

LOUISIANA UNIFORM PUBLIC WORK BID FORM

TO: JEFFERSON PARISH
ATTN: PURCHASING DEPARTMENT
200 DERBIGNY STREET, SUITE 4400
GRETNA, LA 70053

BID FOR: GLISSON PARK BOAT LAUNCH DOCK REPAIR
A/E PROJECT NO. 20-1422A
BID PROPOSAL NO. 50-00119942

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: MEYER ENGINEERS, LTD. and dated: APRIL 20, 2017.

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) Addenda 1

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:

Twenty-Two Thousand Four Hundred Thirty Seven Dollars (\$ 22,437.00)

ALTERNATES: For any and all work required by the Bidding Documents for Alternates including any and all unit prices designated as alternates in the unit price description.

Alternate No. 1. (Owner to provide description of alternate and state whether add or deduct) for the lump sum of:

N/A Dollars (\$ )

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

N/A Dollars (\$ )

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

N/A Dollars (\$ )

NAME OF BIDDER: Deep South Oilfield Construction, L.L.C.

ADDRESS OF BIDDER: 9266 Hwy. 23
Belle Chasse, Louisiana 70037

LOUISIANA CONTRACTOR'S LICENSE NUMBER: 58313

NAME OF AUTHORIZED SIGNATORY OF BIDDER: Chad Madere

TITLE OF AUTHORIZED SIGNATORY OF BIDDER: Owner / Director of Operations

SIGNATURE OF AUTHORIZED SIGNATORY OF BIDDER \*\*: [Handwritten Signature]

DATE: 7/17/17

\* 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.

**BID BOND  
FOR**

**GLISSON PARK BOAT LAUNCH DOCK REPLACEMENT**

Date: July 18, 2017

KNOW ALL MEN BY THESE PRESENTS:

That Deep South Oilfield Construction, LLC of Belle Chasse, Louisiana, as Principal, and Allegheny Casualty Company, as Surety, are held and firmly bound unto the Jefferson Parish Council (Obligee), in the full and just sum of five (5%) percent of the total amount of this bid, including all alternates, lawful money of the United States, for payment of which sum, well and truly be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally firmly by these presents.

Surety represents that it is listed on the current U. S. Department of the Treasury Financial Management Service list of approved bonding companies as approved for an amount equal to or greater that the amount for which it obligates itself in this instrument or that it is a Louisiana domiciled insurance company with at least an A - rating in the latest printing of the A. M. Best's Key Rating Guide. If surety qualifies by virtue of its Best's listing, the Bond amount may not exceed ten percent of policyholders' surplus as shown in the latest A. M. Best's Key Rating Guide.

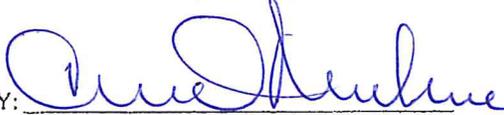
Surety further represents that it is licensed to do business in the State of Louisiana and that this Bond is signed by surety's agent or attorney-in-fact. This Bid Bond is accompanied by appropriate power of attorney.

THE CONDITION OF THIS OBLIGATION IS SUCH that, whereas said Principal is herewith submitting its proposal to the Obligee on a Contract for:

**GLISSON PARK BOAT LAUNCH DOCK REPAIR**

NOW, THEREFORE, if the said Contract be awarded to the Principal and the Principal shall, within such time as may be specified, enter into the Contract in writing and give a good and sufficient bond to secure the performance of the terms and conditions of the Contract with surety acceptable to the Obligee, then this obligation shall be void; otherwise this obligation shall become due and payable.

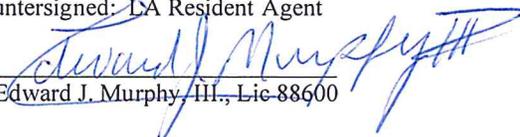
Deep South Oilfield Construction, LLC  
PRINCIPAL (BIDDER)

BY:   
AUTHORIZED OFFICER-OWNER-PARTNER

Allegheny Casualty Company  
SURETY

BY:   
AGENT OR ATTORNEY-IN-FACT (SEAL)  
Edward J. Murphy, III, Attorney-in-Fact

