

## LOUISIANA UNIFORM PUBLIC WORK BID FORM

**TO:** Board of Commissioners Port of New Orleans  
1350 Port of New Orleans Place  
P.O. Box 60046  
New Orleans, LA 70160

**BID FOR:** FRANCE ROAD TERMINAL AND JOURDAN ROAD  
REPAIRS TO PUMP STATIONS P2-P5 AND  
PATTERSON PUMP STATION  
DAMAGE BY HURRICANES KATRINA AND GUSTAV  
Requisition Number 060397 W. O. 2-870

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: LINFIELD, HUNTER & JUNIUS, INC. and dated June 9, 2011.

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

**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:

Six hundred fifty seven thousand two hundred thirty eight Dollars (\$ 657,238.<sup>00</sup>)

**NAME OF BIDDER:** Gottfried Contracting, L.L.C.

**ADDRESS OF BIDDER:** 6 Meyers Road

Covington LA 70435

**LOUISIANA CONTRACTOR'S LICENSE NUMBER:** 48909

**NAME OF AUTHORIZED SIGNATORY OF BIDDER:** David Gottfried

**TITLE OF AUTHORIZED SIGNATORY OF BIDDER:** Member

**SIGNATURE OF AUTHORIZED SIGNATORY OF BIDDER \*\*:** [Signature]

**DATE:** August 11, 2011

\* 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.

\*\* If someone other than a corporate officer signs for the Bidder/Contractor, a copy of a corporate resolution or other signature authorization shall be required for submission of bid. Failure to include a copy of the appropriate signature authorization, if required, may result in the rejection of the bid unless bidder has complied with La. R.S. 38:2212(A)(1)(c) or RS 38:2212(O).

**BID SECURITY** in the form of a bid bond, certified check or cashier's check as prescribed by LA RS 38:2218.A is attached to and made a part of this bid.

**LOUISIANA UNIFORM PUBLIC WORK BID FORM**  
**UNIT PRICE FORM**

**TO:** Board of Commissioners Port of New Orleans  
 1350 Port of New Orleans Place  
 P.O. Box 60046  
 New Orleans, LA 70160

**BID FOR:** FRANCE ROAD TERMINAL AND JOURDAN ROAD  
 REPAIRS TO PUMP STATIONS P2-F5 AND  
 PATTERSON PUMP STATION  
 DAMAGE BY HURRICANES KATRINA AND GUSTAV  
 Requisition Number 060397 W. O. 2-870

**UNIT PRICES:** This form shall be used for any and all work required by the Bidding Documents and described as unit prices. Amounts shall be stated in figures and only in figures.

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt #	Remove and Replace Pump Motor (25 hp)
REF. NO.	QUANTITY:	UNIT PRICE
1	3	10,000. <sup>00</sup>
	Each	UNIT PRICE EXTENSION (Quantity times Unit Price)
		30,000. <sup>00</sup>
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt #	Remove and Inspect Pump
REF. NO.	QUANTITY:	UNIT PRICE
2	2	15,000. <sup>00</sup>
	Each	UNIT PRICE EXTENSION (Quantity times Unit Price)
		30,000. <sup>00</sup>
DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt #	Sandblast/Recoat and Reinstall Pump
REF. NO.	QUANTITY:	UNIT PRICE
3	2	31,000. <sup>00</sup>
	Each	UNIT PRICE EXTENSION (Quantity times Unit Price)
		62,000. <sup>00</sup>

# BID BOND

FOR

BID FOR:

FRANCE ROAD TERMINAL AND JOURDAN ROAD  
REPAIRS TO PUMP STATIONS P2-P5 AND  
PATTERSON PUMP STATIONS  
DAMAGE BY HURRICANES KATRINA AND GUSTAV

Requisition Number 060397 Work Order 2-870

Date: AUGUST 11, 2011

KNOW ALL MEN BY THESE PRESENTS:

That GOTTFRIED CONTRACTING, L.L.C. of 6 MEYERS ROAD, COVINGTON, LA 70436, as Principal, and WESTERN SURETY COMPANY, as Surety, are held and firmly bound unto the BOARD OF COMMISSIONERS OF THE PORT OF NEW ORLEANS (Obligee), in the full and just sum of five (5%) percent of the total amount of this bid, including all alternates, lawful money of the United States, for payment of which sum, well and truly be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally firmly by these presents.

