

DATE: 5/15/2024

Page: 6

BID NO.: 50-00145375

**BID FORM**  
Non Public Works

**All Public Work Projects are required to use the Louisiana Uniform Public Work Bid Form**

All prices must be held firm unless an escalation provision is requested in this bid. Jefferson Parish will allow one escalation during the term of the contract, which may not exceed the U.S. Bureau of Labor Statistics National Index for all Urban Consumers, unadjusted 12 month figure. The most recently published figure issued at the time an adjustment is requested will be used. A request must be made in writing by the vendor, and the escalation will only be applied to purchases made after the request is made.

Are you requesting an escalation provision?

YES \_\_\_\_\_ NO XX

MAXIMUM ESCALATION PERCENTAGE REQUESTED \_\_\_\_\_ %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF June 2026.

For the purposes of comparison of bids when an escalation provision is requested, Jefferson Parish will apply the maximum escalation percentage quoted by the bidder to the period to which it is applied in the bid. The initial price and the escalation will be used to calculate the total bid price. It will be assumed, for comparison of prices only, that an equal amount of material or labor is purchased each month throughout the entire contract.

**DELIVERY: FOB JEFFERSON PARISH**

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

Per Contract

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 53760

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

FIRM NAME: BOLAND MARINE AND INDUSTRIAL LLC.

ADDRESS: 1000 TCHOUPITOUHAS STREET

CITY, STATE: NE ORLEANS, LOUISIANA ZIP: 70130

TELEPHONE: (504) 581-5800 FAX: (504) 581-5814

EMAIL ADDRESS: W.L.HALEY@BOLANDMAR.COM

In the event that addenda are issued with this bid, bidders MUST acknowledge all addenda on the bid form. Bidder must acknowledge receipt of an addendum on the bid form by placing the addendum number as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: ONE (Add Public Work Licenses)

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

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

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

TOTAL PRICE OF ALL BID ITEMS: \$ 74,500.00 (Seventy four thousand, five hundred)

AUTHORIZED

SIGNATURE: Walter L. Haley

Walter L. Haley  
Printed Name

TITLE: Operation Manager

SIGNING INDICATES YOU HAVE READ AND COMPLY WITH THE INSTRUCTIONS AND CONDITIONS.

NOTE: All bids should be returned with the BID NUMBER and BID OPENING DATE indicated on the outside of the envelope submitted to the Purchasing Department.

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00145375

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	200.00	HR	<p>Two (2) Year Contract to Provide Preventative Mechanical Maintenance, Non -Emergency and Emergency Repairs for the Department of Public Works, Drainage Pump Stations and All Jefferson Parish</p> <p>0010 MECHANICAL TECHNICIAN ON OR OFF-SITE FIELD PUMP STATION REPAIR</p> <p>SERVICES ON: PUMPING PLANT EQUIPMENT, FACILITIES EQUIPMENT, DIESEL ENGINES, DEBRIS AND CATENARY RAKES AND ANCILLARY EQUIPMENT, PUMP AND PUMP ACCESSORY EQUIPMENT, VALVES, PIPING, INTAKE SCREENS, GEAR BOXES, MOTOR OPERATED VALVES, HYDRAULIC SYSTEMS, AND TANK, BY PUMP MECHANICS, MACHINISTS, AND MILL WRIGHTS</p> <p><b>**SEE ATTACHED SPECIFICATIONS**</b></p>	\$150.00	\$ 30,000.00
2	100.00	HR	<p>0020 MOBILE WELDING SERVICE- ONE CERTIFIED WELDER</p> <p>PROVIDE ROUTINE FIELD WELDING, ROUTINE REPAIRS AND INSTALLATION, ROUTINE APPLICATION OF COATINGS TO FIELD WELDS AND OTHER RELATED SERVICES. THIS IS AN HOURLY RATE ID ITEM FOR ONE CERTIFIED WELDER</p> <p>AS DESCRIBED IN 01-01 A: WELDING TRUCK, FUEL, WELDING MACHINE, CUTTING TORCH, AND ALL NECESSARY FABRICATION MATERIALS AND TOOLS TO COMPLETE WORK SHALL BE INCLUDED IN THE HOURLY UNIT PRICE. FABRICATION MATERIALS DO NOT INCLUDE WELDING RODS OR ANY OTHER CONSUMABLE SUPPLIES NECESSARY TO PERFORM WELDING SERVICES.</p> <p>WELDER QUALIFICATIONS: WELDERS SHALL MAINTAIN CURRENT QUALIFICATIONS FOR MATERIAL BEING WELDED UNDER THE PROVISIONS OF ANS/AWS D1.1 OR THE ASME BOILER AND PRESSURE VESSEL CODE, SECTION 9 BY AN INDEPENDENT LOCAL, APPROVED TESTING AGENCY FOR THE WORK COVERED UNDER THIS CONTRACT.</p> <p>ALL EMPLOYEE WELDING CERTIFICATION INFORMATION SHALL BE SUBMITTED WITH EACH INVOICE.</p>	\$160.00	\$ 16,000.00
3	50.00	HR	<p>0030 BOOM TRUCK SERVICE THIS ITEM IS AN HOURLY RATE FOR MINIMUM OF A 15-TON HYDRAULIC BOOM TRUCK,</p>	\$450.00	\$2,500.00

