

DATE: 3/28/2018

Page: 5

BID NO.: 50-00122396

BID FORM
Non Public Works

All Public Work Projects are required to use the Louisiana Uniform Public Work Bid Form

All prices must be held firm unless an escalation provision is requested in this bid. Jefferson Parish will allow one escalation during the term of the contract, which may not exceed the U.S. Bureau of Labor Statistics National Index for all Urban Consumers, unadjusted 12 month figure. The most recently published figure issued at the time an adjustment is requested will be used. A request must be made in writing by the vendor, and the escalation will only be applied to purchases made after the request is made.

Are you requesting an escalation provision?

YES _____ NO X

MAXIMUM ESCALATION PERCENTAGE REQUESTED N/A %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF N/A

For the purposes of comparison of bids when an escalation provision is requested, Jefferson Parish will apply the maximum escalation percentage quoted by the bidder to the period to which it is applied in the bid. The initial price and the escalation will be used to calculate the total bid price. It will be assumed, for comparison of prices only, that an equal amount of material or labor is purchased each month throughout the entire contract.

DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

N/A

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable)

44882

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: Foret Contracting Group, LLC

ADDRESS: PO Box 70

CITY, STATE: Thibodaux, LA ZIP: 70302

TELEPHONE: (985) 447 5296 FAX: (985) 449 4060

EMAIL ADDRESS: rforet@foretgroup.com

In the event that addenda are issued with this bid, bidders MUST acknowledge all addenda on the bid form. Bidder must acknowledge receipt of an addendum on the bid form as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: N/A

NUMBER: _____

NUMBER: _____

NUMBER: _____

TOTAL PRICE OF ALL BID ITEMS: \$ 192,636.43

AUTHORIZED SIGNATURE: Ryan B Foret

Ryan B Foret
Printed Name

TITLE: Member/Coo

SIGNING INDICATES YOU HAVE READ AND COMPLY WITH THE INSTRUCTIONS AND CONDITIONS.

NOTE: All bids should be returned with the BID NUMBER and BID OPENING DATE indicated on the outside of the envelope submitted to the Purchasing Department.

Landscape

Horticultural services #18-3414

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00122396

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	24.00	MO	TWO (2) YEAR CONTRACT FOR CHEMICAL MAINTENANCE FOR VETERANS BOULEVARD CPZ IMPROVEMENTS, PHASES 1 THROUGH 10 0010 PROVIDE A MONTHLY COST FOR THE TWENTY-FOUR (24) MONTH CHEMICAL MAINTENANCE CONTRACT, FOR VETERANS BOULEVARD CPZ IMPROVEMENTS FOR PHASES 1 - 10	8000.00	192,000.00
2	1,000.00	SQFT	0020 GRANULAR APPLICATION ONLY (BED AREA) CHEMICAL MAINTENANCE INCIDENTAL ITEMS SEE SPECS 1.2.12 SPECIAL CONDITIONS INCIDENTAL WORK ITEMS# 2 - 36	.0070	7.00
3	100.00	SQFT	0030 GRANULAR APPLICATION ONLY (LAWN AREA)	.0050	5000
4	100.00	SQFT	0040 LIQUID APPLICATION ONLY (BED AREA)	.0300	3.00
5	1,000.00	SQFT	0050 LIQUID APPLICATION ONLY (LAWN AREA)	.0180	18.00
6	1,000.00	SQFT	0060 GRANULAR FERTILIZER 15-5-15 40% - 50% S.C.U. APPLICATION: 200 LBS PER ACRE	.0030	3.00
7	100.00	SQFT	0070 MILORGANITE 6-2-0 CLASSIC GRANULAR (PRODUCT ONLY) APPLICATION: 400 LBS PER ACRE	.043	.43
8	1,000.00	SQFT	0080 REGAL BRIDLE LIQUID 30-0-0 (PRODUCT ONLY) APPLICATION: 1.25 GAL PER 1,000 SF	.0569	56.90
9	1,000.00	SQFT	0090 REGAL HARNESS LIQUID 30-0-0 (PRODUCT ONLY) APPLICATION: 66 OZ PER 1,000 SF	.0098	9.80
10	1,000.00	SQFT	0100 REGAL ENSEMBLE WITH SHAMROCK 0-20-20 LIQUID (PRODUCT ONLY)	.0140	14.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00122396

