

DATE: 8/30/2017

Page: 5

BID NO.: 50-00120506

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 0 %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF 12/31/17

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

As soon as needed

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

55638

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: TPS Gulf Southeast, LLC

ADDRESS: 8184 Highway 44, Suite 105

CITY, STATE: Gonzales, LA ZIP: 70737

TELEPHONE: (225) 644-8170 FAX: (225) 644-8215

EMAIL ADDRESS: rbouquet@tpsgse.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: 1

NUMBER: _____

NUMBER: _____

NUMBER: _____

TOTAL PRICE OF ALL BID ITEMS: \$ 346,800.00

AUTHORIZED SIGNATURE: [Signature]

TITLE: PRESIDENT, GENERAL MANAGER

DARRYN KIMBROUGH
Printed Name

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.

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00120506

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	ONLY	<p>TWO (2) YEAR CONTRACT FOR PREVENTATIVE MAINTENANCE & REPAIR OF ELECTRICAL SWITCHGEAR RELATED EQUIPMENT FOR JEFFERSON PARISH DEPARTMENT OF PUBLIC WORKS - WATER.</p> <p>0010 - MAJOR PREVENTATIVE MAINTENANCE PROGRAM ON EXISTING ELECTRICAL SWITCH-GEAR SYSTEMS AT EAST JEFFERSON WATERWORKS, TO BE APPLIED ONLY AT EAST JEFFERSON WATERWORKS, (AS PER SPECIFICATIONS AND THE RELATED SINGLE LINE DIAGRAM).</p> <p>***PDF OF DRAWINGS ARE AVAILABLE*** PLEASE CONTACT: JEROME WOOL 504-736-6747</p> <p>SUPERINTENDENTS: EASTBANK - MERVIN GRAVES 504-838-4398 WESTBANK - DAVID MAHNER 504-349-5085</p>	\$186,000. ⁰⁰	\$186,000. ⁰⁰
2	1.00	ONLY	<p>0020 - MAJOR PREVENTATIVE MAINTENANCE PROGRAM ON EXISTING ELECTRICAL SYSTEMS AT WEST JEFFERSON WATERWORKS, TO BE APPLIED ONLY AT WEST JEFFERSON WATERWORKS, (AS PER SPECIFICATIONS AND THE RELATED SINGLE LINE DIAGRAM).</p>	\$138,000. ⁰⁰	\$138,000. ⁰⁰
3	8.00	ONLY	<p>0030 - INSPECTION OF GROUNDING SYSTEM AT ELEVATED WATER STORAGE TANKS.</p> <p>EASTBANK 3 WESTBANK 5</p>	\$500. ⁰⁰	\$4,000. ⁰⁰
4	2.00	EA	<p>0035 - INSPECTION OF GROUNDING SYSTEM AT ELEVATED WATER STORAGE TANKS. (FOR GRAND ISLE ONLY) GRAND ISLE 2</p>	\$750. ⁰⁰	\$1,500. ⁰⁰
5	30.00	EA	<p>0040 - RELATED MANHOLE WORK AND INSPECTIONS AS DESCRIBED IN SUB-PARAGRAPHS NOS. 4.7.8 & 4.7.9</p>	\$250. ⁰⁰	\$7,500. ⁰⁰
6	40.00	HR	<p>0050 - COST PER ONE (1) MAN-HOUR FOR ENGINEERING SERVICES (ALL ASSOCIATED COSTS SHALL BE INCLUDED IN THE UNIT PRICE BID)</p>	\$120. ⁰⁰	\$4,800. ⁰⁰
7	40.00	HR	<p>0060 - COST PER ONE (1) MAN-HOUR FOR TECHNICIAN SERVICES</p>	\$65. ⁰⁰	\$2,600. ⁰⁰

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00120506

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			(ALL ASSOCIATED COSTS SHALL BE INCLUDED IN THE UNIT PRICE BID)		
8	40.00	HR	0070 - COST PER ONE (1) MAN-HOUR FOR ELECTRICIAN SERVICES	\$60.00	\$2,400.00
			(ALL ASSOCIATED COSTS SHALL BE INCLUDED IN THE UNIT PRICE BID)		
9	1.00	ONLY	9999 PARTS AND MATERIALS		
			THIS IS A NON-BIDABLE ITEM. THIS ITEM IS FOR PARTS NEEDED TO COMPLETE A REPAIR UP TO \$5,000.00 PER JOB, WITH THE APPROVAL FROM THE REQUESTING DEPARTMENT.		
			INVOICES SHALL BE SUBMITTED AT COST ONLY (WITH NO MARKUP)		

CERTIFICATE OF ACCREDITATION

is hereby granted to
Tidal Power Services, LLC
Gonzales, LA

AS RECOGNIZED BY THE
INTERNATIONAL ELECTRICAL TESTING ASSOCIATION
01/01/2017 - 01/31/2018

Ken Bassett

Ken Bassett
Membership Chair

INTERNATIONAL ELECTRICAL TESTING ASSOCIATION
3050 OLD CENTRE - SUITE 102 - PORTAGE, MI 49024 - WWW.NETAWORLD.ORG



CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF
TPS Gulf Southeast, LLC

INCORPORATED.

