

**BID 5000119967 – JEFFERSON PARISH RECREATION DEPARTMENT**

GTI SERVICES LLC BID RESPONSE

AUGUST 3, 2017

JOSEPH MURRAY – 504-335-7498


[joseph@gtiservicesllc.com](mailto:joseph@gtiservicesllc.com)

GTI Services LLC

927 Tricou St.

New Orleans, LA 70117

**STATE CONTRACTOR'S LICENSE NUMBER: 47959**

2525 Quail Drive, Baton Rouge, 70808 (225) 765-2301 

## Louisiana State Licensing Board for Contractors

### Contractor Information

Business Name GTI SERVICES L.L.C. ✓  
 Mailing Address 927 Tricou St.  
 New Orleans, LA 70117  
 Phone Number (504) 329-4538  
 Email Address gtiservicesllc@yahoo.com  
 Website http://

### Active Licenses

License Number 47959 ✓  
 Type Commercial License  
 Status LICENSED  
 Effective 08/24/2016  
 Expiration 08/16/2018  
 First Issued 08/16/2007  
 License Number 89748  
 Type Residential License  
 Status LICENSED  
 Effective 03/21/2017  
 Expiration 03/20/2020  
 First Issued 03/20/2008

### Classifications

Class	Qualifying Party	Parishes
BUILDING CONSTRUCTION	Gregory Irving	ALL
BUSINESS AND LAW	Gregory Irving	ALL
BUSINESS AND LAW	Gregory Irving	ALL
✓ ELECTRICAL WORK (STATEWIDE)	Gregory Irving	ALL
MECHANICAL WORK (STATEWIDE)	Gregory Irving	ALL
RESIDENTIAL BUILDING CONTRACTOR	Gregory Irving	ALL

1



WHITNEY BANK

**CASHIER'S CHECK**

**OFFICIAL WATERM**  
teller: 2323

112304109

August 03, 2017

84-15  
654

PAY TO THE ORDER OF JEFFERSON PARISH

\*\*\*One Thousand Seven Hundred Sixty Dollars and 00/100\*\*\*

\$1,760.00

GTI SERVICES LLC

100

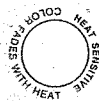
REMITTER

BY A/M

AUTHORIZED SIGNATURE

Signature

11 12 30 4 10 9 11 10 6 5 4 00 2 5 3 1 20 5 6 6 0 1 1 2 3 11



HEAT SENSITIVE RED IMAGE DISAPPEARS WITH HEAT

DATE: 6/28/2017

Page: 5

BID NO.: 50-00119967

**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 \_\_\_\_\_ %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF 12/31/2017

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

9/15/2017  
47959

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

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

FIRM NAME: GTI Services LLC

ADDRESS: 927 Tricow St.

CITY, STATE: New Orleans LA ZIP: 70117

TELEPHONE: (504) 335-7498 FAX: (504) 301-4393

EMAIL ADDRESS: Joseph@gtiservicesllc.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: \$ 35,072.63

AUTHORIZED SIGNATURE: [Signature]

TITLE: Member

Joseph Murray  
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.: 50-00119967

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	Labor, materials & equipment necessary to install foundation anchors, poles and arms at three locations for Jefferson Parish Recreation Department.	\$28,366.10	\$28,366.10
			0010 Labor, Material and Equipment to Install foundation anchors, poles and arms located at:  Pontiff Playground Walking Path & Select Parking Areas 1521 Palm St. Metairie, LA 70001	\$1,397.31	\$1,397.31
2	1.00	JOB	0020 Labor, Material and Equipment to Install foundation anchors, pole and arm for lighting installation located at:  Nearest intersection of Folse and Clearview, Lake side along path	\$5,309.22	\$5,309.22
			0030 Labor, Material and Equipment to Install foundation anchors, poles, and arms located at:  Bonnabel Boat Launch 1600 Bonnabel Blvd. Metairie, LA 70005		
3	1.00	JOB			



