

## LOUISIANA UNIFORM PUBLIC WORK BID FORM

TO: Jefferson Parish  
Purchasing Department  
200 Derbigny Street, Suite 4400  
Gretna, Louisiana 70053

(Owner to provide name and address of owner)

BID FOR: California Canal Drainage  
Improvements  
Public Works No. 2019-035-DR  
BID NO. 50-00145901 (Addendum #5)

(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: ECM Consultants, Inc.

and dated: July 2024

(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(9/24/24), 2(10/2/24), 3(10/8/24), 4(10/14/24), .  
5(10/15/24), 6(10/23/24)

**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:

Eleven Million Nine Hundred Ninety Nine Thousand Dollars (\$ 11,999,000.00)  
and zero cents

**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 (\$ N/A )

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

N/A Dollars (\$ N/A )

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

N/A Dollars (\$ N/A )

NAME OF BIDDER: Buck Town Contractors & Co.

ADDRESS OF BIDDER: 1005 Veterans Memorial Blvd., Suite 205, Kenner, LA 70062

LOUISIANA CONTRACTOR'S LICENSE NUMBER: 28190

NAME OF AUTHORIZED SIGNATORY OF BIDDER: George LeBourgeois

TITLE OF AUTHORIZED SIGNATORY OF BIDDER: Vice President

SIGNATURE OF AUTHORIZED SIGNATORY OF BIDDER \*\*: 

DATE: 10/29/24

### **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 LA R.S. 38:2212(B)(5).

**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.

BF-1

# LOUISIANA UNIFORM PUBLIC WORK BID FORM

## UNIT PRICE FORM

TO: Jefferson Parish  
Purchasing Department  
200 Derbigny Street, Suite 4400  
Gretna, Louisiana 70053  
*(Owner to provide name and address of owner)*

BID FOR: California Canal Drainage  
Improvements  
Public Works No. 2019-035-DR  
BID NO. 50-00145901 (Addendum #5)  
*(Owner to provide name of project and other identifying information)*

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.# <u>    </u> CLEARING AND GRUBBING |                  |            |  |
| REF. NO.     | QUANTITY:  | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| 201-01-00100 | 1  | LS               | 200,000.00 | 200,000.00                                       |

|              |  |                  |            |  |
|--------------|--|------------------|------------|--|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> DRAINAGE EXCAVATION (NET SECTION) |                  |            |  |
| REF. NO.     | QUANTITY:  | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| 203-02-00100 | 33000  | CY               | 30.00      | 990,000.00                                       |

|                |   |                  |            |  |
|----------------|---|------------------|------------|--|
| DESCRIPTION:   | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> CONTAMINATED DRAINAGE EXCAVATION (VEHICULAR MEASURE) (CONTINGENCY) |                  |            |  |
| REF. NO.       | QUANTITY:   | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| 203-02-00100-A | 10000   | CY               | 50.00      | 500,000.00                                       |

|              |   |                  |            |  |
|--------------|---|------------------|------------|--|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> EMBANKMENT (NET SECTION) |                  |            |  |
| REF. NO.     | QUANTITY:   | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| 203-03-00100 | 3100  | CY               | 35.00      | 108,500.00                                       |

|                |   |                  |            |  |
|----------------|---|------------------|------------|--|
| DESCRIPTION:   | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> EMBANKMENT (VEHICULAR MEASURE) (CONTINGENCY) |                  |            |  |
| REF. NO.       | QUANTITY:   | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| 203-03-00100-A | 10000   | CY               | 9.50       | 95,000.00  |

|              |  |                  |            |  |
|--------------|--|------------------|------------|--|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> TEMPORARY EROSION CONTROL |                  |            |  |
| REF. NO.     | QUANTITY:  | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| 204-01       | 1  | LS               | 53,600.00  | 53,600.00  |

|              |   |                  |            |  |
|--------------|---|------------------|------------|--|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> STORM DRAIN PIPE (15" RCP) |                  |            |  |
| REF. NO.     | QUANTITY:   | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| 701-03-01002 | 654   | LNFT             | 195.00     | 127,530.00                                       |

|              |   |                  |            |  |
|--------------|---|------------------|------------|--|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> STORM DRAIN PIPE (18" RCP) |                  |            |  |
| REF. NO.     | QUANTITY:   | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| 701-03-01022 | 179   | LNFT             | 210.00     | 37,590.00  |

