

LOUISIANA UNIFORM PUBLIC WORK BID FORM

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

BID FOR: East Bank Sign Shop Restrooms
Bid No. 50-119828

The undersigned bidder hereby declares and represents that she/he; a) has carefully examined and understands the Bidding Documents, b) has not received, relied on, or based his bid on any verbal instructions contrary to the Bidding Documents or any addenda, c) has personally inspected and is familiar with the project site, and hereby proposes to provide all labor, materials, tools, appliances and facilities as required to perform, in a workmanlike manner, all work and services for the construction and completion of the referenced project, all in strict accordance with the Bidding Documents prepared by: Principal Engineering, Inc. and dated: November 2016.

Bidders must acknowledge all addenda. The Bidder acknowledges receipt of the following **ADDENDA:** (Enter the number the Designer has assigned to each of the addenda that the Bidder is acknowledging) Addenda #1 - 7/5/17

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

Eighty-six Thousand Eight Hundred Fifty Dollars & 00/100 Dollars (\$ 86,850.00)

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

Alternate No. 1 (None) for the lump sum of:

_____ Dollars (\$ _____)

Alternate No. 2 (None) for the lump sum of:

_____ Dollars (\$ _____)

Alternate No. 3 (None) for the lump sum of:


_____ Dollars (\$ _____)

NAME OF BIDDER: R. Seibert Construction L.L.C.
ADDRESS OF BIDDER: 208 St. Bernard Parkway
St. Bernard, La. 70085
LOUISIANA CONTRACTOR'S LICENSE NUMBER: #60869
NAME OF AUTHORIZED SIGNATORY OF BIDDER: Randall J. Seibert Jr.
TITLE OF AUTHORIZED SIGNATORY OF BIDDER: owner/agent
SIGNATURE OF AUTHORIZED SIGNATORY OF BIDDER:** Randall J. Seibert Jr.
DATE: 7-10-17

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

** If someone other than a corporate officer signs for the Bidder/Contractor, a copy of a corporate resolution or other signature authorization shall be required for submission of bid. Failure to include a copy of the appropriate signature authorization, if required, may result in the rejection of the bid unless bidder has complied with La. R.S. 38:2212(B)5.

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

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

Louisiana State Licensing Board for Contractors

Contractor Information

Business Name R. SEIBERT CONSTRUCTION, L.L.C.
 Mailing Address 208 St. Bernard Parkway
 St. Bernard, LA 70085
 Phone Number (504) 881-9781
 Fax Number (504) 609-2322
 Email Address rseibertconstruction@yahoo.com

Active Licenses

License Number 60869 ✓
 Type Commercial License
 Status LICENSED
 Effective 11/21/2015
 Expiration 11/20/2018
 First Issued 11/20/2014
 License Number 882576
 Type Residential License
 Status LICENSED
 Effective 03/19/2016
 Expiration 03/18/2019
 First Issued 03/18/2015

Classifications

Class	Qualifying Party	Parishes
BUILDING CONSTRUCTION	Randall Joseph Seibert Jr.	ALL
BUSINESS AND LAW	Randall Joseph Seibert Jr.	ALL
BUSINESS AND LAW	Randall Joseph Seibert Jr.	ALL
RESIDENTIAL BUILDING CONTRACTOR	Randall Joseph Seibert Jr.	ALL



GULF COAST BANK
& Trust Company
200 St. Charles Ave.
New Orleans, LA 70130

CASHIER'S CHECK

No. 184076

14-7043/2650-1

REMITTER: R SEIBERT CONSTRUCTION

DATE July 11, 2017

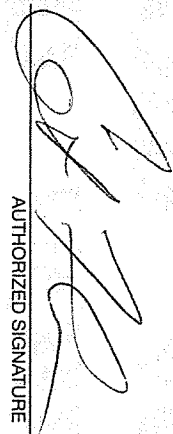
PAY: **** Four Thousand Three Hundred Fifty and 00/100 ****

\$ 4,350.00

PAY
TO THE
ORDER
OF
JEFFERSON PARISH PURCHASING

NOTICE TO CUSTOMERS
THE PURCHASE OF AN INDEMNITY BOND WILL BE REQUIRED BEFORE THIS CHECK
WILL BE REPLACED OR REFUNDED IN THE EVENT IT IS LOST, MISPLACED OR STOLEN.

You may not be able to replace this document for 90 days if it is lost, misplaced or stolen.


AUTHORIZED SIGNATURE

⑈184076⑈ ⑆265070435⑆ ⑆94400104⑈

Back - Customer

Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: Randa H
J. Seibert Jr., (Affiant) who after being duly sworn, deposed and said that
he/she is the fully authorized agent of R. Seibert Construction L.L.C
(Entity), the party who submitted a bid in response to Bid No. 50-119828, 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, Affiance, 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.