GTISE-1

OP ID: LW

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/21/2017

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

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

<b>PRODUCER</b> Alliance Insurance Agency Serv 4444 York St., Ste. 100 Metairie, LA 70001-7407 Alliance Insurance Agency		<b>504-831-2196</b>		<b>CONTACT NAME:</b> Alliance Insurance Agency	
				<b>PHONE (A/C, No, Ext):</b> 504-831-2196	<b>FAX (A/C, No):</b> 504-837-3389
				<b>E-MAIL ADDRESS:</b>	
				<b>INSURER(S) AFFORDING COVERAGE</b>	
				<b>INSURER A:</b> Underwriters at Lloyd's London	
				<b>INSURER B:</b> LHBA - Self Insurers Fund	
				<b>INSURER C:</b> Hallmark Specialty Ins. Co.	
				<b>INSURER D:</b> StarStone National Insurance	
				<b>INSURER E:</b>	
				<b>INSURER F:</b>	

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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			LAL000001350300	09/20/2016	09/20/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
C	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			H1740058601	07/19/2017	07/19/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
D	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			89046Y170ALI	07/19/2017	07/19/2018	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			17 16284	04/01/2017	04/01/2018	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)

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
<b>INSURED</b>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
<b>INSURED'S COPY</b>	AUTHORIZED REPRESENTATIVE Alliance Insurance Agency

Non-Public Works Bid

AFFIDAVIT

STATE OF LOUISIANA

PARISH/COUNTY OF JEFFERSON

BEFORE ME, the undersigned authority, personally came and appeared: Joseph L. Murray, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized member of GTI SERVICES LLC (Entity), the party who submitted a bid in response to Bid Number \_\_\_\_\_, 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.]*



## Louisiana Secretary of State

### Tom Schedler

#### SEARCH FOR LOUISIANA NOTARIES

A practicing notary in a parish may notarize in reciprocal parishes without additional bonding or examination.

You can also download information about all notaries on file. For more information, see Notary Bulk Data.

[Print](#)

#### Notary Search - Detail

<b>Name:</b>	<b>MS. KIM J. LORD</b>
<b>Address:</b>	<b>255 HICKORY AVE. HARAHAN, LA 70123</b>
<b>Phone:</b>	<b>(504) 737-8922</b>
<b>Notary ID Number:</b>	<b>58462</b>
<b>Parish:</b>	<b>TANGIPAHOA with STATEWIDE JURISDICTION</b>
<b>Agency:</b>	N/A
<b>Notary Type:</b>	Non Attorney
<b>Status:</b>	Active
<b>Commission Date:</b>	03/10/1999
<b>Oath Date:</b>	03/08/1999
<b>Surety Expiration Date:</b>	02/15/2019
<b>Annual Report Current:</b>	<b>Yes</b>

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

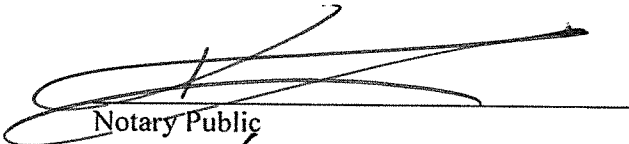
That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection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

  
Signature of Affiant

Joseph Murray  
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 1 DAY OF Aug, 2017.

  
Notary Public

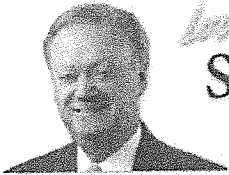
Kim J. Lord  
Printed Name of Notary

58462  
Notary/Bar Roll Number

My commission expires AT MY DEATH



KIM J. LORD  
Notary Public  
Notary ID No. 58462  
Tangipahoa Parish, Louisiana



# LOUISIANA SECRETARY OF STATE

TOM SCHEDLER



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Name	Type	City	Status
GTI SERVICES L.L.C.	Limited Liability Company	NEW ORLEANS	Active

