

BIDDER'S LA LICENSE NUMBER:

License No. 12198

BIDDER:

Byron E. Talbot Contractor, Inc.

P. O. Box 5658

Thibodaux, LA 70302

985-447-5764

Sealed Bid for:

North Thibodaux Wastewater Treatment Facility –

Phase IV (REBID)

DEQ Project No. CS221905-02/AI203695

TWO ADDENDA HAVE BEEN RECEIVED.

OPENING DATE AND TIME:

Friday, November 1, 2019, 10:00am

BID OPENING LOCATION:

City of Thibodaux, City Hall

310 West Second Street

Thibodaux, LA 70301

OWNER:

The City of Thibodaux

310 West Second Street

Thibodaux, LA 70301

SECTION C
LOUISIANA UNIFORM PUBLIC WORK BID FORM

TO: THE CITY OF THIBODAU
310 WEST SECOND STREET

THIBODAU, LA 70301
(Owner to provide name and address of owner)

BID FOR: NORTH THIBODAU WASTEWATER
TREATMENT FACILITY PHASE IV
(REBID)

DEQ Proj. No. CS221905-02/AI203695
(Owner to provide name of project and other identifying information)

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: T. Baker Smith, LLC dated: July 2019.

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 dated 10/25/19 and #2 dated 10/29/19.

TOTAL BASE BID: For all work required by the Bidding Documents for **North Thibodaux Wastewater Treatment Facility, Phase IV (REBID)**, the sum of:
SEVEN MILLION THREE HUNDRED THIRTY THOUSAND
FIVE HUNDRED DOLLARS AND NO CENTS Dollars (\$ 7,330,500.00)

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.

Additive Alternate No. 1 (Install Owner Furnished Standby Generator – NON CWSRF) for the lump sum of:

NINETY THOUSAND DOLLARS AND NO CENTS Dollars (\$ 90,000.00)

Deductive Alternate No. 2 (Clarifier Tank Option) for the lump sum of:

NO BID Dollars (\$ NO BID)

Deductive Alternate No. 3 (MCC1 Building and MCC-CL Building Option) for the lump sum of:

NO BID Dollars (\$ NO BID)

NAME OF BIDDER: Byron E. Talbot Contractor, Inc.

ADDRESS OF BIDDER: P.O. Box 5658
Thibodaux, LA 70302

LOUISIANA CONTRACTOR'S LICENSE NUMBER: 12198

NAME OF AUTHORIZED SIGNATORY OF BIDDER: Byron E. Talbot

TITLE OF AUTHORIZED SIGNATORY OF BIDDER: President

SIGNATURE OF AUTHORIZED SIGNATORY OF BIDDER **: 

DATE: 11/01/19

* 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(A) (1) (c) or RS 38:2212(O).

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.

SECTION C
LOUISIANA UNIFORM PUBLIC WORK BID FORM
UNIT PRICE FORM

TO: THE CITY OF THIBODAUX **BID FOR:** NORTH THIBODAUX WASTEWATER
310 WEST SECOND STREET TREATMENT FACILITY PHASE IV (REBID)
THIBODAUX, LA 70301 DEQ Proj. No. CS221905-02/AI203695
(Owner to provide name and address of owner) *(Owner to provide name of project and other identifying information)*

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/ Demobilization	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
REF. NO.	QUANTITY: 1 Lump Sum	520,000.00	520,000.00
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# Site Work		
REF. NO.	QUANTITY: 1 Lump Sum	65,000.00	65,000.00
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# Earthwork		
REF. NO.	QUANTITY: 1 Lump Sum	385,000.00	385,000.00
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# MCC1 Building		
REF. NO.	QUANTITY: 1 Lump Sum	105,000.00	105,000.00
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# Flow Splitter Box No. 1		
REF. NO.	QUANTITY: 1 Lump Sum	127,000.00	127,000.00
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# Flow Splitter Box No. 2		
REF. NO.	QUANTITY: 1 Lump Sum	186,000.00	186,000.00
DESCRIPTION:	<input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# Reserved		
REF. NO.	QUANTITY: 1 Lump Sum		
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# Flow Splitter Box No. 4		
REF. NO.	QUANTITY: 1 Lump Sum	120,000.00	120,000.00

The Contractor shall provide a breakdown of his lump sum bid according to Section J, Special Provisions, Paragraph 13.3 or according to a list bid components approved by ENGINEER.