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
11	1,000.00	SQFT	APPLICATION: 66 OZ PER 1,000 SF 0110 REGAL ENSEMBLE WITH SHAMROCK 0-20-20 LIQUID (PRODUCT ONLY)	.030	30.00
12	1,000.00	SQFT	APPLICATION: 1.25 GAL PER 1,000 SF 0120 REGAL MUSCLE LIQUID (PRODUCT ONLY) APPLICATION: 8 OZ PER 1,000 SF	.0050	5.00
13	1,000.00	SQFT	0130 REGAL STERLING *GENE RESPONDER* LIQUID (PRODUCT ONLY) APPLICATION: .36 OZ PER 1,000 SF	.0050	5.00
14	1,000.00	SQFT	0140 REGAL CROWN LIQUID (PRODUCT ONLY) APPLICATION: 2 OZ PER 1,000 SF	.0045	4.50
15	1,000.00	SQFT	0150 MONSANTO CERTAINTY LIQUID (PRODUCT ONLY) APPLICATION: 1.25 OZ PER ACRE	.0023	2.30
16	1,000.00	SQFT	0160 PBI GORDON TRIMEC BENTGRASS LIQUID (PRODUCT ONLY) APPLICATION: HIGH RATE PER MANUFACTURER	.0010	1.00
17	1,000.00	SQFT	0170 DOLOMITIC LIME GRANULAR (PRODUCT ONLY) APPLICATION: 2,000 LBS PER ACRE	.0100	10.00
18	1,000.00	SQFT	0180 GRANULAR GYPSUM (PRODUCT ONLY) APPLICATION: 2,000 LBS PER ACRE	.0135	13.50
19	1,000.00	SQFT	0190 ELEMENTAL SULFUR GRANULAR (PRODUCT ONLY) APPLICATION: 4LBS PER 1,000 SF	.0030	3.00
20	1,000.00	SQFT	0200 PILLAR G GRANULAR FUNGICIDE (PRODUCT ONLY) APPLICATION: 3 LBS PER 1,000 SF	.0109	10.90
21	1.00	EA	0210 SOIL SAMPLE (GOLF COURSE SAMPLE)	40.00	40.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00122396

