

DATE: 5/24/2017

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BID NO.: 50-00119852

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 _____ %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF 7-1-19

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) 35678

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: BEVERLY CONSTRUCTION Co., LLC

ADDRESS: 1215 RIVER ROAD

CITY, STATE: BRIDGE CITY, LA ZIP: 70094

TELEPHONE: (504) 436-2924 FAX: (504) 436-4632

EMAIL ADDRESS: Cary@beverlyinc.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 (6-2-17)

NUMBER: 2 (6-8-17)

NUMBER: 3 (6-8-17)

NUMBER: _____

TOTAL PRICE OF ALL BID ITEMS: \$ 244,727.70

AUTHORIZED SIGNATURE: R. Schmitt

TITLE: PRESIDENT

RONALD Schmitt
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.

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00119852

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			TWO (2) YEAR CONTRACT FOR THE SUPPLY OF LIMESTONE NO. 610 AND CRUSHED CONCRETE FOR THE JEFFERSON PARISH DEPARTMENT OF PUBLIC WORKS - STREETS		
1	1.00	TN	0010 LIMESTONE NO. 610 (GRAY) EAST BANK/SELF-HAULED	28. ⁷⁵	28. ⁷⁵
			BASE COURSE AGGREGATE		
2	500.00	TN	0020 LIMESTONE NO. 610 (GRAY) EAST BANK/DELIVERED	32. ²⁵	16,125. ⁰⁰
			BASE COURSE AGGREGATE		
3	1.00	TN	0030 LIMESTONE NO. 610 (SACTUN/MEXICAN) EAST BANK/SELF-HAULED	22. ⁹⁵	22. ⁹⁵
			BASE COURSE AGGREGATE		
4	2,600.00	TN	0040 LIMESTONE NO. 610 (SACTUN/MEXICAN) EAST BANK DELIVERED	26. ⁴⁵	68,770. ⁰⁰
			BASE COURSE AGGREGATE		
5	1.00	TN	0050 CRUSHED CONCRETE EAST BANK/SELF-HAULED	14. ⁹⁵	14. ⁹⁵
			BASE COURSE AGGREGATE		
6	1.00	TN	0060 CRUSHED CONCRETE EAST BANK/DELIVERED	18. ⁴⁵	18. ⁴⁵
			BASE COURSE AGGREGATE		
7	1.00	TN	0070 LIMESTONE NO. 610 (GRAY) WEST BANK/SELF-HAULED	28. ⁷⁵	28. ⁷⁵
			BASE COURSE AGGREGATE		
8	850.00	TN	0080 LIMESTONE NO. 610 (GRAY) WEST BANK DELIVERED	32. ²⁵	27,412. ⁵⁰
			BASE COURSE AGGREGATE		
9	1.00	TN	0090 LIMESTONE NO. 610 (SACTUN/MEXICAN) WEST BANK/SELF-HAULED	22. ⁹⁵	22. ⁹⁵
			BASE COURSE AGGREGATE		
10	5,000.00	TN	0100 LIMESTONE NO. 610 (SACTUN/MEXICAN) WEST BANK DELIVERED	26. ⁴⁵	132,250. ⁰⁰

DATE: 5/24/2017

INVITATION TO BID FROM JEFFERSON PARISH - continued

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BID NO.: 50-00119852

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
11	1.00	TN	BASE COURSE AGGREGATE 0110 CRUSHED CONCRETE WEST BANK/SELF-HAULED	14.95	14.95
12	1.00	TN	BASE COURSE AGGREGATE 0120 CRUSHED CONCRETE WEST BANK/DELIVERED BASE COURSE AGGREGATE	18.45	18.45

CORPORATE RESOLUTION

BE IT RESOLVED by the Board of Directors of Beverly Construction Co., LLC in a meeting duly assembled that **Ronald J. Schmitt**, President of the Company (Managing Member), is hereby authorized, empowered, and directed for and on the behalf of the Company to negotiate for and sign any and all bid proposals and/or contracts which this company might enter for the furnishing of services for the Company under such terms, conditions, and stipulates, and for such consideration as he might deem to the best interest of the Company.

I, Albert J. Phillip, Sr., Member of Beverly Construction Co., LLC do hereby certify that the above and foregoing is a true and correct copy of the Resolution unanimously adopted at a meeting of the Board of Directors of said Company held on the 8th Day of August, 2011, 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 Company, and the same is in full force and effect.

WITNESS MY SIGNATURE this 8th day of August, 2011.

At Bridge City, LA

Beverly Construction Co., LLC
1215 River Road
Bridge City, LA 70094

A handwritten signature in dark ink, appearing to read "Albert J. Phillip, Sr.", is written over a horizontal line.

