

DATE: 12/27/2019

Page: 5

BID NO.: 50-00128840

**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 ☐

MAXIMUM ESCALATION PERCENTAGE REQUESTED 5% May 1, 2020 to  
INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF April 30, 2022

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

1st of month

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 68765

**THIS SECTION MUST BE COMPLETED BY BIDDER:**

FIRM NAME: Faith Journeys, LLC

ADDRESS: 1114 Honduras Street

CITY, STATE: Houma, LA ZIP: 70360

TELEPHONE: (985) 360-9320 FAX: (985) 851-1375

EMAIL ADDRESS: mcmssnvl@aol.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: JPP-50-00128840-1  
NUMBER: JPP-50-00128840-2  
NUMBER: \_\_\_\_\_  
NUMBER: \_\_\_\_\_

TOTAL PRICE OF ALL BID ITEMS: \$ 442,344.00

AUTHORIZED SIGNATURE: Michele Scott Michele Scott  
Printed Name

TITLE: owner

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.

\*\*\* BID REVISED PER ADDENDUM # 2 \*\*\*

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00128840

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	24.00	MO	<p>LABOR, MATERIALS &amp; EQUIPMENT TO PROVIDE A TWO (2) YEAR JANITORIAL CONTRACT FOR DEDICATED FACILITIES UNDER JURISDICTION OF THE DEPARTMENT OF JUVENILE SERVICES</p> <p>0001 Two (2) year Janitorial Contract to provide all labor, materials and equipment necessary for a twenty-four (24) month contract for janitorial services for dedicated facilities under the jurisdiction of the Department of Juvenile Services.</p>	18,431.00	442,344.00
2	1.00	HR	<p>0002 Day Porter Daily Rate Provide an hourly rate for a day time janitorial employee to perform regular janitorial services that are listed under the attached day time janitorial employee job description. Contractor will also be required to provide equipment for the employee to use to perform these services. Employee may be used on an hourly basis for intermittent work at various locations.</p>	\$10.50 an hour	
3	1.00	SQFT	<p>0003 Carpet Cleaning Provide a square footage cost for carpet cleaning, as needed, which includes everything to do a total wet extraction at any of the buildings to be covered in this contract.</p> <p>Please note that the Bonnet Cleaning System is not acceptable for carpet cleaning.</p>	\$0.16	
4	1.00	SQFT	<p>0004 Tile and Hard Surface Floor Cleaning Provide a square footage cost for tile and hard surface floor refinishing as needed, which includes everything for stripping, cleaning, waxing and buffing at any of the buildings to be covered in this contract.</p> <p>***** PLEASE BE ADVISED THAT THE 5% SURETY BOND MUST REFLECT THE TOTALS OF ALL FOUR ITEMS ABOVE. NOT JUST ITEM 0001 *****</p> <p>***PLEASE SEE ATTACHED SPECIFICATIONS***</p> <p>*** BID REVISED PER ADDENDUM #2 ***</p>	\$0.40	

Non-Public Works Bid

AFFIDAVIT

STATE OF LOUISIANA

PARISH/COUNTY OF Terrebonne

BEFORE ME, the undersigned authority, personally came and appeared: michele Scott, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized michele Scott, of Keith Journeys, LLC (Entity), owner the party who submitted a bid in response to Bid Number JPP-50-000288 to the Parish of Jefferson.  
40

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 ☒ 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 ✓ 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.

Michele Scott  
Signature of Affiant

michele Scott  
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME  
ON THE 30<sup>th</sup> DAY OF December, 2019.

Yelonda M. Dean  
Notary Public

Yelonda M. Dean  
Printed Name of Notary

92059  
Notary/Bar Roll Number

My commission expires @death.



OFFICIAL SEAL  
YELONDA M. DEAN  
LSNID#92059-Notary Public  
State of Louisiana /Parish of Terrebonne  
Commissioned for Life



[Print](#)

## Notary Search - Detail

**Name:** MS. YELONDA M. DEAN  
**Address:** 189 SIMMONS DRIVE  
HOUMA, LA 70363  
**Phone:** (985) 232-1732  
**Phone 2:** (985) 872-4935  
**Notary ID Number:** 92059  
**Parish:** TERREBONNE with STATEWIDE JURISDICTION  
**Agency:** N/A  
**Notary Type:** Non Attorney  
**Status:** Active  
**Commission Date:** 01/20/2016  
**Oath Date:** 01/20/2016  
**Surety Expiration Date:** 07/14/2021  
**Annual Report Current:** Yes

