

Vendor quoted a  
unit price / Added his  
own sq ft measurements  
& does not equal  
dollar amount on Signature  
Page

**Tom Schedler**  
**Secretary of State**

**State of  
Louisiana  
Secretary of  
State**



**COMMERCIAL DIVISION**  
**225.925.4704**

Fax Numbers  
225.932.5317 (Admin. Services)  
225.932.5314 (Corporations)  
225.932.5318 (UCC)

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Name	Type	City	Status
NO FAULT SPORT GROUP, L.L.C.	Limited Liability Company	BATON ROUGE	Active

**Business:** NO FAULT SPORT GROUP, L.L.C.

**Charter Number:** 35039128K

**Registration Date:** 2/12/2001

**State Of Origin:**

**Domicile Address**

3112 VALLEY CREEK DR., STE. C  
BATON ROUGE, LA 70808

**Mailing Address**

C/O DAVID W. BRANTLEY  
3112 VALLEY CREEK DR., STE. C  
BATON ROUGE, LA 70808

## Status

**Status:** Active

**Annual Report Status:** In Good Standing

**File Date:** 2/12/2001

**Last Report Filed:** 1/20/2015

**Type:** Limited Liability Company

## Registered Agent(s)

<b>Agent:</b>	DAVID W. BRANTLEY
<b>Address 1:</b>	6253 OVERTON ST.
<b>City, State, Zip:</b>	BATON ROUGE, LA 70808
<b>Appointment Date:</b>	2/12/2001

## Officer(s)

**Additional Officers:** No

<b>Officer:</b>	DAVID W. BRANTLEY
<b>Title:</b>	Manager
<b>Address 1:</b>	6253 OVERTON ST.
<b>City, State, Zip:</b>	BATON ROUGE, LA 70808

## Amendments on File

No Amendments on file

Print

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

## Louisiana State Licensing Board for Contractors



## Searched For:

License Number = 43969

## Business Name

NO FAULT SPORT GROUP, LLC

## City

Baton Rouge

## State

LA

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

## Louisiana State Licensing Board for Contractors



## Contractor Information

Business Name NO FAULT SPORT GROUP, LLC ✓  
Mailing Address 3112 Valley Creek Drive, Suite C  
Baton Rouge, LA 70808  
Phone Number (225) 215-7760  
Fax Number (225) 291-3821  
Email Address jennifer@nofault.com

## Active Licenses

License Number 43969 ✓  
Type Commercial License Certificate  
Status LICENSED  
Effective 09/13/2012  
Expiration 09/12/2015  
First Issued 09/12/2005

## Classifications

Class	Qualifying Party	Parishes
BUILDING CONSTRUCTION	David Wightman Brantley	ALL
BUSINESS AND LAW	David Wightman Brantley	ALL

#207141

<b>W-</b> Form (Rev. November 2005) Department of the Treasury Internal Revenue Service	<b>Request for Taxpayer          Identification Number and Certification</b>	Give form to the requester. Do not send to the IRS.				
Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)					
	Business name, if different from above <b>No Fault Sport Group, LLC</b>					
	Check appropriate box <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Other <input type="checkbox"/> Exempt from backup withholding					
	Address (number, street, and apt. or suite no.) <b>3112 Valley Creek Drive Suite C</b>	Requester's name and address (optional)				
	City, state, and ZIP code <b>Baton Rouge, LA 70808</b>	List account number(s) here (optional)				
<b>Part I Taxpayer Identification Number (TIN)</b>						
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 <i>How to get a TIN</i> 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.						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Social security number</td> </tr> <tr> <td style="text-align: center;"> <div style="display: flex; justify-content: space-around;"> <div>7</div><div>2</div><div>1</div><div>4</div><div>9</div><div>6</div><div>5</div><div>0</div><div>6</div> </div> </td> </tr> <tr> <td style="text-align: center;">or</td> </tr> <tr> <td style="text-align: center;">Employer identification number</td> </tr> </table>			Social security number	<div style="display: flex; justify-content: space-around;"> <div>7</div><div>2</div><div>1</div><div>4</div><div>9</div><div>6</div><div>5</div><div>0</div><div>6</div> </div>	or	Employer identification number
Social security number						
<div style="display: flex; justify-content: space-around;"> <div>7</div><div>2</div><div>1</div><div>4</div><div>9</div><div>6</div><div>5</div><div>0</div><div>6</div> </div>						
or						
Employer identification number						
<b>Part II Certification</b>						
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 and 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 <i>Jennifer Smith</i>	Date <i>3/14/07</i>				
<b>Purpose of Form</b>						
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.						
<b>U.S. person.</b> 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.						
In 3 above, 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.						
<b>Note.</b> 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.						
For federal tax purposes, you are considered a person if you are:						
<ul style="list-style-type: none"> <li>• An individual who is a citizen or resident of the United States.</li> <li>• A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or</li> <li>• Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.</li> </ul>						
<b>Special rules for partnerships.</b> 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:						
<ul style="list-style-type: none"> <li>• The U.S. owner of a disregarded entity and not the entity,</li> </ul>						