Albert J. Phillip, Sr., Member

Non-Public Works Bid**AFFIDAVIT**STATE OF LOUISIANAPARISH/COUNTY OF JEFFERSON

BEFORE ME, the undersigned authority, personally came and appeared: RONALD
SCHMITT, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized PRESIDENT of BEVERLY CONSTRUCTION CO. (Entity),
the party who submitted a bid in response to Bid Number 5000119852, 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.



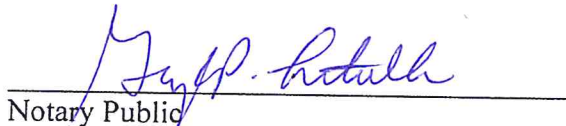
Signature of Affiant

RONALD SCHMITT

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 6th DAY OF June, 2017



Notary Public

Gayle P. Letulle
Printed Name of Notary

08534
Notary/Bar Roll Number

My commission expires For Life.

GAYLE P. LETULLE
Louisiana
Notary Public
Lifetime Commission
Roll Bar No. 08534

Beverly Industries, LLC
Transaction Detail By Account
May 1, 2015 through May 22, 2017

Date	Num	Name	Memo	Debit
07/30/2015	16991	ROBERT BILLIOT CAMPAIGN FUND	VOID: VOID:	0.00
07/30/2015	16992	ROBERT BILLIOT CAMPAIGN FUND	RE-ELECTION CAMPAIGN	500.00
09/15/2015	17515	LOUIS M. BADALAMENTI CAMPAIGN FUND	CAMPAIGN CONTRIBUTION	500.00
09/19/2015	17616	DWAYNE J. MUNCH CAMPAIGN FUND	GOLF TOURNAMENT	500.00
09/19/2015	17617	TED MUNCH CAMPAIGN FUND	FOUR MAN SCRAMBLE	500.00
09/19/2015	17618	GARY L SMITH JR. RE-ELECTION CAMPAIGN	GOLF TOURNAMENT	600.00
09/30/2015	17508	MARY COOLEY CAMPAIGN	CAMPAIGN CONTRIBUTION	1,000.00
11/17/2015	18448	CHRIST THE KING PARISH SCHOOL	THE DOMINO'S FUNDRAISER	250.00
02/19/2016	19784	TEAM MARCH FOR THE PIGS	DONATION	500.00
05/13/2016	5574	RESTAURANT DEPOT	CRAWFISH BOIL	700.55
06/03/2016	21263	BARNEY'S POLICE SUPPLIES	VEST	497.50
06/05/2016	21331	BOY SCOUTS OF AMERICA	INVESTOR - SCOUT	100.00
06/09/2016	21482	People Helping Hand in Hand, Inc.	FOOD BANK CONTRIBUTION	1,000.00
08/24/2016	22624	GARY L SMITH JR. RE-ELECTION CAMPAIGN	GOLF TOURNAMENT	500.00
09/19/2016	22951	DWAYNE J. MUNCH CAMPAIGN FUND	14 th ANNUAL GOLF TOURNAMENT	500.00
02/03/2017	25046	TEAM MARCH FOR THE PIGS	DONATION	500.00
03/31/2017	25824	JOE PEOPLES CAMPAIGN FUND	CONTRIBUTION	500.00

Print

Notary Search - Detail

Name: MR. GAYLE P. LETULLE
Address: 112 CAMERON DR.
GRETN, LA 70056
Phone: (504) 394-9849
Notary ID Number: 52840
Parish: JEFFERSON with STATEWIDE JURISDICTION
Agency: N/A
Notary Type: Attorney
Bar Roll #: 8534
Status: Active
Commission Date: 07/03/1996
Oath Date: 05/20/1996
Surety Expiration Date: Not Required
Annual Report Current: Not Applicable

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.	Name (as shown on your income tax return) BEVERLY CONSTRUCTION, LLC	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ C <input type="checkbox"/> Other (see instructions) ▶	
	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____	
	Address (number, street, and apt. or suite no.) 1215 RIVER ROAD City, state, and ZIP code BRIDGE CITY, LA 70094 List account number(s) here (optional)	
Requester's name and address (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

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

Social security number								
			-					
Employer identification number								
7	2	-	1	4	3	4	9	8 2

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below), and
4. 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.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

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

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

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

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

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

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

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

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

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YY)
6/6/2017**PRODUCER**Eagan Insurance Agency, Inc.
2629 N. Causeway Blvd.
Metairie, LA 70002