#### Previous Names

Business: GTI SERVICES L.L.C.  
Charter Number: 36275004K  
Registration Date: 9/20/2006

#### Domicile Address

927 TRICOU ST  
NEW ORLEANS, LA 70117

#### Mailing Address

C/O GREGORY IRVING  
927 TRICOU ST.  
NEW ORLEANS, LA 70117

#### Status

Status: Active  
Annual Report Status: In Good Standing  
File Date: 9/20/2006  
Last Report Filed: 2/19/2017  
Type: Limited Liability Company

#### Registered Agent(s)

Agent: GREGORY IRVING  
Address 1: 927 TRICOU ST  
City, State, Zip: NEW ORLEANS, LA 70117  
Appointment Date: 11/9/2010

#### Officer(s)

Additional Officers: No

Officer: GREGORY IRVING  
Title: Manager, Member  
Address 1: 927 TRICOU ST  
City, State, Zip: NEW ORLEANS, LA 70117  
Officer: JOSEPH MURRAY  
Title: Member  
Address 1: 2845 CARDINAL DR.  
City, State, Zip: MARRERO, LA 700722222

#### Amendments on File

No Amendments on file

[Back to Search Results](#) | [New Search](#) | [View Shopping Cart](#)

# Request for Taxpayer Identification Number and Certification

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

1. Name (as shown on your income tax return). Name is required on this line. Do not leave this line blank.  
Greg Irving

2. Business name, if disregarded entity, or name, if different from above.  
G-71 Savings LLC

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, S, partnership, etc.)  
 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. Address (number, street, and apt. or suite no.)  
927 Tuleon

5. City, state, and ZIP code  
New Orleans LA 70117

6. Requester's name and address (optional)

7. List account number(s) here (optional)  
0381271253

**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  
    -

**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 Here  
 Signature of U.S. person Greg Irving  
 Date 11-20-16

## 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/w9](http://www.irs.gov/w9).

## 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 may 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.

DATE: 6/28/2017

Page: 5

BID NO.: 50-00119967

**BID FORM**  
Non Public Works

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

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

Are you requesting an escalation provision?

YES \_\_\_\_\_ NO X \_\_\_\_\_

MAXIMUM ESCALATION PERCENTAGE REQUESTED \_\_\_\_\_%

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF 9/30/17

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 \_\_\_\_\_

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 24545

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

FIRM NAME: Hi-Tech Electric, Inc. of Delaware

ADDRESS: 5824 River Oaks Road S.

CITY, STATE: Harahan, LA ZIP: 70123

TELEPHONE: ( 504 ) 734-0811 FAX: ( 504 ) 734-0814

EMAIL ADDRESS: tdrouant@hitechelectric.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 - 7/31/2017

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

TOTAL PRICE OF ALL BID ITEMS: \$ 69612.00

AUTHORIZED  
SIGNATURE: Troy Drouant

Troy Drouant

Printed Name

TITLE: Vice President

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.

2525 Quail Drive, Baton Rouge, 70808 (225) 765-2301



## Louisiana State Licensing Board for Contractors

### Contractor Information

Business Name HI-TECH ELECTRIC, INC. OF DELAWARE ✓  
 Mailing Address 5824 River Oaks Road-South  
 Harahan, LA 70123  
 Phone Number (504) 734-0811  
 Fax Number (504) 734-0814  
 Website http://null

### Active Licenses

License Number 24545 ✓  
 Type Commercial License  
 Status LICENSED  
 Effective 08/01/2015  
 Expiration 07/31/2018  
 First Issued 07/31/1989

