

## BID REJECTION FORM

Bid number: 50-00127084

Vendor Name: Beacon Air Conditioning Heating & Refrigeration

Reasons for

Rejection: Bidder did not submit a copy of one of the required National

Air Duct Cleaners Association (NADCA) certifications, per  
section 3.1 of the specifications.

REVIEWED BY:

Buyer Name: Melissa Ovalle

Date: 8/19/19

Chief Buyer: 

Date: 8/20/19

DATE: 7/10/2019

Page: 5

BID NO.: 50-00127084

**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 \_\_\_\_\_

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

4 weeks

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

35350

**THIS SECTION MUST BE COMPLETED BY BIDDER:**

FIRM NAME: Beacon Air Conditioning Heating & Refrigeration Inc.

ADDRESS: 315 E. 3rd Street

CITY, STATE: Kenner, LA

ZIP: 70062

TELEPHONE: (504) 467-8698

FAX: (504) 466-4996

EMAIL ADDRESS: merrick@beaconac.com

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: #1 mm

NUMBER: #2 mm

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

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

TOTAL PRICE OF ALL BID ITEMS: \$ 179,847.00

AUTHORIZED SIGNATURE: Merrick Mathernae

Merrick Mathernae

Printed Name

TITLE: Customer Service

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.**

DATE: 7/10/2019

Page 6

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00127084

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>LABOR, MATERIALS AND EQUIPMENT NECESSARY TO CLEAN AND COAT HVAC DUCTWORK AT THE JEFFERSON PARISH EAST BANK AND WEST BANK HEALTH UNITS FOR THE DEPARTMENT OF GENERAL SERVICES</p> <p>0010 - VENDOR TO PROVIDE LABOR, MATERIALS, AND EQUIPMENT NECESSARY TO CLEAN AND COAT HVAC DUCTWORK PER THE ATTACHED SPECIFICATIONS AT THE FOLLOWING LOCATIONS:</p> <p>EAST BANK HEALTH UNIT 111 N CAUSEWAY BOULEVARD METAIRIE, LA 70001</p> <p>WEST BANK HEALTH UNIT 1855 AMES BOULEVARD MARRERO, LA 70072</p>	179,847 <sup>00</sup>	179,847 <sup>00</sup>

## Non-Public Works Bid

## AFFIDAVIT

STATE OF LouisianaPARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: Merrick Mathernae, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized Agent of Beacon Air Conditioning Heating & Refrigeration (Entity), the party who submitted a bid in response to Bid Number 50-00127034, 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.

Merrick Matherne

Signature of Affiant

Merrick Matherne

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 12 DAY OF AUGUST, 2019

[Signature]  
Notary Public

Kim J. Lord  
Printed Name of Notary

58462  
Notary/Bar Roll Number

My commission expires AT MY DEATH





August 12, 2019

To Whom It May Concern:

Here is a list of campaign contributions:

Dominick Impastato	Date 7/5/17	Check #32363	\$300.00
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If you have any questions, please contact:

Merrick Matherne

[Print](#)

## Notary Search - Detail

**Name:** MS. KIM J. LORD  
**Address:** 255 HICKORY AVE.  
HARAHAN, LA 70123  
**Phone:** (504) 737-8922  
**Notary ID Number:** 58462  
**Parish:** TANGIPAHOA with STATEWIDE JURISDICTION  
**Agency:** N/A  
**Notary Type:** Non Attorney  
**Status:** Active  
**Commission Date:** 03/10/1999  
**Oath Date:** 03/08/1999  
**Surety Expiration Date:** 02/07/2024  
**Annual Report Current:** Yes

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



**CORPORATE RESOLUTION**

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF  
Beacon Air Conditioning Heating & Refrigeration Inc.  
INCORPORATED.

AT THE MEETING OF DIRECTORS OF Beacon Air Conditioning  
INCORPORATED, DULY NOTICED AND HELD ON 8-14-19,  
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT  
WAS:

RESOLVED THAT Mervick Matherne, 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.