SECTION C
LOUISIANA UNIFORM PUBLIC WORK BID FORM
UNIT PRICE FORM

TO: THE CITY OF THIBODAUX
310 WEST SECOND STREET
THIBODAUX, LA 70301
(Owner to provide name and address of owner)

BID FOR: NORTH THIBODAUX WASTEWATER
TREATMENT FACILITY PHASE IV (REBID)
DEQ Proj. No. CS221905-02/AI203695
(Owner to provide name of project and other identifying information)

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.#	Screening / Compactor & Structure	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
REF. NO.	QUANTITY:	UNIT OF MEASURE:		
9	1	Lump Sum	290,000.00	290,000.00
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#	Scum Pump Station	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
REF. NO.	QUANTITY:	UNIT OF MEASURE:		
10	1	Lump Sum	80,000.00	80,000.00
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#	RAS/WAS Pump Station	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
REF. NO.	QUANTITY:	UNIT OF MEASURE:		
11	1	Lump Sum	160,000.00	160,000.00
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#	Sludge Pond Pump Station	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
REF. NO.	QUANTITY:	UNIT OF MEASURE:		
12	1	Lump Sum	76,000.00	76,000.00
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#	Equalization Basin Recycle Pump Station	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
REF. NO.	QUANTITY:	UNIT OF MEASURE:		
13	1	Lump Sum	87,000.00	87,000.00
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#	Clarifier & Equipment	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
REF. NO.	QUANTITY:	UNIT OF MEASURE:		
14	1	Lump Sum	1,325,000.00	1,325,000.00
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#	UV Structure, Equipment, Canopy & Slab	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
REF. NO.	QUANTITY:	UNIT OF MEASURE:		
15	1	Lump Sum	280,000.00	280,000.00

The Contractor shall provide a breakdown of his lump sum bid according to Section J, Special Provisions, Paragraph 13.3 or according to a list bid components approved by ENGINEER.

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UNIT PRICE FORM

TO: THE CITY OF THIBODAUX
310 WEST SECOND STREET
THIBODAUX, LA 70301
(Owner to provide name and address of owner)

BID FOR: NORTH THIBODAUX WASTEWATER
TREATMENT FACILITY PHASE IV (REBID)
DEQ Proj. No. CS221905-02/AI203695
(Owner to provide name of project and other identifying information)

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.# <u>Yard Piping (Air, Gravity, Force Mains)</u>	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
REF. NO.	QUANTITY:	UNIT OF MEASURE:	
16	1	Lump Sum	<u>575,000.00</u>
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>Activated Sludge Aeration System</u>	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
REF. NO.	QUANTITY:	UNIT OF MEASURE:	
17	1	Lump Sum	<u>660,000.00</u>
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>Waterline and Appurtenances</u>	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
REF. NO.	QUANTITY:	UNIT OF MEASURE:	
18	1	Lump Sum	<u>109,000.00</u>
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>Aggregate Surface Course & Geotextile</u>	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
REF. NO.	QUANTITY:	UNIT OF MEASURE:	
19	1	Lump Sum	<u>130,000.00</u>
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>Blower Canopy & Slab</u>	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
REF. NO.	QUANTITY:	UNIT OF MEASURE:	
20	1	Lump Sum	<u>60,000.00</u>
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>Activated Sludge Basin Liner</u>	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
REF. NO.	QUANTITY:	UNIT OF MEASURE:	
21	1	Lump Sum	<u>74,500.00</u>
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>Storm Water Erosion & Sediment Control</u>	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
REF. NO.	QUANTITY:	UNIT OF MEASURE:	
22	1	Lump Sum	<u>16,000.00</u>

The Contractor shall provide a breakdown of his lump sum bid according to Section J, Special Provisions, Paragraph 13.3 or according to a list bid components approved by ENGINEER.