### Classifications

Class	Qualifying Party	Parishes
BUILDING CONSTRUCTION	Eric Paul Pellegrin	ALL
BUSINESS AND LAW	Drouant, Troy	ALL
BUSINESS AND LAW	Patrick R. Russo	ALL
✓ ELECTRICAL WORK (STATEWIDE)	Battle, Clarke R.	ALL
ELECTRICAL WORK (STATEWIDE)	Drouant, Troy	ALL
ELECTRICAL WORK (STATEWIDE)	Patrick R. Russo	ALL
SPECIALTY: INSTALLATION OF EQUIPMENT, MACHINERY AND ENGINES	Patrick R. Russo	ALL
SPECIALTY: TELECOMMUNICATIONS	Drouant, Troy	ALL
SPECIALTY: TOWER CONSTRUCTION	Drouant, Troy	ALL

DATE: 6/28/2017

Page 6

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00119967

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>Labor, materials &amp; equipment necessary to install foundation anchors, poles and arms at three locations for Jefferson Parish Recreation Department.</p> <p>0010 Labor, Material and Equipment to Install foundation anchors, poles and arms located at:</p> <p>Pontiff Playground Walking Path &amp; Select Parking Areas 1521 Palm St. Metairie, LA 70001</p>	\$56,317.00	\$56,317.00
2	1.00	JOB	<p>0020 Labor, Material and Equipment to Install foundation anchors, pole and arm for lighting installation located at:</p> <p>Nearest intersection of Folse and Clearview, Lake side along path</p>	\$ 2,874.00	\$ 2,874.00
3	1.00	JOB	<p>0030 Labor, Material and Equipment to Install foundation anchors, poles, and arms located at:</p> <p>Bonnabel Boat Launch 1600 Bonnabel Blvd. Metairie, LA 70005</p>	\$10,421.00	\$10,421.00



# JEFFERSON PARISH

## Department of Purchasing

Michael S. Yenni  
Parish President

Brenda C. Patel  
Director

July 31, 2017

### ADDENDUM # 1

Bid No.: 50-00119967

Bid Opening Date: 08/03/2017

For: Labor, equipment & materials necessary to install foundation anchors, poles and arms for  
Jefferson Parish Recreation Department.

---

#### Changes to spec. sheets under Section 6.0:

Item # 0010: States 12 should be 16: 3 foot aluminum arm, powder coat black, hub mount 5 in OD pole.

Add to last item: 20 each installation: poles, arms and bases, On 4 of these will be pole mounted so no arm is required.

Item # 0030: States 4 each installation: poles, arms and bases, should be poles and bases only no aluminum arms are required these will be pole mounted.

#### Questions:

- 1) What is the time line? The project is expected to be completed within 60 days of contract execution.
- 2) What is the EPA of the fixtures? For 115 mph. the light fixture and arm EPA is 5.3 at 115 mph.

#### Guidance on the decorative bases:

Jefferson Parish is interested in the most economic option to provide decorative bases approximately 24" in height to conform to the 5" OD pole. Please see attached design. Jefferson Parish is not requiring this manufacture or exact design, the attached picture is for illustrative purposes only.

Sincerely,

Donna Reamey

Donna Reamey, Buyer II  
Jefferson Parish Purchasing Department

Bidders must acknowledge all addenda on the bid form. Bidder acknowledges receipt of this addendum on the bid form as indicated. Failure to do so will result in bid rejection.
--

This addendum is a part of the contract documents and modifies the original bidding documents and specifications. The contents of this addendum shall be included in the contract documents. Changes made by this addendum shall take precedence over the documents of earlier date.

This addendum is a part of the contract documents and modifies the original bidding documents and specifications. The contents of this addendum shall be included in the contract.



Job Name: _____		Client Name: _____	
Job Location - City: _____	State: _____	Created By: _____	Date: _____
Product: _____	Quote: _____	Customer Approval: _____	Date: _____

## FEATURES

- Aesthetically pleasing for lighting applications
- Clamshell design for quick, easy assembly
- Durable, high quality aluminum casting provides clean, crisp details
- Provided with stainless steel hardware
- Tamper proof hardware available as special order
- Long-lasting finish available in a variety of colors
- Install on existing poles to enhance streetscape

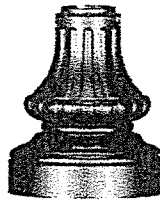


POLE BASE DIAMETER RANGE		DIMENSIONS OF BASE COVER			
TAPERED 0.14"/FT (IN)	NON-TAPERED (IN)	DIA (IN)	HEIGHT (IN)	QTY OF ACCESS DOORS	MODEL NUMBER
3.00 - 4.25	2.75 - 4.00	12.25	15.25	0	WA11AC
5.38 - 5.50	5.13 - 5.25	17.00	20.00	0	WA17AC

All dimensions shown are nominal and do not include handhole projection.



