

BID REJECTION FORM

Bid number: 50-00126902

Vendor Name: C M Combs Construction, LLC

Reasons for

Rejection: 1 indicated on the bid form for unit price. Unit price

extension \$1,022,000.00.

REVIEWED BY:

Buyer Name:

Daphne Nelson

Date:

8/20/19

Chief Buyer:

JBL

Date:

8/20/19

LOUISIANA UNIFORM PUBLIC WORK BID FORM

TO: Jefferson Parish
Attn: Purchasing Department
200 Derbigny St., Suite 4400
Gretna, Louisiana 70053

BID FOR: Renovations to Belle Terre Library
5550 Belle Terre Rd.
Marrero, Louisiana 70072
Bid Proposal No. 50-00126902

The undersigned bidder hereby declares and represents that she/ he; a) has carefully examined and understands the Bidding Documents, b) has not received, relied on, or based his bid on any verbal instructions contrary to the Bidding Documents or any addenda, c) has personally inspected and is familiar with the project site, and hereby proposes to provide all labor, materials, tools, appliances and facilities as required to perform, in a workmanlike manner, all work and services for the construction and completion of the referenced project, all in strict accordance with the Bidding Documents prepared by: Burgdahl & Graves AIA Architects and dated: 22 March 2019 (Owner to provide name of entity preparing bidding documents.)

Bidders must acknowledge all addenda. The Bidder acknowledges receipt of the following **ADDENDA:** (Enter the number the Designer has assigned to each of the addenda that the Bidder is acknowledging) 1

TOTAL BASE BID: For all work required by the Bidding Documents (including any and all unit prices designated "Base Bid" * but not alternates) the sum of:

One million Twenty-Two Thousand Dollars (\$ 1,022,000.00)

ALTERNATES: For any and all work required by the Bidding Documents for Alternates including any and all unit prices designated as alternates in the unit price description.

Alternate No. 1: (Owner to provide description of alternate and state whether add or deduct) for the lump sum of:

N/A Dollars (\$ N/A)

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

N/A Dollars (\$ N/A)

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

N/A Dollars (\$ N/A)

NAME OF BIDDER: C M Combs Construction, LLC

ADDRESS OF BIDDER: 301 Highway 21

Madisonville, LA 70447

LOUISIANA CONTRACTOR'S LICENSE NUMBER: 55237

NAME OF AUTHORIZED SIGNATORY OF BIDDER: Christopher M. Combs

TITLE OF AUTHORIZED SIGNATORY OF BIDDER: Owner/Agent

SIGNATURE OF AUTHORIZED SIGNATORY OF BIDDER **: 

DATE: 8/13/19

THE FOLLOWING ITEMS ARE TO BE INCLUDED WITH THE SUBMISSION OF THIS LOUISIANA UNIFORM PUBLIC WORK BID FORM:

* The Unit Price Form shall be used if the contract includes unit prices. Otherwise it is not required and need not be included with the form. The number of unit prices that may be included is not limited and additional sheets may be included if needed.

** A **CORPORATE RESOLUTION OR WRITTEN EVIDENCE** of the authority of the person signing the bid for the public work as prescribed by LA R.S. 38:2212(B)(5).

BID SECURITY in the form of a bid bond, certified check or cashier's check as prescribed by LA R.S. 38:2218(A) attached to and made a part of this bid.

LOUISIANA UNIFORM PUBLIC WORK BID FORM

UNIT PRICE FORM

TO: Jefferson Parish
Attn: Purchasing Department
200 Derbigny St., Suite 4400
Gretna, Louisiana 70053

BID FOR: Renovations to Belle Terre Library
5550 Belle Terre Rd.
Marrero, Louisiana 70072
Bid Proposal No. 50-00126902

UNIT PRICES: This form shall be used for any and all work required by the Bidding Documents and described as unit prices. Amounts shall be stated in figures and only in figures.

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ Labor, Materials, and Equipment necessary to complete job as per specifications			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
	1	LUMP SUM	1	1,022,000.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ Cost to Contractor to list Jefferson Parish as an additional insured on Contractor's General Liability Insurance			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
	1	ONLY	\$0.00	\$0.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ Cost to Contractor to list Jefferson Parish as an additional insured on Contractor's Automotive Insurance			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
	1	ONLY	\$0.00	\$0.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ Cost to Contractor to list Jefferson Parish as named insured on Builder's Risk Insurance Policy			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
	1	ONLY	\$0.00	\$0.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____ Cost of Contractor's Owners Protective Liability Insurance Policy			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
	1	ONLY	\$3,350.00	\$3,350.00

DESCRIPTION:	<input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
N/A				

DESCRIPTION:	<input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
N/A				

DESCRIPTION:	<input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# ____			
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
N/A				

Wording for "DESCRIPTION" is to be provided by the Owner.

