

LOUISIANA UNIFORM PUBLIC WORK BID FORM

50-00143567

Page: 6

TO: JEFFERSON PARISH

BID FOR:

PURCHASING DEPT

Labor, Material and Equipment to Provide and Install a Play Structure at Little

200 DERIGNY ST, SUITE 4400

GRETN, LA 70053

Jefferson Park for the Dept. of Parks and

(Owner to provide name and address of owner)

Recreation
(Owner to provide name of project and other identifying information)

The undersigned bidder hereby declares and represents that she/he: a) has carefully examined and understands the Bidding Documents, b) has not received, relied on, or based his bid on any verbal instructions contrary to the Bidding Documents or any addenda, c) has personally inspected and is familiar with the project site, and hereby proposes to provide all labor, materials, tools, appliances and facilities as required to perform, in a workmanlike manner, all work and services for the construction and completion of the referenced project, all in strict accordance with the Bidding Documents prepared by: Jefferson Parish Recreation Department and dated: October 2023

(Owner to provide name of entity preparing bidding documents.)

Bidders must acknowledge all addenda. The Bidder acknowledges receipt of the following ADDENDA: (Enter the number the Designer has assigned to each of the addenda that the Bidder is acknowledging) 1, 2, 3, 10/16/2023, 10/19/2023, 11/01/2023

TOTAL BASE BID: For all work required by the Bidding Documents (including any and all unit prices designated "Base Bid" * but not alternates) the sum of:

Two hundred eighty-Five Thousand, six hundred seventy-Five ⁰⁰ Dollars (\$) 285,675.00

ALTERNATES: For any and all work required by the Bidding Documents for Alternates including any and all unit prices designated as alternates in the unit price description.

Alternate No. 1 (Owner to provide description of alternate and state whether add or deduct) for the lump sum of:

N/A

Dollars (\$) _____

Alternate No. 2 (Owner to provide description of alternate and state whether add or deduct) for the lump sum of:

N/A

Dollars (\$) _____

Alternate No. 3 (Owner to provide description of alternate and state whether add or deduct) for the lump sum of:

N/A

Dollars (\$) _____

NAME OF BIDDER: Legacy Restoration and Referral, LLCADDRESS OF BIDDER: 3844 Cimwood Drive Harvey, La 70058LOUISIANA CONTRACTOR'S LICENSE NUMBER: 67727NAME OF AUTHORIZED SIGNATORY OF BIDDER: Noel WilliamsTITLE OF AUTHORIZED SIGNATORY OF BIDDER: Managing MemberSIGNATURE OF AUTHORIZED SIGNATORY OF BIDDER **: Noel WilliamsDATE: 11/07/2023

THE FOLLOWING ITEMS ARE TO BE INCLUDED WITH THE SUBMISSION OF THIS LOUISIANA

UNIFORM PUBLIC WORK BID FORM:

* The Unit Price Form shall be used if the contract includes unit prices. Otherwise it is not required and need not be included with the form. The number of unit prices that may be included is not limited and additional sheets may be included if needed.

** A CORPORATE RESOLUTION OR WRITTEN EVIDENCE of the authority of the person signing the bid for the public work as prescribed by L.A.-R.S. 38:2218 (B)(5).

BID SECURITY in the form of a bid bond, certified check or cashier's check as prescribed by L.A.-R.S. 38:2218(A) is attached to and made a part of this bid.



11-07-2023

Bid Bond in Accordance with Contract Specifications

STX11072358

Legacy Restoration and Referral, LLC

Bond Number

Principal Name

3844 Cimwood Dr, Harvey, LA, 70058, US

Principal Address

Principal Signature

Noel Williams

Jefferson Parish

200 Derbigny Street, Gretna, LA, 70053, US

Owner/Obligee Name

Owner/Obligee Address

Bond Information

11-07-2023

American Alternative Insurance Corporation

340202

Bid Date

Surety

Contractor Vendor ID Number

50-00143567

Contract ID Number

Labor, Material and Equipment as Needed to Provide and Install a Play Structure at Little Jefferson Park for the Department of Parks and Recreation

Description of Job

Five Percent of the Greatest Amount Bid (\$ 5% G.A.B.)

5%

Amount of Bid Security

Bid Security Maximum

Bid Security Percentage

Brady K Cox

Attorney-In-Fact

AssuredPartners of Texas

Bond Entered and Executed By

Primary Agency

Brady K Cox

Attorney-In-Fact Signature

Know all men by these presents that American Alternative Insurance Corporation, a Corporation duly organized under the laws of the State of DE, 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.





Corporate Resolution of: Legacy Restoration and Referral, LLC

We, the undersigned, being all the directors of this corporation consent and agree that the following corporate resolution was made on July 6, 2023 at 9:30am CST, at Harvey, LA.

