



# Jefferson Parish

## Department of Purchasing

Cynthia Lee Sheng  
Parish President

Renny Simno  
director

### JEFFERSON PARISH VENDOR REGISTRATION FORM

All vendors interested in submitting bids, or proposals to provide equipment, materials, supplies, services or performing major repairs/construction for Jefferson Parish must complete this form and indicate commodity codes applicable to their business. This application **MUST** be accompanied with vendor's signed W-9 Form (or W-8IMY Form if an international vendor) and a listing of applicable commodity codes. This application will not be processed otherwise. In order to receive payments within 1 day of payment processing, please complete Vendor Direct Deposit Form available online at <http://purchasing.jeffparish.net> and email to [Purchasing@jeffparish.net](mailto:Purchasing@jeffparish.net). If a direct deposit form is not received then you will receive a paper check via the mail. Please note that it may delay payment by up to 5 days due to handling and mail time.

Name of Business:  Creative Graphics, Inc		
Physical Address: 99 East Airline Hwy		Remittance Address: 99 East Airline Hwy
City: Kenner	State: LA	Zip: 70062
Phone Number (504 )620-9900		Fax Number: ( 504 ) 620-9901
Email Address (REQUIRED): Bboudreaux@creativegaphicsinc.com		Federal Identification Number (REQUIRED): 72-0917161
Nature of Business: - Manufacturing industrial signs, labels, and panels by methods including laser marking, sand etching, metal photo, and engraving. - Water jet cutting/manufacturing service - Marketing and Distributing Promotional Advertising Specialties		
Trade, Specialty, or Professional Licenses:		

General Government Bldg. - 200 Derbigny St., Suite 4400, Gretna, LA 70053  
Office 504.364.2678

Joseph S. Yenni Bldg. - 1221 Elmwood Park Blvd., Suite 404, Jefferson, LA 70123  
Office 504.364.2678

Email: [Purchasing@jeffparish.net](mailto:Purchasing@jeffparish.net) Website: [www.jeffparish.net](http://www.jeffparish.net)



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Please check one:

Corporation: ☒ Individual: ☐ Partnership: ☐ Other: ☐ \_\_\_\_\_

Authorized to do Business in Louisiana: Yes: ☒ No: ☐

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Parish President

director

Jefferson Parish strongly encourages the involvement of minority and/or woman-owned business enterprises (DBE's including, MBE's, WBE's and SBE's) to stimulate participation in procurement and assistance programs. Please indicate below as applicable:

DBE: ☐ MBE: ☐ WBE: ☒ SBE: ☐

Vendors registering to conduct business with Jefferson Parish hereby acknowledge that upon bid/proposal submission, vendors agree to comply with all provisions of Louisiana Law as well compliance with the Jefferson Parish Code of Ordinances, Louisiana Code of Ethics as well as applicable Jefferson Parish ethical standards and Jefferson Parish standard terms and conditions. Further, it shall be the duty of every applicant for certification of eligibility for a parish contractor or program to cooperate with the Inspector General in any investigation, audit, inspection, performance review, or hearing pursuant to Jefferson Parish Code of Ordinances Section 2-155.10 (19). By submitting a bid, vendor acknowledges this and will abide by all provisions of the referenced Jefferson Parish Code of Ordinances.

Vendor Contact Name: Brandy Boudreaux	Production Manager
Signature: 	Date: 05/26/20

**Prospective bidders are strongly encouraged to register for our e-procurement web portal.** All bids are uploaded onto this portal for review and response. There is no cost to register, view, download and submit bids. For more information on this and other bid information, please visit the Jefferson Parish Purchasing Department webpage located at <http://purchasing.jeffparish.net> or

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you can directly go to our e-procurement portal at [www.jeffparishbids.net](http://www.jeffparishbids.net). Vendors will be automatically notified of solicitations for which they have registered to receive.

