

DATE: 5/30/2024

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BID NO.: 50-00144909

**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 0% %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF June 30, 2025

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

Call Out

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 62735

**THIS SECTION MUST BE COMPLETED BY BIDDER:**

FIRM NAME: Cross Diving Services, LLC

ADDRESS: 8912 Highway 182

CITY, STATE: Morgan City, LA ZIP: 70380

TELEPHONE: ( 985 ) 354-6411 FAX: ( ) N/A

EMAIL ADDRESS: cburnett@crossdiving.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: Addendum No.1

NUMBER: Addendum No.2

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

TOTAL PRICE OF ALL BID ITEMS: \$ 5,050.25

AUTHORIZED  
SIGNATURE: 

TITLE: Owner/President

Creighton Burnett  
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: 5/30/2024

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## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00144909

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			One (1) Year Contract for Diving Services for the Jefferson Parish Department of Drainage and All Jefferson Parish Agencies		
1	1.00	HR	0010 4-MAN USACE / ADC DIVE TEAM NOTE: THIS LINE ITEM IS FOR THE HOURLY  COST OF ALL (4) EMPLOYEES AND SHALL BE IN COMPLIANCE WITH USAC, NOT THE DAVIS BACON ACT.	\$ 274.50	\$ 274.50
2	1.00	DY	0040 SHALLOW WATER DIVE SPREAD ( USACE - USCG - OSHA COMPLIANT)  NOTE: MUST INCLUDE ALL EQUIPMENT REQUIRED TO MAKE A DIVE IN SHALLOW WATER	\$ 545.00	\$ 545.00
3	1.00	DY	0050 WORK TRUCK	\$ 175.00	\$ 175.00
4	1.00	DY	0060A U/W BURNING PACKAGE, EQUIPMENT AND CONSUMABLES	\$ 550.00	\$ 550.00
5	1.00	DY	0060B U/W WELDING PACKAGE, EQUIPMENT AND CONSUMABLES	\$ 600.00	\$ 600.00
6	1.00	DY	0080 UNDERWATER CAMERA, LIGHT, UMBILICAL , DVR & MONITOR	\$ 200.00	\$ 200.00
7	1.00	DY	0090 TWO DIVER HOT WATER UNIT	\$ 175.00	\$ 175.00
8	1.00	DY	0100 JET PUMP, SUCTION W/ FOOT VALVE, JETTING HOSE AND REDUCER	\$ 700.00	\$ 700.00
9	1.00	DY	0110 HYDRAULIC POWER UNIT (50 HP)	\$ 297.00	\$ 297.00
10	1.00	DY	0120 LESS THAN 15HP HYDRAULIC POWER UNIT 8/12 GPM	\$ 135.00	\$ 135.00
11	1.00	DY	0130 4" SUBMERSIBLE HYDRAULIC PUMP	\$ 125.00	\$ 125.00
12	1.00	DY	0140 WIRE SAW WITH CONTROL UNIT (REQUIRES HPU)	\$ 100.00	\$ 100.00

DATE: 5/30/2024

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## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00144909

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			NOTE: CUTTING REQUIREMENTS INCLUDE BOLTS UP TO 1 INCH THICK AND FLAT BAR UP TO 9 INCH X 1/2 INCH. MAX DIVING DEPTH SHALL BE 20 FOOT BELOW WATER SURFACE.		
13	1.00	DY	0150 100' HYDRAULIC HOSES (3/4" & 1" UMBILICAL)	\$ 125.00	\$ 125.00
14	1.00	DY	0160 UNDERWATER HYDRAULIC HAND TOOLS	\$ 100.00	\$ 100.00
15	1.00	DY	0170 HYDRAULIC CHIPPER (18LB) PACKAGE W/ P.U	\$ 285.00	\$ 285.00
16	1.00	DY	0180 HYDRAULIC CORE DRILL (REQUIRES HPU AND HOSE REEL)	\$ 180.00	\$ 180.00
17	1.00	HR	0200 EXTRA DIVER	\$ 70.00	\$ 70.00
18	1.00	HR	0210 4-MAN USACE/ADC DIVE TEAM- HOURLY OVERTIME RATE	\$ 413.75	\$ 413.75
			**** PER ATTACHED SPECIFICATION ****		

Non-Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF St. Mary Parish

BEFORE ME, the undersigned authority, personally came and appeared: Creighton Burnett, (Affiant) who after being by me duly sworn, deposed and said that he she is the fully authorized President of Cross Diving (Entity), the party who submitted a bid in response to Bid Number 50-00144909, 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.