WA11AC



WA17AC

## PRODUCT ORDERING CODES

MODEL NUMBER	COLOR*		POLE BASE OD (IN)	BASE PLATE			ANCHOR BOLTS		HANDHOLE		
				BOLT CIRCLE DIA (IN)	SQUARE (IN)	THICKNESS (IN)	DIAMETER (IN)	PROJECTION (IN)	SIZE W x H (IN)	CENTER LINE HEIGHT (IN)	PROJECTION (IN)
WA11AC WA17AC	STEEL WH = White ST = Sandstone BK = Black SM = Silver Metallic SL = Silver LG = Light Gray SG = Slate Gray DT = Dark Tan MB = Medium Bronze CB = Bronze DB = Dark Bronze BN = Brown HG = Hunter Green DG = Dark Green RD = Red SC = Special Color (Contact Factory)	ALUMINUM DWH = White DSS = Sandstone BR = Burgundy HG = Hunter Green DNA = Natural Aluminum DCG = Charcoal Gray DMB = Medium Bronze SBN = Sanded Brown DNB = New Dark Bronze DDB = Dark Bronze SBK = Sanded Black DBL = Black DSB = Steel Blue DTG = Dark Green DBR = Red SC = Special Color (Contact Factory)									

1. Model Number, Color and Pole Base OD required on all orders.
2. Additional information required when ordering separate from poles.

\* Choose steel or aluminum when used in conjunction with the appropriate pole material.

# WASHINGTON AC2

Cast Aluminum - Clamshell

**valmont**   
STRUCTURES

Job Name: _____	Client Name: _____
Job Location - City: _____ State: _____	Created By: _____ Date: _____
Product: _____ Quote: _____	Customer Approval: _____ Date: _____

## BASE COVER CLOSE-UP



SPC7278 11/10 valmontstructures.com carries the most current spec information and supersedes these guidelines.

Non-Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: Troy Drouant  
, (Affiant) who after being by me duly sworn, deposed and said that  
he/she is the fully authorized Vice President of Hi-Tech Electric, Inc. of Delaware (Entity),  
the party who submitted a bid in response to Bid Number 50-119967, to the Parish of  
Jefferson.

Affiant further said:

Campaign Contribution Disclosures

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

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

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

Debt Disclosures

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

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

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

Affiant further said:

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

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

## Louisiana Secretary of State

### Tom Schedler

#### SEARCH FOR LOUISIANA NOTARIES

A practicing notary in a parish may notarize in reciprocal parishes without additional bonding or examination.

You can also download information about all notaries on file. For more information, see Notary Bulk Data.

[Print](#)

#### Notary Search - Detail

<b>Name:</b>	<b>MR. DONALD P. DIMAGGIO</b>
<b>Address:</b>	<b>5440 MOUNES ST. SUITE 108 ELMWOOD, LA 70123</b>
<b>Phone:</b>	<b>(504) 734-8100</b>
<b>Phone 2:</b>	<b>(504) 733-5143</b>
<b>Notary ID Number:</b>	<b>33195</b>
<b>Parish:</b>	JEFFERSON with authority in the following parishes: ORLEANS, PLAQUEMINES, ST. BERNARD
<b>Agency:</b>	N/A
<b>Notary Type:</b>	Non Attorney
<b>Status:</b>	Active
<b>Commission Date:</b>	08/26/1991
<b>Oath Date:</b>	08/02/1991
<b>Surety Expiration Date:</b>	None
<b>Annual Report Current:</b>	<b>Yes</b>

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

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.