Surety represents that it is listed on the current U. S. Department of the Treasury Financial Management Service list of approved bonding companies as approved for an amount equal to or greater than the amount for which it obligates itself in this instrument or that it is a Louisiana domiciled insurance company with at least an A - rating in the latest printing of the A. M. Best's Key Rating Guide. If surety qualifies by virtue of its Best's listing, the Bond amount may not exceed ten percent of policyholders' surplus as shown in the latest A. M. Best's Key Rating Guide.

Surety further represents that it is licensed to do business in the State of Louisiana and that this Bond is signed by surety's agent or attorney-in-fact. This Bid Bond is accompanied by appropriate power of attorney.

THE CONDITION OF THIS OBLIGATION IS SUCH that, whereas said Principal is herewith submitting its proposal to the Obligee on a Contract for:

FRANCE ROAD TERMINAL AND JOURDAN ROAD REPAIRS TO PUMP STATIONS P2-P5 AND PATTERSON  
PUMP STATIONS DAMAGE BY HURRICANES KATRINA AND GUSTAV REQUISITION NUMBER 060397 WORK ORDER 2-870

NOW, THEREFORE, if the said Contract be awarded to the Principal and the Principal shall, within such time as may be specified, enter into the Contract in writing and give a good and sufficient bond to secure the performance of the terms and conditions of the Contract with surety acceptable to the Obligee, then this obligation shall be void; otherwise this obligation shall become due and payable.

GOTTFRIED CONTRACTING, L.L.C.

PRINCIPAL (BIDDER)

BY:   
AUTHORIZED OFFICER-OWNER-PARTNER

WESTERN SURETY COMPANY

SURETY

BY:   
AGENT OR ATTORNEY-IN-FACT (SEAL)  
LAUREN T. NUSS, ATTORNEY-IN-FACT

# Western Surety Company

## POWER OF ATTORNEY APPOINTING INDIVIDUAL ATTORNEY-IN-FACT

Know All Men By These Presents, That WESTERN SURETY COMPANY, a South Dakota corporation, is a duly organized and existing corporation having its principal office in the City of Sioux Falls, and State of South Dakota, and that it does by virtue of the signature and seal herein affixed hereby make, constitute and appoint

**Ralph J Le Blanc, Alexander J Ellsworth, William F Wunderlich, Anthony Currera, Charles F Cowand, Lauren T Nuss, Individually**

of Metairie, LA, its true and lawful Attorney(s)-in-Fact with full power and authority hereby conferred to sign, seal and execute for and on its behalf bonds, undertakings and other obligatory instruments of similar nature

### - In Unlimited Amounts -

and to bind it thereby as fully and to the same extent as if such instruments were signed by a duly authorized officer of the corporation and all the acts of said Attorney, pursuant to the authority hereby given, are hereby ratified and confirmed.

This Power of Attorney is made and executed pursuant to and by authority of the By-Law printed on the reverse hereof, duly adopted, as indicated, by the shareholders of the corporation.

In Witness Whereof, WESTERN SURETY COMPANY has caused these presents to be signed by its Senior Vice President and its corporate seal to be hereto affixed on this 8th day of July, 2011.



WESTERN SURETY COMPANY

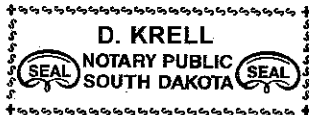
Paul T. Bruflat, Senior Vice President

State of South Dakota }  
County of Minnehaha } ss

On this 8th day of July, 2011, before me personally came Paul T. Bruflat, to me known, who, being by me duly sworn, did depose and say: that he resides in the City of Sioux Falls, State of South Dakota; that he is the Senior Vice President of WESTERN SURETY COMPANY described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed pursuant to authority given by the Board of Directors of said corporation and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said corporation.

My commission expires

November 30, 2012



D. Krell, Notary Public

### CERTIFICATE

I, L. Nelson, Assistant Secretary of WESTERN SURETY COMPANY do hereby certify that the Power of Attorney hereinabove set forth is still in force, and further certify that the By-Law of the corporation printed on the reverse hereof is still in force. In testimony whereof I have hereunto subscribed my name and affixed the seal of the said corporation this 11th day of August, 2011.



