

# St. Bernard Parish Certified Copy

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Clerk of Court  
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Chalmette, LA 70044  
(504) 271-3434

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ST BERNARD PARISH GOVERNMENT  
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**First MORTGAGOR**

ST BERNARD PARISH GOVERNMENT

**First MORTGAGEE**

PEDIGO ENTERPRISES LLC

**Index Type :** MORTGAGES

**File Number :** 636037

**Type of Document :** CONTRACT

**Book :** 1958

**Page :** 65

**Recording Pages :** 16

**Description :** SCPB/NPL SURCHARGE PHASE GROUNDS MAINTENANCE

## Recorded Information

I hereby certify that the attached document was filed for registry and recorded in the Clerk of Court's office for St. Bernard Parish, Louisiana.

On (Recorded Date) : 10/27/2020

At (Recorded Time) : 1:55:10PM



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CLERK OF COURT  
RANDY S. NUNEZ  
Parish of St. Bernard  
I certify that this is a true copy of the attached  
document that was filed for registry and  
Recorded 10/27/2020 at 1:55:10  
Recorded in Book 1958 Page 65  
File Number 636037

Deputy Clerk

/S/Cheyenne Robin

# C O N T R A C T

This agreement made and entered into at Chalmette, Louisiana, St. Bernard Parish, Louisiana this day October 8, 2020, by and between the St. Bernard Parish Government, State of Louisiana, HEREIN represented by the President Guy S. McInnis, HEREINAFTER called the Owner and Pedigo Enterprises LLC, represented by Melissa Pedigo, HEREINAFTER called the contractor.

WITNESSETH: That the Owner and the Contractor, for the considerations hereinafter named, agrees as follows:

The Contractor shall furnish all materials, labor and equipment required in the Contract Documents entitled: **“SBPG/NPL -Surcharge Phase -Grounds Maintenance”**

All in accordance with the said Contract Documents prepared by the St. Bernard Parish Government Department of Public Works.

The Owner agrees to pay the Contractor for the materials, labor and equipment furnished in accordance with the contract.

## **TOTAL CONTRACT PRICE AND TIME**

**COST PROPOSAL – A lump sum proposal including associated indirect and direct cost with applicable insurance coverages per SBPG minimum requirements.**

**NOT TO EXCEED UPPER LIMIT - \$8,000.00**

<b>AREA</b>	<b>INITIAL CUT PRICE</b>	<b>PER VISIT PRICE</b>
<b>1</b>	400.00	200.00
<b>2</b>	150.00	75.00
<b>3</b>	100.00	50.00
<b>4</b>	500.00	150.00
<b>5</b>	100.00	50.00
<b>6</b>	150.00	75.00
<b>7</b>	100.00	50.00
<b>TOTAL</b>	1500.00	650.00

All materials, labor, equipment, furnished shall be done in accordance with the attached proposal documentation (**Attachment 1**) dated September 28, 2020 which shall become a part of this contract.

Time of Completion – October 8, 2020 through February 15, 2021 (18 Weeks) & 126 Calendar Days

**Retainage and Substantial Completion (Not Applicable)**

Pursuant to L.S.A. R.S. 38:2248, Owner shall retain the following percentages of each progress payment until payment is due under the terms and conditions governing retainage payment:

<u>CONTRACT AMOUNT</u>	<u>RETAINAGE</u>
\$0 - \$499,999.99	10%
\$500,000 or greater	5%

~~After final completion of the work, the Contractor shall notify St. Bernard Parish Government to schedule an inspection of the site. If the Engineer/Inspector by his inspection determines that the work is substantially complete he/she shall prepare a list of all items not satisfactorily completed and notify the Contractor in writing that the work is substantially complete and, subject to satisfactory resolution of those items on the list (punch list), is complete. At such time, 90% of the Contract Price for that work shall be due to the Contractor.~~

~~Upon determination by the Project Manager that all work has been completed in a satisfactory manner, St. Bernard Parish Government shall provide written acceptance to the Contractor. St. Bernard Parish Government shall record written acceptance with the recorder of Mortgages, the Parish of St. Bernard paying all cost thereof.~~

~~The remaining monies due the Contractor (10% of the Contract Price) for the completed work shall be due to Contractor not earlier than 46 days after recordation of Certificate of Parish's acceptance provided the following:~~

