

**ATTACHMENT III  
LOUISIANA UNIFORM PUBLIC WORK BID FORM**

**TO: Regional Transit Authority**  
ATTN: Procurement Department  
2817 Canal Blvd.  
New Orleans, LA 70119  
*(Owner to provide name and address of owner)*

**BID FOR: Dry Dock Maintenance**  
**IFB No. 2024-014**

*(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: Regional Transit Authority and dated: April 1, 2024.

*(Owner to provide name of entity preparing bidding documents.)*

Bidders must acknowledge all addenda. The Bidder acknowledges receipt of the following ADDENDA:

No. I Dated: 4/08/2024      No. II Dated: 4/16/2024      No.      Dated:     

**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:

One Million, Six hundred Thousand Twenty One, Four Hundred Thirty Six Dollars      Dollars (\$ \$1,621,436.00 )

**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:

\_\_\_\_\_ Dollars (\$ \_\_\_\_\_)

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

\_\_\_\_\_ Dollars (\$ \_\_\_\_\_)

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

\_\_\_\_\_ Dollars (\$ \_\_\_\_\_)

**NAME OF BIDDER:** Bollinger Quick Repair, L.L.C.

**ADDRESS OF BIDDER:** 615 Destrehan Ave., Harvey, LA 70058

**LOUISIANA CONTRACTOR'S LICENSE NUMBER OR TAX IDENTIFICATION NUMBER:** 40669/47-1703961

**NAME OF AUTHORIZED SIGNATORY OF BIDDER:** Andrew St. Germaln

**TITLE OF AUTHORIZED SIGNATORY OF BIDDER:** Executive Vice-President, CFO & Certifying Official

**SIGNATURE OF AUTHORIZED SIGNATORY OF BIDDER \*\*:** 

**DATE:** 4/24/24

\* The Unit Price Form shall be used if the contract includes unit prices. Otherwise it is not required and need not be included with the form. The number of unit prices that may be included is not limited and additional sheets may be included if needed.  
\*\* If someone other than a corporate officer signs for the Bidder/Contractor, a copy of a corporate resolution or other signature authorization shall be required for submission of bid. Failure to include a copy of the appropriate signature authorization, if required, may result in the rejection of the bid unless bidder has complied with La. R.S. 38:2212(A) (1) (c) or RS 38:2212(O).

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

**TO:** Regional Transit Authority  
2817 Canal St.  
New Orleans, LA 70119

**BID FOR: IFB #2024-014**  
Dry Dock Maintenance

**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.# ____			
REF. NO.	QUANTITY	UNIT OF MEASURE	UNIT PRICE	UNIT PRICE EXTENSION <i>(Quantity times Unit Price)</i>
Total Cost of Ferry Services	1	each	\$1,621,436.00	\$1,621,436.00

## PARTICIPANT INFORMATION FORM

All offerors are required to submit the information contained on this form. This information is a condition of submitting an offer to the RTA. Offerors must insure that ALL sub-contractors, sub-contractors or others at all tiers, which are proposed to be used or used under any agreement issued by RTA have submitted an executed copy of this form. RTA is required to maintain this information by the Federal Transit Administration and it is not subject to waiver.

Firm Name Bollinger Quick Repair, L.L.C.

Firm Address 615 Destrehan Ave., Harvey, LA 70058

Telephone Number 504-340-0621

Fax Number N/A

E-Mail Address warrend@bollingershipyards.com

Firm's status as Disadvantaged Business Enterprise (DBE) or Non-DBE Non-DBE

Age of the firm 31 (Est. 1993)

Annual gross receipts of the firm \$15,000,000

Prime or Sub-Contractor Prime

NAICS code (s) 336611

I certify to the best of my knowledge that the above information is true and correct:

Signature 

Title Executive Vice-President, CFO & Certifying Official

Date 04/17/2024

RTA Project No. IFB 2024-014

**FAILURE TO PROVIDE AN EXECUTED COPY OF THIS FORM AS STIPULATED HEREIN MAY PRECLUDE YOUR OFFER FROM CONSIDERATION FOR AWARD.**