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGECOMPANY
A THE GRAY INSURANCE COMPANYCOMPANY
BCOMPANY
CCOMPANY
D**INSURED**Beverly Industries, L.L.C., et al
(see attached Addendum listing all Insureds)
1215 River Road
Bridge City, LA 70094**COVERAGES**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	XSGL-074244	10/1/2016	10/1/2019	GENERAL AGGREGATE Unlimited
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$3,000,000.00
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				PERSONAL & ADV INJURY \$1,000,000.00
					EACH OCCURRENCE \$1,000,000.00
					FIRE DAMAGE (Any one fire) \$100,000.00
A	AUTOMOBILE LIABILITY	XSAL-075239	10/1/2016	10/1/2019	MED EXP (Any one person) \$5,000.00
	<input checked="" type="checkbox"/> ANY AUTO				COMBINED SINGLE LIMIT \$1,000,000.00
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per person)
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident)
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY
					EACH ACCIDENT
					AGGREGATE
					EACH OCCURRENCE
A	EXCESS LIABILITY	XSWC-070959	10/1/2016	10/1/2019	AGGREGATE
	<input type="checkbox"/> UMBRELLA FORM				
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT \$1,000,000.00
	OTHER				EL DISEASE - POLICY LIMIT \$1,000,000.00
					EL DISEASE - EA EMPLOYEE \$1,000,000.00

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

The certificate holder is an additional insured on all policies except Workers' Compensation and is provided a Waiver of Subrogation, all if required by written contract. The above insurance policies shall be primary and noncontributory to any other insurance policies maintained by the certificate holder, if required by written contract.

Re: Parc Des Families Disc Golf

CERTIFICATE HOLDERMeyer Engineers, Ltd.
Engineer and Architect
4937 Hearst Ave.
P. O. Box 763
Metairie, LA 70004**CANCELLATION**

In the event of cancellation by The Gray Insurance Company and if required by written contract, 30 days written notice will be given to the Certificate Holder.

AUTHORIZED REPRESENTATIVE

GCF 00 50 01 01 12

THE GRAY INSURANCE COMPANY

THE GRAY INSURANCE COMPANY

The below coverages apply if the corresponding policy number is indicated on the previous page.

A. Commercial General Liability

General Liability Policy Includes:

Blanket Waiver of Subrogation when required by written contract.

Blanket Additional Insured (CGL Form# CG 20 10 11 85) when required by written contract.

Primary Insurance Wording Included when required by written contract.

Broad Form Property Damage Liability including Explosion, Collapse and Underground (XCU).

Premises/Operations

Products/Completed Operations

Contractual Liability

Sudden and Accidental Pollution Liability

Occurrence Form

Personal Injury

"In Rem" Endorsement

Cross Liability

Severability of Interests Provision

"Action Over" Claims

Independent Contractors coverage for work sublet

Vessel Liability - Watercraft exclusion has been modified by the vessels endorsement on scheduled equipment.

General Aggregate applies per project or equivalent.

B. Automobile Liability Policy Includes:

Blanket Waiver of Subrogation when required by written contract.

Blanket Additional Insured when required by written contract.

C. Workers Compensation Policy Includes:

Blanket Waiver of Subrogation when required by written contract.

U.S. Longshoremen's and Harbor Workers Compensation Act Coverage

Outer Continental Shelf Land Act

Jones Act (including Transportation, Wages, Maintenance, and Cure),

Death on the High Seas Act & General Maritime Law.

Maritime Employers Liability Limit: \$1,000,000

Voluntary Compensation Endorsement

Other States Insurance

Alternate Employer/Borrowed Servant Endorsement

"In Rem" Endorsement

Gulf of Mexico Territorial Extension

D. Excess Liability Policy Includes:

Coverage is excess of the Auto Liability, General Liability, Employers Liability, & Maritime Employers Liability policies

Blanket Waiver of Subrogation when required by written contract.

Blanket Additional Insured when required by written contract.

ADDENDUM ATTACHMENT TO CERTIFICATE OF INSURANCE
NO: 223 REVISED

INSURED: Beverly Industries, LLC, et al:

Angelo's Trucking, LLC
Beverly Construction Company, LLC
Beverly Disposal, LLC
Beverly Dredging, LLC
Beverly Equipment Rentals and Sales, LLC
Beverly Holding, LLC
Beverly Sand and Aggregate, LLC
PHIBEV, Inc.
Phillip Family, LLC

Date: 1/20/2017



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/6/2017

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).

