

DATE: 8/28/2024

Page: 6

BID NO.: 50-00145960

BID FORM
Non Public Works

All Public Work Projects are required to use the Louisiana Uniform Public Work Bid Form

All prices must be held firm unless an escalation provision is requested in this bid. Jefferson Parish will allow one escalation during the term of the contract, which may not exceed the U.S. Bureau of Labor Statistics National Index for all Urban Consumers, unadjusted 12 month figure. The most recently published figure issued at the time an adjustment is requested will be used. A request must be made in writing by the vendor, and the escalation will only be applied to purchases made after the request is made.

Are you requesting an escalation provision?

YES _____ NO X

MAXIMUM ESCALATION PERCENTAGE REQUESTED _____%
INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF DECEMBER 2026

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

PER BID

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

53760

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: BOLAND MARINE & INDUSTRIAL
ADDRESS: 1000 TCHOUPITOULAS ST
CITY, STATE: NEW ORLEANS, LA ZIP: 70130
TELEPHONE: (504) 581-5800 FAX: (504) 581-5814
EMAIL ADDRESS: WLHALEY@BOLANDMAR.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: \$ 132,000

AUTHORIZED SIGNATURE: Walter L. Haley

TITLE: V/P OPERATIONS

WALTER L HALEY

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.

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INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00145960

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			TWO (2) YEAR CONTRACT FOR MACHINE SHOP SERVICES FOR THE DEPARTMENT OF PUBLIC WORKS-DRAINAGE & ALL JEFFERSON PARISH AGENCIES		
1	100.00	HR	0010 LARGE LATHE WORK GENERAL PURPOSE TURNING, THREADING, FACING AND BORING ON WORK PIECES UP TO 42" DIAMETER AND UP TO 342" IN LENGTH TWO (2) YEAR CONTRACT FOR THE SUPPLY OF MACHINE SHOP SERVICES FOR THE JEFFERSON PARISH DEPARTMENT OF PUBLIC WORKS, DRAINAGE PUMP STATIONS AND ALL JEFFERSON PARISH AGENCIES	\$ 65.00	\$ 6,500.00
2	100.00	HR	0020 MEDIUM LATHE WORK GENERAL PURPOSE TURNING, FACING, BORING, AND THREADING ON WORK PIECES UP TO 20" IN DIAMETER AND UP TO 374" IN LENGTH.	\$ 65.00	\$ 6,500.00
3	100.00	HR	0030 SMALL LATHE WORK GENERAL PURPOSE TURNING, FACING, BORING, AND TREADING ON WORK PIECES UP TO 16" IN DIAMETER AND UP TO 60" IN LENGTH, INCLUDES BAR STOCK THREADING UP TO 2" IN DIAMETER, USING HOLLOW SPINDLE.	\$ 65.00	\$ 6,500.00
4	100.00	HR	0040 LARGE VERTICAL AXIS BORING MILL WORK GENERAL PURPOSE TURNING, FACING AND BORING ON WORK PIECES UP TO 36" IN HEIGHT AND UP TO 66" IN DIAMETER	\$ 75.00	\$ 7,500.00
5	100.00	HR	0050 SMALL VERTICAL AXIS BORING MILL WORK GENERAL PURPOSE TURNING, FACING AND BORING ON WORK PIECES UP TO 24" IN HEIGHT AND UP TO 48" IN DIAMETER	\$ 75.00	\$ 7,500.00
6	100.00	HR	0060 MEDIUM HORIZONTAL AXIS BORING MILL WORK GENERAL PURPOSE TURNING, FACING, AND BORING ON WORK PIECES UP TO 20" IN WIDTH OR IN HEIGHT AND UP TO 60" IN LENGTH	\$ 65.00	\$ 6,500.00
7	100.00	HR	0070 LARGE HORIZONTAL AXIS BORING MILL WORK	\$ 75.00	\$ 7,500.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00145960