WESTERN SURETY COMPANY

L. Nelson, Assistant Secretary

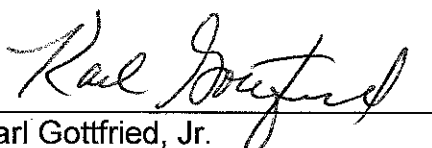
## RESOLUTION

At a meeting of the Board of Directors of Gottfried Contracting, LLC, held at its office at No. 6 Meyers Road, Covington, LA 70435 on August 7, 2009 pursuant to due notice at which a quorum of the board was present, on motion, duly seconded, the following resolution was unanimously adopted:

It is resolved, that Gottfried Contracting, LLC is authorized to submit a bid on the following project; and that **David Gottfried** will be authorized to sign the contract form, for:

**France Road Terminal and Jourdan Road Repairs to Pump Stations P2-P5  
and Patterson Pump Station  
Damage by Hurricanes Katrina and Gustav  
Requisition Number 060397 W.O. 2-870**

This is to certify that the above is a true and correct copy of the resolution unanimously adopted, on motion, and duly seconded at the board of directors meeting of Gottfried Contracting, LLC, a partnership organized under the laws of the State of Louisiana, held at its office, in the parish of St. Tammany on August 7, 2009, pursuant to due notice at which meeting a quorum of the Board was present; and that said resolution is duly entered upon the minute book of said corporation and is now in full force and effect.

  
Karl Gottfried, Jr.  
Member

**ATTESTATION CLAUSE REQUIRED BY  
LA. R.S. 38:2227 (PAST CRIMINAL CONVICTIONS OF BIDDERS)**

Sworn statements shall be submitted in the form of an affidavit as indicated below, executed and sworn to by the bidder before persons authorized by laws of the State to administer oaths. The original of such sworn statement shall be submitted by the successful bidder before the Award of Contract. The award of Contract shall be within ( ) calendar days of the bid opening.

State Project Number: Requisition Number 060397 W.O. 2-870 (if applicable)

Name of Project: France Road Terminal and Jourdan Road Repairs to Pump Stations P2-P5 and Patterson Pump Station

Parish: Orleans

Gottfried Contracting, L.L.C. (an individual)  
(a partnership)  
(a corporation)  
certify that:

Appearer, as a Bidder on the above-entitled Public Works Project, does hereby attest that:

- A. No sole proprietor or individual partner, incorporator, director, manager, officer, organizer, or member who has a minimum of a ten percent (10%) ownership in the bidding entity named below has been convicted of, or has entered a plea of guilty or nolo contendere to, any of the following state crimes or equivalent federal crimes:

(a) Public bribery (R.S. 14:118)

(c) Extortion (R.S. 14:66)

(b) Corrupt influencing (R.S. 14:120)

(d) Money laundering (R.S. 14:23)

- B. Within the past five years from the project bid date, no sole proprietor or individual partner, incorporator, director, manager, officer, organizer, or member who has a minimum of a ten percent (10%) ownership in the bidding entity named below has been convicted of, or has entered a plea of guilty or nolo contendere to any of the following state crimes or equivalent federal crimes, during the solicitation or execution of a contract or bid awarded pursuant to the provisions of Chapter 10 of Title 38 of the Louisiana Revised Statutes:

(a) Theft (R.S. 14:67)

(f) Bank fraud (R.S. 14:71.1)

(b) Identity Theft (R.S. 14:67.20)

(g) Forgery (R.S. 14:72)

(c) Theft of a business record (R.S. 14:67.20)

(h) Contractors; misapplication of payments (R.S. 14:202)

(d) False accounting (R.S. 14:70)

(i) Malfeasance in office (R.S. 14:134)

(e) Issuing worthless checks (R.S. 14:71)

Gottfried Contracting, L.L.C.

Name of Bidder

August 11, 2011

Date

David Gottfried

Name of Authorized Signatory of Bidder

Member

Title of Authorized Signatory of Bidder

WITNESSES:

Rhonda Plucinski

Shirley Pluz

Parish or county

ST. TAMMANY

State of

Louisiana

Subscribed and sworn to before me this

11<sup>th</sup>

day of

August

, 2011.