## Notary Events

**Suspension** From: 07/15/2016 To: 07/19/2016  
**Parish Change** Previous Parish: Previous Commission Date:  
LAFOURCHE 07/18/2011  
**Suspension** From: 09/17/2015 To: 01/20/2016

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](#)

## CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF  
Faith Journeys, LLC  
INCORPORATED.

AT THE MEETING OF DIRECTORS OF Faith Journeys, LLC  
INCORPORATED, DULY NOTICED AND HELD ON \_\_\_\_\_,  
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT  
WAS:

RESOLVED THAT michele Scott, BE AND IS HEREBY  
APPOINTED, CONSTITUTED AND DESIGNATED AS AGENT AND ATTORNEY-IN-  
FACT OF THE CORPORATION WITH FULL POWER AND AUTHORITY TO ACT ON  
BEHALF OF THIS CORPORATION IN ALL NEGOTIATIONS, BIDDING, CONCERNS  
AND TRANSACTIONS WITH THE PARISH OF JEFFERSON OR ANY OF ITS AGENCIES,  
DEPARTMENTS, EMPLOYEES OR AGENTS, INCLUDING BUT NOT LIMITED TO, THE  
EXECUTION OF ALL BIDS, PAPERS, DOCUMENTS, AFFIDAVITS, BONDS, SURETIES,  
CONTRACTS AND ACTS AND TO RECEIVE ALL PURCHASE ORDERS AND NOTICES  
ISSUED PURSUANT TO THE PROVISIONS OF ANY SUCH BID OR CONTRACT, THIS  
CORPORATION HEREBY RATIFYING, APPROVING, CONFIRMING, AND ACCEPTING  
EACH AND EVERY SUCH ACT PERFORMED BY SAID AGENT AND ATTORNEY-IN-  
FACT.

I HEREBY CERTIFY THE FOREGOING TO BE  
A TRUE AND CORRECT COPY OF AN  
EXCERPT OF THE MINUTES OF THE ABOVE  
DATED MEETING OF THE BOARD OF  
DIRECTORS OF SAID CORPORATION, AND  
THE SAME HAS NOT BEEN REVOKED OR  
RESCINDED.

Michele Scott  
SECRETARY-TREASURER

1-6-2020  
DATE

R. Kyle Ardoin  
SECRETARY OF STATE

State of Louisiana  
Secretary of State



June 17, 2019

COMMERCIAL DIVISION  
225.925.4704

Administrative Services

225.932.5317 Fax

Corporations

225.932.5314 Fax

Uniform Commercial Code

225.932.5318 Fax

The attached document of FAITH JOURNEYS, LLC was received and filed on June 17, 2019.

WEB 43503282K



R. Kyle Ardoin  
SECRETARY OF STATE

State of Louisiana  
Secretary of State



06/17/2019

ONLINE FILING  
Mcmssnvl@aol.com

COMMERCIAL DIVISION  
225.925.4704

Administrative Services

225.932.5317 Fax

Corporations

225.932.5314 Fax

Uniform Commercial Code

225.932.5318 Fax

FAITH JOURNEYS, LLC

It has been a pleasure to approve and place on file your articles of organization. The appropriate evidence is attached for your files.

Payment of the filing fee is acknowledged by this letter.

In addition to email and text notifications, business owners now have the option to enroll in our secured business filings (SBF) service. This service is available online, at no charge, by filing a notarized affidavit. Upon enrollment, an amendment cannot be made to your entity without approval using your personal identification number. This is another way to protect your business from fraud and identity theft.

Please note that as of January 1, 2018, business owners in the following parishes will be required to file all available business documents online through geauxBIZ: Ascension, Bossier, Caddo, Calcasieu, East Baton Rouge, Jefferson, Lafayette, Livingston, Orleans, Ouachita, Rapides, St. Tammany, Tangipahoa and Terrebonne.

Online filing options are available if changes are necessary to your registration or if you need to file an annual report. Please visit our website at **GeauxBiz.com** for your future business needs.

Sincerely,

The Commercial Division  
WEB



**R. Kyle Ardoin**

SECRETARY OF STATE

*As Secretary of State of the State of Louisiana, I do hereby Certify that*

a copy of the Articles of Organization and Initial Report of

**FAITH JOURNEYS, LLC**

Domiciled at HOUMA, LOUISIANA,

Was filed and recorded in this Office on June 17, 2019,

And all fees having been paid as required by law, the limited liability company is authorized to transact business in this State, subject to the restrictions imposed by law, including the provisions of R.S. Title 12, Chapter 22.