Countersigned: LA Resident Agent

By:   
Edward J. Murphy, III, Lic 88600

00513 - 1

# POWER OF ATTORNEY

## INTERNATIONAL FIDELITY INSURANCE COMPANY ALLEGHENY CASUALTY COMPANY

ONE NEWARK CENTER, 20TH FLOOR NEWARK, NEW JERSEY 07102-5207

KNOW ALL MEN BY THESE PRESENTS: That INTERNATIONAL FIDELITY INSURANCE COMPANY, a corporation organized and existing under the laws of the State of New Jersey, and ALLEGHENY CASUALTY COMPANY a corporation organized and existing under the laws of the State of New Jersey, having their principal office in the City of Newark, New Jersey, do hereby constitute and appoint

JAMES J. LYNCH III, GREGORY R. WESTON, KATHLEEN L. BERNI, GEORGE V. BAUS, JR.,  
EDWARD J. MURPHY, III

Metairie, LA.

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said INTERNATIONAL FIDELITY INSURANCE COMPANY and ALLEGHENY CASUALTY COMPANY, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of INTERNATIONAL FIDELITY INSURANCE COMPANY and ALLEGHENY CASUALTY COMPANY and is granted under and by authority of the following resolution adopted by the Board of Directors of INTERNATIONAL FIDELITY INSURANCE COMPANY at a meeting duly held on the 20th day of July, 2010 and by the Board of Directors of ALLEGHENY CASUALTY COMPANY at a meeting duly held on the 15th day of August, 2000:

"RESOLVED, that (1) the President, Vice President, Chief Executive Officer or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, INTERNATIONAL FIDELITY INSURANCE COMPANY and ALLEGHENY CASUALTY COMPANY have each executed and attested these presents on this 31st day of December, 2015.



STATE OF NEW JERSEY  
County of Essex

ROBERT W. MINSTER  
Chief Executive Officer (International Fidelity Insurance Company) and President (Allegheny Casualty Company)



On this 31st day of December 2015, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of INTERNATIONAL FIDELITY INSURANCE COMPANY and ALLEGHENY CASUALTY COMPANY; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.



A NOTARY PUBLIC OF NEW JERSEY  
My Commission Expires April 16, 2019

### CERTIFICATION

I, the undersigned officer of INTERNATIONAL FIDELITY INSURANCE COMPANY and ALLEGHENY CASUALTY COMPANY do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand this 18th day of July, 2017

MARIA BRANCO, Assistant Secretary

**CORPORATE RESOLUTION**

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF  
Deep South Oilfield Construction, L.L.C  
INCORPORATED.

AT THE MEETING OF DIRECTORS OF Deep South Oilfield Construction, L.L.C.  
INCORPORATED, DULY NOTICED AND HELD ON July 6, 2017,  
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT  
WAS:

RESOLVED THAT Chad Madere, 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

7/17/17  
\_\_\_\_\_  
DATE

Revised 7/14/2014



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)      | (c) Extortion (R.S. 14:66)         |
| (b) Corrupt influencing (R.S. 14:120) | (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)                         | (f) Bank fraud (R.S. 14:71.1)                             |
| (b) Identity Theft (R.S. 14:67, 16)            | (g) Forgery (R.S. 14:72)                                  |
| (c) Theft of a business record (R.S. 14:67.20) | (h) Contractors; misapplication of payments (R.S. 14:202) |
| (d) False accounting (R.S. 14:70)              | (i) Malfeasance in office (R.S. 14:134)                   |
| (e) Issuing worthless checks (R.S. 14:71)      |   |

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.

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).

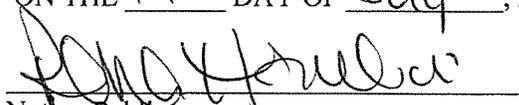
**NOTARY ONLY**  
**Document Not Drafted**  
**or Reviewed**

  
 Signature of Affiant

Chad Madere  
 Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 14<sup>th</sup> DAY OF July, 2011

  
 Notary Public

**RONA H. FRELICH**  
 Printed Name of Notary  
**NOTARY PUBLIC # 46393**  
**STATE OF LA - PARISH OF PLAQUEMINES**  
**MY COMMISSION IS ISSUED FOR LIFE**

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

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

## Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Deep South Oilfield Construction, LLC</b>		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <u>S</u> Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) <b>P.O. Drawer 850</b>		Requester's name and address (optional)
	6 City, state, and ZIP code <b>Belle Chasse, LA 70037</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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									
9	0		0	9	2	5	0	0	5

**Part II Certification**

Under penalties of perjury, I certify that:

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

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <u>7/17/2017</u>
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**General Instructions**

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/ir9](http://www.irs.gov/ir9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



