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8-9

ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR RG
B&KCO-1

DATE (MM/DD/YY)
04/24/97

A00000 22

PRODUCER Rosenthal Agency, Inc. 5757 Corporate Blvd Ste 305 Baton Rouge LA 70808 J. Dale Gault Phone No. 504-926-0022 Fax No. 504-924-1008	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.								
COMPANIES AFFORDING COVERAGE									
INSURED B & K Construction Co Inc 1905 Hwy. 59 Mandeville LA 70448	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">COMPANY A</td> <td>Audubon Indemnity Company</td> </tr> <tr> <td style="text-align: center;">COMPANY B</td> <td>Business Insurance Company</td> </tr> <tr> <td style="text-align: center;">COMPANY C</td> <td>Lumbermens Mutual Casualty Co</td> </tr> <tr> <td style="text-align: center;">COMPANY D</td> <td></td> </tr> </table>	COMPANY A	Audubon Indemnity Company	COMPANY B	Business Insurance Company	COMPANY C	Lumbermens Mutual Casualty Co	COMPANY D	
COMPANY A	Audubon Indemnity Company								
COMPANY B	Business Insurance Company								
COMPANY C	Lumbermens Mutual Casualty Co								
COMPANY D									

COVERAGES
 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	OCC042338	05/01/97	05/01/98	GENERAL AGGREGATE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1,000,000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MED EXP (Any one person) \$ 5,000
A	AUTOMOBILE LIABILITY	CLA400382	05/01/97	05/01/98	COMBINED SINGLE LIMIT \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input checked="" type="checkbox"/> HIRED AUTOS				
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: \$
					EACH ACCIDENT \$
					AGGREGATE \$
A	EXCESS LIABILITY	UMB250512	05/01/97	05/01/98	EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE \$ 5,000,000
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	W975118352	05/01/97	05/01/98	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:				EL EACH ACCIDENT \$ 500,000
	<input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL DISEASE - POLICY LIMIT \$ 500,000
	OTHER				EL DISEASE - EA EMPLOYEE \$ 500,000
C	Leased/Rent Equip	3AT575330-04	05/01/97	05/01/98	Limit \$ 350,000
	Install Floater	3AT575330-04	05/01/97	05/01/98	Limit \$ 2,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 RE: Contract No. DACW29-94-B-0047 94-C-0079

CERTIFICATE HOLDER DEPAR-2 Department of The Army N.O. Dist Corps of Engineers P.O. Box 60267 New Orleans LA 70160-0267	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE J. Dale Gault
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B9

LOUISIANA COMMERCE & TRADE ASSOCIATION
WORKERS' COMPENSATION SELF INSURERS FUND

1010 FLORIDA BLVD. • BATON ROUGE, LA 70802 • (504) 344-8080 • FAX (504) 383-4793 • LA WATS (800) 349-3440

MAY 3, 1995

B & K Construction Company, Inc.
1905 Highway 59
Mandeville, LA 70448

RE: NOTICE OF CANCELLATION - CERTIFICATE NO. 10612
EFFECTIVE 12:01 A.M.; MAY 1, 1995

THE LOUISIANA COMMERCE & TRADE ASSOCIATION SELF INSURERS FUND
HEREBY NOTIFIES YOU THAT YOUR WORKERS' COMPENSATION COVERAGE WILL
BE CANCELLED EFFECTIVE MAY 1, 1995 AT 12:01 A.M., PER INSURED'S
REQUEST.

Ethel Martin

AUTHORIZED REPRESENTATIVE

CERTIFICATE HOLDER
DEPARTMENT OF THE ARMY

N.O. DISTRICT CORPS OF ENGINEERS
P.O. BOX 60267
NEW ORLEANS, LA 70160-0267

94-0-0000
B-9
MAY 11 1995

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

04/29/96

PRODUCER

Rosenthal Agency, Inc.
5757 Corporate Blvd Ste 305
Baton Rouge LA 70808

J. Dale Gault

Phone No. 504-926-0022 Fax No. 504-924-1008

INSURED

B&K Construction Co., Inc.
1905 Hwy 59
Mandeville LA 70448

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY A	Audubon Insurance Group
COMPANY B	Business Insurance Company
COMPANY C	Lumbermens Mutual Casualty Co
COMPANY D	

COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	OCC000968	05/01/96	05/01/97	GENERAL AGGREGATE	\$ 1,000,000
					PRODUCTS - COMP/OP AGG	\$ 1,000,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					EACH OCCURRENCE	\$ 1,000,000
					FIRE DAMAGE (Any one fire)	\$ 50,000
					MED EXP (Any one person)	\$ 5,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	CLA400327	05/01/96	05/01/97	COMBINED SINGLE LIMIT	\$ 1,000,000
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	\$
	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	UMB250406	05/01/96	05/01/97	EACH OCCURRENCE	\$ 5,000,000
					AGGREGATE	\$ 5,000,000
						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	W965118352	05/01/96	05/01/97	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTH-ER
					EL EACH ACCIDENT	\$ 500,000
					EL DISEASE - POLICY LIMIT	\$ 500,000
					EL DISEASE - EA EMPLOYEE	\$ 500,000
C	OTHER Leased/Rent Equip Install Floater	3AT575330-03	05/01/96	05/01/97	Limit	\$ 350,000
		3AT575330-03	05/01/96	05/01/97	Limit	\$ 2,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

RE: Contract No. DACW29-94-B-0047 94-C-0079

CERTIFICATE HOLDER

DEPAR-2

Department of The Army
N.O. Dist Corps of Engineers
P.O. Box 60267
New Orleans LA 70160-0267

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

J. Dale Gault

94-C-0079

ACORD. CERTIFICATE OF INSURANCE

CSR 02
B&KCO-1

DATE (MM/DD/YY)
04/28/95

PRODUCER

Rosenthal Agency, Inc.
5757 Corporate Blvd Ste 305
Baton Rouge LA 70898

J. Dale Gault
504-926-0022

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COMPANIES AFFORDING COVERAGE

COMPANY A Audubon Indemnity

COMPANY B California Compensation

COMPANY C Lumbermens Mutal Casualty Co

COMPANY D

INSURED

B & K Construction Co Inc
1905 Hwy. 59
Mandeville LA 70448

COVERAGES

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CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	OCC000641	05/01/95	05/01/96	GENERAL AGGREGATE \$ 1000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 1000000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1000000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 1000000
					FIRE DAMAGE (Any one fire) \$ 50000
					MED EXP (Any one person) \$ 5000
A	AUTOMOBILE LIABILITY	CLA400109	05/01/95	05/01/96	COMBINED SINGLE LIMIT \$ 1000000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE \$
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: \$
					EACH ACCIDENT \$
					AGGREGATE \$
A	EXCESS LIABILITY	UMB250302	05/01/95	05/01/96	EACH OCCURRENCE \$ 500000
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	W955118352	05/01/95	05/01/96	<input checked="" type="checkbox"/> STATUTORY LIMITS
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EACH ACCIDENT \$ 50000
					DISEASE - POLICY LIMIT \$ 50000
					DISEASE - EACH EMPLOYEE \$ 50000
C	OTHER				
	C Leased/Rent Equip C Install Floater	3AT575330-02 (Ded \$1,000) 3AT575330-02 (Ded \$1,000)	05/01/95 05/01/95	05/01/96 05/01/96	Limit 350,000 Limit 2,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