## **COVER PAGE**

Bid for: Bid #050-00112477 Labor, Materials and Equipment  
to Re-surface Jogging Trail at Lafreniere Park for the Jefferson  
Parish Department of Parks and Recreation

DUE: March 19, 2015 at 2:00 PM

Submitted To: DELIVERED via Federal Express  
Jefferson Parish Purchasing Dept.  
200 Derbigny Street Suite 4400

Gretna LA 70053

From:

No Fault Sport Group, LLC **REJECTED** ALL BID REQUIREMENTS NOT ME



3112 Valley Creek Drive Suite C

Baton Rouge LA 70809

225-215-7760

LA Contractors License No. 43969

Enclosed Items:
1) LA Uniform Public Work Bid Form
2) LA Uniform Public Work Bid Form Unit Price Form
3) Corporate Resolution
4) Public Works Bid Affidavit
5) Bid Bond
6) LA Contractor License
7) Certificate of Insurance

LOUISIANA UNIFORM PUBLIC WORK BID FORM

TO: Jefferson Parish  
Attn: Purchasing Department  
200 Derbigny Street  
Gretna, LA 70053

BID FOR: LABOR, MATERIALS AND EQUIPMENT NECESSARY  
TO RE-SURFACE THE JOGGING TRAIL AT LAFRENIERE  
PARK FOR THE JEFFERSON PARISH DEPARTMENT OF  
PARKS AND RECREATION - BID #50-112477

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: JEFFERSON PARISH DEPARTMENT OF PARKS AND RECREATION and dated: AUGUST 2014.