# CERTIFICATE OF MARINE / ENERGY INSURANCE

DATE (MM/DD/YYYY)  
7/17/2017

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> Arthur J. Gallagher Risk Management Services, Inc. 111 Veterans Boulevard, Suite 1130 Metairie LA 70005	<b>CONTACT NAME:</b> Brandi Sims <b>PHONE (A/C, No, Ext):</b> 504-888-1100 <b>E-MAIL ADDRESS:</b> brandi_sims@ajg.com <b>PRODUCER CUSTOMER ID #:</b>		<b>FAX (A/C, No):</b> 504-888-1299
	<b>INSURER(S) AFFORDING COVERAGE</b>		
<b>INSURED</b> Deep South Oilfield Construction, LLC PO Drawer 850 Belle Chasse, LA 70037	<b>INSURER A:</b> AGCS Marine Insurance Company		<b>NAIC #</b> 22837
	<b>INSURER B:</b> Starr Indemnity & Liability Company		38318
	<b>INSURER C:</b> AmTrust Insurance Company of Kansas		15954
	<b>INSURER D:</b> American Longshore Mutual Associati		
	<b>INSURER E:</b> Manufacturers Alliance Insurance Co		36897
	<b>INSURER F:</b> Underwriters at Lloyd's, London		11230

**COVERAGES**      **CERTIFICATE NUMBER:** 1609358335      **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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>HULL AND MACHINERY</b>		GMG-NO-0517264	5/9/2017	5/9/2018	<input checked="" type="checkbox"/> PER SCHEDULE ON FILE INSURED VALUE \$ COLLISION (Ea occurrence) \$ TOWERS (Ea occurrence) \$
A	<b>PROTECTION AND INDEMNITY</b>		GMG-NO-0517264	5/9/2017	5/9/2018	<input checked="" type="checkbox"/> PER CLUB RULES <input checked="" type="checkbox"/> EA OCCURRENCE PER VESSEL, CSL \$ 1,000,000 COLLISION (Ea occ), CSL \$ TOWERS (Ea occ), CSL \$ REMOVAL OF WRECK (Ea occurrence) \$ \$ \$ \$
B	<b>POLLUTION LIABILITY</b>		V-13815-17	5/9/2017	5/9/2018	<input checked="" type="checkbox"/> OPA 90 <input checked="" type="checkbox"/> CERCLA <input type="checkbox"/> NON-OPA / NON-CERCLA EA OCCURRENCE \$ 5,000,000 \$ \$ \$
	<b>MARITIME EMPLOYERS LIABILITY</b>		N/A			<input type="checkbox"/> ALTERNATE EMPLOYER <input type="checkbox"/> INCLUDES <input type="checkbox"/> CREW <input type="checkbox"/> EMPS <input type="checkbox"/> JONES ACT <input type="checkbox"/> DEATH ON THE HIGH SEAS <input type="checkbox"/> IN REM ENDORSEMENT ANY ONE PERSON \$ ANY ONE ACCIDENT \$ \$ \$ \$ \$
A	<b>Contractors Equipment Floater</b>		BINDER	5/9/2017	5/9/2018	<input type="checkbox"/> Scheduled Equipment \$ As Schedld <input type="checkbox"/> (Per Sched on File) \$ \$