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00145375

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
4	10.00	HR	<p>OPERATOR, RIGGING, TRAVEL TIME, INSURANCE AND FUEL. (SEE DETAILS IN 1-01A).</p> <p>0040 ALIGNMENT SPECIALIST PERFORM ALIGNMENT CHECKS AND REALIGNMENT</p>	\$600.00	\$6000.00
5	1.00	EA	<p>OF ROTATING MACHINERY AT PUMP STATIONS. SPECIALIST MUST HAVE TOOLS (LASER ALIGNMENT DEVICE) AND SKILL TO ENSURE MAXIMUM PERCISION TO MEET ALL INDUSTRY STANDARDS.</p> <p>9999A (NON-BIDDABLE) PURCHASE OF PARTS AND/OR MATERIALS FOR</p> <p>PUMP STATION REPAIRS AND RELATED EQUIPMENT. PARTS AND/OR MATERIALS PURCHASED BY CONTRACTOR FROM THIRD PARTIES WILL BE PAID AT CONTRACTOR'S ACTUAL COST WITH PRIOR APPROVAL BY THE DRAINAGE DEPARTMENT AND NOT TO EXCEED \$10,000.</p> <p>*BIDDERS ARE TO LEAVE THE UNIT PRICE QUOTE BLANK FOR THIS ITEM. THIS ITEM SHALL NOT BE INCLUDED IN THE TOTAL OF ALL ITEMS QUOTED, THIS LINE IS TO BE USED AS A REFERENCE TO PROCESS INVOICES.</p>	\$ N/A	\$ N/A
6	1.00	EA	<p>9999B (NON-BIDDABLE) PREMIUM WORK TIME - 1.5 TIMES THE REGULAR HOUR RATES. PREMIUM TIME WILL APPLY ONLY WHEN WORK IS PERFORMED ON WEEKENDS, JEFFERSON PARISH LEGAL HOLIDAYS OR BEFORE 7:00 AM AND AFTER 5:00 PM. NO PREMIUM TIME WORK MAY BE UNLESS SPECIFICALLY AUTHORIZED FROM THE DIRECTOR OF DRAINAGE IN WRITING PRIOR TO COMPLETION, AND THE UNIT PRICE BID SHALL BE FOR WORK DONE DURING BASIC WORK TIME CONDITIONS.</p> <p>*BIDDERS ARE TO LEAVE THE UNIT PRICE QUOTED BLANK FOR THIS ITEM. THIS ITEM SHALL NOT BE INCLUDED IN THE TOTAL OF ALL ITEMS QUOTED. THIS LINE IS TO BE USED AS A REFERENCE TO PROCESS INVOICES.</p>	\$ N/A	\$ N/A

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

### Bond Information

<b>BID DATE</b>  06/11/2024	<b>CONTRACT ID</b>  50-00145375	<b>CONTRACT VENDOR ID</b>  23318
<b>PROJECT DESCRIPTION</b> Bid No. 50-00145375 Two (2) Year Contract to Provide Preventative Mechanical Maintenance Non-Emergency and Emergency Repair for the Department of Public Works, Drainage Pump Stations and All Jefferson Parish Agencies		
<b>AMOUNT OF BID SECURITY</b>  5%	<b>AMOUNT OF BID SECURITY-SPELLED OUT</b> Five Percent	
<b>BOND ENTERED AND EXECUTED BY</b>  Christen Tyner		<b>ATTORNEY-IN-FACT SIGNATURE</b> <i>Christen Tyner</i>

Know all men by these presents that The Gray Casualty & Surety Company,  
a Corporation duly organized under the laws of the State of Louisiana, are held and firmly bound unto  
the above owner/obligee by the transmission. The surety agrees to waive the statute of fraud defense and further agrees  
that the owner/obligee is a third party beneficiary of the waiver for the purposes of enforcing this bid bond.