Affiant further said:

Debt Disclosures

(Choose A or B; if option A is indicated please include 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

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 the Affiant.

Affiant further said:

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

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

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

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

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

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

Affiant further said:

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

Randall J. Seibert Jr.
Signature of Affiant

Randall J. Seibert Jr.
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 11th DAY OR July, 2017.

[Signature]
Notary Public

Douglas Adam Koch
Printed Name of Notary

Bar 36213
Notary/Bar Roll Number

My commission expires upon death.

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

Name:	DOUGLAS ADAM KOOB
Address:	609 HARANG AVE METAIRIE, LA 70001
Phone:	(504) 452-3789
Notary ID Number:	144039
Parish:	JEFFERSON with STATEWIDE JURISDICTION
Agency:	N/A
Notary Type:	Attorney
	Bar Roll #: 36213
Status:	Active
Commission Date:	11/24/2015
Oath Date:	10/22/2015
Surety Expiration Date:	Not Required
Annual Report Current:	Not Applicable

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




VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)

5/19/17

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.

This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose.

PRODUCER State Farm  Mel Malone State Farm 1401 East Judge Perez Dr. Chalmette, LA 70043	CONTACT NAME: Ehren Malone PHONE (A/C, No, Ext): 504-279-7464 FAX (A/C, No): 504-279-7468 E-MAIL ADDRESS: ehren@melmalone.com PRODUCER CUSTOMER ID #:
	INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Mutual Automobile Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:
INSURED R Seibert Construction LLC 208 Saint Bernard Parkway St. Bernard, LA 70085-5427	NAIC # 25178

DESCRIPTION OF VEHICLE OR EQUIPMENT

YEAR 2017	MAKE / MANUFACTURER Ram	MODEL 2500	BODY TYPE	VEHICLE IDENTIFICATION NUMBER 3C6UR5JJ7HG710670
DESCRIPTION			VEHICLE/EQUIPMENT VALUE \$	SERIAL NUMBER

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:


THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) 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 POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).

INSR LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
		<input checked="" type="checkbox"/> VEHICLE LIABILITY	263 9174-F11-18C	6/11/17	12/11/2017	COMBINED SINGLE LIMIT	\$
						BODILY INJURY (Per person)	\$ 1,000,000
						BODILY INJURY (Per accident)	\$ 1,000,000
						PROPERTY DAMAGE	\$ 1,000,000
		<input type="checkbox"/> GENERAL LIABILITY				EACH OCCURENCE	\$
		<input type="checkbox"/> OCCURRENCE				GENERAL AGGREGATE	\$
		<input type="checkbox"/> CLAIMS MADE					\$
INSR LTR	LOSS PAYEE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS / DEDUCTIBLE	
		<input checked="" type="checkbox"/> VEH COLLISION LOSS	263 9174-F11-18C	6/11/2017	12/11/2017	<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
						<input type="checkbox"/> STATED AMT	\$ 250 DED
		<input checked="" type="checkbox"/> VEH COMP <input type="checkbox"/> VEH OTC		6/11/2017	12/11/2017	<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
						<input type="checkbox"/> STATED AMT	\$ 100 DED
		<input type="checkbox"/> EQUIPMENT				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
		<input type="checkbox"/> BASIC <input type="checkbox"/> BROAD				<input type="checkbox"/> RC <input type="checkbox"/> STATED AMT	\$ DED
		<input type="checkbox"/> SPECIAL					

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ADDITIONAL INTEREST

CANCELLATION

Select one of the following: <input type="checkbox"/> The additional interest described below has been added to the policy(ies) listed herein by policy number(s). <input type="checkbox"/> A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
VEHICLE / EQUIPMENT INTEREST: <input type="checkbox"/> LEASED <input type="checkbox"/> FINANCED		DESCRIPTION OF THE ADDITIONAL INTEREST	
NAME AND ADDRESS OF ADDITIONAL INTEREST State of Louisiana, Office of Juvenile Justice 7919 Independence Blvd. Baton Rouge, LA 70806		<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYEE <input type="checkbox"/>	
		LOAN / LEASE NUMBER	
		AUTHORIZED REPRESENTATIVE 	

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208 St. Bernard Parkway, St. Bernard, LA 70085
State License #: 60869

Office/Fax: (504) 609-2322

Job Name:	Job Location:
Submit to:	Address:
Attn:	

[illegible]

Signature:

Signature: Ronald J. Kerling

Date:

7-11-17

Form W-9
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

1. Name (as shown on your income tax return). None is required on this line; do not leave this line blank.
R. Seibert Construction, LLC

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

3. Check appropriate box for federal tax classification; check only one of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC
☒ Limited liability company. Enter the tax classification (S-C corporation, S-B corporation, Partnership) in the line below for the tax classification of the single-member owner.
☐ Other (see instructions)
☐ C Corporation
☐ S Corporation
☐ Partnership
☐ Trust/estate

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)
 Please print amount withheld under the U.S. tax laws

5. Address (number, street, and apt. or suite no.)
204 St. Bernard Pkwy

6. City, state, and ZIP code
St. Bernard, LA 70085

7. Last account number (if any)

Part I Taxpayer Identification Number (TIN)
Enter your TIN in the appropriate box. The TIN provided must match the name given on the 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
27-2499943

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); and
 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Sign Here
 Signature of U.S. person Randolf Seibert
 Date 10-22-15

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 its release) is at www.irs.gov/irb.

