

DATE: 4/25/2018

Page: 5

BID NO.: 50-00122840

**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

6/1/2018

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

32570

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

FIRM NAME: Public Construction, Inc.

ADDRESS: 14270 Old Genessee Road

CITY, STATE: Tickfaw, Louisiana

ZIP: 70466

TELEPHONE: ( 985 ) 345-1298

FAX: ( 985 ) 345-2722

EMAIL ADDRESS: sharkey798@aol.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: \$ 32,308.00

AUTHORIZED

SIGNATURE: Ray N. Sharkey

Ray N. Sharkey

Printed Name

TITLE: Secretary / Treasurer

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.

DATE: 4/25/2018

Page 6

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00122840

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	FURNISH LABOR, EQUIPMENT, MATERIALS, AND SUPERVISION NEEDED TO REMOVE AND REPLACE EXISTING AIR CONDITIONING SYSTEM AT THE WEST BANK RECREATION MAIN OFFICE  0010 To supply necessary materials and labor to remove existing roof top unit and replace with a new unit at West Bank Recreation Main Office	\$32,308.00	\$32,308.00

**CORPORATE RESOLUTION**

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF  
Public Construction

---

INCORPORATED.

AT THE MEETING OF DIRECTORS OF Public Construction, Inc.  
INCORPORATED, DULY NOTICED AND HELD ON May 21, 2018,  
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT  
WAS:

RESOLVED THAT Ray N. Sharkey, 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

5/21/2018

DATE

**Non-Public Works Bid****AFFIDAVIT****STATE OF** Louisiana**PARISH/COUNTY OF** Tangiphoa

BEFORE ME, the undersigned authority, personally came and appeared: Ray N. Sharkey, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized secretary / treasurer of Public Construction Inc. (Entity), the party who submitted a bid in response to Bid Number 50-00122480, 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.]*

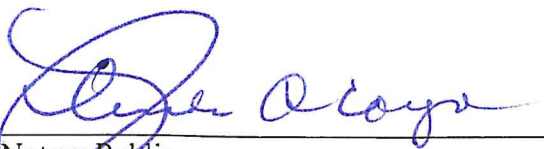
That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection 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

\_\_\_\_\_  
Ray N. Sharkey  
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 21 DAY OF May, 2018.

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

\_\_\_\_\_  
Printed Name of Notary

Glenda A. Coyne

Notary#9188

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

Commission is for Life

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



[Print](#)

## Notary Search - Detail

**Name:** MS. GLENDA A. COYNE  
**Address:** 19032 WEINBERGER RD.  
PONCHATOULA, LA 70454  
**Phone:** (985) 981-6291  
**Notary ID Number:** 9188  
**Parish:** TANGIPAHOA with authority in the following parishes:  
LIVINGSTON, ST. HELENA  
**Agency:** N/A  
**Notary Type:** Non Attorney  
**Status:** Active  
**Commission Date:** 01/30/1974  
**Oath Date:** 02/01/1974  
**Surety Expiration Date:** 02/04/2019  
**Annual Report Current:** Yes

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



# JEFFERSON PARISH

Department of Purchasing

Michael S. Yenni  
Parish President

Renny Simno  
Director

May 21, 2018

**ADDENDUM # 1**

**Bid No.: 50-00122840**

**Bid Opening Date: May 24, 2018**

**For: Furnish Labor, Equipment, Materials and Supervision Needed to Remove and Replace Existing Air Conditioning System at the West Bank Recreation Main Office**

---

**CLARIFICATION.**

**Question: Is all the work going to be done After Hours?**

**Answer: After hours and weekends are most beneficial.**

Sincerely,

*Misty A. Camardelle*

---

Misty A. Camardelle, Buyer II  
Jefferson Parish Purchasing Department

**Bidders must acknowledge all addenda on the bid form. Bidder acknowledges receipt of this addendum on the bid form as indicated. Failure to do so will result in bid rejection.**

**This addendum is a part of the contract documents and modifies the original bidding documents and specifications. The contents of this addendum shall be included in the contract documents. Changes made by this addendum shall take precedence over the documents of earlier date.**

Joseph S. Yenni Building – 1221 Elmwood Park Blvd., Ste. 404, Jefferson, LA 70123

Office 504.364.2678

General Government Bldg. – 200 Derbigny St – Suite 4400 - Gretna, LA 70053

Office 504.364.2678

Email: [Purchasing@jeffparish.net](mailto:Purchasing@jeffparish.net) Website: [www.jeffparish.net](http://www.jeffparish.net)





# CERTIFICATE OF LIABILITY INSURANCE

PUBLI-3

OP ID: JD

DATE (MM/DD/YYYY)

04/25/18

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  
Blumberg and Associates, Inc.  
P. O. Box 750  
Ponchatoula, LA 70454-0750  
Randy Perise

Phone: 985-386-3874  
Fax: 985-386-5541

CONTACT NAME: Julie Dominguez

PHONE (A/C, No, Ext): 985-386-3874

FAX (A/C, No): 985-386-5541

E-MAIL ADDRESS: julied@blumbergassoc.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Western World

INSURER B: Stonetrust Commercial Ins. Co.