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UNIT PRICE FORM

TO: THE CITY OF THIBODAUX
310 WEST SECOND STREET
THIBODAUX, LA 70301
(Owner to provide name and address of owner)

BID FOR: NORTH THIBODAUX WASTEWATER
TREATMENT FACILITY PHASE IV (REBID)
DEQ Proj. No. CS221905-02/AI203695
(Owner to provide name of project and other identifying information)

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.#	Traffic Maintenance Aggregate		UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
REF. NO.	QUANTITY:	UNIT OF MEASURE:			
23	500	Ton		50.00	25,000.00
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#	Fertilize & Seed (Turf & Grass)		UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
REF. NO.	QUANTITY:	UNIT OF MEASURE:			
24	1	Lump Sum		14,000.00	14,000.00
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#	Electrical		UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
REF. NO.	QUANTITY:	UNIT OF MEASURE:			
25	1	Lump Sum		1,500,000.00	1,500,000.00
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#	Construction Layout		UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
REF. NO.	QUANTITY:	UNIT OF MEASURE:			
26	1	Lump Sum		40,000.00	40,000.00
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#	MCC-CL Building		UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
REF. NO.	QUANTITY:	UNIT OF MEASURE:			
27	1	Lump Sum		65,000.00	65,000.00
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#	St. John Pump Station Upgrade		UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
REF. NO.	QUANTITY:	UNIT OF MEASURE:			
28	1	Lump Sum		25,000.00	25,000.00
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#	Measuring and Sampling Equipment		UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
REF. NO.	QUANTITY:	UNIT OF MEASURE:			
29	1	Lump Sum		80,000.00	80,000.00

The Contractor shall provide a breakdown of his lump sum bid according to Section J. Special Provisions, Paragraph 13.3 or according to a list bid components approved by ENGINEER.

UNIT PRICE FORM

TO: THE CITY OF THIBODAUX
310 WEST SECOND STREET
THIBODAUX, LA 70301
(Owner to provide name and address of owner)

BID FOR: NORTH THIBODAUX WASTEWATER
TREATMENT FACILITY PHASE IV (REBID)
DEQ Proj. No. CS221905-02/AI203695
(Owner to provide name of project and other identifying information)

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.# _____ Rienzi By Pass	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
REF. NO.	QUANTITY:	UNIT OF MEASURE:	
30	1	Lump Sum	21,000.00
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# _____ Miscellaneous Site Work	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
REF. NO.	QUANTITY:	UNIT OF MEASURE:	
31	1	Lump Sum	130,000.00
DESCRIPTION:	<input type="checkbox"/> Base Bid or <input checked="" type="checkbox"/> Add. Alt.# 1 - Install Owner-Furnished Standby Generator (NON CWSRF)	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
REF. NO.	QUANTITY:	UNIT OF MEASURE:	
32	1	Lump Sum	90,000.00
DESCRIPTION:	<input type="checkbox"/> Base Bid or <input checked="" type="checkbox"/> Ded. Alt.# 2 - Clarifier Tank Option	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
REF. NO.	QUANTITY:	UNIT OF MEASURE:	
33	1	Lump Sum	NO BID
DESCRIPTION:	<input type="checkbox"/> Base Bid or <input checked="" type="checkbox"/> Ded. Alt.# 3 - MCC1 Building and MCC-CL Building Option	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
REF. NO.	QUANTITY:	UNIT OF MEASURE:	
34	1	Lump Sum	NO BID
DESCRIPTION:		UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
REF. NO.	QUANTITY:	UNIT OF MEASURE:	
DESCRIPTION:		UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
REF. NO.	QUANTITY:	UNIT OF MEASURE:	

The Contractor shall provide a breakdown of his lump sum bid according to Section J. Special Provisions, Paragraph 13.3 or according to a list bid components approved by ENGINEER.

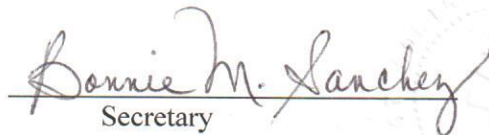
CORPORATE RESOLUTION

BE IT RESOLVED by the Board of Directors of Byron E. Talbot Contractor, Inc.
in a meeting duly assembled that Byron E. Talbot, President
(Name) (Title)
of the Corporation, be, and he is hereby authorized, empowered and directed for and on behalf of the
Corporation to negotiate for and sign any and all bid proposals and/or contracts which this
Corporation might enter for the furnishing of services for the Corporation under such terms,
conditions and stipulates, and for such consideration as he might deem to the best interest of the
Corporation.

