



**Bid Number 50 - 00121856**

**TWO YEAR CONTRACT FOR THE SUPPLY OF SHIRTS AND SILK  
SCREENING TO BE ORDERED ON AN AS NEEDED BASIS FOR THE  
JEFFERSON PARISH DEPARTMENT OF PARKS AND RECREATION AND ALL  
DEPARTMENTS, AGENCIES AND MUNICIPALITIES**

**FEBRUARY 15, 2018 AT 2:00 PM**

**ATTENTION VENDORS!!!**

**Please review all pages and respond accordingly, complying with all provisions  
in the technical specifications and Jefferson Parish Instructions for Bidders and  
General Terms and Conditions. All bids must be received in the Purchasing  
Department by the bid due date and time.**

**Jefferson Parish Purchasing Department  
200 Derbigny Street  
General Government Building, Suite 4400  
Gretna, LA 70053  
Donna Evans  
DMEvans@Jeffparish.net  
504-364-2691**

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

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

**THIS SECTION MUST BE COMPLETED BY BIDDER:**FIRM NAME: Faux Pas PrintsADDRESS: 620 Papworth AveCITY, STATE: Metairie LA ZIP: 70005TELEPHONE: (504) 834-8342 FAX: ( )EMAIL ADDRESS: Sales@fauxpasprints.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: JPP-50-00121856-1

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

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

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

TOTAL PRICE OF ALL BID ITEMS: \$ 46,529.55AUTHORIZED SIGNATURE: KLEO E BLUETTTITLE: vice presidentKLEO E BLUETT

Printed Name

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

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

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00121856

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			two year contract for the supply of shirts and silk screening to be ordered on an as needed basis by the department of parks and recreation and all jeff parish departments and municipalities		
1	50.00	EA	0100 - Group A Tee Shirts Size: Adult 3X-Large  Short Sleeve	\$ 5.40	\$ 270 <sup>00</sup>
2	50.00	EA	0110 - Group A - Tee Shirts Size: Adult 4X-Large  Short Sleeve Special Order Not All Colors Available Color Varies With Size Increase	\$ 5.40	\$ 270 <sup>00</sup>
3	80.00	EA	0120 - Group A - Tee Shirts Size: Adult 5X-Large  Short Sleeve Special Order Not All Colors Available Color Varies With Size Increase	\$ 5.40	\$ 432 <sup>00</sup>
4	80.00	EA	0130 - Group A - Tee Shirts Size: Adult 2X-Large  Short Sleeve	\$ 3.95	\$ 869 <sup>00</sup>
5	220.00	EA	0140 - Group A - Tee Shirts Size: Adult X-Large  Short Sleeve	\$ 2.50	\$ 550 <sup>00</sup>
6	250.00	EA	0150 - Group A - Tee Shirts Size: Adult Large  Short Sleeve	\$ 2.50	\$ 6.25
7	500.00	EA	0160 - Group A - Tee Shirts Size: Adult Medium  Short Sleeve	\$ 2.50	\$ 1250 <sup>00</sup>
8	1,500.00	EA	0170 - Group A - Tee Shirts Size: Adult Small  Short Sleeve	\$ 2.50	\$ 3750 <sup>00</sup>
9	1,200.00	EA	0180 - Group A - Tee Shirts Size: Youth Large	\$ 2.60	\$ 3120 <sup>00</sup>

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00121856

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
10	1,600.00	EA	Short Sleeve 0190 - Group A - Tee Shirts Size: Youth Medium	\$ 2.60	\$ 4160-
11	1,700.00	EA	Short Sleeve 0200 - Group A - Tee Shirts Size: Youth Small	\$ 2.60	\$ 4420-
12	240.00	EA	Short Sleeve 0210 - Group A - Tee Shirts Size: Youth Extra-Small	\$ 2.60	\$ 624-
13	4.00	EA	Short Sleeve 0220 - Group A - Tee Shirts Size: Adult 2X-Large	\$ 6.40	\$ 25.60
14	30.00	EA	Long Sleeve 0230 - Group A - Tee Shirts Size: Adult X-Large	\$ 4.95	148.50
15	4.00	EA	Long Sleeve 0240 - Group A - Tee Shirts Size: Adult Large	\$ 4.95	19.80
16	4.00	EA	Long Sleeve 0250 - Group A - Tee Shirts Size: Adult Medium	\$ 4.95	19.80
17	60.00	EA	Long Sleeve 0300 - Group B - Henley Tee Shirts Or Equal	10.95	\$ 657-
18	75.00	EA	Size: Adult 2X-Large 0310 - Group B - Henley Tee Shirts Size: Adult X-Large	9.95	\$ 746.25
19	150.00	EA	Imprint Left Chest 0320 - Group B - Henley Tee Shirts Size: Adult Large	9.95	\$ 1492.50
			Imprint Left Chest		