NON-COLLUSION AFFIDAVIT

STATE OF LOUISIANA

PARISH OF LAFOURCHE

Andrew St. Germain, being first duly sworn, deposes and says that:

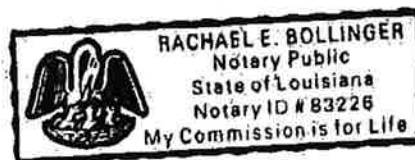
- (1) He is (Owner) (Partner) (Officer) (Representative) or (Agent), of Bollinger Quick Repair, L.L.C., the Contractor that has submitted the attached bid;
- (2) Such Bid is genuine and is not a collusive or sham Bid.
- (3) The attached bid is not made in the interest of or on behalf of any undisclosed person, partnership, company association, organization or corporation; that such bid is genuine and not collusive or sham; that said bidder has not, directly or indirectly, induced or solicited any other bidder to put in a false or sham bid, and has not, directly or indirectly colluded, conspired, connived or agreed with any bidder or anyone else to put on a sham bid, or refrain from bidding; that said bidder has not in any manner, directly or indirectly, sought by agreement, communication or conference with anyone to fix the bid price of said bidder or any other bidder, or to fix any overhead, profit, or cost element of such bid price or that of any other bidder, or to secure any advantage against RTA or anyone interested in the proposed contract; that all statements contained in such bid are true; that said bidder has not, directly or indirectly, submitted his bid price or any breakdown thereof or the contents thereof, or divulged information or data relative thereto, or paid or agreed to pay, directly or indirectly, any money or other valuable consideration for assistance or aid rendered or to be rendered in procuring or attempting to procure the contract above referred to, to any corporation, partnership, company, association, organization or to any member or agent thereof, or to any other individual; and further that said bidder will not pay or agree to pay directly or indirectly, any money or other valuable consideration to any corporation, partnership, company, association, organization or to any member or agent thereof, or to any individual, for aid or assistance in securing contract above referred to in the event the same is awarded to said bidder.

Signed: 

Title: EVP, CFO & Certifying Official

Sworn to me and subscribed in my presence this 17th day of April, 2024, A.D.,

  
NOTARY PUBLIC



CERTIFICATION OF RESTRICTIONS ON LOBBYING

I, Andrew St. Germain hereby certify on  
(Name and Title of Offeror Official)

behalf of Bollinger Quick Repair, L.L.C. that:  
(Name of Offeror)

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation renewal, amendment, or modification of any Federal contract, grant, loan or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance is placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Executed this 17th day of April, 2024.

BY Andrew St. Germain

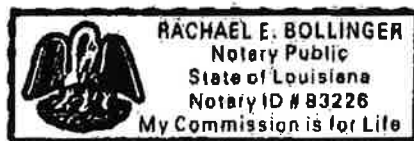
Witnesses: [Signature]  
(Signature of Authorized Official)

Executive Vice-President, CFO & Certifying Official  
(Title of Authorized Official)

Sworn to and subscribed before me on this 17 day of April, 2024.

Notary Public In and For Lafourche Parish/County

State of Louisiana



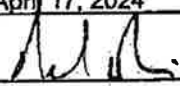
**CERTIFICATION REGARDING DEBARMENT  
SUSPENSION, INELIGIBILITY AND VOLUNTARY  
EXCLUSION - LOWER TIER COVERED TRANSACTION**

- 1. The prospective lower tier participant certifies, by submission of this offer, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.**
- 2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participants shall attach an explanation to this offer.**
- 3. The Lower-Tier participant (Potential Contractor under a major Third Party Contract), certifies or affirms the truthfulness and accuracy of the contents of the statements submitted on or with this certification and understands that the provisions of 31 U.S.C., 3801 ET SEQ are applicable thereto.**

**COMPANY** Bollinger Qulok Repair, L.L.C.

**ADDRESS** 615 Destrehan Ave., Harvey, LA 70058

**DATE** April 17, 2024

  
Andrew St. Germain, EVP, CFO & Certifying Official  
**Signature of Offeror's Authorized Representative**

**CERTIFICATION ON PRIMARY PARTICIPANT  
REGARDING DEBARMENT, SUSPENSION, AND  
OTHER RESPONSIBILITY MATTERS**

The Primary Participant (Potential Contractor for a major third party contract), certifies to the best of its knowledge and belief, that it and its principles:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
2. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, State, or local) transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (2) of this certification; and
4. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

(If the primary participant is unable to certify to any of the statements in this certification, the participants shall attach an explanation to this certification.)