|              |   |                  |            |  |
|--------------|---|------------------|------------|--|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> STORM DRAIN PIPE (24" RCP) |                  |            |  |
| REF. NO.     | QUANTITY:   | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| 701-03-01042 | 138   | LNFT             | 310.00     | 42,780.00  |

|              |   |                  |            |  |
|--------------|---|------------------|------------|--|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> STORM DRAIN PIPE (30" RCP) |                  |            |  |
| REF. NO.     | QUANTITY:   | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| 701-03-01062 | 169   | LNFT             | 430.00     | 72,670.00  |

|              |   |                  |            |  |
|--------------|---|------------------|------------|--|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> STORM DRAIN PIPE (36" RCP) |                  |            |  |
| REF. NO.     | QUANTITY:   | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| 701-03-01082 | 115   | LNFT             | 470.00     | 54,050.00  |

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

TO: Jefferson Parish  
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200 Derbigny Street, Suite 4400  
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*(Owner to provide name and address of owner)*

BID FOR: California Canal Drainage  
Improvements  
Public Works No. 2019-035-DR  
BID NO. 50- 00145901(Addendum #5)  
*(Owner to provide name of project and other identifying information)*

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.# <u>    </u> STORM DRAIN PIPE (48" RCP) |                  |                    |  |
| REF. NO.     | QUANTITY:   | UNIT OF MEASURE: | UNIT PRICE         | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| 701-03-01102 | 29  | LNFT             | 660. <sup>00</sup> | 19,140. <sup>00</sup>                            |

|              |   |                  |                    |  |
|--------------|---|------------------|--------------------|--|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> STORM DRAIN PIPE (54" RCP) |                  |                    |  |
| REF. NO.     | QUANTITY:   | UNIT OF MEASURE: | UNIT PRICE         | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| 701-03-01120 | 37  | LNFT             | 840. <sup>00</sup> | 31,080. <sup>00</sup>                            |

|              |   |                  |                      |  |
|--------------|---|------------------|----------------------|--|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> STORM DRAIN PIPE (72" EQUIV. RCPA) |                  |                      |  |
| REF. NO.     | QUANTITY:   | UNIT OF MEASURE: | UNIT PRICE           | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| 701-04-01180 | 40  | LNFT             | 1,600. <sup>00</sup> | 64,000. <sup>00</sup>                            |

|              |  |                  |                      |  |
|--------------|--|------------------|----------------------|--|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> CATCH BASIN (DROP INLET)(BRICK)(JP) |                  |                      |  |
| REF. NO.     | QUANTITY:  | UNIT OF MEASURE: | UNIT PRICE           | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| 702-03-F     | 26   | EACH             | 7,270. <sup>00</sup> | 189,020. <sup>00</sup>                           |

|              |  |                  |                      |  |
|--------------|--|------------------|----------------------|--|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> ADJUSTING DROP INLETS |                  |                      |  |
| REF. NO.     | QUANTITY:  | UNIT OF MEASURE: | UNIT PRICE           | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| 702-04-00200 | 9  | EACH             | 1,300. <sup>00</sup> | 11,700. <sup>00</sup>                            |

|              |   |                  |                   |  |
|--------------|---|------------------|-------------------|--|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> CONCRETE WALK (4" THICK) |                  |                   |  |
| REF. NO.     | QUANTITY:   | UNIT OF MEASURE: | UNIT PRICE        | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| 706-01-00100 | 1350  | SY               | 80. <sup>00</sup> | 108,000. <sup>00</sup>                           |

|              |   |                  |                    |  |
|--------------|---|------------------|--------------------|--|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> CONCRETE DRIVEWAY (8" THICK) |                  |                    |  |
| REF. NO.     | QUANTITY:   | UNIT OF MEASURE: | UNIT PRICE         | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| 706-02-00100 | 90  | SY               | 100. <sup>00</sup> | 9,000. <sup>00</sup>                             |

|              |  |                  |                    |  |
|--------------|--|------------------|--------------------|--|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> FLOWABLE FILL |                  |                    |  |
| REF. NO.     | QUANTITY:  | UNIT OF MEASURE: | UNIT PRICE         | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| 710-01-00100 | 13   | CY               | 900. <sup>00</sup> | 11,700. <sup>00</sup>                            |

|              |   |                  |                       |  |
|--------------|---|------------------|-----------------------|--|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> PROJECT SITE LABORATORY (EQUIPPED) |                  |                       |  |
| REF. NO.     | QUANTITY:   | UNIT OF MEASURE: | UNIT PRICE            | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| 722-02-00100 | 1   | EACH             | 46,220. <sup>00</sup> | 46,220. <sup>00</sup>                            |