**CERTIFICATE HOLDER**

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

**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE

COVERAGES

CERTIFICATE NUMBER: 1609358335

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<p>COMMERCIAL GENERAL LIABILITY</p> <p><input checked="" type="checkbox"/> MARINE GENERAL LIABILITY</p> <p>CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/></p> <p>GEN'L AGGREGATE LIMIT APPLIES PER:</p> <p><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC</p> <p>OTHER:</p>		GMG-NO-0517265	5/9/2017	5/9/2018	<p>EACH OCCURRENCE \$ 1,000,000</p> <p>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000</p> <p>MED EXP (Any one person) \$ 5,000</p> <p>PERSONAL &amp; ADV INJURY \$ 1,000,000</p> <p>GENERAL AGGREGATE \$ 2,000,000</p> <p>PRODUCTS-COMP / OP AGG \$ 1,000,000</p> <p>\$</p> <p>\$</p>
C	<p>AUTOMOBILE LIABILITY</p> <p><input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS</p> <p><input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS</p> <p><input checked="" type="checkbox"/> HIRED AUTOS</p>		KPP1035756 02	5/9/2017	5/9/2018	<p>COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000</p> <p>BODILY INJURY (Per person) \$</p> <p>BODILY INJURY (Per accident) \$</p> <p>PROPERTY DAMAGE (Per accident) \$</p>
E	<p>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</p> <p>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</p> <p>If yes, describe under DESCRIPTION OF OPERATIONS below</p> <p><input checked="" type="checkbox"/> ALTERNATE EMPLOYER</p> <p><input type="checkbox"/> USL&amp;H ENDORSEMENT</p> <p><input type="checkbox"/> MARITIME EMPLOYERS LIABILITY</p> <p><input type="checkbox"/> OCSL ACT</p>	N/A	0765776Y	5/9/2017	5/9/2018	<p><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</p> <p>E.L. (Each accident) \$ 1,000,000</p> <p>E.L. DISEASE (Ea employee) \$ 1,000,000</p> <p>E.L. DISEASE - POLICY LIMIT \$ 1,000,000</p> <p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p>
D	<p>U.S. LONGSHORE &amp; HARBOR WORKERS COMPENSATION ACT</p> <p><input checked="" type="checkbox"/> ALTERNATE EMPLOYER</p> <p><input type="checkbox"/> MARITIME EMPLOYERS LIABILITY</p> <p><input checked="" type="checkbox"/> OCSL ACT</p>	N/A	ALMA01531-01	5/9/2017	5/9/2018	<p><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</p> <p>E.L. (Each accident) \$ 1,000,000</p> <p>E.L. DISEASE (Ea employee) \$ 1,000,000</p> <p>E.L. DISEASE - ANN AGG \$ 1,000,000</p> <p>\$</p>
	<p>AIRCRAFT LIABILITY</p> <p><input type="checkbox"/> OWNED AIRCRAFT</p> <p><input type="checkbox"/> NON-OWNED AIRCRAFT</p> <p><input type="checkbox"/> PASSENGER LIABILITY</p>					<p>EACH OCCURRENCE \$</p> <p>AGGREGATE \$</p> <p>\$</p> <p>\$</p> <p>\$</p>
F	<p>UMBRELLA / EXCESS LIAB / BUMBERSHOOT</p> <p><input type="checkbox"/> UMBRELLA <input checked="" type="checkbox"/> BUMBERSHOOT</p> <p><input type="checkbox"/> EXCESS</p> <p><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR</p> <p><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$</p>		SM0490117	5/9/2017	5/9/2018	<p>EACH OCCURRENCE \$ 50,000,000</p> <p>AGGREGATE \$ 50,000,000</p> <p>\$</p> <p>\$</p> <p>\$</p>
	<p>ENERGY CONTROL OF WELL / OPERATORS EXTRA EXPENSE</p> <p><input type="checkbox"/> CARE, CUSTODY AND CONTROL (CCC)</p> <p>OFFSHORE OIL AND GAS PROPERTY</p> <p><input type="checkbox"/> PLATFORMS</p> <p><input type="checkbox"/> PIPELINES</p> <p>ONSHORE OIL AND GAS PROPERTY</p> <p><input type="checkbox"/> OIL &amp; GAS PROPERTY</p> <p><input type="checkbox"/> CONTRACTORS EQUIPMENT</p> <p>NAMED WINDSTORM</p> <p><input type="checkbox"/> CCC <input type="checkbox"/> OFF-SHORE <input type="checkbox"/> ON-SHORE</p>					<p>CSL, ANY ONE OCCURRENCE (100% interest) \$</p> <p>ANY ONE OCCURRENCE (100% interest) \$</p> <p>VALUES AS SCHEDULED \$</p> <p>VALUES AS SCHEDULED \$</p> <p>\$</p> <p>\$</p> <p>VALUES AS SCHEDULED \$</p> <p>VALUES AS SCHEDULED \$</p> <p>\$</p> <p>AGGREGATE \$</p>
<p>VESSEL(S): <input checked="" type="checkbox"/> AS PER ATTACHED SCHEDULE <input checked="" type="checkbox"/> AS DETAILED IN THE DESCRIPTION OF OPERATIONS</p>						
<p>DESCRIPTION OF OPERATIONS / LOCATIONS (ACORD 101, Additional Remarks Schedule, may be attached, if more space is required)</p> <p>SCHEDULE OF VESSELS:</p> <p>MSMR-101 .... \$75,000</p> <p>MSMR-102 ..... \$600,000</p> <p>Miss Alene .... \$500,000</p> <p>Master Myles .... \$600,000</p> <p>Capt. Herbert .... \$1,000,000</p> <p>Lady Josie .... \$1,400,000</p> <p>Master Dylan .... \$1,500,000</p> <p>Master Tyler .... \$1,000,000</p> <p>See Attached...</p>						