- ~~a. Contractor shall secure and submit clear lien and privilege certificate, signed, and sealed by the Recorder of Mortgages, Parish of St. Bernard and dated at least forty six days (46) after recordation of certificate of acceptance.~~

~~After securing the clear lien and privilege certificate the Contractor shall prepare final application for payment and submit to Engineer.~~

**Performance Bond and Labor & Materials Payment Bond**

~~A Performance Bond and Labor & Materials Payment Bond, each in an amount at least equal to the Contract Price as security for the faithful performance and payment of all Contractor obligations under the contract documents are attached.~~



## GENERAL INSURANCE REQUIREMENTS

Any person or company contracting with the St Bernard Parish Government (hereafter referred to as "The Contractor") shall purchase and maintain, for the duration of the contract, insurance for any and all claims including but not limited to injuries to persons or damages to property which may arise from or in connection with the performance of the work by the Contractor, its agents, representatives, volunteers, employees or subcontractors, etc.

### **A. MINIMUM SCOPE AND LIMITS OF INSURANCE**

#### **1. Workers Compensation**

Workers Compensation insurance shall be in compliance with the Workers Compensation law of the State of Louisiana. Employers Liability is included with a minimum limit of \$500,000 per accident/per disease/per employee.

If work is to be performed over water and involves maritime exposure, applicable LHWCA, Jones Act, or other maritime law, coverage shall be included and include crewmembers or vessels including transportation, wages, and maintenance with the Employers Liability limit increased to a minimum of \$1,000,000. Coverage with an "In Rem" endorsement should the work to be performed involve watercraft.

#### **2. Commercial General Liability**

Commercial General Liability insurance, Broad Form Damage, including Personal and Advertising Injury Liability, Contractual Liability for Contractor's obligation assumed hereunder, Independent Contractors Coverage, Premises/Operations and Products/Completed Operations. There shall be a minimum limit per occurrence of \$1,000,000 and a minimum general aggregate of \$2,000,000. The Insurance Services Office (ISO) Commercial General Liability occurrence coverage form CG 00 01 (or current form approved for use in Louisiana), or equivalent, is to be used in the policy. Claims-made form is unacceptable.

If applicable, coverage for occurrences results from blasting, explosion or collapse, damage to underground property and injury or destruction of any property resulting there from.

#### **~~3. Environmental Pollution Liability~~**

~~Pollution Liability insurance, including gradual release as well as sudden and accidental shall have a minimum limit of not less than \$1,000,000 per claim \$2,000,000 Aggregate. Higher limits may be required based on work being performed. This policy should be on an Occurrence basis. Coverage should include the contractor's self-performed work and extend to that of their contractors.~~

~~A claims-made form will be acceptable with a policy period inception date of no later than the first day of anticipated work under this contract and an expiration date of no earlier than 30 days after anticipated completion of all work under the contract shall be provided. There shall be an extended reporting period of at least 24 months, with full reinstatement of limits, from the expiration date of the policy.~~

#### **4. Commercial Automobile Liability**

Commercial Automobile Liability Insurance shall have a minimum combined single limit per occurrence of \$1,000,000. ISO form number CA 00 01 (or current form approved for use in Louisiana), or equivalent, is to be used in the policy. This insurance shall include third-party bodily injury and property damage liability for owned, hired and non-owned automobiles.

#### **5. Excess Umbrella**

Excess Umbrella insurance may be used to meet the minimum requirements for General Liability and Automobile Liability only.

#### **~~6. Aircraft & Watercraft Liability~~**

~~When used by contractor in connection with the work described hereunder, such insurance to include all leased, hired or other non-owned aircraft or watercraft.~~

~~Minimum Liability Limits: Aircraft: \$10,000,000  
Watercraft: Limits up to the value of the vessel or  
\$ 5,000,000, whichever is greater.~~

~~Watercraft to have "In Rem" endorsement. Protection and Indemnity Insurance on all watercraft owned, operated and/or chartered by a contractor.~~

## ~~7. Professional Liability (Errors & Omissions) Insurance~~

~~Insurance shall be maintained appropriate to the Contractors profession, with limits no less than \$1,000,000 per occurrence or claim and \$2,000,000 aggregate. St. Bernard Parish Government does not have to be named as an additional Insured on this policy.~~

