

BID REJECTION FORM

Bid number: 50-00122515


Vendor Name: Lumber Products Inc.

Reasons for

Rejections: Worker's Compensation Insurance expired 1/1/2018 and the person who signed the bid was not authorized on the Corporate Resolution.

REVIEWED BY:

Buyer Name:  Date: 4/5/2018

Chief Buyer:  Date: 



JEFFERSON PARISH

Department of Purchasing

Michael S. Yenni
Parish President

Renny Simno
Director

March 21, 2018

JEFFERSON PARISH ADVERTISED BID:

Re: BID #50-00122515 – ONE (1) YEAR CONTRACT FOR THE SUPPLY OF LUMBER ON AN AS NEEDED BASIS FOR ALL JEFFERSON PARISH DEPARTMENTS

Bid Opening Date: APRIL 5, 2018

To whom it may concern:

Please accept this letter as notification of the above referenced bid.

As per specifications on file in the:
Jefferson Parish Purchasing Department
200 Derbigny Street, Suite 4400
Gretna, LA 70053
(504)364-2678

AVAILABLE FOR VIEWING AND ELECTRONIC SUBMISSION AT:

<http://www.jeffparishbids.net>

For more information on this bid, please contact the buyer:

Misty A. Camardelle
504-364-2683
MCamardelle@jeffparish.net

Or you may visit the Purchasing Department's webpage at www.jeffparish.net.

STANDARD INSURANCE REQUIREMENTS – PUBLICLY ADVERTISED BIDS

All required insurance under this bid shall conform to Jefferson Parish Resolution No. 113646 or No. 113647, as applicable. Contractors may not commence any work under any ensuing contract unless and until all required insurance and associated evidentiary requirements thereto have been met, along with any additional specifications contained in the advertised bid. Except as where otherwise precluded by law, the Parish Attorney or his designee, with the concurrence of the Director of Risk Management or his designee, may agree on a case-by-case basis, to deviate from Jefferson Parish's standard insurance requirements, as provided in this Section. Vendors requesting deviation therefrom shall submit such requests in writing, along with compelling substantiation, to the Purchasing Department prior to the bid's due date. Any changes to the insurance requirements will be reflected in the bid specifications and addenda. Prior to contract execution and at all times thereafter during the term of such contract, contractors must provide and continuously maintain all coverages as required by the foregoing Resolutions, and the contract documents. Failure to do so shall be grounds for suspension, discontinuation or termination of the contract.

For bidding purposes, bidders must submit with bid submission a current (valid) insurance certificate evidencing the required coverages. Failure to comply will cause bid to be rejected. The current insurance certificate will be used for proof of insurance at time of evaluation. Thereafter, and prior to contract execution, the low bidder will be required to provide final insurance certificates to the Parish which shall name **the Jefferson Parish, its Districts Departments and Agencies under the direction of the Parish President and the Parish Council** as additional insureds regarding negligence by the contractor for the Commercial General Liability, Workmen's Compensation Insurance and the Comprehensive Automobile Liability policies. Additionally, said certificates should reflect the name of the Parish Department receiving goods and services and reference the respective Jefferson Parish bid number.

JEFFERSON PARISH REQUIRED STANDARD INSURANCE☒ **WORKER'S COMPENSATION INSURANCE**

As required by Louisiana State Statute, exception; Employer's Liability, Section B shall be \$1,000,000 per occurrence when Work is to be over water and involves maritime exposures to cover all employees not covered under the State Worker's Compensation Act, otherwise this limit shall be no less than \$500,000 per occurrence.

Note: If your company is not required by law to carry workmen's compensation insurance, i.e. not a Louisiana company, sole employee of the company, then bidders must request a workmen's compensation insurance declaration affidavit prior to the bid opening date. This insurance declaration affidavit must be fully completed, signed, properly notarized and submitted with the bid. A scanned copy may be submitted with the bid; however, the successful bidder must submit the original affidavit in its original format and without material alteration upon contract execution. Failure to comply will result in the bid submission being rejected as non-responsive. The Parish reserves the right to award bid to the next lowest responsive and responsible bidder in this event.

