

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 May 1, 2018.

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 Directed by ParishLOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 44508**THIS SECTION MUST BE COMPLETED BY BIDDER:**FIRM NAME: EMR, Inc.ADDRESS: 2110 Delaware St, Ste BCITY, STATE: Lawrence, KS ZIP: 66046TELEPHONE: (785) 842-9013 FAX: (785) 842-3863EMAIL ADDRESS: wiebe@emr-inc.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: \$ 44,560.00AUTHORIZED
SIGNATURE: Warran Wiebe

Printed Name

TITLE: 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.

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00115779

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			PRE-PLACED EMERGENCY CONTRACT FOR TWO (2) YEARS FOR EMERGENCY CLEANING OF DRAIN LINES FOR THE JEFFERSON PARISH DEPARTMENT OF PUBLIC WORKS, EAST AND WEST BANK DIVISIONS		
1	100.00	EA	0010 Cleaning Catch Basin	\$85.00	\$8,500.00
2	100.00	EA	0020 Cleaning Manhole	\$20.00	\$2,000.00
3	100.00	EA	0025 Cleaning Drop Inlet Size Less Than and Equal to 20 in. x 20 in.	\$15.00	\$1,500.00
4	100.00	EA	0028 Cleaning Drop Inlet Size Greater Than 20 in. x 20 in.	\$25.00	\$2,500.00
5	1,000.00	LF	0030 Cleaning 6 inch to 8 inch Drain Lines	\$1.50	\$1,500.00
6	3,500.00	LF	0040 Cleaning 10 inch to 12 inch Drain Lines	\$2.00	\$7,000.00
7	1,900.00	LF	0050 Cleaning 15 inch to 18 inch Drain Lines	\$3.00	\$5,700.00
8	1,500.00	LF	0060 Cleaning 21 inch to 24 inch Drain Lines	\$3.40	\$5,100.00
9	1,000.00	LF	0070 Cleaning 27 inch to 30 inch Drain Lines	\$4.00	\$4,000.00
10	300.00	LF	0080 Cleaning 36 inch Drain Lines	\$6.00	\$1,800.00
11	300.00	LF	0090 Cleaning 42 inch Drain Lines	\$6.00	\$1,800.00
12	200.00	LF	0100 Cleaning 48 inch Drain Lines	\$6.00	\$1,200.00
13	200.00	LF	0110 Cleaning 54 inch Drain Lines	\$6.00	\$1,200.00

Non-Public Works Bid**AFFIDAVIT**STATE OF KansasPARISH/COUNTY OF Douglas

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

Warran Wiebe, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized President of EMR, Inc. (Entity), the party who submitted a bid in response to Bid Number 50-00115779, 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.]

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

Warran Wiebe

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 22nd DAY OF March, 20 16.

Sheri Wood

Notary Public

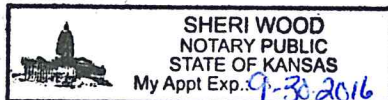
Sheri Wood

Printed Name of Notary

1078167

Notary/Bar Roll Number

My commission expires 9-30-2016



AIA[®] Document A310[™] – 2010

Bid Bond

CONTRACTOR:

(Name, legal status and address)

EMR, Inc.
2110 Delaware Street
Suite B
Lawrence, KS 66046

SURETY:

(Name, legal status and principal place of business)

Fidelity and Deposit Company of Maryland
1400 American Lane, Tower 1
18th Floor
Schaumburg, IL 60196-1056

OWNER:

(Name, legal status and address) Jefferson Parish
200 Derbigny Street
Suite 4400
Gretna, LA 70053

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

BOND AMOUNT: Five Percent of the Amount Bid

(\$ 5% of Bid)

PROJECT:

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

Project No. 50-00115779 - Emergency Cleaning of Drain Lines - Jefferson Parish, LA

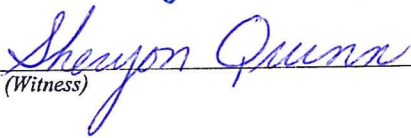
The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the 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 24th day of March 2016


(Witness)


(Witness)

EMR, Inc.

(Principal)

(Title) Warran Wiebe, President

Fidelity and Deposit Company of Maryland

(Surety)

(Title) Amy Meredith
Attorney-in-Fact

Init.

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**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 **GERALD F. HALEY, 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 **Amy MEREDITH, Sheryon QUINN, Margie M. LOWRY, Jill KEMP, Lynnette LONG, Bonnie J. WORTHAM and Barabara DUNCAN, all of Louisville, Kentucky, 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**, 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 23rd day of November, A.D. 2015.

ATTEST:

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



By: _____

Secretary
Michael McKibben

Gerald F. Haley

Vice President
Gerald F. Haley

State of Maryland
County of Baltimore

On this 23rd day of November, A.D. 2015, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, **GERALD F. HALEY, Vice President, and MICHAEL MCKIBBEN, 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.

