

DATE: 8/14/2024

Page: 6

BID NO.: 50-00145894

**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 DEC 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

AS PER BID REQUIREMENT

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

53760

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

FIRM NAME: BOLAND MARINE & INDUSTRIAL

ADDRESS: 1000 TCHOUPITOU LAS 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: \$ 691,612.50

AUTHORIZED SIGNATURE: Walter L. Haley

WALTER L HALEY

TITLE: V/P OPERATIONS

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.: 50-00145894

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	ONLY	<p>Two (2) Year Contract to Provide Pump Repairs for the Jefferson Parish Department of Public Works - Water</p> <p>0010 PUMP REPAIR WORK-GROUP A.1 COST OF ONE (1) PUMP REPAIR WORK</p> <p>PER DETAIL NO. 1(REFER TO SPECIFICATION) FOR THE FOLLOWING PUMP.</p> <p>RAW WATER INTAKE VERTICAL PUMPS, FAIRBANKS MORSE FIG. 6977 SIZE 36MC AND SIZE 28 MC, AS AT THE LEVEE STATION (PUMPS NO. 5, 6, 7, 8 OR 9)</p> <p>***SITE VISIT IS HIGHLY RECOMMENDED***</p> <p>PLEASE CONTACT: JEFFERSON PARISH EB WATER PLANT 3600 JEFFERSON HWY., BLDG. B JEFFERSON, LA 70121 ATTN: MERVIN GRAVES 504-838-4398 AND JEFFERSON PARISH WB PLANT 4500 WESTBANK EXPRESSWAY MARRERO, LA 70072 ATTN: DAVID MAHNER 504-349-5085</p>	\$ 13,000.00	\$ 13,000.00
2	1.00	ONLY	<p>0020 PUMP REPAIR WORK-GROUP A.2 Cost of one Pump Repair Work Per</p> <p>Detail No. 1 above for the following pump:</p> <p>Sludge pumps, Vertical Non-Clog Krogh No. 1 as at P-3 Plant (30 H.P.)</p>	\$ 6,000.00	\$ 6,000.00
3	1.00	ONLY	<p>0030 PUMP REPAIR WORK-GROUP A.3 Cost of one pump repair work per</p> <p>Detail No. 1 above for the following pump</p> <p>Equalizer pumps, Fairbanks Morse, ver- vertical 3 stage, 100 H.P. pumps 1 or 2 as at P-1/Infilco Plants.</p>	\$ 7,500.00	\$ 7,500.00
4	1.00	ONLY	<p>0040 PUMP REPAIR WORK-GROUP A.4 Cost of one Pump Repair Work per</p> <p>Detail No. 1 above for the following pump</p> <p>Waste Water pumps No. 1 or 2, Fairbanks Morse, 75 H.P. as at OUTDOOR YARD PIT</p>	\$ 7,500.00	\$ 7,500.00
5	1.00	ONLY	<p>0050 PUMP REPAIR WORK-GROUP A.5 Cost of one Pump Repair work per</p>	\$ 7,500.00	\$ 7,500.00

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00145894

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
6	1.00	ONLY	<p>Detail No. 1 above for the following pump</p> <p>Waste Water Sludge Pump No. 1, 2, or 3 Fairbanks Morse Fig. 5412B, 15 H.P. as at P-2 Plant</p> <p>0060 PUMP REPAIR WORK-GROUP A.6 Cost of one pump repair work per</p>	\$ 6,800.00	\$ 6,800.00
7	1.00	ONLY	<p>Detail no. 1 above for the following pump</p> <p>Sludge Pumps No. 1 or 2, Fairbanks Morse Fig. 5412AK 10 H.P. each, indoor as at P-1 Plant</p> <p>0070 PUMP REPAIR WORK-GROUP A.7 Cost of one pump repair work per</p>	\$ 7,200.00	\$ 7,200.00
8	1.00	ONLY	<p>Detail No. 1 above for the following pump</p> <p>Wash Water Pump, Fairbanks Morse Angle Flow horizontal, size 24 in, Figure 5720 125 H.P. at P-2/Infilco Plants</p> <p>0080 PUMP REPAIR WORK-GROUP A.8 Cost of one pump repair work per</p>	\$ 7,300.00	\$ 7,300.00
9	1.00	ONLY	<p>Detail No. 1 above for the following pump</p> <p>Wash water pump, Fairbanks Morse size 15 in, horizontal 75 H.P., as at P-1 Plant - (S N 19331)</p> <p>0090 PUMP REPAIR WORK-GROUP A.9 Cost of Pump Repair Work per</p>	\$ 8,400.00	\$ 8,400.00
10	1.00	ONLY	<p>Detail No. 1 above for the following pump</p> <p>High service pumps, Fairbanks Morse horizontal split case, fig. 5814 or fig. 5813 200 H.P. or 350 H.P. pumps no. 7, 8, 9, or 10 as at P-2 Plant</p> <p>0100 PUMP REPAIR WORK-GROUP A.10 Cost of one pump repair work per</p> <p>Detail No. 1 above for the following pump</p> <p>Transfer pump No. 6 or No. 7, Fairbanks Morse, vertical, 100 H.P. each as at</p>	\$ 7,500.00	\$ 7,500.00