|              |   |                  |                        |  |
|--------------|---|------------------|------------------------|--|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> MOBILIZATION |                  |                        |  |
| REF. NO.     | QUANTITY:   | UNIT OF MEASURE: | UNIT PRICE             | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| 727-01-00100 | 1   | LS               | 900,000. <sup>00</sup> | 900,000. <sup>00</sup>                           |

|              |   |                  |                      |  |
|--------------|---|------------------|----------------------|--|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> HYDROSEEDING |                  |                      |  |
| REF. NO.     | QUANTITY:   | UNIT OF MEASURE: | UNIT PRICE           | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| 739-01-00100 | 2   | ACRE             | 3,900. <sup>00</sup> | 7,800. <sup>00</sup>                             |

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**UNIT PRICE FORM**

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BID FOR: California Canal Drainage  
Improvements  
Public Works No. 2019-035-DR  
BID NO. 50-00145901(Addendum #5)

(Owner to provide name and address of owner)

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

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.# CONSTRUCTION LAYOUT                            |                  |                        |  |
| REF. NO.     | QUANTITY:   | UNIT OF MEASURE: | UNIT PRICE             | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| 740-01-00100 | 1   | LS               | 105,000. <sup>00</sup> | 105,000. <sup>00</sup>                           |
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# WATER MAIN (8") (PVC/C-900 PIPE)               |                  |                        |  |
| REF. NO.     | QUANTITY:   | UNIT OF MEASURE: | UNIT PRICE             | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| W-108        | 100   | LNFT             | 260. <sup>00</sup>     | 26,000. <sup>00</sup>                            |
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# 10" HDPE DR 11 WATER LINE DIRECTIONAL DRILL    |                  |                        |  |
| REF. NO.     | QUANTITY:   | UNIT OF MEASURE: | UNIT PRICE             | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| W-310-DD     | 220   | LNFT             | 205. <sup>00</sup>     | 45,100. <sup>00</sup>                            |
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# PIPE RESTRAINTS (8")                           |                  |                        |  |
| REF. NO.     | QUANTITY:   | UNIT OF MEASURE: | UNIT PRICE             | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| W-708        | 12  | EACH             | 450. <sup>00</sup>     | 5,400. <sup>00</sup>                             |
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# TRANSITIONAL COUPLINGS (8")                    |                  |                        |  |
| REF. NO.     | QUANTITY:   | UNIT OF MEASURE: | UNIT PRICE             | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| W-808        | 4   | EACH             | 800. <sup>00</sup>     | 3,200. <sup>00</sup>                             |
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# DUCTILE IRON FITTINGS                          |                  |                        |  |
| REF. NO.     | QUANTITY:   | UNIT OF MEASURE: | UNIT PRICE             | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| W-901        | 500   | LBS              | 23. <sup>00</sup>      | 11,500. <sup>00</sup>                            |
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# SEWER FORCE MAIN (6") (PVC/C-900 PIPE)         |                  |                        |  |
| REF. NO.     | QUANTITY:   | UNIT OF MEASURE: | UNIT PRICE             | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| SF-106       | 160   | LNFT             | 350. <sup>00</sup>     | 56,000. <sup>00</sup>                            |
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# PIPE RESTRAINTS (6")                           |                  |                        |  |
| REF. NO.     | QUANTITY:   | UNIT OF MEASURE: | UNIT PRICE             | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| SF-706       | 16  | EACH             | 450. <sup>00</sup>     | 7,200. <sup>00</sup>                             |
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# TRANSITIONAL COUPLINGS (8")                    |                  |                        |  |
| REF. NO.     | QUANTITY:   | UNIT OF MEASURE: | UNIT PRICE             | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| SF-806       | 26  | EACH             | 800. <sup>00</sup>     | 20,800. <sup>00</sup>                            |
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# INITIAL INSTALLATION AND FINAL REMOVAL OF DAMS |                  |                        |  |
| REF. NO.     | QUANTITY:   | UNIT OF MEASURE: | UNIT PRICE             | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| S-004-A      | 1   | LS               | 18,800. <sup>00</sup>  | 18,800. <sup>00</sup>                            |
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# DAM REMOVAL AND REPLACEMENT                    |                  |                        |  |
| REF. NO.     | QUANTITY:   | UNIT OF MEASURE: | UNIT PRICE             | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| S-004-B      | 8   | EACH             | 5,000. <sup>00</sup>   | 40,000. <sup>00</sup>                            |
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# SLOPE PAVING                                   |                  |                        |  |
| REF. NO.     | QUANTITY:   | UNIT OF MEASURE: | UNIT PRICE             | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| S-005-A      | 31520   | SY               | 209. <sup>00</sup>     | 6,587,680. <sup>00</sup>                         |