Maria D. Adamski

Maria D. Adamski, Notary Public
My Commission Expires: July 8, 2019



EXTRACT FROM BY-LAWS OF THE COMPANIES

"Article V, Section 8, Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify or revoke any such appointment or authority at any time."

CERTIFICATE

I, the undersigned, Vice President of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this 24th day of March, 2016



Michael Bond, Vice President

EMR, INC.

MINUTES OF THE 2015 ANNUAL MEETING OF THE BOARD OF DIRECTORS

Pursuant to RCW 23B.08.210 of the Washington Business Corporation Act, the annual meeting of the board of directors and the minutes from such meeting are reviewed and approved by obtaining the written consent of each of the members of the board of directors of EMR, Inc. (EMR).

Members of EMR's board of directors are as follows:

Connie S. Cook
Michael L. Cook
Bernard T. Noonan

Waiver of Notice. Each director consents to waiver of notice of this meeting.

Minutes. Minutes from the 2014 board of directors meeting were delivered to each director. Each director approved the 2014 minutes and returned a signed copy of the 2014 minutes to EMR.

Election of Officers.

Officers of EMR are unanimously elected as follows:

Connie S. Cook	-	CEO
Warran Wiebe	-	President
Michael L. Cook	-	Executive Vice President
Bernard T. Noonan	-	Secretary/Treasurer/Executive Vice President
Mike Gross	-	Chief Operating Officer/Asst. Secretary
Brad Nicholson	-	Chief Financial Officer
Barclay Hagen	-	Chief Administrative Officer
Jeff Humenik	-	Vice President Environmental/Geology

Signature Authority.

Level One: These EMR Officers:

Connie S. Cook, CEO
Warran Wiebe, President
Bernard T. Noonan, Secretary/Treasurer/Executive Vice President
Michael L. Cook, Executive Vice President

are authorized to sign, in their respective capacity as officers of EMR, documents less than \$1,000,000 in value.

Documents equal to or exceeding \$1,000,000 in value or bonds equal to or exceeding \$250,000 shall be signed by two of the above listed officers.

Level Two: These EMR Officers:

Mike Gross, Chief Operating Officer – less than \$250,000
James Foster, Vice President Infrastructure – less than \$100,000
Jeff Humenik, Vice President Environmental – less than \$100,000
Barclay Hagen, Chief Administrative Officer – less than \$100,000
Marshall Dunn, Senior Project Engineer – less than \$100,000

are authorized to sign EMR project related documents under the following circumstances:

1. Prior to the document being signed it has been reviewed and stamped by the EMR legal department; and
2. The value of document is less than the amount(s) listed above.

Level Three: These EMR Managers:

Paul Fowler

are authorized to sign EMR project related documents under the following circumstances:

1. Prior to signing the document it has been reviewed and stamped by the EMR legal department; and
2. The value of document is less than \$25,000.


Confirmation of Actions. All executed contracts and agreements, and actions taken by the President, in the name of EMR, since being elected, are hereby confirmed, ratified and approved.

Ethics Officer and Corporate Ethics Committee. Warran Wiebe is appointed as the Ethics Officer and Barclay Hagen, Mike Gross, and Brad Nicholson are appointed as members of the Corporate Ethics Committee.

Adjournment. No other business was conducted.


End of Minutes.

MINUTES APPROVED:



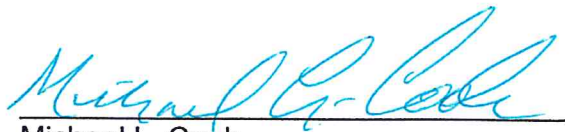
Connie S. Cook
Director

12/3/2015
Date



Bernard T. Noonan
Director

12/8/2015
Date



Michael L. Cook
Director

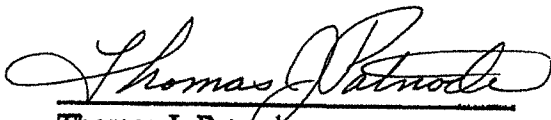
12/3/2015
Date

RESOLUTION 101

The undersigned secretary of Environmental Management Resources, Inc., a Washington corporation (Corporation), certifies that the following is a true and correct copy of the resolution adopted on December 16, 1992 by the board of directors of Environmental Management Resources, Inc. Pursuant to RCW 23B.08.210 of the Washington Business Corporation Act, this resolution was adopted by obtaining the written consent of each of the members of the board of directors of the Corporation.

