

## BID REJECTION FORM

Bid number: 50-00126236

Vendor Name: Walter J Barnes Electric

Reasons for

Rejection: Vendor's insurance certificate submitted with bid expired

on 4/1/2019.

REVIEWED BY:

Buyer Name: Daphne Nelson

Date: 7/10/19

Chief Buyer: [Signature]

Date: 7/10/19



**CENTRALBIDDING**  
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**Central Bidding Time:** Tue Jul 02 2019 14:04:28 GMT-0500 (Central Daylight Time)

Place a Bid for 5000126236 GLENWOOD DRIVE STREET LIGHTING

Please enter your best bid proposal for this project

Louisiana Contractor ID#

448

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

<p>Walter J Barnes Electric Co Inc 2324 Severn Ave Ste 200 Metairie LA 70001 504-835-1756 LA License #448</p> <p>Jefferson Parish Purchasing 200 Derbigny St Ste 4400 Gretna LA 70053</p>	

Bid Bond #

SLA19370947

Jefferson Parish Vendor #:

63240

Upload Attachment(s)

While this site accepts various file types, sizes and quantities, the preferred method for delivering all of the appropriate and required bid documents is one single scanned PDF file. Vendors submitting bids with multiple uploaded images/photos of bid responses are solely responsible for clarity. If uploaded images/documents are not legible, the bidder's submission will be rejected. Please note all requirements in this bid package for electronic bid submission.

### Upload a file

Click the Upload button in order to upload bid related documents

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Central Auction House, LTD

LOUISIANA UNIFORM PUBLIC WORK BID FORM

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

BID FOR: Glenwood Dr. Street Lighting  
(Fairmont Dr. to Metairie Rd.)  
Public Works Project No. 2018-012-SL  
Bid Proposal No. 50-00126236

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: **Infinity Engineering** and dated: **September 2018**

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) 1, 2

**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 Hundred Sixty-Nine Thousand Nine Hundred — Dollars (\$ 169,900.00 )

**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 (\$ N/A )

**Alternate No. 2** (Owner to provide description of alternate and state whether add or deduct) for the lump sum of:

N/A Dollars (\$ N/A )

**Alternate No. 3** (Owner to provide description of alternate and state whether add or deduct) for the lump sum of:

N/A Dollars (\$ N/A )

**NAME OF BIDDER**: Walter J Barnes Electric Co Inc

**ADDRESS OF BIDDER**: 2324 Severn Ave Ste 200 Metairie LA 70001

**LOUISIANA CONTRACTOR'S LICENSE NUMBER**: 448

**NAME OF AUTHORIZED SIGNATORY OF BIDDER**: Michael Ellis

**TITLE OF AUTHORIZED SIGNATORY OF BIDDER**: Executive Vice-President

**SIGNATURE OF AUTHORIZED SIGNATORY OF BIDDER\*\***: 

**DATE**: 07/02/2019

**THE FOLLOWING ITEMS ARE TO BE INCLUDED WITH THE SUBMISSION OF THIS  
LOUISIANA UNIFORM PUBLIC WORK BID FORM:**

\* 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.

\*\* A CORPORATE RESOLUTION OR WRITTEN EVIDENCE of the authority of the person signing the bid for the public work as prescribed by 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) attached to and made a part of this bid.

LOUISIANA UNIFORM PUBLIC WORK BID FORM



# UNIT PRICE FORM

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

BID FOR: Glenwood Dr. Street Lighting  
(Fairmont Dr. to Metairie Rd.)  
Public Works Project No. 2018-012-SL  
Bid Proposal No. 50-00126236

UNIT PRICES: This form shall be used for any and all work required by the Bidding Documents and described as unit prices. Amounts shall be stated in figures and only in figures.