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,

June 17, 2019

*Secretary of State*

WEB 43503282K



Certificate ID: 11088627#XYN83

To validate this certificate, visit the following web site, go to **Business Services, Search for Louisiana Business Filings, Validate a Certificate**, then follow the instructions displayed.  
**[www.sos.la.gov](http://www.sos.la.gov)**

**STATE OF LOUISIANA**  
**ARTICLES OF ORGANIZATION**

**(R.S. 12:1301)**

**1. The name of this limited liability company is:**

FAITH JOURNEYS, LLC

**2. This company is formed for the purpose of:**

ENGAGING IN ANY LAWFUL ACTIVITY FOR WHICH LIMITED LIABILITY COMPANIES  
MAY BE FORMED

**3. The duration of this limited liability company is: (may be perpetual):**

**4. The company is:**

MANAGER-MANAGED

**Other provisions:**

**The filing of a false public record, with the knowledge of its falsity, is a crime, subjecting the  
filer to fine or imprisonment or both under R.S. 14:133.**

BY TYPING MY NAME BELOW, I HEREBY CERTIFY THAT I AM THE ORGANIZER.

**ELECTRONIC SIGNATURE:** MICHELE SCOTT (6/15/2019)

**TITLE:** OWNER/OPERATOR

**LIMITED LIABILITY COMPANY INITIAL REPORT**

**(R.S. 12:1305 (E))**

**The name of this limited liability company is:**

FAITH JOURNEYS, LLC

**The location and municipal address (not a P.O. Box only) of this limited liability company's  
registered office:**

1114 HONDURAS ST OFC

HOUMA, LA, 703601111

**Mailing Address:**

1114 HONDURAS ST OFC

HOUMA LA, LA, 703601111

**The full name and municipal address (not a P.O. Box only) of each of this limited liability  
company's registered agent(s) is/are:**

MICHELE SCOTT

1114 HONDURAS ST OFC

HOUMA, LA, 703601111


MICHELE SCOTT

1114 HONDURAS ST OFC

HOUMA, LA, 703601111

**The name and municipal address (not a P.O. Box only) of the managers or members:**

MICHELE SCOTT (MANAGER)

📍 600 North Street, Baton Rouge, 70802 📞 (225) 765-2301 🗨️ Text-To-Verify: 1 (855) 999-7896 

Louisiana State Licensing Board for Contractors

Contractor Information

**Business Name** Faith Journeys, LLC  
**Mailing Address** P.O. Box 1704  
Houma, LA 70360  
**Phone Number** (985) 851-1375  
**Email Address** faithjourneys19@gmail.com  
**Website** http://

Active Licenses

**License Number** 68765  
**Type** Commercial License  
**Status** LICENSED  
**Effective** 07/25/2019  
**Expiration** 07/25/2020  
**First Issued** 07/25/2019

Classifications

Class	Qualifying Party	Parishes
BUSINESS AND LAW	Michele Lyn Scott	ALL
SPECIALTY: SOFT ABRASIVE CLEANING, JANITORIAL SERVICES, AND HOUSEHOLD WASTE REMOVAL	Michele Lyn Scott	ALL



318481

<b>Form W-9</b> (Rev. October 2018) Department of the Treasury Internal Revenue Service	<b>Request for Taxpayer Identification Number and Certification</b> ▶ Go to <a href="http://www.irs.gov/FormW9">www.irs.gov/FormW9</a> for instructions and the latest information.	Give Form to the requester. Do not send to the IRS.
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Print or type. See Specific Instructions on page 3.	<table style="width: 100%;"> <tr> <td colspan="2">1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <u>Michele Scott</u></td> </tr> <tr> <td colspan="2">2 Business name/disregarded entity name, if different from above <u>Faith Journeys, LLC</u></td> </tr> <tr> <td style="width: 65%;">           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 checked="" 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 type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____  <small>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.</small>  <input type="checkbox"/> Other (see instructions) ▶ _____         </td> <td style="width: 35%;">           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) _____  <small>(Applies to accounts maintained outside the U.S.)</small> </td> </tr> <tr> <td colspan="2">5 Address (number, street, and apt. or suite no.) See instructions. <u>1114 Honduras St</u></td> </tr> <tr> <td colspan="2">6 City, state, and ZIP code <u>Houma, LA 70360</u></td> </tr> <tr> <td colspan="2">7 List account number(s) here (optional)</td> </tr> </table>	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <u>Michele Scott</u>		2 Business name/disregarded entity name, if different from above <u>Faith Journeys, LLC</u>		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 checked="" 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 type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>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.</small> <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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	5 Address (number, street, and apt. or suite no.) See instructions. <u>1114 Honduras St</u>		6 City, state, and ZIP code <u>Houma, LA 70360</u>		7 List account number(s) here (optional)	
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7 List account number(s) here (optional)													