Wendy Chatelain  
SECRETARY-TREASURER

8-14-19  
DATE



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/01/2019

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

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

<b>PRODUCER</b> Riverlands Insurance Services Inc. 492 West 5th Street  LaPlace LA 70068	<b>CONTACT NAME:</b> Kayla Williams <b>PHONE (A/C, No, Ext):</b> (985) 652-5505 <b>E-MAIL ADDRESS:</b> kwilliams@rivins.com <b>FAX (A/C, No):</b> (985) 652-4039																					
<b>INSURED</b> Beacon Air Conditioning, Heating & Refrigeration, Inc. 315 E 3rd Street  Kenner LA 70062	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Ohio Security Insurance Company</td><td>24082</td></tr><tr><td>INSURER B:</td><td>Bridgefield Casualty Insurance Co</td><td>10335</td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Ohio Security Insurance Company	24082	INSURER B:	Bridgefield Casualty Insurance Co	10335	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURER F:																						

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BKS1959087358	10/29/2018	10/29/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			USO1959087358	10/29/2018	10/29/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> Y	N/A	196-47488	10/29/2018	10/29/2019	<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
A	Employment Practices Liability			BKS1855818871	10/29/2018	10/29/2019	Each Claim 12,500 Aggregate 12,500

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

Bid # 50-00127084  
Eastbank Health Unit

General Aggregate Limit applies per project. Cert Holder is listed as an additional insured and a Waiver of Subrogation is provided in favor of the certificate holder with respects to the GL policy. Waiver of Subrogation is provided with respects to the WC as required by written contract.

**CERTIFICATE HOLDER****CANCELLATION**

The Parish of Jefferson 111 N. Causeway Blvd  Metairie QC 70001	<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.</b>  <b>AUTHORIZED REPRESENTATIVE</b> 
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AGENCY CUSTOMER ID: 00029524

LOC #: \_\_\_\_\_

**ADDITIONAL REMARKS SCHEDULE**

Page \_\_\_\_ of \_\_\_\_

AGENCY Riverlands Insurance Services Inc.		NAMED INSURED Beacon Air Conditioning, Heating & Refrigeration, Inc.
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

**ADDITIONAL REMARKS****THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

The Certificate Holder must read as follows:

THE PARISH OF JEFFERSON, ITS DISTRICTS, DEPARTMENTS AND AGENCIES  
UNDER THE DIRECTION OF THE PARISH PRESIDENT AND THE PARISH COUNCIL  
Eastbank Health Unit  
111 N. Causeway Blvd  
Metairie, LA 70001





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/01/2019

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<b>PRODUCER</b> Riverlands Insurance Services Inc. 492 West 5th Street  LaPlace LA 70068		<b>CONTACT NAME:</b> Kayla Williams <b>PHONE (A/C, No, Ext):</b> (985) 652-5505 <b>FAX (A/C, No):</b> (985) 652-4039 <b>E-MAIL ADDRESS:</b> kwilliams@rivins.com		
<b>INSURED</b>  Beacon Air Conditioning, Heating & Refrigeration, Inc. 315 E 3rd Street  Kenner LA 70062		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
		<b>INSURER A:</b> Ohio Security Insurance Company		24082
		<b>INSURER B:</b> Bridgefield Casualty Insurance Co		10335
		<b>INSURER C:</b>		
		<b>INSURER D:</b>		
		<b>INSURER E:</b>		
		<b>INSURER F:</b>		

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

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BKS1959087358	10/29/2018	10/29/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
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	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N Y N/A			196-47488	10/29/2018	10/29/2019	<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
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Bid # 50-00127084 : Westbank Health Unit

General Aggregate Limit applies per project. Cert Holder is listed as an additional insured and a Waiver of Subrogation is provided in favor of the certificate holder with respects to the GL policy. Waiver of Subrogation is provided with respects to the WC as required by written contract.

**CERTIFICATE HOLDER****CANCELLATION**

The Parish of Jefferson 1855 Ames Blvd  Marrero LA 70072	<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.</b>  <b>AUTHORIZED REPRESENTATIVE</b>  Kayla Williams
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AGENCY CUSTOMER ID: 00029524

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_ of \_\_\_\_

AGENCY Riverlands Insurance Services Inc.		NAMED INSURED Beacon Air Conditioning, Heating & Refrigeration, Inc.	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance: Notes

The Certificate Holder must reads as follows:

THE PARISH OF JEFFERSON, ITS DISTRICTS, DEPARTMENTS AND AGENCIES  
UNDER THE DIRECTION OF THE PARISH PRESIDENT AND THE PARISH COUNCIL  
Westbank Health Unit  
1855 Ames Blvd  
Marrero, LA 70072