SEALED BID

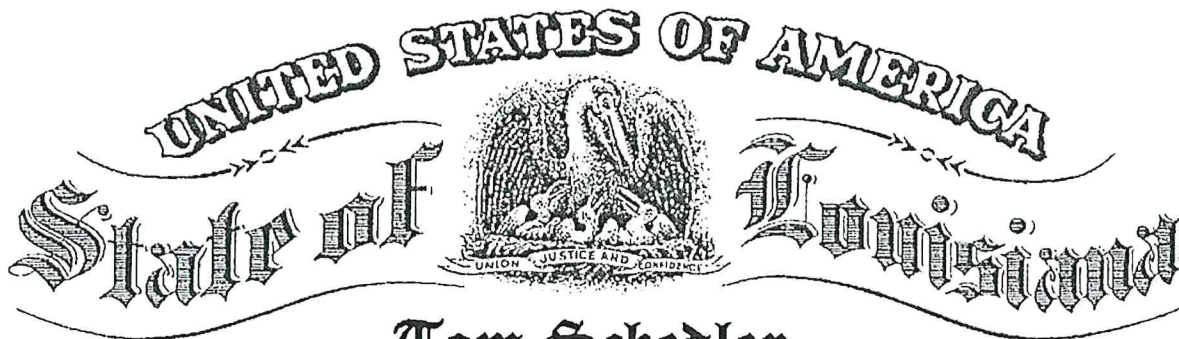
ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
22	1,000.00	SQFT	0220 GRANULAR TALSTAR (PRODUCT ONLY) APPLICATION: 4 LBS PER 1,000 SF	.0030	3.00
23	1,000.00	SQFT	0230 LIQUID TALSTAR (PRODUCT ONLY) APPLICATION: RATE PER MANUFACTURER	.0010	1.00
24	1,000.00	SQFT	0240 GRANULAR 32-3-12 SLOW RELEASE FERTILIZER 40% - 50% XCU (PRODUCT ONLY) APPLICATION: 150 LBS PER ACRE	.0025	2.50
25	1,000.00	SQFT	0250 FUSILADE II APPLICATION: 24 OZ PER ACRE	.0020	2.00
26	1,000.00	SQFT	0260 IMAGE 70 DG APPLICATION: 11 OZ PER ACRE	.0045	4.50
27	1,000.00	SQFT	0270 ROUND-UP PRO APPLICATION: RATE PER MANUFACTURER	.0005	.50
28	1,000.00	SQFT	0280 SUBDUE MAXX FUNGICIDE FOR DRENCH (PRODUCT ONLY) APPLICATION: RATE PER MANUFACTURER	.0100	10.00
29	800.00	SQFT	0290 REGAL SEASONAL COLOR BED FERTILIZER BRIDAL PAK 800 APPLICATION: RATE PER MANUFACTURER	3380	338.00
30	1,000.00	SQFT	0300 ESPLANE 200 (SC) HERBICIDE (PRODUCT ONLY) APPLICATION: 3 OZ PER ACRE OF TURF	.0010	1.00
31	1,000.00	SQFT	0310 REGAL CONSYST FUNGICIDE APPLICATION: MANUFACTURER RATE FOR LAWN TURF	.0070	7.00
32	1,000.00	SQFT	0320 REGAL CONSYST FUNGICIDE APPLICATION: MANUFACTURER RATE FOR ORNAMENTAL PLANT	.0020	2.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00122396

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
33	1,000.00	SQFT	0330 REGAL MULTIGREEN LIQUID FERTILIZER (PRODUCT ONLY) APPLICATION: MANUFACTURER HIGH RATE FOR TURF ORNAMENTAL	.0015	1.50
34	1,000.00	SQFT	0340 REGAL CAPITOL *GENE RESPONDER* (PRODUCT ONLY) APPLICATION: .55 OZ PER 1,000 SF	.0063	6.30
35	1,000.00	SQFT	0350 REGAL CURE *GENE RESPONDER* (PRODUCT ONLY) APPLICATION: .41 OZ PER 1,000 SF	.0043	4.30
36	1,000.00	SQFT	0360 REGAL ENSEMBLE MICRO-W-REGAL CROWN (PRODUCT ONLY) APPLICATION 16 OZ PER 1,000 SF	.0150	15.00
37	1.00	EA	0370 DIRECTOR APPROVED INCIDENTAL ***NON-BIDDABLE LINE ITEM*** NO PRICE IS ENTERED FOR THIS ITEM. THIS ITEM IS HERE FOR USE DURING THE CONTRACT TERM FOR ANY ADDITIONAL REPAIR AND OR REPLACEMENT NOT INCLUDED ON THE INCIDENTAL LINE ITEMS SHEET. THIS ITEM WILL NOT BE USED IN DETERMINING THE LOW BIDDER AND WILL NOT BE INCLUDED IN THE OVERALL CONTRACT PRICE.		