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) addendum no. 1 & 2

**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:

~~~Four Hundred Thirteen Thousand One Hundred Sixty One and 00/100~~~ \$413,161.00  
Dollars (\$ \_\_\_\_\_)

**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** (Owner to provide description of alternate and state whether add or deduct) for the lump sum of:

\_\_\_\_\_ N/A \_\_\_\_\_ Dollars (\$ \_\_\_\_\_)

**Alternate No. 2** (Owner to provide description of alternate and state whether add or deduct) for the lump sum of:

\_\_\_\_\_ N/A \_\_\_\_\_ Dollars (\$ \_\_\_\_\_)

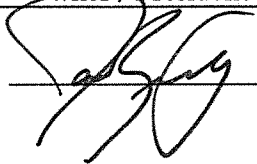
**Alternate No. 3** (Owner to provide description of alternate and state whether add or deduct) for the lump sum of:

\_\_\_\_\_ N/A \_\_\_\_\_ Dollars (\$ \_\_\_\_\_)

NAME OF BIDDER: No Fault Sport Group, LLC  
ADDRESS OF BIDDER: 3112 Valley Creek Drive Suite C  
Baton Rouge LA 70808

**REJECTED**  
**ALL BID REQUIREMENTS NOT MET**

LOUISIANA CONTRACTOR'S LICENSE NUMBER: 43969  
NAME OF AUTHORIZED SIGNATORY OF BIDDER: David W. Brantley  
TITLE OF AUTHORIZED SIGNATORY OF BIDDER: Owner / President

SIGNATURE OF AUTHORIZED SIGNATORY OF BIDDER \*\*:   
DATE: March 19, 2015

\* 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(A)(1)(c) or RS 38:2212(O).

**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.



**LOUISIANA UNIFORM PUBLIC WORK BID FORM  
UNIT PRICE FORM**

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

*(Owner to provide name and address of owner)*

**BID FOR LABOR MATERIALS AND EQUIPMENT  
 NECESSARY TO RE-SURFACE THE JOGGING TRAIL AT  
 LAFRENIER PARK FOR THE JEFFERSON PARISH  
 DEPARTMENT OF PARKS AND RECREATION -  
 BID #50-112477**

*(Owner to provide name of project and other identifying information)*

UNIT PRICES: This form shall be used for any and all work required by the Bidding Documents and described as unit prices. Amounts shall be stated in figures and only in figures.

|              |                                                                                                                                                                                                                                                |                  |            |                                                  |
|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------|--------------------------------------------------|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# RE-SURFACING OF JOGGING TRAIL THIS JOB WILL INCLUDE RESURFACING 6800 LINEAR FEET OF THE EXISTING 8 FOOT WIDE JOGGING ASPHALT JOGGING TRAIL (SEE ATTACHED SPECS) |                  |            |                                                  |
| REF. NO.     | QUANTITY:                                                                                                                                                                                                                                      | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| 0010         | 1 54,400                                                                                                                                                                                                                                       | JOB sq. ft.      | \$7.59     | \$413,161.00                                     |

|              |                                                                     |                  |            |                                                  |
|--------------|---------------------------------------------------------------------|------------------|------------|--------------------------------------------------|
| DESCRIPTION: | <input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# |                  |            |                                                  |
| REF. NO.     | QUANTITY:                                                           | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
|              |                                                                     |                  |            |                                                  |

|              |                                                                     |                  |            |                                                  |
|--------------|---------------------------------------------------------------------|------------------|------------|--------------------------------------------------|
| DESCRIPTION: | <input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# |                  |            |                                                  |
| REF. NO.     | QUANTITY:                                                           | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
|              |                                                                     |                  |            |                                                  |

|              |                                                                     |                  |            |                                                  |
|--------------|---------------------------------------------------------------------|------------------|------------|--------------------------------------------------|
| DESCRIPTION: | <input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# |                  |            |                                                  |
| REF. NO.     | QUANTITY:                                                           | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
|              |                                                                     |                  |            |                                                  |

|              |                                                                     |                  |            |                                                  |
|--------------|---------------------------------------------------------------------|------------------|------------|--------------------------------------------------|
| DESCRIPTION: | <input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# |                  |            |                                                  |
| REF. NO.     | QUANTITY:                                                           | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
|              |                                                                     |                  |            |                                                  |

