIAM J. JUNG III
Notary Public, ID# 140599
Bar No. 35855
State of Louisiana
My Commission is Issued for Life.

My commission expires Dec 14.

Louisiana Secretary of State

Tom Schedler

SEARCH FOR LOUISIANA NOTARIES

A practicing notary in a parish may notarize in reciprocal parishes without additional bonding or examination.

You can also download information about all notaries on file. For more information, see [Notary Bulk Data](#).

[Print](#)

Notary Search - Detail

Name:	WILLIAM JACOB JUNG III
Address:	4500 LAKE LOUISE AVE. METAIRIE, LA 70006
Phone:	(504) 451-9518
Notary ID Number:	140599
Parish:	JEFFERSON with STATEWIDE JURISDICTION
Agency:	N/A
Notary Type:	Attorney
	Bar Roll #: 35855
Status:	Active
Commission Date:	02/12/2015
Oath Date:	01/20/2015
Surety Expiration Date:	Not Required
Annual Report Current:	Not Applicable

[Back to Search Results](#)[New Search](#)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/9/2017

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 Arthur J. Gallagher Risk Management Services, Inc. 111 Veterans Boulevard, Suite 1130 Metairie LA 70005	CONTACT NAME: Adam Fox	
	PHONE (A/C, No, Ext): 504-888-1100	FAX (A/C, No): 504-888-1299
	E-MAIL ADDRESS: Adam_Fox1@ajg.com	
INSURED Gootee Construction, Inc. 2400 North Arnoult Road Metairie LA 70001	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Old Republic Insurance Company	
	INSURER B: Admiral Insurance Company	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	
	NAIC #	
	24147	
	24856	

COVERAGES **CERTIFICATE NUMBER:** 1280061055 **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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MWZY30855817	4/1/2017	4/1/2018	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 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			MWVB30855917	4/1/2017	4/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000			BEX0960264001	4/1/2017	4/1/2018	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 OTHER \$
A	<input checked="" type="checkbox"/> 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	MWC3085570017	4/1/2017	4/1/2018	<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)

Certificate Holder is included as Additional Insured on General Liability (CG 2028, CG-2011, CG-2037, CG-2010, CG-2015) and Automobile (CA0413, PCA035). Waiver of Subrogation in favor of certificate holder on General Liability (CG 2404), and WC (WC0003), and Automobile (IL10-12/06, PCA044)

The General Liability, certified herein is primary and non-contributory to other insurance available, but only to the extent required by written contract.

Umbrella coverage is follow form.

See Attached...

CERTIFICATE HOLDER	CANCELLATION
Jefferson Parish Purchasing Department 200 Derbigny Street Gretna LA 70053	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY Arthur J. Gallagher Risk Management Services, Inc.		NAMED INSURED Gootee Construction, Inc. 2400 North Arnoult Road Metairie LA 70001
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

Bid # 50-120781

Labor, equipment & materials necessary to supply & install 4 inch water piping at the Jefferson Parish Correctional Center Engine Room

#26860

W-9 <small>(Rev. October 2007)</small> <small>Do not attach to the tax return.</small> <small>Internal Revenue Service</small>	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) GOODE CONSTRUCTION, INCORPORATED		
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 (disregarded entity, C-corporation, S-corporation, partnership) in the space below.) <input type="checkbox"/> Other (see instructions)		
Address (number, street, and apt. or suite no.) 2400 N. ALABAMA ROAD		
City, state and ZIP code MEYER, LA 70001		
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 new debts, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 4. 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 72-1197308 72-1199303		
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. citizen or other U.S. person (defined below). Certification instructions. You must check 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 [Signature] Date 7/22/08		
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: 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. 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 partner's 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.		