Bid # 50-00127084




# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/01/2019

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<b>PRODUCER</b>  Hylton S Petit Jr 2705 Florida Ave Kenner, LA 70062	<b>CONTACT NAME:</b> Hylton S Petit Jr	<b>FAX (A/C, No):</b> 504-461-0289	
	<b>PHONE (A/C, No, Ext):</b> 504-461-0171	<b>E-MAIL ADDRESS:</b> hylton.petit.b27x@statefarm.com	
<b>INSURED</b>  Beacon Air Cond Inc 315 E 3rd St Kenner, LA 70062-7103	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> State Farm Mutual Automobile Insurance Company		25178
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
<b>INSURER F:</b>			

**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.

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A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	098 9278 F13 18R	06/13/2019	12/13/2020	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

**CERTIFICATE HOLDER**

The Parish of Jefferson, its Districts, Departments and Agencies under the Direction of the Parish President and the Parish Council: Eastbank Health Unit 111 N Causeway Blvd Metairie, LA 70001 Bid # 50-00127084

**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.

AUTHORIZED REPRESENTATIVE



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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/01/2019

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

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

<b>PRODUCER</b>  Hylton S Petit Jr 2705 Florida Ave Kenner, LA 70062	<b>CONTACT NAME:</b> Hylton S Petit Jr	
	<b>PHONE (A/C, No, Ext):</b> 504-461-0171	<b>FAX (A/C, No):</b> 504-461-0289
	<b>E-MAIL ADDRESS:</b> hylton.petit.b27x@statefarm.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	INSURER A: State Farm Mutual Automobile Insurance Company	25178
<b>INSURED</b>  Beacon Air Cond Inc 315 E 3rd St Kenner, LA 70062-7103	INSURER B:	
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b>						
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
							PRODUCTS - COMP/OP AGG \$
							\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	OTHER:						
A	<b>AUTOMOBILE LIABILITY</b>	N	N	098 9278 F13 18R	06/13/2019	12/13/2020	
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per person) \$ 1,000,000
	<input type="checkbox"/> HIRED AUTOS ONLY						BODILY INJURY (Per accident) \$ 1,000,000
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$ 1,000,000
	<input type="checkbox"/> NON-OWNED AUTOS ONLY						\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$
	<b>EXCESS LIAB</b>						AGGREGATE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						\$
	DED <input type="checkbox"/> RETENTION \$						
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

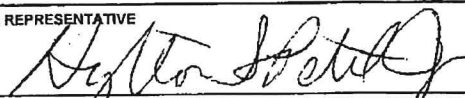
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

The Parish of Jefferson, its Districts, Departments and Agencies under the Direction of the Parish President and the Parish Council: Westbank Health Unit 1855 Ames Blvd Marrero, LA 70072 Bid # 50-00127084

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

AUTHORIZED REPRESENTATIVE



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# JEFFERSON PARISH

## Department of Purchasing

**Michael S. Yenni**  
Parish President

**Renny Simno**  
Director

**August 8, 2019**

### **ADDENDUM # 1**

**Bid No.: 50-00127084**

**Bid Opening Date: August 15, 2019, 2:00 PM**

**For: LABOR, MATERIALS AND EQUIPMENT NECESSARY TO CLEAN AND COAT HVAC DUCTWORK AT THE JEFFERSON PARISH EAST BANK AND WEST BANK HEALTH UNITS FOR THE DEPARTMENT OF GENERAL SERVICES**

---

### **CLARIFICATION OF SPECIFICATIONS:**

**QUESTION #1:**

Are both buildings being done at same time or one at a time?

**ANSWER:**

One location at a time.

**QUESTION #2:**

You must wait till notice to proceed before ordering materials, as it should be, however you must be on job working before day 8. This may not be enough time for materials to arrive before start.

**ANSWER:**

Per section 14.0 no material shall be ordered until the successful bidder receives a written "Notice to Order Materials." The "Notice to Order Materials" will allow for the delivery of the materials. Once the material arrives a "Notice to Proceed" will be issued and this is when the work shall begin according to the dates provided on the "Notice to Proceed."