We do hereby consent to the adoption of the following as if it were adopted at a regularly called meeting of the board of directors of this corporation. In accordance with State law and the bylaws of this corporation, by unanimous consent, the board of directors decided that:

Noel Williams has authority to enter bids and bind agreements on behalf of Legacy Restoration and Referral, LLC.

The officers of this corporation are authorized to perform the acts to carry out this corporate resolution.

Noel T. Williams
Dominick N. LaPene-Williams

Noel Williams
Managing Member signature
Noel Williams

August 1, 2023

State of LOUISIANA
Parish/County of JEFFERSON
Personally appeared before me this 15th day of AUGUST, 2023,
NOEL T. WILLIAMS

(official certifying this resolution), the Managing Member
(title of official certifying this resolution) of Legacy Restoration and Referral, LLC
(name of corporation), and made path that the above is a true copy from the records of the
corporation.

Steven T. Prejean
Notary Public

My commission expires ~~on~~ upon death.

Steven Prejean
Bar Roll#: 22849

Public Works Bid Affidavit Instructions

- Affidavit is supplied as a courtesy to Affiants, but it is the responsibility of the affiant to insure the affidavit they submit to Jefferson Parish complies, in both form and content, with federal, state and parish laws.
- Affidavit must be signed by an authorized representative of the entity or the affidavit will not be accepted.
- Affidavit must be notarized or the affidavit will not be accepted.
- Notary must sign name, print name, and include bar/notary number, or the affidavit will not be accepted.
- Affiant **MUST** select either A or B when required or the affidavit will not be accepted.
- Affiants who select choice A must include an attachment or the affidavit will not be accepted.
- If both choice A and B are selected, the affidavit will not be accepted.
- Affidavit marked N/A will not be accepted.
- It is the responsibility of the Affiant to submit a new affidavit if any additional campaign contributions are made after the affidavit is executed but prior to the time the council acts on the matter.

Instruction sheet may be omitted when submitting the affidavit

Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF JEFFERSON

BEFORE ME, the undersigned authority, personally came and appeared: Noel

Williams, (Affiant) who after being by me duly sworn, deposed and said that

he/she is the fully authorized Managing Member of Legacy Restoration (Entity),

the party who submitted a bid in response to Bid Number 50-00143567, to the Parish of

Jefferson.

Affiant further said:

Campaign Contribution Disclosures

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

Choice A _____

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

Choice B ✓

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

Affiant further said:

Debt Disclosures

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

Choice A _____

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

Choice B ✓ _____

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

Affiant further said:

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

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.

Affiant further said:

Affiant personally has not been convicted of, nor has he/she entered into a plea of guilty or nolo contendere to any of the crimes or equivalent federal crimes listed below. No individual partner, incorporator, director, manager, officer, organizer, or member, who has a minimum of a ten percent ownership in the Bidding Entity, has been convicted of, or has entered a plea of guilty or nolo contendere to any of the crimes or equivalent federal crimes listed below. A conviction of or plea of guilty or nolo contendere to the following state crimes or equivalent federal crimes shall permanently bar any person or the bidding entity from bidding on public projects:

- (a) Public bribery (R.S. 14:118)
- (b) Corrupt influencing (R.S. 14:120)
- (c) Extortion (R.S. 14:66)
- (d) Money laundering (R.S. 14:230)

A conviction of or plea of guilty or nolo contendere to the following state crimes or equivalent federal crimes shall bar any person or the bidding entity from bidding on public projects for a period of five years from the date of conviction or from the date of the entrance of the plea of guilty or nolo contendere:

- (a) Theft (R.S. 14:67)
- (b) Identity Theft (R.S. 14:67, 16)
- (c) Theft of a business record (R.S. 14:67.20)
- (d) False accounting (R.S. 14:70)
- (e) Issuing worthless checks (R.S. 14:71)
- (f) Bank fraud (R.S. 14:71.1)
- (g) Forgery (R.S. 14:72)
- (h) Contractors; misapplication of payments (R.S. 14:202)
- (i) Molestation in office (R.S. 14:134)

The five-year prohibition provided for in this section shall apply only if the crime was committed during the solicitation or execution of a contract or bid awarded pursuant to these provisions. If evidence is submitted substantiating that a false attestation has been made and the project must be readvertised or the contract cancelled, the awarded entity making the false attestation shall be responsible to the public entity for the costs of rebidding, additional costs due to increased costs of bids and any and all delay costs due to the rebid or cancellation of this project.

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

Affiant further said:

- (1) Entity is registered and participates in a status verification system to verify that all employees in the State of Louisiana are legal citizens of the United States or are legal aliens.
- (2) Entity shall continue, during the term of the contract, to utilize a status verification system to verify the legal status of all new employees in the State of Louisiana.
- (3) Entity shall require all subcontractors to submit to the Entity a sworn affidavit verifying compliance with statements (1) and (2).

Signature of Affiant

Noel Williams

Printed Name of Affiant

Noel Williams

SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 7th DAY OF NOVEMBER 2023.

