

## 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: CAROL SUE AVENUE IMPROVEMENTS  
(RIGHT TURN LANE TO BEHRMAN HWY)  
PROJECT NO. 2017-040-RBP  
JP BID NO. 50-00145392  
*(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:

Digital Engineering and Imaging, Inc. and dated: April 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(7/12/24), 2(7/18/24).

**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:

Two hundred forty seven thousand three hundred Dollars (\$ 247,300.00)  
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:** 7/25/2024

### **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 R.S. 38:2218(A) attached to and made a part of this bid.

**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: CAROL SUE AVENUE IMPROVEMENTS  
(RIGHT TURN LANE TO BEHRMAN HWY)  
PROJECT NO. 2017-040-RBP  
JP BID NO. 50-00145392  
*(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.# _____ CLEARING AND GRUBBING |                  |            |   |
| REF. NO.     | QUANTITY:  | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> ) |
| 201(01)      | 1  | LUMP             | 5,597.00   | 5,597.00  |

|              |   |                  |            |   |
|--------------|---|------------------|------------|---|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# _____ REMOVAL OF STRUCTURES AND OBSTRUCTIONS |                  |            |   |
| REF. NO.     | QUANTITY:   | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> ) |
| 202(01)      | 1   | LUMP             | 9,200.00   | 9,200.00  |

|              |  |                  |            |   |
|--------------|--|------------------|------------|---|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# _____ REMOVAL OF ASPHALT PAVEMENT |                  |            |   |
| REF. NO.     | QUANTITY:  | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> ) |
| 202(02)(A)   | 5  | SQYD             | 50.00      | 250.00  |

|              |  |                  |            |   |
|--------------|--|------------------|------------|---|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# _____ REMOVAL OF CONCRETE WALKS |                  |            |   |
| REF. NO.     | QUANTITY:  | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> ) |
| 202(02)(B)   | 9  | SQYD             | 25.00      | 225.00  |

|              |   |                  |            |   |
|--------------|---|------------------|------------|---|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# _____ REMOVAL OF PORTLAND CEMENT CONCRETE PAVEMENT |                  |            |   |
| REF. NO.     | QUANTITY:   | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> ) |
| 202(02)(C)   | 79  | SQYD             | 65.00      | 5,135.00  |

|              |   |                  |            |   |
|--------------|---|------------------|------------|---|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# _____ GENERAL EXCAVATION |                  |            |   |
| REF. NO.     | QUANTITY:   | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> ) |
| 203(01)      | 200   | CUYD             | 25.00      | 5,000.00  |

|              |  |                  |            |   |
|--------------|--|------------------|------------|---|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# _____ EMBANKMENT (PLASTIC MATERIAL) |                  |            |   |
| REF. NO.     | QUANTITY:  | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> ) |
| 203(03)      | 15   | CUYD             | 65.00      | 975.00  |

|              |  |                  |            |   |
|--------------|--|------------------|------------|---|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# _____ GEOTEXTILE FABRIC |                  |            |   |
| REF. NO.     | QUANTITY:  | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> ) |
| 203(08)      | 355  | SQYD             | 1.00       | 355.00  |

|              |  |                  |            |   |
|--------------|--|------------------|------------|---|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# _____ TEMPORARY EROSION CONTROL |                  |            |   |
| REF. NO.     | QUANTITY:  | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> ) |
| 204(06)      | 1  | LUMP             | 800.00     | 800.00  |

|              |  |                  |            |   |
|--------------|--|------------------|------------|---|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# _____ CLASS II BASE COURSE (8" THICK) |                  |            |   |
| REF. NO.     | QUANTITY:  | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> ) |
| 302(01)      | SQYD   | 355              | 34.00      | 12,070.00   |

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 Owner.

