

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 2 years

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

As Needed

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

35678

**THIS SECTION MUST BE COMPLETED BY BIDDER:**

FIRM NAME: Beverly Construction Co. LLC

ADDRESS: 1215 River Rd.

CITY, STATE: Bridge City LA ZIP: 70094

TELEPHONE: (504) ~~436~~ 436-2904 FAX: (504) 436-4032

EMAIL ADDRESS: Ronnie@Beverlyinc.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: N/A  
NUMBER: \_\_\_\_\_  
NUMBER: \_\_\_\_\_  
NUMBER: \_\_\_\_\_

TOTAL PRICE OF ALL BID ITEMS: \$ 422,275.75

AUTHORIZED SIGNATURE: R. Schmitt

Ronald Schmitt  
Printed Name

TITLE: PRESIDENT

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.

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00113937

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			TWO YEAR CONTRACT FOR THE SUPPLY OF RIVER PUMP SAND AND BATTURE SAND FOR THE JEFFERSON PARISH DEPARTMENT OF SEWERAGE TO INCLUDE ALL JEFFERSON PARISH DEPARTMENTS EASTBANK AND WESTBANK		
			TWO YEAR CONTRACT FOR THE SUPPLY OF PUMP RIVER SAND AND BATTURE SAND FOR ALL DEPARTMENTS OF JEFFERSON PARISH EAST AND WEST BANK		
1	23,100.00	CUYD	0010 - Pump River Sand Delivered - East Bank	9. <sup>00</sup>	207,900. <sup>00</sup>
2	190.00	CUYD	0020 - Pump River Sand Self-Hauled East Bank	3.75	712.50
3	110.00	CUYD	0030 - Batture Sand for Planting Delivered - East Bank	10.75	1182.50
4	1.00	CUYD	0040 - Batture Sand for Planting Self-Hauled, East Bank	6. <sup>00</sup>	6. <sup>00</sup>
5	26,000.00	CUYD	0050 - Pump River Sand Delivered - West Bank	7.75	201,500. <sup>00</sup>
6	1.00	CUYD	0060 - Pump River Sand Self-Hauled, West Bank	3.75	3.75
7	1,020.00	CUYD	0070 - Batture Sand for Planting Delivered - West Bank	10.75	10,965. <sup>00</sup>
8	1.00	CUYD	0080 - Batture Sand for Planting Self-Hauled - West Bank	6. <sup>00</sup>	6. <sup>00</sup>
					422,275. <sup>75</sup>

## CORPORATE RESOLUTION

**BE IT RESOLVED** by the Board of Directors of Beverly Construction Co., LLC in a meeting duly assembled that Ronald J. Schmitt , President of the Company (Managing Member), he is hereby authorized, empowered and directed for and on behalf of the Company to negotiate for and sign any and all bid proposals and/or contracts which this Company might enter for the furnishing of services for the Company under such terms, Conditions and stipulates, and for such consideration as he might deem to the best interest of the Company.

\*\*\*\*\*

I, Albert J. Phillip Sr., Member of Beverly Construction Co., LLC, do hereby certify that the above and foregoing is a true and correct copy of the Resolution unanimously adopted at a meeting of the Board of Directors of said Company held on the 8<sup>th</sup> day of August, 2011, at which meeting all members of the Board of Directors were present and voted thereon and that said Resolution has been spread upon the minute books of the Company, and same is in full force and effect.

**WITNESS MY SIGNATURE** this 8th day of August, 2011,

At Nine Mile Point, Louisiana.