Tom Schedler
SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that
the attached document(s) of

FORET CONTRACTING GROUP, LLC

are true and correct and are filed in the Louisiana Secretary of State's Office.
40559435 NMCHG 07/22/2011 2 pages

In testimony whereof, I have hereunto set my
hand and caused the Seal of my Office to be
affixed at the City of Baton Rouge on,

July 22, 2011

Secretary of State

JL 35448665K



Certificate ID: 10186490#WAR93

To validate this certificate, visit the following
web site, go to **Commercial Division**,
Certificate Validation, then follow the
instructions displayed.

www.sos.louisiana.gov

STATE OF LOUISIANA
PARISH OF LAFOURCHE

**AMENDMENT TO THE
ARTICLES OF ORGANIZATION OF
FORET LAND AND TREE COMPANY, LLC
A LIMITED LIABILITY COMPANY**

BE IT KNOWN that on the 21st day of July, 2011, before me, a Notary Public duly commissioned and qualified, and in the presence of the undersigned witnesses, personally came and appeared:

BENTON FORET (SSN: ___-__-8109), who is of the full age of majority, who is domiciled in Lafourche Parish, whose address is 1048 Canal Boulevard, Thibodaux, Louisiana 70301, AND

RYAN FORET (SSN: ___-__-2587), who is of the full age of majority, who is domiciled in Lafourche Parish, whose address is 1048 Canal Boulevard, Thibodaux, Louisiana 70301;

who after being duly sworn, did depose and say:

1. The Articles of Organization were filed and recorded with the Secretary of State on March 19, 2003.
2. Appearers are executing this Amendment to formally change the name of the limited liability company from Foret Land and Tree Company, L L C to **Foret Contracting Group, LLC**.
3. Appearers swear that Appearers are the only members of this limited liability company.
4. THEREFORE, Article I of the Articles of Organization is hereby amended to read:
The name of this Limited Liability Company is: **Foret Contracting Group, LLC**.

5. The remaining Articles shall remain the same.

THUS DONE AND SIGNED on the day and date set forth above at the City of Thibodaux,
Parish of Lafourche, State of Louisiana, the parties hereto having affixed their signatures, together
with me, Notary, after due reading of the whole.

WITNESSES:

FORET LAND AND TREE COMPANY,
L L C , now FORET CONTRACTING
GROUP, LLC

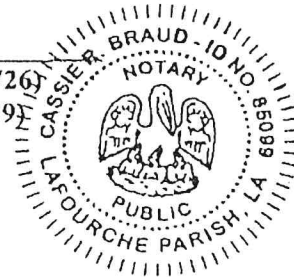
Bryette M. Ledet
Bryette M. Ledet

Benton H. Foret
By: Benton Foret, its Member

Wendy Freeman
Wendy Freeman

Ryan Foret
By: Ryan Foret, its Member

Cassie R. Braud
WOODY FALGOUST, NOTARY PUBLIC (#23726)
CASSIE R. BRAUD, NOTARY PUBLIC (#85099)



Certificate of Registration of Assumed Business Name

Name of Corporation applying for registration:
FORET CONTRACTING GROUP, LLC

State of Incorporation:
LOUISIANA

Post Office Address of Corporation:
**P. O. BOX 70
THIBODAUX, LOUISIANA 70302**

Name under which the business is to be conducted:
FORET LAND AND TREE COMPANY

THUS DONE AND PASSED in City of Thibodaux, Parish of Lafourche, State of Louisiana,
on this 1st day of November, 2011 in the presence of the undersigned competent
witnesses and me, Notary, after due reading of the whole.