**QUESTION #3:**

You may install new openings needed at the written approval of owner, this adds delays, waiting for approval.

**ANSWER:**

An owner's representative will be on site while all work is being performed and will be able to provide written approval.





# JEFFERSON PARISH

## Department of Purchasing

**Michael S. Yenni**  
Parish President

**Renny Simno**  
Director

Page 2  
Addendum # 1  
Bid No.: 50-00127084

**QUESTION #4:**

The ductwork must be inspected for cleanliness with owner, before coating is applied, this will be scheduled how often, this is a night project, this adds time delays if done during daytime hours.

**ANSWER:**

An owner's representative will be on site while all work is being performed and will be able to inspect duct and approve for coating.

**QUESTION #5:**

The coating can be applied after written approval, this adds delays waiting for approval.

**ANSWER:**

An owner's representative will be on site while all work is being performed and will be able to provide written approval.

**QUESTION #6:**

The 7 days to perform the work is totally unrealistic, especially only working after hours only. Penalties per day after the completion date is fine, if it were a reasonable work period. The timeframe is unrealistic for the scope involved.

No reputable company will apply for bonds, knowing they will go over and pay penalties, directly affecting their bond ratings, because the timeframe for this scope is unrealistic.

**ANSWER:**

The successful bidder will be given seven (7) days per facility to complete the project.

**QUESTION #7:**

It takes a week or longer to get all the bonds together for this project as requested. The bidding timeframe is unrealistic. These questions must be answered to all parties before they can finalize bids, apply for bonds.

**ANSWER:**

The time frame for this bid meets all requirements of Louisiana Public Bid Law (RS 38:2212).



# JEFFERSON PARISH

## Department of Purchasing

**Michael S. Yenni**  
Parish President

**Renny Simno**  
Director

Page 3  
Addendum # 1  
Bid No.: 50-00127084

**QUESTION #8:**

Can the allowed time frame for the project be extended from what is stated on the bid?

**ANSWER:**

Seven (7) days will be given per facility to complete the project.

**QUESTION #9:**

Are we required to coat with Fosters 40/20 ALL return air interior duct liner?

**ANSWER:**

Yes

**QUESTION #10:**

Can the East Bank and West Bank facilities be separated for individual job pricing?

**ANSWER:**

No, the East Bank and West Bank Health Units will not be separated for individual job pricing.  
The bid form will remain as is

**QUESTION #11:**

If flex duct feeding grilles cannot be cleaned to proper standards, are we required to replace flex duct?

**ANSWER:**

No, Owner shall be notified if flex duct cannot be cleaned properly

Sincerely,

A handwritten signature in black ink, appearing to read "Melissa Ovalle", is written over a horizontal line.

Melissa Ovalle, Buyer II  
Jefferson Parish Purchasing Department

**Bidders must acknowledge all addenda on the bid form. Bidder acknowledges receipt of this addendum on the bid form as indicated. Failure to do so will result in bid rejection.**



# JEFFERSON PARISH

## Department of Purchasing

**Michael S. Yenni**  
Parish President

**Renny Simno**  
Director

Page 4  
Addendum # 1  
Bid No.: 50-00127084

**This addendum is a part of the contract documents and modifies the original bidding documents and specifications. The contents of this addendum shall be included in the contract documents. Changes made by this addendum shall take precedence over the documents of earlier date.**



# JEFFERSON PARISH

## Department of Purchasing

Michael S. Yenni  
Parish President

Renny Simno  
Director

August 9, 2019

### **ADDENDUM # 2**

**Bid No.: 50-00127084**

**Bid Opening Date: August 15, 2019, 2:00 PM**

**For: LABOR, MATERIALS AND EQUIPMENT NECESSARY TO CLEAN AND COAT HVAC DUCTWORK AT THE JEFFERSON PARISH EAST BANK AND WEST BANK HEALTH UNITS FOR THE DEPARTMENT OF GENERAL SERVICES**

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**REVISION OF SPECIFICATIONS:** The time frame of seven (7) days per building, per Addendum # 1, has been extended. This Addendum hereby extends the time frame to complete this project from seven (7) days per building to fourteen (14) days per building.

#### **REMOVE AND REPLACE SECTION 13.0 – LIQUIDATED DAMAGES:**

**(REMOVE) Section 13.0 – Liquidated Damages:**

Commencing on the eighth day following the notice to proceed until work is complete, liquidated damages will be assessed in the amount of \$100/day.