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BID FOR: California Canal Drainage  
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Public Works No. 2019-035-DR  
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|   |           |                  |            |   |
|---|-----------|------------------|------------|---|
| DESCRIPTION: <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> GEOTEXTILE FABRIC |           |                  |            |   |
| REF. NO.  | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION <i>(Quantity times Unit Price)</i> |
| S-005-B   | 33800     | SY               | 2.00       | 67,600.00   |

|   |           |                  |            |   |
|---|-----------|------------------|------------|---|
| DESCRIPTION: <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> GEOGRID |           |                  |            |   |
| REF. NO.  | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION <i>(Quantity times Unit Price)</i> |
| S-005-C   | 33800     | SY               | 2.50       | 84,500.00   |

|   |           |                  |            |   |
|---|-----------|------------------|------------|---|
| DESCRIPTION: <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> SLOPE PAVING BASE |           |                  |            |   |
| REF. NO.  | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION <i>(Quantity times Unit Price)</i> |
| S-006   | 7790      | CY               | 140.00     | 1,090,600.00  |

|   |           |                  |            |   |
|---|-----------|------------------|------------|---|
| DESCRIPTION: <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> 12 FOOT DOUBLE GATES FOR CHAIN LINK FENCE |           |                  |            |   |
| REF. NO.  | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION <i>(Quantity times Unit Price)</i> |
| S-007.1   | 1         | EACH             | 2,800.00   | 2,800.00  |

|  |           |                  |            |   |
|--|-----------|------------------|------------|---|
| DESCRIPTION: <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> CHAIN LINK FENCE (6-FOOT HEIGHT) |           |                  |            |   |
| REF. NO.   | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION <i>(Quantity times Unit Price)</i> |
| S-007.2  | 16        | LNFT             | 90.00      | 1,440.00  |

|   |           |                  |            |   |
|---|-----------|------------------|------------|---|
| DESCRIPTION: <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> CONSTRUCTION DEWATERING |           |                  |            |   |
| REF. NO.  | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION <i>(Quantity times Unit Price)</i> |
| S-008   | 1         | LS               | 146,000.00 | 146,000.00  |

Wording for "DESCRIPTION" is to be provided by the Owner

All quantities are estimated. The contractor will be paid upon actual quantities as verified by the Owner.

## 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><br>Buck Town Contractors & Co.      | <b>PRINCIPAL ADDRESS</b><br>1005 Veterans Memorial Blvd, Kenner, LA 70006    |
| <b>SURETY NAME</b><br>Nationwide Mutual Insurance Company | <b>SURETY ADDRESS</b><br>1100 Locust Street, Dept 2006, Des Moines, IA 50391 |
| <b>OBLIGEE NAME</b><br>Jefferson Parish                   | <b>OBLIGEE ADDRESS</b><br>200 Derbigny Street, Gretna, LA 70053              |

### Bond Information

|   |   |  |
|---|---|--|
| <b>BID DATE</b><br>10/29/2024   | <b>CONTRACT ID</b><br>50-00145901   | <b>CONTRACT VENDOR ID</b><br>273042  |
| <b>PROJECT DESCRIPTION</b><br>California Canal Drainage Improvements, Project No. 50-00145901 |   |  |
| <b>AMOUNT OF BID SECURITY</b><br>5%   | <b>AMOUNT OF BID SECURITY-SPELLED OUT</b><br>Five Percent of the Total Amount Bid |  |
| <b>BOND ENTERED AND EXECUTED BY</b><br>Jack Landry  |   | <b>ATTORNEY-IN-FACT SIGNATURE</b><br> |

Know all men by these presents that Nationwide Mutual Insurance Company, a Corporation duly organized under the laws of the State of Ohio, 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.