**ADDITIONAL REMARKS SCHEDULE**

AGENCY Arthur J. Gallagher Risk Management Services, Inc.		NAMED INSURED Deep South Oilfield Construction, LLC PO Drawer 850 Belle Chasse, LA 70037	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER: 31      FORM TITLE: CERTIFICATE OF MARINE / ENERGY INSURANCE**

Master Landin .... \$1,000,000  
 MSMR-103 .... \$500,000  
 MSMR-104 .... \$535,000  
 MSMR-105 .... \$550,000  
 MSMR-110 .... \$500,000  
 MMI .... \$300,000  
 Mama Mia .... \$150,000  
 MSMR-106 .... \$625,000  
 MSMR-107 ..... \$300,000  
 Lil Jimmy .... \$310,000  
 Zane ..... Port Risk - Liability Only  
 Tomcat .... \$110,000  
 MSMR-109 .... \$675,000  
 BIG AL .... \$714,000  
 LIL AL .... \$140,000

**NAVIGATION LIMITS:**

Inland and coastal waters of the United States between Brownsville, TX and Carrabelle, FL, including the Gulf of Mexico, up to 50 miles offshore, and the Mississippi River as far North as Baton Rouge, or held covered at terms to be agreed.

**DEDUCTIBLES:**

Hull & Machinery: \$25,000  
 Protection & Indemnity: \$25,000  
 General Liability: \$10,000

**FORMS/CONDITIONS:**

**Hull and Machinery:**

This policy is on a quota share with AGCS Marine Insurance Company as the lead carrier (Policy #OHL92011060), subscribing to 50%. The following carrier is Zurich American Insurance Company (Policy #MH 5845451 01), filling the remaining 50%. American Institute Hull Clauses (6/2/77), American Institute Tug Form (8/1/76), American Institute Increased Value & Excess Liabilities Clauses (November 3, 1997), Blanket Additional Insured & Waiver of Subrogation as required by written contract, Punitive Damages Clause, Automatic Acquisition Clause, Primary Insurance Clause, pursuant to and subject to the policy's terms, definitions, conditions and exclusions.

**Protection and Indemnity:**

This policy is on a quota share with AGCS Marine Insurance Company as the lead carrier (Policy #OHL92011060), subscribing to 50%. The following carrier is Zurich American Insurance Company (Policy #MH 5845451 01), filling the remaining 50%. SP23 P&I Clauses endorsed to include crew, Collision & Towers Liability, Cargo Legal Liability, Contractual Liability, Boat Brokers Legal Liability, Maritime Employers Liability, Jones Act, In Rem, Removal of Wreck, Pollution Buyback, SR&CC, Primary, Cross Liabilities, Extended Adventure & Perils, Blanket Additional Insured & Waiver of Subrogation as required by written contract, pursuant to and subject to the policy's terms, definitions, conditions and exclusions.

**Vessel Pollution:**

Safe Harbor Vessel Pollution Policy Form 0713, including Oil Pollution Act of 1990 (OPA), Comprehensive Environmental Response Compensation and Liability Act (CERCLA), Blanket Additional Insured & Wavier of Subrogation when required by contract, pursuant to and subject to the policy's terms, definitions, conditions and exclusions.

**General Liability:**

This policy is on a quota share with AGCS Marine Insurance Company as the lead carrier (Policy #OML92011059), subscribing to 50%. The following carrier is Zurich American Insurance Company (Policy #MAR 5845597-00), filling the remaining 50%. Commercial Marine GL form CML 001, Additional Insured/Waiver of Subrogation CML 023, Gulf of Mexico Extension, In Rem, Wharfingers Liability, Primary/Non-Contributory CML 045, Terminal Operators Liability, Charterers Liability, Stevedores



**ADDITIONAL REMARKS SCHEDULE**

AGENCY Arthur J. Gallagher Risk Management Services, Inc.		NAMED INSURED Deep South Oilfield Construction, LLC PO Drawer 850 Belle Chasse, LA 70037	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 31 FORM TITLE: CERTIFICATE OF MARINE / ENERGY INSURANCE**

Liability, Ship Repairers Legal Liability CL004, Sudden & Accidental Pollution CML 021.01.14, Watercraft Exclusion Deletion CML 056, XCU (Explosion, Collapse, or Underground Liability) is not excluded, Blowout and Cratering is not excluded, pursuant to and subject to the policy's terms, definitions, conditions and exclusions.