**THE PRIMARY PARTICIPANT, (POTENTIAL CONTRACTOR FOR A MAJOR THIRD PARTY CONTRACT, CERTIFIES OR AFFIRMS THAT TRUTHFULNESS AND ACCURACY OF THE CONTENTS OF THE STATEMENTS SUBMITTED ON OR WITH THIS CERTIFICATION AND UNDERSTANDS THAT THE PROVISIONS OF 31 U.S.C. SECTION 3801 ET SEQ ARE APPLICABLE HERETO.**

**COMPANY** Bollinger Quick Repair, L.L.C.

**ADDRESS** 615 Destrehan Ave., Harvey, LA 70058

**DATE** April 17, 2024

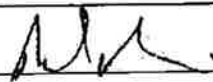
  
Andrew St. Germain  
**Signature of Offeror's Authorized Representative**

**BUY AMERICA**

**CERTIFICATE OF COMPLIANCE WITH SECTION 165(a)**

The bidder or proposer hereby certifies that it will comply with the requirements of section 165(a) of the Surface Transportation Assistance Act of 1982, as amended, and the applicable regulations in 49 CFR part 661.

Date April 17, 2024

Signature 

Company Name Bollinger Quick Repair, L.L.C.

Title EVP, CFO & Certifying Official

RTA Project No. IFB 2024-014





# CERTIFICATE OF MARINE / ENERGY INSURANCE

DATE (MM/DD/YYYY)  
4/17/2024

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> Arthur J. Gallagher Risk Management Services, LLC 111 Veterans Boulevard Suite 1300 Metairie LA 70005	<b>CONTACT NAME:</b> Kristen Anderson <b>PHONE (A/C, No, Ext):</b> 504-888-1100 <b>FAX (A/C, No):</b> 504-888-1299 <b>E-MAIL ADDRESS:</b> Kristen_Anderson@ajg.com <b>PRODUCER CUSTOMER ID #:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Bollinger Quick Repair, LLC 615 Destrehan Avenue Harvey, LA 70058	<b>INSURER A:</b> Louisiana Workers' Compensation Co	NAIC # 22350
	<b>INSURER B:</b> Underwriters at Lloyd's, London	32727
	<b>INSURER C:</b> Underwriters at Lloyd's London	15792
	<b>INSURER D:</b> American Longshore Mutual Insurance Co	
	<b>INSURER E:</b> Accredited Surety and Casualty Co, Inc	26379
	<b>INSURER F:</b> Certain Underwriters at Lloyd's London	