☒ **COMMERCIAL GENERAL LIABILITY**

Shall provide limits not less than the following: \$1,000,000.00 Combined Single Limit per Occurrence for bodily injury and property damage.

☒ **COMPREHENSIVE AUTOMOBILE LIABILITY**

Bodily injury liability \$1,000,000.00 each person; \$1,000,000.00 each occurrence.
Property Damage Liability \$1,000,000.00 each occurrence.

Note: This category may be omitted if bidders do not/will not utilize company vehicles for the project or do not possess company vehicles. Bidder must request an automobile insurance declaration affidavit prior to the bid opening date. This insurance declaration affidavit must be fully completed, signed, properly notarized and submitted with the bid. A scanned copy of the completed, signed and properly notarized affidavit may be submitted with the bid; however, the successful bidder must submit the original affidavit in its original format and without material alteration upon contract execution. Failure to comply will result in the bid submission being rejected as non-responsive. The Parish reserves the right to award bid to the next lowest responsive and responsible bidder in this event.

DEDUCTIBLES

No insurance required shall include a deductible not greater than \$10,000.00. The cost of the deductible shall be borne by the contractor.

NOTE: If the vendor requires a change in deductibles, the request must be submitted in writing to the Purchasing Department prior to the due date of the bid. Such request shall be reviewed by the Parish Attorney's Office with the concurrence of the Director of Risk Management.

UMBRELLA LIABILITY COVERAGE

An umbrella policy or excess may be used to meet minimum requirements.

FOR CONSTRUCTION AND RENOVATION PROJECTS:

The following are required unless otherwise specified in the bid. Such insurance is due upon contract execution.

1) **OWNER'S PROTECTIVE LIABILITY**

To be for the same limits of liability for bodily injury and property damage liability established for commercial general liability.

2) **BUILDER'S RISK INSURANCE**

The contractor shall maintain Builder's Risk Insurance at his own expense to insure both the owner (Parish of Jefferson) and contractor as their interest may appear.

DATE: 3/21/2018

Page: 5

BID NO.: 50-00122515

BID FORM
Non Public Works

All Public Work Projects are required to use the Louisiana Uniform Public Work Bid Form

All prices must be held firm unless an escalation provision is requested in this bid. Jefferson Parish will allow one escalation during the term of the contract, which may not exceed the U.S. Bureau of Labor Statistics National Index for all Urban Consumers, unadjusted 12 month figure. The most recently published figure issued at the time an adjustment is requested will be used. A request must be made in writing by the vendor, and the escalation will only be applied to purchases made after the request is made.

Are you requesting an escalation provision?

YES _____ NO X

MAXIMUM ESCALATION PERCENTAGE REQUESTED _____ %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF _____

For the purposes of comparison of bids when an escalation provision is requested, Jefferson Parish will apply the maximum escalation percentage quoted by the bidder to the period to which it is applied in the bid. The initial price and the escalation will be used to calculate the total bid price. It will be assumed, for comparison of prices only, that an equal amount of material or labor is purchased each month throughout the entire contract.

DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES _____

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

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: Lumber Products Inc

ADDRESS: 1620 Airline Dr

CITY, STATE: Metairie, LA 70001 ZIP: 70001

TELEPHONE: (504) 834-8444 FAX: (504) 837-2102

EMAIL ADDRESS: ~~lumbprod@bellsouth.net~~ lumbprod@bellsouth.net

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: _____

TOTAL PRICE OF ALL BID ITEMS: \$ 108,712.75

AUTHORIZED SIGNATURE: Leslie Bird

TITLE: Bookkeeper

Leslie Bird
Printed Name

SIGNING INDICATES YOU HAVE READ AND COMPLY WITH THE INSTRUCTIONS AND CONDITIONS.