* * * * *

I, Bonnie M. Sanchez (Name)
Secretary of Byron E. Talbot Contractor, Inc. do
hereby certify that the above and foregoing is a true and correct copy
of Resolution unanimously adopted at a meeting of the Board of
Directors of said Corporation held on the 12th day of October,
2012, 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 Corporation, and same is in full force
and effect.

WITNESS MY SIGNATURE THIS 1st day of November, 2019, at
Robert, Louisiana.


Secretary
Bonnie M. Sanchez

AIA® Document A310™ – 2010

Bid Bond

CONTRACTOR:

(Name, legal status and address)
Byron E. Talbot Contractor, Inc.
P.O. Box 5658
Thibodaux, LA 70302

SURETY:

(Name, legal status and principal place of business)
Hartford Accident & Indemnity Company
2 Sanctuary Blvd., Suite 301
Mandeville, LA 70471

OWNER:

(Name, legal status and address)
The City of Thibodaux
310 West Second Street
Thibodaux, LA 70301

BOND AMOUNT: 5% of bid amount

PROJECT:

(Name, location or address, and Project number, if any)
North Thibodaux Wastewater Treatment Facility Phase IV (Rebid)
DEQ Proj. No. CS221905-02/AI203695

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

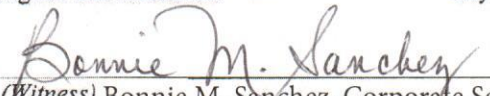
Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

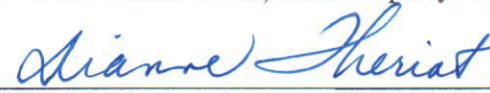
The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the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

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

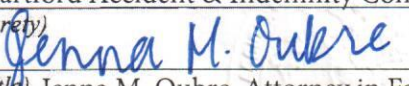
When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement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

Signed and sealed this 1st day of November, 2019.


(Witness) Bonnie M. Sanchez, Corporate Secretary


(Witness) Dianne Theriot

Byron E. Talbot Contractor, Inc.
(Principal)  (Seal)

(Title) Byron E. Talbot, President
Hartford Accident & Indemnity Company
(Surety)  (Seal)

(Title) Jenna M. Oubre, Attorney in Fact

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

Init.

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POWER OF ATTORNEY

Direct Inquiries/Claims to:

THE HARTFORD

BOND, T-12

One Hartford Plaza

Hartford, Connecticut 06155

Bond.Claims@thehartford.com

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

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: PAULS AGENCY LLC

Agency Code: 43-482456

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

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

Ryan Gros, Mark Lane, Philip G. McMahon, Jenna M. Oubre of MORGAN CITY, Louisiana

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

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 6, 2015 the Companies have caused these presents to be signed by its Senior Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.



John Gray

John Gray, Assistant Secretary

M. Ross Fisher

M. Ross Fisher, Senior Vice President

STATE OF CONNECTICUT

ss. Hartford

COUNTY OF HARTFORD

On this 5th day of January, 2018, before me personally came M. Ross Fisher, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hartford, State of Connecticut; that he is the Senior Vice President of the Companies, the corporations described in and which executed the above instrument; that he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that he signed his name thereto by like authority.



CERTIFICATE

Kathleen T. Maynard

Kathleen T. Maynard
Notary Public

My Commission Expires July 31, 2021

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of November 1, 2019

Signed and sealed at the City of Hartford.



Kevin Heckman

Kevin Heckman, Assistant Vice President

MAIN OFFICE
P. O. Box 5658
Thibodaux, LA 70302
Phone: (985) 447-5764
Fax: (985) 448-0558



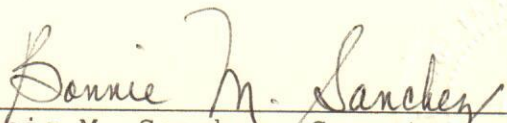
NORTH SHORE OFFICE
24288 Hwy. 190
Robert, LA 70455
Phone: (985) 419-9925
Fax: (985) 419-9833

C O R P O R A T E R E S O L U T I O N

BE IT RESOLVED by the Board of Directors of **BYRON E. TALBOT CONTRACTOR, INC.**, in a meeting duly assembled, that **BYRON E. TALBOT**, President of the Corporation, be, and is hereby authorized, empowered, and directed for and on behalf of the Corporation to sign any and all documents for this corporation as he might deem to be in the best interest of the Corporation.

