

CENTRALBIDDING

FROM CENTRAL AUCTION HOUSE

Central Bidding Time: Thu April 30, 2015 2:03:11 PM GMT-6
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Place a Bid for 5000112685 - EMERGENCY GENERATOR EAST BANK WASTEWATER TREATMENT PLANT

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

EMERGENCY GENERATOR
 EAST BANK WASTE WATER TREATMENT PLANT
 CDBG PROJECT NO. 26PARA2303
 SCIP PROJECT NO. D5116

Check Spelling

Bid Bond #

SLA15633616

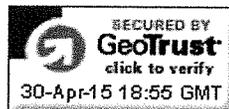
Jefferson Parish Vendor #:

63240

Upload Attachment(s)

Upload a file

Click the Upload button in order to upload bid related documents



LOUISIANA UNIFORM PUBLIC WORK BID FORM

TO: Jefferson Parish
Attn: Purchasing Department
200 Derbigny Street, Suite 4400
Gretna, Louisiana 70053

BID FOR: Emergency Generator – East Bank Wastewater
Treatment Plant, Jefferson Parish, Louisiana.
CDBG Proj. No. 26PARA2303, SCIP Proj. No.
D5116, Bid Proposal No. 50-00112685

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: URS CORPORATION and dated: DECEMBER 12, 2014

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, 3

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:

Two Million Seven Hundred Sixty-five Thousand Seven Hundred Ninety-two Dollars (\$ 2,765,792.00)

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 – Metal Shed over Transfer Switch, Ref. No. 0015, to be ADDED for the lump sum of:

Twenty-two Thousand Dollars (\$ 22,000.00)

Alternate No. 2 (Not Applicable) for the lump sum of: Dollars (\$)

Alternate No. 3 (Not Applicable) for the lump sum of: Dollars (\$)

NAME OF BIDDER: Walter J Barnes Electric Co Inc
ADDRESS OF BIDDER: PO Box 10458
Jefferson LA 70181

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 **: [Signature]
DATE: 04/30/2015

* The Unit Price Form shall be used if the contract includes unit prices. Otherwise it is not required and need not be included with the form. The number of unit prices that may be included is not limited and additional sheets may be included if needed.

** If someone other than a corporate officer signs for the Bidder/Contractor, a copy of a corporate resolution or other signature authorization shall be required for submission of bid. Failure to include a copy of the appropriate signature authorization, if required, may result in the rejection of the bid unless bidder has complied with La. R.S. 38:2212(B)5.

BID SECURITY in the form of a bid bond, certified check or cashier's check as prescribed by LA RS 38:2218.A is attached to and made a part of this bid.

This Bid Form has been revised per Addendum No. 3.

LOUISIANA UNIFORM PUBLIC WORK BID FORM
UNIT PRICE FORM

TO: Jefferson Parish
Attn: Purchasing Department
200 Derbigny Street, Suite 4400
Gretna, Louisiana 70053

BID FOR: Emergency Generator – East Bank Wastewater Treatment Plant, Jefferson Parish, Louisiana.
CDBG Proj. No. 26PARA2303, SCIP Proj. No. D5116, Bid Proposal No. 50-00112685

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. # _____ Mobilization and Demobilization			
REF. NO.	QUANTITY:	UNIT OF MEASURE	UNIT PRICE:	UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>)
0001	1	Lump Sum	21,000.00	21,000.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt. # _____ Clearing and Grubbing			
REF. NO.	QUANTITY:	UNIT OF MEASURE	UNIT PRICE:	UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>)
0002	1	Lump Sum	14,800.00	14,800.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt. # _____ Timber Piles			
REF. NO.	QUANTITY:	UNIT OF MEASURE	UNIT PRICE:	UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>)
0003	2,520	Linear Feet	26.10	65,772.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt. # _____ Reinforced Concrete			
REF. NO.	QUANTITY:	UNIT OF MEASURE	UNIT PRICE:	UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>)
0004	215	Cubic Yards	793.00	170,495.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt. # _____ Diesel Generator w/ Enclosure, Radiator, and 4-Day Fuel Tank			
REF. NO.	QUANTITY:	UNIT OF MEASURE	UNIT PRICE:	UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>)
0005	1	Each	2,084,000.00	2,084,000.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt. # _____ Piping			
REF. NO.	QUANTITY:	UNIT OF MEASURE	UNIT PRICE:	UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>)
0006	1	Lump Sum	51,000.00	51,000.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt. # _____ Transfer Switch w/ Enclosure			
REF. NO.	QUANTITY:	UNIT OF MEASURE	UNIT PRICE:	UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>)
0007	1	Each	7,300.00	7,300.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt. # _____ Soft Starter			
REF. NO.	QUANTITY:	UNIT OF MEASURE	UNIT PRICE:	UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>)
0008	1	Each	63,000.00	63,000.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt. # _____ Ductbank			
REF. NO.	QUANTITY:	UNIT OF MEASURE	UNIT PRICE:	UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>)
0009	1	Lump Sum	36,400.00	36,400.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt. # _____ Conduit and Wiring			
REF. NO.	QUANTITY:	UNIT OF MEASURE	UNIT PRICE:	UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>)
0010	1	Lump Sum	163,000.00	163,000.00