NOTE: All bids should be returned with the BID NUMBER and BID OPENING DATE indicated on the outside of the envelope submitted to the Purchasing Department.

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00122515

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	100.00	PC	<p>ONE (1) YEAR CONTRACT FOR THE SUPPLY OF LUMBER ON AN AS NEEDED BASIS FOR ALL JEFFERSON PARISH DEPARTMENTS</p> <p>0001 Pine number 2 2 inch x 4 inch x 8 foot</p> <p>Note: This bid is for a one-year supply of lumber to be ordered on an as-needed basis for ANY Jefferson Parish Dept Parishwide</p> <p>The quantities listed in this bid are estimates based upon historical purchasing and upcoming project planning. The actual quantities needed may vary from these estimates.</p> <p>See instruction #13 regarding freight charges.</p>	2.89	289.00
2	400.00	PC	0002 Pine number 2 2 inch x 4 inch x 10 foot	4.57	1828.00
3	50.00	PC	0003 Pine number 2 2 inch X 4 inch x 8 foot	2.89	144.50
4	50.00	PC	0004 Pine number 2 2 inch x 4 inch x 12 foot	5.96	298.00
5	20.00	PC	0005 Pine number 2 2 inch x 8 inch x 12 foot	8.74	174.80
6	50.00	PC	0006 Pine number 2 2 inch x 10 inch x 12 foot	8.62	431.00
7	50.00	PC	0007 Pine number 2 2 inch x 12 inch x 12 foot	16.22	811.20
8	200.00	PC	0008 Pine number 2 2 inch x 4 inch x 12 foot	5.96	1192.00
9	10.00	PC	0009 Pine number 2 1 inch x 6 inch x 12 foot	5.71	57.10

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00122515

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
10	10.00	PC	0010 Pine number 2 1 inch x 6 inch x 16 foot	7.57	75.70
11	50.00	PC	0011 Pine number 2 1 inch x 4 inch x 16 foot Grade number 2	5.55	277.50
12	350.00	PC	0012 Pine number 2 1 inch x 4 inch x 10 foot	2.90	1015.00
13	50.00	PC	0013 Celcured pine number 2 2 inch x 12 inch x 20 foot	37.12	1856.00
14	75.00	PC	0014 Celcured pine number 2 2 inch x 10 inch x 16 foot	17.12	1284.00
15	50.00	PC	0015 Celcured pine number 2 4 inch x 4 inch x 16 foot	20.31	1015.50
16	50.00	PC	0016 Celcured pine number 2 2 inch x 12 inch x 20 foot	37.12	1856.00
17	125.00	PC	0017 Celcured pine number 2 2 inch x 12 inch x 16 foot	27.62	3452.50
18	150.00	PC	0018 Celcured pine number 1 2 inch x 8 inch x 16 foot	37.92	5688.00
19	150.00	PC	0019 Celcured pine number 1 2 inch x 6 inch 16 foot	30.46	4569.00
20	150.00	PC	0020 Celcured pine number 1 2 inch x 6 inch x 12 foot	19.28	2892.00
21	40.00	PC	0021 Celcured pine number 1 2 inch x 6 inch x 10 foot	N/A	0