All quantities are estimated. The contractor will be paid upon actual quantities as verified by Owner.

📍 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 C M COMBS CONSTRUCTION, LLC
Mailing Address 301 Hwy 21
Madisonville, LA 70447
Phone Number (985) 867-4960
Fax Number (866) 373-5949
Email Address ccombs@cmcombsconstruction.com
Website http://

Active Licenses

License Number 55237
Type Commercial License
Status LICENSED
Effective 04/22/2018
Expiration 04/21/2021
First Issued 04/21/2011

License Number 881257
Type Residential License
Status LICENSED
Effective 07/22/2018
Expiration 07/21/2021
First Issued 07/21/2011

Classifications

Class	Qualifying Party	Parishes
BUILDING CONSTRUCTION	Christopher Monroe Combs	ALL
BUSINESS AND LAW	Christopher Monroe Combs	ALL
BUSINESS AND LAW	Christopher Monroe Combs	ALL
RESIDENTIAL BUILDING CONTRACTOR	Christopher Monroe Combs	ALL

BID BOND

KNOW ALL MEN BY THESE PRESENTS that we, the undersigned,

C. M. Combs Construction, L.L.C.

as PRINCIPAL, AND

The Gray Insurance Company

as SURETY, are held and firmly bound unto the Parish of Jefferson, Louisiana, as OWNER in the penal sum of:

Five Percent (5%) of the Amount Bid DOLLARS (\$ 5%)

for the payment of which, well and truly to be made, we hereby jointly and severally bid ourselves, successors and assigns.

The condition of the above obligation is such that whereas the Principal has submitted to the Parish of Jefferson, Louisiana a certain Bid, attached hereto and hereby made a part hereof to enter into a contract in writing, for the

Renovations to Belle Terre Library

in Jefferson Parish, Project No. _____, Proposal No. 50-00126902

NOW, THEREFORE,

(a) If said Bid shall be rejected, or in the alternate,

(b) If said Bid shall be accepted and the Principal shall execute and deliver a contract in the Form of Contract attached hereto (properly completed in accordance with said Bid) and shall furnish a bond for his faithful performance of said contract, and for the payment of all persons performing labor or furnishing materials in connection therewith, and shall in all other respects perform the agreement created by the acceptance of said Bid,

then this obligation shall be void, otherwise the same shall remain in force and effect; it being expressly understood and agreed that the liability of the Surety for any and all claims hereunder shall, in no event, exceed the penal amount for this obligation as herein stated.

The Surety, for value received, hereby stipulates and agrees that the obligations of said Surety and its bond shall be in no way impaired or affected by an extension of the time within the Owner MAY accept such Bid; and said Surety does hereby waive notice of any such extension.

IN WITNESS WHEREOF, the above bounded parties have executed this instrument under their several seals this 13th day August, 20 19, the name and corporate seal of each corporate party being hereto affixed and these presents signed by its undersigned representative, pursuant to authority of its governing body.

BID BOND (Continued)

In Presence of:

(Individual Principal)

(Business Address, including Zip Code)

(Partnership)

(SEAL)

ATTEST: Nicole McCullough

BY: _____

C. M. Combs Construction, L.L.C.
(Corporate Principal)

301 Highway 21, Madisonville, LA 70447

(Business Address, including Zip Code)

BY: 

AFFIX CORPORATE SEAL
Christopher M. Combs, Managing Member

ATTEST:
(See Attached Power of Attorney)

The Gray Insurance Company
(Corporate Surety)

1225 W. Causeway Approach, Mandeville, LA 70471

(Business Address, including Zip Code)

BY: 

AFFIX CORPORATE SEAL
Jeffrey E. Kropp, Attorney-in-Fact

Countersigned:

BY: 

Attorney-in-Fact
Jeffrey E. Kropp

STATE OF Louisiana
Agents License No. 488609

THE GRAY INSURANCE COMPANY
THE GRAY CASUALTY & SURETY COMPANY

GENERAL POWER OF ATTORNEY

Bond Number: N/A

Principal: C. M. Combs Construction, L.L.C.