**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: CAROL SUE AVENUE IMPROVEMENTS  
(RIGHT TURN LANE TO BEHRMAN HWY)  
PROJECT NO. 2017-040-RBP  
JP BID NO. 50-00145392  
*(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> PORTLAND CEMENT CONCRETE PAVEMENT (9" THICK)(HIGH EARLY STRENGTH) |                  |            |   |
| REF. NO.     | QUANTITY:  | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> ) |
| 601(01)      | 305  | SQYD             | 115.00     | 35,075.00   |

|              |  |                  |            |   |
|--------------|--|------------------|------------|---|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> REINFORCED CONCRETE PIPE (15")(C-76)(TYPE III JOINTS) |                  |            |   |
| REF. NO.     | QUANTITY:  | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> ) |
| 701(03)      | 8  | LNFT             | 180.00     | 1,440.00  |

|              |   |                  |            |   |
|--------------|---|------------------|------------|---|
| 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 ( <i>Quantity times Unit Price</i> ) |
| 706(01)      | 139   | SQYD             | 70.00      | 9,730.00  |

|              |  |                  |            |   |
|--------------|--|------------------|------------|---|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> INCIDENTAL CONCRETE PAVING (6" THICK) |                  |            |   |
| REF. NO.     | QUANTITY:  | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> ) |
| 706(03)      | 7  | SQYD             | 170.00     | 1,190.00  |

|              |   |                  |            |   |
|--------------|---|------------------|------------|---|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> HANDICAPPED CURB RAMPS |                  |            |   |
| REF. NO.     | QUANTITY:   | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> ) |
| 706(04)      | 1   | EACH             | 2,900.00   | 2,900.00  |

|              |  |                  |            |   |
|--------------|--|------------------|------------|---|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> CONCRETE CURB (HIGH EARLY STRENGTH) |                  |            |   |
| REF. NO.     | QUANTITY:  | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> ) |
| 707(01)      | 260  | LNFT             | 25.00      | 6,500.00  |

|              |   |                  |            |   |
|--------------|---|------------------|------------|---|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> TEMPORARY SIGNS AND BARRICADES |                  |            |   |
| REF. NO.     | QUANTITY:   | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> ) |
| 713(01)      | 1   | LUMP             | 20,500.00  | 20,500.00   |

|              |   |                  |            |   |
|--------------|---|------------------|------------|---|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> SLAB SODDING (ST. AUGUSTINE) |                  |            |   |
| REF. NO.     | QUANTITY:   | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> ) |
| 714(01)      | 213   | SQYD             | 12.00      | 2,556.00  |

|              |   |                  |            |   |
|--------------|---|------------------|------------|---|
| 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 ( <i>Quantity times Unit Price</i> ) |
| 727(01)      | 1   | LUMP             | 25,000.00  | 25,000.00   |

|              |  |                  |            |   |
|--------------|--|------------------|------------|---|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>    </u> REFLECTORIZED RAISED PAVEMENT MARKERS |                  |            |   |
| REF. NO.     | QUANTITY:  | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> ) |
| 731(02)      | 54   | EACH             | 28.00      | 1,512.00  |

Wording for "DESCRIPTION" is to be provided by the Owner  
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**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: CAROL SUE AVENUE IMPROVEMENTS  
(RIGHT TURN LANE TO BEHRMAN HWY)  
PROJECT NO. 2017-040-RBP  
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|              |  |                  |            |   |
|--------------|--|------------------|------------|---|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ PLASTIC PAVEMENT STRIPING (4" WIDTH)(THERMOPLASTIC)(90 MIL.) |                  |            |   |
| REF. NO.     | QUANTITY:  | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> ) |
| 732(01)(A)   | 940  | LNFT             | 4.50       | 4,230.00  |

|              |  |                  |            |   |
|--------------|--|------------------|------------|---|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ PLASTIC PAVEMENT STRIPING (8" WIDTH)(THERMOPLASTIC)(90 MIL.) |                  |            |   |
| REF. NO.     | QUANTITY:  | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> ) |
| 732(01)(B)   | 178  | LNFT             | 10.00      | 1,780.00  |