I, **BONNIE M. SANCHEZ**, Secretary of **BYRON E. TALBOT CONTRACTOR, INC.**, do hereby certify that the above and foregoing is a true and correct copy of a Resolution adopted at a meeting of the Board of Directors of said Corporation held on the 12th day of October, 2012, at which meeting all members of the Board of Directors were present and voted thereon and that said Resolution has been spread upon the minutes of the Corporation, and same is now in full force and effect.

WITNESS MY SIGNATURE this 1st day of November, 2019, at Robert, Louisiana.



Bonnie M. Sanchez, Secretary



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
03/20/2019

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:	
INSURED Byron E. Talbot Contractor, Inc. B.E.T. Construction, Inc. Reeco Rental & Supply, Inc. 301 Main Project Road Schriever LA 70395 USA		INSURER(S) AFFORDING COVERAGE INSURER A: Zurich American Ins Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 16535	

COVERAGES

CERTIFICATE NUMBER: 570075458618

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		GLO348672115	04/01/2019	04/01/2020	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 - COM/OP AGG \$2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		BAP 3486723-15	04/01/2019	04/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION					EACH OCCURRENCE AGGREGATE
A	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	WC348672215	04/01/2019	04/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Evidence of Coverage.

CERTIFICATE HOLDER**CANCELLATION**Byron E. Talbot Contractor, Inc
P.O. Box 5658
Thibodaux LA 70302 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 : 570075458618





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/27/2019

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
Marsh USA Inc.
One Towne Square, Suite 1100
Southfield, MI 48076
Attn: DetroitGroupCaptive.certrequest@marsh.com

CONTACT NAME:
PHONE
(A/C, No, Ext): **FAX**
(A/C, No):
E-MAIL ADDRESS:

CN101820761-Exces-19-20

INSURED
Byron E. Talbot Contractor, Inc.
B.E.T. Construction, Inc.
Reeco Rental & Supply, Inc.
301 Main Project Road
Schriever, LA 70395

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : RSUI Indemnity Company		22314
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

CHI-008144619-20

REVISION NUMBER: 20

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
	COMMERCIAL GENERAL LIABILITY <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 \$ \$
	AUTOMOBILE LIABILITY <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"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			NHA246897	04/01/2019	04/01/2020	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		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)
The excess policy follows form of the scheduled underlying policies, subject to the excess policy terms and conditions.

CERTIFICATE HOLDER

Byron E. Talbot Contractor, Inc.
Pre-Qualification, Bids
301 Main Project Road
Schriever, LA 70395

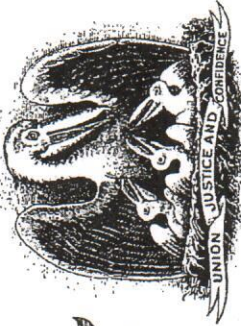
CANCELLATION

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
of Marsh USA Inc.

John C Hurley

State of Louisiana



State Licensing Board for Contractors

This is to Certify that:

BYRON E. TALBOT CONTRACTOR, INC.
P. O. Box 5658
Thibodaux, LA 70302

is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION; ELECTRICAL WORK (RESTRICTED); HEAVY CONSTRUCTION; HIGHWAY,
STREET AND BRIDGE CONSTRUCTION; MECHANICAL WORK (RESTRICTED); MUNICIPAL AND PUBLIC
WORKS CONSTRUCTION; SPECIALTY: ASBESTOS REMOVAL AND ABATEMENT; SPECIALTY:
HAZARDOUS WASTE TREATMENT OR REMOVAL



Witness our hand and seal of the Board dated,
Baton Rouge, LA 13th day of September 2019

Will S. May

Director

See mallett

Chairman

Andy Rame

Treasurer

Expiration Date: September 12, 2021

License No: 12198

This License Is Not Transferrable