Project: Improvements to the Eastbank Regional Library, Proposal No. 50-00126886

KNOW ALL BY THESE PRESENTS, THAT The Gray Insurance Company and The Gray Casualty & Surety Company, corporations duly organized and existing under the laws of Louisiana, and having their principal offices in Metairie, Louisiana, do hereby make, constitute, and appoint Edwin D. Schlesinger, William H. Ellsworth, Catherine R. Froeba, Jack T. Landry, Laura Burns, Jill K. Tucker, and Jeffrey E. Kropp of Metairie, Louisiana jointly and severally on behalf of each of the Companies named above its true and lawful Attorney(s)-in-Fact, to make, execute, seal and deliver, for and on its behalf and as its deed, bonds, or other writings obligatory in the nature of a bond, as surety, contracts of suretyship as are or may be required or permitted by law, regulation, contract or otherwise, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed the amount of \$10,000,000.00.

This Power of Attorney is granted and is signed by facsimile under and by the authority of the following Resolutions adopted by the Boards of Directors of both The Gray Insurance Company and The Gray Casualty & Surety Company at meetings duly called and held on the 26th day of June, 2003.

"RESOLVED, that the President, Executive Vice President, any Vice President, or the Secretary be and each or any of them hereby is authorized to execute a power of Attorney qualifying the attorney named in the given Power of Attorney to execute on behalf of the Company bonds, undertakings, and all contracts of surety, and that each or any of them is hereby authorized to attest to the execution of such Power of Attorney, and to attach the seal of the Company; and it is

FURTHER RESOLVED, that the signature of such officers and the seal of the Company may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be binding upon the Company now and in the future when so affixed with regard to any bond, undertaking or contract of surety to which it is attached.

IN WITNESS WHEREOF, The Gray Insurance Company and The Gray Casualty & Surety Company have caused their official seals to be hereinto affixed, and these presents to be signed by their authorized officers this 12th day of September, 2011.



By:

Michael T. Gray
Michael T. Gray
President, The Gray Insurance Company
and
Vice President,
The Gray Casualty & Surety Company

Attest:

Mark S. Manguno
Mark S. Manguno
Secretary,
The Gray Insurance Company,
The Gray Casualty & Surety Company



State of Louisiana

ss:

Parish of Jefferson

On this 12th day of September, 2011, before me, a Notary Public, personally appeared Michael T. Gray, President of The Gray Insurance Company and Vice President of The Gray Casualty & Surety Company, and Mark S. Manguno, Secretary of The Gray Insurance Company and The Gray Casualty & Surety Company, personally known to me, being duly sworn, acknowledged that they signed the above Power of Attorney and affixed the seals of the companies as officers of, and acknowledged said instrument to be the voluntary act and deed, of their companies.



Lisa S. Millar

Lisa S. Millar, Notary Public, Parish of Orleans
State of Louisiana
My Commission is for Life

I, Mark S. Manguno, Secretary of The Gray Insurance Company and The Gray Casualty & Surety Company, do hereby certify that the above and forgoing is a true and correct copy of a Power of Attorney given by the companies, which is still in full force and effect.

IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Companies, this 13th day of August, 2019.



Mark S. Manguno
Mark S. Manguno, Secretary
The Gray Insurance Company
The Gray Casualty & Surety Company

Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF St. Tammany

BEFORE ME, the undersigned authority, personally came and appeared: _____

Christopher M. Combs, (Affiant) who after being by me duly sworn, deposed and said that

he/she is the fully authorized owner/agent of C M Combs Construction, LLC (Entity),

the party who submitted a bid in response to Bid Number 50-00126886, 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.

Affiant further said:

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

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.