IT IS RESOLVED AS FOLLOWS:

Power of president. The president is authorized, subject to further order of the board of directors, to manage the business and affairs of the Corporation, with the specific powers to engage employees and fix their compensation and other terms of employment, to purchase inventory and other required items, to obtain loans from lending institutions, to supervise the project management and construction projects, to organize a sales staff, to formulate selling campaigns, and to execute contracts and agreements necessary to carry on the business and affairs of the Corporation.



Thomas J. Patnode
Secretary



CERTIFICATE OF LIABILITY INSURANCE

4/1/2016

DATE (MM/DD/YYYY)
9/9/2015

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 Lockton Companies 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000		CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL: ADDRESS:	
INSURED EMR, INC. 1314717 2110 DELAWARE STREET., SUITE B LAWRENCE KS 66046		INSURER(S) AFFORDING COVERAGE INSURER A: Navigators Specialty Insurance Company 36056 INSURER B: Travelers Property Casualty Co of America 25674 INSURER C: Zurich American Insurance Company 16535 INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 10841349

REVISION NUMBER: XXXXXXXX

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	ADD. 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 <input checked="" type="checkbox"/> \$10,000 POLL DED. <input checked="" type="checkbox"/> \$10,000 PROF DED. CM GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	N	N	CH15NP4799334NC	9/14/2015	9/14/2016	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COM/OP AGG \$ 10,000,000
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	N	N	BAP647649002	9/14/2015	9/14/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX Garage Liab. \$ 100,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED. RETENTION \$	N	N	ZUP15P7894215NF	9/14/2015	9/14/2016	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
C	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	WC647649102	9/14/2015	9/14/2016	<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
A	PROF/POLL LIABILITY;	N	N	CH15NP4799334NC	9/14/2015	9/14/2016	PROF/POLL: \$5,000,000 OCC/\$10,000,000 AGG; L/R: \$700,000
C	LEASED/RENTED EQUIP.	N	N	CPP546735400	4/1/2015	4/1/2016	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
CERTIFICATE HOLDER IS AN ADDITIONAL INSURED ON ALL LINES ON A PRIMARY AND NON-CONTRIBUTORY BASIS, IF REQUIRED BY WRITTEN CONTRACT. A WAIVER OF SUBROGATION APPLIES WHERE ALLOWED BY LAW.

CERTIFICATE HOLDER

CANCELLATION See Attachment SEP 10 2016

10841349 JEFFERSON PARISH, LOUISIANA PURCHASING DEPARTMENT 200 DERBIGNY STREET, SUITE 4400 GRENA LA 70053	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 <i>Joseph M. Agnello</i>
--	---

ACORD 25 (2014/01)

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ENDORSEMENT NO. 006

POLICY NUMBER: CH15NP4799334NC

ISSUED TO: ENVIRONEMTNAL MANAGEMENT RESOURCES, INC. / EMR

EFFECTIVE: 12:01AM, 9/14/2015

COMPANY: NAVIGATORS SPECIALTY INSURANCE COMPANY

ADDITIONAL INSURED
OWNERS, LESSEES OR CONTRACTORS - COMPLETED OPERATIONS

It is hereby agreed as follows:

A. SECTION II. WHO IS AN INSURED is amended to include as an insured the person(s) or organization(s) shown in the Schedule below at the end of this endorsement, but only with respect to liability arising out of:

1. with respect to **Coverage 1. General Liability, your work** at the location(s) designated and described in the Schedule below at the end of this endorsement performed for that insured and included in the **products-completed operations hazard**; or
2. with respect to **Coverage Part 2.A. Contractor's Pollution Liability, your work** at the location(s) designated and described in the Schedule below at the end of this endorsement performed for that insured and included as **completed operations**.

B. With respect to any scheduled insureds and any coverage afforded pursuant to this endorsement, SECTION V. POLICY DEFINITIONS is amended by the addition of the following definition:

Completed operations means **your work** that has been completed, and does not include **your work** that has not been completed or has otherwise been abandoned. **Your work** will be deemed complete at the earliest of the following times:

1. when all of **your work** called for in your contract have been completed;
2. when all of **your work** to be performed at a **jobsite** has been completed if your contract calls for work at more than one **jobsite**; or
3. when that part of **your work** performed at the **jobsite** has been put to its intended use by any person or organization other than another contractor or subcontractor working on the same project.

Your work that may need service, maintenance, correction, repair or replacement, but which is otherwise complete, will be deemed completed and treated as **completed operations**.

SCHEDULE

Name of Person or Organization:

Owners, managers or lessees of the location(s) designated and described below in this schedule, but only when you are required by written contract to include such entities as an additional insured on this Policy, and only for the lesser of the amount stated in the contract or the applicable limits of liability of this Policy.

Location And Description of Completed Operations:

Any location or **jobsite** where **your work** is performed for a third party.

12 SEP 15 4:02 PM

**Request for Taxpayer
Identification Number and Certification**

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

Name (as shown on your income tax return)
EMR, Inc.