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-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 1099 (from mortgage interest, 1099-E (student loan interest), 1099-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 reuse Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What Is Backup Withholding? on page 2.
 By signing the filed-out form, you:
 1. Certify that the TIN you are giving is correct for 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, and
 4. 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.

Cat. No. 10621X Form W-9 (Rev. 12-2014)

LOUISIANA UNIFORM PUBLIC WORK BID FORM

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

BID FOR: East Bank Sign Shop Restrooms
Bid No. 50-119828

The undersigned bidder hereby declares and represents that she/he; a) has carefully examined and understands the Bidding Documents, b) has not received, relied on, or based his bid on any verbal instructions contrary to the Bidding Documents or any addenda, c) has personally inspected and is familiar with the project site, and hereby proposes to provide all labor, materials, tools, appliances and facilities as required to perform, in a workmanlike manner, all work and services for the construction and completion of the referenced project, all in strict accordance with the Bidding Documents prepared by: Principal Engineering, Inc. and dated: November 2016.

Bidders must acknowledge all addenda. The Bidder acknowledges receipt of the following **ADDENDA**: (Enter the number the Designer has assigned to each of the addenda that the Bidder is acknowledging) #1 dated 7/5/17

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

NINETY SEVEN THOUSAND 00/100 Dollars (\$ 97,000.00)

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

Alternate No. 1 (None) for the lump sum of:

_____ Dollars (\$ _____)

Alternate No. 2 (None) for the lump sum of:

_____ Dollars (\$ _____)

Alternate No. 3 (None) for the lump sum of:

_____ Dollars (\$ _____)

NAME OF BIDDER: Sherlock's Construction Inc.

ADDRESS OF BIDDER: P O Box 10429
Jefferson, LA 70181-0429

LOUISIANA CONTRACTOR'S LICENSE NUMBER: 30201

NAME OF AUTHORIZED SIGNATORY OF BIDDER: Nick Sherlock

TITLE OF AUTHORIZED SIGNATORY OF BIDDER: President


SIGNATURE OF AUTHORIZED SIGNATORY OF BIDDER:** Nick Sherlock

DATE: 7/11/17

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

** If someone other than a corporate officer signs for the Bidder/Contractor, a copy of a corporate resolution or other signature authorization shall be required for submission of bid. Failure to include a copy of the appropriate signature authorization, if required, may result in the rejection of the bid unless bidder has complied with La. R.S. 38:2212(B)5.

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

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

Louisiana State Licensing Board for Contractors

Contractor Information

Business Name SHERLOCK'S CONSTRUCTION, INC.
 Mailing Address P. O. Box 10429
 Jefferson, LA 701810429
 Phone Number (504) 737-8858
 Fax Number (504) 737-8393
 Email Address shercons@bellsouth.net

Active Licenses

✓ License Number 30201
 Type Commercial License
 Status LICENSED
 Effective 05/23/2016
 Expiration 09/19/2017
 First Issued 09/19/1996
 License Number 84282
 Type Residential License
 Status LICENSED
 Effective 09/17/2015
 Expiration 09/16/2017
 First Issued 09/16/1999

Classifications

Class	Qualifying Party	Parishes
✓ BUILDING CONSTRUCTION	Nickolas Sherlock Sr.	ALL
BUSINESS AND LAW	Nickolas Sherlock Sr.	ALL
BUSINESS AND LAW	Raye Lynn R Fredrick	ALL
BUSINESS AND LAW	Nickolas Sherlock Sr.	ALL
BUSINESS AND LAW	Raye Lynn R Fredrick	ALL
MUNICIPAL AND PUBLIC WORKS CONSTRUCTION	Nickolas Sherlock Sr.	ALL
RESIDENTIAL BUILDING CONTRACTOR	Nickolas Sherlock Sr.	ALL
RESIDENTIAL BUILDING CONTRACTOR	Raye Lynn R Fredrick	ALL

Public Works Bid

AFFIDAVIT

STATE OF LOUISIANA

PARISH/COUNTY OF JEFFERSON

BEFORE ME, the undersigned authority, personally came and appeared: _____
NICK SHERLOCK, (Affiant) who after being duly sworn, deposed and said that
he/she is the fully authorized PRESIDENT of SHERLOCKS CONSTRUCTION INC
(Entity), the party who submitted a bid in response to Bid No. 50-00119828, 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, Affiance, 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 XX There are **NO** campaign contributions made which would require disclosure under Choice A of this section.