### COVERAGES CERTIFICATE NUMBER: 1841797392 REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSD / WVD	POLICY NUMBER	POLICY PERIOD (MM/DD/YYYY)	POLICY PERIOD (MM/DD/YYYY)	LIMITS
B	HULL AND MACHINERY  <input type="checkbox"/> COLLISION LIABILITY <input type="checkbox"/> TOWERS LIABILITY		SM0261324	2/20/2024	2/15/2025	<input checked="" type="checkbox"/> PER SCHEDULE ON FILE <input type="checkbox"/> INSURED VALUE \$ <input type="checkbox"/> COLLISION (Ea occurrence) \$ <input type="checkbox"/> TOWERS (Ea occurrence) \$ <input type="checkbox"/> \$
B	PROTECTION AND INDEMNITY <input checked="" type="checkbox"/> CREW LIABILITY <input checked="" type="checkbox"/> JONES ACT <input checked="" type="checkbox"/> COLLISION LIABILITY <input type="checkbox"/> TOWERS LIABILITY <input checked="" type="checkbox"/> REMOVAL OF WRECK <input checked="" type="checkbox"/> IN REM		20979082	2/20/2024	2/20/2025	<input checked="" type="checkbox"/> PER CLUB RULES <input checked="" type="checkbox"/> EA OCCURRENCE PER VESSEL, CSL \$ 50,000,000 <input type="checkbox"/> COLLISION (Ea occ), CSL \$ <input type="checkbox"/> TOWERS (Ea occ), CSL \$ <input type="checkbox"/> REMOVAL OF WRECK (Ea occurrence) \$ <input type="checkbox"/> \$ <input type="checkbox"/> \$ <input type="checkbox"/> \$
E	POLLUTION LIABILITY <input checked="" type="checkbox"/> OPA 90 <input checked="" type="checkbox"/> CERCLA <input type="checkbox"/> NON-OPA / NON-CERCLA			2/20/2024	2/20/2025	<input type="checkbox"/> EA OCCURRENCE \$ 5,000,000 <input type="checkbox"/> \$ <input type="checkbox"/> \$ <input type="checkbox"/> \$
D	MARITIME EMPLOYERS LIABILITY <input type="checkbox"/> ALTERED EMPLOYER INCLUDES <input type="checkbox"/> CREW <input type="checkbox"/> PASSENGERS <input type="checkbox"/> JONES ACT <input type="checkbox"/> DEATH ON THE HIGH SEAS <input type="checkbox"/> IN REM ENDORSEMENT	N/A	ME903935-01	10/1/2023	10/1/2024	<input type="checkbox"/> ANY ONE PERSON \$ 1,000,000 <input type="checkbox"/> ANY ONE ACCIDENT \$ 1,000,000 <input type="checkbox"/> \$ <input type="checkbox"/> \$ <input type="checkbox"/> \$ <input type="checkbox"/> \$ <input type="checkbox"/> \$ <input type="checkbox"/> \$

<b>CERTIFICATE HOLDER</b>  New Orleans Regional Transit Authority Ferry Service SAMPLE	<b>CANCELLATION</b>  SHOULD ANY OF THE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

COVERAGES

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			SM0694724	2/20/2024	2/20/2025	EACH OCCURRENCE	\$ 1,000,000			
	<input checked="" type="checkbox"/> MARINE GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000			
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000			
	<input checked="" type="checkbox"/> Ship Repairers						PERSONAL & ADV INJURY	\$ 1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000			
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS-COMP / OP AGG	\$ 1,000,000			
	OTHER:							\$			
								\$			
								\$			
								\$			
A C	AUTOMOBILE LIABILITY			82684B WCE92232501	9/30/2023 10/1/2023	9/30/2024 10/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$			
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per person)	\$			
							BODILY INJURY (Per accident)	\$			
							PROPERTY DAMAGE (Per accident)	\$			
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	Y/N	N/A				<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER			E.L. (Ea accident)	\$ 1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>								E.L. Disability - Employees	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. Disability - Per person limit	\$ 1,000,000
	<input type="checkbox"/> ALTERNATE EMPLOYER										\$
	<input type="checkbox"/> USL&H ENDORSEMENT										\$
	<input type="checkbox"/> MARITIME EMPLOYERS LIABILITY										\$
<input type="checkbox"/> OCSL ACT							\$				
D	U.S. LONGSHORE & HARBOR WORKERS COMPENSATION ACT		N/A	ALMA-092722-035255-01	10/1/2023	10/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER				
	<input type="checkbox"/> ALTERNATE EMPLOYER						E.L. (Ea accident)	\$ 1,000,000			
	<input type="checkbox"/> MARITIME EMPLOYERS LIABILITY						E.L. DISEASE (Ea employee)	\$ 1,000,000			
	<input type="checkbox"/> OCSL ACT						E.L. DISEASE - ANN AGG	\$ 1,000,000			
								\$			
								\$			
								\$			
								\$			
								\$			
								\$			
F	UMBRELLA / EXCESS LIAB / BUMBERSHOOT			SM0087424	2/20/2024	2/20/2025	EACH OCCURRENCE	\$ See attached			
	<input type="checkbox"/> UMBRELLA <input checked="" type="checkbox"/> BUMBERSHOOT						AGGREGATE	\$ See attached			
	<input type="checkbox"/> EXCESS							\$			
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR							\$			
	DED <input type="checkbox"/> RETENTION \$							\$			
	ENERGY CONTROL OF WELL / OPERATORS EXTRA EXPENSE							\$			
	<input type="checkbox"/> CARE, CUSTODY AND CONTROL (CCC)							\$			
	OFFSHORE OIL AND GAS PROPERTY							\$			
	<input type="checkbox"/> PLATFORMS							\$			
	<input type="checkbox"/> PIPELINE							\$			
ONSHORE OIL AND GAS LIABILITY				\$							
<input type="checkbox"/> OIL & GAS PROPERTY				\$							
<input type="checkbox"/> CONTRACTORS EQUIPMENT				\$							
NAMED WINDSTORM				\$							
<input type="checkbox"/> CCC <input type="checkbox"/> OFF-SHORE <input type="checkbox"/> ON-SHORE				\$							
VESSEL(S):							AS PER ATTACHED SCHEDULE	AS DETAILED IN THE DESCRIPTION OF OPERATIONS			
DESCRIPTION OF OPERATIONS / LOCATIONS (ACORD 101, Additional Remarks Schedule, may be attached, if more space is required)											
See Attached...											



