

BID: 50-00119027 0010 Furnish and Install 463 SQ.FT.

(\*\* = ESCALATION APPLIED)

ITEM DESCRIPTION QUANTITY U/M REQUEST BY REQUESTOR

ITEM DESCRIPTION	QUANTITY	U/M	REQUEST BY	REQUESTOR	COMPARISON AMT	EXTENSION	SEL	REASON
0010 Furnish and Install 463 SQ.FT.	1.0000	JOB	2/14/2017	DSHORT				
VENDOR	MODEL	BRAND/COMMENT						
ACADIAN CARPET CENTER INC					2.440.0000	2.440.0000	NO	
	QUOTED FOB							
BLANK BID COPY VENDOR	** NON-RESPONDING VENDOR **							
PERQUE CARPET & DRAPERY					2.026.9400	2.026.9400	NO	
GIL'S CARPET & TILE CO	** NON-RESPONDING VENDOR **							
A-MAR INTERIORS INC	** NON-RESPONDING VENDOR **							
R SEIBERT CONSTRUCTION					3.700.0000	3.700.0000	NO	
HIGH BID . . :	3.700.0000	LOW BID . . :	2.026.9400	AVERAGE BID:	2.722.3133			

VENDOR TOTALS FOR BID:

VENDOR	BID AMOUNT
ACADIAN CARPET CENTER INC	2.440.0000
PERQUE CARPET & DRAPERY	2.026.9400
R SEIBERT CONSTRUCTION	3.700.0000

TOTAL ITEMS ON BID . . . . : 1

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2/16/2017 2:33 PM

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02/16/2017 13:07 Jefferson Parish Purchasing

(FAX)5043642693

P.001/009

# F A X

M E S S A G E 

To:

PERQUE CARPET & DRAPERY

*From: Donna  
Bails  
Perque*

FAX: 95208994

From: DONNA REAMEY

JEFFERSON PARISH PURCHASING

FAX: 5043642693

TEL: 5043642684



Form **W-9**  
(Rev. August 2013)  
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.

Name (as shown on your income tax return)  
**Perque Carpet & Drapery**

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:  
 Individual/sole proprietor     C Corporation     S Corporation     Partnership     Trust/estate  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_  
 Other (see instructions) ▶ \_\_\_\_\_

Exemptions (see instructions):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_

Address (number, street, and apt. or suite no.):  
**P. O. Box 1689**

City, state, and ZIP code:  
**Gretna, LA 70054**

Requirer'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 the "Name" line 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								
			-					

Employer identification number									
7	2	-	0	9	2	0	2	1	8

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here    Signature of U.S. person ▶ *[Signature]*    Date ▶ *1/28/2016*

**General Instructions**

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

**Future developments.** The IRS has created a page on [www.irs.gov/w9](http://www.irs.gov/w9) for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

**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, payments made to you in settlement of payment card and third party network transactions, 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, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and 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 under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/2/2016

**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).**

<b>PRODUCER</b> TWFG - Stephen Lovocchio 1011 N. Causeway Blvd. Suite 23 Mandeville LA 70471	CONTACT NAME: Collette Bledenkopf PHONE (A/C No. Ext): (985) 612-1632 FAX (A/C No.): (985) 626-8566 EMAIL ADDRESS: collette@twfg.com <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Western World</td> <td></td> </tr> <tr> <td>INSURER B: Amtrust</td> <td></td> </tr> <tr> <td>INSURER C: StarStone</td> <td></td> </tr> <tr> <td>INSURER D: Certain Underwriters at Lloyds</td> <td></td> </tr> <tr> <td>INSURER E: Amtrust North America</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Western World		INSURER B: Amtrust		INSURER C: StarStone		INSURER D: Certain Underwriters at Lloyds		INSURER E: Amtrust North America		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Western World															
INSURER B: Amtrust															
INSURER C: StarStone															
INSURER D: Certain Underwriters at Lloyds															
INSURER E: Amtrust North America															
INSURER F:															
<b>INSURED</b> Perque Carpet & Drapery, Inc. PO Box 1689 Gretna LA 70054															

**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.**

LINE LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	RATED	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 GENL. AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	NPP8379634	07/25/2016	07/25/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOD AGG \$ 2,000,000	
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	TPP1220675	07/06/2016	07/06/2017	COMBINED SINGLE LIMIT (EA OCCURRENCE) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED. RETENTION \$			80200T160ALI	07/25/2016	07/25/2017	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000	
E	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/A	Y	WWC3224587	07/29/2016	07/29/2017	<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
D	Pollution Liability			ECOC55637	07/25/2016	07/25/2017	Occurrence Limit 1,000,000 General Aggregate 2,000,000	

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

Sales & Installation.

GL & Auto Liability policies contain a blanket additional insured endorsement and waiver of subrogation. Worker's Comp has a blanket waiver of subrogation and Stuart Perque excluded.

Certificate Holder: The Parish of Jefferson, its districts, Departments and Agencies under the direction of the Parish President & Parish Council.