## ~~8. Flood Insurance~~

~~Flood insurance is required on all *eligible* construction contracts.~~

- ~~a. If at the time of the contract, there is a current NFIP flood insurance policy in effect that the St. Bernard Parish Government purchases through the NFIP but the construction cost increases the value of the building within the \$500,000 NFIP limit, the contractor is responsible for any additional NFIP premium to bring the coverage up to the greater of the fully completed project value or the amount of the construction contract including any amendments or change orders, including content coverage, if such is part of the construction contract.~~
- ~~b. If at the time of the contract, there is a current NFIP flood insurance policy in effect that the St. Bernard Parish Government purchases through the NFIP, Excess Flood Insurance is required if the construction cost increases the value of the location above the NFIP \$500,000 maximum policy limit. Coverage shall be equal to the greater of the fully completed project value or the amount of the construction contract including any amendments or change orders and shall be upon the entire work included in the contract, including content coverage, if such is part of the construction contract.~~

~~Excess Flood Insurance may be provided by the contractor as part of a Builders Risk policy in lieu of a separate Excess Flood policy but either type of flood insurance coverage is acceptable.~~

- ~~c. If St. Bernard Parish Government does not have a current NFIP flood insurance policy in place, the contractor shall obtain flood insurance. Coverage may be through the NFIP for the first layer up to the \$500,000 maximum policy limits allowed. Should the fully completed project value or the amount of the construction contract including any amendments or change orders exceed the \$500,000 NFIP maximum policy limit, an Excess Flood insurance policy or Builders' Risk policy which includes flood insurance coverage is required, including content coverage, if such is part of the~~

~~construction contract.~~

- ~~d. Contractor shall be responsible for obtaining the elevation certificate should one be needed to secure insurance coverage. For new construction, upon completion of the job, the contractor shall furnish the St. Bernard Parish Government with an elevation certificate for each building which is part of the contract.~~

## **9. Builder's Risk**

~~Builder's Risk Insurance shall be in an amount equal to the greater of the fully completed project value or the amount of the construction contract including any amendments or change orders and shall be upon the entire work included in the contract. The policy shall provide coverage equivalent to the ISO form number CP 10-20, Broad Form Causes of Loss (extended, if necessary, to include "all perils" of wind, named storm, earthquake, flood collapse, vandalism/malicious mischief, and theft, including theft of materials whether or not attached to any structure). The policy must include architects' and engineers' fees necessary to provide plans, specifications and supervision of work for the repair and/or replacement of property damage caused by a covered peril, not to exceed 10% of the cost of the repair and/or replacement.~~

~~The policy must include coverage for the Owner, Contractor and any subcontractors as their interests may appear.~~

~~The Contractor shall:~~

- ~~a. Be responsible for all deductibles and self-insured retentions;~~
- ~~b. Be responsible for all work in progress until final completion;~~
- ~~c. Procure and maintain for the duration of the work and until acceptance by owner, an All Risk Builders Risk Policy, including Flood and Named Windstorms;~~
- ~~d. Name the St. Bernard Parish Government as a Loss Payee or Named Insured;~~
- ~~e. Provide proof of coverage.~~

## **B. DEDUCTIBLES AND SELF-INSURED RETENTIONS**

The Contractor shall be responsible for all deductibles and self-insured retentions. Any deductibles or self-insured retentions must be declared to and accepted by the St. Bernard Parish Government.

## **C. OTHER INSURANCE PROVISIONS**

The policies are to contain, or be endorsed to contain, the following provisions:

1. General Liability and Automobile Liability Coverage
  - a. The St. Bernard Parish Government, its officers, agents, employees and volunteers shall be named as an Additional Insured with a Waiver of Subrogation as regards negligence by the contractor. ISO Form CG 20 10 (or current form approved for use in Louisiana), or equivalent, is to be used when applicable. The coverage shall contain no special limitations on the scope of protection afforded to the parish.
  - b. The Contractor's insurance shall be primary as respects the St. Bernard Parish Government, its officers, agents, employees and volunteers. Any



insurance or self-insurance maintained by the St. Bernard Parish Government shall be excess and non-contributory of the Contractor's insurance.