AT THE MEETING OF DIRECTORS OF TPS Gulf Southeast LLC
INCORPORATED, DULY NOTICED AND HELD ON September 12, 2017 A
QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND
SECONDED. IT WAS:

RESOLVED. THAT Darryn Kimbrough , 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 JEFF ERSON 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 AND RECEIPT THEREFOR 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.



Susie Lowell

SECRETARY-TREASURER

September 12, 2017

DATE

Non-Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Ascension

BEFORE ME, the undersigned authority, personally came and appeared: Leslie Magee, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized Business Manager of TPS Gulf Southeast, LLC (Entity), the party who submitted a bid in response to Bid Number 50-00120506, 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 ☒ 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.

Leslie J. Magee
Signature of Affiant

Leslie J. Magee
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 19th DAY OF Sept, 2017.

[Signature]
Notary Public

Printed Name of Notary Rhonda L. Vinet
Notary Public #65467
State of Louisiana
Commissioned For Life

Notary/Bar Roll Number

My commission expires for Life.

[Print](#)

Notary Search - Detail

Name: MS. RHONDA L. VINET
Address: 18229 PINE GROVE CT.
PRAIRIEVILLE, LA 70769

Phone: (225) 647-1514
Phone 2: (225) 221-1475

Notary ID Number: 65467

Parish: ASCENSION with authority in the following parishes:
EAST BATON ROUGE, EAST FELICIANA, IBERVILLE, LIVINGSTON, POINTE COUPEE, WEST BATON ROUGE, WEST FELICIANA

Agency: N/A

Notary Type: Non Attorney

Status: Active

Commission Date: 02/25/2002

Oath Date: 01/28/2002

Surety Expiration Date: 02/05/2022

Annual Report Current: Yes

Notary Events

Suspension From: 02/06/2017 To: 03/08/2017

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](#)



AIA Document A310™ – 2010

Bid Bond

CONTRACTOR:

(Name, legal status and address)

TPS Gulf Southeast, LLC
8184 Hwy 44
Gonzales, LA 70737

SURETY:

(Name, legal status and principal place of business)

Philadelphia Indemnity Insurance Company
Three Bala Plaza East, Suite 400
Bala Cynwyd, PA 19004

OWNER:

(Name, legal status and address)

Jefferson Parish, Department of Purchasing
200 Derbigny Street, Suite 4400
Gretna, LA 70053

BOND AMOUNT: Five Percent (5%) of Amount Bid

PROJECT:

(Name, location or address, and Project number, if any)

BID #50-00120506 - Two (2) year contract for preventative maintenance & repair of electrical switchgear & related equipment for the Jefferson Parish Department of Public Works - Water

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed and sealed this 26th day of September, 2017

TPS Gulf Southeast, LLC

(Principal)

(Seal)

(Witness)

(Witness) Sharon Hebert

(Title)

Philadelphia Indemnity Insurance Company

(Surety)

(Seal)

(Title) Anthony J. Kennedy, Attorney-in-Fact

CAUTION: You should sign an original AIA Contract Document, on which this text appears in RED. An original assures that changes will not be obscured.

Init.

AIA Document A310™ – 2010. Copyright © 1963, 1970 and 2010 by The American Institute of Architects. All rights reserved. **WARNING: This AIA® Document is protected by U.S. Copyright Law and International Treaties. Unauthorized reproduction or distribution of this AIA® Document, or any portion of it, may result in severe civil and criminal penalties, and will be prosecuted to the maximum extent possible under the law.** Purchasers are permitted to reproduce ten (10) copies of this document when completed. To report copyright violations of AIA Contract Documents, e-mail The American Institute of Architects' legal counsel, copyright@aia.org.

061110

Countersignature:

Anthony J. Kennedy, LA Resident Agent

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 **Harriett D. Lafleur, Charles R. Landry, Jack B. Stehr, Jr., Anthony J. Kennedy, Lacie P. Stacks and/or Godfrey Marine of Regions Insurance, 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.

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.

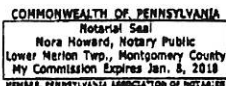
IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEAL TO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 14TH DAY OF NOVEMBER, 2016.



(Seal)

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

On this 14th day of November, 2016, 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 Public:

residing at:

Bala Cynwyd, PA

(Notary Seal)

My commission expires:

January 8, 2018

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 14th day of November, 2016 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 26th day of September, 20 17.



Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY


CERTIFICATION AS TO CORPORATE PRINCIPAL

I, _____, certify that I am the Secretary
of the Corporation named as Principal in the within bond; that _____
_____ who signed the said bond on behalf of the
Principal was then _____
of said corporation; that I know his/her signature, and his/her signature thereto is genuine;
and that said bond was duly signed, sealed, and attested to on behalf of said corporation by
authority of this governing body.