Commercial Automobile: Business Auto Coverage Form CA0001, providing coverage for "Any Auto" including Hired & Non Owned Auto Liability, Blanket Additional Insured and Blanket Waiver of Subrogation when required by written contract or agreement, pursuant to and subject to the policy's terms, definitions, conditions and exclusions.

Bumbershoot (Marine Umbrella):  
 Following Form, Excess of P&I, Collision/Towers Liability, General Liability, Vessel Pollution, Auto Liability, and Workers Compensation/Employers Liability, including Automatic Attachment Clause, Blanket Additional Assured as required by contract, pursuant to and subject to the policy's terms, definitions, conditions and exclusions.

Workers Compensation (USL&H - Policy #ALMA01531-01):  
 Workers Compensation and Employers Liability Policy Form - Coverage Agreement (ALMAcovagmt 11 06), including Outer Continental Shelf Lands Act Endorsement (43 USC 1333), and Blanket Waiver of Subrogation Endorsement (ALMAws 02/02), pursuant to and subject to the policy's terms, definitions, conditions and exclusions.

Workers Compensation (State Act - 0765776Y):  
 The following Owner/Officers are excluded from coverage: Eugene Madere, Chad Madere, Albert Madere, and Cathy Madere). Workers Compensation and Employers Liability Policy Form WC000000C, including Blanket Waiver of Subrogation WC 00 03 13, Blanket Voluntary Compensation Endorsement WC 00 03 11A, pursuant to and subject to the policy's terms, definitions, conditions and exclusions.

Contractors Equipment Floater:  
 Deductible for Scheduled Equipment ... \$2,500; except 3% of values subject to a minimum of \$50,000 on Named Storm losses. Policy includes a Blanket Loss Payee provision as their interest(s) may appear under a written agreement, pursuant to and subject to the policy's terms, definitions, conditions, and exclusions.

[Print](#)

## Notary Search - Detail

**Name:** MS. RONA HORTON FRELICH  
**Address:** P.O. BOX 910  
BELLE CHASSE, LA 70037

**Phone:** (504) 554-1319

**Notary ID Number:** 46393  
**Parish:** PLAQUEMINES with authority in the following parishes:  
JEFFERSON, ORLEANS, ST. BERNARD  
**Agency:** N/A  
**Notary Type:** Non Attorney  
**Status:** Active

**Commission Date:** 06/17/1994  
**Oath Date:** 06/09/1994  
**Surety Expiration Date:** 06/06/2019  
**Annual Report Current:** Yes

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

📍 2525 Quail Drive, Baton Rouge, 70808 📞 (225) 765-2301



## Louisiana State Licensing Board for Contractors

### Contractor Information

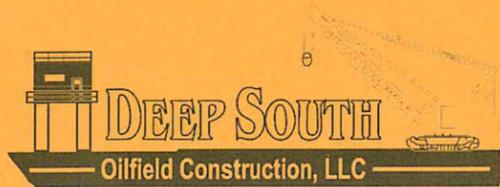
**Business Name** DEEP SOUTH OILFIELD CONSTRUCTION, L.L.C.  
**Mailing Address** P. O. Drawer 850  
Belle Chasse, LA 70037  
**Phone Number** (504) 392-0554  
**Fax Number** (504) 392-7904  
**Email Address** jamie@maderetowing.com

### Active Licenses

**License Number** 58313  
**Type** Commercial License  
**Status** LICENSED  
**Effective** 05/23/2017  
**Expiration** 05/22/2020  
**First Issued** 05/22/2013

### Classifications

Class	Qualifying Party	Parishes
BUSINESS AND LAW	Chad Joseph Madere	ALL
BUSINESS AND LAW	Eugene Simon Madere	ALL
HEAVY CONSTRUCTION	Chad Joseph Madere	ALL
HEAVY CONSTRUCTION	Eugene Simon Madere	ALL



P.O. Drawer 850  
Belle Chasse, LA 70037

A/E PROJECT NO. 20-1422A  
GLISSON PARK BOAT LAUNCH AND DOCK REPAIR  
  
DEEP SOUTH OILFIELD CONSTRUCTION  
9266 HWY 23, BELLE CHASSE, LA. 70037  
LICENSE # 58313