Affiant further said:

Affiant personally has not been convicted of, nor has he/she entered into a plea of guilty or nolo contendere to any of the crimes or equivalent federal crimes listed below. No individual partner, incorporator, director, manager, officer, organizer, or member, who has a minimum of a ten percent ownership in the Bidding Entity, has been convicted of, or has entered a plea of guilty or nolo contendere to any of the crimes or equivalent federal crimes listed below. A conviction of or plea of guilty or nolo contendere to the following state crimes or equivalent federal crimes shall permanently bar any person or the bidding entity from bidding on public projects:

- (a) Public bribery (R.S. 14:118)
- (b) Corrupt influencing (R.S. 14:120)
- (c) Extortion (R.S. 14:66)
- (d) Money laundering (R.S. 14:230)

A conviction of or plea of guilty or nolo contendere to the following state crimes or equivalent federal crimes shall bar any person or the bidding entity from bidding on public projects for a period of five years from the date of conviction or from the date of the entrance of the plea of guilty or nolo contendere:

- (a) Theft (R.S. 14:67)
- (b) Identity Theft (R.S. 14:67, 16)
- (c) Theft of a business record (R.S. 14:67.20)
- (d) False accounting (R.S. 14:70)
- (e) Issuing worthless checks (R.S. 14:71)
- (f) Bank fraud (R.S. 14:71.1)
- (g) Forgery (R.S. 14:72)
- (h) Contractors; misapplication of payments (R.S. 14:202)
- (i) Malfeasance in office (R.S. 14:134)

The five-year prohibition provided for in this section shall apply only if the crime was committed during the solicitation or execution of a contract or bid awarded pursuant to these provisions. If evidence is submitted substantiating that a false attestation has been made and the project must be readvertised or the contract cancelled, the awarded entity making the false attestation shall be responsible to the public entity for the costs of rebidding, additional costs due to increased costs of bids and any and all delay costs due to the rebid or cancellation of this project.

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

Affiant further said:

- (1) Entity is registered and participates in a status verification system to verify that all employees in the State of Louisiana are legal citizens of the United States or are legal aliens.
- (2) Entity shall continue, during the term of the contract, to utilize a status verification system to verify the legal status of all new employees in the State of Louisiana.
- (3) Entity shall require all subcontractors to submit to the Entity a sworn affidavit verifying compliance with statements (1) and (2).



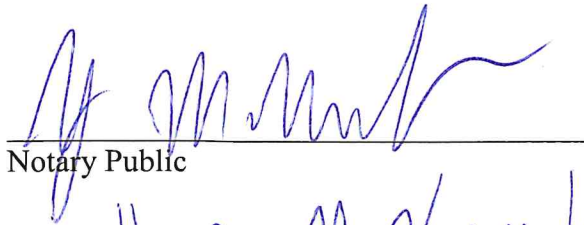
Signature of Affiant

Christopher M. Combs

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 13 DAY OF August, 2019.

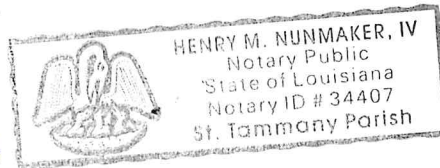


Notary Public

Printed Name of Notary

34407
Notary/Bar Roll Number

My commission expires at Death



RESOLUTION OF
C M COMBS CONSTRUCTION, LLC

Whereas, C M Combs Construction, LLC is a Louisiana Limited Liability Company organized and existing under the laws of Louisiana (the "Company");

Whereas, all of the members of the Company wish to appoint Christopher Combs manager, member, as the person who has signature authority to sign/execute any and all agreements, contracts, leases, bids, submittals and/or any other documents whatsoever in furtherance of the business operations of the Company and to bind the same.

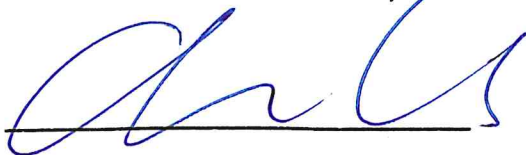
Now, therefore, be it resolved, acting pursuant to the Limited Liability Laws of the State of Louisiana, that Christopher Combs is hereby authorized to sign/execute any and all agreements, contracts, leases, bids, submittals and/or any other documents in furtherance of the business operations of the Company and to bind the same.

Be it further resolved that Christopher Combs is authorized to take any actions and to execute any and all other necessary documents on behalf of the Company to allow it to execute the actions described in this Resolution;

Be it further resolved that any and all transactions by the Members of the Company, for and on behalf of in the same name of the Company, before or following the adoption of the foregoing resolutions, in connection with any of the foregoing matters, including, without limitation, negotiation of the terms or conditions and/or execution of all agreements or documents in furtherance of the business operations of the Company and to bind the same are ratified, confirmed and approved in all respects and for all purposes.