|              |                                                                     |                  |            |                                                  |
|--------------|---------------------------------------------------------------------|------------------|------------|--------------------------------------------------|
| DESCRIPTION: | <input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# |                  |            |                                                  |
| REF. NO.     | QUANTITY:                                                           | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
|              |                                                                     |                  |            |                                                  |

|              |                                                                     |                  |            |                                                  |
|--------------|---------------------------------------------------------------------|------------------|------------|--------------------------------------------------|
| DESCRIPTION: | <input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# |                  |            |                                                  |
| REF. NO.     | QUANTITY:                                                           | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
|              |                                                                     |                  |            |                                                  |

|              |                                                                     |                  |            |                                                  |
|--------------|---------------------------------------------------------------------|------------------|------------|--------------------------------------------------|
| DESCRIPTION: | <input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# |                  |            |                                                  |
| REF. NO.     | QUANTITY:                                                           | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
|              |                                                                     |                  |            |                                                  |

|              |                                                                     |                  |            |                                                  |
|--------------|---------------------------------------------------------------------|------------------|------------|--------------------------------------------------|
| DESCRIPTION: | <input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# |                  |            |                                                  |
| REF. NO.     | QUANTITY:                                                           | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
|              |                                                                     |                  |            |                                                  |

Wording for "DESCRIPTION" is to be provided by the Owner.

All quantities are estimated. The contractor will be paid based upon actual quantities as verified by the Owner

## CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF  
No Fault Sport Group, LLC

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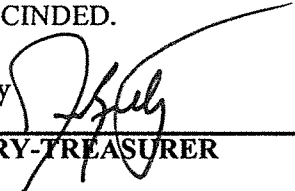
INCORPORATED.      Baton Rouge LA 2001

AT THE MEETING OF DIRECTORS OF No Fault Sport Group, LLC  
INCORPORATED, DULY NOTICED AND HELD ON January 1, 2015,  
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT  
WAS:

RESOLVED. THAT Jennifer L. Smith, 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 AND RECEIPT THEREFOR 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.

David W. Brantley

  
\_\_\_\_\_  
SECRETARY-TREASURER

January 1, 2015

\_\_\_\_\_  
DATE

# AFFIDAVIT

**PARISH/COUNTY OF** East Baton Rouge Parish

\_\_\_\_\_, (Affiant) who after being by me duly sworn, deposed and said that  
he/she is the fully authorized Owner of No Fault Sport Group, LLC (Entity),  
the party who submitted a bid in response to Bid Number 50-00112477, to the Parish of  
Jefferson.

## Campaign Contribution Disclosures

**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.

Updated: 02.27.2014

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:

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 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 or 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:

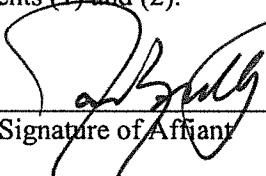
- (a) Theft (R.S. 14:67)
- (b) Identity Theft (R.S. 14:67, 16)
- (c) Theft of a business record (R.S. 14:67.20)
- (d) False accounting (R.S. 14:70)
- (e) Issuing worthless checks (R.S. 14:71)
- (f) Bank fraud (R.S. 14:71.1)
- (g) Forgery (R.S. 14:72)
- (h) Contractors; misapplication of payments (R.S.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

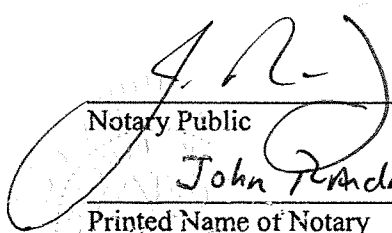
- (1) Entity is registered and participates in a status verification system to verify that all employees in the State of Louisiana are legal citizens of the United States or are legal aliens.
- (2) Entity shall continue, during the term of the contract, to utilize a status verification system to verify 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

David W. Brantley

\_\_\_\_\_  
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME  
ON THE 16<sup>th</sup> DAY OF March, 2015.

  
\_\_\_\_\_  
Notary Public

John Randall Whaley  
\_\_\_\_\_  
Printed Name of Notary

LA BAR Roll No: 25930  
\_\_\_\_\_  
Notary/Bar Roll Number

My commission expires life.

# American Contractors Indemnity Company



601 S. Figueroa St., Suite 1600, Los Angeles, CA 90017 (310) 649-0990

|           |          |
|-----------|----------|
| BOND NO.  | N/A      |
| PREMIUM   | \$0.00   |
| BID DATE: | 03/19/15 |

## BID BOND

KNOW ALL MEN BY THESE PRESENTS, That we, No Fault Sport Group, LLC

3112 Valley Creek Drive, Suite C, Baton Rouge, LA 70808

(hereinafter called Principal), as Principal, and **American Contractors Indemnity Company**, a corporation, organized and existing under the laws of the State of California and authorized to transact a general surety business in the State of Louisiana

(hereinafter called Surety), as Surety, are held and firmly bound unto Jefferson Parish Purchasing Department

(hereinafter called Obligee) in the penal sum of five percent of the amount bid percent (5 %) of amount bid not to exceed \_\_\_\_\_

Dollars (\$ \_\_\_\_\_)