Affiant further said:

Debt Disclosures

(Choose A or B; if option A is indicated please include 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 XX There are **NO** debts which would require disclosure under Choice A of this section.

Affiant further said:

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

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

Affiant further said:

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

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

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

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

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

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

Affiant further said:

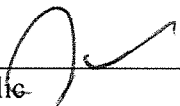
- (1) Entity is registered and participates in a status verification system to verify that all employees in the State of Louisiana are legal citizens of the United States or are legal aliens.
- (2) Entity shall continue, during the term of the contract, to utilize a status verification system to verify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


Signature of Affiant

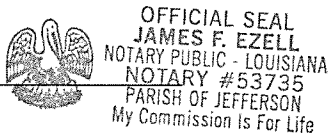
NICK SHERLOCK
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 17 DAY OR July, 2017


Notary Public

Printed Name of Notary



Notary/Bar Roll Number

My commission expires Life.

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

Name: MR. JAMES F. EZELL
Address: 5860 CITRUS BLVD SUITE D
RIVER RIDGE, LA 70123
Phone: (504) 733-9101
Notary ID Number: 53735
Parish: JEFFERSON with authority in the following parishes:
ORLEANS, PLAQUEMINES, ST. BERNARD
Agency: N/A
Notary Type: Non Attorney
Status: Active
Commission Date: 07/18/2002
Oath Date: 05/09/2007
Surety Expiration Date: 11/12/2021
Annual Report Current: Yes

Notary Events

Suspension From: 11/14/2016 To: 11/21/2016
Suspension From: 09/17/2012 To: 09/20/2012
Parish Change Previous Parish: EAST BATON ROUGE
Previous Commission Date: 11/26/1996

Deceased, Inactivated, Leave of Absence, Pre-Assessment Registration, Pre-Assessment Taken, Resigned, Retirement, and Revoked events are not available prior to February 11, 2012.

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

CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF
SHERLOCKS CONSTRUCTION INC INCORPORATED.

AT THE MEETING OF DIRECTORS OF SHERLOCKS CONSTRUCTION INC
INCORPORATED, DULY NOTICED AND HELD ON JUNE 22, 2017, A
QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT
WAS:

RESOLVED THAT NICK SHERLOCK _____, BE AND IS HEREBY
APPOINTED, CONSITUTED AND DESIGNATED AS AGENT AND ATTORNERY-IN-
FACT OF THE CORPORATION IN ALL NEGOTIATIONS, BIDDING, CONCERNS AND
TRANSACTIONS WITH THE PARISH OF JEFFERSON OR ANY OF ITS AGENCIES,
DEPARTMENTS, EMPLOYEES OR AGENTS, INCLUDING BUT NOT LIMITED TO, THE
EXECUTION OF ALL BIDS, PAPERS, DOCUMENTS, AFFIDAVITS, BONDS, SURETIES,
CONTRACTS AND ACTS AND TO RECEIVE ALL PURCHASE ORDERS AND NOTICES
ISSUED PURSUANT TO THE PROVISIONS OF ANY SUCH BID OR CONTRACT, THIS
CORPORATION HEREBY RATIFYING, APPROVING, CONFIRMING, AND ACCEPTING
EACH AND EVERY SUCH ACT PERFORMED BY SAID AGENT AND ATTORNEY-IN-
FACT.

I HEREBY CERTIFY THE FOREGOING TO BE
A TRUE AND CORRECT COPY OF AN
EXCERPT OF THE MINUTES OF THE ABOVE
DATED MEETING OF THE BOARD OF
DIRECTORS OF SAID CORPORATION, AND
THE SAME HAS NOT BEEN REVOCED OR
RESCINDED.



SECRETARY-TREASURER

RAYE LYNN FREDRICK

7-11-17

DATE

BID BOND

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

Sherlock's Construction, Inc., 2201 Generes Dr, Harahan LA 70123 as PRINCIPAL, and

RLI Insurance Co., 9025 N. Lindbergh Dr., Peoria IL 61615 as SURETY, are held and firmly bound unto the Parish of Jefferson, hereinafter called the "OWNER", in the penal sum of:

Five perecent of bid amount

DOLLARS (\$ 5% of bid amount) lawful money of the United States, for the payment of which sum well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, that whereas the Principal has submitted the accompanying Bid dated July 11, 2017, for

**EAST BANK SIGN SHOP RESTROOMS
Public Works Project No. 2017-074-TR**

NOW, THEREFORE, if the Principal shall not withdraw said Bid within the period specified therein after the opening of the same or, if no period be specified, within forty-five (45) days after the said opening, and shall within the period specified therefore or, if no period be specified, within twelve (12) days after the prescribed forms are presented to him for signature, enter into a written Contract with the Parish in accordance with the Bid as accepted, and give bond with good and sufficient surety or sureties, as may be required, for the faithful performance and proper fulfillment of such Contract; or in the event of the withdrawal of said Bid within the period specified, or the failure to enter into such Contract and give such bond within the time specified, if the Principal shall pay the Parish the difference between the amount specified in said Bid and the amount for which the Parish may procure the required work or supplies, or both, if the latter be in excess of the former, then the above obligation shall be void and of no effect, otherwise, to remain in full force and virtue.