  
\_\_\_\_\_  
Signature of Affiant

Troy Drouant, Vice President  
\_\_\_\_\_  
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

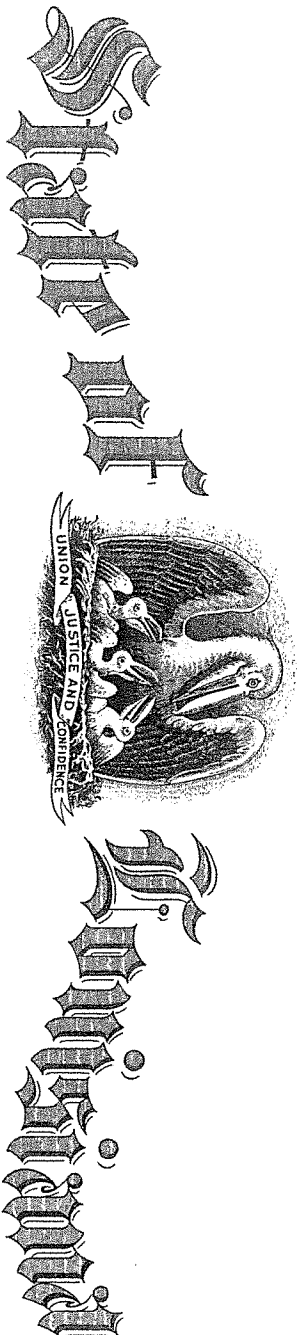
ON THE 24 DAY OF July, 20 17.

  
\_\_\_\_\_  
Notary Public

Donald P. DiMaggio  
\_\_\_\_\_  
Printed Name of Notary

33195  
\_\_\_\_\_  
Notary/Bar Roll Number

My commission expires at Death.



## State Licensing Board for Contractors

This is to Certify that:

HI-TECH ELECTRIC, INC. OF DELAWARE  
5824 River Oaks Road-South  
Harahan, LA 70123

is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION; ELECTRICAL WORK (STATEWIDE); SPECIALTY: TELECOMMUNICATIONS;  
SPECIALTY: TOWER CONSTRUCTION

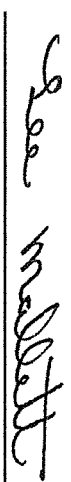


Expiration Date: July 31, 2018

License No: 24545

Witness our hand and seal of the Board dated,  
Baton Rouge, LA 1st day of August 2015

  
Director

  
Chairman

This License Is Not Transferable

  
Treasurer



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/1/2017

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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 John L. Wortham & Son, L.P.  
PO Box 1388  
Houston, TX 77251-1388

CONTACT NAME: John L. Wortham & Son, L.P.  
PHONE (A/C, No, Ext): 713-526-3366 FAX (A/C, No): 713-521-1951  
E-MAIL ADDRESS:

www.worthaminsurance.com

INSURED  
Hi Tech Electric, Inc.  
dba HTE Contractors, Inc.  
11116 W. Little York, Building 8  
Houston TX 77041

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Old Republic General Insurance Corp	24139
INSURER B: Commerce & Industry Insurance Co	19410
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

## COVERAGES

CERTIFICATE NUMBER: 37049661

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 SUBR INSD 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 <input checked="" type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> XCU GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		A6CG01631605 \$2,000 Deductible	11/1/2016	11/1/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY		A6CA01631605	11/1/2016	11/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000		BE018784335	11/1/2016	11/1/2017	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
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 <input checked="" type="checkbox"/> N <input type="checkbox"/> A	A6CW01631605	11/1/2016	11/1/2017	<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

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

Project No. 50-119808 - Oakdale Electrical Services.

## CERTIFICATE HOLDER

Project No. 50-119808 - Oakdale Electrical Services.