Notes:

All quantities are estimated. The contractor will be paid upon actual quantities as verified by Owner.

This Bid Form has been revised per Addendum No. 3.

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or	<input type="checkbox"/> Alt. #	Painting	
REF. NO.	QUANTITY:	UNIT OF MEASURE	UNIT PRICE:	UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>)
0011	1	Lump Sum	22,700.00	22,700.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or	<input type="checkbox"/> Alt. #	Gravel and Grading	
REF. NO.	QUANTITY:	UNIT OF MEASURE	UNIT PRICE:	UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>)
0012	75	Cubic Yards	91.00	6,825.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or	<input type="checkbox"/> Alt. #	Seeding and Sodding	
REF. NO.	QUANTITY:	UNIT OF MEASURE	UNIT PRICE:	UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>)
0013	1	Lump Sum	8,500.00	8,500.00

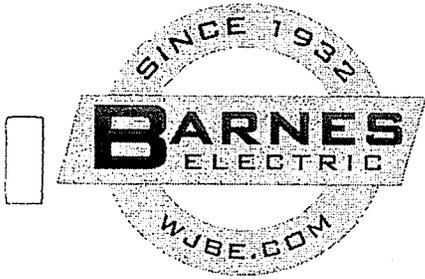
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or	<input type="checkbox"/> Alt. #	Contractor's Engineering	
REF. NO.	QUANTITY:	UNIT OF MEASURE	UNIT PRICE:	UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>)
0014	1	Lump Sum	51,000.00	51,000.00

DESCRIPTION:	<input type="checkbox"/> Base Bid or	<input checked="" type="checkbox"/> Alt. #	1 Metal Shed for Transfer Switch	
REF. NO.	QUANTITY:	UNIT OF MEASURE	UNIT PRICE:	UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>)
0015	1	Lump Sum	22,000.00	22,000.00

Notes:

All quantities are estimated. The contractor will be paid upon actual quantities as verified by Owner.

This Bid Form has been revised per Addendum No. 3.



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

Board of Directors Meeting

Meeting called to order at 4:00 p.m. on January 28, 2015 by William C Ellis III at 2324 Severn Ave, Ste 200, Metairie, LA 70001.

Members present:

William C Ellis III
Michael H Ellis
Donald G Ellis Jr
William C Ellis Jr
Donald G Ellis

Business:

A quorum of Board Members was present, and the following motions were discussed and voted:

Motion from Williams C Ellis III:

To authorize the officers below to sign any and all bids, proposals, and contracts for and on behalf of Walter J Barnes Electric Co Inc, effective as of this date:

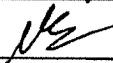
William C Ellis III	President
Donald G Ellis Jr	Treasurer
Michael Ellis	Secretary
Donald G Ellis	Board Member

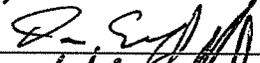
Vote: 3 in favor, 0 opposed, 0 abstained

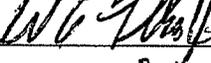
Motion carried

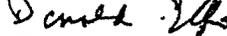
Meeting adjourned at 5:00 pm by William C Ellis III.











Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Jefferson

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

DONALD BULLS, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized VICE PRESIDENT of Walker J. Deane's Electric (Entity), the party who submitted a bid in response to Bid Number 50-00112685, 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).

Donald Ellis

Signature of Affiant

Donald Ellis, Sr.
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 30th DAY OF April, 2015.

Thomas E. Loehn
Notary Public

THOMAS E. LOEHN
Printed Name of Notary

08663
Notary/Bar Roll Number

My commission expires December.