**(REPLACE WITH) Section 13.0 – Liquidated Damages:**

Upon full execution of the Contract and receiving a written notice to proceed, the Bidder agrees that all work shall be completed per building in fourteen (14) continuous calendar days from the dates listed on the Notice to Proceed.

Commencing on the fifteenth (15<sup>th</sup>) day, per building, following the notice to proceed until work is complete, liquidated damages will be assessed in the amount of \$100/day.

Sincerely,

Melissa Ovalle

Melissa Ovalle, Buyer II  
Jefferson Parish Purchasing Department

<b>Bidders must acknowledge all addenda on the bid form. Bidder acknowledges receipt of this addendum on the bid form as indicated. Failure to do so will result in bid rejection.</b>
--

**This addendum is a part of the contract documents and modifies the original bidding documents and specifications. The contents of this addendum shall be included in the contract documents. Changes made by this addendum shall take precedence over the documents of earlier date.**





**CENTRALBIDDING**  
FROM CENTRAL AUCTION HOUSE

**5000127084 - LABOR, MATERIALS AND EQUIPMENT NECESSARY TO  
CLEAN AND COAT HVAC DUCTWORK AT THE JEFFERSON PARISH  
EAST BANK AND WEST BANK HEALTH UNITS FOR THE DEPARTMENT  
OF GENERAL SERVICES**

Jefferson Parish Government

Project documents obtained from [www.CentralBidding.com](http://www.CentralBidding.com)

09-Aug-2019 09:42:51 AM



# Western Surety Company

## BID BOND (Percentage)

Bond Number: 200160

KNOW ALL PERSONS BY THESE PRESENTS, That we \_\_\_\_\_  
Beacon Air Conditioning, Heating & Refrigeration, Inc. \_\_\_\_\_ of  
317 Third Street, Kenner, LA 70062 \_\_\_\_\_, hereinafter  
referred to as the Principal, and Western Surety Company \_\_\_\_\_,  
as Surety, are held and firmly bound unto Jefferson Parish Purchasing Dept  
of 200 Derbigny St, Gen Gov Bldg, Ste 4400, Gretna, LA 70053 \_\_\_\_\_,  
hereinafter referred to as the Oblige, in the sum of Five percent Amount Bid ( 5% AB %) percent of the greatest  
amount bid, for the payment of which we bind ourselves, our legal representatives, successors and assigns, jointly  
and severally, firmly by these presents.

WHEREAS, Principal has submitted or is about to submit a proposal to Oblige on a contract for \_\_\_\_\_  
5000127084 Clean/Coat HVAC Ductwork at Jefferson Parish East & West Bank Health Units \_\_\_\_\_  
for the Department of General Services \_\_\_\_\_.

NOW, THEREFORE, if the said contract be awarded to Principal and Principal shall, within such time as may be  
specified, enter into the contract in writing and give such bond or bonds as may be specified in the bidding or  
contract documents with surety acceptable to Oblige; or if Principal shall fail to do so, pay to Oblige the  
damages which Oblige may suffer by reason of such failure not exceeding the penalty of this bond, then this  
obligation shall be void; otherwise to remain in full force and effect.

SIGNED, SEALED AND DATED this 15 day of August, 2019.

BeaconAirConditioning,Heating&Refrigeration,Inc  
(Principal)

By \_\_\_\_\_ (Seal)

Western Surety Company

(Surety)  
By David B Tidmore, Lic No 114461 (Seal)  
Attorney-in-Fact

# Western Surety Company

## POWER OF ATTORNEY APPOINTING INDIVIDUAL ATTORNEY-IN-FACT

Know All Men By These Presents, That WESTERN SURETY COMPANY, a South Dakota corporation, is a duly organized and existing corporation having its principal office in the City of Sioux Falls, and State of South Dakota, and that it does by virtue of the signature and seal herein affixed hereby make, constitute and appoint

**David B Tidmore, Individually**

of Metairie, LA, its true and lawful Attorney(s)-in-Fact with full power and authority hereby conferred to sign, seal and execute for and on its behalf bonds, undertakings and other obligatory instruments of similar nature

### - In Unlimited Amounts -

and to bind it thereby as fully and to the same extent as if such instruments were signed by a duly authorized officer of the corporation and all the acts of said Attorney, pursuant to the authority hereby given, are hereby ratified and confirmed.