WITNESSES:

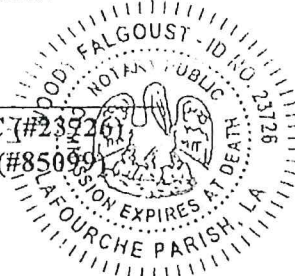
Bryette G. Ledet
Bryette G. Ledet

Benton A. Foret
BENTON FORET

Mary Ellen Whiteford
Mary Ellen Whiteford

Ryan Foret
RYAN FORET

Woody Falgoust
WOODY FALGOUST, NOTARY PUBLIC (#23926)
CASSIE R. BRAUD, NOTARY PUBLIC (#85099)



BID BOND
FOR

Two (2) year maintenance contract for chemical Maintenance of veterans Blvd, CPZ, Improvements Phases1-10

Date: 5/3/2018

KNOW ALL MEN BY THESE PRESENTS:

That Foret Contracting Group, LLC of Thibodaux, Louisiana, as Principal, and Philadelphia Indemnity Insurance Company, as Surety, are held and firmly bound unto the Jefferson Parish, Purchasing Department (Obligee), in the full and just sum of five (5%) percent of the total amount of this bid, including all alternates, lawful money of the United States, for payment of which sum, well and truly be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally firmly by these presents.

Surety represents that it is listed on the current U. S. Department of the Treasury Financial Management Service list of approved bonding companies as approved for an amount equal to or greater that the amount for which it obligates itself in this instrument or that it is a Louisiana domiciled insurance company with at least an A - rating in the latest printing of the A. M. Best's Key Rating Guide. If surety qualifies by virtue of its Best's listing, the Bond amount may not exceed ten percent of policyholders' surplus as shown in the latest A. M. Best's Key Rating Guide.

Surety further represents that it is licensed to do business in the State of Louisiana and that this Bond is signed by surety's agent or attorney-in-fact. This Bid Bond is accompanied by appropriate power of attorney.

THE CONDITION OF THIS OBLIGATION IS SUCH that, whereas said Principal is herewith submitting its proposal to the Obligee on a Contract for:

Two (2) year maintenance contract for chemical Maintenance of veterans Blvd, CPZ, Improvements Phases1-10

NOW, THEREFORE, if the said Contract be awarded to the Principal and the Principal shall, within such time as may be specified, enter into the Contract in writing and give a good and sufficient bond to secure the performance of the terms and conditions of the Contract with surety acceptable to the Obligee, then this obligation shall be void; otherwise this obligation shall become due and payable.

Foret Contracting Group, LLC
PRINCIPAL (BIDDER)

BY: 
AUTHORIZED OFFICER-OWNER-PARTNER

Philadelphia Indemnity Insurance Company
SURETY

BY: 
AGENT OR ATTORNEY-IN-FACT (SEAL)

Meghann Catherine Turner, Attorney-in-Fact

PHILADELPHIA INDEMNITY INSURANCE COMPANY

One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004-0950

Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS: That **PHILADELPHIA INDEMNITY INSURANCE COMPANY** (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint **Garrett Turner, Mary Catherine Turner, Meghann Catherine Turner & Ronald T. Turner of Surety Bond Brokers Of LA, Inc.**, its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed **\$25,000,000.00**.

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY on the 14th of November, 2016.

RESOLVED: That the Board of Directors hereby authorizes the President or any Vice President of the Company: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

FURTHER RESOLVED: That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

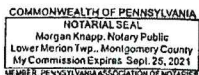
IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEAL TO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 27TH DAY OF OCTOBER, 2017.



(Seal)

Robert D. O'Leary Jr., President & CEO
Philadelphia Indemnity Insurance Company

On this 27th day of October, 2017, before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the **PHILADELPHIA INDEMNITY INSURANCE COMPANY**; that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed.



(Notary Seal)

Notary Public:

residing at:

Bala Cynwyd, PA

My commission expires:

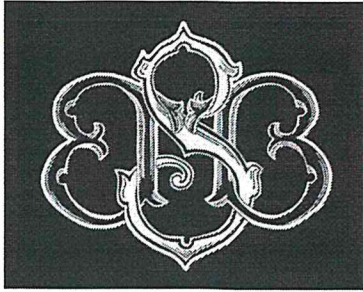
September 25, 2021

I, Edward Sayago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and this Power of Attorney issued pursuant thereto on this 27th day of October, 2017 are true and correct and are still in full force and effect. I do further certify that Robert D. O'Leary Jr., who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 3rd day of May, 20 18.



Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY



Attention: Meghann Turner
Surety Bond Brokers
Meghann@suretybondbrokers.com
Phone: (225)757-9191
Fax: (225)757-9199

BID BOND RESULT FORM

CONTRACTOR: Foret Contracting Group, LLC

FAX: () -
Phone: (985) 447-5296

BID DATE: 5/3/2018

OWNER: Jefferson Parish, Purchasing Department

PROJECT: Two (2) year maintenance contract for chemical Maintenance of veterans Blvd, CPZ,

The Surety asks that Bid Results be provided as soon as possible after the bid date. We would appreciate you completing this form and returning via fax or email at your earliest opportunity. Thank you!

	<u>CONTRACTOR</u>	<u>BID</u>
1st	_____	\$ _____
2nd	_____	\$ _____
3rd	_____	\$ _____

If you are *not* one of the three lowest bidders:

My Bid: _____ \$ _____

If you were low, or were low and negotiating, evaluation of bids and award of contract is expected by ____/____/____.

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Foret Contracting Group LLC	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► S Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)	
	5 Address (number, street, and apt. or suite no.) See instructions. PO BOX 70	Requester's name and address (optional)
	6 City, state, and ZIP code Thibodaux, LA 70302	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
			-				-	
or								
Employer identification number								
20	-	04	90	16	9			

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Ryan B. Foret

Date ►

5/3/18

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



FORLA-1

OP ID: KC

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/31/2017

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

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

PRODUCER Paul's Insurance Services, LLC P O Box 1599 Gray, LA 70359 Jeremy J. Clement	CONTACT NAME: Jeremy Clement/KaylaMCrochet
	PHONE (A/C, No, Ext): 985-868-0715 FAX (A/C, No): 985-851-7447
	E-MAIL ADDRESS: kcrochet@paulsagency.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A : Houston Specialty Insurance Co
	INSURER B : Silver Oak Casualty, Inc
	INSURER C : Scottsdale Insurance Co.
	INSURER D :
	INSURER E :
	INSURER F :

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.		

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			HSLR18-00670-06	06/01/2017	06/01/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			HSLR18-00670-06	06/01/2017	06/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			XLS0102437	06/01/2017	06/01/2018	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	SVWCLA2605292017	06/01/2017	06/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Equipment Floater			HSLR18-00670-06	06/01/2017	06/01/2018	Scheduled 592,077

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

CERTIFICATE HOLDER	CANCELLATION
JEFFP-1 Jefferson Parish Streets & Parkways Dept 1901 Ames Blvd Marrero, LA 70072	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>Jeremy J. Clement</i>

© 1988-2014 ACORD CORPORATION. All rights reserved.

General Liability:

-Certificate Holder is named as an Additional Insured and provided Waiver of Subrogation as required by written contract, but limited to the operations of the insured under said contract and always subject to the policy terms, conditions and exclusions.
-Contractual Liability as required by written contract, but limited to the operations of the insured under said contract and always subject to the policy terms, conditions and exclusions.
-General Liability insurance is primary and all others are non contributory.

Auto Liability:

-Certificate Holder is named as an Additional Insured and provided Waiver of Subrogation as required by written contract, but limited to the operations of the insured under said contract and always subject to the policy terms, conditions and exclusions.
- Includes Primary Endorsement.
Equipment Floater also includes Rented and Leased Equipment for a Limit of \$100,000.

Umbrella Liability:

-Certificate Holder is named as an Additional Insured and provided Waiver of Subrogation as required by written contract, but limited to the operations of the insured under said contract and always subject to the policy terms, conditions and exclusions.
- Policy is follow form

The Workers Compensation Policy:

-Certificate Holder is provided Waiver of Subrogation as required by written contract, but limited to the operations of the insured under said contract and always subject to the policy terms, conditions and exclusions.
-Blanket Alternate Employer as required by written contract.



LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY
MIKE STRAIN DVM
Commissioner



April 26, 2018

Office of Agricultural & Environmental Sciences
(225) 925-3787

RYAN BROOKS FORET – LDAF #51176
PO BOX 70
THIBODAUX, LA 70302

Dear RYAN BROOKS FORET,

On April 26, 2018, you passed the Commercial Pesticide Applicator exam: **Ornamental & Turf Pest Control**.

You are now certified in these categories: General Standards, 3-Ornamental & Turf Pest Control, and 6-Right-of-Way & Industrial Pest Control.

If you have any questions, please call (225) 952-8046 or (225) 952-8043.

Sincerely,

Joe Ingrao

Joe Ingrao
Program Coordinator
Pesticide Applicator Certification & Training
Office of Agricultural & Environmental Sciences
(225) 952-8046

LOUISIANA DEPARTMENT OF
AGRICULTURE & FORESTRY

CERTIFICATION CARD

COMMERCIAL PESTICIDE APPLICATOR

RYAN FORET

PO BOX 70

THIBODAUX LA 70302

00051176

Exp. Date: 12/31/2018



MIKE STRAIN, DPM COMMISSIONER



CERTIFIED, LICENSED OR REGISTERED AS

CATEGORY

6-Right-Of-Way & Industrial Pest
GS-General Standards

RE-CERTIFY BY

8/5/2019
8/5/2019

SIGNATURE

LDAP EMERGENCY HOTLINE: 855-452-5323
LA POISON CONTROL CENTER: 800-222-1222



LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY

MIKE STRAIN DVM, COMMISSIONER

Agricultural & Environmental Sciences, 5825 Florida Blvd., Suite 3003, Baton Rouge, LA 70806, (225) 925-3787, FAX (225) 925-3760

License No. 00094809

Date: 02/12/2018

FORET LAND AND TREE

22

Please verify information for correctness. If changes are necessary, make corrections and promptly return to issuing agency.

LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY


MIKE STRAIN DVM, COMMISSIONER

Agricultural & Environmental Sciences, 5825 Florida Blvd., Suite 3003, Baton Rouge, LA 70806, (225) 925-3787, FAX (225) 925-3760

Be it known, that effective **January 01, 2018** through **December 31, 2018** having complied with all relevant requirements of the Louisiana Revised Statutes, the entity named below is hereby authorized to engage in the business of **GROUND APPLICATOR** OWNER-OPERATOR.

FORET LAND AND TREE
354 W MAIN STREET
THIBODAUX LA 70301

DISPLAY IN A PROMINENT PLACE


Commissioner
License No. 00094809

LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY

MIKE STRAIN DVM, COMMISSIONER

Agricultural & Environmental Sciences, 5815 Florida Blvd., Suite 3002, Baton Rouge, LA 70806, (225) 952-8300, FAX (225)

Be it known, that effective 02/01/2018 through 01/31/2019 having complied with all relevant requirements the individual named below is hereby licensed in the following profession(s):