IN WITNESS WHEREOF, the above bounded parties have executed this instrument under their several seals this 11th day of July, 2017, the name and corporate seal of each corporate party being hereto affixed and these presents signed by its undersigned representative, pursuant to authority of its governing body.

BID BOND (continued)

In Presence of:

(Individual Principal)

(Business Address, including Zip Code)

(Partnership)

(SEAL)

(Business Address, including Zip Code)

ATTEST: Richard
Sherlock's Construction
(Corporate Principal)

BY: Nick Sherlock
Nick SHERLOCK (PRES.)

2201 Genes Dr, Harahan LA 70123

(Business Address, including Zip Code)

ATTEST: Way Hall

BY: _____
AFFIX CORPORATE SEAL

RLI Insurance Company
(Corporate Surety)

9025 N. Lindbergh Dr, Peoria IL 61615

(Business Address, including Zip Code)

Countersigned:

BY: [Signature]
Attorney-in-Fact* Jared T. Strecker
Licensed Louisiana Agent

State of Louisiana

BY: [Signature]
AFFIX CORPORATE SEAL
Jared T. Strecker, Attorney-in-Fact
Licensed Louisiana Agent





9025 N. Lindbergh Dr. | Peoria, IL 61615
Phone: (800)645-2402 | Fax: (309)689-2036

POWER OF ATTORNEY

RLI Insurance Company

Contractors Bonding and Insurance Company

Know All Men by These Presents:

That this Power of Attorney is not valid or in effect unless attached to the bond which it authorizes executed, but may be detached by the approving officer if desired.

That this Power of Attorney may be effective and given to either or both of **RLI Insurance Company** and **Contractors Bonding and Insurance Company**, required for the applicable bond.

That **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, each Illinois corporations (as applicable), each authorized and licensed to do business in all states and the District of Columbia do hereby make, constitute and appoint:

Mark S. Fruchtnicht, Jared T. Strecker, R. Scott Hogan, jointly or severally

in the City of Metairie, State of Louisiana, as Attorney in Fact, with full power and authority hereby conferred upon him/her to sign, execute, acknowledge and deliver for and on its behalf as Surety, in general, any and all bonds, undertakings, and recognizances in an amount not to exceed Ten Million Dollars (\$10,000,000.00) for any single obligation.

The acknowledgment and execution of such bond by the said Attorney in Fact shall be as binding upon this Company as if such bond had been executed and acknowledged by the regularly elected officers of this Company.

RLI Insurance Company and **Contractors Bonding and Insurance Company**, as applicable, have each further certified that the following is a true and exact copy of the Resolution adopted by the Board of Directors of each such corporation, and now in force, to-wit:

"All bonds, policies, undertakings, Powers of Attorney or other obligations of the Corporation shall be executed in the corporate name of the Corporation by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or Agents who shall have authority to issue bonds, policies or undertakings in the name of the Corporation. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the Corporation. The signature of any such officer and the corporate seal may be printed by facsimile or other electronic image."

IN WITNESS WHEREOF, **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, as applicable, have caused these presents to be executed by its respective Vice President with its corporate seal affixed this 10th day of March, 2017.

State of Illinois
County of Peoria

} SS



RLI Insurance Company
Contractors Bonding and Insurance Company

Barton W. Davis

Vice President

On this 10th day of March, 2017, before me, a Notary Public, personally appeared Barton W. Davis, who being by me duly sworn, acknowledged that he signed the above Power of Attorney as the aforesaid officer of the **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, and acknowledged said instrument to be the voluntary act and deed of said corporation.

Jacqueline M. Bockler
Jacqueline M. Bockler Notary Public



CERTIFICATE

I, the undersigned officer of **RLI Insurance Company**, and/or **Contractors Bonding and Insurance Company**, each Illinois corporations, do hereby certify that the attached Power of Attorney is in full force and effect and is irrevocable; and furthermore, that the Resolution of the Company as set forth in the Power of Attorney, is now in force. In testimony whereof, I have hereunto set my hand and the seal of the **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company** this 11th day of July, 2017.

