



ST JOHN THE BAPTIST PARI
ELIANA DEFRANCESCH Clerk of Court
I certify that this is a true copy of the
original filing that was recorded on:
01/23/2019 9:42AM
363353- MO

Deputy Clerk *[Signature]* #82951

CONTRACT FORM
FOR
SHELL POTABLE WATER LINE
ST. JOHN THE BAPTIST PARISH, LOUISIANA

THIS AGREEMENT, made this 11th day of December, 2018 at the St. John the Baptist Parish Government, State of Louisiana by and between St. John the Baptist Parish, Louisiana, hereinafter called "Owner" and LA Contracting Enterprise, LLC, hereinafter called the "Contractor."

WITNESSETH THAT, the Owner and Contractor do mutually agree as follows:

1. In consideration of the price for the work herein specified in the bid proposal to be paid by the Owner to the Contractor at the time and in a manner hereinafter provided, the Contractor does hereby agree to construct complete in every detail as follows:

SHELL POTABLE WATER LINE
ST. JOHN THE BAPTIST PARISH, LOUISIANA

in compliance with the Advertisement of Bids, Proposal Form, Contract, Performance Bond, General Conditions, Specifications, Plans, and such Addenda thereto as may be issued prior to execution of this Contract, all in a thorough and workmanlike manner.

2. This price shall include the cost and expense to furnish all materials, supplies, machinery, equipment, tools, superintendence, labor, insurance, transportation, and other accessories and services necessary to complete this project, in accordance with the Contract Documents.
3. The Contractor shall commence work under this Contract within **ten (10) days** from the date of the written "Notice to Proceed" issued by the Owner. The Contractor shall complete all work under the Contract within **Ninety (90) calendar days** from the date of the "Notice to Proceed." The Owner has determined, and the Contractor agrees, that the liquidated damages for a delay in completion of this Contract will be **Five Hundred Dollars (\$500.00)** per calendar day in excess of the stated time of completion.
4. That upon satisfactory completion of the work and approval by the Engineer, the Owner will issue a written acceptance of the work to the Contractor, who will immediately thereafter file same with the Recorder of Mortgages in St. John the Baptist Parish.

CONTRACT FORM
FOR
SHELL POTABLE WATER LINE
ST. JOHN THE BAPTIST PARISH, LOUISIANA

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WITNESSETH THAT, the Owner and Contractor do mutually agree as follows:

1. In consideration of the price for the work herein specified in the bid proposal to be paid by the Owner to the Contractor at the time and in a manner hereinafter provided, the Contractor does hereby agree to construct complete in every detail as follows:

SHELL POTABLE WATER LINE
ST. JOHN THE BAPTIST PARISH, LOUISIANA

in compliance with the Advertisement of Bids, Proposal Form, Contract, Performance Bond, General Conditions, Specifications, Plans, and such Addenda thereto as may be issued prior to execution of this Contract, all in a thorough and workmanlike manner.

2. This price shall include the cost and expense to furnish all materials, supplies, machinery, equipment, tools, superintendence, labor, insurance, transportation, and other accessories and services necessary to complete this project, in accordance with the Contract Documents.
3. The Contractor shall commence work under this Contract within **ten (10) days** from the date of the written "Notice to Proceed" issued by the Owner. The Contractor shall complete all work under the Contract within **Ninety (90) calendar days** from the date of the "Notice to Proceed." The Owner has determined, and the Contractor agrees, that the liquidated damages for a delay in completion of this Contract will be **Five Hundred Dollars (\$500.00)** per calendar day in excess of the stated time of completion.
4. That upon satisfactory completion of the work and approval by the Engineer, the Owner will issue a written acceptance of the work to the Contractor, who will immediately thereafter file same with the Recorder of Mortgages in St. John the Baptist Parish.

5. A retainage of ten percent (10%) shall be withheld from each progress payment. Upon successful clearance of the lien, the Contractor shall submit a final invoice, with the clear lien certificate, for payment by the Owner in accordance with invoice payment procedures outlined in Article 14.13 Final Payment. The retainage amount for contracts \$500,000.00 or less shall be five percent (5%).
6. The Owner agrees to pay the Contractor for the performance of the Contract as provided in the Specifications, and to make monthly payments on account thereof provided in the General Conditions. The contract amount, as presented in bid by Contractor, is \$ 239,670.00.
7. Owner and Contractor specifically agree and declare that Owner shall be deemed and considered the statutory employer of Contractor's employees.