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			GENERAL PURPOSE TURNING, FACING, AND BORING ON WORK PIECES UP TO 66" IN WIDTH OR IN HEIGHT AND UP TO 108" IN LENGTH		
8	100.00	HR	0080 LARGE RADIAL ARM DRILL PRESS WORK GENERAL PURPOSE DRILLING OF HOLES UP TO 2", TAPPING UP TO 2" N.C., REAMING AND SPOT FACING ON WORK PIECES UP TO 48" IN HEIGHT AND DIAMETER UP TO 96"	\$ 50.00	\$ 5,000.00
9	100.00	HR	0090 MEDIUM DRILL PRESS WORK GENERAL PURPOSE DRILLING OF HOLES UP TO 1", TAPPING UP TO 2" N.C., REAMING AND SPOT FACING ON WORK PIECES UP TO 15" IN HEIGHT AND WEIGHT GENERALLY LESS THAN 200 POUNDS	\$ 50.00	\$ 5,000.00
10	100.00	HR	0100 MEDIUM MILLING MACHINE WORK GENERAL PURPOSE MILLING WORK, PARTICULARLY FOR KEYSEATING OF SHAFTS UP TO 8" IN DIAMETER AND KEYWAY WIDTHS UP TO 1 1/2"	\$ 75.00	\$ 7,500
11	100.00	HR	0110 SMALL MILLING MACHINE WORK GENERAL PURPOSE MILLING, DRILLING, FACING, SPOT FACING AND KEYSEATING DONE ON A BRIDGEPORT OF SMALL WORK PIECES GENERALLY LESS THAN 200 POUNDS IN WEIGHT	\$ 75.00	\$ 7,500
12	100.00	HR	0120 KEYWAY CUTTING KEYSEATING OF THE BORE OF COUPLINGS, IMPELLERS AND SIMILAR PIECES WITH HUB LENGTH UP TO 18", DIAMETER UP TO 66" AND KEYWAYS UP TO 1 1/2" IN WIDTH	\$ 50.00	\$ 5,000.00
13	100.00	HR	0130 SAW WORK TRANSVERSE CUTTING OF ROUND BARS, BEAMS AND OTHER LONG SHAPES UP TO 12" IN SIZE (DIAMETER OR DEPTH)	\$ 40.00	\$ 4,000.00
14	100.00	HR	0140 LAPPING MACHINE WORK FACING MECHANICAL SEALS ON WORK PIECES UP TO 12" IN DIAMETER	\$ 60.00	\$ 6,000.00
15	100.00	HR	0150 DYNAMIC BALANCING BALANCING ROTATING ELEMENTS UP TO 96" IN	\$ 75.00	\$ 7,500.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00145960

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
16	100.00	HR	<p>LENGTH, 36" IN DIAMETER AND 2500 LBS IN WEIGHT AT ROTATIVE SPEEDS 900 RPM MAXIMUM</p> <p>0160 MISCELLANEOUS ASSEMBLY WORK THIS ITEM DOES NOT INVOLVE ANY OF THE</p> <p>MACHINING OPERATIONS BUT MAY BE NECESSARY PRIOR OR AFTER SAID OPERATIONS , THE WORKMEN WOULD NOT NECESSARILY BE SKILLED CRAFTSMEN AS REQUIRED FOR MACHINING OPERATIONS, BUT SKILLED IN THE HANDLING OF WORK PIECES, WRENCH OPERATIONS, AND SO FORTH.</p>	\$ 75.00	\$ 7,500.00
17	100.00	HR	<p>0170 MISCELLANEOUS MEASUREMENT WORK THIS ITEM DOES NOT INVOLVE ANY OF THE</p> <p>MACHINING OPERATIONS BUT MAY BE NECESSARY PRIOR TO OR AFTER SAID OPERATIONS. THE MEASUREMENT WORK WOULD CONSIST OF TAKING PRECISE MEASUREMENTS WITH INSIDE OR OUTSIDE DEVICES</p>	\$ 60.00	\$ 6,000.00
18	100.00	HR	<p>0180 MILLWRIGHT WORK ON-SITE ERECTION (LEVELING, ALIGNING, AND</p> <p>SETTING) OF LARGE PUMP STATION MACHINERY INCLUDING BUT NOT LIMITED TO HORIZONTAL-SHAFT PROPELLER PUMPS UP TO 168" IN DIAMETER, VERTICAL-SHAFT PROPELLER PUMPS UP TO 96" IN DIAMETER, REDUCTION GEAR-BOXES UP TO 3100 HP RATING, DIESEL ENGINES UP TO 4000 HP RATING, ELECTRIC MOTORS UP TO 800 HP RATING AND ASSOCIATIVE SHAFTING AND COUPLINGS BY SKILLED CRAFTSMEN AS REQUIRED FOR PRECISION MILLWRIGHT OPERATIONS</p>	\$ 75.00	\$ 7,500.00
19	100.00	HR	<p>0190 SUPERVISORY ERECTION SPECIALIST ON-SITE COORDINATION AND SUPERVISION OF</p> <p>ITEM 0170 MILLWRIGHT WORK BY A HIGHLY SKILLED ERECTION AND ALIGNMENT SPECIALIST</p>	\$ 75.00	\$ 7,500.00
20	100.00	HR	<p>0200 400a WELDING MACHINE/BURNING APPARATUS WORK</p> <p>THIS ITEM IS FOR THE MAKING OF WELDMENTS TO BE SUBSEQUENTLY MACHINED (UNDER OTHER CATEGORIES) USING EITHER RAW STOCK MATERIALS AND/OR PARTIALLY MACHINED COMPONENTS. INCLUDED HEREIN WOULD BE ANY WELDING ASSOCIATIVE WITH PROPELLER RECONDITIONING</p>	\$ 75.00	\$ 7,500.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00145960