RLI Insurance Company
Contractors Bonding and Insurance Company

Barton W. Davis

Vice President



CERTIFICATE OF LIABILITY INSURANCE

SHERL-1 OP ID: KAY

DATE (MM/DD/YYYY)

06/29/2017

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 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 Financial Assurance LLC 6620 Riverside Dr Ste 210 Metairie, LA 70003 Jared Strecker		CONTACT NAME: PHONE (A/C, No, Ext): 504-846-3500 FAX (A/C, No): 504-833-9010 E-MAIL ADDRESS:		
INSURED Sherlock's Construction Inc PO Box 10429 Jefferson, LA 70181		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: United Fire & Indemnity		
		INSURER B: Bridgefield Casualty		
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

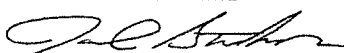
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE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

INSR LTR	TYPE OF INSURANCE	ADDL 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	X X	20320799	07/01/2017	07/01/2018	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
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	OTHER:					
A	AUTOMOBILE LIABILITY					
	<input checked="" type="checkbox"/> ANY AUTO	X X	12307695	07/01/2017	07/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR				EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE	27303438	07/01/2017	07/01/2018	AGGREGATE \$ 1,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input checked="" type="checkbox"/> N/A	X 019621690	07/01/2017	07/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below					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)

See page 2.

CERTIFICATE HOLDER**CANCELLATION**

SAMPLEC **SAMPLE**	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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NOTEPAD

INSURED'S NAME Sherlock's Construction Inc

SHERL-1
OP ID: KAY

PAGE 2
Date 06/29/2017

The General Liability policy provides a Blanket Additional Insured endorsement, on a primary and non contributory basis as required by written contract. The Automobile liability policy provides a Blanket Additional Insured endorsement as required by written contract.

The General Liability, Automobile Liability and Workers Compensation policies provide a blanket waiver of subrogation as required by written contract.

Policy forms available upon request.

**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
SHERLOCK'S CONSTRUCTION, INC.

Business name, if different from above

Check appropriate box: ☐ Individual/
Sole proprietor ☒ Corporation ☐ Partnership ☐ Other ☐ Exempt from backup
withholding

Address (number, street, and apt. or suite no.)
PO BOX 10429

City, state, and ZIP code
JEFFERSON, LA 70181

List account number(s) here (optional)
70123

Requester's name and address (optional)
**PHYSICAL ADDRESS:
22016 GENES
HARRAN, LA**

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If an individual, 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
724126169155

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. person (including a U.S. resident alien).

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 **David Lynn Fredrick**

Date **3-29-2010**

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.

U.S. person. 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.

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.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

LOUISIANA UNIFORM PUBLIC WORK BID FORM

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

BID FOR: East Bank Sign Shop Restrooms
Bid No. 50-119828

The undersigned bidder hereby declares and represents that she/he; a) has carefully examined and understands the Bidding Documents, b) has not received, relied on, or based his bid on any verbal instructions contrary to the Bidding Documents or any addenda, c) has personally inspected and is familiar with the project site, and hereby proposes to provide all labor, materials, tools, appliances and facilities as required to perform, in a workmanlike manner, all work and services for the construction and completion of the referenced project, all in strict accordance with the Bidding Documents prepared by: Principal Engineering, Inc. and dated: November 2016.

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

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

ONE HUNDRED TWENTY-FIVE THOUSAND DOLLARS. ^{xx}/₁₀₀ Dollars (\$ 125,000.⁰⁰)

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

Alternate No. 1 (*None*) for the lump sum of:

_____ Dollars (\$ _____)

Alternate No. 2 (*None*) for the lump sum of:

_____ Dollars (\$ _____)

Alternate No. 3 (*None*) for the lump sum of:


_____ Dollars (\$ _____)

NAME OF BIDDER: D.L. DAIGLE & CO., LLC
ADDRESS OF BIDDER: 2233 PIEDMONT STREET
Kenner LA 70062
LOUISIANA CONTRACTOR'S LICENSE NUMBER: 39034
NAME OF AUTHORIZED SIGNATORY OF BIDDER: D.L. DAIGLE
TITLE OF AUTHORIZED SIGNATORY OF BIDDER: MEMBER
SIGNATURE OF AUTHORIZED SIGNATORY OF BIDDER:** [Signature]
DATE: 7-11-2017

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

** If someone other than a corporate officer signs for the Bidder/Contractor, a copy of a corporate resolution or other signature authorization shall be required for submission of bid. Failure to include a copy of the appropriate signature authorization, if required, may result in the rejection of the bid unless bidder has complied with La. R.S. 38:2212(B)5.

