

DATE: 2/15/2023

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BID NO.: 50-00141021

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 ☒

MAXIMUM ESCALATION PERCENTAGE REQUESTED N/A %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF May 31, 2023

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

N/A

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

64968

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: Crescent Waterproofing and Restoration, LLC

ADDRESS: 1929 Julia St.

CITY, STATE: New Orleans

ZIP: 70113

TELEPHONE: (504) 400-1569

FAX: ()

EMAIL ADDRESS: bsandroch@crescentwp.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 by placing the addendum number as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: _____

NUMBER: _____

NUMBER: _____

NUMBER: _____

TOTAL PRICE OF ALL BID ITEMS: \$ 746,950.00

AUTHORIZED
SIGNATURE: _____

TITLE: Managing Member

Brent Sandrock

Printed Name

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: 2/15/2023

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INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00141021

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>LABOR, MATERIALS & EQUIPMENT NECESSARY TO PRESSURE WASH , CLEAN SEAL CHAULK WATERPROOF WET GLAZE INTERIOR & EXTERIOR OF ALL WINDOWS AT THE THOMAS F DONELON BUILDING FOR GENERAL SERVICES.</p> <p>0010 - PROVIDE ALL LABOR, MATERIALS, DELIVERY, EQUIPMENT, AND ALL OTHER</p> <p>INCIDENTALS NECESSARY TO PRESSURE WASH, CLEAN, SEAL/CAULK/WATERPROOF, WET-GLAZE, AND CLEAN INTERIOR AND EXTERIOR OF ALL WINDOWS OF THE THOMAS F. DONELON BLDG. LOCATED AT 200 DERBIGNY STREET, GRETNA, LA 70053 PER THE ATTACHED SPECIFICATIONS</p> <p>NEEDED TO CLEAN AND WATERPROOF THE BUILDING TO PREVENT FUTURE LEAKS.</p> <p>CONTACT: J.P. GENERAL SERVICES ATTN: TIM HOSKINS 200 DERBIGNY STREET GRETNA, LA 70053 (504)364-3470</p>	\$ 746,950.00	\$ 746,950.00
2	1.00	SQFT	<p>0020 - ANCILLARY WORK</p> <p>PROVIDE A COST PER SQUARE FOOT TO REPAIR ANY BRICK/MASONRY WORK AS DESCRIBED IN SECTION 8 OF THE SPECIFICATIONS. THIS IDENTIFIED COST WILL NOT BE PART OF THE BASE BID AND WILL NOT BE USED TO DETERMINE THE LOW BIDDER. THIS LINE ITEM WILL ONLY BE USED IF NEEDED.</p>	\$ 36.00	\$ 36.00

Non-Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: _____
Brent Sandrock, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized Managing Member of Crescent Waterproofing and Restoration, LLC (Entity),
the party who submitted a bid in response to Bid Number 50-00141021, 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 ☒ 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.

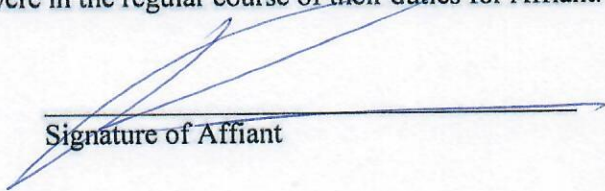
Choice B ✓ There are NO debts which would require disclosure under Choice A of this section.

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

Brent Sandrock
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 14th DAY OF March, 2023.


Notary Public

Stephen Harris
Printed Name of Notary

LA Bar # 32492
Notary/Bar Roll Number

My commission expires Lifetime.





R. Kyle Ardoin

SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that

In response to your request we are pleased to provide the information on the subject Limited Liability Company which filed articles of organization in this office on October 17, 2016.

Name: CRESCENT WATERPROOFING AND RESTORATION, LLC

Type: Limited Liability Company

City: NEW ORLEANS

Status: ACTIVE

Business: CRESCENT WATERPROOFING AND RESTORATION, LLC

Charter Number: 42423633K

Registration Date: 10/17/2016

Domicile Address
1929 JULIA STREET
NEW ORLEANS, LA 70113

Mailing Address
PO BOX 6252
METAIRIE, LA 70009

Status: ACTIVE

Annual Report Status: In Good Standing

Last Report Filed: 11/4/2022

Type: Limited Liability Company

Registered Agent(s)