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
21	100.00	HR	<p>9999A (NON-BIDDABLE) NON-BID ITEM FOR VENDOR TO PROVIDE</p> <p>INVOICING ONLY TO CHARGE PROCUREMENT COST. A COPY OF ACTUAL INVOICING SHOWING THE CONTRACTORS PROCUREMENT COST FOR SUCH ITEMS SHALL BE SUBMITTED WITH REQUEST FOR PAYMENT. ALL REQUIRED MATERIALS MUST BE NOTED ON THE ESTIMATE FORM ALONG WITH WHO IS THE SUPPLIER AND THE COST OF THE MATERIAL.</p> <p>*BIDDERS ARE TO LEAVE THE UNIT PRICE QUOTED BLANK FOR THIS ITEM. THIS ITEM SHALL NOT BE INCLUDED IN THE TOTAL OF ALL ITEMS QUOTED. THIS LINE IS TO BE USED AS A REFERENCE TO PROCESS INVOICES.</p>	\$XXXXXXXXXXXXXXXXXXXX	
22	100.00	HR	<p>9999B (NON-BIDDABLE) NON-BID ITEM PREMIUM TIME WORK-1.5 TIMES THE REGULAR HOUR RATES. PREMIUM TIME WILL APPLY ONLY WHEN WORK IS PERFORMED ON WEEKENDS, JEFFERSON PARISH LEGAL HOLIDAYS OR BEFORE 7:00 AM AND AFTER 5:00 PM.</p> <p>BIDDERS ARE TO LEAVE THE UNIT PRICE QUOTED BLANK FOR THIS ITEM. THIS ITEM SHALL NOT BE INCLUDED IN THE TOTAL OF ALL ITEMS QUOTED. THIS LINE IS TO BE USED AS A REFERENCE TO PROCESS INVOICES.</p> <p>***PLEASE SEE ATTACHED SPECIFICATIONS***</p>	\$XXXXXXXXXXXXXXXXXXXX	

Bid Bond in Accordance with Contract Specifications

Be sure to refer to the actual bond documents referenced in the contract specifications for specific terms before completing this form.