Jefferson Parish uses the National Institute for Governmental Procurement Commodity Codes to notify prospective bidders of solicitations to which they would be interested in. By selecting the appropriate commodity codes and listing them on Page 3 of this application, prospective bidders may be notified of current solicitations. Please go to at <http://purchasing.jeffparish.net> for a complete list of commodity codes and enter in the form below.

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Parish President

director

### COMMODITY CODE ENROLLMENT

COMMODITY	COMMODITY DESCRIPTION
Class: 037	AMUSEMENT, DECORATIONS, ENTERTAINMENT, GIFTS, TOYS, ETC. 52 Novelties and Advertising Specialty Products, Including Biodegradable
Class: 080	BADGES, AWARDS, EMBLEMS, NAME TAGS AND PLATES, JEWELRY, ETC
Class: 200	CLOTHING: ATHLETIC, CASUAL, DRESS, UNIFORM, WEATHER AND WORK RELATED
Class: 201	CLOTHING ACCESSORIES
Class: 801	SIGNS, SIGN MATERIALS, SIGN MAKING EQUIPMENT, AND RELATED SUPPLIES
Class: 962	MISCELLANEOUS SERVICES, NO. 2 (NOT OTHERWISE CLASSIFIED) 33 Engraving Services; Awards, Trophies, Etc. (See 966-28 for Printing Type)

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Class: 0037	AMUSEMENT, DECORATIONS, ENTERTAINMENT, GIFTS, TOYS, ETC. 52 Novelties and Advertising Specialty Products, Including Biodegradable
Class: 080	BADGES, AWARDS, EMBLEMS, NAME TAGS AND PLATES, JEWELRY, ETC
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Class: 801	SIGNS, SIGN MATERIALS, SIGN MAKING EQUIPMENT, AND RELATED SUPPLIES

PAGE 3 OF 3

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## Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

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.  
*Creative Graphics, Inc*

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.

☐ 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) ►

**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.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.  
*99 E. Airline Hwy*

6 City, state, and ZIP code  
*Kenner LA 70062*

7 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 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

*72-0917161*

### 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 ► *Heleene Benta*

Date ► *5/26/20*

### 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](http://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.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/26/2020

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> Riverlands Insurance Services Inc. 492 West 5th Street  LaPlace LA 70068		<b>CONTACT NAME:</b> Kayla Landry <b>PHONE (A/C, No, Ext):</b> (985) 652-5505 <b>E-MAIL ADDRESS:</b> klandry@rivins.com <b>FAX (A/C, No):</b> (985) 652-4039														
<b>INSURED</b>  Creative Graphics, Inc 99 East Airline Highway  Kenner LA 70062		<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Sentinel Insurance Company, LTD</td><td>11000</td></tr><tr><td>INSURER B: Clear Blue Specialty Ins Co</td><td>28860</td></tr><tr><td>INSURER C: Scottsdale Insurance Co.</td><td>41297</td></tr><tr><td>INSURER D: La Workers' Compensation Corp</td><td>22350</td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Sentinel Insurance Company, LTD	11000	INSURER B: Clear Blue Specialty Ins Co	28860	INSURER C: Scottsdale Insurance Co.	41297	INSURER D: La Workers' Compensation Corp	22350	INSURER E:		INSURER F:	
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## COVERAGES

CERTIFICATE NUMBER: 20-21 Creative

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																								
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			43SBMVK3167SC	03/11/2020	03/11/2021	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 1,000,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 10,000</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td>Employee Benefits</td><td>\$ 1mil/2mil</td></tr><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td>Medical payments</td><td>\$ 5,000</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	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	Employee Benefits	\$ 1mil/2mil	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$	Medical payments	\$ 5,000
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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 N	N/A	154858-B	01/29/2020	01/29/2021																									

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

The General Liability & auto liability policies include Blanket Additional Insured and Blanket Waiver of Subrogation as required by written contract.

## CERTIFICATE HOLDER

## CANCELLATION

Jefferson Parish Department of Purchasing 1221 Elmwood Park Blvd Suite 404 Jefferson LA 70123	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 
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