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# TRENCHING AND BACKFILL			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
E-101	300	Linear Foot	16.20	4,860.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# DIRECTIONAL BORING INCLUDING 1 1/4" HDPE CONDUIT			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
E-102	2500	Linear Foot	10.90	27,250.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# GROUND ROD			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
E-103	22	Each	105.00	2,310.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# 4/0 AWG GROUND WIRE			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
E-104	600	Linear Foot	5.90	3,540.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# 2 AWG THWN			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
E-105	5500	Linear Foot	2.35	12,925.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# 6 AWG THWN			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
E-106	2700	Linear Foot	1.30	3,510.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# 8 AWG THWN			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
E-107	3000	Linear Foot	1.00	3,000.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# 12 AWG SO CORD			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
E-108	1000	Linear Foot	2.50	2,500.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# SPLICE AND TAP CONNECTOR			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
E-109	66	Each	100.00	6,600.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# NOT USED			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
E-110	N/A	N/A	N/A	N/A

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ Concrete Pull Box			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
E-111	21	Each	880.00	18,480.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ Fused Disc Sw			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
E-112	1	Each	1,200.00	1,200.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ 14' Light Pole & Foundation			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
E-113	21	Each	3,200.00	67,200.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ Temporary Signs and Barricades			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
M-101	1	Lump Sum	2,800.00	2,800.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ Exploratory Excavation			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
M-102	1	EACH	500.00	500.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ Mobilization			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
M-103	1	Lump Sum	10,300.00	10,300.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ Construction Layout			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
M-104	1	Lump Sum	2,400.00	2,400.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ Cost to Contractor to list Jefferson Parish as an additional insured on Contractor's General Liability Insurance			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
I-1	1	ONLY	0.00	0.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ Cost to Contractor to list Jefferson Parish as an additional insured on Contractor's Automotive Insurance			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
I-2	1	ONLY	0.00	0.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ Cost to Contractor to list Jefferson Parish as a named insured on Builder's Risk Insurance Policy			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
I-3	1	ONLY	0.00	0.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ Cost of Contractor's Owners Protection Liability Insurance Policy			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
I-4	1	ONLY	525.00	525.00

REVISED PER ADDENDUM #2  
BID PROPOSAL NO. 50-00126236

BF-3

📍 600 North Street, Baton Rouge, 70802 📞 (225) 765-2301 📧 Text-To-Verify: 1 (855) 999-7896 

## Louisiana State Licensing Board for Contractors

### Contractor Information

**Business Name** WALTER J. BARNES ELECTRIC CO., INC.  
**Mailing Address** P. O. Box 10458  
Jefferson, LA 70181  
**Phone Number** (504) 835-1756  
**Fax Number** (000) 000-0000  
**Email Address** pblackman@wjbe.com  
**Website** http://null

### Active Licenses

**License Number** 448  
**Type** Commercial License  
**Status** LICENSED  
**Effective** 01/31/2019  
**Expiration** 01/30/2022  
**First Issued** 01/30/1957

### Classifications

Class	Qualifying Party	Parishes
BUILDING CONSTRUCTION	W. Conner Ellis Jr.	ALL
BUSINESS AND LAW	William C. Ellis III	ALL
ELECTRICAL WORK (STATEWIDE)	W. Conner Ellis Jr.	ALL
ELECTRICAL WORK (STATEWIDE)	William C. Ellis III	ALL
MUNICIPAL AND PUBLIC WORKS CONSTRUCTION	W. Conner Ellis Jr.	ALL
SPECIALTY: INSTRUMENTATION AND CALIBRATION	W. Conner Ellis Jr.	ALL
SPECIALTY: TELECOMMUNICATIONS	W. Conner Ellis Jr.	ALL
SPECIALTY: TOWER CONSTRUCTION	W. Conner Ellis Jr.	ALL