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

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

Louisiana State Licensing Board for Contractors

Contractor Information

Business Name D.L. DAIGLE & CO., L. L. C.
 Mailing Address 145 Beechwood
 Ponchatoula, LA 70454
 Phone Number (504) 466-3515
 Fax Number (504) 466-3315
 Email Address dougldaigle@gmail.com

Active Licenses

✓ License Number 39034
 Type Commercial License
 Status LICENSED
 Effective 01/18/2015
 Expiration 01/17/2018
 First Issued 01/17/2002

Classifications

Class	Qualifying Party	Parishes
✓ BUILDING CONSTRUCTION	Douglas Lee Daigle	ALL
BUILDING CONSTRUCTION	Joseph Lee Daigle	ALL
BUSINESS AND LAW	Douglas Lee Daigle	ALL
BUSINESS AND LAW	Joseph Lee Daigle	ALL
HIGHWAY, STREET AND BRIDGE CONSTRUCTION	Douglas Lee Daigle	ALL

CERTIFICATION OF AUTHORITY

Pursuant to the requirements of L.S.A. R.S. 38:2212-0, the undersigned does certify that he/she is the manager/CEO of

D.L. DAIGLE & Co., LLC and that D.L. DAIGLE

is duly authorized to submit bids and to execute contracts with all public entities.

THUS DONE AND SIGNED this 11th day of July 2017,

at Ponchartraine, LA.

M. Daigle
MANAGER/CEO

Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Tangipahoa

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

D. L. Daigle, (Affiant) who after being duly sworn, deposed and said that he/she is the fully authorized member of D. L. Daigle & Co., LLC (Entity), the party who submitted a bid in response to Bid No. 50-119828, 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, Affiance, 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.

Affiant further said:

Debt Disclosures

(Choose A or B; if option A is indicated please include 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

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 the Affiant.

Affiant further said:

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

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

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

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

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

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

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

Name: MS. ANGELIQUE RICHARDSON
Address: 82 WELDON CIRCLE
PONCHATOULA, LA 70454
Phone: (985) 969-8243
Phone 2: (985) 370-7700
Notary ID Number: 66737
Parish: TANGIPAHOA with authority in the following parishes:
LIVINGSTON, ST. HELENA
Agency: N/A
Notary Type: Non Attorney
Status: Active
Commission Date: 05/19/2011
Oath Date: 05/17/2011
Surety Expiration Date: 10/18/2017
Annual Report Current: Yes

Notary Events

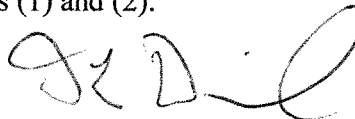
Suspension From: 10/19/2012 To: 10/24/2012
Name Change Previous Name: ANGELIQUE DAIGLE Previous Commission Date: 01/14/2010
Name Change Previous Name: ANGELIQUE RODRIGUE Previous Commission Date: 10/22/2002

Deceased, Inactivated, Leave of Absence, Pre-Assessment Registration, Pre-Assessment Taken, Resigned, Retirement, and Revoked events are not available prior to February 11, 2012.

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

Affiant further said:

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




Signature of Affiant

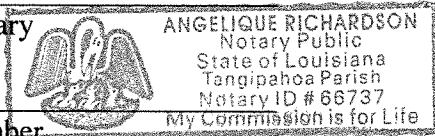
D. L. DAIGLE
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 10TH DAY OR July, 2017


Notary Public

Printed Name of Notary



Notary/Bar Roll Number

My commission expires at death.

BID BOND

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

D. L. Daigle & Co., LLC

as PRINCIPAL, and

The Gray Casualty & Surety Company

as SURETY, are

held and firmly bound unto the Parish of Jefferson, hereinafter called the "OWNER", in the penal sum of:

Five percent (5%) of amount bid -----

DOLLARS (\$) _____) lawful money of the United States, for the payment of which sum well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, that whereas the Principal has submitted the accompanying Bid dated July 11, 2017, for

**EAST BANK SIGN SHOP RESTROOMS
Public Works Project No. 2017-074-TR**

NOW, THEREFORE, if the Principal shall not withdraw said Bid within the period specified therein after the opening of the same or, if no period be specified, within forty-five (45) days after the said opening, and shall within the period specified therefore or, if no period be specified, within twelve (12) days after the prescribed forms are presented to him for signature, enter into a written Contract with the Parish in accordance with the Bid as accepted, and give bond with good and sufficient surety or sureties, as may be required, for the faithful performance and proper fulfillment of such Contract; or in the event of the withdrawal of said Bid within the period specified, or the failure to enter into such Contract and give such bond within the time specified, if the Principal shall pay the Parish the difference between the amount specified in said Bid and the amount for which the Parish may procure the required work or supplies, or both, if the latter be in excess of the former, then the above obligation shall be void and of no effect, otherwise, to remain in full force and virtue.

IN WITNESS WHEREOF, the above bounded parties have executed this instrument under their several seals this 11th day of July, 2017, the name and corporate seal of each corporate party being hereto affixed and these presents signed by its undersigned representative, pursuant to authority of its governing body.

