

Statement of Qualifications

AFFIDAVIT

STATE OF District of Columbia

PARISH/COUNTY OF Washington, DC

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

B. Jeffrey Brooks, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized Partner of Adams+Reese LLP (Entity), the party who submitted a Statement of Qualifications (SOQ) to Federal Legislative Services (Briefly describe the services the SOQ will cover), to the Parish of Jefferson.

Affiant further said:

Campaign Contribution Disclosures

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

Choice A



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

Choice B

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

Affiant further said:

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:

Solicitation of 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 elected officials of the Parish of Jefferson, whether still holding office at the time of the affidavit or not, where the elected official, individually, either by **telephone or by personal contact**, solicited a campaign contribution or other monetary consideration from the Entity, including the Entity's officers, directors and owners, and employees owning twenty-five percent (25%) or more of the Entity, during the two-year period immediately preceding the date the affidavit is signed. Further, to the extent known to the Affiant, the date of any such solicitation is included on the attached list.

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

Affiant further said:

Subcontractor Disclosures

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

Choice A _____

Affiant further said that attached is a listing of all subcontractors, excluding full time employees, who may assist in providing professional services for the aforementioned SOQ.

Choice B 

There are **NO** subcontractors 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

B. Jeffrey Brooks
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 22nd DAY OF October, 2024


Notary Public

Tameka Davis
Printed Name of Notary

Notary/Bar Roll Number

My commission expires 9-30-27.



Adams and Reese Political Contributions

9/28/2022	Campaign to Elect Dominick Impastato	\$1500
7/18/2023	Jon Gegenheimer Campaign	\$500
7/18/2023	Committee to Elect Jennifer VanRacken	\$2,500
7/18/2023	Campaign to Elect Dominick Impastato	\$2,500
7/18/2023	Committee to Elect Ricky Template	\$2,500
7/18/2023	Scott Walker Campaign	\$2,500

**Insurance Declaration Affidavit
Automotive**

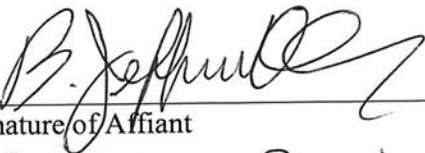
AFFIDAVIT

STATE OF District of Columbia
PARISH/COUNTY OF Washington, DC

BEFORE ME, the undersigned authority, personally came and appeared,
B. Jeffrey Brooks, (Affiant) who after being duly sworn, deposed and said that he/she
is the fully authorized Partner of Adams+Reese LLP (Entity), the
party who submitted a Proposal/Contract/Bid/RFP/SOQ No. 136030, to Jefferson Parish.

Affiant further said:

- (1) That entity does not own automobiles or use automobiles in the furtherance of the services provided under the contract.
- (2) That if the entity obtains automobiles or begins to use automobiles in the furtherance of the services provided under the contract, affiant will notify Jefferson Parish and obtain the proper coverage.



Signature of Affiant
B. Jeffrey Brooks

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 22ND DAY OF October, 2024



Notary Public

Tameka Davis

Printed Name of Notary

Notary/Bar Roll Number

My commission expires 9.30.27





CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
04/30/2024

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

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

PRODUCER Aon Risk Services Southwest, Inc. Houston TX Office 1300 Post Oak Blvd., Suite 1400 Houston TX 77056 USA	CONTACT NAME: PHONE (A/C. No. Ext): (312) 381-1000 FAX (A/C. No.): (312) 381-7007 E-MAIL ADDRESS:														
INSURED Adams and Reese LLP 701 Poydras Street Suite 4500 New Orleans LA 70139-4596 USA	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Great Northern Insurance Co.</td><td>20303</td></tr><tr><td>INSURER B: Bankers Standard Ins Co</td><td>18279</td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Great Northern Insurance Co.	20303	INSURER B: Bankers Standard Ins Co	18279	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER E:															
INSURER F:															

Holder Identifier :

COVERAGES **CERTIFICATE NUMBER:** 570105329102 **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. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			35838282 General Liability	05/01/2024	05/01/2025	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG Included
A	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			7357-55-23 Auto	05/01/2024	05/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
B	<input type="checkbox"/> 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	2571740203 Workers Compensation	05/01/2024	05/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000

Certificate No : 570105329102

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

The Parish of Jefferson, its Districts, Departments and Agencies under the direction of the Parish President and the Parish Council are added as Additional Insured as respects the General Liability and Automobile Liability as required per written contract. Umbrella is a follow form. Notice of cancellation will be provided in accordance with the policy provisions. A waiver of subrogation in favor of Additional Insured as respect the General Liability, Auto Liability and Workers Compensation pursuant to a written contract.

CERTIFICATE HOLDER**CANCELLATION**

The Parish of Jefferson, its Districts its Districts, Departments and Agencies under the direction of the Parish President and the Parish Council 1221 Elmwood Park Blvd., Suite 701 Jefferson, LA 70123 USA	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>Aon Risk Services Southwest Inc.</i>
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ACORD 25 (2016/03)

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SCHEDULE FOR POLICY YEAR ENDING ON
January 1, 2025

NOTICE

THIS POLICY IS ISSUED BY YOUR RISK RETENTION GROUP. YOUR RISK RETENTION GROUP MAY NOT BE SUBJECT TO ALL OF THE INSURANCE LAWS AND REGULATIONS OF YOUR STATE. STATE INSURANCE INSOLVENCY GUARANTY FUNDS ARE NOT AVAILABLE FOR YOUR RISK RETENTION GROUP.