**Bond Number: SLA19370947**

**Contractor Information**

**Principal:** Walter J Barnes Electric Co Inc.

**Address:** PO Box 10458 Jefferson Louisiana 70181 United States

**Owner/Obligee Information**

**Bond Form:** Bid Bond in accordance with Contract Specifications

**Owner/Obligee:** Jefferson Parish

**Address:** 200 Derbigny Street Gretna Louisiana 70053 United States

**Bond Information**

**Surety:** Hartford Fire Insurance Company

**Bid Date:** 7/2/2019

**Estimated Contract Price:** \$150,000.00

**Time For Completion:** 120 Days

**Liquidated Damages:** \$500/day

**Estimated Work On Hand:**

**Amount of Bid Security:** Five Percent of the Amount Bid

**Contract # or IFB #:** 50-00126236

**Description of Job:** Bid No. 50-00126236 Glenwood Drive Street Lighting Fairmong Drive to Metairie Road Public Works Project No. 2018-012-SL

**Job Breakdown:**

**Electronic Bidding Information**

**Bid Security Percentage:** 5

**Bid Security Maximum:**

**Owner Assigned Contractor Number:**63240

**Primary Agency:**

Arthur J. Gallagher Risk Management Services

Power of Attorney Limited to: Unlimited

**Executed**

**Entered By:** Kathleen L. Berni - 7/1/2019 9:22:32 AM ET

**Approved & Executed By:**

*Kathleen L. Berni*

Kathleen L. Berni (Signed: 01-Jul-2019 09:22 AM EDT (UTC-04:00))

Signature Information

Know all men by these presents that Hartford Fire Insurance Company, a Corporation duly organized under the laws of the State of Connecticut, are held and firmly bound



unto the above owner/obligee by this transmission. The surety agrees to waive the Statute of Fraud defense and further agrees that the owner/obligee is a third party beneficiary of the waiver for the purposes of enforcing this bid bond.

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Document ID: S2000-1001010090



*Powering Your Vision*

Walter J Barnes Electric Co Inc | 2324 Severn Ave | Metairie, Louisiana 7001  
(o) 504.835.1756 | (f) 504.834.2611 | info@wjbe.com | www.wjbe.com

**RESOLUTION OF THE BOARD OF DIRECTORS  
of  
WALTER J BARNES ELECTRIC CO INC**

I, Michael H Ellis, Secretary of Walter J Barnes Electric Co., Inc. (the "Corporation"), hereby certify that the following is a true copy of resolutions duly adopted by the Board of Directors of the Corporation at a meeting held on 5 February 2019 at which a quorum was present and acting throughout.

**WHEREAS**, the Corporation desired to authorize officers to sign any and all bids, proposals, and contracts for and on behalf of the Corporation;

**NOW THEREFORE, BE IT RESOLVED**, that WILLIAM C ELLIS III, DONALD G ELLIS JR, and MICHAEL H ELLIS are hereby authorized to sign any and all bids, proposals, and contracts for and on behalf of the Corporation, effective as of 5 February 2019.

**IN WITNESS WHEREOF**, I have hereunto set my hand and affixed the seal of the Corporation on the 5th day of February 2019.

  
\_\_\_\_\_  
Secretary (Michael Ellis)

SEAL

Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Orleans

BEFORE ME, the undersigned authority, personally came and appeared: \_\_\_\_\_

Michael Ellis, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized Executive Vice-President of Walker & Barnes Electric Co Inc (Entity), the party who submitted a bid in response to Bid Number SD 00126236, 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.

Affiant further said:

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

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.

Affiant further said:

Affiant personally has not been convicted of, nor has he/she entered into a plea of guilty or nolo contendere to any of the crimes or equivalent federal crimes listed below. No individual partner, incorporator, director, manager, officer, organizer, or member, who has a minimum of a ten percent ownership in the Bidding Entity, has been convicted of, or has entered a plea of guilty or nolo contendere to any of the crimes or equivalent federal crimes listed below. A conviction of or plea of guilty or nolo contendere to the following state crimes or equivalent federal crimes shall permanently bar any person or the bidding entity from bidding on public projects:

- (a) Public bribery (R.S. 14:118)
- (b) Corrupt influencing (R.S. 14:120)
- (c) Extortion (R.S. 14:66)
- (d) Money laundering (R.S. 14:230)



A conviction of or plea of guilty or nolo contendere to the following state crimes or equivalent federal crimes shall bar any person or the bidding entity from bidding on public projects for a period of five years from the date of conviction or from the date of the entrance of the plea of guilty or nolo contendere:

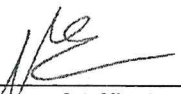
- (a) Theft (R.S. 14:67)
- (b) Identity Theft (R.S. 14:67, 16)
- (c) Theft of a business record (R.S. 14:67.20)
- (d) False accounting (R.S. 14:70)
- (e) Issuing worthless checks (R.S. 14:71)
- (f) Bank fraud (R.S. 14:71.1)
- (g) Forgery (R.S. 14:72)
- (h) Contractors; misapplication of payments (R.S. 14:202)
- (i) Malfeasance in office (R.S. 14:134)

The five-year prohibition provided for in this section shall apply only if the crime was committed during the solicitation or execution of a contract or bid awarded pursuant to these provisions. If evidence is submitted substantiating that a false attestation has been made and the project must be readvertised or the contract cancelled, the awarded entity making the false attestation shall be responsible to the public entity for the costs of rebidding, additional costs due to increased costs of bids and any and all delay costs due to the rebid or cancellation of this project.

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

Affiant further said:

- (1) Entity is registered and participates in a status verification system to verify that all employees in the State of Louisiana are legal citizens of the United States or are legal aliens.
- (2) Entity shall continue, during the term of the contract, to utilize a status verification system to verify the legal status of all new employees in the State of Louisiana.
- (3) Entity shall require all subcontractors to submit to the Entity a sworn affidavit verifying compliance with statements (1) and (2).

  
\_\_\_\_\_  
Signature of Affiant

Michael Ellis  
\_\_\_\_\_  
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 2 DAY OF July, 2015.

  
\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Name of Notary Kathleen B. Oldendorf  
Notary Public #83772  
Commission Expires at Death  
Parish of Orleans, LA

\_\_\_\_\_  
Notary/Bar Roll Number

My commission expires \_\_\_\_\_.

Print

## Notary Search - Detail

**Name:** MS. KATHLEEN R. OLDENDORF  
**Address:** 330 38TH STREET  
NEW ORLEANS, LA 70124  
**Phone:** (504) 482-6058  
**Notary ID Number:** 83772  
**Parish:** ORLEANS with STATEWIDE JURISDICTION  
**Agency:** N/A  
**Notary Type:** Non Attorney  
**Status:** Active  
**Commission Date:** 07/08/2011  
**Oath Date:** 06/08/2011  
**Surety Expiration Date:** 06/30/2021  
**Annual Report Current:** Yes

## Notary Events

**Parish Change** Previous Parish: JEFFERSON Previous Commission Date: 08/22/2006

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](#)



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
02/01/2019

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  
Aon Risk Services Central, Inc.  
Chicago IL Office  
200 East Randolph  
Chicago IL 60601 USA

CONTACT NAME:  
PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105

E-MAIL ADDRESS:

## INSURER(S) AFFORDING COVERAGE

NAIC #

INSURED  
Walter J. Barnes Electric Co., Inc.  
PO Box 10458  
Jefferson LA 70181 USA

INSURER A: American Zurich Ins Co 40142  
INSURER B: Zurich American Ins Co 16535  
INSURER C:  
INSURER D:  
INSURER E:  
INSURER F:

## COVERAGES

CERTIFICATE NUMBER: 570074984517

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.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			GL0980964803	04/01/2018	04/01/2019	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY			BAP 9809649-03	04/01/2018	04/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
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	N/A	WC980964703	04/01/2018	04/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE-EA EMPLOYEE \$500,000 E.L. DISEASE-POLICY LIMIT \$500,000