|              |   |                  |            |   |
|--------------|---|------------------|------------|---|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ PLASTIC PAVEMENT STRIPING (8" WIDTH)(THERMOPLASTIC)(125 MIL.) |                  |            |   |
| REF. NO.     | QUANTITY:   | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> ) |
| 732(01)(C)   | 158   | LNFT             | 10.00      | 1,580.00  |

|              |  |                  |            |   |
|--------------|--|------------------|------------|---|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ PLASTIC PAVEMENT STRIPING (24" WIDTH)(THERMOPLASTIC)(125 MIL.) |                  |            |   |
| REF. NO.     | QUANTITY:  | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> ) |
| 732(01)(D)   | 28   | LNFT             | 25.00      | 700.00  |

|              |   |                  |            |   |
|--------------|---|------------------|------------|---|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ PLASTIC PAVEMENT STRIPING (DOTTED LINE)(8" W)(2' L)(THERMOPLASTIC)(90 MIL.) |                  |            |   |
| REF. NO.     | QUANTITY:   | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> ) |
| 732(03)      | 178   | LNFT             | 10.00      | 1,780.00  |

|              |   |                  |            |   |
|--------------|---|------------------|------------|---|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ PLASTIC PAVEMENT LEGENDS & SYMBOLS (ARROW-RIGHT TURN) |                  |            |   |
| REF. NO.     | QUANTITY:   | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> ) |
| 732(04)(A)   | 2   | EACH             | 500.00     | 1,000.00  |

|              |  |                  |            |   |
|--------------|--|------------------|------------|---|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ PLASTIC PAVEMENT LEGENDS & SYMBOLS (ARROW-LEFT TURN) |                  |            |   |
| REF. NO.     | QUANTITY:  | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> ) |
| 732(04)(B)   | 2  | EACH             | 500.00     | 1,000.00  |

|              |   |                  |            |   |
|--------------|---|------------------|------------|---|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ PLASTIC PAVEMENT LEGENDS AND SYMBOLS (ONLY) |                  |            |   |
| REF. NO.     | QUANTITY:   | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> ) |
| 732(04)(C)   | 2   | EACH             | 500.00     | 1,000.00  |

|              |  |                  |            |   |
|--------------|--|------------------|------------|---|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ REMOVAL OF EXISTING MARKINGS |                  |            |   |
| REF. NO.     | QUANTITY:  | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> ) |
| 732(05)      | 0.045  | MILE             | 190,000.00 | 8,550.00  |

|              |   |                  |            |   |
|--------------|---|------------------|------------|---|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ TRAFFIC SIGNAL SYSTEM (MODIFICATION)(CAROL SUE AVE. AND BEHRMAN HWY.) |                  |            |   |
| REF. NO.     | QUANTITY:   | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> ) |
| 736(07)(A)   | 1   | LUMP             | 37,300.00  | 37,300.00   |

Wording for "DESCRIPTION" is to be provided by the Owner  
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**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: CAROL SUE AVENUE IMPROVEMENTS  
(RIGHT TURN LANE TO BEHRMAN HWY)  
PROJECT NO. 2017-040-RBP  
JP BID NO. 50-00145392  
*(Owner to provide name of project and other identifying information)*

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|              |   |                  |            |   |
|--------------|---|------------------|------------|---|
| 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 ( <i>Quantity times Unit Price</i> ) |
| 740(01)      | 1   | LUMP             | 10,400.00  | 10,400.00   |

|              |   |                  |            |   |
|--------------|---|------------------|------------|---|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ REMOVAL AND DISPOSAL OF EXISTING AC WATERLINE (12") |                  |            |   |
| REF. NO.     | QUANTITY:   | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> ) |
| W-907-12     | 223   | LNFT             | 70.00      | 15,610.00   |