<b>Part I Taxpayer Identification Number (TIN)</b> 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 <i>How to get a TIN</i> , later. <b>Note:</b> If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	
Social security number <div style="border: 1px solid black; padding: 2px; display: inline-block;">           435-31-7622         </div>	or Employer identification number <div style="border: 1px solid black; padding: 2px; display: inline-block;">           -         </div>

<b>Part II Certification</b> Under penalties of perjury, I certify that: 1. 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 2. 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 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
<b>Certification Instructions.</b> 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.	
<b>Sign Here</b>	Signature of U.S. person ▶ <u>Michele Scott</u> Date ▶ <u>1-2-2020</u>

<b>General Instructions</b> Section references are to the Internal Revenue Code unless otherwise noted. <b>Future developments.</b> For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to <a href="http://www.irs.gov/FormW9">www.irs.gov/FormW9</a> . <b>Purpose of Form</b> 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-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.	• Form 1099-INT (interest earned or paid)
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TOKIO MARINE  
HCC

**Surety Group**  
American Contractors Indemnity Company  
801 S. Figueroa Street, Suite 700  
Los Angeles, CA 90017, USA

## JANITORIAL/BUSINESS SERVICES BOND (Limited Form)

Bond No. 100477275  
Premium: \$200.00

**IN CONSIDERATION OF** an agreed premium, AMERICAN CONTRACTORS INDEMNITY COMPANY, a corporation organized under the laws of the State of California and duly authorized to transact surety business in this State (hereinafter referred to as "Surety"), hereby obligates itself under the terms and conditions herein to any Customer, as hereinafter defined, of MICHELE SCOTT DBA JEFFERSON PARISH (hereinafter referred to as "Principal"). Nothing herein shall bestow any rights of any nature on any person other than said Customer of Principal. Surety agrees to indemnify Principal's Customers against direct pecuniary loss which Customer suffers when such loss arises from any fraudulent or dishonest act, as hereinafter defined, while acting in Principal's Business Capacity as JANITORIAL SERVICE for Customer and committed during the term of the bond, as hereinafter defined, and when such loss is actually incurred by Customer by reason of loss of money or personal property belonging to customer or in which Customer has a pecuniary interest, or for which Customer is legally liable, **PROVIDED, HOWEVER** that the aggregate amount of such indemnity for any Customer or Customers with regard to Principal and Employees shall be limited to Twenty-five thousand and 00/100 Dollars (\$25,000.00).

### THE FOREGOING AGREEMENT IS SUBJECT TO THE FOLLOWING CONDITIONS AND LIMITATIONS:

#### TERM OF BOND:

*Section 1.* The term of this bond commences on the 2nd day of January, 2020 and terminates at 12:00 midnight Pacific standard time on the 2nd day of January, 2021, unless the bond is earlier canceled in its entirety.

#### DISCOVERY:

*Section 2.* Loss is covered under this bond only if arising from fraudulent or dishonest acts (as hereinafter defined) which are actually discovered by Customer within 90 days after the earlier of (a) termination of the employment of Principal by Customer or (b) termination of this bond as provided in Section 1 or in any riders altering the term of the bond; **PROVIDED**, however, that if this bond is terminated or canceled under the provisions of sections 9 or 10, the limitation or cessation of Surety's obligation shall be as therein provided.

#### DEFINITION OF EMPLOYEE:

*Section 3.* The word Employee(s) as used herein shall be deemed to mean, respectively, one or more of the natural persons (except directors or trustees of the Principal, if a corporation, who are not also Employees thereof in some other capacity) while in the full time permanent service of the Principal in the ordinary course of the Principal's business during the effective period of this bond and who is/are compensated solely by the Principal by salary or wages and over whom the Principal has the right to govern and direct in the performance of such service and who is/are engaged in such service of any of the states of the United States of America; but such terms do not mean brokers, factors, commission merchants, consignees, contractors, or other agents or representatives of the same or similar general character.