for the payment of which the Principal and the Surety bind themselves, their 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 or is about to submit a proposal to the Obligee on a contract for Bid No. 50-00112477

Labor, Materials and Equipment necessary to resurface the Jogging Trail at Lafreniere Park, Metairie, Louisiana  
for the Jefferson Parish Department of Parks and Recreation.

NOW, THEREFORE, if the said contract be awarded to the Principal and the Principal shall, within such time as may be specified, enter into the contract in writing, then this obligation shall be void. If the Principal shall fail to do so, then the undersigned shall pay the obligee the damages which the obligee may suffer by reason of such failure up to and not exceeding the penal sum of the bond.

SIGNED, SEALED AND DATED THIS 19th DAY OF March, 2015.

No Fault Sport Group, LLC

By: \_\_\_\_\_

David W. Brantley  
PRINCIPAL

American Contractors Indemnity Company

By: \_\_\_\_\_

Randolph A. Brunson  
Randolph A. Brunson, Attorney-in-Fact

POWER OF ATTORNEY

AMERICAN CONTRACTORS INDEMNITY COMPANY TEXAS BONDING COMPANY  
UNITED STATES SURETY COMPANY U.S. SPECIALTY INSURANCE COMPANY

KNOW ALL MEN BY THESE PRESENTS: That American Contractors Indemnity Company, a California corporation, Texas Bonding Company, an assumed name of American Contractors Indemnity Company, United States Surety Company, a Maryland corporation and U.S. Specialty Insurance Company, a Texas corporation (collectively, the "Companies"), do by these presents make, constitute and appoint:

Randolph A. Brunson or Fiona J. Boyd of Baton Rouge, Louisiana

its true and lawful Attorney(s)-in-fact, each in their separate capacity if more than one is named above, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver **any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include riders, amendments, and consents of surety, providing the bond penalty does not exceed** \*\*\*\*\*Seven Million\*\*\*\*\* Dollars (\$ \*\*7,000,000.00\*\* ).

This Power of Attorney shall expire without further action on December 8, 2016. This Power of Attorney is granted under and by authority of the following resolutions adopted by the Boards of Directors of the Companies:

*Be it Resolved*, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

*Attorney-in-Fact* may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings, including any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts, and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

*Be it Resolved*, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached.

IN WITNESS WHEREOF, The Companies have caused this instrument to be signed and their corporate seals to be hereto affixed, this 10th day of December, 2012.

AMERICAN CONTRACTORS INDEMNITY COMPANY TEXAS BONDING COMPANY  
UNITED STATES SURETY COMPANY U.S. SPECIALTY INSURANCE COMPANY

Corporate Seals



By:

  
Daniel P. Aguilar, Vice President

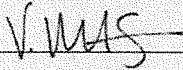
State of California

County of Los Angeles SS:

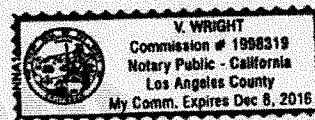
On 10th day of December, 2012, before me, Vanessa Wright, a notary public, personally appeared Daniel P. Aguilar, Vice President of American Contractors Indemnity Company, Texas Bonding Company, United States Surety Company and U.S. Specialty Insurance Company who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Signature



(Seal)




I, Jeannie Lee, Assistant Secretary of American Contractors Indemnity Company, Texas Bonding Company, United States Surety Company and U.S. Specialty Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Companies, which is still in full force and effect; furthermore, the resolutions of the Boards of Directors, set out in the Power of Attorney are in full force and effect.

In Witness Whereof, I have hereunto set my hand and affixed the seals of said Companies at Los Angeles, California this 19 day of March, 2015.

Corporate Seals

Bond No. N/A  
Agency No. #9343



  
Jeannie Lee, Assistant Secretary





# State of Louisiana

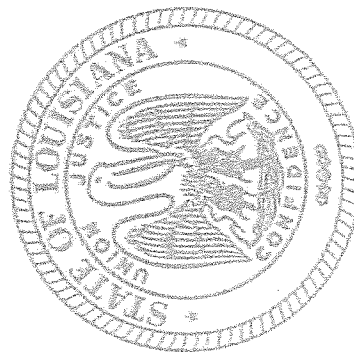
## State Licensing Board for Contractors

This is to Certify that:

NO FAULT SPORT GROUP, LLC  
3112 Valley Creek Drive, Suite C  
Baton Rouge, LA 70808

is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION



Expiration Date: September 12, 2015

License No: 43969

Witness our hand and seal of the Board dated,  
Baton Rouge, LA 13th day of September 2012

*Michael B. Thompson*  
Director

*Brian E. Jell*  
Chairman

*Andy Denny*  
Secretary-Treasurer

This License Is Not Transferrable



NOFAU-1

OP ID: DG

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/06/2015

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

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

|                                                                                                                                   |                                                     |                       |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------|
| <b>PRODUCER</b><br>Integra B.R.<br>5702 Mancuso Lane<br>Baton Rouge, LA 70809                                                     | <b>CONTACT NAME:</b> Bobby W. Adams, Jr., CIC, CWCA |                       |
|                                                                                                                                   | <b>PHONE (A/C, No, Ext):</b> 225-400-6400           | <b>FAX (A/C, No):</b> |
| <b>INSURED</b><br>No Fault Sports Group LLC<br>No Fault Sports Company LLC<br>3112 Valley Creek Drive #C<br>Baton Rouge, LA 70808 | <b>E-MAIL ADDRESS:</b>                              |                       |
|                                                                                                                                   | <b>INSURER(S) AFFORDING COVERAGE</b>                |                       |
|                                                                                                                                   | <b>INSURER A:</b> Houston Specialty Ins. Company    |                       |
|                                                                                                                                   | <b>INSURER B:</b> Bridgefield Casualty Ins. Co.     |                       |
|                                                                                                                                   | <b>INSURER C:</b> Scottsdale Insurance Company      |                       |
|                                                                                                                                   | <b>INSURER D:</b> Evanston Insurance Company        |                       |