**THE GRAY INSURANCE COMPANY  
THE GRAY CASUALTY & SURETY COMPANY**

**GENERAL POWER OF ATTORNEY**

KNOW ALL BY THESE PRESENTS, THAT The Gray Insurance Company and The Gray Casualty & Surety Company, corporations duly organized and existing under the laws of Louisiana, and having their principal offices in Metairie, Louisiana, do hereby make, constitute, and appoint: [Christen Tyner](#)

on behalf of each of the Companies named above its true and lawful Attorney(s)-in-Fact, to make, execute, seal and deliver, for and on its behalf and as its deed, bonds, or other writings obligatory in the nature of a bond, as surety, contracts of suretyship as are or may be required or permitted by law, regulation, contract or otherwise, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed the amount of \$15,000,000.00.

Surety Bond Number: [SLA0522646028](#)

Principal: [Boland Marine & Industrial LLC](#)

Obligee: [Jefferson Parish](#)

This Power of Attorney is granted and is signed by facsimile under and by the authority of the following Resolutions adopted by the Boards of Directors of both The Gray Insurance Company and The Gray Casualty & Surety Company at meetings duly called and held on the 26<sup>th</sup> day of June, 2003.

“RESOLVED, that the President, Executive Vice President, any Vice President, or the Secretary be and each or any of them hereby is authorized to execute a power of Attorney qualifying the attorney named in the given Power of Attorney to execute on behalf of the Company bonds, undertakings, and all contracts of surety, and that each or any of them is hereby authorized to attest to the execution of such Power of Attorney, and to attach the seal of the Company; and it is

FURTHER RESOLVED, that the signature of such officers and the seal of the Company may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be binding upon the Company now and in the future when so affixed with regard to any bond, undertaking or contract of surety to which it is attached.

IN WITNESS WHEREOF, The Gray Insurance Company and The Gray Casualty & Surety Company have caused their official seals to be hereinto affixed, and these presents to be signed by their authorized officers this 28<sup>th</sup> day of October, 2021.



By:

Michael T. Gray  
President

The Gray Insurance Company

Cullen S. Piske  
President

The Gray Casualty & Surety Company



State of Louisiana

ss:

Parish of Jefferson

On this 28<sup>th</sup> day of October, 2021, before me, a Notary Public, personally appeared Michael T. Gray, President of The Gray Insurance Company, and Cullen S. Piske, President of The Gray Casualty & Surety Company, personally known to me, being duly sworn, acknowledged that they signed the above Power of Attorney and affixed the seals of the companies as officers of, and acknowledged said instrument to be the voluntary act and deed, of their companies.



Leigh Anne Henican  
Notary Public  
Notary ID No. 92653  
Orleans Parish, Louisiana

Leigh Anne Henican  
Notary Public, Parish of Orleans State of Louisiana  
My Commission is for Life

I, Mark S. Manguno, Secretary of The Gray Insurance Company, do hereby certify that the above and forgoing is a true and correct copy of a Power of Attorney given by the companies, which is still in full force and effect. IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Company this **05/22/2024**.

I, Leigh Anne Henican, Secretary of The Gray Casualty & Surety Company, do hereby certify that the above and forgoing is a true and correct copy of a Power of Attorney given by the companies, which is still in full force and effect. IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Company this **05/22/2024**.



## CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF  
Boland Marine & Industrial, LLC  
INCORPORATED.

AT THE MEETING OF DIRECTORS OF Boland Marine & Industrial, LLC  
INCORPORATED, DULY NOTICED AND HELD ON 06-03-24,  
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT  
WAS:

RESOLVED. THAT Walter Haley, BE AND IS HEREBY  
APPOINTED, CONSTITUTED AND DESIGNATED AS AGENT AND ATTORNEY-IN-  
FACT OF THE CORPORATION WITH FULL POWER AND AUTHORITY TO ACT ON  
BEHALF OF THIS CORPORATION IN ALL NEGOTIATIONS, BIDDING, CONCERNS  
AND TRANSACTIONS WITH THE \_\_\_\_\_ OR ANY OF ITS AGENCIES,  
DEPARTMENTS, EMPLOYEES OR AGENTS, INCLUDING BUT NOT LIMITED TO, THE  
EXECUTION OF ALL BIDS, PAPERS, DOCUMENTS, AFFIDAVITS, BONDS, SURETIES,  
CONTRACTS AND ACTS AND TO RECEIVE AND RECEIPT THEREFOR ALL  
PURCHASE ORDERS AND NOTICES ISSUED PURSUANT TO THE PROVISIONS OF  
ANY SUCH BID OR CONTRACT, THIS CORPORATION HEREBY RATIFYING,  
APPROVING, CONFIRMING, AND ACCEPTING EACH AND EVERY SUCH ACT  
PERFORMED BY SAID AGENT AND ATTORNEY-IN-FACT.

I HEREBY CERTIFY THE FOREGOING TO BE  
A TRUE AND CORRECT COPY OF AN  
EXCERPT OF THE MINUTES OF THE  
ABOVE DATED MEETING OF THE BOARD  
OF DIRECTORS OF SAID CORPORATION,  
AND THE SAME HAS NOT BEEN  
REVOKED OR RESCINDED.

Bod Reid  
SECRETARY-TREASURER

6-3-24  
DATE



Non-Public Works Bid

AFFIDAVIT

STATE OF LOUISIANA

PARISH/COUNTY OF ORLEANS

BEFORE ME, the undersigned authority, personally came and appeared: WALTER HALEY

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

he/she is the fully authorized OFFICER of BOLAND MARINE & INDUSTRIAL, LLC (Entity),

the party who submitted a bid in response to Bid Number 50-00145375, to the Parish of Jefferson.

Affiant further said:

Campaign Contribution Disclosures

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

Choice A \_\_\_\_\_

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

Choice B X

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

Debt Disclosures

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

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

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

Affiant further said:

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

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



That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.

Walter Haley  
Signature of Affiant

WALTER HALEY

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE June DAY OF 10, 2014, 20\_\_.

[Signature]  
Notary Public

James A. Mounger  
Printed Name of Notary

9783  
Notary/Bar Roll Number

My commission expires at death





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/5/2024

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

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

**PRODUCER**  
Eustis Insurance & Benefits,  
a Marsh & McLennan Agency LLC Company  
110 Veterans Memorial Blvd. Ste 200  
Metairie LA 70005

**CONTACT NAME:** Sheila Menck, CIC  
**PHONE (A/C, No. Ext):** 225-236-3869  
**FAX (A/C, No.):**  
**E-MAIL ADDRESS:** Sheila.Menck@Marshmma.com

**INSURER(S) AFFORDING COVERAGE****NAIC #****INSURER A:** Louisiana Workers' Compensation Corp.

22350

**INSURER B:** Navigators Specialty Insurance Company

36056

**INSURER C:****INSURER D:****INSURER E:****INSURER F:**

**INSURED**  
Boland Marine & Industrial, LLC  
1000 Tchoupitoulas St  
New Orleans LA 70130

**COVERAGES****CERTIFICATE NUMBER:** 666392758**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>					
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
						MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$
	OTHER:					\$
	<b>AUTOMOBILE LIABILITY</b>					
	<input type="checkbox"/> ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY					BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY					BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	<b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$					\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	78798	1/31/2024	1/31/2025	X PER STATUTE <input type="checkbox"/> OTH-ER <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
B	Contractors Pollution		NY24ECPX00505NC	3/17/2024	3/17/2025	Operations Pollution 5,000,000 Site Pollution 5,000,000 Environmental Crisis 50,000

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

Pollution Coverage:  
Operations Pollution Liability - \$5,000,000 Each Incident, \$5,000,000 Coverage Aggregate - \$5,000 Deductible  
Site Pollution Liability - \$5,000,000 Each Incident, \$5,000,000 Coverage Aggregate - \$25,000 Deductible  
Environmental Crisis Management - \$50,000 Each Incident, \$50,000 Coverage Aggregate - No Deductible  
\$5,000,000 Policy Aggregate  
Pollution Policy includes Blanket Additional Insured and Blanket Waiver of Subrogation where required by written contract.