_____(Corporate Seal)
Title: _____

CERTIFICATE AS TO SURETY

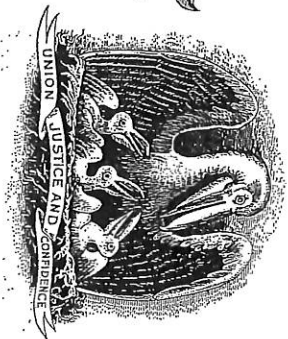
I, ANTHONY J. KENNEDY, certify that I am the ANTHONY J. KENNEDY, ATTORNEY-
IN-FACT of the Surety who signed the bond, I certify that we are licensed to do
business in the State of Louisiana and are currently recognized by the U. S. Department of
the Treasury as acceptable sureties.



ANTHONY J. KENNEDY, ATTORNEY-IN-FACT

Power of Attorney for person signing for surety company must be attached to bond.

State of Louisiana



State Licensing Board for Contractors

This is to Certify that:

TPS GULF SOUTHEAST, LLC
8184 Hwy 44
Suite 105
Gonzales, LA 70737

is duly licensed and entitled to practice the following classifications:

ELECTRICAL WORK (STATEWIDE)



Expiration Date: July 26, 2018

License No: 55638

Witness our hand and seal of the Board dated,
Baton Rouge, LA 27th day of July 2015

Michael S. McP
Director

Joe M. Mott
Chairman

This License Is Not Transferrable

Andy M. Mott
Treasurer



LSLBC

Louisiana State
Licensing Board for Contractors



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Related Links:[Online Search Main Page](#)**Licensing Board's Online Database****Search Results - Contractor Detail**

Business Name: TPS GULF SOUTHEAST, LLC
Mailing Address: 8184 Hwy 44
Gonzales, LA 70737
Phone Number: (225) 223-5677
Fax Number: (225) 208-1013
Email Address: darryn.kimbrough@tpsgse.com
Website: www.tidalpowerservices.com

Active Licenses

<u>Lic#</u>	<u>Type</u>	<u>Status</u>	<u>Effective</u>	<u>Expiration</u>	<u>First Issued</u>
55638	Commercial License Certificate	LICENSED	07/27/2015	07/26/2018	07/26/2011

Classifications:

<u>Class</u>	<u>Qual Party</u>	<u>Valid Parishes</u>
ELECTRICAL WORK (STATEWIDE)	Darryn Boyd Kimbrough	ALL

[Start New Contractor Search](#)

Louisiana State Licensing Board For Contractors
2525 Quail Drive ~ Baton Rouge, LA 70808
Phone: (225) 765-2301 ~ Fax: (225) 765-2431
[Employee Login](#)

Site design & maintenance by Keith A Horton, LLC

Form

W-9(Rev. December 2014)
Department of the Treasury
Internal Revenue Service**Request for Taxpayer
Identification Number and Certification**Give Form to the
requester. Do not
send to the IRS.Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

TPS Gulf Southeast, LLC

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:

- ☐ Individual/sole proprietor or single-member LLC
- ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
- ☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) **P**
- Note.** For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
- ☐ 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.)

8184 Hwy 44, Suite 105

6 City, state, and ZIP code

Gonzales, LA 70737

Requester's name and address (optional)

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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

			-						
--	--	--	---	--	--	--	--	--	--

or

Employer identification number

2	7	-	4	5	5	0	6	2	6
---	---	---	---	---	---	---	---	---	---

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 on page 3.

Sign
HereSignature of
U.S. person ▶

Date ▶

9/18/17

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/14/2016

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 Regions Ins Inc - Shreveport 333 Texas St. Suite 350 Shreveport, LA 71101 318 677-2580		CONTACT NAME: Carol Ann Stuckey PHONE (A/C, No, Ext): 318 677-2583 E-MAIL ADDRESS: carol.stuckey@regions.com FAX (A/C, No): 800-933-3721	
INSURED TPS Gulf Southeast, LLC 8184 Highway 44, Suite 105 Gonzales, LA 70737		INSURER(S) AFFORDING COVERAGE INSURER A: Liberty Mutual Insurance Compan INSURER B: Everest National Insurance Comp INSURER C: Lloyd's of London INSURER D: INSURER E: INSURER F:	
		NAIC # 23043 10120 FRTD	

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 INSR	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:			TB2641439019036	10/25/2016	10/25/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	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			AS2641439019026	10/25/2016	10/25/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			CF4EX00253161	10/25/2016	10/25/2017	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
A	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	WC2641439019016	10/25/2016	10/25/2017	<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
C	PROFESSIONAL LIAB \$20,000 Ded.			HPL150496	10/25/2016	10/25/2017	\$1,000,000 Occurrence \$1,000,000 Aggregate

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

60 day notice of cancellation on the auto, general liability, work comp and excess except 10 days for non payment of premium. Certificate holder is shown as additional insured & primary & non-contributory basis & granted waiver of subrogation with respects to the auto, general liability & excess policies when required by written contract. Certificate holder is granted waiver of subrogation with respects to workers compensation & alternate employer when required by written contract. Excess coverage is follow form (See Attached Descriptions)

CERTIFICATE HOLDER

CANCELLATION

Jefferson Parish
 Purchasing Department
 200 Derbigny St Ste 4400
 Gretna, LA 70056-0000

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



DESCRIPTIONS (Continued from Page 1)

coverage but is NOT in excess of the professional coverage.