THIS SCHEDULE, INCLUDING ALL ENDORSEMENTS LISTED HEREIN, IS INCORPORATED IN AND MADE A PART OF THE POLICY TO WHICH IT APPLIES. IT ENTIRELY REPLACES ANY SCHEDULE PREVIOUSLY ISSUED IN CONNECTION WITH ANY EARLIER POLICY YEAR. THE POLICY TO WHICH THIS SCHEDULE APPLIES IS A COSTS INCLUSIVE POLICY. THE POLICY IS ALSO SUBJECT TO A RETROSPECTIVE PREMIUM OBLIGATION IN ACCORDANCE WITH THE ATTACHED RETROSPECTIVE PREMIUM ENDORSEMENT.

1. POLICY NUMBER: LPL-1643-2024

2. NAME(S) OF THE FIRM:

Adams and Reese LLP
See Attachment – Other Business Names

3. PREDECESSORS:

See Attachment – Predecessor Names

4. PRINCIPAL ADDRESS OF THE FIRM:

Hancock Whitney Center
701 Poydras Street
New Orleans, LA 70139-4596

5. PERIOD OF INSURANCE:

From: January 1, 2004 at 12:01 A.M. local time at the principal address of the FIRM.
To: the effective date of cancellation of this Policy pursuant to Clause IV-4(a) or termination pursuant to Clause IV-3(c) or Clause IV-7(a).

6. ANNUAL PREMIUM:

[REDACTED]

7. Premiums are payable by two methods through The Bank of New York Mellon: (i) Wire Transfer (ABA #: 021000018, Account #: 0026408400) or (ii) ACH Payment (ABA #: 043000106, Account #: 8901168009).

8. PER CLAIM SUM INSURED **\$50,000,000**
(inclusive of costs, charges, and expenses)

AGGREGATE SUM INSURED (inclusive of costs, charges, and expenses)	\$100,000,000
CONDITIONAL ADDITIONAL CIRCUMSTANCE LIMIT (inclusive of costs, charges, and expenses)	\$5,000,000
EXTENDED REPORTING PERIOD SUM INSURED (inclusive of costs, charges, and expenses)	\$50,000,000
RETURN OF FEES LIMIT (inclusive of costs, charges, and expenses)	\$2,000,000 (each claim and in the aggregate)

9. RETENTION:

- | | |
|--|-------------|
| A. Single Claim Retention:
(Clause IV-2(a)(i)) | \$1,000,000 |
| B. Aggregate Annual Retention:
(Clause IV-2(a)(ii)) | \$2,000,000 |
| C. Maintenance Retention:
(Clause IV-2(a)(ii)) | \$100,000 |

10. DATE OF APPLICATION: October 31, 2003

11. ANNIVERSARY DATE: January 1, 2025

12. A. EXCLUSION 9 EFFECTIVE DATE: January 1, 2004

B. AMENDED EXCLUSION 9 EFFECTIVE DATE: January 1, 2004

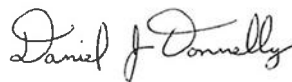
13. APPLICABLE ENDORSEMENTS:

Retrospective Premium Endorsement
 Lateral Hire Prior Acts Endorsement with Exclusion(s) (See Attachment - LHPAE Exclusions)
 Endorsement to Policy LPL-1643-2024 (Limitation on Stokes Bartholomew Predecessor Firm Coverage)
 Endorsement to Policy LPL-1643-2024 (sublimits on Ellis, Lawhorne PFE)

Copies of all initial APPLICATION materials (or with respect to renewals of coverage, renewal application materials) and materials relating to any special endorsements issued are incorporated herein and, by reference, are made a part of this Schedule and Policy.

**ATTORNEYS' LIABILITY ASSURANCE SOCIETY LTD.,
 A RISK RETENTION GROUP**

By



Its President

**ATTORNEYS' LIABILITY ASSURANCE SOCIETY LTD.,
A RISK RETENTION GROUP**

ATTACHMENT – OTHER BUSINESS NAMES TO POLICY LPL-1643-2024

Names other than that listed in Item No. 2 of the Policy Schedule:

Adams and Reese AL Title, L.L.C.

Adams and Reese Title, L.L.C. (d/b/a St. Clair Title)

**ATTORNEYS' LIABILITY ASSURANCE SOCIETY LTD.,
A RISK RETENTION GROUP**

ATTACHMENT – PREDECESSOR NAMES TO POLICY LPL-1643-2024

Predecessors:

Adams and Reese
Adams and Reese LLP/Stokes Bartholomew
Adams and Reese, a Registered Limited Liability Partnership
Adams and Reese/Lange Simpson LLP
Bartholomew, Cleary & Mudter, P.A.
Bartholomew, Cleary & Stokes, P.A.
Bartholomew, Cleary, Stokes & Mudter, P.A.
Donelson Stokes & Bartholomew, P.A.
Ellis, Lawhorne & Sims, P.A.
Holton, Goodman & Blackstone, P.C.
Lange, Simpson, Robinson & Somerville LLP
Real Estate Strategies, LLC
Stokes & Bartholomew, P.A.
Stokes Bartholomew Evans & Petree P.A.
Volpe, Bajalia, Wickes, Rogerson & Galloway
Volpe, Bajalia, Wickes, Rogerson & Wachs
Volpe, Bajalia, Wickes, Rogerson, Galloway & Wachs