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

RE: Resolution No. 132876, Bid Proposal No. 50-00124641 for battery bank repairs at various pump stations, Bid Proposal dated December 18, 2018. Certificate Holder is included as Additional Insured in accordance with the policy provisions of the General Liability and Automobile Liability policies where required by written contract. General Liability and Automobile Liability evidenced herein are Primary and Non-Contributory to other insurance available to an Additional Insured, but only in accordance with the policy's provisions where required by written contract. A Waiver of Subrogation is granted in favor of Certificate Holder in accordance with the policy provisions of the General Liability, Automobile Liability and Workers' Compensation policies where required by written contract.

## CERTIFICATE HOLDER

## CANCELLATION

The Parish of Jefferson  
1221 Elmwood Park Blvd., Suite 802  
Jefferson LA 70123 USA

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Aon Risk Services Central, Inc.*

Holder Identifier :

Certificate No : 570074984517





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/1/2019

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).

<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, Inc. 111 Veterans Blvd., Suite 1130 Metairie LA 70005	<b>CONTACT NAME:</b> William Hughs <b>PHONE (A/C, No., Ext.):</b> 504-888-1100 <b>E-MAIL ADDRESS:</b> William_Hughs@AJG.com <b>FAX (A/C, No.):</b> 504-888-1299														
<b>INSURED</b> Walter J Barnes Electric Co. Inc P. O. Box 10458 Jefferson LA 70181-0458	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : National Union Fire Insurance Co of PA</td><td>19445</td></tr><tr><td>INSURER B :</td><td></td></tr><tr><td>INSURER C :</td><td></td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : National Union Fire Insurance Co of PA	19445	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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**COVERAGES****CERTIFICATE NUMBER:** 624811742**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								
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$								
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$								
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE			BE027548011	4/1/2018	4/1/2019	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ \$								
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<table><tr><td>PER STATUTE</td><td>OTH-ER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td></tr></table>	PER STATUTE	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
PER STATUTE	OTH-ER														
E.L. EACH ACCIDENT	\$														
E.L. DISEASE - EA EMPLOYEE	\$														
E.L. DISEASE - POLICY LIMIT	\$														

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

Coverage under this policy will follow the terms, definitions, conditions and exclusions of SCHEDULED UNDERLYING INSURANCE, subject to the Policy Period, Limits of Insurance, premium and all other terms, definitions, conditions and exclusions of this policy. Provided, however, that coverage provided by this policy will be no broader than the coverage provided by SCHEDULED UNDERLYING INSURANCE. FORM # 119621 (08/15)  
Policy includes Additional Insured Endorsement Primary and Non Contributory, Form # 86395 (08/04)

See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

The Parish of Jefferson  
1221 Elwood Park Blvd, suite 802  
Jefferson LA 70123

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Arthur J. Gallagher Risk Management Services, Inc.		NAMED INSURED Walter J Barnes Electric Co. Inc P. O. Box 10458 Jefferson LA 70181-0458
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

#### Underlying Policy Information:

Policy Period:  
 April 1, 2018 to April 1, 2019

Issuing Companies:  
 Zurich American Insurance Company (Auto/General Liability)  
 American Zurich Insurance Company (Workers' Compensation)

Policy Number (s):  
 Auto - BAP 9809649-03  
 General Liability - 9809648-03  
 Workers Compensation - 9809647-03  
 Bid#: 50-00124641

**Request for Taxpayer  
Identification Number and Certification**

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

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return) <b>WALTER J. BARNES ELECTRIC CO., INC.</b>	
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 payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.) <b>P.O. BOX 10458</b>	Requester's name and address (optional)
City, state, and ZIP code <b>JEFFERSON, LA 70181</b>	
List account number(s) here (optional)	<b>11 FEB 07 14:36:43</b>

**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
<b>72 0537910</b>

**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 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>Patricia Hanner</i>	Office Manager Patricia Hanner	Date <i>1/27/11</i>
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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:

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 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,