#### DEFINITION OF CUSTOMER:

*Section 4.* A Customer is any person, firm or corporation for whom Principal provides services in his or its Business Capacity as stated in the first paragraph of this bond.

#### FRAUDULENT OR DISHONEST ACTS:

*Section 5.* Unless otherwise specifically stated herein, a fraudulent or dishonest act of the Principal, or any Employee of Principal, shall mean an act of Theft, Larceny, or Fraud punishable as such under the criminal code in the jurisdiction within which act occurred, for which a conviction has been obtained.

#### NON-ACCUMULATION OF LIABILITY:

*Section 6.* Regardless of the number of years this bond shall continue in force and the number of premiums which shall be payable or paid, the liability of the Surety under this bond shall not be cumulative in amounts from year to year or from period to period. In no event shall Surety's liability to Customer or Customers exceed the amount stated above, whether by reason of fraudulent or dishonest act(s) of the Principal or Employee(s), or otherwise. Further, in no event shall Surety be held liable under this bond for any punitive, or other than actual, damages claimed by Customer(s) against Principal.

#### LIMIT OF LIABILITY UNDER THIS BOND AND ANY PRIOR BOND:

*Section 7.* In the event that any loss or losses sustained by Customer and covered under the conditions of this bond are also covered in whole or in part under other bonds issued by Surety, or other bonds or policies issued to or for customer by any person or entity, the total liability of Surety under this bond or under any other such bond issued by Surety shall not exceed in the aggregate, the lesser of (a) the amount of this bond available as set forth above or the amount available to the Customer under such other bonds issued by Surety, as limited by the terms and conditions thereof, if such latter amount to be the larger; or (b) that portion of the amount of this

bond available as set forth above, or that portion of such other bonds issued by Surety and available to Customer, as limited by the terms and conditions thereof if such latter portion be larger, computed pro rata with the amount available to Customer under any bond or policy issued to or for Customer by any person or entity other than Surety.



**SALVAGE:**

Section 8. If the Customer shall sustain any loss or losses covered by the bond which exceed the amount or coverage provided by this bond, the Customer shall be entitled to all recoveries (except from Suretyship, insurance, reinsurance, security, or indemnity taken by or for the benefit of the Surety by whomsoever made) on account of such loss or losses until the Customer has been fully reimbursed for such excess, plus the actual cost of effecting the same; and any remainder and all other amounts shall be applied to the reimbursement of the Surety. The Surety's right of subrogation to the Customer's rights against the Principal, any Employee, or any other person shall not be inferior to the Customer's remaining rights, if any, against any such persons.

**TERMINATION AS TO FUTURE ACTS OF PRINCIPAL OR EMPLOYEE:**

Section 9. This bond shall be deemed canceled as to any future acts of Principal or any Employee immediately upon discovery by Customer of any possible fraudulent or dishonest act on the part of the Principal or Employee. For purposes of this Section 9, discovery shall include that time at which the Customer, in the exercise of reasonable care, should have discovered such possible fraudulent or dishonest act. For purposes of this Section 9, Customer shall include officers or partners of Customer or any Employee of Customer who has supervisory authority over Principal or the Employee.

**CANCELLATION AS TO BOND IN ITS ENTIRETY:**

Section 10. This bond shall be deemed canceled as to any Employee or in its entirety at 12:00 midnight, Pacific Standard Time, upon the effective date specified in a notice (a) published in a newspaper circulated in the county wherein Principal maintains its principal place of business or (b) served personally upon or mailed by United States Certified Mail, Return Receipt requested, to Customers whose whereabouts are actually known to Surety, as well as to Principal. Such date shall be not less than thirty (30) days after such publication or mailing of the notice of cancellation. In the event of cancellation Surety shall have no obligation after the effective date of cancellation except for claims made in accordance with Section 12 and of which notice was actually received by Surety prior to the effective date of cancellation.

**PRIOR FRAUD, DISHONESTY OR CANCELLATION:**

Section 11. Principal hereby warrants that neither the Principal or any Employee has committed any fraudulent or dishonest act in the service of Customer or otherwise. In the absence of prior written agreement by Surety, Surety shall have no liability whatsoever if the Principal or any Employee, prior to the issuance of this bond, committed any fraudulent or dishonest act of which the Customer had, or in the exercise of reasonable care should have had, knowledge. If prior to the issuance of this bond, any bond or insurance issued in favor of the Customer or any predecessor in interest of the Customer covering Principal or any Employee shall have been canceled as to Principal or said Employee by reason of (a) the discovery of any fraudulent or dishonest act on the part of any such Principal or said Employee or (b) the giving of written notice of cancellation as to any Principal or said Employee by any such surety or insurer whether Surety or not, and if Principal or said Employee shall not have been reinstated under the coverage of any such bond or insurance, the Surety shall not be liable under this bond. For purposes of this Section 11 only, a fraudulent or dishonest act is defined as any act punishable as a crime under the law of the jurisdiction in which the act occurred, although in the absence of a conviction therefore. Further, for purposes of this Section 11, Customer shall include officers or partners of Customer or any Employee of Customer who has supervisory authority over Principal or any of its Employees.