PRODUCER Eagan Insurance Agency, LLC 2629 N. Causeway Blvd. P. O. Box 8590 Metairie LA 70002		CONTACT NAME: Sandra Zeringue, CIC, CISR PHONE (A/C, No. Ext): (504) 836-9600 FAX (A/C, No.): (504) 836-9621 E-MAIL ADDRESS: zeringues@eaganins.com	
INSURED Beverly Industries, LLC, etal 1215 River Road Bridge City LA 70094-3029		INSURER(S) AFFORDING COVERAGE INSURER A: Navigators Specialty Ins. (A XII) NAIC # 36056 INSURER B: Lexington Insurance Co (A XV) 19437 INSURER C: Starr Indemnity & Liability A XV 38318 INSURER D: INSURER E: INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 16-17 Eagan Certificate**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	COMMERCIAL GENERAL LIABILITY					
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR		NY16ECP796119IIC	10/1/2016	10/1/2018	EACH OCCURRENCE \$ 10,000,000
	<input checked="" type="checkbox"/> OPERATIONS POLLUTION		**SEE ATTACHED ADDENDUM			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ n/a
	<input checked="" type="checkbox"/> SITE POLLUTION LIAB.			MED EXP (Any one person) \$ n/a		
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$ n/a
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ n/a
	OTHER:					PRODUCTS - COMP/OP AGG \$ n/a
						Operations Pollution Liability \$ 10,000,000
	AUTOMOBILE LIABILITY					
	<input type="checkbox"/> ANY AUTO		**SEE GRAY & COMPANY'S CERTIFICATE OF INSURANCE			COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	015681468	10/1/2016	10/1/2017	EACH OCCURRENCE \$ 14,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 25,000		**SEE ATTACHED ADDENDUM			AGGREGATE \$ 14,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	**SEE GRAY & COMPANY'S CERTIFICATE OF			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. EACH ACCIDENT \$
C	VESSEL POLLUTION LIABILITY POLICY		V-13177-16	10/1/2016	10/1/2017	E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
						LIMIT \$ 5,000,000

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

JOB -- Parc Des Families Disc Golf

**SEE ATTACHED ADDENDUM

CERTIFICATE HOLDER**CANCELLATION**

Meyer Engineers, Ltd.
Engineer and Architect
4937 Hearst Ave.
P. O. Box 763
Metairie, LA 70004

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

Marcus Eagan/SANDRA

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COMMENTS/REMARKS

FULL NAMED INSURED:

BEVERLY INDUSTRIES, INC.
ANGELO'S TRUCKING, LLC
BEVERLY CONSTRUCTION COMPANY, LLC
BEVERLY DISPOSAL, LLC
BEVERLY DREDGING, LLC
BEVERLY EQUIPMENT RENTAL AND SALES, LLC
BEVERLY HOLDING, LLC
BEVERLY INDUSTRIES HEAVY HAULERS, LLC
BEVERLY SAND AND AGGREGATE, LLC
PHIBEV, INC.
PHILLIP FAMILY, LLC

ADDITIONAL POLICIES:

PROTECTION AND INDEMNITY EXCESS LIABILITY POLICY:
(EXCESS OVER CNA OCEAN MARINE POLICY):

INSURER - NAVIGATORS INSURANCE COMPANY
POLICY NUMBER - NY16LIA15063001
EFFECTIVE: 10/01/2016 TO 10/01/2017
LIMIT -- \$ 9,000,000

POLLUTION LIABILITY POLICY - ADDITIONAL INFORMATION --

*UNDER COVERAGE A - OPERATIONS POLLUTION LIABILITY COVERAGE,
TRANSPORTATION COVERAGE IS DEFINED UNDER THE DEFINITION
OF "YOUR WORK".

UMBRELLA POLICY -

POLICY COVERAGE FOLLOWS FORMS AND ENDORSEMENTS OF UNDERLYING POLICIES SUBJECT TO THE
LEXINGTON INSURANCE SPECIFIC COVERAGE FORMS.

EXCLUDES THE FOLLOWING UNDERLYING POLICIES AND COVERAGES:
CONTRACTORS POLLUTION
P&I LIABILITY COVERAGE

**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. BEVERLY INDUSTRIES, LLC	
	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 type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) C 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) _____ (Specify accounts maintained outside the U.S.)	
	5 Address (number, street, and apt. or suite no.) 1215 RIVER ROAD	Requester's name and address (optional) Jefferson Parish Purchasing 200 Derbigny St Suite 4400 Gretna, LA 70053
	6 City, state, and ZIP code BRIDGE CITY, LA 70094	
	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								
7	2	-	1	0	1	2	3	4

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.

Sign Here Signature of U.S. person ▶ Robert A Brown

Date ▶ 7/31/15

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/fw9.

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.

Username

[Forgot Username?](#)

Password

[Forgot Password?](#)

Log In

[Create an Account](#)

SAM.gov will be down for scheduled maintenance this Saturday, 6/24, from 8AM to 8PM (EDT).

Search Results

Advanced Search Results

Your search returned the following results...

Notice: This printed document represents only the first page of your SAM search results. More results may be available. To print your complete search results, you can download the PDF and print it.

Entity	BEVERLY INDUSTRIES INC		View Details
DUNS:	Address: 1214 RIVER RD	Status: Inactive	
086458390	City: WESTWEGO	Has Active Exclusion?: No	
CAGE Code:	State: LA	Delinquent Federal Debt?: No	
1NF21	ZIP Code: 70094-3060	Expiration Date: 12/05/2008	
DoDAAC:	Country: UNITED STATES	Purpose of Registration: All	
		Awards	

Glossary

Search Results

- Entity
- Exclusion



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