BID BOND (continued)

In Presence of:

(Individual Principal)

(Business Address, including Zip Code)

(Partnership)

(SEAL)

(Business Address, including Zip Code)

ATTEST:

M. Daigle
(Corporate Principal)

BY: D.L. Daigle & Co., LLC

D.L. Daigle

2233 Piedmont Street, Kenner, LA 70062

(Business Address, including Zip Code)

BY: _____

AFFIX CORPORATE SEAL

ATTEST:

Cathline C. Hughes

The Gray Casualty & Surety Company
(Corporate Surety)

P.O. Box 6202, Metairie, LA 70009

(Business Address, including Zip Code)

BY: _____

AFFIX CORPORATE SEAL

Countersigned:

BY: Langdon H. Stone, Jr.
Attorney-in-Fact*

State of Louisiana

GENERAL POWER OF ATTORNEY

184200

KNOW ALL BY THESE PRESENTS, THAT The Gray Insurance Company and The Gray Casualty & Surety Company, corporations duly organized and existing under the laws of Louisiana, and having their principal offices in Metairie, Louisiana, do hereby make, constitute, and appoint **Langdon H. Stone, Jr. and Robert S. Stone of Metairie, Louisiana jointly or severally** on behalf of each of the Companies named above its true and lawful Attorney(s)-in-Fact, to make, execute, seal and deliver, for and on its behalf and as its deed, bonds, or other writings obligatory in the nature of a bond, as surety, contracts of suretyship as are or may be required or permitted by law, regulation, contract or otherwise, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed the amount of \$10,000,000.

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

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

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

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



By:

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

Attest:

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



State of Louisiana

ss:

Parish of Jefferson

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



Lisa S. Millar

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

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

IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Companies this 11th day of July, 2017



Mark S. Manguno

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/10/2017

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 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 Stone Insurance, Inc. 111 Veterans Blvd, Suite 1420 Metairie LA 70005-3055		CONTACT NAME: Janet Jiminez PHONE (A/C, No, Ext): (504) 832-4161 FAX (A/C, No): (504) 835-6657 E-MAIL ADDRESS: jan.jiminez@stone-insurance.com	
INSURED D. L. Daigle & Co. LLC 2233 Piedmont Street Kenner LA 70062		INSURER(S) AFFORDING COVERAGE INSURER A: Scottsdale Ins. Co. NAIC # 41297 INSURER B: AmTrust Insurance Co of Kansas 15954 INSURER C: LCTA Casualty Insurance Co INSURER D: INSURER E: INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 2017/18**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			CPS2591650	3/27/2017	3/27/2018	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 5,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COM/OP AGG \$ 2,000,000
	OTHER:						\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			KPP1023868-02	3/27/2017	3/27/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS		BODILY INJURY (Per person) \$				
	<input checked="" type="checkbox"/> HIRED AUTOS		BODILY INJURY (Per accident) \$				
			PROPERTY DAMAGE (Per accident) \$				
						\$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			UBS0003123	3/27/2017	3/27/2018	EACH OCCURRENCE \$ 4,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 4,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		\$				
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC1-021657-117	3/27/2017	3/27/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Installation Floater			CPS2591650	3/27/2017	3/27/2018	Limit Per Location 150,000 Deductible 1,000

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

Blanket Additional Insured with Primary/Non-Contributory wording, Waiver of Subrogation, Per Project Aggregate coverages in General Liability and Blanket Additional Insured and Waiver of Subrogation in Auto- if required by written contract

CERTIFICATE HOLDER**CANCELLATION**

INSURANCE INFORMATION FOR BID PURPOSES

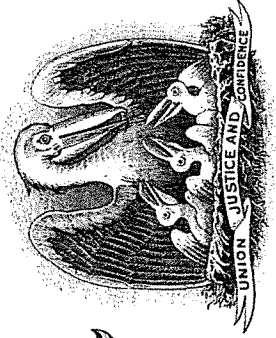
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Yves (YVE) Benoit/JAN

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State of Louisiana



State Licensing Board for Contractors

This is to Certify that:

D.L. DAIGLE & CO., L. L. C.
145 Beechwood
Ponchatoula, LA 70454

is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION; HIGHWAY, STREET AND BRIDGE CONSTRUCTION



Expiration Date: January 17, 2018

License No: 39034

Witness our hand and seal of the Board dated,
Baton Rouge, LA 18th day of January 2015

Will B. McCall Director

Lee Mallett Chairman

Andy Ramsey Secretary-Treasurer

This License Is Not Transferrable

**Request for Taxpayer
Identification Number and Certification**

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

145860

Name (as shown on your income tax return)
D. L. DAIGLE & CO., LLC

Business name, if different from above

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

Address (number, street, and apt. or suite no.)
2233 PIEDMONT STREET

City, state, and ZIP code
KENER, LOUISIANA 70062

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
52 2364934

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 ▶ *D L Daigle*

Date ▶

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.