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED  
Public Construction, Inc.  
P.O. Box 196  
Tickfaw, LA 70466

**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X		NPP8429972	11/20/17	11/20/18	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						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
	GEN'L AGGREGATE LIMIT APPLIES PER:						\$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	WCV008231708	11/20/17	11/20/18	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Owner Clara Sharkey is excluded from workers compensation coverage.

**CERTIFICATE HOLDER**

JEFFERP

Jefferson Parish  
Purchasing Division  
P.O. Box 9  
Gretna, LA 70054

**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  
Randy Perise

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## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/25/2018

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).

<b>PRODUCER</b>  <b>State Farm</b> 	Robbie Lee PO Box 939 Amite, LA 70422	<b>CONTACT NAME:</b> Robbie Lee <b>PHONE (A/C, No, Ext):</b> 985-748-9000 <b>FAX (A/C, No):</b> 985-748-5888 <b>E-MAIL ADDRESS:</b> robbie@robbielee.net
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> State Farm Mutual Automobile Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
<b>INSURED</b> Public Construction Inc. PO Box 196 Tickfaw, LA 70466		<b>NAIC #</b> 25178

**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
	<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"/> PRO-JECT <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 checked="" 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	Y	Y	245 2734-A11-18	01/11/2018	07/11/2018	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ 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	Y/N	N/A				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)

**CERTIFICATE HOLDER****CANCELLATION**Jefferson Parish Purchasing Dept.  
200 Derbingny St  
Suite 4400

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

Gretna, LA 70053

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# BID BOND

Conforms with the American Institute of Architects,  
A.I.A. Document No. A-310

THE **GRAY SURETY OFFICE**  
2750 Lake Villa Drive Suite 300 Metairie, LA 70002  
Phone: (504) 780-7440 FAX: (504) 780-9211

## KNOW ALL MEN BY THESE PRESENTS:

That Public Construction, Inc.

(Name of Principal)

of P.O. Box 196, Tickfaw, LA 70466

(Address of Principal)

hereinafter called the Principal, and ☒ **The Gray Casualty & Surety Company** ☐ **The Gray Insurance Company** of Metairie, Louisiana, a corporation duly organized under the laws of the State of Louisiana, as Surety, hereinafter called the Surety, are held and firmly bound unto Jefferson Parish as Obligee, hereinafter called the Obligee, in the sum of five percent of the amount bid Dollars \$ (5%), for the payment of which sum 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 50-00122840 Remove & Replace Existing A/C System at West Bank Recreation Main Office - Marrero, LA

(Job Number)

(Full Name of Job)

(Location of Job)

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 specialized 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 this 24th DAY of May A.D. 2018

By: Myra Ayscough SEAL  
(Principal)

Ray Sharkey, Secretary/Treasurer  
(Signature and Title)

The Gray Casualty & Surety Company

By: Fiona J. Boyd SEAL  
(Surety)

Fiona J. Boyd, Attorney-In-Fact  
(Attorney-in-Fact)

Ray N. Sharkey  
(Witness)

Myra Ayscough  
(Witness)

The Gray Surety Office

2750 Lake Villa Drive Suite 300 Metairie, Louisiana 70002 Phone: (504) 780-7440 Fax: (504) 780-9211

THE GRAY INSURANCE COMPANY

THE GRAY CASUALTY & SURETY COMPANY

211459

GENERAL POWER OF ATTORNEY

KNOW ALL BY THESE PRESENTS, THAT The Gray Insurance Company and The Gray Casualty & Surety Company, corporations duly organized and existing under the laws of Louisiana, and having their principal offices in Metairie, Louisiana, do hereby make, constitute, and appoint **Randolph A. Brunson and Fiona J. Boyd of Baton Rouge, Louisiana jointly and severally** on behalf of each of the Companies named above its true and lawful Attorney(s)-in-Fact, to make, execute, seal and deliver, for and on its behalf and as its deed, bonds, or other writings obligatory in the nature of a bond, as surety, contracts of suretyship as are or may be required or permitted by law, regulation, contract or otherwise, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed the amount of \$10,000,000.00

This Power of Attorney is granted and is signed by facsimile under and by the authority of the following Resolutions adopted by the Boards of Directors of both The Gray Insurance Company and The Gray Casualty & Surety Company at meetings duly called and held on the 26<sup>th</sup> day of June, 2003.

"RESOLV ED, that the President, Executive Vice President, any Vice President, or the Secretary be and each or any of them hereby is authorized to execute a power of Attorney qualifying the attorney named in the given Power of Attorney to execute on behalf of the Company bonds, undertakings, and all contracts of surety, and that each or any of them is hereby authorized to attest to the execution of such Power of Attorney, and to attach the seal of the Company; and it is

FURTHER RESOLVED, that the signature of such officers and the seal of the Company may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be binding upon the Company now and in the future when so affixed with regard to any bond, undertaking or contract of surety to which it is attached.