  
\_\_\_\_\_  
Signature of Affiant

Creighton Burnett  
\_\_\_\_\_  
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME  
ON THE 31<sup>st</sup> DAY OF may, 2024.

  
\_\_\_\_\_  
Notary Public

Heather R Blair  
\_\_\_\_\_  
Printed Name of Notary

62820  
\_\_\_\_\_  
Notary/Bar Roll Number



Heather R. Blair  
Notary Public  
Notary ID No. 62820  
St. Mary Parish, Louisiana

My commission expires upon my death

**State of  
Louisiana  
Secretary of  
State**



**COMMERCIAL DIVISION**  
**225.925.4704**

Fax Numbers

225.932.5317 (Admin. Services)  
225.932.5314 (Corporations)  
225.932.5318 (UCC)

Name	Type	City	Status
CROSS DIVING SERVICES, LLC	Limited Liability Company	MORGAN CITY	Active

**Previous Names**

**Business:** CROSS DIVING SERVICES, LLC

**Charter Number:** 41798020K

**Registration Date:** 2/25/2015

**Domicile Address**

8912 HIGHWAY 182 E  
MORGAN CITY, LA 70380

**Mailing Address**

P.O. BOX 2052  
MORGAN CITY, LA 703812052

**Status**

**Status:** Active

**Annual Report Status:** In Good Standing

**File Date:** 2/25/2015

**Last Report Filed:** 1/26/2024

**Type:** Limited Liability Company

**Registered Agent(s)**

<b>Agent:</b>	CREIGHTON BARCLAY BURNETT
<b>Address 1:</b>	1146 OAK HARBOR DR
<b>City, State, Zip:</b>	MORGAN CITY, LA 70380
<b>Appointment Date:</b>	5/4/2015

**Officer(s)**

**Additional Officers:** No

<b>Officer:</b>	CREIGHTON BARCLAY BURNETT
<b>Title:</b>	Member, Manager
<b>Address 1:</b>	1146 OAK HARBOR DR
<b>City, State, Zip:</b>	MORGAN CITY, LA 70380

**Amendments on File (4)**

Description	Date
Domestic LLC Agent/Domicile Change	3/5/2015

Domestic LLC Agent/Domicile Change	5/4/2015
Appointing, Change, or Resign of Officer	5/4/2015
Domestic LLC Agent/Domicile Change	5/28/2019

[Print](#)





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/3/2024

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 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> Fisk Marine Insurance International, LLC 8110 Breakwater Drive New Orleans LA 70124	<b>CONTACT NAME:</b> Jodi Wibel	
	<b>PHONE (A/C, No, Ext):</b> (504) 302-4400 <b>FAX (A/C, No):</b> (866) 543-4619	
	<b>E-MAIL ADDRESS:</b> jwibel@fiskusa.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A :</b> Underwriters at Lloyd's	15792
	<b>INSURER B :</b> American Interstate Insurance Company	31895
	<b>INSURER C :</b> StarStone Insurance	25496
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

**COVERAGES** **CERTIFICATE NUMBER:** 572101279 **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Y	Y	GI2400025	3/4/2024	3/4/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 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 \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	GI2400025	3/4/2024	3/4/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 25,000	Y	Y	D79268243MAR	3/4/2024	3/4/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	AVWCLA3250672024	3/4/2024	3/4/2025	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input checked="" type="checkbox"/> OTH-ER USL&H E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B A	MEL Equipment		Y	AVWCLA3250672024 RGV042434019	3/4/2024 3/4/2024	3/4/2025 3/4/2025	MEL limits 1,000,000 Any 1 item/ Agg limit \$200,000/ \$700,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
General liability policy includes hired and non-owned auto liability, action over indemnity buyback, sudden and accidental pollution, non-owned watercraft endorsement, in Rem, primary/non-contributory endorsement and blanket additional insured and blanket waiver of subrogation as required by written contract. Excess policy is follow-form over General Liability, Auto, Workers Comp and MEL. Work Comp includes \$1MM limit MEL (Jones Act), USL&H, GOM extension, TWMM&C, OCS, blanket alternate employer, voluntary compensation and blanket Waiver of Subrogation as required by written contract. Requests to be added as an Additional Insured by certificate holders, as it relates to the Louisiana Oilfield Anti-Indemnification Act, are only available upon written request and must be paid in advance to carrier(s).

<b>CERTIFICATE HOLDER</b>  The Jefferson Parish, it's Districts Departments & Agencies under the direction of the Parish President and the Parish Council 200 Derbigny Street General Government Building , Suite 4400 Gretna LA 70053 United States of America	<b>CANCELLATION</b>  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 
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