See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

Jefferson Parish, its Districts Departments and Agencies  
under the direction of the Parish President  
and the Parish Council  
200 Derbigny Street, Suite 4400  
Gretna LA 70053  
USA

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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AGENCY CUSTOMER ID: \_\_\_\_\_  
LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Eustis Insurance & Benefits,		NAMED INSURED Boland Marine & Industrial, LLC 1000 Tchoupitoulas St New Orleans LA 70130
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Workers Compensation policy includes Gulf of Mexico Extension (LWCC 6) Longshore and Harbor Workers Act coverage (WC000106A) Outer Continental Shelf Lands Act Coverage (WC000109C) Blanket Alternate Employer Endorsement where required by written contract (WC000301A) Blanket Waiver of Subrogation were required by written contract (WC000313).



BOLAMAR-01

SBARBEROT

DATE (MM/DD/YYYY)

1/29/2024

## CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER License # 231432

Hub International Gulf South  
3510 N. Causeway Boulevard  
Suite 300  
Metairie, LA 70002

CONTACT

NAME:

PHONE

(A/C, No, Ext):

(800) 256-2842

FAX

(A/C, No):

(504) 834-2995

E-MAIL

ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: QBE

INSURER B: Lloyd's of London

15792

INSURER C: Markel International Insurance Company

INSURER D:

INSURER E:

INSURER F:

INSURED

Boland Marine & Industrial LLC  
1000 Tchoupitoulas Street  
New Orleans, LA 70130

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			QL24MGLM15640	2/1/2024	2/1/2025	EACH OCCURRENCE \$ 1,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input checked="" type="checkbox"/> Marine General Liabi						MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>						GENERAL AGGREGATE \$ 2,000,000
	OTHER						PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/>						BODILY INJURY (Per person) \$
	HIRED AUTOS ONLY <input type="checkbox"/>						BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS <input type="checkbox"/>						PROPERTY DAMAGE (Per accident) \$
	NON-OWNED AUTOS ONLY <input type="checkbox"/>						
B	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			TMU-414887	2/1/2024	2/1/2025	EACH OCCURRENCE \$ 10,000,000
	CLAIMS-MADE						AGGREGATE \$
	DED <input checked="" type="checkbox"/> RETENTION \$ 25,000						Annual Agg \$ 10,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
C	Maritime Employers L			BINDER	2/1/2024	2/1/2025	E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Certificate Holder is Additional Insured as required by written contract.

## CERTIFICATE HOLDER

The Parish of Jefferson, its Districts, Departments, and Agencies under the direction of the Parish President and Parish Council; Department of Water  
1221 Elmwood Park Blvd  
Suite 909  
Jefferson, LA 70123

## 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




# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/05/2024

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

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

<b>PRODUCER</b> <b>StateFarm</b>  Eric Deroche 10015 Jefferson Hwy River Ridge, LA 70123	<b>CONTACT NAME:</b> Ashley Farnsworth <b>PHONE (A/C, No, Ext):</b> 504-737-8559 <b>FAX (A/C, No):</b> 504-739-1109 <b>E-MAIL:</b> ashley@ericderoche.net <b>ADDRESS:</b> <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> State Farm Mutual Automobile Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	<b>NAIC #</b> 25178
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**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Comp \$500 <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Coll \$1000	Y	Y	379-5925-B28-18C	08/28/2023	08/28/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Med Pay \$ 5,000
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$


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

With respect to the above Automobile Liability policy, the certificate holder will be considered as an additional insured if required by written contract subject to the endorsement (HSIC CA 3301 0819) terms and conditions.

With respect to the above Automobile Liability policy, the certificate holder is provided a Waiver of Subrogation if required by written contract subject to the endorsement (HSIC CA 3301 0819) terms and conditions

## CERTIFICATE HOLDER

## CANCELLATION

Jefferson Parish its District Department and Agencies under the direction for the Parish President and the Parish Council 200 Derbigny Street Gretna, LA 70053	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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