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00122515

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
22	300.00	PC	0022 Celcured pine number 1 2 inch x 4 inch x 16 foot	19.36	5808.00
23	500.00	PC	0023 Celcured pine number 1 2 inch x 4 inch x 12 foot	14.23	7115.00
24	250.00	PC	0024 Celcured pine number 1 2 inch x 4 inch x 10 foot	N/A	0
25	1,000.00	PC	0025 Celcured pine number 1 2 inch x 4 inch x 8 foot	9.68	9680.00
26	1,200.00	PC	0026 Celcured pine number 2 1 inch x 4 inch x 16 foot	7.10	8520.00
27	40.00	PC	0027 Arkansas pine 1 inch x 4 inch x 16 foot	8.70	348.00
28	225.00	PC	0028 Plywood, exterior plywood/sound on one side-pine 4 foot x 8 foot x 3/4 inch	33.68	7578.00
29	100.00	PC	0029 Plywood, exterior sound on one side-pine 4 foot x 8 foot x 1/2 inch	25.81	2581.00
30	200.00	PC	0030 Plywood, celcure exterior/sound on one side 4 foot x 8 foot x 1/2 inch	38.78	7756.00
31	225.00	PC	0031 Plywood, celcure exterior/sound on one side 4 foot x 8 foot x 3/4 inch	47.00	10,575.00
32	100.00	PC	0032 Plywood, Lauan exterior, plywood/sound on one side 4 foot x 8 foot x 1/4 inch	N/A	0
33	750.00	PC	0033 Plywood, sheet and grade, pine, CDX, APA	26.28	19,710.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00122515

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
34	25.00	PC	4 foot x 8 foot x 3/4 inch 0034 Siding pine, T1-11 siding, celcured 5/8 inch x 4 foot x 8 foot	39.17	979.25
35	20.00	PC	0035 Treated pine 1 inch x 8 inch x 8 foot	N/A	0
36	10.00	PC	0036 Treated pine 1 inch x 10 inch x 16 foot	33.73	337.30
37	10.00	PC	0037 Primed finger jointed Paulownia 1 inch x 4 inch x 16 foot	10.40	104.00
38	10.00	PC	0038 Primed finger jointed Paulownia 1 inch x 6 inch x 16 foot	15.52	155.20
39	10.00	PC	0039 Primed finger jointed Paulownia 1 inch x 8 inch x 8 foot	11.52	115.20
40	100.00	PC	0040 Birch plywood 4 foot x 8 foot x 3/4 inch	N/A	0
41	50.00	PC	0041 Birch Plywood 4 foot x 8 foot x 1/2 inch	N/A	0
42	50.00	PC	0042 Birch Plywood 4 foot x 8 foot x 3/8 inch	N/A	0
43	50.00	PC	0043 Birch Plywood 4 foot x 8 foot x 1/4 inch	N/A	0

LUMBER PRODUCTS, INC.
1620 AIRLINE DR
METAIRIE, LA 70001

PAGE NO 1

PHONE: (504) 834-8444

Office hours are 7 - 4:30
Monday - Friday Closed Saturdays

CUST NO: 8620	JOB NO: 000	PURCHASE ORDER:	REFERENCE:	TERMS: NET 31 DAYS	CLERK: MV	DATE / TIME: 4/5/18 7:11
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SOLD TO:

JEFF. PARISH DEPT. OF FINANCE
PURCHASING DIVISION
P. O. BOX 9
GRETN LA 70054-0009

504-364-2722

SHIP TO:

CONTRACT 2018 - 2019

EXP. DATE: 4/12/19

TERMINAL: 560

SALESPERSON: HS HOUSE ACCOUNT
TAX: LAN NON TAXABLE RESALE

ESTIMATE: 473269

LINE	SHIPPED	ORDERED	UM	SKU	DESCRIPTION	UNITS	PRICE / PER	EXTENSION
1		100	PC	248	2X4X8 #2 PINE S4S	100	2.89 PC	289.00 N
2		400	PC	2410	2X4X10 #2 PINE S4S	400	4.57 PC	1,828.00 N
3		50	PC	248	2X4X8 #2 PINE S4S	50	2.89 PC	144.50 N
4		50	PC	2412	2X4X12 #2 PINE S4S	50	5.96 PC	298.00 N
5		20	PC	2812	2X8X12 #2 PINE S4S	20	8.74 PC	174.80 N
6		50	PC	21012	2X10X12 #2 PINE S4S	50	8.62 PC	431.00 N
7		50	PC	21212	2X12X12 #2 PINE S4S	50	16.22 PC	811.20 N
8		200	PC	2412	2X4X12 #2 PINE S4S	200	5.96 PC	1,192.00 N
9		10	PC	1612	1X6X12 #2 PINE S4S	10	5.71 PC	57.10 N
10		10	PC	1616	1X6X16 #2 PINE S4S	10	7.57 PC	75.70 N
11		50	PC	1416	1X4X16 #2 PINE S4S	50	5.55 PC	277.50 N
12		350	PC	1410	1X4X10 #2 PINE S4S	350	2.90 PC	1,015.00 N
13		50	PC	21220T	2X12X20 #2 TREATED PINE S4S	50	37.12 PC	1,856.00 N
14		75	PC	21016T	2X10X16 #2 TREATED PINE S4S	75	17.12 PC	1,284.00 N
15		50	PC	4416T	4X4X16 #2 TREATED PINE S4S	50	20.31 PC	1,015.50 N
16		125	PC	21216T	2X12X16 #2 TREATED PINE S4S	125	27.62 PC	3,452.50 N
17		150	PC	28161T	2X8X16 D&BTR TREATED PINE KDAT	150	37.92 PC	5,688.00 N