**Power of Attorney**

KNOW ALL MEN BY THESE PRESENTS THAT:

Nationwide Mutual Insurance Company, an Ohio corporation

hereinafter referred to severally as the "Company" and collectively as "the Companies" does hereby make, constitute and appoint:

Jack Landry

each in their individual capacity, its true and lawful attorney-in-fact, with full power and authority to sign, seal, and execute on its behalf any and all bonds and undertakings, and other obligatory instruments of similar nature, in penalties not exceeding the sum of Unlimited

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

This power of attorney is made and executed pursuant to and by authority of the following resolution duly adopted by the board of directors of the Company:

"RESOLVED, that the president, or any vice president be, and each hereby is, authorized and empowered to appoint attorneys-in-fact of the Company, and to authorize them to execute and deliver on behalf of the Company any and all bonds, forms, applications, memorandums, undertakings, recognizances, transfers, contracts of indemnity, policies, contracts guaranteeing the fidelity of persons holding positions of public or private trust, and other writings obligatory in nature that the business of the Company may require; and to modify or revoke, with or without cause, any such appointment or authority; provided, however, that the authority granted hereby shall in no way limit the authority of other duly authorized agents to sign and countersign any of said documents on behalf of the Company."

"RESOLVED FURTHER, that such attorneys-in-fact shall have full power and authority to execute and deliver any and all such documents and to bind the Company subject to the terms and limitations of the power of attorney issued to them, and to affix the seal of the Company thereto; provided, however, that said seal shall not be necessary for the validity of any such documents."

This power of attorney is signed and sealed under and by the following bylaws duly adopted by the board of directors of the Company.

Execution of Instruments. Any vice president, any assistant secretary or any assistant treasurer shall have the power and authority to sign or attest all approved documents, instruments, contracts, or other papers in connection with the operation of the business of the company in addition to the chairman of the board, the chief executive officer, president, treasurer or secretary; provided, however, the signature of any of them may be printed, engraved, or stamped on any approved document, contract, instrument, or other papers of the Company.

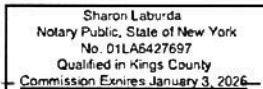
IN WITNESS WHEREOF, the Company has caused this instrument to be sealed and duly attested by the signature of its officer the 1st day of April, 2024.

Antonio C. Albanese, Vice President of Nationwide Mutual Insurance Company

**ACKNOWLEDGMENT**

STATE OF NEW YORK COUNTY OF KINGS: ss

On this 1st day of April, 2024, before me came the above-named officer for the Company aforesaid, to me personally known to be the officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, deposes and says, that he is the officer of the Company aforesaid, that the seal affixed hereto is the corporate seal of said Company, and the said corporate seal and his signature were duly affixed and subscribed to said instrument by the authority and direction of said Company.



Notary Public  
My Commission Expires  
January 3, 2026

**CERTIFICATE**

I, Lezlie F. Chimienti, Assistant Secretary of the Company, do hereby certify that the foregoing is a full, true and correct copy of the original power of attorney issued by the Company; that the resolution included therein is a true and correct transcript from the minutes of the meetings of the boards of directors and the same has not been revoked or amended in any manner; that said Antonio C. Albanese was on the date of the execution of the foregoing power of attorney the duly elected officer of the Company, and the corporate seal and his signature as officer were duly affixed and subscribed to the said instrument by the authority of said board of directors; and the foregoing power of attorney is still in full force and effect.

IN WITNESS WHEREOF, I have hereunto subscribed my name as Assistant Secretary, and affixed the corporate seal of said Company this 10/24/2024

Assistant Secretary

BDJ 1(08-21)00





Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: George  
LeBourgeois, (Affiant) who after being by me duly sworn, deposed and said that  
Buck Town  
he/she is the fully authorized Vice President of Contractors & Co. (Entity),  
the party who submitted a bid in response to Bid Number 50-00145901, 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.



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**   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

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) Malfeasance 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

George LeBourgeois  
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME  
ON THE 29 DAY OF October, 2024.

  
Notary Public

Mary P. Paul  
Printed Name of Notary

135714  
Notary/Bar Roll Number

My commission expires Lifetime.



**RESOLUTION OF SPECIAL MEETING  
OF THE MEMBERS OF BUCK TOWN CONTRACTORS & COMPANY,  
A LOUISIANA CORPORATION**

A special meeting of the Board of Directors of **BUCK TOWN CONTRACTORS & COMPANY, a Louisiana Corporation** held April 2, 2019, at which meeting all of the Board of Directors were present; the following resolution was moved and adopted:

“RESOLVED, that **BUCK TOWN CONTRACTORS & COMPANY, a Louisiana Corporation** hereby authorizes and empowers **George D. LeBourgeois, Jr.** the authority to negotiate, sign and approve any and all documents relating to any and all bids, change orders, drawings, proposals, pay estimates or any other document necessary to conduct business on behalf of **BUCK TOWN CONTRACTORS & COMPANY, a Louisiana Corporation**.