CERTIFICATE OF LIABILITY INSURANCE					DATE (MM/DD/YY) 4/30/15		
PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 111 VETERANS BLVD., SUITE 1130 METAIRIE, LA 70005-3039			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.				
INSURED Walter J. Barnes Electric Co., Inc. P. O. Box 10458 Jefferson, LA 70181-0458			COMPANIES AFFORDING COVERAGE				
			COMPANY A THE GRAY INSURANCE COMPANY				
			COMPANY B				
			COMPANY C				
COMPANY D							
COVERAGES							
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	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	XSGL-074095	1/1/2014	1/1/2017	LIMITS		
	GENERAL AGGREGATE				Unlimited		
	PRODUCTS - COMP/OP AGG				\$3,000,000.00		
	PERSONAL & ADV INJURY				\$1,000,000.00		
	EACH OCCURRENCE				\$1,000,000.00		
FIRE DAMAGE (Any one fire)		\$50,000.00					
MED EXP (Any one person)		\$5,000.00					
A	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-075091	1/1/2014	1/1/2017	COMBINED SINGLE LIMIT		
	BODILY INJURY (Per person)				\$1,000,000.00		
	BODILY INJURY (Per accident)						
	PROPERTY DAMAGE						
	AGGREGATE						
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT		
					OTHER THAN AUTO ONLY		
					EACH ACCIDENT		
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE		
					EACH OCCURRENCE		
					AGGREGATE		
A	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	XSWC-070811	1/1/2014	1/1/2017	X	WC STATUTORY LIMITS	OTI ER
	EL EACH ACCIDENT				\$1,000,000.00		
	EL DISEASE - POLICY LIMIT				\$1,000,000.00		
	EL DISEASE - EA EMPLOYEE				\$1,000,000.00		
OTHER							
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS 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.							
Contract # 50-00112685, Project: Emergency Generator East Bank Wastewater Treatment Plant CDBG Project No. 26PARA2303 SCIP Project No. D5116							
CERTIFICATE HOLDER Jefferson Parish Council 200 Derbigny Street Gretna, LA 70053				CANCELLATION 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			
							
GCF 00 50 01 01 12				THE GRAY INSURANCE COMPANY			



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/30/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

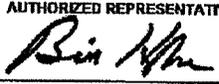
PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 111 Veterans Blvd., Suite 1130 Metairie LA 70005	CONTACT NAME: William Hughes PHONE (A/C, No, Ext): 504-888-1100 FAX (A/C, No): 504-888-1299 E-MAIL ADDRESS: William_Hugh@ajg.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED Walter J Barnes Electric Co. Inc P. O. Box 10458 Jefferson LA 70181-0458	INSURER A: National Union Fire Ins Co Pittsbur NAIC # 19445	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

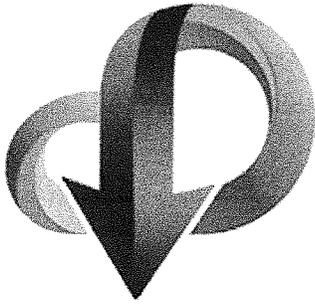
COVERAGES **CERTIFICATE NUMBER:** 1394707071 **REVISION NUMBER:**

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		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSR	WVD					
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENTL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						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"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			BE18255645	1/1/2015	1/1/2016	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 181, Additional Remarks Schedule, if more space is required)
This coverage is excess over The Gray Insurance Company's primary policies. Umbrella Policy is Follow Form Contract # 50-00112685, Project: Emergency Generator East Bank Wastewater Treatment Plant CDBG Project No. 26PARA2303 Project No. D5116

CERTIFICATE HOLDER Jefferson Parish Council 200 Derbigny Street 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 
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CENTRALBIDDING

FROM CENTRAL AUCTION HOUSE

Central Bidding Time: Thu April 30, 2015 2:02:57 PM GMT-6
Welcome to Central Bidding, **MCAMARD** - You are Logged-in - Log Out

Location: **Jefferson > Louisiana > USA**
Name: **Michael Ellis**
Email: **estimating@wjbe.com**
Address: **PO Box 10458**
Zip code: **70181**
Contact number: **+5048351756**

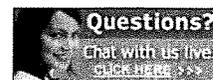
Where To?