8. **HOLD HARMLESS, DEFEND AND INDEMNIFICATION AGREEMENT**

LA Contracting Enterprise, LLC agrees to save and hold harmless, protect, defend, and indemnify St. John the Baptist Parish, Louisiana, its officers, agents, employees and volunteers, from and against any and all claims, demands, expenses and liability arising out of injury or death to any person or the damage, loss or destruction of any property which may occur or in any way grow out of any act or omission of LA Contracting Enterprise, LLC, its agents, servants and employees, or any and all costs, expenses and/or attorney fees incurred by St. John the Baptist Parish as a result of any claim, demands, and/or causes of action, except those claims, demands, and/or causes of action arising out of the negligence of St. John the Baptist Parish, Louisiana, its agents, representatives, employees and volunteers. LA Contracting Enterprise, LLC agrees to investigate, handle, respond to, provide defense for and defend any such claims, demands or suits at its sole expense and agrees to bear all other costs and expenses related thereto, even if the claim, demand or suit is groundless, false or fraudulent.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed in **three (3)** original counterparts on the day and year first hereinabove written.

WITNESSES:

James Landry
Amee Bobbt

LA Contracting Enterprise, LLC
 Contractor

[Signature]
 Signature

Jeremy Landry
 Printed Name

Member
 Title

WITNESSES:

[Signature]
Deanna Schenmyder

ST. JOHN THE BAPTIST PARISH

Owner

Natalie Robottom
 Signature

Natalie Robottom
 Printed Name

Parish President
 Title

PERFORMANCE AND PAYMENT BOND

KNOW ALL MEN BY THESE PRESENTS: That we (1) *

LA Contracting Enterprise, LLC and (2) *

N/A hereinafter called "Principal" and (3) *

U.S. Specialty Insurance Company a Surety Company
authorized to do and doing business in the State of Louisiana, hereinafter called
"Surety" are held and firmly bound unto St. John the Baptist Parish, Louisiana,
hereinafter called "Owner" in penal sums of

Two hundred thirty-nine thousand six hundred seventy dollars and zero cents dollars
(\$ 239,670.00) Performance Bond and Two hundred thirty-nine thousand six hundred dollars
seventy dollars and zero cents

(\$ 239,670.00) Payment Bond in lawful money of the United States, for the payment of
which sum well and truly to be made, we bind ourselves, our heirs, executors,
administrators, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION is such that, whereas, the Principal entered
into a certain contract with the Owner dated the 1st day of December,
2018, a copy of which is hereto attached and made a part hereof for the furnishing of:

SHELL POTABLE WATER LINE
ST. JOHN THE BAPTIST PARISH, LOUISIANA

NOW, THEREFORE, if the Principal shall well, truly and faithfully perform its duties, all
the undertakings, covenants, terms, conditions and agreements of said contract during
the original term thereof which may be granted by the owner, with or without notice to
the Surety, and if he shall satisfy all claims and demands incurred under such contract,
and shall fully indemnify and save harmless the Owner from all costs and damages
which it may suffer by reason of failure to do so, and shall reimburse and repay the
Owner all outlay and expense which the Owner may incur in making good any default,
and shall promptly make payment to all persons, firms, subcontractors, and
corporations furnishing materials for or performing labor in the prosecution of the work
provided for in such contract, and any authorized extension or modification thereof,
including all amounts due for materials, lubricants, oil, gasoline, coal and coke, repairs
on machinery, equipment, and tools, consumed or used in connection with the
prosecution of such work, and all insurance premiums on said work whether by
subcontractor or otherwise, then this obligation shall be void; otherwise to remain in full
force and effect.

PROVIDED, FURTHER, that the said Surety, for value received hereby stipulates and
agrees that no change, extension of time, alterations or addition to the terms of the
contract or to the work to be performed thereunder or the specifications accompanying
the same shall in anywise affect its obligation on this bond, and it does hereby waive

notice of any such change, extension of time, alteration or addition to the terms of the contract or to the work of the Specifications.

PROVIDED, FURTHER, that no final settlement between the Owner and the Contractor shall abridge the right of any beneficiary hereunder, whose claim may be unsatisfied.

IN WITNESS WHEREOF, this instrument is execute in **three (3)** originals each one of which shall be deemed an original, this the 11th day of December, 2018.