Beverly Construction Co., LLC  
P.O. Box 9016  
Bridge City, LA 70096

  
\_\_\_\_\_  
Albert J. Phillip Sr., Member

CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YY) 7/31/2015							
<b>PRODUCER</b> Eagan Insurance Agency, Inc. 2629 N. Causeway Blvd. Metairie, LA 70002		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.							
<b>COMPANIES AFFORDING COVERAGE</b>									
<b>INSURED</b> Beverly Industries, L.L.C., et al (see attached Addendum listing all Insureds) 1215 River Road Bridge City, LA 70094		COMPANY A THE GRAY INSURANCE COMPANY COMPANY B COMPANY C COMPANY D							
<b>COVERAGES</b>									
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.									
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS				
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	XSGL-074080	9/16/2013	10/1/2016	GENERAL AGGREGATE	Unlimited			
	PRODUCTS - COM/POP AGG					\$3,000,000.00			
	PERSONAL & ADV INJURY					\$1,000,000.00			
	EACH OCCURRENCE					\$1,000,000.00			
FIRE DAMAGE (Any one fire)					\$100,000.00				
MED EXP (Any one person)					\$5,000.00				
COMBINED SINGLE LIMIT					\$1,000,000.00				
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	XSAL-075076	9/16/2013	10/1/2016	BODILY INJURY (Per person)				
	BODILY INJURY (Per accident)								
	PROPERTY DAMAGE								
	AGGREGATE								
EACH OCCURRENCE									
AGGREGATE									
<b>GARAGE LIABILITY</b>									
<input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____									
<b>EXCESS LIABILITY</b>									
<input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM									
<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>									
A	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL		XSWC-070796	9/16/2013	10/1/2016	WC STATUTORY LIMITS	OTHER		
	EL EACH ACCIDENT					\$1,000,000.00			
	EL DISEASE - POLICY LIMIT					\$1,000,000.00			
	EL DISEASE - EA EMPLOYEE					\$1,000,000.00			
<b>OTHER</b>									
<b>DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS</b> The certificate holder is an additional insured on all policies except Workers' Compensation and is provided a Waiver of Subrogation, all if required by written contract. The above insurance policies shall be primary and noncontributory to any other insurance policies maintained by the certificate holder, if required by written contract.  Re: Bid Proposal No. 50-00113128, B & C Canal Drainage Improvements (Westbank Expressway to 5th Avenue), Jefferson Parish Public Works No. 2010-022-DR									
<b>CERTIFICATE HOLDER</b>			<b>CANCELLATION</b>						
Jefferson Parish Purchasing Dept. Jefferson Parish General Government Building 200 Derbigny Street, Suite 4400 Gretna, LA 70056			In the event of cancellation by The Gray Insurance Company and if required by written contract, 30 days written notice will be given to the Certificate Holder.						
			AUTHORIZED REPRESENTATIVE   THE GRAY INSURANCE COMPANY						
GCF 00 50 01 01 12									

THE GRAY INSURANCE COMPANY

The below coverages apply if the corresponding policy number is indicated on the previous page.

A. Commercial General Liability

General Liability Policy Includes:

- Blanket Waiver of Subrogation when required by written contract.
- Blanket Additional Insured (CGL Form# CG 20 10 11 85) when required by written contract.
- Primary Insurance Wording Included when required by written contract.
- Broad Form Property Damage Liability including Explosion, Collapse and Underground (XCU).
- Premises/Operations
- Products/Completed Operations
- Contractual Liability
- Sudden and Accidental Pollution Liability
- Occurrence Form
- Personal Injury
- "In Rem" Endorsement
- Cross Liability
- Severability of Interests Provision
- "Action Over" Claims
- Independent Contractors coverage for work sublet
- Vessel Liability - Watercraft exclusion has been modified by the vessels endorsement on scheduled equipment.
- General Aggregate applies per project or equivalent.

B. Automobile Liability Policy Includes:

- Blanket Waiver of Subrogation when required by written contract.
- Blanket Additional Insured when required by written contract.

C. Workers Compensation Policy Includes:

- Blanket Waiver of Subrogation when required by written contract.
- U.S. Longshoremen's and Harbor Workers Compensation Act Coverage
- Outer Continental Shelf Land Act
- Jones Act (including Transportation, Wages, Maintenance, and Cure),
- Death on the High Seas Act & General Maritime Law.
- Maritime Employers Liability Limit: \$1,000,000
- Voluntary Compensation Endorsement
- Other States Insurance
- Alternate Employer/Borrowed Servant Endorsement
- "In Rem" Endorsement
- Gulf of Mexico Territorial Extension

D. Excess Liability Policy Includes:

- Coverage is excess of the Auto Liability, General Liability, Employers Liability, & Maritime Employers Liability policies
- Blanket Waiver of Subrogation when required by written contract.
- Blanket Additional Insured when required by written contract.

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**ADDENDUM ATTACHMENT TO CERTIFICATE OF INSURANCE**

**NO: 288**

**INSURED: Beverly Industries, L.L.C., et al:**

Angelo's Trucking, L.L.C.  
Beverly Construction Company, L.L.C.  
Beverly Disposal, L.L.C.  
Beverly Dredging, LLC  
Beverly Equipment Rentals and Sales, L.L.C.  
Beverly Holding, LLC  
Beverly Sand and Aggregate, LLC  
PHIBEV, Inc.  
Phillip Family, LLC

Date: 7/31/2015 jr

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**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.  
**BEVERLY CONSTRUCTION, 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  
 C Corporation  
 S Corporation  
 Partnership  
 Trust/estate  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ **C**  
 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.)  
**1215 RIVER ROAD**

6 City, state, and ZIP code  
**BRIDGE CITY, LA 70094**

7 List account number(s) here (optional)

Requester's name and address (optional)  
**Jefferson Parish Purchasing  
200 Derbigny St Suite 4400  
Gretna, LA 70053**

**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								
7	2	-	1	4	3	4	9	8 2

**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 ▶ *Robert A Brown* Date ▶ *7/31/15*

**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](http://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.