 [Main Menu](#)





Jefferson Parish - Brenda Campos



Live chat by LivePerson

Bond Number: SLA15633616**Contractor Information****Principal:** Walter J Barnes Electric Co Inc. 504-835-1756**Address:** PO Box 10458 Jefferson Louisiana 70181 United States**Contractor's State Vendor ID Number:** 63240**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**Rider Present:** [Click here to view](#)**Amount of Bid Security:** Five Percent of the Amount Bid**Contract ID Number:** 50-00112685**Description of Job:** Bid Proposal No. 50-00112685 Emergency Generator East Bank Wastewater Treatment Plant CDBG Project No. 26PARA2303 SCIP Project No. D5116[View AMBest Information](#) [Treasury List](#)**Primary Agency:**

Arthur J. Gallagher Risk Management Services

Power of Attorney Limited to: Unlimited

Executed

Executed By:

Kathleen L. Berni - 4/29/2015 12:32:00 PM ET

Phone: 504-888-1100

Email: sue_viola@ajg.com

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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Bond Number: SLA15633616

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: 4/30/2015

Estimated Contract Price: \$2,000,000.00

Time For Completion: 300 calendar days

Liquidated Damages:

Estimated Work On Hand:

Amount of Bid Security: Five Percent of the Amount Bid

Contract # or IFB #: 50-00112685

Description of Job: Bid Proposal No. 50-00112685 Emergency Generator East Bank Wastewater Treatment Plant CDBG Project No. 26PARA2303 SCIP Project No. D5116

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 - 4/29/2015 12:31:41 PM ET

Approved & Executed By:

Kathleen L. Berni

Kathleen L. Berni (Signed: 29-Apr-2015 12:31 PM 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: [S2000-1000813352](#)



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Related Links:

[Online Search Main Page](#)

Licensing Board's Online Database

Search Results - Contractor Detail

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:
Website:

Active Licenses

Lic#	Type	Status	Effective	Expiration	First Issued
✓ 448	Commercial License Certificate	LICENSED	01/31/2015	01/30/2016	01/30/1957

Classifications:

Class	Qual Party	Valid Parishes
BUILDING CONSTRUCTION	Donald Grehan Ellis	ALL
BUILDING CONSTRUCTION	W. Conner Ellis Jr.	ALL
MUNICIPAL AND PUBLIC WORKS CONSTRUCTION	Donald Grehan Ellis	ALL
MUNICIPAL AND PUBLIC WORKS CONSTRUCTION	W. Conner Ellis Jr.	ALL
SPECIALTY: INSTRUMENTATION AND CALIBRATION	Donald Grehan Ellis	ALL
SPECIALTY: INSTRUMENTATION AND CALIBRATION	W. Conner Ellis Jr.	ALL
SPECIALTY: TOWER CONSTRUCTION	Donald Grehan Ellis	ALL
SPECIALTY: TOWER CONSTRUCTION	W. Conner Ellis Jr.	ALL
SPECIALTY: TELECOMMUNICATIONS	Donald Grehan Ellis	ALL
SPECIALTY: TELECOMMUNICATIONS	W. Conner Ellis Jr.	ALL
ELECTRICAL WORK (STATEWIDE)	Donald Grehan Ellis Jr.	ALL
ELECTRICAL WORK (STATEWIDE)	Donald Grehan Ellis	ALL
✓ ELECTRICAL WORK (STATEWIDE)	W. Conner Ellis Jr.	ALL
ELECTRICAL WORK (STATEWIDE)	William C. Ellis III	ALL

[Start New Contractor Search](#)

Louisiana State Licensing Board For Contractors
 2525 Quail Drive ~ Baton Rouge, LA 70808
 Phone: (225) 765-2301 ~ Fax: (225) 765-2431
[Employee Login](#)

Site design & maintenance by Keith A. Horton, LLC

63240

Form **W-9**
(Rev. October 2007)
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)
WALTER J. BARNES ELECTRIC CO., INC.

Business name, if different from above

Check appropriate box: Individual/Sole proprietor Corporation Partnership
 Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ Exempt payee
 Other (see instructions) ▶

Address (number, street, and apt. or suite no.)
P.O. BOX 10458

City, state, and ZIP code
JEFFERSON, LA 70181

List account number(s) here (optional)

Requester's name and address (optional)

'11 FEB 07 14:36:43

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	:	0537910

Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person *Patricia Hanner* Patricia Hanner Office Manager Date ▶ 1/27/11

General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

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

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

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

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