- c. The Contractor's insurance shall apply separately to each insured against whom claim is made or suit is brought, except with respect to the policy limits.

2. Workers Compensation and Employers Liability Coverage

The insurer shall agree to waive all rights of subrogation against the St. Bernard Parish Government, its officers, agents, employees and volunteers for losses arising from work performed by the Contractor for the St. Bernard Parish Government.

3. All Coverage

- a. Coverage shall not be canceled, suspended, or voided by either party (the Contractor or the insurer) or reduced in coverage or in limits except after 30 days written notice has been given to the St. Bernard Parish Government. Ten-day written notice of cancellation is acceptable for non-payment of premium. Notifications shall comply with the standard cancellation provisions in the Contractor's policy.
- b. Neither the acceptance of the completed work nor the payment thereof shall release the Contractor from the obligations of the insurance requirements or indemnification agreement.
- c. The insurance companies issuing the policies shall have no recourse against the St. Bernard Parish Government for payment of premiums or for assessments under any form of the policies.
- d. Any failure of the Contractor to comply with reporting provisions of the policy shall not affect coverage provided to the St. Bernard Parish Government, its officers, agents, employees and volunteers.
- e. If the Contractor maintains higher limits than the minimum show herein, the St. Bernard Parish Government shall be entitled to coverage to the higher limits maintained by the Contractor.
- f. If the Contractor does not maintain proper coverage, he will be given notice to stop work and informed that any such stoppage is a violation of the contract and that the contractor is liable for any losses or delays.

**D. ACCEPTABILITY OF INSURERS**

All required insurance shall be provided by a company or companies lawfully authorized to do business in the jurisdiction in which the Project is located. Insurance shall be placed with insurers with a A.M. Best's rating of A-VI or higher.

If at any time an insurer issuing any such policy does not meet the minimum A.M. Best rating, the Contractor shall obtain a policy with an insurer that meets the A.M. Best rating and shall submit another Certificate of Insurance as required in the contract.

**E. VERIFICATION OF COVERAGE**

Contractor shall furnish the St. Bernard Parish Government with Certificates of insurance reflecting proof of required coverage. The Certificates for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf. The Certificates are to be received and approved by the St. Bernard Parish Government y before work commences and upon any contract renewal thereafter.

In addition to the Certificates, Contractor shall submit the declarations page and the cancellation provision endorsement for each insurance policy. The St. Bernard Parish Government reserves the right to request complete certified copies of all required insurance policies at any time.

Upon failure of the Contractor to furnish, deliver and maintain such insurance as above provided, this contract, at the election of the St. Bernard Parish Government, may be suspended, discontinued or terminated. Failure of the Contractor to purchase and/or maintain any required insurance shall not relieve the Contractor from any liability or indemnification under the contract.

#### **F. SUBCONTRACTORS**

The Contractor shall include all subcontractors as an insured under its policies OR shall be responsible for verifying and maintaining the Certificates provided by each subcontractor. Subcontractors shall be subject to all of the requirements stated herein. The St. Bernard Parish Government reserves the right to request copies of subcontractor's Insurance policies or Certificates of Insurance at any time.

#### **G. WORKERS COMPENSATION INDEMNITY**

In the event Contractor is not required to provide or fails to provide workers compensation coverage, the parties hereby agree that Contractor, its owners, agents and employees will have no cause of action against, and will not assert a claim against, the St. Bernard Parish Government, its departments, agencies, agents and employees as an employer, whether pursuant to the Louisiana Workers Compensation Act or otherwise, under any circumstance. The parties also hereby agree that the St. Bernard Parish Government, its departments, agencies, agents and employees shall in no circumstance be, or considered as, the employer or statutory employer of Contractor, its owners, agents and employees. The parties further agree that Contractor is a wholly independent contractor and is exclusively responsible for its employees, owners, and agents. Contractor hereby agrees to protect, defend, indemnify and hold the St. Bernard Parish Government, its departments, agencies, agents and employees harmless from any such assertion or claim that may arise from the performance of this contract.