PRINCIPAL NAME Boland Marine & Industrial LLC	PRINCIPAL ADDRESS 1000 Tchoupitoulas Street, New Orleans, LA 70130
SURETY NAME Platte River Insurance Company	SURETY ADDRESS 1600 Aspen Commons, Middleton, WI 53562
OBLIGEE NAME Jefferson Parish	OBLIGEE ADDRESS 200 Derbigny Street, Gretna, LA 70053

Bond Information

BID DATE 09/24/2024	CONTRACT ID 50-00145960	CONTRACT VENDOR ID 23318
PROJECT DESCRIPTION Bid No. 50-00145960 Two (2) year contract for Machine Shop Services for the Department of Public Works-Drainage & all Jefferson Parish Agencies		
AMOUNT OF BID SECURITY 5%	AMOUNT OF BID SECURITY-SPELLED OUT Five Percent	
BOND ENTERED AND EXECUTED BY Christen Tyner		ATTORNEY-IN-FACT SIGNATURE <i>Christen Tyner</i>

Know all men by these presents that Platte River Insurance Company, a Corporation duly organized under the laws of the State of Nebraska, are held and firmly bound unto the above owner/obligee by the transmission. The surety agrees to waive the statute of fraud defense and further agrees that the owner/obligee is a third party beneficiary of the waiver for the purposes of enforcing this bid bond.



**PLATTE RIVER INSURANCE COMPANY
POWER OF ATTORNEY**

SLA0918983095

Bond Number

KNOW ALL MEN BY THESE PRESENTS, That the **PLATTE RIVER INSURANCE COMPANY**, a corporation of the State of Nebraska, having its principal offices in the City of Middleton, Wisconsin, does make, constitute and appoint

Christen Tyner

Name of Individual

its true and lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and on its behalf, as surety, and as its act and deed, any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of

\$ See Bond Form for SLA0918983095

Bond Amount

Bond Number

on behalf of Boland Marine & Industrial LLC

Principal

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of **PLATTE RIVER INSURANCE COMPANY** at a meeting duly called and held on the 8th day of January, 2002.

"RESOLVED, that the President, Executive Vice President, Vice President, Secretary or Treasurer, acting individually or otherwise, be and they hereby are granted the power and authorization to appoint by a Power of Attorney for the purposes only of executing and attesting bonds and undertakings, and other writings obligatory in the nature thereof, one or more resident vice-presidents, assistant secretaries and attorney(s)-in-fact, each appointee to have the powers and duties usual to such offices to the business of this company; the signature of such officers and seal of the Company may be affixed to any such power of attorney or to any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Company, and any such power so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking or other writing obligatory in the nature thereof to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any of said officers, at any time."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

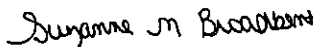
In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner - Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

IN WITNESS WHEREOF, the **PLATTE RIVER INSURANCE COMPANY** has caused these presents to be signed by its officer undersigned and its corporate seal to be hereto affixed duly attested, this 1st day of January, 2020.

Attest:



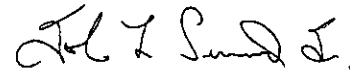
Ryan J. Byrnes
Senior Vice President,
Chief Financial Officer and Treasurer



Suzanne M. Broadbent
Assistant Secretary



PLATTE RIVER INSURANCE COMPANY

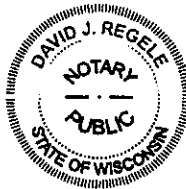


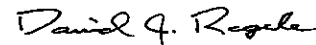
John L. Sennott, Jr.
Chief Executive Officer and President

STATE OF WISCONSIN
COUNTY OF DANE

} S.S.:

On the 1st day of January, 2020 before me personally came John L. Sennott, Jr., 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 Chief Executive Officer and President of **PLATTE RIVER INSURANCE COMPANY**, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.





David J. Regele
Notary Public, Dane Co., WI
My Commission Is Permanent

STATE OF WISCONSIN
COUNTY OF DANE

} S.S.:

I, the undersigned, duly elected to the office stated below, now the incumbent in **PLATTE RIVER INSURANCE COMPANY**, a Nebraska Corporation, authorized to make this certificate, **DO HEREBY CERTIFY** that the foregoing attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and sealed at the City of Middleton, State of Wisconsin this 09/17/2024





Andrew B. Diaz-Matos
Senior Vice President, General Counsel and Secretary

THIS DOCUMENT HAS BEEN GENERATED FOR A SPECIFIC BOND. IF YOU HAVE ANY QUESTIONS CONCERNING THE AUTHENTICITY OF THIS DOCUMENT CALL 800-475-4450.