Job Location: Estelle Pump Station #2, 3850 Destrehan Hwy, Harvey, LA 70058

<b>CERTIFICATE HOLDER</b> Jefferson Parish Purchasing 200 Derbigny St, Suite 4400 Gretna LA 70053	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--

DATE: 2/16/2017

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00119027

**JEFFERSON PARISH**

PURCHASING DEPARTMENT  
P.O. BOX 9  
GRETNA, LA. 70054-0009  
504-364-2678

VENDOR: \_\_\_\_\_

BUYER: DREAMEY

As per LSA-RS 47:301 et seq., all governmental bodies are excluded from payment of sales taxes to any Louisiana taxing body. Quotations shall be based on F.O.B. Agency warehouse or jobsite, anywhere within the Parish as designated by the Purchasing Department.

JEFFERSON PARISH reserves the right to cancel all or any part of an order if not shipped promptly. No charges will be allowed for parking or cartage unless specified in quotation. The order must not be filled at a higher price than quoted. JEFFERSON PARISH reserves the right to cancel at any time and for any reason by issuing a THIRTY (30) day written notice to the contractor.

JEFFERSON PARISH is expecting all products to be new and all work is to be done in a workman-like manner, according to standard practices. Any deviations or alterations from the specifications must be indicated and backup documentation supplied with your quotation.

<b>DELIVERY: FOB JEFFERSON PARISH</b>	
INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES	_____
INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK	_____
INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK	_____

In the event that addenda are issued with this bid, bidders MUST acknowledge all addenda on the bid form. Bidder must acknowledge receipt of an addendum on the bid form as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: 0

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

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

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

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

<b>*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***</b>	
FIRM NAME:	<u>Perque Carpet &amp; Drapery</u>
SIGNATURE: (Must be signed here)	<u>CP</u> TITLE: _____
PRINT OR TYPE NAME:	<u>Donna Bales</u>
ADDRESS:	<u>651 Terry Parkway Suite 110</u>
CITY, STATE:	<u>Gretna La</u> ZIP: <u>70056</u>
TELEPHONE:	<u>504, 915-9954</u> FAX: <u>504, 520-8994</u>
EMAIL ADDRESS:	<u>donna@perquecarpets.com</u>

TOTAL PRICE OF ALL BID ITEMS: \$ 2,026.94/ea

DATE: 2/16/2017

INVITATION TO BID FROM JEFFERSON PARISH - continued

Page: 5

BID NO.: 50-00119027

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>LABOR, EQUIPMENT &amp; MATERIALS NECESSARY TO:</p> <p>0010 Furnish and install 463 SQ.FT. of Vinyl Plank Tile for restroom and office.</p> <p>Job will consist of:                      Vinyl will be set over Quarry Tile                      Furnish Rapture Vinyl Wood Looking Plank SRP 711. Supply adhesive for Vinyl Planks. Labor charge to fit vinyl around commode. Labor and caulk for butting up to existing tile base.                      Supply floor patch. Furnish and install reducer at doorway.                      Location:                      Whitney Pump Station                      1301 Engineers Road                      Belle Chasse, La</p> <p>To request site visit:                      Contact person: Jamal Singleton                      Office number :349-5037, cell:453-9395</p>	2,026. <sup>94</sup>	2,026. <sup>94</sup>

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DATE: 2/16/2017

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00119027

**JEFFERSON PARISH**

PURCHASING DEPARTMENT  
P.O. BOX 9  
GRETNA, LA. 70054-0009  
504-364-2678

VENDOR: R. Seibert Construction L.L.C.

BUYER: DREAMEY

As per LSA-RS 47:301 et seq., all governmental bodies are excluded from payment of sales taxes to any Louisiana taxing body. Quotations shall be based on F.O.B. Agency warehouse or jobsite, anywhere within the Parish as designated by the Purchasing Department.

JEFFERSON PARISH reserves the right to cancel all or any part of an order if not shipped promptly. No charges will be allowed for parking or cartage unless specified in quotation. The order must not be filled at a higher price than quoted. JEFFERSON PARISH reserves the right to cancel at any time and for any reason by issuing a THIRTY (30) day written notice to the contractor.

JEFFERSON PARISH is expecting all products to be new and all work is to be done in a workman-like manner, according to standard practices. Any deviations or alterations from the specifications must be indicated and backup documentation supplied with your quotation.

<b>DELIVERY: FOB JEFFERSON PARISH</b>	
INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES	<u>14-20 days</u>
INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK	<u>14-20 days</u>
INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK	<u>14-20 days</u>

In the event that addenda are issued with this bid, bidders MUST acknowledge all addenda on the bid form. Bidder must acknowledge receipt of an addendum on the bid form as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: \_\_\_\_\_  
NUMBER: \_\_\_\_\_  
NUMBER: \_\_\_\_\_  
NUMBER: \_\_\_\_\_