#### **H. INDEMNIFICATION/HOLD HARMLESS AGREEMENT**

Contractor agrees to protect, defend, indemnify, save, and hold harmless, the St. Bernard Parish Government, all Departments, Agencies, Boards and Commissions, its officers, agents, servants, employees, and volunteers, from and against any and all claims, damages, 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 Contractor, its agents, servants, and employees, or any and all costs, expenses and/or attorney fees incurred by Contractor as a result of any claims, demands, suits or causes of action, except those claims, demands, suits, or causes of action arising out of the negligence of the St. Bernard Parish Government, Departments, Agencies, Boards, Commissions, its officers, agents, servants, employees and volunteers. Contractor agrees to investigate, handle, respond to, provide defense for and defend any such claims, demands, suits, or causes of action at its sole expense and agrees to bear all other costs and expenses related thereto.

*NOTE: Certain jobs may have risks and exposures that require additional or specific insurance requirements. If there are any questions, please contact Stephanie Bradbury, Risk Manager for the St. Bernard Parish Government at 504-278-4246 or email at [sbradbury@sbpg.net](mailto:sbradbury@sbpg.net).*

#### **Termination for Convenience**

St. Bernard Parish reserves the right to cancel at any time for any reason by issuing a thirty-day written notice to the contractor.

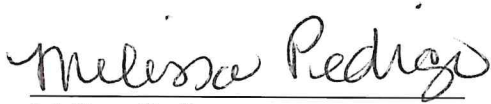


**Certificate of Insurance**

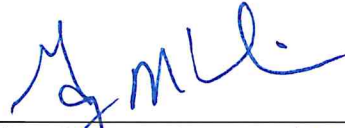
A Certificate of Insurance is attached in compliance with the St. Bernard Parish Government Contracts Insurance Requirements.

Pedigo Enterprises, LLC  
8101 Patricia Street  
Chalmette, Louisiana 70043

St. Bernard Parish Government  
8201 West Judge Perez Drive  
Chalmette, La 70043



Melissa Pedigo  
Owner



Guy S. McInnis  
President

ARB  
47

## Attachment No. 1

**PEDIGO ENTERPRISES, LLC Response/Proposal Dated 10.2.20**

**ST. BERNARD PARISH GOVERNMENT**

**Department of Capital Improvements**

**Revised 9.28.20**

**Request for Proposal**

**Project: New St. Bernard Parish Library - Surcharge Phase Maintenance of Grounds**

### **INTENT**

The intent of this project is to perform an Initial Cut and Monthly Maintenance of the Surcharge project area associated with the New St. Bernard Parish Library Construction Project. The scope of this project will consist of initial mowing and weed eating and in some instances applying weed killer as necessary to accomplish an acceptable groomed level customary with servitudes adjacent to highways, and to a level acceptable within the project boundary.

The successful bidder shall employ the best means and methods to cut grass and utilize weed killer in the areas identified while eliminating damage to residential properties adjacent to the project boundary. Weed killer is not allowed on the sand pile sloped areas up to the silt fence. Areas considered and shown as flat areas (blue) color, can be initially cut with power equipment then maintained with weed killer if application of such is not applied within 5 feet of the sand pile bottom of slope. The contractor shall after initial cutting maintain the property as needed every four (4) weeks until January 15, 2021 or until notified by SBPG to halt activities. SBPG will revisit the defined maintenance schedule of every four(4) weeks if weather conditions require a shorter frequency. Pricing shall be provided per Area for the Initial Cut as well as per Area to Maintain.

### **PROJECT DURATION – CONTRACT TERM**

Start date – October 8, 2020

End date - February 18, 2021 (126 Calendar Days) ( 18 weeks )

### **SCOPE OF WORK**

**The following terms in the Scope of Work shall have the meanings indicated and shall be included in pricing:**  
Grass & Weed Initial Cut - Cutting of grass to an acceptable level acceptable and customary for maintained unoccupied parcels typically accomplished by a standard push/rider lawn mower; or by utilizing weed eater method in areas allowed. Removal of all clippings, tree limbs, etc. as well as cleaning of the street and other surfaces are required during initial cut and maintenance. The contractor shall also remove clippings adjacent to storm water catch basins to prevent entry into basins.

### **AREA DESIGNATIONS**

AREA 1 (Blue Area) – Three (3) areas that are considered reasonably flat within the security fenced project boundary (noted on drawing as AREA 1)

AREA 2 – (Black Dashed Lines) Areas identified between sand pile bottom of slope & silt fence. (Noted on drawing as AREA 2).