PR-ePOA (Rev. 01-2020)



Non-Public Works Bid

AFFIDAVIT

STATE OF LOUISIANA

PARISH/COUNTY OF ORLEANS

BEFORE ME, the undersigned authority, personally came and appeared: WALTER L HALEY, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized OFFICER of BOLAND MARINE (Entity), the party who submitted a bid in response to Bid Number 50-00145960, to the Parish of Jefferson.

Affiant further said:

Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____

Attached hereto is a list of all campaign contributions, including the date and amount of each contribution, made to current or former elected officials of the Parish of Jefferson by Entity, Affiant, and/or officers, directors and owners, including employees, owning 25% or more of the Entity during the two-year period immediately preceding the date of this affidavit or the current term of the elected official, whichever is greater. Further, Entity, Affiant, and/or Entity Owners have not made any contributions to or in support of current or former members of the Jefferson Parish Council or the Jefferson Parish President through or in the name of another person or legal entity, either directly or indirectly.

Choice B X

there are NO campaign contributions made which would require disclosure under Choice A of this section.

Debt Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.

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

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

[The remainder of this page is intentionally left blank.]

That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.

Walter L. Haley
Signature of Affiant

WALTER L. HALEY

Printed Name of Affiant

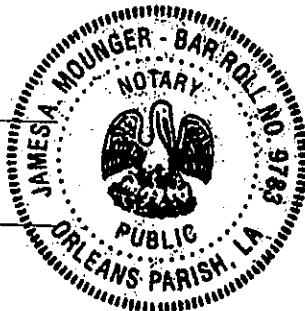
SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 17th DAY OF September, 2024

Notary Public

James A. Mounger
Printed Name of Notary

9483
Notary/Bar Roll Number



My commission expires At death

CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF
Boland Marine & Industrial, LLC
INCORPORATED.

AT THE MEETING OF DIRECTORS OF Boland Marine & Industrial, LLC
INCORPORATED, DULY NOTICED AND HELD ON September 16, 2024,
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT
WAS:

RESOLVED. THAT Walter L. Haley, 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 AND RECEIPT THEREFOR 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

9/17/24

DATE




CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/17/2024

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 State Farm  Eric Deroche 10015 Jefferson Hwy River Ridge, LA 70123	CONTACT NAME: Heather Delahoussaye PHONE (A/C, No, Ext): 504-737-8559 E-MAIL ADDRESS: heather@ericderoche.net FAX (A/C, No): 504-739-1109
INSURER(S) AFFORDING COVERAGE	
INSURER A: State Farm Mutual Automobile Insurance Company	
NAIC # 25178	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

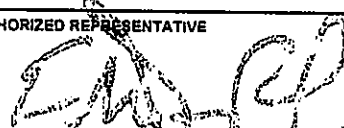
COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD 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 \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" 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 <input checked="" type="checkbox"/> Comp \$500 <input checked="" type="checkbox"/> Coll \$1000	Y	379 5925 b25 18	08/28/2024	08/28/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Med Pay \$ 5,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	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 <input type="checkbox"/> N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)

- All such insurance coverage shall contain 30 day calendar advance notice of cancellation or of any non-renewal.

CERTIFICATE HOLDER**CANCELLATION**

Jefferson Parish 200 Derbigny Street Gretna, LA 70053	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 
---	---



BOLAMAR-01

DLAWRENCE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/12/2024

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 License # 231432 Hub International Gulf South 3510 N. Causeway Boulevard Suite 300 Metairie, LA 70002	CONTACT NAME: PHONE (A/C, No, Ext): (800) 256-2842 FAX (A/C, No): (504) 834-2995 E-MAIL: ADDRESS:
INSURED Boland Marine & Industrial LLC 1000 Tchoupitoulas Street New Orleans, LA 70130	INSURER(S) AFFORDING COVERAGE INSURER A : QBE INSURER B : Lloyd's of London INSURER C : Markel International Insurance Company INSURER D : INSURER E : INSURER F :
	NAIC # 15792

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADD'L 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 <input checked="" type="checkbox"/> Marine General Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		QL24MGLM15640	2/1/2024	2/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 25,000		TMU-414887	2/1/2024	2/1/2025	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ Annual Agg \$ 10,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Maritime Employers L		B1230NG03694A24	2/1/2024	2/1/2025	