**ADDITIONAL REMARKS SCHEDULE**

AGENCY Arthur J. Gallagher Risk Management Services, LLC		NAMED INSURED Bollinger Quick Repair, LLC 615 Destrehan Avenue Harvey, LA 70058	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 31 FORM TITLE: CERTIFICATE OF MARINE / ENERGY INSURANCE**

**ADDENDUM TO CERTIFICATE OF INSURANCE**

**Hull & Machinery**  
Limits: As Scheduled  
Forms: American Institute Hull Clauses (6/2/77), as amended excluding Collision Liability, Drydock wording 107, Agreed to include Vessel Schedule.

**Protection & Indemnity**  
Forms: SKULD Mutual P&I Association Rules and Statutes including Collision Liability, Crew, Cargo Legal Liability, Marine Contractual, Removal of Wreck all pursuant to and subject to the policy terms, definitions, conditions and exclusions.

**Marine General Liability**  
Commercial Marine Liability for is amended to include Premises/Operations, Watercraft Exclusion deleted, Limits/Completed Operations, In Rem, Gulf of Mexico Extension, Additional Insured and Waiver of Subrogation (included within policy form), pursuant to and subject to the policy's terms, definitions, conditions, and exclusions.

**Vessel Pollution Liability**  
0016 Vessel Pollution Form is amended to include Blanket Additional Insured and Waiver of Subrogation (included within policy form), pursuant to and subject to the policy's terms, definitions, conditions, and exclusions.