Continued...

LUMBER PRODUCTS, INC.
1620 AIRLINE DR
METAIRIE, LA 70001

PAGE NO 2

PHONE: (504) 834-8444

Office hours are 7 - 4:30
Monday - Friday Closed Saturdays

CUST NO: 8620	JOB NO: 000	PURCHASE ORDER:	REFERENCE:	TERMS: NET 31 DAYS	CLERK: MV	DATE / TIME: 4/5/18 7:11
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SOLD TO:

JEFF. PARISH DEPT. OF FINANCE
PURCHASING DIVISION
P. O. BOX 9
GRETN LA 70054-0009

504-364-2722

SHIP TO:

CONTRACT 2018 - 2019

EXP. DATE: 4/12/19

TERMINAL: 560

SALESPERSON: HS HOUSE ACCOUNT
TAX: LAN NON TAXABLE RESALE

ESTIMATE: 473269

LINE	SHIPPED	ORDERED	UM	SKU	DESCRIPTION	UNITS	PRICE / PER	EXTENSION
18		150	PC	26161T	2X6X16 D&BTR TREATED PINE KDAT	150	30.46 PC	4,569.00 N
19		150	PC	26121T	2X6X12 D&BTR TREATED PINE KDAT	150	19.28 PC	2,892.00 N
20		300	PC	24161T	2X4X16 D&BTR TREATED PINE KDAT	300	19.36 PC	5,808.00 N
21		500	PC	24121T	2X4X12 D&BTR TREATED PINE KDAT	500	14.23 PC	7,115.00 N
22		1000	PC	2481T	2X4X8 D&BTR TREATED PINE KDAT	1000	9.68 PC	9,680.00 N
23		1200	PC	1416T	1X4X16 #2 TREATED PINE S4S	1200	7.10 PC	8,520.00 N
24		40	PC	14161	1X4X16 #1 PINE S4S	40	8.70 PC	348.00 N
25		225	PC	34BC	4X8 - 3/4" BC PINE PLYWOOD	225	33.68 PC	7,578.00 N
26		100	PC	12BC	4X8 - 1/2" BC PINE PLYWOOD	100	25.81 PC	2,581.00 N
27		200	PC	12BCT	4X8 - 1/2" TREATED BC PINE PLYWD	200	38.78 PC	7,756.00 N
28		225	PC	34BCT	4X8 - 3/4" TREATED BC PINE PLYWD	225	47.00 PC	10,575.00 N
29		750	PC	34CD	4X8 - 3/4" CD SHEATHING PLYWOOD	750	26.28 PC	19,710.00 N
30		25	PC	58T111RT	4X8 - 5/8" TREATED RGH PINE T111	25	39.17 PC	979.25 N
31		10	PC	110161T	1X10X16 #1 TREATED PINE S4S	10	33.73 PC	337.30 N
32		10	PC	1416DP	1X4X16 DURA PRIME	10	10.40 PC	104.00 N
33		10	PC	1616DP	1X6X16 DURA PRIME	10	15.52 PC	155.20 N
34		10	PC	188DP	1X8X8 DURA PRIME	10	11.52 PC	115.20 N