Business name, if different from above

Check appropriate box: ☐ Individual/sole proprietor ☒ Corporation ☐ Partnership
☐ Limited liability company. Enter the tax classification (0=disregarded entity, C=corporation, P=partnership) ▶ ☐ Exempt payee
☐ Other (see instructions) ▶

Address (number, street, and apt. or suite no.)
3200 Haskell Avenue, Suite 140
City, state, and ZIP code
Lawrence, KS 66046-8945

Requester's name and address (optional)

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 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
91 : 438326

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).

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 ▶ *Ann Malloy*

Date ▶ 6-24-08

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:

- 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.

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,



#242673

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Interactive TIN Session:Interactive Results

This screen provides you with the results of your TIN Match request. The 'Match Indicator' displays a code next to the TIN and name combination. Use the codes below to interpret your results:

- 0 = TIN and Name combination matches IRS records.
- 1 = TIN was missing or TIN not 9-digit numeric.
- 2 = TIN entered is not currently issued.
- 3 = TIN and Name combination does not match IRS records.
- 4 = Invalid TIN Matching request.
- 5 = Duplicate TIN Matching request.
- 6 = TIN and Name combination matches IRS SSN records.
- 7 = TIN and Name combination matches IRS EIN records.
- 8 = TIN and Name combination matches IRS SSN and EIN records.

Important: Before leaving this screen, you may want to do a Print Screen of the results. Once you exit this screen, the interactive results will no longer be available for viewing.

Using the TIN Matching system allows you to verify the accuracy of taxpayer TIN and name information prior to submitting information to IRS. Internal Revenue Code 6724 provides any penalties under Section 6721 may be waived if the filer shows the failure to file a correct TIN on an information return was due to reasonable cause and not willful neglect. Filers may prove due diligence and receive a waiver from proposed penalties if they prove the TIN and name combination they submitted matched IRS records. Providing a copy of the Print Screen of your Interactive Results will be considered proof of due diligence.

ID	TIN Type	TIN	Name	Result Code
1	Unknown	911438326	emr inc	7

You may do either of the following:

- Select *Another Tin Matching Request* to check more TIN and Name combinations.
- Select *Done* to return to the TIN Matching home page.

[ANOTHER TIN MATCHING REQUEST](#)[DONE](#)

[IRS Privacy Policy](#) | [Privacy Notice](#)
tin-match-rup-webapp (version R-15.11.1)

📍 2525 Quail Drive, Baton Rouge, 70808

☎ (225) 765-2301



Louisiana State Licensing Board for Contractors



Contractor Information

Business Name EMR, INC.
Mailing Address 2110 Delaware Street
 Lawrence, KS 66046
Phone Number (785) 842-9013
Fax Number (785) 842-3863
Email Address noonan@emr-inc.com

Active Licenses

License Number 44508
Type Commercial License
Status LICENSED
Effective 12/01/2015
Expiration 11/30/2016
First Issued 11/30/2005

Classifications

Class	Qualifying Party	Parishes
BUILDING CONSTRUCTION	Michael Lynn Cook	ALL
BUSINESS AND LAW	Michael Lynn Cook	ALL
ELECTRICAL WORK (STATEWIDE)	Bernard Thomas Noonan	ALL
HEAVY CONSTRUCTION	Marshall Robert Dunn	ALL
MECHANICAL WORK (STATEWIDE)	Bernard Thomas Noonan	ALL
SPECIALTY: EARTHWORK, DRAINAGE AND LEVEES	Marshall Robert Dunn	ALL
SPECIALTY: INDUSTRIAL CLEANING AND MATERIAL/WASTE HANDLING	Michael Lynn Cook	ALL

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USER NAME

PASSWORD

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Entity Dashboard

[Entity Record](#)[Core Data](#)[Assertions](#)[Reps & Certs](#)[POCs](#)[Reports](#)[Service Contract Report](#)[BioPreferred Report](#)[Exclusions](#)[Active Exclusions](#)[Inactive Exclusions](#)[Excluded Family Members](#)[RETURN TO SEARCH](#)

EMR, Inc.

DUNS: 613356591 CAGE Code: 1HUB6

Status: Active

2110 Delaware St Ste B

Lawrence, KS, 66046-3112

UNITED STATES

Expiration Date: 02/21/2017

Purpose of Registration: All Awards

Entity Overview

Entity Information

Name: EMR, Inc.
Business Type: Business or Organization
POC Name: Pam Maley
Registration Status: Active
Activation Date: 02/22/2016
Expiration Date: 02/21/2017

Exclusions

Active Exclusion Records? No

SAM | System for Award Management 1.0

IBM v1.P.46.20160226-1435

WWW2



Note to all Users: This is a Federal Government computer system. Use of this system constitutes consent to monitoring at all times.