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00145894

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
11	1.00	ONLY	<p>P-2 Plant</p> <p>0110 PUMP REPAIR WORK-GROUP A.11 Cost of one pump repair work per</p> <p>Detail No. 1 above for the following pump</p> <p>High service pumps nos. 1, 2, 3, 4, 5, 6, 11, Fire Pump (75 HP, 200 HP, 250 HP 350 H.P. and 400 H.P.) Fairbanks Morse, horizontal, fig. 5813, split case as at pump room of P-1 Plant</p>	\$ 8,900.00	\$ 8,900.00
12	1.00	ONLY	<p>0120 PUMP REPAIR WORK-GROUP A.12 Cost of one pump repair work per</p> <p>Detail No. 1 above for the following pump</p> <p>Clear well pumps No. 1, No. 2 or No. 3, Fairbanks Morse Centrifugal horizontal pumps split case (double volute), size 12 in., fig. 5811 60 H.P. as at P-1 Plant pump room</p>	\$ 6,800.00	\$ 6,800.00
13	1.00	ONLY	<p>0130 PUMP REPAIR WORK-GROUP A.13 Cost of one pump repair work per</p> <p>Detail No. 1 above for the following pump</p> <p>Sewer Well Pump, Fairbanks Morse, fig. fig. 5415, 8 in, vertical non-clog sewer, 50 H.P. as at P-1 Plant pump room</p>	\$ 7,200.00	\$ 7,200.00
14	1.00	ONLY	<p>0140 PUMP REPAIR WORK-GROUP A.14 Cost of one pump repair work per</p> <p>Detail No. 1 above for the following pump</p> <p>Levee intake sump pumps, Fairbanks Morse vertical turbine, 2 stage, fig. 6977, 3 H.P. each</p>	\$ 7,000.00	\$ 7,000.00
15	1.00	ONLY	<p>0150 PUMP REPAIR WORK-GROUP A.15 Cost of one pump repair work per</p> <p>Detail No. 1 for the following pump</p> <p>Raw water intake vertical pumps, Fair- banks Morse, fig. 6977 size 36MC, 250 H.P. (Pump No. 306, and No. 307) and Fairbanks Morse Model 27M-7000AWF, 150 HP, single stage, vertical turbine pump, as</p>	\$ 9,000.00	\$ 9,000.00