|                                                                                                                                   | <b>INSURER E:</b>                                   |                       |
| <b>INSURER F:</b>                                                                                                                 |                                                     |                       |
| <b>NAIC #</b> 35378                                                                                                               |                                                     |                       |

## 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 INSD                               | SUBR WVD                                            | POLICY NUMBER   | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                               |
|----------|-------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------|-----------------|-------------------------|-------------------------|----------------------------------------------------------------------|
| C        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                    |                                         |                                                     | CPS1954453      | 03/01/2015              | 03/01/2016              | 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                                   |
|          |                                                                                     |                                         |                                                     |                 |                         |                         | GENERAL AGGREGATE \$ 2,000,000                                       |
|          |                                                                                     |                                         |                                                     |                 |                         |                         | PRODUCTS - COMP/OP AGG \$ 2,000,000                                  |
|          |                                                                                     |                                         |                                                     |                 |                         |                         |                                                                      |
| A        | <b>AUTOMOBILE LIABILITY</b>                                                         |                                         |                                                     | HSLR18-03646-02 | 03/01/2015              | 03/01/2016              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000                     |
|          | <input checked="" type="checkbox"/> ANY AUTO                                        |                                         |                                                     |                 |                         |                         | BODILY INJURY (Per person) \$                                        |
|          | <input type="checkbox"/> ALL OWNED AUTOS                                            |                                         | <input type="checkbox"/> SCHEDULED AUTOS            |                 |                         |                         | BODILY INJURY (Per accident) \$                                      |
|          | <input checked="" type="checkbox"/> HIRED AUTOS                                     |                                         | <input checked="" type="checkbox"/> NON-OWNED AUTOS |                 |                         |                         | PROPERTY DAMAGE (Per accident) \$                                    |
|          |                                                                                     |                                         |                                                     |                 |                         |                         |                                                                      |
| D        | <input checked="" type="checkbox"/> UMBRELLA LIAB                                   |                                         |                                                     | CUBW4348313     | 03/01/2015              | 03/01/2016              | EACH OCCURRENCE \$ 5,000,000                                         |
|          | <input checked="" type="checkbox"/> EXCESS LIAB                                     |                                         |                                                     |                 |                         |                         | AGGREGATE \$ 5,000,000                                               |
|          | <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10000 |                                         |                                                     |                 |                         |                         |                                                                      |
| B        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>                                |                                         |                                                     | 0196-094038     | 03/01/2015              | 03/01/2016              | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)         | Y/N <input checked="" type="checkbox"/> | 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        | <b>Contractors Equip</b>                                                            |                                         |                                                     | HSLR18-03646-02 | 03/01/2015              | 03/01/2016              | Max any 1 60,000                                                     |
|          | <b>Rent/Leased Equip</b>                                                            |                                         |                                                     |                 |                         |                         | Max anytm 250,000                                                    |

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

David Brantley is excluded from Workers Compensation coverage.

Blanket additional insured applies to general liability and auto liability.

Blanket waiver of subrogation applies to general liability, auto liability and workers compensation insurance policies.

## CERTIFICATE HOLDER

## CANCELLATION

FOR BIDDING PURPOSES ONLY

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

*Dawn Gann*

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