**George D. LeBourgeois, Jr.** is Vice President & Secretary of **BUCK TOWN CONTRACTORS & COMPANY, a Louisiana Corporation** and is specifically authorized to sign the bid and all other documents, contracts of whatever kind with Louisiana Department of Transportation and Development, All Parishes, All Entity's in all Parishes and All Cities within Louisiana.

This authority and empowerment shall remain in effect until revoked, in writing, though a corporate resolution.”

There being no further business, upon motion duly made, seconded and carried, the meeting was adjourned.

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**CERTIFICATION**

I, George D. LeBourgeois Jr, Secretary / Treasurer of **BUCK TOWN CONTRACTORS & COMPANY, INC. a Louisiana Corporation** do hereby certify that the forgoing is a true copy of a resolution passed this \_April 2, 2019 at a meeting of the Board of Directors of **BUCK TOWN CONTRACTORS & COMPANY. a Louisiana Corporation**, as above stated at which meeting all of the members of the Board of Directors were present. This April 2, 2019.

**BUCK TOWN CONTRACTORS & COMPANY,  
a Louisiana Corporation**

BY:   
George D. LeBourgeois Jr, Secretary / Treasurer





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/25/2024

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><br>Eagan Insurance Agency, LLC<br>Attn: Austin Roussel, Jules R or Sherry K - LaPlace LA Office<br>P. O. Box 8590<br>Metairie LA 70002 | <b>CONTACT NAME:</b> Sherry Kellahan<br><b>PHONE (A/C, No, Ext):</b> (504) 836-9600<br><b>FAX (A/C, No):</b> (504) 836-3693<br><b>E-MAIL ADDRESS:</b> kellahans@eaganins.com roussela@eaganins.com                             |
| <b>INSURED</b><br>Buck Town Contractor & Co., Inc.<br>1005 Veterans Memorial Blvd Ste 205<br>Kenner LA 70062-4109                                      | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> Great American Insurance Company<br><b>INSURER B:</b> Great American E&S Ins. Co<br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |

**COVERAGES** **CERTIFICATE NUMBER:** 23-25 **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   |
|---|---|-----------|----------|---------------|-------------------------|-------------------------|--|
| A   | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>                                   | Y         |          | PLE658780-03  | 12/31/2023              | 01/31/2025              | EACH OCCURRENCE \$ 1,000,000   |
|   | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000                 |
|   | <input checked="" type="checkbox"/> Blanket Additional Insured and  |           |          |               |                         |                         | MED EXP (Any one person) \$ 5,000                                    |
|   | <input checked="" type="checkbox"/> Waiver of Subrogation by contract                                     |           |          |               |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000                                   |
|   | GEN'L AGGREGATE LIMIT APPLIES PER:  |           |          |               |                         |                         | GENERAL AGGREGATE \$ 2,000,000                                       |
|   | <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | PRODUCTS - COM/OP AGG \$ 2,000,000                                   |
|   | <input type="checkbox"/> OTHER  |           |          |               |                         |                         | General Agg all Projects \$ 5,000,000                                |
|   | <input type="checkbox"/> AUTOMOBILE LIABILITY   |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$                               |
|   | <input type="checkbox"/> ANY AUTO   |           |          |               |                         |                         | BODILY INJURY (Per person) \$  |
|   | <input type="checkbox"/> OWNED AUTOS ONLY   |           |          |               |                         |                         | BODILY INJURY (Per accident) \$                                      |
| <input type="checkbox"/> HIRED AUTOS ONLY                                   | PROPERTY DAMAGE (Per accident) \$   |           |          |               |                         |                         |  |
| <input type="checkbox"/> SCHEDULED AUTOS                                    |   |           |          |               |                         |                         |  |
| <input type="checkbox"/> NON-OWNED AUTOS ONLY                               |   |           |          |               |                         |                         |  |
| B   | <input type="checkbox"/> <b>UMBRELLA LIAB</b>   | Y         |          | XSE744814-03  | 12/31/2023              | 01/31/2025              | EACH OCCURRENCE \$ 5,000,000   |
|   | <input checked="" type="checkbox"/> <b>EXCESS LIAB</b>  |           |          |               |                         |                         | AGGREGATE \$ 5,000,000   |
|   | <input type="checkbox"/> CLAIMS-MADE  |           |          |               |                         |                         | Follows Form Basis \$  |
|   | <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$  |           |          |               |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
| <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>                        |   | N/A       |          |               |                         |                         | E.L. EACH ACCIDENT \$  |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) |   |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE \$  |
| If yes, describe under DESCRIPTION OF OPERATIONS below                      |   |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT \$                                       |
|   |   |           |          |               |                         |                         |  |