AREA 3 – (White Dashed Lines) Areas between security fence & silt fence (noted on drawing as AREA 3).

AREA 4 - Areas from the security fence to street curb on Judy and Judge Perez drive (Noted on drawing as AREAS 4).

AREA 5 - Area on North end of project security fence. (Noted on drawing as AREA 5).

AREA 6 - Areas on West side adjacent to resident homes and lots from security fence westward. , (Noted on Drawing as AREA 6) .

AREA 7 - Parish owned parcel of land on Bartolo drive near Judge Perez drive to be used as the New Library access drive, (Noted on drawing as AREA 7).

1. **AREA 1 (Blue Area)** - All flat areas within the fenced boundary zone from the slope of sand pile outward to silt fence on North and South ends of the project, (noted on drawing as AREA 1). The contractor must first cut the weeds and grass in all areas to a maximum height of 6" above ground. The contractor shall choose the proper means and methods to meet this requirement. If accumulation of standing water becomes an issue the contractor can propose a reasonable means and method to control the weed/grass growth in these areas.
2. **AREA 2 (Black Dashed Lines)** - Areas noted on dwg adjacent to the slope of the surcharge/sand pile between the silt fence/erosion control barrier and bottom of slope. These areas may require cutting by other means rather than mowing. The contractor shall choose the proper means and methods to cut the grass/weeds to a height no more than 6" above ground and maintain that height throughout the duration of this project. Application of weed killer in these areas is **not allowed**. **The grass on the slope and leading to the silt fence are critical to the erosion control system in place and must not be removed or eradicated by any means other than cutting by weed eater or mowing.**
3. **AREA 3 (White Dashed Lines)**- Areas between security fence & silt fence. Contractor shall use necessary care to ensure silt fencing is not damaged. The contractor shall utilize appropriate means and methods to cut grass & weeds to a height of a maximum of 6". **Weed killer is not allowed as a means or method to complete Initial Cut or during maintenance operations. These areas are critical to sustaining the erosion control system.**
4. **AREA 4 (Orange Color)** – Encompasses two (2) areas. One area is along Judge Perez Drive and the other is adjacent to Judy Drive. The contractor is to employ necessary means and methods to perform the Initial Cut and to Maintain these areas preventing any damage to the security fence or debris from entering catch basins.
5. **AREA 5 (Gray Color)** – This area is the north side of project site from the security fence northward. The scope requires the contractor to cut grass and weeds down to a height of 6" from the fence outward at least 4'-0" feet to allow for access to maintain the fencing. This area can be maintained by applying weed killer. **Weedkiller must not be applied on the slope of the sand pile.**
6. **AREA 6 (White Color)** - This area is the northwest portion adjacent to residential and St. Bernard Parish owned parcels. The contractor must utilize means and methods that will prevent any damage to any residential property including but not limited to vegetation of any kind. The contractor shall not use weed killer in those areas identified in the (white clouded) areas.
7. **AREA 7 (Yellow Color)** - This area is located on the west side of the project. This area is part of the Library project to be used as an access driveway. This area is required to be Initial Cut by mower and maintained per the frequency stipulated.
8. Contractor shall remove all litter from areas to mowed including residential properties and dispose of appropriately.
9. Initial clean up prior to the first grass cutting to allow for grass cutting must be completed prior to engaging in cutting grass and weeds or applying weed killer.





ST. BERNARD PARISH GOVERNMENT  
NEW ST. BERNARD PARISH LIBRARY  
SURCHARGE PHASE - GROUNDS MAINTENANCE  
RFP

Revised Drawing - 9.28.20 (New Scope)

LEGEND  
AREA 1 - BLUE  
AREA 2 - DASHED BLACK LINE  
AREA 3 - DASHED WHITE LINE  
AREA 4 - ORANGE  
AREA 5 - GRAY  
AREA 6 - WHITE  
AREA 7 - YELLOW

Do not apply weedkiller in this area. Cut by weedeating only.