The Parish of Jefferson, its Districts, Depts and Agencies under the Direction of the Parish President and the Parish Council Recreation Department  
6921 Saints Drive  
Metairie LA 70003

## 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

John L. Wortham &amp; Son, L.P.

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ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD





**Hi-Tech Electric, Inc.**  
ELECTRICAL CONTRACTORS & ENGINEERS

*Superior electrical solutions for Industrial, Commercial & Service Environments.*

---

July 24, 2012

To Whom It May Concern:

Please note that on July 10, 2012 the Board of Directors elected Troy Drouant to the office of Vice-President. The election will be effective on August 1, 2012. With that title Mr. Drouant is duly authorized to execute all bid documents and contracts for the corporation.

Sincerely,

A handwritten signature in cursive script, reading "Chase Canfield".

Chase Canfield  
President

A handwritten signature in cursive script, reading "Patrick McConn".

Patrick McConn  
Secretary/Treasurer



# Fidelity and Deposit Company of Maryland Colonial American Casualty and Surety Company

Home Office: 1400 American Lane, Tower 1, 19<sup>th</sup> Floor, Schaumburg, IL 60196-1056

## BID BOND

KNOW ALL MEN BY THESE PRESENTS:

That we, Hi-Tech Electric, Inc., 5824 River Oaks Blvd. So Harahan, LA 70123

\_\_\_\_\_, as Principal, (hereinafter called the "Principal"),  
and Fidelity and Deposit Company of Maryland  
1400 American Lane, Schaumburg, IL 60196, a corporation duly organized under the laws of the State of Maryland, as  
Surety, (hereinafter called the "Surety"), are held and firmly bound unto Jefferson Parish Purchasing Department,  
P.O. Box 9, Gretna, LA 70054  
as Oblige, (hereinafter called the "Obligee"), in the sum of Five Percent of the Greatest Amount Bid - - - - -  
Dollars (\$ 5% GAB ), for the payment of which sum well and truly to be made, the said Principal  
and the said Surety, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally,  
firmly by these presents.

WHEREAS, the Principal has submitted a bid for Install foundation, anchors, poles and arms for Jefferson  
Parish Recreation Dept Bid Number 50-119967

NOW, THEREFORE, if the Oblige shall accept the bid of the Principal and the Principal shall enter into a contract with the Oblige in accordance with the terms of such bid and give such bond or bonds as may be specified in the bidding or contract documents with good and sufficient surety for the faithful performance of such contract and for the prompt payment of labor and material furnished in the prosecution thereof, or in the event of the failure of the Principal to enter into such contract and give such bond or bonds, if the Principal shall pay to the Oblige the difference not to exceed the penalty hereof between the amount specified in said bid and such larger amount for which the Oblige 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.

Signed and sealed this 3rd day of August A.D., 2017

Deena Ullio  
\_\_\_\_\_  
Witness

{ Hi-Tech Electric, Inc. (SEAL)  
Principal  
Troy Drouant  
\_\_\_\_\_  
Title Vice President

- ☒ FIDELITY AND DEPOSIT COMPANY OF MARYLAND  
☐ COLONIAL AMERICAN CASUALTY AND SURETY COMPANY

Linda Stalder  
\_\_\_\_\_  
Linda Stalder  
Witness

By John William Newby (SEAL)  
\_\_\_\_\_  
John William Newby, Attorney-in-Fact

Printed in cooperation with the American Institute of Architects (AIA) by Fidelity and Deposit Company of Maryland and Colonial American Casualty and Surety Company. Fidelity and Deposit Company of Maryland and Colonial American Casualty and Surety Company vouch that the language in the document conforms exactly to the language used in AIA Document A-310, February 1970 Edition.