Notary Public

Steven L. Pasteran

Printed Name of Notary

STEVEN L. PASTERAN

Notary Bar Roll Number

22849

My commission expires upon death.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/02/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Advanced Insurance Solutions, LLC 1006-A West Morris Ave.		CONTACT NAME: Advanced Insurance Solutions, LLC PHONE (A/C. No. Ext.): (985) 340-2158 FAX (A/C. No.): (985) 340-2160 E-MAIL ADDRESS: info@ais-la.com	
INSURED Hammond Legacy Restoration and Referral, LLC 3844 Cimwood Drive Harvey		INSURER(S) AFFORDING COVERAGE INSURER A: Scotsdale Insurance Company INSURER B: EVANSTON INSURANCE COMPANY INSURER C: Stonetrust Insurance Company INSURER D: GEMINI INSURANCE COMPANY INSURER E: INSURER F:	
LA 70403		NAIC #	

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
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000
<input checked="" type="checkbox"/>	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					
<input checked="" type="checkbox"/>	Professional Liability Included					
<input checked="" type="checkbox"/>	Contractors Pollution Liab Include		CPS7624984	07/30/2023	07/30/2024	PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP OP AGG \$ 2,000,000 Prof Liab & Cont Poll I \$ 2 M / \$1 M COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
<input checked="" type="checkbox"/>	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO- <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Primary & Non-Contributo					
<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY					
<input type="checkbox"/>	ANY AUTO					
<input type="checkbox"/>	OWNED AUTOS ONLY	<input type="checkbox"/>				
<input type="checkbox"/>	HIRED AUTOS ONLY	<input type="checkbox"/>				
<input type="checkbox"/>	AUTOS ONLY	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	EZXS3086464	07/30/2023	07/30/2024	PER STATUTE <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 E & O \$ 1,000,000
<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS LIABILITY					
<input checked="" type="checkbox"/>	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	WCV0024104-2023A	10/30/2023	10/30/2024	
<input checked="" type="checkbox"/>	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				
<input type="checkbox"/>	D Professional Liability		VPPL018570	03/27/2023	03/27/2024	

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

CERTIFICATE HOLDER

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

Advanced Insurance Solutions, L.L.C.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/11/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER

0182 DuVigneaud LA
3844 CIMWOOD DR
PO BOX 5700, JACKSONVILLE, FL 32217

CONTACT

NAME: Progressive Commercial Lines Customer and Agent Servicing
PHONE:
FAX:
A/C. No. Ext: 1-800-444-4487 A/C. No:
EMAIL:
Address: progressivecommercial@email.progressive.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Progressive Palovende Insurance Company

44695

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

INSURED
LEGACY RESTORATION AND REFERRAL, LLC
3844 CIMWOOD DR
HARVEY, LA 70058

COVERAGES

CERTIFICATE NUMBER: 7017566444235977ID08123T194944

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	ADDITIONAL	SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
							\$
							MED EXP (Any one person)
							\$
							PERSONAL & ADV INJURY
							\$
							GENERAL AGGREGATE
							\$
							PRODUCTS - COMPROP AGG
							\$
							\$
	OTHER						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	ANY AUTO						\$
A	OWNED AUTOS ONLY	<input checked="" type="checkbox"/>	SCHEDULED AUTOS	Y	N	01/02/23569	BODILY INJURY (Per person)
	HIRING AUTOS ONLY	<input type="checkbox"/>	NON-OWNED AUTOS ONLY			08/16/2023	\$250,000
						02/16/2024	BODILY INJURY (Per accident)
							\$500,000
							PROPERTY DAMAGE (Per accident)
							\$100,000
							\$
	UMBRELLA LIAB						EACH OCCURRENCE
							\$
	EXCESS LIAB						AGGREGATE
							\$
							\$
	DED	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMPLOYEE EXCLUDED? (Mandatory in NH)	Y/N	N/A				PER ACCIDENT
	If yes, describe under DESCRIPTION OF OPERATIONS below						EL. EACH ACCIDENT
							\$
							EL. DISEASE - EA EMPLOYEES
							\$
							EL. DISEASE - POLICY LIMIT
							\$

CERTIFICATE HOLDER

CANCELLATION

Jefferson Parish Purchasing Department
200 Derby 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

Mark Paul



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY CUSTOMER ID: _____
LOC #: _____

AGENCY	0182 Duvalgreaud LA		NAMED INSURED
POLICY NUMBER	01025359		LEGACY RESTORATION AND REFERRAL, LLC 3844 CIMWOOD DR HARVEY, LA 70058
CARRIER	Progressive Paloverde Insurance Company	NAIC CODE 44895	EFFECTIVE DATE: 08/16/2023

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Description of Location/Vehicles/Special Items

Scheduled autos only

2004 DODGE RAM 3500 3D7MJ48C24G163218

Collision

\$500 Ded

Comprehensive

\$500 Ded

Liability coverage may not apply to all scheduled vehicles.