This Resolution has been adopted by all the members of C M Combs Construction, LLC
on the 13 day of AUGUST, 2019

C M COMBS CONSTRUCTION, LLC



By: Christopher Combs, Manager, Member

[Print](#)

Notary Search - Detail

Name: MR. HENRY NUNMAKER IV
Address: 112 HWY 22 EAST
MADISONVILLE, LA 70447
Phone: (985) 792-4622
Phone 2: (985) 249-4039
Notary ID Number: 137048
Parish: ST. TAMMANY with STATEWIDE JURISDICTION
Agency: N/A
Notary Type: Attorney
Bar Roll #: 34407
Status: Active
Commission Date: 01/31/2014
Oath Date: 01/30/2014
Surety Expiration Date: Not Required
Annual Report Current: Not Applicable

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

State of
Louisiana
Secretary of
State



COMMERCIAL DIVISION
225.925.4704

Fax Numbers
225.932.5317 (Admin. Services)
225.932.5314 (Corporations)
225.932.5318 (UCC)

Name	Type	City	Status
C M COMBS CONSTRUCTION, LLC	Limited Liability Company	MADISONVILLE	Active

Previous Names

Business: C M COMBS CONSTRUCTION, LLC

Charter Number: 40444278K

Registration Date: 3/2/2011

Domicile Address

301 HWY 21
MADISONVILLE, LA 70447

Mailing Address

301 HWY 21
MADISONVILLE, LA 70447

Status

Status: Active

Annual Report Status: In Good Standing

File Date: 3/2/2011

Last Report Filed: 2/1/2019

Type: Limited Liability Company

Registered Agent(s)

Agent: CHRISTOPHER COMBS
Address 1: 40 DOGWOOD DRIVE
City, State, Zip: COVINGTON, LA 70433
Appointment Date: 3/2/2011

Officer(s)

Additional Officers: No

Officer: CHRISTOPHER COMBS
Title: Manager, Member
Address 1: 40 DOGWOOD DRIVE
City, State, Zip: COVINGTON, LA 70433

Amendments on File (5)

Description	Date
Appointing, Change, or Resign of Officer	3/2/2011
Appointing, Change, or Resign of Officer	4/7/2011
Domestic LLC Agent/Domicile Change	1/17/2012
Appointing, Change, or Resign of Officer	12/20/2013
Domestic LLC Agent/Domicile Change	8/13/2014

Print



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/06/2019

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).

PRODUCER ERWIN INSURANCE AGENCY, INC. 410 S Tyler Street PO Box 970 Covington LA 70434-0970		CONTACT NAME: Wendy Hoyle PHONE (A/C, No, Ext): (985) 892-1500 FAX (A/C, No): (985) 893-2590 E-MAIL ADDRESS: whoyle@erwinins.net	
INSURED C M Combs Construction, LLC 301 Hwy 21 Madisonville LA 70447		INSURER(S) AFFORDING COVERAGE INSURER A: United Specialty Insurance Company INSURER B: Allstate Insurance Company INSURER C: StarStone National Insurance Company INSURER D: LA Worker's Compensation Corp. INSURER E: INSURER F:	
		NAIC # 22350	

COVERAGES **CERTIFICATE NUMBER:** 19-20 AU,WC18-19 GL,UM **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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			DCI00530-01	12/07/2018	12/07/2019	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				
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <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			648859214	07/21/2019	07/21/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
			BODILY INJURY (Per person) \$				
			BODILY INJURY (Per accident) \$				
			PROPERTY DAMAGE (Per accident) \$				
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			76053Q183ALI	12/07/2018	12/07/2019	EACH OCCURRENCE \$ 5,000,000
			AGGREGATE \$				
			\$				
			\$				
D	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 <input checked="" type="checkbox"/> N	N/A	147324	04/15/2019	04/15/2020	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
			E.L. EACH ACCIDENT \$ 1,000,000				
			E.L. DISEASE - EA EMPLOYEE \$ 1,000,000				
			E.L. DISEASE - POLICY LIMIT \$ 1,000,000				

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

CERTIFICATE HOLDER

For Insurance Purposes Only

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

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. C M Combs Construction, 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 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) ► _____ 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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions. 301 Highway 21	Requester's name and address (optional)
6 City, state, and ZIP code Madisonville, LA 70447	
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								
2	7	-	5	2	7	1	2	2

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 ►



Date ►

2-4-19

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.