NORTH



**COST PROPOSAL - The contractor shall provide a lump sum proposal including all associated cost including but not limited to applicable insurance coverages per SBPG minimum requirements.**

AREA	INITIAL CUT PRICE	PER VISIT PRICE
1	400.00	200.00
2	150.00	75.00
3	100.00	50.00
4	500.00	150.00
5	100.00	50.00
6	150.00	75.00
7	100.00	50.00
<b>TOTAL</b>	<b>1500.00</b>	<b>650.00</b>

**BELOW INFORMATION MUST BE COMPLETED:**

LENGTH OF TIME TO COMPLETE PROJECT: 126 calendar days.

CALENDAR DAYS TO COMMENCE WORK AFTER NOTIFICATION OF AWARD : 2 days

COMPANY NAME: Pedigo Enterprises, LLC

ADDRESS: 8101 Patricia St, , Chalmette, La 70043

E-MAIL: pedigollc@hotmail.com PHONE # (225)- 207-5116

PRINT NAME OF AUTHORIZED PROPOSER: MELISSA PEDIGO

SIGNATURE OF AUTHORIZED PROPOSER:

Melissa Pedigo

DATE: 10/5/20



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/20/2020

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

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

<b>PRODUCER</b> <b>State Farm</b> NORA VADEN HOLMES INSURANCE AGENCY 117 METAIRIE LAWN DRIVE METAIRIE LA 70001		<b>CONTACT NAME:</b> GLORIA PALACIO <b>PHONE (A/C, No, Ext):</b> 504-831-0002 <b>FAX (A/C, No):</b> 504-247-9118 <b>E-MAIL ADDRESS:</b> GLORIA@NORAHOLMES.COM	
<b>INSURED</b> PEDIGO ENTERPRISES LLC PO BOX 523 VIOLET LA 70043		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> State Farm Mutual Automobile Insurance Company <b>NAIC #</b> 25178 <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

*MD 10/21/20*

**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 - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY	Y	Y	18-1977	10/20/2020	04/20/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 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) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				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)  
 2017 FORD F150 PICKUP VIN 1FTMF1CP2HKC02000

CERTIFICATE HOLDER IS ALSO ADDITIONAL INSURED

**CERTIFICATE HOLDER**                      **CANCELLATION**

St. Bernard Parish Government 8201 W Judge Perez Chalmette LA 70043	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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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/14/2020

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> Hiscox Inc. 520 Madison Avenue 32nd Floor New York, NY 10022	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (888) 202-3007 FAX (A/C, No): E-MAIL ADDRESS: contact@hiscox.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Pedigo Enterprises, LLC 30925 Creek Bend Avenue Denham Springs, LA 70726  <i>MD 10/14/20</i>	<b>INSURER A:</b> Hiscox Insurance Company Inc <b>NAIC #</b> 10200	
	<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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			UDC-2384178-CGL-20	10/11/2020	10/11/2021	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="" type="checkbox"/> Primary & Noncontributory	Y	Y				MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$ S/T Gen. Agg
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> AUTOS ONLY						\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	<b>EXCESS LIAB</b>						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED						\$
	RETENTION \$						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	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**

St Bernard Parish Government  
 8201 W Judge Perez  
 Chalmette LA 70043

**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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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/19/2020

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> CyberPolicy Insurance Solutions 5655 Lindero Canyon Rd, Suite 204 Westlake Village, CA 91362	<b>CONTACT NAME:</b> Kendall QC <b>PHONE (A/C, No, Ext):</b> (855) 465-8080 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> processing@coverhound.com
<b>INSURED</b> Pedigo Enterprises LLC 8101 Patricia Street Chalmette, LA 70043	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: AmTrust NAIC # 15954 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

MD  
10/21/20

**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	ADDITIONAL INSURER	INSO	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 - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY							COMBINED SINGLE LIMIT (Ea accident) \$ 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 \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	Y	WWC3498080	10/16/2020	10/16/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000.00 E.L. DISEASE - EA EMPLOYEE \$1,000,000.00 E.L. DISEASE - POLICY LIMIT \$1,000,000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, maybe attached if more space is required)  
St. Bernard Parish Government is granted a waiver of subrogation.

<b>CERTIFICATE HOLDER</b> St. Bernard Parish Government 8201 W Judge Perez Chalmette LA 77043	<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.  AUTHORIZED REPRESENTATIVE <i>Rhiannon Estandia</i>
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