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

CERTIFICATE HOLDER

CANCELLATION

Jefferson Parish its District Department and Agencies under the direction for the Parish President and the Parish Council
200 Derbigny Street
Gretna, LA 70053

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



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Hub International Gulf South		License # 231432	NAMED INSURED Boland Marine & Industrial LLC 1000 Tchoupitoulas Street New Orleans, LA 70130
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Additional Information

Underwriters agree that, where required by written contract, any person firm or organization is included as additional insured but only in respect to liability for bodily injury and/or property damage arising out of operations performed (ongoing and complet) by or on behalf of the Named Insured under written contract with such additional insured to the extent required under said written contract.

Underwriters agree to waive their rights of subrogation against any principal where such waiver is required by a written insured contract executed prior to loss.

Coverage is to the Gulf of Mexico.

It is agreed that any claim covered by this policy, shall be considered covered even though asserted in an action commenced on the basis of In Rem jurisdiction instead of In Personam jurisdiction.

Watercraft exclusion is deleted with respect to watercraft not owned and not operated by the Named Insured.

Subject to the terms and conditions of the policy, it is agreed that where the Named Insured is obligated under the terms of a written contract to specifically provide primary insurance coverage to any person or entity which is also an additional insured under this policy, that this policy will be primary but only in relation to any other applicable policy where such person or entity is provided coverage as a Named Insured.

Underwriters will agree to provide 30 days written notice of cancellation to this policy to any third party whose name and contact information is provided by the Named Insured and where such notice is required by written contract.

The Commercial Umbrella Policy follows form over the General Liability, Automobile Liability, Employers Liability and Maritime Employers Liability policies.

Coverage is Primary/Non-Contributory for all policies except Workers' Compensation.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/12/2024

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 Eustis Insurance & Benefits, a Marsh & McLennan Agency LLC Company 110 Veterans Memorial Blvd. Ste 200 Metairie LA 70005	CONTACT NAME: Sheila Menck, CIC PHONE (A/C No. Ext): 225-236-3869 FAX (A/C No.): E-MAIL ADDRESS: Sheila.Menck@Marshmma.com
INSURED Boland Marine & Industrial, LLC 1000 Tchoupitoulas St New Orleans LA 70130	INSURER(S) AFFORDING COVERAGE INSURER A: Louisiana Workers' Compensation Corp. NAIC # 22350 INSURER B: Navigators Specialty Insurance Company 36056 INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:** 810258735**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
	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) \$ \$
	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	78798	1/31/2024	1/31/2025	X PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
B	Contractors Pollution		NY24ECPX00505NC	3/17/2024	3/17/2025	Operations Pollution 5,000,000 Site Pollution 5,000,000 Environmental Crisis 50,000

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

Pollution Coverage:
Operations Pollution Liability - \$5,000,000 Each Incident, \$5,000,000 Coverage Aggregate - \$5,000 Deductible
Site Pollution Liability - \$5,000,000 Each Incident, \$5,000,000 Coverage Aggregate - \$25,000 Deductible
Environmental Crisis Management - \$50,000 Each Incident, \$50,000 Coverage Aggregate - No Deductible
\$5,000,000 Policy Aggregate
Pollution Policy includes Blanket Additional Insured and Blanket Waiver of Subrogation where required by written contract.

See Attached...

CERTIFICATE HOLDER**CANCELLATION**

Jefferson Parish
200 Derbigny Street
General Govt Building Suite 4400
Gretna LA 70053
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

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Eustis Insurance & Benefits,		NAMED INSURED Boland Marine & Industrial, LLC 1000 Tchoupitoulas St New Orleans LA 70130
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Workers Compensation policy includes Gulf of Mexico Extension (LWCC 6) Longshore and Harbor Workers Act coverage (WC000106A) Outer Continental Shelf Lands Act Coverage (WC000109C) Blanket Alternate Employer Endorsement where required by written contract (WC000301A) Blanket Waiver of Subrogation were required by written contract (WC000313).

JK16