Agent: JEREMY DUNAWAY

Address: 519 OAKLAWN DRIVE
City, State, Zip: METAIRIE, LA 70005
Appointment Date: 10/17/2016

Agent: CRAIG MANGUM
Address: 400 POYDRAS STREET, SUITE 2500
City, State, Zip: NEW ORLEANS, LA 70130
Appointment Date: 11/4/2021

Officer(s)

Additional Officers: No

Officer: JEREMY DUNAWAY
Title: Manager
Address: 519 OAKLAWN DRIVE
City, State, Zip: METAIRIE, LA 70005

Officer: BRENT SANDROCK
Title: Manager
Address: 5037 TOBY LN
City, State, Zip: KENNER, LA 70065

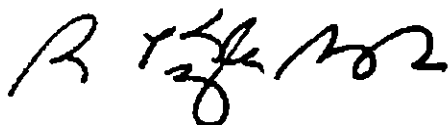
Officer: CHRISTOPHER ELLIS
Title: Manager
Address: 1025 OAK COVE DR
City, State, Zip: LACOMBE, LA 70445

Amendments on file

Date	Description
2/15/2017	Domestic LLC Agent/Domicile Change
3/12/2021	Domestic LLC Agent/Domicile Change

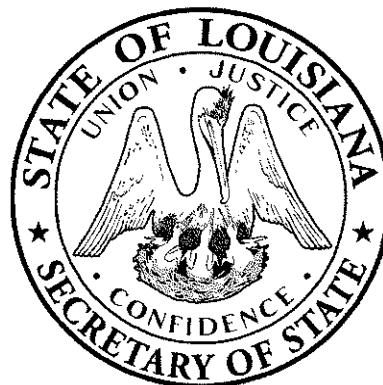
In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

March 14, 2023



Secretary of State

Web 42423633K



Certificate ID: 11700590#XBR93

To validate this certificate, visit the following web site, go to **Business Services, Search for Louisiana Business Filings, Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/13/2023

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 Insurance Underwriters, Ltd. P. O. Box 6738 Metairie LA 70009	CONTACT NAME: Misti Neal PHONE (A/C, No, Ext): 504-249-7046 E-MAIL ADDRESS: MNeal@iulins.co FAX (A/C, No): 504-883-2535												
INSURED Crescent Waterproofing and Restoration LLC PO Box 6252 Metairie LA 70009	INSURER(S) AFFORDING COVERAGE <table><tr><td>INSURER A: Liberty Mutual Insurance Co.</td><td>NAIC # 23043</td></tr><tr><td>INSURER B: Evanston Insurance Company</td><td>35378</td></tr><tr><td>INSURER C: Clear Blue Specialty Insurance Company</td><td>37745</td></tr><tr><td>INSURER D: AmGuard Insurance Company</td><td>42390</td></tr><tr><td>INSURER E: StarStone Specialty Insurance Company</td><td>44776</td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER A: Liberty Mutual Insurance Co.	NAIC # 23043	INSURER B: Evanston Insurance Company	35378	INSURER C: Clear Blue Specialty Insurance Company	37745	INSURER D: AmGuard Insurance Company	42390	INSURER E: StarStone Specialty Insurance Company	44776	INSURER F:	
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INSURER E: StarStone Specialty Insurance Company	44776												
INSURER F:													

COVERAGES

CERTIFICATE NUMBER: 513052696

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
C	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y		AR01-RS-2305857-00	3/7/2023	3/7/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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 \$
D	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	CRAU257642	9/10/2022	9/10/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$	Y	Y	EBU055713197	3/7/2023	3/7/2024	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y	XWS59527455	3/7/2023	3/7/2024	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	Professional/Pollution Liability			M72079231AEM	3/7/2023	3/7/2024	Per Claim Aggregate Retention 1,000,000 2,000,000 2,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additional insured wording provided in regards to the General Liability Policy via the attached form CG 2010 0413 & CG 2037 0413.
Waiver of Subrogation wording provided in regards to the General Liability Policy via the attached form CG 2404 0509.
Primary Non-Contributory wording provided in regards to the General Liability Policy via the attached form CG 20010413.
Waiver of Subrogation wording provided in regards to the Auto Liability Policy via form BA 9902 0908.
Additional insured wording provided in regards to the Auto Liability Policy via the attached form BA 9904 0618.
Waiver of Subrogation wording provided in regards to the Workers Compensation Policy via form WC 000313.

CERTIFICATE HOLDER**CANCELLATION**

Sample Sample	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE </p>
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