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00145894

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
16	1.00	ONLY	<p>at the West Bank New River Station.</p> <p>0160 PUMP REPAIR WORK-GROUP A.16 Cost of one pump repair work per</p> <p>Detail No. 1 above for the following pump</p> <p>Raw water intake vertical pump, 5 MGD, Bryon Jackson, Model No. 20MQH-1Stage, SN No. 99RS092800, 75 H.P.(Pump No. 309) as at the River Station of West Bank</p>	\$ 8,900.00	\$ 8,900.00
17	1.00	ONLY	<p>0170 PUMP REPAIR WORK-GROUP A.17 Cost of one pump repair work per</p> <p>Detail No. 1 above for the following pump</p> <p>Raw water intake vertical pumps, Fairbanks Morse, Fig. 7000AWF, size 27M (Pump No.411) or size 34H (Pump No. 412) at the West Bank Old River Station.</p>	\$ 8,900.00	\$ 8,900.00
18	1.00	ONLY	<p>0180 PUMP REPAIR WORK-GROUP A.18 Cost of one Pump Repair work per</p> <p>Detail No. 1 above for the following pump</p> <p>Raw water intake vertical pump, Fairbanks Morse, Figure 7100AWF, Size 19B, (Pump 410) at the West Bank Old River Station.</p>	\$ 8,900.00	\$ 8,900.00
19	1.00	ONLY	<p>0190 PUMP REPAIR WORK-GROUP A.19 Cost of one pump repair work per</p> <p>Detail No. 1 above for the following pump</p> <p>High service vertical pumps, Fairbanks Morse Fig. 7100AW, Size 24E (Pumps No. 100,101,102,103,104 and 105) as at New Plant of West Bank (each)</p>	\$ 7,200.00	\$ 7,200.00
20	1.00	ONLY	<p>0200 PUMP REPAIR WORK-GROUP A.20 Cost of one pump repair work per</p> <p>Detail No. 1 above for the following pump</p> <p>VTSH, Fairbanks Morse, six 20 in. 150 H.P., 880 RPM, as at East Bank and Pump No. 113, No. 114, and No. 115 as at West Bank Waste Water Pit</p>	\$ 7,000.00	\$ 7,000.00

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00145894

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
21	1.00	ONLY	0210 PUMP REPAIR WORK-GROUP A.21 Cost of one pump repair work per  Detail No. 1 above for the following pump  Booster pump, vertical turbine, Fair- banks Morse 2-stage, fig. 7000, 75 H.P. West Bank, (Pump No. 117) New Plant	\$ 7,000.00	\$ 7,000.00
22	1.00	ONLY	0220 PUMP REPAIR WORK-GROUP A.22 Cost of one pump repair work per  Detail No. 1 above for the following pump  Booster pump, Fairbanks Morse, figure 5812 horizontal, split case, 75 H.P. Pump No. 601 and No. 602 at Wall Blvd. Westbank	\$ 7,000.00	\$ 7,000.00
23	1.00	ONLY	0230 PUMP REPAIR WORK-GROUP A.23 Cost of one pump repair work per  Detail No. 1 above for the following pump  Transfer pumps, Fairbanks Morse, hori- zontal split case 100 H.P. Fig. 5812, 12 Inch 3500 gpm (Pump No. 205 or No. 206) West Bank	\$ 9,200.00	\$ 9,200.00
24	1.00	ONLY	0240 PUMP REPAIR WORK-GROUP A.24 Cost of one pump repair work per  Detail No. ove for the following pump  High service pumps, horizontal split case, Fairbanks Morse, figures 5814 and 5813, 300 H.P., 200 H.P. and 125 H.P. (No. 201, 202, 203, 204) as at Dorr Oliver, West Bank.  Also, wash water/transfer horizontal, split case pump Peerless, 200 H.P. No. 107 and No. 108 as at West Bank Permutit Plant	\$ 7,800.00	\$ 7,800.00
25	1.00	ONLY	0250 PUMP REPAIR WORK-GROUP A.25 Cost of one pump repair work per  Detail No.1 above for the following pump  Raw water intake vertical pump,	\$ 7,000.00	\$ 7,000.00