BID70000TX0101c

**ZURICH AMERICAN INSURANCE COMPANY  
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY  
FIDELITY AND DEPOSIT COMPANY OF MARYLAND  
POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Maryland, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Maryland (herein collectively called the "Companies"), by **DAVID MCVICKER**, Vice President, in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint **Sammy Joe MULLIS, JR., John William NEWBY, Wilbert Raymond WATSON, Sandra Lee RONEY, Debra Lee MOON, Andrea Rose CRAWFORD and Troy Russell KEY**, all of Addison, Texas, EACH its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: **any and all bonds and undertakings, EXCEPT bonds on behalf of Independent Executors, Community Survivors and Community Guardians.** and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York., the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland., and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland., in their own proper persons.

The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND, this 26th day of June, A.D. 2017.

ATTEST:

ZURICH AMERICAN INSURANCE COMPANY  
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY  
FIDELITY AND DEPOSIT COMPANY OF MARYLAND



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

*Dawn E. Brown*  
Assistant Secretary  
Dawn E. Brown

*David D. McVicker*

\_\_\_\_\_  
Vice President  
David McVicker

State of Maryland  
County of Baltimore

On this 26th day of June, A.D. 2017, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, **DAVID MCVICKER**, Vice President, and **DAWN E. BROWN**, Assistant Secretary, of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, depose and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.

*Constance A. Dunn*

\_\_\_\_\_  
Constance A. Dunn, Notary Public  
My Commission Expires: July 9, 2019





## Texas Important Notice

### IMPORTANT NOTICE

To obtain information or make a complaint:

You may call Zurich North America's toll-free telephone number for information or to make a complaint at:

**1-800-382-2150**

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights, or complaints at:

**1-800-252-3439**

You may write the Texas Department of Insurance:

P.O. Box 149104

Austin, TX 78714-9104

Fax: (512) 490-1007

Web: [www.tdi.texas.gov](http://www.tdi.texas.gov)

E-mail: [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)

### PREMIUM OR CLAIM DISPUTES:

Should you have a dispute concerning your premium or about a claim, you should contact the company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

### ATTACH THIS NOTICE TO YOUR POLICY:

This notice is for information only and does not become a part or condition of the attached document.

### AVISO IMPORTANTE

Para obtener información o para presentar una queja:

Usted puede llamar al número de teléfono gratuito de Zurich North America's para obtener información o para presentar una queja al:

**1-800-382-2150**

Usted puede comunicarse con el Departamento de Seguros de Texas para obtener información sobre compañías, coberturas, derechos, o quejas al:

**1-800-252-3439**

Usted puede escribir al Departamento de Seguros de Texas a:

P.O. Box 149104

Austin, TX 78714-9104

Fax: (512) 490-1007

Sitio web: [www.tdi.texas.gov](http://www.tdi.texas.gov)

E-mail: [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)

### DISPUTAS POR PRIMAS DE SEGUROS O

### RECLAMACIONES:

Si tiene una disputa relacionada con su prima de seguro o con una reclamación, usted debe comunicarse con la compañía primero. Si la disputa no es resuelta, usted puede comunicarse con el Departamento de Seguros de Texas.

**ADJUNTE ESTE AVISO A SU PÓLIZA:** Este aviso es solamente para propósitos informativos y no se convierte en parte o en condición del documento adjunto.

**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.

Name (as shown on your income tax return)

**HI-TECH ELECTRIC, INC.**

Business name, if different from above

**dba H T E CONTRACTORS**

Check appropriate box: ☐ Individual/Sole proprietor ☒ Corporation ☐ Partnership  
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ .....  
☐ Other (see instructions) ▶

☐ Exempt  
payee

Address (number, street, and apt. or suite no.)

**5824 RIVER OAKS ROAD SOUTH**

City, state, and ZIP code

**HARAHAN, LOUISIANA 70123**

List account number(s) here (optional)

Requester's name and address (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 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 chart on page 4 for guidelines on whose number to enter.

Social security number

.....

or

Employer identification number

**76 : 0115454**

**Part II Certification**

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).

**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 4.

Sign  
Here

Signature of  
U.S. person ▶

*[Handwritten Signature]*

Date ▶

**9 / 3 / 09**

**General Instructions**

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

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,