USARM-1

U.S. Army Corps of Engineers
N.O. District
P.O. Box 60267
New Orleans LA 70160

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

J. Dale Gault

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A1. Entry Type: 0 A3. Contract Office: CW29
A2. Report No.: 0023 A4. Addr: US ARMY ENGR DIST NEW ORLEANS
B1. PIIN No.: DACW2994C0079 B3. Action Date: 961011
B2. Mod/Order/Other ID: P00014
B4. Completion Date: 960201
B5A. Contractor Code: 09455432G B5B. Cage Code: OGTN3
B5C. Name: B&K CONSTRUCTION
Division:
B5D. Address: 1905 HIGHWAY 59
City: MANDEVILLE St: LA Zip: 70448
B5E. Tax ID: 720836531 B5F. Parent Tax ID:
B5G. Parent Name:
B6A. City/Place Code: 55000 B6B. State or Country Code: 22
B6C. Name of City/State/Country: NEW ORLEANS, LA
B7. Type Obligation: 1 B8. Amount: 51763
B9. Foreign Military Sale: N
B10. Multi Year Contract: N
B11. Total Multi-Year Value: 0
B12A. FSC: Y299
B12B. DOD Claimant Prog. No.: C20
B12C. System or Equipment Code: 000
B12D. SIC Code: 1629
B12E. Name Description: LONDONAVEOUTFALLCANA
B13. Action Code: C
C1. Synopsis Code: Y
C2. Reason Not Synopsized:
C3. Extent Competed: A
C4. Sea Transportation: N
C5. Type of Contract: J
C6. Number of Offerors Solicited: 2
C7. Number of Offers Received: 2
C8. Solicitation Procedures: A
C9. Auth/Other than Full & Open:
C10. Subject/Labor Standards Stat: D
C11. Cert/Current Cost or Pricing: N
C12. Contract Financing (PP and AP): C
C13A. Number of Offerors: 0
C13B. Buy American Act Percent Diff: 00
C13C. Place of Manufacture:
C13D. Country of Origin Code:
D1. Type of Business: C E1. Contg Advis & Asst Services: N
D2. Reason not awarded to SDB: C E2. Set-Aside Value:
D3. Reason not awarded to Sm Bus: D E3. Next Low Offer:
D4A. Type of SB - Set Aside: A E4. Specific # of Offers Rcvd: 002
D4B. Type of SDB Set Aside-SDB Pref: A E5. Task/Delivery Order Contract: N
D4C. Black or minority institution: A E6. Type of IDC Award:
D4D. Other Preference Program: A E7. Commercial Items: N
D4E. Premium Percent: E8. Other:
D5. Ethnic Code: F1. Contracting Officer: 002
D6. Woman-Owned Business: N Name: Diane K. Peconl
D7. SBIR Program: A F2. 
D8. Subcontr Plan - Small and SDB: C
D9. SB Competitiveness Demo Prog: N
D10. Size of Business: F3. Phone: (504) 862-2875
D11. Emerging Small Business: F4. DATE: 961015
Signature

A1. Entry Type: 0 A3. Contract Office: CW29
A2. Report No.: 0345 A4. Addr: US ARMY ENGR DIST NEW ORLEANS
B1. PIIN No.: DACW2994C0079 B3. Action Date: 940711
B2. Mod/Order/Other ID:
B4. Completion Date: 960201
B5A. Establishment Code: 09455432G B5B. Cage Code: 0GTN3
B5C. Name: B&K CONSTRUCTION
Division:
B5D. Address: 1905 HIGHWAY 59
City: MANDEVILLE St: LA Zip: 70448
B5E. Tax ID: 720836531 B5F. Parent tax ID:
B5G. Parent Name:
B6A. City/Place Code: 55000 B6B. State or Country Code: 22
B6C. Name of City/State/Country: New Orleans, LA
B7. Type Obligation: 1 B8. Amount: 2500000
B9. Foreign Military Sale: N
B10. Multi Year Contract: N
B11. Total Multi-Year Value: 0
B12A. FSC: y299
B12B. DOD Claimant Prog. No.: c20
B12C. System or Equipment Code: 000
B12D. SIC Code: 1629
B12E. Name Description: LondonAveOutfallCana
B13. Action Code: 3
C1. Synopsis Code: y
C2. Reason Not Synopsized:
C3. Extent Competed: a
C4. Sea Transportation: n
C5. Type of Contract: j
C6. Number of Offerors Solicited: 2
C7. Number of Offers Received: 2
C8. Solicitation Procedures: a
C9. Auth/Other than Full & Open:
C10. Subject/Labor Standards Stat: d
C11. Cert/Current Cost or Pricing: n
C12. Contract Financing (PP and AP): c
C13A. Number of Offerors: 0
C13B. Buy American Act Percent Diff: 00
C13C. Place of Manufacture:
C13D. Country of Origin Code:
D1. Type of Business: c
D2. Reason not awarded to SDB: c
D3. Reason not awarded to Sm Bus: d
D4A. Type of SB - Set Aside: a E1. Contg Advis & Asst Services: n
D4B. Type of SDB Set Aside-SDB Pref: a E2. Set-Aside Value:
D4C. Black or minority institution: a E3. Next Low Offer:
D4D. Other Preference Program: a
D4E. Premium Percent:
D5. Ethnic Code: F1. Contracting Officer: o16
D6. Woman Owned Small Business: n Name: Raymond L. Burgess
D7. SBIR Program: a F2. *Raymond L. Burgess*
D8. Subcontr Plan - Small and SDB: c Signature
D9. SB Competitiveness Demo Prog: n
D10. Size of Business: F3. Phone:
D11. Emerging Small Business: F4. DATE: 940711

B-6