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00145894

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
26	1.00	ONLY	<p>Fairbanks Morse, Model 7100 AWF Size 36F SN 192061, 350 HP (Pump NO. 310) at the West Bank New River Station.</p> <p>0260 PUMP REPAIR WORK-GROUP A.26 Cost of one pump repair work per</p> <p>Detail No.1 above for the following pump</p> <p>Raw Water intake pumps, Byron Jackson, vertical pumps, No. 1, 2, 3 or 4 as at River Intake Station, East Bank</p>	\$ 16,000.00	\$ 16,000.00
27	1.00	ONLY	<p>0270 PUMP REPAIR WORK-GROUP A.27 Cost of one pump repair work per</p> <p>Detail No. 1 above for the following pump</p> <p>High Service Pumps, vertical turbine Peabody Floway Pumps No. 1, 2, 3, 4, 5, 6, S.O. No. 90-02416-21 and transfer pumps Peabody Floway Pump vertical turbine Model 28MKN, S.O. No. 90-02411 as at P-3 Plant.</p>	\$ 10,400.00	\$ 10,400.00
28	1.00	ONLY	<p>0280 PUMP REPAIR WORK-GROUP A.28 Cost of one pump repair work per</p> <p>Detail No. 1 above for the following pump</p> <p>Sludge Pump, Vertical Non-Clog, Yeoman Clow Pump as at P-3 Plant (30 H.P.).</p>	\$ 13,500.00	\$ 13,500.00
29	1.00	ONLY	<p>0290 PUMP REPAIR WORK-GROUP A.29 Cost of one pump repair work per</p> <p>Detail No. 1 above for the following pump</p> <p>Sludge Pumps, Vertical Non-Clog Yeoman Clow Pump (5 H.P. each) as at waste water pit, Westbank, No. 111 and No. 112</p>	\$ 7,900.00	\$ 7,900.00
30	1.00	ONLY	<p>0300 PUMP REPAIR WORK-GROUP A.30 Cost of one pump repair work per</p> <p>Detail No. 1 above for the following pump</p> <p>Peerless, horizontal, split case wash water pumps 125 H.P. (No. 207)</p>	\$ 7,500.00	\$ 7,500.00
31	1.00	ONLY	<p>0310 PUMP REPAIR WORK-GROUP A.31 Cost Of One Pump Repair Work Per</p>	\$ 3,900.00	\$ 3,900.00

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00145894

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			Detail No. 1 of the specification.		
			Vacuum Pumps, Kinney Model No. KLRC-125, Serial No. 80-4674-90299 No. 122 and No. 123, Kinney KLRC 125-BA-C, Serial No. 221166, SO No. 2211660903, 10 HP, as West Bank Permutit Plant.		
32	1.00	ONLY	0320 PUMP REPAIR WORK-GROUP A.32 Cost of One Pump Repair Work Per	\$ 8,500.00	\$ 8,500.00
			Detail No. 1 of the Specification		
			Vacuum Pump, Kinney Model KLRC-125-FA2-C SN No. 154015, No. 3012428, Kinney KLRC 125-BA-C, Serial No. 227448 as at W. B. Dorr Oliver Plant No. 208 and No. 213		
33	1.00	ONLY	0330 PUMP REPAIR WORK-GROUP A.33 Cost of One Pump Repair Work Per	\$ 4,500.00	\$ 4,500.00
			Detail No. 1 of the specification		
			Vacuum pump, 145 CFM Dekker Vacuum Tech, model #RVL145HH-16, 7.5hp, serial #39116 & 39117 as at West Bank Downstream River Intake #401 & #402.		
34	1.00	ONLY	0340 PUMP REPAIR WORK GROUP A.34 Cost of One Pump Repair Work Per	\$ 6,000.00	\$ 6,000.00
			Detail No. 1 Specification		
			Booster Pumps, Delaval, Horizontal, Splitcase, Serial No. 261310, 256893, Unknown, 20, 25, 40 HP, as at West Bank Bridge City Booster Station, No. 501, No. 502 and No. 503.		
35	1.00	ONLY	0350 PUMP REPAIR WORK-GROUP A.35 Cost of One Pump Repair Per	\$ 6,000.00	\$ 6,000.00
			Detail No. 1 of the Specification		
			Transfer/Wash Johnson Pump, 200 HP 1175 RPM, One Stage S/N JZ 4429 as at P-3 Water Plant, East Bank		
36	1.00	ONLY	0360 PUMP REPAIR WORK-GROUP A.36 Cost of one pump repair work per	\$ 9,800.00	\$ 9,800.00
			Detail No. 1 above for the following pump.		
			High service can pumps, Fairbanks Morse, Figure 7100 AW, Size 19B,		



## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00145894

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
37	1.00	ONLY	(Pumps No. 901,902,903,904) at the West Bank Peak Demand Station.  0370 PUMP REPAIR WORK-GROUP A.37 Cost of one pump repair work  per Detail No.1 for the following pump.  Chlorine Booster Pumps, Model Peerless 1 x 1.5-8 STP 8196 (Pumps 120, 121, West Bank Plant)	\$ 2,800.00	\$ 2,800.00
38	1.00	ONLY	0380 PUMP REPAIR WORK-GROUP A.38 Cost of one pump repair work per  Detail No. 1 for the following pump  Fairbanks Morse HCD100B 7 Stage Vertical Pump with 60 HP motor (Pumps No. 1301 and 1302) located in Grand Isle Cheniere Station.	\$ 8,500.00	\$ 8,500.00
39	1.00	ONLY	0390 PUMP REPAIR WORK-GROUP A.39 Cost of one pump repair work per  Detail No. 1 above for the following pumps  Aurora Pentair Pumps Size 5X6X17 with 60 HP Motor (Pumps 1001 and 1002) located at the Lafitte Station No. 4 (Lafitte/Grand Isle Booster Station)	\$ 7,900.00	\$ 7,900.00
40	1.00	ONLY	0400 PUMP REPAIR WORK-GROUP A.40 Cost of one pump repair work per  Detail No. 1 above for the following pumps  Peerless Pumps Model 10HH vertical with 75 HP Motor (Pumps 1101 and 1102) located at the Grand Isle East Station	\$ 6,400.00	\$ 6,400.00
41	1.00	ONLY	0410 PUMP REPAIR WORK-GROUP A.41 Cost of one pump repair work per  Detail No. 1 above for the following pumps Fairbanks Morse Model 7100AW, Size 10G, 700 G.P.M., four stage, vertical turbine pump with 40 HP Motor (Pumps 1101 and 1102) located at the Grand Isle Rosethorne Station.	\$ 7,500.00	\$ 7,500.00
42	5.00	ONLY	0420 CERTIFIED PUMP TESTING COSTS Cost of certified pump testing	\$ 1,500.00	\$ 7,500.00

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00145894

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			and performance pump curve submittal. (for new bowl assembly or new pump replacement only).		
43	5.00	ONLY	0430 COATING OF EXTERIOR OF PUMP BOWL Cost of coating of exterior of  pump bowl, exterior and interior of discharge head and ten feet (10 ft.) of column for small pumps (with column size less than ten inches (10 in.) in diameter).	\$ 1,800.00	\$ 9,000.00
44	5.00	ONLY	0440 COATING OF ADDITIONAL 10 FT (SMALL) Cost of coating of exterior and  interior of additional ten feet (10 ft.) of column for small pumps if required.	\$ 500.00	\$ 2,500.00
45	5.00	SQFT	0450 COATING OF EXTERIOR OF PUMP BOWL Cost of coating of exterior of  pump bowl, exterior and interior of discharge head and ten feet (10 ft.) of column for large pumps (with column sizes 12 in. and up to 36 in. in diameter).	\$ 1,800.00	\$ 9,000.00
46	5.00	SQFT	0460 COATING ADDITIONAL 10 FT. (LARGE) Cost of coating exterior and  interior of additional ten feet (10 ft.) of column for large pumps is required.	\$ 600.00	\$ 3,000.00
47	1,300.00	HR	0470 PUMP MECHANIC REGULAR LABOR RATE Pump mechanic regular labor  rate per hour for conducting additional repairs on pumps not included in the specification. (overtime rate equals 1.5 regular time rate)	\$ 75.00	\$ 97,500.00
48	1.00	HR	0480 PUMP MECHANIC OVERTIME LABOR RATE Pump mechanic overtime labor  rate per hour for conducting additional repairs on pumps not included in the specification. (overtime rate equals 1.5 regular time rate)	\$ 112.50	\$ 112.50
49	2,692.00	HR	0490 MACHINIST REGULAR LABOR RATE Machinist regular labor rate per  hour for performing extra repairs	\$ 75.00	\$ 201,900.00

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00145894

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
50	1.00	HR	on pumps not included in the specification. (overtime rate equals 1.5 regular time rate)  0500 MACHINIST OVERTIME LABOR RATE Machinist overtime labor rate per  hour for performing extra repairs on pumps not included in the specification. (overtime rate equals 1.5 regular time rate)	\$ 112.50	\$ 112.50
51	497.00	HR	0510 SHOP/FIELD REGULAR GEN. LABOR RATE Shop/Field regular general labor  rate per hour for performing extra repairs on pumps not included in the specification. (overtime rate equals 1.5 regular time rate)	\$ 75.00	\$ 37,275.00
52	1.00	HR	0520 SHOP/FIELD OVERTIME GEN. LABOR RATE Shop/Field overtime general labor  rate per hour for performing extra repairs on pumps not included in the specification. (overtime rate equals 1.5 regular time rate)	\$ 112.50	\$ 112.50
53	1.00	ONLY	9999 - PARTS AND MATERIALS  THIS IS A NON-BIDABLE ITEM. THIS ITEM IS FOR PARTS NEEDED TO COMPLETE A REPAIR UP TO \$10,000.00 PER JOB, WITH THE APPROVAL FROM THE REQUESTING DEPARTMENT.  INVOICES SHALL BE SUBMITTED AT COST ONLY (WITH NO MARKUP)	\$ XXXXXXXXX	\$ XXXXXXXXX