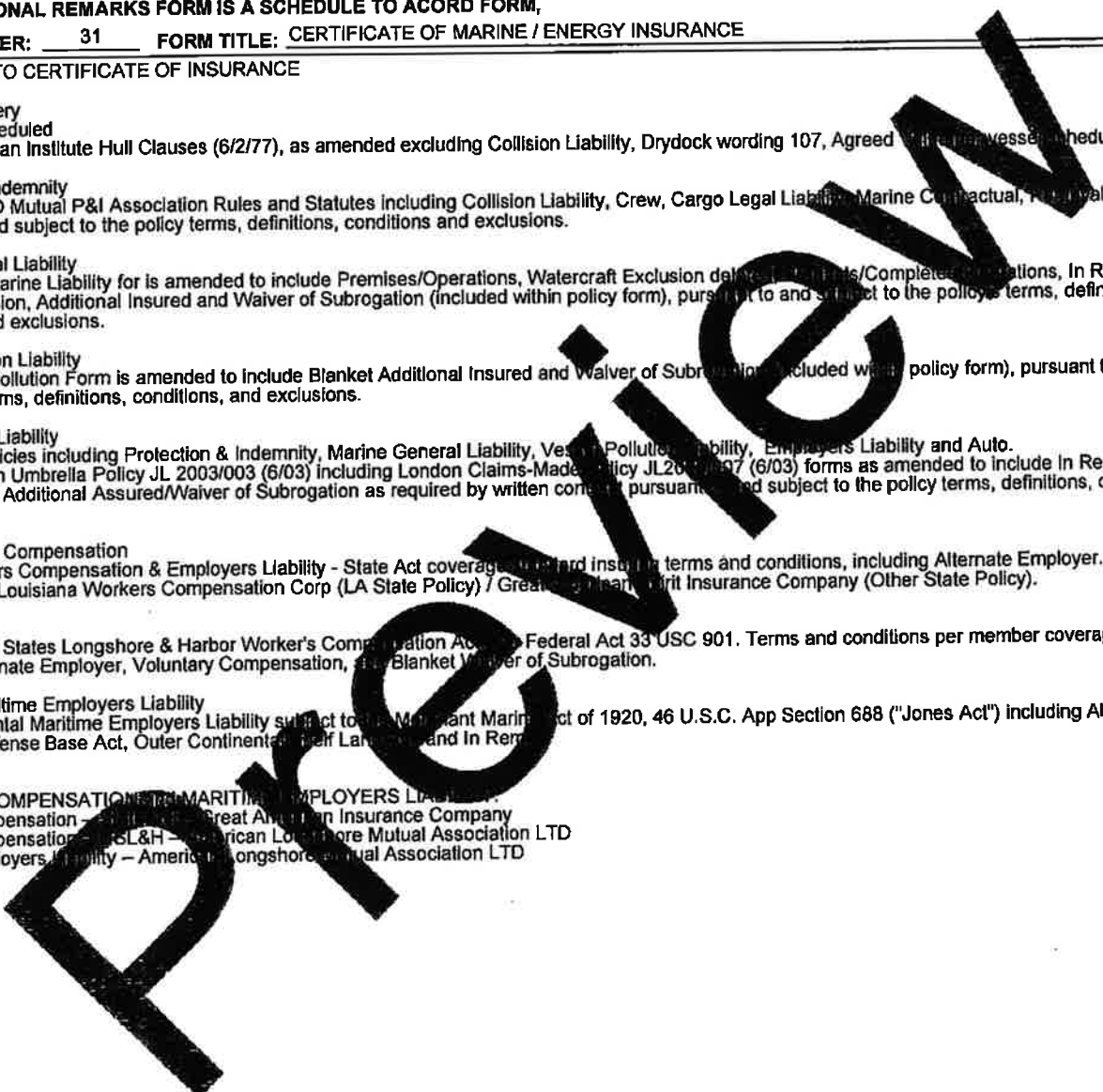
**Bumbershoot Liability**  
Underlying policies including Protection & Indemnity, Marine General Liability, Vessel Pollution Liability, Employers Liability and Auto.  
Forms: London Umbrella Policy JL 2003/003 (6/03) including London Claims-Made Policy JL2003/007 (6/03) forms as amended to include In Rem, Cross Liabilities, and Additional Assured/Waiver of Subrogation as required by written contract pursuant to and subject to the policy terms, definitions, conditions and exclusions.

**State Workers Compensation**  
Forms: Workers Compensation & Employers Liability - State Act coverage standard insurance terms and conditions, including Alternate Employer.  
Underwriters: Louisiana Workers Compensation Corp (LA State Policy) / Great American Insurance Company (Other State Policy).

**USL&H WC**  
Forms: United States Longshore & Harbor Worker's Compensation Act and Federal Act 33 USC 901. Terms and conditions per member coverage agreement including Alternate Employer, Voluntary Compensation, and Blanket Waiver of Subrogation.

**Incidental Maritime Employers Liability**  
Forms: Incidental Maritime Employers Liability subject to the Merchant Marine Act of 1920, 46 U.S.C. App Section 688 ("Jones Act") including Alternate Employer, Defense Base Act, Outer Continental Shelf Lands Act, and In Rem.