This Power of Attorney is made and executed pursuant to and by authority of the By-Law printed on the reverse hereof, duly adopted, as indicated, by the shareholders of the corporation.

In Witness Whereof, WESTERN SURETY COMPANY has caused these presents to be signed by its Vice President and its corporate seal to be hereto affixed on this 21st day of September, 2018.



WESTERN SURETY COMPANY

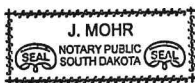
Paul T. Bruflat  
Paul T. Bruflat, Vice President

State of South Dakota }  
County of Minnehaha } ss

On this 21st day of September, 2018, before me personally came Paul T. Bruflat, to me known, who, being by me duly sworn, did depose and say: that he resides in the City of Sioux Falls, State of South Dakota; that he is the Vice President of WESTERN SURETY COMPANY described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed pursuant to authority given by the Board of Directors of said corporation and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said corporation.

My commission expires

June 23, 2021



J. Mohr

J. Mohr, Notary Public

### CERTIFICATE

I, L. Nelson, Assistant Secretary of WESTERN SURETY COMPANY do hereby certify that the Power of Attorney hereinabove set forth is still in force, and further certify that the By-Law of the corporation printed on the reverse hereof is still in force. In testimony whereof I have hereunto subscribed my name and affixed the seal of the said corporation this 15 day of August, 2019.



WESTERN SURETY COMPANY

L. Nelson  
L. Nelson, Assistant Secretary

**Authorizing By-Law**

**ADOPTED BY THE SHAREHOLDERS OF WESTERN SURETY COMPANY**

This Power of Attorney is made and executed pursuant to and by authority of the following By-Law duly adopted by the shareholders of the Company.

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, and Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.



**Request for Taxpayer  
Identification Number and Certification**

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

Print or type. See Specific Instructions on page 3.	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Beacon Air Conditioning, Heating &amp; Refrigeration, Inc.</b>	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" 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) ► <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	
	<b>4</b> 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>	
	<b>5</b> Address (number, street, and apt. or suite no.) See instructions. <b>315 E. 3rd Street</b> <b>6</b> City, state, and ZIP code <b>Kenner, LA 70062</b> <b>7</b> List account number(s) here (optional)	<b>Requester's name and address (optional)</b>

<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 generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. 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> , later.																																																								
<b>Note:</b> If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.																																																								
<table border="1"><tr><td colspan="11">Social security number</td></tr><tr><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td>-</td><td></td><td></td></tr><tr><td colspan="11">or</td></tr><tr><td colspan="11">Employer identification number</td></tr><tr><td>7</td><td>2</td><td></td><td>-</td><td>0</td><td>8</td><td>3</td><td>2</td><td>0</td><td>5</td><td>1</td></tr></table>		Social security number															-				-			or											Employer identification number											7	2		-	0	8	3	2	0	5	1
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<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 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.	
<b>Certification instructions.</b> 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 for Part II, later.	

<b>Sign Here</b>	Signature of U.S. person ► <i>Wendy Chatelain</i>	Date ► <i>1-15-19</i>
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**General Instructions**

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**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, later.

📍 600 North Street, Baton Rouge, 70802 📞 (225) 765-2301 💬 Text-To-Verify: 1 (855) 999-7896



## Louisiana State Licensing Board for Contractors

### Contractor Information

**Business Name** BEACON AIR CONDITIONING, HEATING AND REFRIGERATION, INC.  
**Mailing Address** 315 Third Street  
Kenner, LA 70062  
**Phone Number** (504) 467-8698  
**Fax Number** (504) 466-4996  
**Email Address** davidbeacon@bellsouth.net  
**Website** http://null

### Active Licenses

**License Number** 35350  
**Type** Commercial License  
**Status** LICENSED  
**Effective** 07/16/2018  
**Expiration** 07/15/2020  
**First Issued** 07/15/1999

### Classifications

Class	Qualifying Party	Parishes
BUSINESS AND LAW	Daniel David Chatelain II	ALL
MECHANICAL WORK (STATEWIDE)	Daniel David Chatelain II	ALL