**LOSS-NOTICE-PROOF-LEGAL PROCEEDINGS:**

Section 12. At the earliest practical moment, and in no event more than fifteen (15) days after discovery by Customer, or within said time period after Customer should have made discovery in the exercise of reasonable care, any possible fraudulent or dishonest act on the part of Principal or any Employee, the Customer shall give Surety written notice thereof. For purposes of the discovery provisions in this Section 12, Customer shall include officers or partners of Customer or any Employee of Customer who has supervisory authority over Principal or any Employee. Within four months after such discovery Customer shall file with Surety affirmative proof of loss, itemized and duly sworn to, and shall upon request of Surety render every assistance, not pecuniary, to facilitate the investigation and adjustment of any loss. No suit to recover on account of loss under this bond shall be brought before the expiration of two months from the filing of proof as aforesaid on account of such loss, nor after the expiration of twenty-four (24) months from the discovery as aforesaid of the fraudulent or dishonest act causing such loss.

**LIMITATIONS:**

Section 13. If any limitation in this bond for cancellation, termination, giving notice, filing claim or bringing suit is prohibited or made void by any law or decision controlling construction of this bond, such limitation shall be deemed to be amended so as to be equal to the minimum period of limitation permitted by law.

**SIGNATURES:**

Signed, Sealed and Dated 1/2/2020

AMERICAN CONTRACTORS INDEMNITY COMPANY  
SURETY

*Frank Mester*

FRANK MESTER

, Attorney in Fact



MICHELE SCOTT DBA JEFFERSON PARISH  
PRINCIPAL



TOKIO MARINE  
HCC

## POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That American Contractors Indemnity Company of the State of California, a California corporation, does hereby appoint,

**FRANK MESTER**

its true and lawful Attorney-in-Fact, with full authority to execute on its behalf bond number 100477275, issued in the course of its business and to bind the Company thereby, in an amount not to exceed Twenty-five thousand and 00/100 (\$25,000.00).

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following resolutions adopted by the Board of Directors of AMERICAN CONTRACTORS INDEMNITY COMPANY at a meeting duly called and held on the 1<sup>st</sup> day of September, 2011.

"Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

*Attorney-in-Fact* may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings, including any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts, and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

Be it Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached."

The Attorney-in-Fact named above may be an agent or a broker of the Company. The granting of this Power of Attorney is specific to this bond and does not indicate whether the Attorney-in-Fact is or is not an appointed agent of the Company.

IN WITNESS WHEREOF, American Contractors Indemnity Company has caused its seal to be affixed hereto and executed by its President on this 1<sup>st</sup> day of June, 2018.

State of California  
County of Los Angeles



AMERICAN CONTRACTORS INDEMNITY COMPANY

By: \_\_\_\_\_

Adam S. Pessin  
Adam S. Pessin, President

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

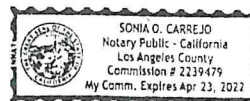
On this 1<sup>st</sup> day of June, 2018, before me, Sonia O. Carrejo, a notary public, personally appeared Adam S. Pessin, President of American Contractors Indemnity Company, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of CALIFORNIA that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_

(seal)



I, Kio Lo, Assistant Secretary of American Contractors Indemnity Company, do hereby certify that the Power of Attorney and the resolution adopted by the Board of Directors of said Company as set forth above, are true and correct transcripts thereof and that neither the said Power of Attorney nor the resolution have been revoked and they are now in full force and effect.

IN WITNESS WHEREOF, I have hereunto set my hand this 2nd day of January, 2020.