|              |  |                  |            |   |
|--------------|--|------------------|------------|---|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ EXPLORATORY EXCAVATION |                  |            |   |
| REF. NO.     | QUANTITY:  | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> ) |
| S-001        | 3  | EACH             | 1,300.00   | 3,900.00  |

|              |  |                  |            |   |
|--------------|--|------------------|------------|---|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ JEFFERSON PARISH STANDARD DROP INLET |                  |            |   |
| REF. NO.     | QUANTITY:  | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> ) |
| S-002        | 1  | EACH             | 4,000.00   | 4,000.00  |

|              |   |                  |            |   |
|--------------|---|------------------|------------|---|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ CONVERT EXISTING TYPE 2 CATCH BASIN TO JP STANDARD DROP INLET |                  |            |   |
| REF. NO.     | QUANTITY:   | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> ) |
| S-003        | 1   | EACH             | 3,600.00   | 3,600.00  |

|              |  |                  |            |   |
|--------------|--|------------------|------------|---|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ REMOVAL OF ABANDONDED 15" RCP DRAIN LINE |                  |            |   |
| REF. NO.     | QUANTITY:  | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> ) |
| S-004        | 162  | LNFT             | 30.00      | 4,860.00  |

|              |  |                  |            |   |
|--------------|--|------------------|------------|---|
| DESCRIPTION: | <input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ N/A |                  |            |   |
| REF. NO.     | QUANTITY:  | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> ) |
|              |  |                  |            |   |

|              |  |                  |            |   |
|--------------|--|------------------|------------|---|
| DESCRIPTION: | <input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ N/A |                  |            |   |
| REF. NO.     | QUANTITY:  | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> ) |
|              |  |                  |            |   |

|              |  |                  |            |   |
|--------------|--|------------------|------------|---|
| DESCRIPTION: | <input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ N/A |                  |            |   |
| REF. NO.     | QUANTITY:  | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> ) |
|              |  |                  |            |   |

|              |  |                  |            |   |
|--------------|--|------------------|------------|---|
| DESCRIPTION: | <input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ N/A |                  |            |   |
| REF. NO.     | QUANTITY:  | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION ( <i>Quantity times Unit Price</i> ) |
|              |  |                  |            |   |

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

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# 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><br>Buck Town Contractors & Co. | <b>PRINCIPAL ADDRESS</b><br><br>1005 Veterans Memorial Blvd, Kenner, LA 70006     |
| <b>SURETY NAME</b><br><br>SureTec Insurance Company      | <b>SURETY ADDRESS</b><br><br>2103 CityWest Blvd..., Suite 1300, Houston, TX 77042 |
| <b>OBLIGEE NAME</b><br><br>Jefferson Parish              | <b>OBLIGEE ADDRESS</b><br><br>200 Derbigny Street, Gretna, LA 70053               |

## Bond Information

|   |   |  |
|---|---|--|
| <b>BID DATE</b><br><br>07/25/2024   | <b>CONTRACT ID</b><br><br>50-00145392   | <b>CONTRACT VENDOR ID</b><br><br>273042  |
| <b>PROJECT DESCRIPTION</b><br>Bid No. 50-00145392 Carol Sue Avenue Improvements (Right Turn Lane to Behrman Hwy) Project No. 2017-040-RBP |   |  |
| <b>AMOUNT OF BID SECURITY</b><br><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><br>Jack Landry  |   | <b>ATTORNEY-IN-FACT SIGNATURE</b><br> |

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



# SureTec Insurance Company

## LIMITED POWER OF ATTORNEY

SLA0724460054

**Know All Men by These Presents,** That SURETEC INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Texas, and having its principal office in Houston, Harris County, Texas, does by these presents make, constitute and appoint Jack Landry

its true and lawful Attorney-in-fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include waivers to the conditions of contracts and consents of surety for:

**Principal:** Buck Town Contractors & Co

**Obligee:** Jefferson Parish

**Amounts:** See Bond Form

and to bind the Company thereby as fully and to the same extent as if such bond were signed by the President, sealed with the corporate seal of the Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolutions of the Board of Directors of the SureTec Insurance Company:

*Be it Resolved*, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

*Attorney-in-Fact* may be given full power and authority for and in the name of and of behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

*Be it Resolved*, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached. (Adopted at a meeting held on 20<sup>th</sup> of April, 1999.)