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

|  |  |
|--|--|
| <b>CERTIFICATE HOLDER</b><br><br>PROOF OF COVERAGE | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|--|--|

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/01/2024

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><br><br>Kert Leblanc Insurance Agency Inc<br>6820 Veterans Memorial Blvd Ste B<br>Metairie La 70003 | <b>CONTACT NAME:</b> Kert Leblanc<br><b>PHONE (A/C No. Ext.):</b> 504-454-6036<br><b>E-MAIL ADDRESS:</b> kert.leblanc.b3cz@statefarm.com<br><b>FAX (A/C No.):</b> 504-454-6063                                    |
| <b>INSURED</b><br>Buck Town Contractor & Co<br>1005 Veterans Memorial Blvd<br>Ste 201<br>Kenner La 70062   | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> State Farm Mutual Automobile Insurance Company<br><b>INSURER B:</b><br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |
|  | <b>NAIC #</b><br>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 SUBR INSD WVD               | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|----------------------------------|---------------|-------------------------|-------------------------|--|
|          | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER:            |                                  |               |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$ |
| A        | <b>AUTOMOBILE LIABILITY</b><br>ANY AUTO<br><input checked="" type="checkbox"/> OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY<br><input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | Y                                | 191 0595-C31  | 03/31/2024              | 03/31/2025              | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$ 1,000,000<br>BODILY INJURY (Per accident) \$ 1,000,000<br>PROPERTY DAMAGE (Per accident) \$ 1,000,000<br>\$      |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$  |                                  |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N <input type="checkbox"/> N/A |               |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                         |
| A        | Non Owned  |                                  | 344 6547-F05  | 06/05/2023              | 06/05/2024              | single limit 1,000,000   |

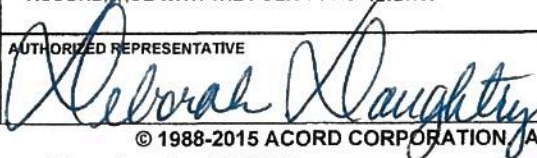
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

PROOF OF COVERAGE

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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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/29/2024

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.

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|  |  |
|--|--|
| <b>PRODUCER</b><br>Insurance Underwriters, Ltd.<br>P. O. Box 6738<br>Metairie LA 70009   | <b>CONTACT NAME:</b><br><b>PHONE</b><br>(A/C, No, Ext): 504-883-2500<br><b>FAX</b><br>(A/C, No): 504-883-2535<br><b>E-MAIL ADDRESS:</b>  |
| <b>INSURED</b><br>Buck Town Contractors & Co.<br>George LeBourgeois<br>George LeBourgeois<br>1005 Veterans Mem. Blvd. Ste. 201<br>Kenner, LA 70062 | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> Bridgefield Casualty Ins. Co.<br><b>INSURER B:</b><br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |
| License#: 150655<br>BUCKTOW-01   | <b>NAIC #</b><br>10335   |

**COVERAGES****CERTIFICATE NUMBER:** 901692424**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><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |                                 |          |               |                         |                         | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$ |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY          |                                 |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)<br>\$<br>\$<br>\$<br>\$<br>\$                                    |
|          | <b>UMBRELLA LIAB</b><br><b>EXCESS LIAB</b><br><input type="checkbox"/> OCCUR<br><input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$   |                                 |          |               |                         |                         | EACH OCCURRENCE<br>AGGREGATE<br>\$<br>\$<br>\$   |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N<br><input type="checkbox"/> | N/A      | 196-39540     | 8/27/2024               | 8/27/2025               | PER STATUTE<br>OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT<br>\$ 1,000,000<br>\$ 1,000,000<br>\$ 1,000,000   |

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

**CERTIFICATE HOLDER****CANCELLATION**Sample  
For bidding purposes

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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