IN WITNESS WHEREOF, The Gray Insurance Company and The Gray Casualty & Surety Company have caused their official seals to be hereinto affixed, and these presents to be signed by their authorized officers this 12<sup>th</sup> day of September, 2011.



By:

*Michael T. Gray*

Michael T. Gray  
President, The Gray Insurance Company  
and  
Vice President,  
The Gray Casualty & Surety Company

Attest:

*Mark S. Manguno*

Mark S. Manguno  
Secretary,  
The Gray Insurance Company,  
The Gray Casualty & Surety Company



State of Louisiana

ss:

Parish of Jefferson

On this 12<sup>th</sup> day of September, 2011, before me, a Notary Public, personally appeared Michael T. Gray, President of The Gray Insurance Company and Vice President of The Gray Casualty & Surety Company, and Mark S. Manguno, Secretary of The Gray Insurance Company and The Gray Casualty & Surety Company, personally known to me, being duly sworn, acknowledged that they signed the above Power of Attorney and affixed the seals of the companies as officers of, and acknowledged said instrument to be the voluntary act and deed, of their companies.



*Lisa S. Millar*

Lisa S. Millar, Notary Public, Parish of Orleans  
State of Louisiana  
My Commission is for Life


I, Mark S. Manguno, Secretary of The Gray Insurance Company and The Gray Casualty & Surety Company, do hereby certify that the above and forgoing is a true and correct copy of a Power of Attorney given by the companies, which is still in full force and effect.

IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Companies this 24<sup>th</sup> day of May, 2018.



*Mark S. Manguno*

Mark S. Manguno, Secretary  
The Gray Insurance Company  
The Gray Casualty & Surety Company

📍 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** PUBLIC CONSTRUCTION, INC.  
**Mailing Address** 14270 Old Genessee Road  
 Tickfaw, LA 70466  
**Phone Number** (985) 345-1298  
**Fax Number** (985) 345-2722  
**Email Address** sharkey798@aol.com  
**Website** http://

### Active Licenses

**License Number** 32570  
**Type** Commercial License  
**Status** LICENSED  
**Effective** 04/18/2018  
**Expiration** 04/17/2021  
**First Issued** 04/17/1997  
**License Number** 88756  
**Type** Residential License  
**Status** LICENSED  
**Effective** 12/16/2016  
**Expiration** 12/15/2019  
**First Issued** 12/15/2006  
**License Number** 250536  
**Type** Mold Remediation License  
**Status** LICENSED  
**Effective** 01/17/2018  
**Expiration** 01/16/2021  
**First Issued** 01/16/2014

### Classifications

Class	Qualifying Party	Parishes
BUILDING CONSTRUCTION	Ray Norman Sharkey	ALL
BUSINESS AND LAW	Ray Norman Sharkey	ALL
BUSINESS AND LAW	Ray Norman Sharkey	ALL
BUSINESS AND LAW	Ray Norman Sharkey	ALL
ELECTRICAL WORK (STATEWIDE)	Ray Norman Sharkey	ALL
HEAVY CONSTRUCTION	Ray Norman Sharkey	ALL
MECHANICAL WORK (STATEWIDE)	Ray Norman Sharkey	ALL
MOLD REMEDIATION CONTRACTOR	Ray Norman Sharkey	ALL
MUNICIPAL AND PUBLIC WORKS CONSTRUCTION	Ray Norman Sharkey	ALL
RESIDENTIAL BUILDING CONTRACTOR	Ray Norman Sharkey	ALL
SPECIALTY: ASBESTOS REMOVAL AND ABATEMENT	Randall Coyt Woods	ALL
SPECIALTY: LEAD BASED PAINT ABATEMENT AND REMOVAL	Randall Coyt Woods	ALL
SPECIALTY: RIGGING, HOUSE MOVING, WRECKING AND DISMANTLING	Randall Coyt Woods	ALL

## Class

SPECIALTY: SOLAR ENERGY EQUIPMENT

## Qualifying Party

Ray Norman Sharkey

## Parishes

ALL



# Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above <b>Public Construction Inc.</b>	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> 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) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions. <b>14270 Old Genessee Road</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>Tickfaw, Louisiana 70466</b>		
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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

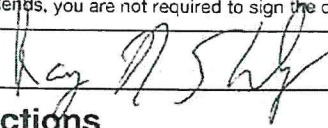
Social security number								
			-				-	
or								
Employer identification number								
7	2		-	1	3	5	9	7 4 0

## 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 for Part II, later.

Sign Here	Signature of U.S. person ► 	Date ► <b>2/27/2018</b>
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## General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## 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, later.

P.O. Box 196  
Tickfaw, LA 70466

Lic # 32570

Vendor # 258947

Jeff. Parish Purchasing Dept.  
200 Derbigny Street  
Gov Building, Suite 4400  
Gretna LA 70053  
Buyer: Misty Camardelle

Bid # 50-00122 840