## 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

## 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.

<b>PRINCIPAL NAME</b>	<b>PRINCIPAL ADDRESS</b>
Boland Marine & Industrial LLC	1000 Tchoupitoulas Street, New Orleans, LA 70130
<b>SURETY NAME</b>	<b>SURETY ADDRESS</b>
The Gray Casualty & Surety Company	P.O. Box 6202, Metairie, LA 70009-6202
<b>OBLIGEE NAME</b>	<b>OBLIGEE ADDRESS</b>
Jefferson Parish	200 Derbigny Street, Gretna, LA 70053

### Bond Information

<b>BID DATE</b>	<b>CONTRACT ID</b>	<b>CONTRACT VENDOR ID</b>
09/19/2024	50-00145894	23318

### PROJECT DESCRIPTION

Bid No. 50-00145894 Two (2) Year Contract to Provide Pump Repairs for the Jefferson Parish Department of Public Works - Water

<b>AMOUNT OF BID SECURITY</b>	<b>AMOUNT OF BID SECURITY-SPELLED OUT</b>
5%	Five Percent
<b>BOND ENTERED AND EXECUTED BY</b>	<b>ATTORNEY-IN-FACT SIGNATURE</b>
Christen Tyner	<i>Christen Tyner</i>

Know all men by these presents that The Gray Casualty & Surety Company, a Corporation duly organized under the laws of the State of Louisiana, 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.



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 50-00145894, 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

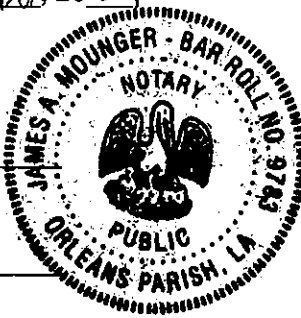
SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 17th DAY OF September, 2024

Notary Public

James A. Mounger  
Printed Name of Notary

9783  
Notary/Bar Roll Number



My commission expires At death.






# 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).

<b>PRODUCER</b> <b>State Farm</b>  Eric Deroche 10015 Jefferson Hwy River Ridge, LA 70123	<b>CONTACT NAME:</b> Heather Delahoussaye <b>PHONE (A/C, No, Ext):</b> 504-737-8559 <b>FAX (A/C, No):</b> 504-739-1109 <b>E-MAIL:</b> heather@ericderoche.net <b>ADDRESS:</b>
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> State Farm Mutual Automobile Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b> Boland Marine & Industrial, LLC 1000 Tchoupitoulas St New Orleans, LA 70130	<b>NAIC #</b> 25178

## 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <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 - COM/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Comp \$500 <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <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
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<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	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.

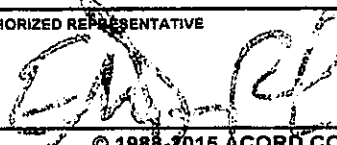
## CERTIFICATE HOLDER

## 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



© 1988-2015 ACORD CORPORATION. All rights reserved.



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) 266-2842 FAX (A/C, No): (504) 834-2995 E-MAIL ADDRESS: 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:
INSURED  Boland Marine & Industrial LLC 1000 Tchoupitoulas Street New Orleans, LA 70130	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	ADDL 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"/> PRO-JECT <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 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	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					
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 PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	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				
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

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).

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

**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	ADD'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <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 - COM/PO/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <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) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<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 N	78798	1/31/2024	1/31/2025	X PER STATUTE <input type="checkbox"/> OTHER 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**

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

**CANCELLATION**

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

© 1988-2015 ACORD CORPORATION. All rights reserved.

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).