**Underwriters**  
WORKERS COMPENSATION - MARITIME EMPLOYERS LIABILITY -  
Workers Compensation - State Act - Great American Insurance Company  
Workers Compensation - USL&H - American Longshore Mutual Association LTD  
Maritime Employers Liability - American Longshore Mutual Association LTD





GALLMAR-01

ALS

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/17/2024

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> Dwight Andrus Insurance a division of HUB International Gulf South 500 Dover Blvd. Ste. 110 Lafayette, LA 70503	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (337) 981-7300 FAX (A/C, No): (337) 984-2166 E-MAIL ADDRESS: GUS.DAI.CustomerService@hubinternational.com
	<b>INSURER(S) AFFORDING COVERAGE</b>
	<b>INSURER A:</b> Travelers Property Casualty Co of America <b>NAIC #</b> 25674
<b>INSURED</b>  Bollinger Quick Repair, LLC 16201 East Main Street Cut Off, LA 70345	<b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

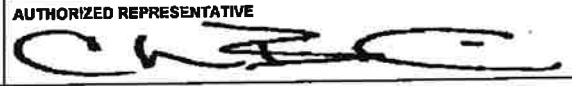
**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/POP AGG \$ \$
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			TC2JCAP-5H603022-TIL-24	2/20/2024	2/20/2025	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N    N/A If yes, describe under DESCRIPTION OF OPERATIONS below						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)  
ACTUAL POLICY FORMS & ENDORSEMENTS ARE AVAILABLE UPON REQUEST FOR REVIEW

SEE ATTACHED ACORD 101

<b>CERTIFICATE HOLDER</b>  Insured's Copy	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b> 



## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Dwight Andrus Insurance</b>		NAMED INSURED <b>Bollinger Quick Repair, LLC</b> 16201 East Main Street Cut Off, LA 70346	
POLICY NUMBER <b>SEE PAGE 1</b>		EFFECTIVE DATE: <b>SEE PAGE 1</b>	
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>		

### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

**Description of Operations/Locations/Vehicles:**

**ADDENDUM TO CERTIFICATE OF INSURANCE: Any information contained in this Addendum is general and descriptive only. The Certificate of Insurance and this Addendum may not contain descriptions of any or all operations, locations, vehicles or exclusions. Please see policy forms and endorsements for specific coverages and exclusions.**

**Auto Liability Policy #TC2JCAP 5H603022-TIL-24**

- Additional Insured - Primary & Non Contributory with Other Insurance CA F2 27 & CA T4 74
- Blanket Waiver of Subrogation CA T3 40
- Earlier Notice of Cancellation/Nonrenewal Provided By Us CA F0 85 / IL T3 20 - Number of Days Notice Cancellation: Sixty (60)
- Endorsement for Motor Carrier Policies of Insurance for Public Liability MCS-90
- C-INNOVATION, LLC
- CUT OFF, LA
- Pollution Liability - Broadened Coverage for Covered Autos CA 99 48
- Broad Form Named Insured CA T4 61
- Broadened Named Insured IL T3 40

# State of Louisiana



## State Licensing Board for Contractors

This is to Certify that:

BOLLINGER QUICK REPAIR, L.L.C.  
P. O. Box 250  
Lockport, LA 70374

is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION; ELECTRICAL WORK (STATEWIDE); HEAVY CONSTRUCTION; HIGHWAY,  
STREET AND BRIDGE CONSTRUCTION; MUNICIPAL AND PUBLIC WORKS CONSTRUCTION



Expiration Date: April 22, 2024

License No: 40669

Witness our hand and seal of the Board dated,  
Baton Rouge, LA 23rd day of April 2021

*Will S. May*  
Director

*Lee Mallett*  
Chairman

*Ludy D'Amico*  
Treasurer

This License Is Not Transferrable

# State of Louisiana



## State Licensing Board for Contractors

BOLLINGER QUICK REPAIR, L.L.C.  
P. O. Box 250  
Lockport, LA 70374

This is to Certify that:

is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION; ELECTRICAL; HEAVY CONSTRUCTION; HIGHWAY, STREET AND BRIDGE CONSTRUCTION; MUNICIPAL AND PUBLIC WORKS CONSTRUCTION



Witness our hand and seal of the Board dated,  
Baton Rouge, LA 23rd day of April 2024

*[Signature]*  
Chairman

*[Signature]*  
Director

*[Signature]*  
Treasurer

Expiration Date: April 22, 2027

License No: 40669

This License Is Not Transferrable

### Bid Response Summary

**Bid Number** IFB 2024-014  
**Bid Title** Dry Dock & Maintenance  
**Due Date** Friday, April 26, 2024 2:00:00 PM [(UTC-06:00) Central Time (US & Canada)]  
**Bid Status** Open for Bidding  
**Company** Bollinger Quick Repair  
**Submitted By** Warren Duplantis - Thursday, April 25, 2024 9:12:30 AM [(UTC-06:00) Central Time (US & Canada)]  
 warrend@bollingershipyards.com 504-340-0621 Ext. 7431