ATTEST: *Amie Landry*
(Principal Secretary)

LA Contracting Enterprise, LLC
Principal

BY: *[Signature]*
P.O. Box 5178

Thibodaux, LA 70302
Address

Amie Bobotte
Witness as to Principal
P.O. Box 5178 Thibodaux, LA 70302
Address

ATTEST: *[Signature]*
(Surety) Secretary

(SEAL)

U.S. Specialty Insurance Company
Surety

[Signature]
Witness as to Surety
111 Veterans Blvd., Suite 1130 Metairie, LA 70005
Address

BY: *[Signature]*
Attorney-in-Fact Kathleen L. Berni, Attorney-in-Fact
13403 Northwest Freeway Houston, TX 77040
Address

NOTE: DATE OF BOND MUST NOT BE PRIOR TO DATE OF THIS AGREEMENT.

- * 1. Correct name of Contractor.
- * 2. A Corporation, a partnership, or an Individual, as case may be.
- * 3. Correct name of Surety.

POWER OF ATTORNEY

**AMERICAN CONTRACTORS INDEMNITY COMPANY TEXAS BONDING COMPANY
UNITED STATES SURETY COMPANY U.S. SPECIALTY INSURANCE COMPANY**

KNOW ALL MEN BY THESE PRESENTS: That American Contractors Indemnity Company, a California corporation, Texas Bonding Company, an assumed name of American Contractors Indemnity Company, United States Surety Company, a Maryland corporation and U.S. Specialty Insurance Company, a Texas corporation (collectively, the "Companies"), do by these presents make, constitute and appoint:

George V. Baus, Jr., Gregory R. Weston, Kathleen L. Berni, Edward J. Murphy III., James J. Lynch III

its true and lawful Attorney(s)-in-fact, each in their separate capacity if more than one is named above, 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 riders, amendments, and consents of surety, providing the bond penalty does not exceed** *****Unlimited***** Dollars (\$ *****unlimited*****).

This Power of Attorney shall expire without further action on November 3, 2019. This Power of Attorney is granted under and by authority of the following resolutions adopted by the Boards of Directors of the Companies:

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:

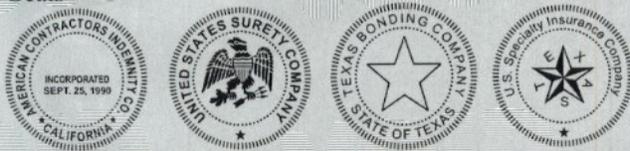
Attorney-in-Fact may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings, including any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts, 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.

IN WITNESS WHEREOF, The Companies have caused this instrument to be signed and their corporate seals to be hereto affixed, this 1st day of November, 2016.

**AMERICAN CONTRACTORS INDEMNITY COMPANY TEXAS BONDING COMPANY
UNITED STATES SURETY COMPANY U.S. SPECIALTY INSURANCE COMPANY**

Corporate Seals



By:

[Signature]
Daniel P. Aguilar, Vice President

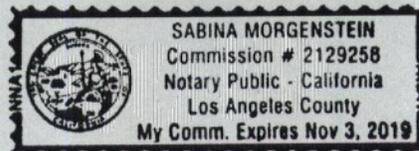
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Los Angeles SS:

On this 1st day of November, 2016, before me, Sabina Morgenstein, a notary public, personally appeared Daniel P. Aguilar, Vice President of American Contractors Indemnity Company, Texas Bonding Company, United States Surety Company and U.S. Specialty Insurance Company who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.
WITNESS my hand and official seal.

Signature *[Signature]* (Seal)



I, Kio Lo, Assistant Secretary of American Contractors Indemnity Company, Texas Bonding Company, United States Surety Company and U.S. Specialty Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Companies, which is still in full force and effect; furthermore, the resolutions of the Boards of Directors, set out in the Power of Attorney are in full force and effect.

In Witness Whereof, I have hereunto set my hand and affixed the seals of said Companies at Los Angeles, California this _____ day of _____, _____.