Doreen Gottfried Anne Gottfried  
NOTARY PUBLIC (signature)

NOTARY PUBLIC (printed name)

69553

NOTARY PUBLIC NUMBER

Lifetime

EXPIRATION DATE

## NON COLLUSION DECLARATION

A sworn statement shall be submitted in the form of an affidavit as indicated below, executed and sworn to by the bidder before persons authorized by laws of the State to administer oaths. The original of such sworn statement shall be submitted by the successful bidder after the Award of Contract.

### Affidavit

State Project Number: Requisition Number 060397 W.O. 2-870 (if applicable)

Name of Project: France Road Terminal and Jourdan Road - Repairs to Pump Stations P2-P5 and Patterson Pump Station

Parish: Orleans

Gottfried Contracting, L.L.C.  
(an individual)  
(a partnership)  
(a corporation)

certify that:

(1) That affiant 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

(2) 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.

WITNESSES:

Rhonda Plucieski  
Shirley Plucieski

Signed

[Signature]

(an individual)  
(a partnership)  
(a corporation)

By

David Gottfried

Title

Member

Parish or county St. TAMMANY

State of Louisiana

Subscribed and sworn to before me this 11<sup>th</sup> day of August, 2011.

[Signature]  
NOTARY PUBLIC (signature)

Anne Gottfried  
NOTARY PUBLIC (printed name)

69553  
NOTARY PUBLIC NUMBER

Lifetime  
EXPIRATION DATE

# **AFFIDAVIT OF NOTICE OF FEE DISPOSITION**

PURSUANT TO LA. R.S. 38:2196.1, any person or other entity that enters into any contract awarded without bidding with a state entity, or any contract with a local entity exceeding ten thousand dollars awarded with bidding, in which a commission, fee, or other consideration is paid to the contractor for the contractor to sell to or provide to the state entity or local entity any commodity, goods, brokerage service or other service of any kind, insurance, or anything of value, then the full disposition, splitting, or sharing of such commission, fee or other consideration **shall be disclosed to the state entity or local entity by the contractor in writing** by an **AFFIDAVIT OF NOTICE OF FEE DISPOSITION**.

☐ ORIGINAL FEE DISPOSITION (DATE CONTRACT ENTERED: \_\_\_\_ / \_\_\_\_ / \_\_\_\_)

☐ AMENDMENT (DATE FEE DISPOSITION AMENDED: \_\_\_\_ / \_\_\_\_ / \_\_\_\_)

NAME OF CONTRACTOR: Gottfried Contracting, L.L.C.

NAME OF AUTHORIZED AGENT (PRINT): David Gottfried

MAILING ADDRESS: 6 Meyers Road  
Covington, LA 70435

NAME OF STATE OR LOCAL ENTITY: \_\_\_\_\_

☐ STATE CONTRACT WITHOUT BIDDING

☐ LOCAL CONTRACT WITHOUT BIDDING

☒ LOCAL CONTRACT WITH BIDDING (EXCEEDING \$10,000)

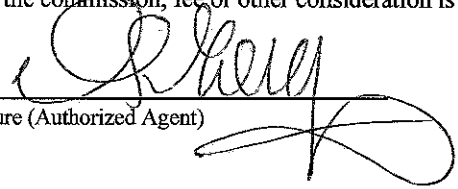
VALUE OF COMMISSION, FEE, OR OTHER CONSIDERATION TO THE CONTRACT: \$ 0

PARTIES TO RECEIVE DISPOSITIONS, SPLITS, OR SHARES OF THE COMMISSION, FEE, OR OTHER CONSIDERATION

☐ SCHEDULE A COMPLETED AND ATTACHED

## **CERTIFICATE OF ACCURACY**

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that this Notice shall be attached to and made a part of the contract for which the commission, fee or other consideration is paid and shall be recorded in the public record.