Bond No. 100477275

Agency No. 13266



Kio Lo  
Kio Lo, Assistant Secretary

visit [tmhcc.com/surety](http://tmhcc.com/surety) for more information

HCCSZZPOAACIC06/2018



ABC AGY NETWORK INC  
6481 W MAIN ST  
HOUMA, LA 70360  
1-985-851-0123

**PROGRESSIVE**  
COMMERCIAL

**Policy number: 01602237-0**

Underwritten by:  
Progressive Paloverde Insurance Co  
January 4, 2020  
Page 1 of 1

## Certificate of Insurance

### Certificate Holder

FAITHS JOURNEY LLC  
1114 HONDURAS STREET  
HOUMA, LA 70360

### Insured

FAITHS JOURNEY LLC  
FAITHS JOURNEY LLC  
1114 HONDURAS STREET  
HOUMA, LA 70360

### Agent/Surplus Lines Broker

ABC AGY NETWORK INC  
6481 W MAIN ST  
HOUMA, LA 70360

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Jan 3, 2020

Policy Expiration Date: Jul 3, 2020

### Insurance coverage(s)

Bodily Injury/Property Damage

### Limits

\$1,000,000 Combined Single Limit

### Description of Location/Vehicles/Special Items

#### Scheduled autos only

2014 HONDA ACCORD 1HGCR2F5XEA232271

Comprehensive

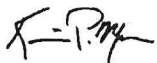
\$500 Ded

Collision

\$500 Ded

### Certificate number

00420A13237



**CHANGE IN EMPLOYER LIABILITY LIMITS**

Insurer: LOUISIANA WORKERS' COMPENSATION CORPORATION

Policy No: 170355-A

2237 S ACADIAN THRUWAY

BATON ROUGE, LA 70808

Carrier Id: 30120

A Mutual Company

Insured:  
FAITH JOURNEY'S LLC  
1114 HONDURAS ST  
Houma, LA 703605748

Producer: 13709  
ABC AGENCY NETWORK INC  
ABC INSURANCE AGENCIES  
P O Box 1119  
Opelousas, LA 70571

Federal ID: 841735091

We have revised the Employers Liability limits on your policy to that listed below:

Bodily Injury by Accident	\$500,000	each accident
Bodily Injury by Disease	\$500,000	policy limit
Bodily Injury by Disease	\$500,000	each employee

This endorsement is effective 12/27/2019.

The rate for these limits is: 0.011

The minimum premium for these limits is: \$100.00

Other Terms

All other terms remain the same.

Countersigned by \_\_\_\_\_



**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

Insurer: LOUISIANA WORKERS' COMPENSATION CORPORATION  
 2237 S. ACADIAN THRUWAY  
 BATON ROUGE, LA 70808  
 Carrier Id: 30120  
 A Mutual Company

INFORMATION PAGE  
 FOR POLICY NUMBER – 170355-A  
**Accepted Risk Program**

**1. Policyholder:**

MICHELLE SCOTT  
 1114 HONDURAS ST  
 Houma, LA 703605748

**Agency:**

13709  
 ABC AGENCY NETWORK INC  
 ABC INSURANCE AGENCIES  
 P O Box 1119  
 Opelousas, LA 70571

Federal ID: 841735091  
 Entity Type: Sole Proprietor (Individual)  
 NCCI Risk Identification Number:

**2. Policy Period:**

Effective: 12:01 AM 05/17/2019

Expires: 12:01 AM 05/17/2020

**3. Coverage, Limits and Endorsements:**

- A. Workers' Compensation Insurance: Part One of the policy applies only to the Workers' Compensation Law of the state of Louisiana.
- B. Employers Liability Insurance: Part Two of this policy applies to work in the state of Louisiana. The limits of our liability under Part Two are:

Bodily Injury by Accident	\$100,000	each accident
Bodily Injury by Disease	\$500,000	policy limit
Bodily Injury by Disease	\$100,000	each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: NONE

D. This policy includes these endorsements and schedules:

WC 00 00 01B	Policy Information Page
WC 00 00 00C	Workers Compensation and Employers Liability Insurance Policy
LWCC 4	General Endorsement
LWCC 13A	Limited Other States Endorsement
LWCC 38B	Premium Obligations Endorsement
WC 00 03 08	Partners, Officers, and Others Exclusion Endorsement
WC 00 04 14	Notification of Change in Ownership Endorsement
WC 00 04 21D	Catastrophe (Other Than Certified Acts of Terrorism) Premium Endorsement
WC 00 04 22B	Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement
LWCC 17 06 01J	Louisiana Amendatory Endorsement
plcy inst sch	Policy Installment Schedule
LWCC 9091	Standard Notice of Compliance

**4. Classifications:**

## COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

This coverage part consists of this Declarations form, the Common Policy Conditions, the Commercial General Liability Coverage Form and the endorsements indicated as applicable. (See COMMON POLICY DECLARATIONS for items 1 and 2.)