**In Witness Whereof**, SURETEC INSURANCE COMPANY has caused these presents to be signed by its President, and its corporate seal to be hereto affixed this 3rd day of February, A.D. 2023.

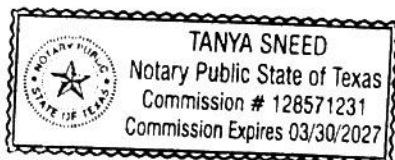


SURETEC INSURANCE COMPANY

By: Michael C. Keimig  
Michael C. Keimig, President

State of Texas                      ss:  
County of Harris

On this 3rd day of February, A.D. 2023 before me personally came Michael C. Keimig, to me known, who, being by me duly sworn, did depose and say, that he resides in Houston, Texas, that he is President of SURETEC INSURANCE COMPANY, the company described in and which executed the above instrument; that he knows the seal of said Company; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said Company; and that he signed his name thereto by like order.



Tanya Sneed  
Tanya Sneed, Notary Public

My commission expires March 30, 2027

I, M. Brent Beaty, Assistant Secretary of SURETEC INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Company, which is still in full force and effect; and furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

Given under my hand and the seal of said Company at Houston, Texas this \_\_\_\_\_ day of 07/24/2024, A.D.

M. Brent Beaty  
M. Brent Beaty, Assistant Secretary

Any instrument issued in excess of the penalty stated above is totally void and without any validity.

For verification of the authority of this power you may call (713) 812-0800 any business day between 8:30 am and 5:00 pm CST.



**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.

---

**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



**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  
he/she is the fully authorized Buck Town  
Vice President of Contractors & Co. (Entity),  
the party who submitted a bid in response to Bid Number 5000145392, 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 25 DAY OF July, 2024.

  
Notary Public

Mary P. Paul  
Printed Name of Notary

135714  
Notary/Bar Roll Number

My commission expires Sept 2025.



BUCKTOW-01

LBURNS

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/7/2023

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

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

PRODUCER  
Insurance Underwriters, Ltd.  
P. O. Box 6738  
Metairie, LA 70009

CONTACT  
NAME:  
PHONE  
(A/C, No, Ext): (504) 883-2500  
E-MAIL  
ADDRESS:

FAX  
(A/C, No): (504) 883-2535

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Bridgefield Casualty Ins. Co.

10335

INSURED

Buck Town Contractors & Co.  
George LeBourgeois  
1005 Veterans Mem. Blvd. Ste. 201  
Kenner,, LA 70062

INSURER B :

INSURER C :

INSURER D :

INSURER E :