Corporate Seals



[Signature]

Kio Lo, Assistant Secretary

Bond No. _____
Agency No. 16832

Additional Named Insureds

Other Named Insureds

JPL Construction LLC

Additional Named Insured

Landco Enterprise LLC

Limited Liability Company, Additional Named Insured

COMMENTS/REMARKS

GL Endorsements Include:

Blanket Additional Insured where required by written contract- Form#CGD2460805
Blanket Waiver of Subrogation where required by written contract.
Primary & Non-Contributory Wording
Contractual Liability
XCU Coverage
Designated Projects General Aggregate Limit
30 Day Notice of Cancellation to Certificate holders.
Independent Contractors

Auto Endorsements Included:

Blanket Additional Insured where required by written contract.
Blanket Waiver of Subrogation where required by written contract.
Primary & Non-Contributory Wording
Blanket Loss Payee

WC policy includes Blanket Waiver of Subrogation endorsement when required by written contract

Excess Policy is follow form coverage above the Auto and GL policies.

See attached addendum for additional coverages All policies will provide thirty (30) days notice of cancellation, (except ten (10) days for non-payment of premium), as well as changes to the policy, only to the first named insured. We are diligently working to resolve this global issue with the carriers, whereby specifically named additional insureds will be afforded cancellation notification also.

The Certificate of Insurance to which this addendum is a part of does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon. If any provisions of this addendum conflicts in whole or in part with the terms of the insurance policy(ies), then the provisions of the insurance policy(ies) will prevail



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/19/2018

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

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

PRODUCER Laris Insurance Agency, LLC 810 Crescent Ave. P.O. Box 559 Lockport LA 70374		CONTACT NAME: Allison Lovell PHONE (A/C, No, Ext): (985) 532-5576 FAX (A/C, No): (985) 532-5001 E-MAIL ADDRESS: allison.lovell@larisinsurance.com	
INSURED LA Contracting Enterprise, LLC P.O. Box 5178 THIBODAUX LA 70302		INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Indemnity Company INSURER B: St. Paul Surplus Lines INSURER C: LCTA Casualty Insurance Company INSURER D: INSURER E: INSURER F:	
		NAIC # 0147	

COVERAGES **CERTIFICATE NUMBER:** 2018-01 **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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			CO4F156972 AM Best Rating: A++ XV	1/1/2018	1/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			BA4F156972 AM Best Rating: A++ XV	1/1/2018	1/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE			CUP0K114682 AM Best Rating: A++ XV	1/1/2018	1/1/2019	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N Y N/A	001000021853117	1/1/2018	1/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Pollution Liability			16N07485	1/1/2018	1/1/2019	Each Occurrence 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
St. John the Baptist Parish - Shell Potable Water Line project
Please see attached addendum for additional coverages

CERTIFICATE HOLDER St. John the Baptist Parish 1801 W. Airline Hwy LaPlace, LA 70068	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 Ross Laris/KRISTI
--	---

Additional Named Insureds

Other Named Insureds

JPL Construction LLC

Additional Named Insured

Landco Enterprise LLC

Limited Liability Company, Additional Named Insured

COMMENTS/REMARKS

GL Endorsements Include:

Blanket Additional Insured where required by written contract- Form#CGD2460805
Blanket Waiver of Subrogation where required by written contract.
Primary & Non-Contributory Wording
Contractual Liability
XCU Coverage
Designated Projects General Aggregate Limit
30 Day Notice of Cancellation to Certificate holders.
Independent Contractors

Auto Endorsements Included:

Blanket Additional Insured where required by written contract.
Blanket Waiver of Subrogation where required by written contract.
Primary & Non-Contributory Wording
Blanket Loss Payee

WC policy includes Blanket Waiver of Subrogation endorsement when required by written contract

Excess Policy is follow form coverage above the Auto and GL policies.

See attached addendum for additional coverages All policies will provide thirty (30) days notice of cancellation, (except ten (10) days for non-payment of premium), as well as changes to the policy, only to the first named insured. We are diligently working to resolve this global issue with the carriers, whereby specifically named additional insureds will be afforded cancellation notification also.