(NAME & PH # OF PE)

TAXABLE	0.00
NON-TAXABLE	108712.75
SUBTOTAL	108712.75

TAX AMOUNT	0.00
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TOTAL	108712.75
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TOT WT: 56.55

X

Received By _____



LUMBE-2

OP ID: JN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/24/2017

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 Fontenelle & Goodreau Ins.--MB 802 Pine St. Madisonville, LA 70447 Steven Marcus		CONTACT NAME: Steven Marcus PHONE (A/C, No, Ext): 985-845-3663 FAX (A/C, No): 866-669-0081 E-MAIL ADDRESS:		
INSURED Lumber Products, Inc 1620 Airline Hwy Metairie, LA 70001		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : Pennsylvania Lumbermens Mutual		
		INSURER B : LCTA Casualty Insurance Co		15778
		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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		17L015-01-18	01/01/2017	01/01/2019	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
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		17L015-02-18	01/01/2017	01/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10000		17L015-03-17	01/01/2017	01/01/2018	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
B	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 <input type="checkbox"/> N/A		WC1021874117	01/01/2017	01/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER

CANCELLATION

SAMPL-1

SAMPLE CERTIFICATE

For Bid Purposes ONLY -
Insured please FAX at
504-454-8979 for an original

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

© 1988-2014 ACORD CORPORATION. All rights reserved.

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.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. LUMBER PRODUCTS INC	
	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: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) 1620 AIRLINE DRIVE	Requester's name and address (optional)
	6 City, state, and ZIP code METAIRIE, LA 70001	
	7 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 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.

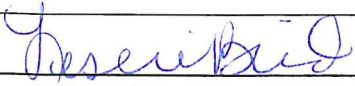
Social security number										
			-				-			
or										
Employer identification number										
7	2		-	0	4	5	3	8	3	1

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.

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 ▶ 	Date ▶ 4-4-18
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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 we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

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. 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.


CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF
Lumber Products Inc
INCORPORATED.

AT THE MEETING OF DIRECTORS OF Lumber Products Inc
INCORPORATED, DULY NOTICED AND HELD ON 4/2/18,
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT
WAS:

RESOLVED THAT Frank Fazio, BE AND IS HEREBY
APPOINTED, CONSTITUTED AND DESIGNATED AS AGENT AND ATTORNEY-IN-
FACT OF THE CORPORATION WITH FULL POWER AND AUTHORITY TO ACT ON
BEHALF OF THIS 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 REVOKED OR
RESCINDED.


SECRETARY-TREASURER
4-5-18
DATE

Non-Public Works Bid

AFFIDAVIT

STATE OF LAPARISH/COUNTY OF Jefferson

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

Frank Fazio, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized Vice President of Lumber Products Inc (Entity), the party who submitted a bid in response to Bid Number 50-00122515 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.

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 ✓ There are **NO** debts which would require disclosure under Choice A of this section.

Affiant further said:

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

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

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



Signature of Affiant

Frank Fazio

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 5th DAY OF April, 20 18



Notary Public

SHAWN KOHNKE

Printed Name of Notary

64689

Notary/Bar Roll Number

My commission expires GOOD FOR LIFE

[Print](#)

Notary Search - Detail

Name: MR. SHAWN KOHNKE
Address: 240 METAIRIE RD.
METAIRIE, LA 70005

Phone: (504) 828-9663
Phone 2: (504) 258-2769

Notary ID Number: 64689

Parish: JEFFERSON with authority in the following parishes:
ORLEANS, PLAQUEMINES, ST. BERNARD

Agency: N/A

Notary Type: Non Attorney

Status: Active

Commission Date: 10/02/2001
Oath Date: 09/04/2001
Surety Expiration Date: 08/08/2022

Annual Report Current: Yes

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