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 60869

<b>*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***</b>	
FIRM NAME: <u>R. Seibert Construction L.L.C.</u>	
SIGNATURE: (Must be signed here) <u>Randall J. Seibert Jr.</u>	TITLE: <u>owner</u>
PRINT OR TYPE NAME: <u>Randall J. Seibert Jr.</u>	
ADDRESS: <u>208 St. Bernard Parkway</u>	
CITY, STATE: <u>St. Bernard, La.</u>	ZIP: <u>70085</u>
TELEPHONE: <u>(504) 421-4044</u>	FAX: <u>(504) 609-2322</u>
EMAIL ADDRESS:	

TOTAL PRICE OF ALL BID ITEMS: \$ 3,700.00

DATE: 2/16/2017

Page: 5

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00119027

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>LABOR, EQUIPMENT &amp; MATERIALS NECESSARY TO:</p> <p>0010 Furnish and install 463 SQ,FT. of Vinyl Plank Tile for restroom and office.</p> <p>Job will consist of:                      Vinyl will be set over Quarry Tile                      Furnish Rapture Vinyl Wood Looking Plank SRP 711. Supply adhesive for Vinyl Planks. Labor charge to fit vinyl around commode. Labor and calk for butting up to existing tile base.                      Supply floor patch. Furnish and install reducer at doorway.                      Location:                      Whitney Pump Station                      1301 Engineers Road                      Belle Chasse, La</p> <p>To request site visit:                      Contact person: Jamal Singleton                      Office number :349-5037, cell:453-9395</p>	<p>\$3,700.00</p>	<p>\$3,700.00</p>

*Randall G. Herbert*

Form **W-9**  
(Rev. December 2011)  
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.

Name (as shown on your income tax return)  
**R. Seibert Construction LLC**

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:  
 Individual/sole proprietor     C Corporation     S Corporation     Partnership     Trust/estate  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶     Exempt payee  
 Other (see instructions) ▶

Address (number, street, and apt. or P.O. box)  
**209 St Bernard Pkwy**

City, state, and ZIP code  
**St Bernard LA 70085**

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 the "Name" line 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.

Social security number

			-				
--	--	--	---	--	--	--	--

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number

2	7	-	2	4	9	9	4	3
---	---	---	---	---	---	---	---	---

#### 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).

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Sign Here    Signature of U.S. person ▶ **Randall Seibert**

Date ▶ **2-23-17**

#### 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.





# VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)  
02/02/2017

**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.**

**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.**

<b>PRODUCER</b> <b>State Farm</b> Mel Malone State Farm 1401 East Judge Perez Dr. Chalmette, LA 70043	<b>CONTACT NAME:</b> Ehren Malone <b>PHONE (A/C No. Ext):</b> 504-278-7464 <b>FAX (A/C No.):</b> 504-279-7468 <b>E-MAIL ADDRESS:</b> ehren.malone.dmb5@statefarm.com <b>PRODUCER CUSTOMER ID#:</b>
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> State Farm Mutual Automobile Insurance Company <b>NAIC #</b> 25178 <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b>

DESCRIPTION OF VEHICLE OR EQUIPMENT				
<b>YEAR</b> 2013	<b>MAKE / MANUFACTURER</b> Chevrolet	<b>MODEL</b> K2500	<b>BODY TYPE</b> Pick Up	<b>VEHICLE IDENTIFICATION NUMBER</b> 1GC1KXC89DF177643
<b>DESCRIPTION</b>			<b>VEHICLE/EQUIPMENT VALUE</b> \$	<b>SERIAL NUMBER</b>

**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	ADD'L INSR	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-F11-18A	12/11/2016	6/11/2017	COMBINED SINGLE LIMIT	\$
		GENERAL LIABILITY				BODILY INJURY (Per person)	\$ 1,000,000
		<input type="checkbox"/> OCCURRENCE <input type="checkbox"/> CLAIMS MADE				BODILY INJURY (Per accident)	\$ 1,000,000
						PROPERTY DAMAGE	\$ 1,000,000
						EACH OCCURENCE	\$
					GENERAL AGGREGATE	\$	
						\$	
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-F11-18A	12/11/2016	6/11/2017	<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
	<input checked="" type="checkbox"/>	VEH COMP <input type="checkbox"/> VEH OTC				<input type="checkbox"/> STATED AMT	\$ 100 DED
						<input checked="" type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
			<input type="checkbox"/> STATED AMT	\$ 250 DED			
		<b>EQUIPMENT</b>				<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	\$ OED
		<input type="checkbox"/> SPECIAL				<input type="checkbox"/>	\$

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

**ADDITIONAL INTEREST**

Select one of the following:

This additional interest described below has been added to the policy(ies) listed herein by policy number(s).  
 A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).

VEHICLE / EQUIPMENT INTEREST:  LEASED  FINANCED

NAME AND ADDRESS OF ADDITIONAL INTEREST

Jefferson Parish Purchasing Dept  
 200 Derbigny Street, Suite 4400  
 Gretna, LA 70053

**CANCELLATION**

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

DESCRIPTION OF THE ADDITIONAL INTEREST

ADDITIONAL INSURED  LOSS PAYEE  
 LENDER'S LOSS PAYEE

LOAN / LEASE NUMBER

AUTHORIZED REPRESENTATIVE