**POLICY NO.** BAK-50534-1

**NAMED INSURED:** MICHELLE SCOTT

**DBA/TA:** SCOTT'S SERVICES

### 3. LIMITS OF INSURANCE

General Aggregate Limit (Other Than Products – Completed Operations)	\$2,000,000	
Products Completed Operations Aggregate Limit	\$2,000,000	
Personal & Advertising Injury Limit	\$1,000,000	
Each Occurrence Limit	\$1,000,000	
Damage To Premises Rented To You Limit	\$100,000	Any One Premises
Medical Expense Limit	\$5,000	Any One Person

**RETROACTIVE DATE** (CG 00 02 only) – Coverage A of this insurance does not apply to “bodily injury” or “Property damage” which occurs before Retroactive Date, if any, shown below.

Retroactive Date: **None** (Enter Date or “None” if no Retroactive Date Applies)

Location of All Premises You Own, Rent or Occupy (Same as Item 1 unless shown below):

LOCATION

ADDRESS

1

1114 HONDURAS STREET, Houma, LA 70360

LOCATION #	CLASSIFICATION	CODE NO.	PREMIUM BASIS	EXPOSURE	RATE	ADVANCE PREMIUM
1	Janitorial Services	96816	Payroll	30,600	32.34	\$990.00
Class Premium						\$990.00
Underlying GL LOB Premium						\$990.00

ADDITIONAL INSURED		
No.	Form Applicable	Premium
1	CG2010 - Owners, Lessee or Contractors Schedule	\$0.00
Total Additional Insured Premium		\$0.00

All charges for Additional Insured coverages are considered fully earned.

4. FORMS / ENDORSEMENTS APPLICABLE:	TOTAL PREMIUM FOR THIS COVERAGE PART*	\$990.00
SEE SCHEDULE OF FORMS AND ENDORSEMENTS – FORM SB001		

\* Subject to minimum premium (MP).

### 5. FORM OF BUSINESS: Individual

Audit Period: Annual unless otherwise stated:



**CRUM & FORSTER**  
A LOUISIANA COMPANY

## COMMON POLICY DECLARATIONS

### Crum and Forster Specialty Insurance Company

305 Madison Avenue  
Morristown, NJ 07962

#### POLICY NUMBER

BAK-50534-1

#### RENEWAL OF:

#### 1. NAMED INSURED AND MAILING ADDRESS:

MICHELLE SCOTT  
DBA: SCOTT'S SERVICES  
1114 HONDURAS STREET  
Houma, LA-70360

#### PRODUCER:

McIntyre & Associates  
205 E Reynolds Drive, Suite B, P.O. Box 1040  
RUSTON, LA 71270

#### 2. POLICY PERIOD: From 05-17-2019 to 05-17-2020 12:01 A.M. Standard Time at your Mailing Address above.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL OF THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

#### 3. THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

COVERAGE PARTS	PREMIUM
Commercial General Liability Coverage Part	\$ 990.00
Commercial Property Coverage Part	Not Covered
Commercial Inland Marine Coverage Part	Not Covered
Commercial Garage Coverage Part	Not Covered
Owners and Contractors Protective Liability Coverage Part	Not Covered
Coverage for Certified Acts of Terrorism Rejected; Exclusion attached. <input checked="" type="checkbox"/>	
State Taxes	\$ 52.87
Policy Fee	\$ 100.00
Premium shown is payable at inception.	Total Policy Premium: \$1,142.87

#### 4. FORMS APPLICABLE TO ALL COVERAGES:

See Schedule of Forms and Endorsements – SB001

#### 5. BUSINESS DESCRIPTION : JANITORIAL SERVICES

#### NOTICE

This insurance policy is delivered as surplus lines coverage under the Louisiana Insurance Code. In the event of insolvency of the company issuing this contract, the policyholder or claimant is not covered by the Louisiana Insurance Guaranty Association or the Louisiana Life and Health Insurance Guaranty Association, which guarantees only specific types of policies issued by insurance companies authorized to do business in Louisiana. This surplus lines policy has been procured by the following licensed Louisiana surplus lines broker:

McIntyre & Associates

Signature of Licensed Louisiana Surplus Lines Broker or Authorized Representative

Printed Name of Licensed Louisiana Surplus Lines Broker William McIntyre