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<br>LTR                        | TYPE OF INSURANCE   | ADDL<br>INSD | SUBR<br>WVD          | POLICY NUMBER | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) | LIMITS                                       |
|------------------------------------|---|--------------|----------------------|---------------|----------------------------|----------------------------|--|
| COMMERCIAL GENERAL LIABILITY       |   |              |                      |               |                            |                            | EACH OCCURRENCE \$                           |
|                                    | CLAIMS-MADE   |              | OCCUR                |               |                            |                            | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ |
|                                    |   |              |                      |               |                            |                            | MED EXP (Any one person) \$                  |
|                                    |   |              |                      |               |                            |                            | PERSONAL & ADV INJURY \$                     |
| GEN'L AGGREGATE LIMIT APPLIES PER: |   |              |                      |               |                            |                            | GENERAL AGGREGATE \$                         |
|                                    | POLICY  | PRO-JECT     | LOC                  |               |                            |                            | PRODUCTS - COMPI/OP AGG \$                   |
|                                    | OTHER:  |              |                      |               |                            |                            | \$   |
| AUTOMOBILE LIABILITY               |   |              |                      |               |                            |                            | COMBINED SINGLE LIMIT (Ea accident) \$       |
|                                    | ANY AUTO OWNED AUTOS ONLY   |              | SCHEDULED AUTOS      |               |                            |                            | BODILY INJURY (Per person) \$                |
|                                    | HIRED AUTOS ONLY  |              | NON-OWNED AUTOS ONLY |               |                            |                            | BODILY INJURY (Per accident) \$              |
|                                    |   |              |                      |               |                            |                            | PROPERTY DAMAGE (Per accident) \$            |
|                                    |   |              |                      |               |                            |                            | \$   |
| UMBRELLA LIAB                      |   |              |                      |               |                            |                            | EACH OCCURRENCE \$                           |
|                                    | EXCESS LIAB   |              | CLAIMS-MADE          |               |                            |                            | AGGREGATE \$                                 |
|                                    | DED   |              | RETENTION \$         |               |                            |                            | \$   |
| A                                  | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                               | Y/N          |                      | X 196-39540   | 8/27/2023                  | 8/27/2024                  | PER STATUTE OTH-ER                           |
|                                    | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y            | N/A                  |               |                            |                            | E.L. EACH ACCIDENT \$                        |
|                                    | If yes, describe under DESCRIPTION OF OPERATIONS below                      |              |                      |               |                            |                            | 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)

## CERTIFICATE HOLDER

## CANCELLATION

SAMPLE

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)  
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><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Blanket Additional Insured and<br><input checked="" type="checkbox"/> Waiver of Subrogation by contract<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | Y         |          | PLE658780-03  | 12/31/2023              | 01/31/2025              | EACH OCCURRENCE \$ 1,000,000   |
|          | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000  |           |          |               |                         |                         |                                |
|          | MED EXP (Any one person) \$ 5,000   |           |          |               |                         |                         |                                |
|          | PERSONAL & ADV INJURY \$ 1,000,000  |           |          |               |                         |                         |                                |
|          | <input type="checkbox"/> <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  |           |          |               |                         |                         | GENERAL AGGREGATE \$ 2,000,000 |
|          | PRODUCTS - COM/OP AGG \$ 2,000,000  |           |          |               |                         |                         |                                |
|          | General Agg all Projects \$ 5,000,000   |           |          |               |                         |                         |                                |
|          | COMBINED SINGLE LIMIT (Ea accident) \$  |           |          |               |                         |                         |                                |
| B        | <input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$  | Y         |          | XSE744814-03  | 12/31/2023              | 01/31/2025              | BODILY INJURY (Per person) \$  |
|          | BODILY INJURY (Per accident) \$   |           |          |               |                         |                         |                                |
|          | PROPERTY DAMAGE (Per accident) \$   |           |          |               |                         |                         |                                |
|          | EACH OCCURRENCE \$ 5,000,000  |           |          |               |                         |                         |                                |
|          | <input type="checkbox"/> <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  | N/A       |          |               |                         |                         | AGGREGATE \$ 5,000,000         |
|          | Follows Form Basis \$   |           |          |               |                         |                         |                                |
|          | PER STATUTE OTH-ER  |           |          |               |                         |                         |                                |
|          | 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)

|  |  |
|--|--|
| <b>CERTIFICATE HOLDER</b><br>PROOF OF COVERAGE | <b>CANCELLATION</b><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.

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|   |  |   |
|---|--|---|
| <b>PRODUCER</b><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"/> 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 - COM/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><br><input type="checkbox"/> EXCESS LIAB<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   |

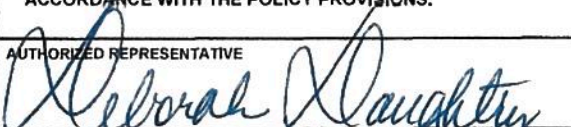
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER**

**PROOF OF COVERAGE**

**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  


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