LICENSE(S): ARBORIST

18-1011

IRRIGATION CONTRACTOR

18-0025

CEU Expiration Date

Oct 15 2018

LANDSCAPE HORTICULTURIST

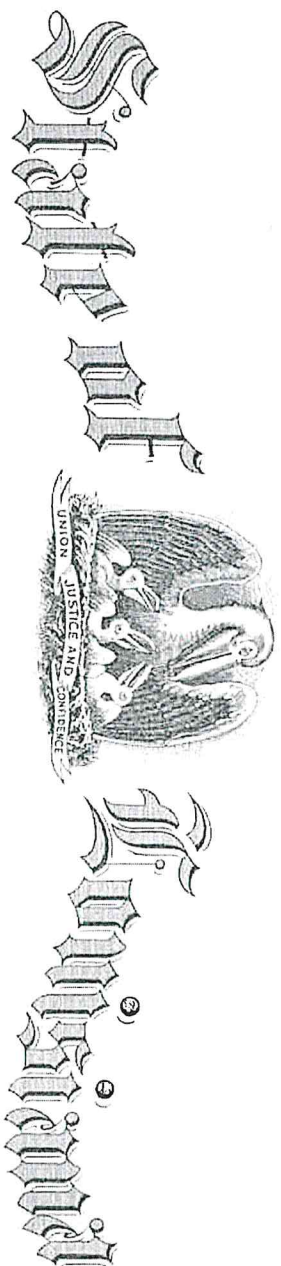
18-3414

RYAN BROOKS FORET
PO BOX 70

THIBODAUX LA 70302

DISPLAY IN A PROMINENT PLACE.





State Licensing Board for Contractors

This is to Certify that:

FORET CONTRACTING GROUP, LLC
P.O. Box 70
Thibodaux, LA 70302

is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION; ELECTRICAL WORK (STATEWIDE); HEAVY CONSTRUCTION; HIGHWAY,
STREET AND BRIDGE CONSTRUCTION; SPECIALTY: LANDSCAPING, GRADING AND BEAUTIFICATION



Expiration Date: February 09, 2019

License No: 44882

Witness our hand and seal of the Board dated,
Baton Rouge, LA 10th day of February 2018

Willis MacCP
Director

Joe Mallett
Chairman

This License Is Not Transferable

Andy Dumas
Treasurer

Non-Public Works Bid

AFFIDAVIT

STATE OF LouisianaPARISH/COUNTY OF Lafourche

BEFORE ME, the undersigned authority, personally came and appeared: Ryan B. Foret, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized Member of Foret Contracting Group, LLC (Entity), the party who submitted a bid in response to Bid Number 50-00122396 to the Parish of Jefferson.

Affiant further said:

Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all campaign contributions, including the date and amount of each contribution, made to current or former elected officials of the Parish of Jefferson by Entity, Affiant, and/or officers, directors and owners, including employees, owning 25% or more of the Entity during the two-year period immediately preceding the date of this affidavit or the current term of the elected official, whichever is greater. Further, Entity, Affiant, and/or Entity Owners have not made any contributions to or in support of current or former members of the Jefferson Parish Council or the Jefferson Parish President through or in the name of another person or legal entity, either directly or indirectly.

Choice B X there are NO campaign contributions made which would require disclosure under Choice A of this section.

Debt Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.

Choice B X _____ There are NO debts which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

[The remainder of this page is intentionally left blank.]

That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.

Ryan B Foret
Signature of Affiant

Ryan B Foret
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 3rd DAY OF MAY, 2018.

Eugene N. Roth
Notary Public
Eugene N. Roth
Printed Name of Notary
Eugene N. Roth
Notary #008409
Notary/Bar Roll Number

My commission expires lifetime
Commission

[Print](#)

Notary Search - Detail

Name: MR. EUGENE N. ROTH
Address: P. O. BOX 306
THIBODAUX, LA 70302-0306
Phone: (985) 447-3909
Phone 2: (985) 446-3100
Notary ID Number: 8409
Parish: LAFOURCHE with authority in the following parishes:
ASSUMPTION, ST. MARY, TERREBONNE
Agency: N/A
Notary Type: Non Attorney
Status: Active
Commission Date: 02/11/1999
Oath Date: 02/03/1999
Surety Expiration Date: 01/05/2019
Annual Report Current: Yes

Notary Events

Suspension From: 04/12/2012 To: 01/06/2013
Parish Change Previous Parish: TERREBONNE
Previous Commission Date: 01/11/1984

Deceased, Inactivated, Leave of Absence, Pre-Assessment Registration, Pre-Assessment Taken, Resigned, Retirement, and Revoked events are not available prior to February 11, 2012.

[Back to Search Results](#)[New Search](#)