**Comments**

**Question Responses**

Group	Reference Number	Question	Response
Default Item Group	IFB # 2024-014	Please upload your bid submittal	Bid Submittal.pdf



**REGIONAL TRANSIT AUTHORITY**

**PUBLIC NOTICE**

**IFB 2024-014 DRY DOCK MAINTENANCE**

**Addendum II**

Acknowledge receipt of this addendum in the bid submission. This addendum is a part of the Contract Documents and shall be included in the Contract Documents. Changes made by the addenda take precedence over information published at an earlier date.

**Invitation For Bid No. 2024-014 has been amended as follows:**

This question was ask from a bidder below: IFB # 2024-014 Dry Dock Maintenance.

This is U.S. Code requirements that protect laborers and mechanics from being under paid. The marine branch has really nothing to do with the wording of the IFB and/or its contents. Below is a link on how to determine the local prevailing wages, but again this is not something we deal with.

**The Davis Bacon Act**

40 U.S.C. § 3141 is the Davis Bacon Act<sup>12</sup>. The act requires government contractors to pay locally prevailing wages to laborers and/or mechanics employed on certain federally funded construction projects<sup>2</sup>. The act applies to the construction, alteration, or repair of public buildings or public works under Federal Government contracts<sup>1</sup>.

[Davis Bacon Prevailing Wage Guide - CONSTRUCTION CLEAN PARTNERS](#)

Louisiana Uniform Public Work Bid Form the Unit Price Form is attach to the scope of work sheet.

**Regional Transit Authority  
Administrative Review Form**

Project Name: Dry Dock Maintenance

Type of Solicitation: IFB 2024-014

DBE/SBE Participation Goal: 0%

Number of Respondents: 1

Prime, Primary Contact and Phone Number	DBE and Non-DBE Subconsultants	DBE Commitment Percentage	Price (RFP and ITB ONLY)
Prime Firm Bollinger Quick Repair, LLC 615 Destrehan Ave. Harvey, LA 70058 Andrew St. Germain, Executive Vice President, CFO & Certifying Official 504-340-0621	N/A	N/A	
Prime Firm			

\*Indicates certified DBE or SLDBE firm that will contribute to the project's participation goal

Prime Firm Name	Required Items								
	LA Uniform Public Work Bid	Non Collusion	Debarment Prime	Debarment Lower	Restrictions on Lobbying	Buy America Compliance	Participant Info	Affidavit of Fee Disposition	Addenda
Bollinger Quick Repair, LLC	Y	Y	Y	Y	Y	Y	Y	Y	Y

**Review and verification of the above required forms, the below listed vendor is hereby found responsive to this procurement.**

Vendor Name: Bollinger Quick Repair, LLC

Certified by: Name and Title: Shaun Temple, Contract Administrator

## Procurement Personnel Only

Prime Firm Name	Bid Bond	Insurance	Responsiveness Determination	Responsible Determination						
				Certifications / Licenses	Facilities / Personnel	SAM.Gov	Previous Experience	Years in Business	Financial Stability	LA License No. if required
Bollinger Quick Repair, LLC	N/A	Y	N/A	N/A	Y	Y	31 Years	N/A	N/A	

**Review and verification of the above "checked" forms, the below listed vendor is hereby found responsible for award of this procurement.**

Vendor Name: Bollinger Quick Repair, LLC.

Certified by: Name and Title: Shaun Temple, Contract Administrator

**BID TALLY SHEET**  
**NEW ORLEANS REGIONAL TRANSIT AUTHORITY**  
**IFB#2024-014 Dry Dock Maintenance**  
**BID OPENING**  
**April 26, 2024 - 2:00 PM**

COMPANY NAME	LICENSE No.	BOND	SUM PRICE
Bollinger Quick repairs			\$ 621,436.00

Opened by: Shane Dege

Date: 4-26-2024

Witnessed by: [Signature]

Date: 4/26/24