The Certificate of Insurance to which this addendum is a part of does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon. If any provisions of this addendum conflicts in whole or in part with the terms of the insurance policy(ies), then the provisions of the insurance policy(ies) will prevail



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/19/2018

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

PRODUCER Laris Insurance Agency, LLC 810 Crescent Ave. P.O. Box 559 Lockport LA 70374		CONTACT NAME: Allison Lovell PHONE (A/C, No, Ext): (985) 532-5576 FAX (A/C, No): (985) 532-5001 E-MAIL ADDRESS: allison.lovell@larisinsurance.com	
INSURED St. John the Baptist Parish 1801 W. Airline Hwy LaPlace LA 70068		INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Indemnity Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** OCP **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			PRS4G451760	12/19/2018	4/19/2019	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input checked="" type="checkbox"/> Owners & Contractors						MED EXP (Any one person) \$
	<input type="checkbox"/> Protective						PERSONAL & ADV INJURY \$
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COM/OP AGG \$
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	DED	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)
Shell Potable Water Line project

CERTIFICATE HOLDER**CANCELLATION**

LA Contracting Enterprise, LLC 1645 Saint Patrick St. Thibodaux, LA 70301	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 Ross Laris/ALLISO
---	--

Ross Laris
of Laris Ins. Agency, LLC



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/19/2018

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PRODUCER Laris Insurance Agency, LLC 810 Crescent Ave. P.O. Box 559 Lockport LA 70374		CONTACT NAME: Allison Lovell PHONE (A/C, No, Ext): (985) 532-5576 FAX (A/C, No): (985) 532-5001 E-MAIL ADDRESS: allison.lovell@larisinsurance.com	
INSURED St. John the Baptist Parish 1801 W. Airline Hwy LaPlace LA 70068		INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Indemnity Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: OCP 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			PRS4G451760	12/19/2018	4/19/2019	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input checked="" type="checkbox"/> Owners & Contractors						MED EXP (Any one person) \$
	<input type="checkbox"/> Protective						PERSONAL & ADV INJURY \$
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMPI/OP AGG \$
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	EXCESS LIAB						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)
Shell Potable Water Line project

CERTIFICATE HOLDER**CANCELLATION**

NY Associates, Inc. 2750 Lake Villa Drive Metairie, LA 70002	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 Ross Laris/ALLISO
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ST. JOHN THE BAPTIST PARISH COUNCIL

1805 West Airline Hwy.
LaPlace, Louisiana 70068
Office 985-652-1702
Fax 985-652-1700

December 12th, 2018

Division A
Larry Sorapuru, Jr.
502 Hwy. 18 River Road
Edgard, LA 70049
Cell 504-218-9049

Natalie Robottom, Parish President
ST. JOHN THE BAPTIST PARISH
1801 W. Airline Hwy.
LaPlace, LA 70068

Division B
Jaclyn S. Hotard
1805 W. Airline Hwy.
LaPlace, LA 70068
Office 985-652-1702

Dear Mrs. Robottom:

District I
Kurt Becnel
5605 Hwy. 18 River Road
Town of Wallace
Vacherie, LA 70090
Cell 504-330-6338

Please be advised of the following motion, which the St. John the Baptist Parish Council adopted at a meeting held on Tuesday, December 11th, 2018.

District II
Julia Remondet
1805 W. Airline Hwy.
LaPlace, LA 70068
Cell 504-330-7739

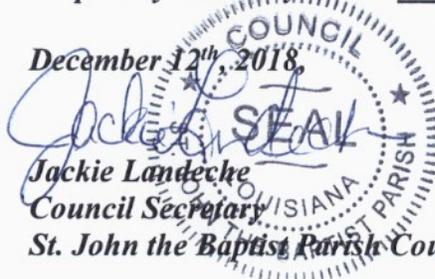
“Councilman Perrilloux moved and Councilwoman Remondet Seconded the motion to grant administration authorization to award the bid for construction of the Shell Potable Water Line Project to LA Contracting Enterprises, LLC. The motion passed with Councilmen Sorapuru and Wright absent.”

District III
Lennix Madere, Jr.
P.O. Box 2617
Reserve, LA 70084
Cell 985-379-6188

CERTIFICATION

I, Jackie Landeche, Secretary of the St. John the Baptist Parish Council do hereby certify that the above is a true and correct copy of a motion adopted by said body on the 11th day of December, 2018.

District IV
Marvin Perrilloux
2108 Golfview
LaPlace, LA 70068
Cell 985-379-6168

December 12th, 2018.

Jackie Landeche
Council Secretary
St. John the Baptist Parish Council

District V
Michael P. Wright
1805 W. Airline Hwy.
LaPlace, LA 70068
Cell 504-717-3936

District VI
Larry Snyder
1936 Cambridge Drive
LaPlace, LA 70068
Cell 985-379-6061

District VII
Thomas Malik
1805 W. Airline Hwy.
LaPlace, LA 70068
Cell 504-402-0302