  
Signature (Authorized Agent)

SWORN TO AND SUBSCRIBED BEFORE ME

THIS 11 DAY OF August, 2011



Signature (Notary Public)



**SCHEDULE A: PARTIES TO RECEIVE DISPOSITIONS, SPLITS, OR  
SHARES OF THE COMMISSION, FEE, OR OTHER CONSIDERATION**

FULL NAME OF RECIPIENT (PRINT): _____		
<input type="checkbox"/> SPLITS: _____	<input type="checkbox"/> FEE:\$ _____	<input type="checkbox"/> COMMISSION SHARES: _____
<input type="checkbox"/> OTHER CONSIDERATION: _____		

FULL NAME OF RECIPIENT (PRINT): _____		
<input type="checkbox"/> SPLITS: _____	<input type="checkbox"/> FEE:\$ _____	<input type="checkbox"/> COMMISSION SHARES: _____
<input type="checkbox"/> OTHER CONSIDERATION: _____		

FULL NAME OF RECIPIENT (PRINT): _____		
<input type="checkbox"/> SPLITS: _____	<input type="checkbox"/> FEE:\$ _____	<input type="checkbox"/> COMMISSION SHARES: _____
<input type="checkbox"/> OTHER CONSIDERATION: _____		

FULL NAME OF RECIPIENT (PRINT): _____		
<input type="checkbox"/> SPLITS: _____	<input type="checkbox"/> FEE:\$ _____	<input type="checkbox"/> COMMISSION SHARES: _____
<input type="checkbox"/> OTHER CONSIDERATION: _____		

FULL NAME OF RECIPIENT (PRINT): _____		
<input type="checkbox"/> SPLITS: _____	<input type="checkbox"/> FEE:\$ _____	<input type="checkbox"/> COMMISSION SHARES: _____
<input type="checkbox"/> OTHER CONSIDERATION: _____		

FULL NAME OF RECIPIENT (PRINT): _____		
<input type="checkbox"/> SPLITS: _____	<input type="checkbox"/> FEE:\$ _____	<input type="checkbox"/> COMMISSION SHARES: _____
<input type="checkbox"/> OTHER CONSIDERATION: _____		



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: BW

DATE (MM/DD/YYYY)

08/10/11

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

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

PRODUCER <b>HUB International Gulf South</b> <b>11606 Southfork Dr.; Suite 300</b> <b>Baton Rouge, LA 70816</b> <b>Brenda Riddle</b>	225-218-2400 225-218-2401	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: <b>GOTTF-1</b>	FAX (A/C, No):
INSURED <b>Gottfried Contracting, LLC</b> <b>P O Box 3877</b> <b>Covington, LA 70434</b>	INSURER(S) AFFORDING COVERAGE	NAIC #	
	INSURER A : <b>Phoenix Insurance Co</b>		
	INSURER B : <b>Charter Oak Fire Ins Co</b>	<b>25615</b>	
	INSURER C : <b>Travelers Property Casualty Co</b>		
	INSURER D : <b>Travelers Indemnity Company</b>	<b>25658</b>	
	INSURER E : <b>AGCS Marine Insurance Co</b>	<b>22837</b>	
	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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		CO5848R32A	09/01/10	09/01/11	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ <b>5,000</b>
	<input checked="" type="checkbox"/> *Bikt Add'l Insd					PERSONAL & ADV INJURY \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> *Bikt WOS					GENERAL AGGREGATE \$ <b>2,000,000</b>
GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC					\$
B	AUTOMOBILE LIABILITY		8105848R32A	09/01/10	09/01/11	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS					\$
<input checked="" type="checkbox"/> NON-OWNED AUTOS		\$				
<input checked="" type="checkbox"/> *Bikt Add'l Insd		\$				
			*AS PER WRITTEN CONTR			\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR		CUP5848R32A	09/01/10	09/01/11	EACH OCCURRENCE \$ <b>5,000,000</b>
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ <b>5,000,000</b>
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input checked="" type="checkbox"/> RETENTION \$ <b>10,000</b>					\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		UB5848R32A	09/01/10	09/01/11	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N				E.L. EACH ACCIDENT \$ <b>1,000,000</b>
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b>
						E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
E	Equipment Floater		MXI 93010318	09/01/10	09/01/11	Leas/Rent 300,000max
E	BldrsRisk/Inst Flr		MXI 93010318	09/01/10	09/01/11	Loc/Max 4,000,000

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

## CERTIFICATE HOLDER

## CANCELLATION

SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE	SAMP-01	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 <b>Brenda Riddle</b>

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