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00121856

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
20	200.00	EA	0330 - Group B - Henley Tee Shirts Size: Adult Medium  Imprint Left Chest	\$9.95	\$1990 <sup>00</sup>
21	125.00	EA	0340 - Group B - Henley Tee Shirts Size: Adult Small  Imprint Left Chest	\$9.95	\$1,243.75
22	50.00	EA	0400 - Group C - Coaches Shirts Size: Adult 3X-Large	\$10.25	\$512.50
23	4.00	EA	0410 - Group C - Coaches Shirts Size: Adult 4X-Large	\$11.50	\$46 <sup>00</sup>
24	80.00	EA	0420 - Group C - Coaches Shirts Size: Adult 2X-Large	\$8.80	\$704 <sup>00</sup>
25	80.00	EA	0430 - Group C - Coaches Shirts Size: Adult X-Large	\$5.40	\$432 <sup>00</sup>
26	150.00	EA	0440 - Group C - Coaches Shirts Size: Adult Large	\$5.40	\$810 <sup>00</sup>
27	150.00	EA	0450 - Group C - Coaches Shirts Size: Adult Medium	\$5.40	\$810 <sup>00</sup>
28	150.00	EA	0460 - Group C - Coaches Shirts Size: Adult Small	\$5.40	\$810 <sup>00</sup>
29	30.00	EA	0500 - Group D - Heavy Weight Pocket Tee Shirt  Size: Adult 3X-Large	\$9.95	\$298 <sup>50</sup>
30	20.00	EA	0510 - Group D - Heavy Weight Pocket Tee Shirt  Size: Adult 2X-Large	\$8.35	\$167 <sup>00</sup>
31	80.00	EA	0520 - Group D - Heavy Weight Pocket Tee Shirt	\$6.05	\$484 <sup>00</sup>

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00121856

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
32	30.00	EA	Size: Adult X-Large 0530 - Group D - Heavy Weight Pocket Tee Shirt	6.05	181.50
33	20.00	EA	Size: Adult Large 0540 - Group D - Heavy Weight Pocket Tee Shirt	6.05	121.00
34	4.00	EA	Size: Adult Medium 0550 - Group D - Heavy Weight Pocket Tee Shirt	6.05	24.20
35	12.00	EA	Size: Adult Small 0560 - Group D - Heavy Weight Pocket Tee Shirt	9.95	119.40
36	12.00	EA	Size: Adult 4X-Large 0570 - Group D - Heavy Weight Pocket Tee Shirt	9.95	119.40
37	4.00	EA	Size: Adult 5X-Large 0600 - Group E - Coaches Shirts With Pocket	5.40	21.60
38	4.00	EA	Size: Adult Small 0610 - Group E - Coaches Shirts With Pocket	11.50	\$ 46
39	4.00	EA	Size: Adult 4X-Large 0620 - Group E - Coaches Shirts With Pocket	11.50	\$ 46
40	4.00	EA	Size: Adult 5X-Large 0630 - Group E - Coaches Shirts With Pocket	10.25	\$ 41
41	10.00	EA	Size: Adult 3X-Large 0640 - Group E - Coaches Shirts With Pocket	8.80	\$ 88
			Size: Adult 2X-Large		

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00121856

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
42	4.00	EA	0650 - Group E - Coaches Shirts With Pocket  Size: Adult X-Large	5.40	21.60
43	10.00	EA	0660 - Group E - Coaches Shirts With Pocket  Size: Adult Large	5.40	54.00
44	4.00	EA	0670 - Group E - Coaches Shirts With Pocket  Size: Adult Medium	5.40	21.60
45	6,000.00	EA	0800 - Group G - Silk Screening 1 Logo  1 Location 1 Color	1.45	8700.00
46	800.00	EA	0810 - Group G - Silk Screening 1 Logo  1 Location 2 Or 3 Colors	1.75	1400.00
47	1,800.00	EA	0820 - Group G - Silk Screening 1 Logo  1 Location 4 Colors	1.95	3510.00
48	1.00	EA	0830 - Group G - Silk Screening Cost Per Additional Location Of Logo  1 Color	1.00	\$ 1.00
49	1.00	EA	0840 - Group G - Silk Screening Cost Per Additional Location Of Logo  2 Or 3 Colors	1.30	\$ 1.30
50	1.00	EA	0850 - Group G - Silk Screening Cost Per Additional Location Of Logo  4 Colors	1.45	\$ 1.45
51	25.00	EA	0860 - Group G - Silk Screening Single Digit, 6 Inch Number, 1 Location	1.25	\$ 31.25

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00121856

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
52	1.00	EA	0870 - Group G - Silk Screening Single Digit, 6 Inch Number, 2 Locations	2.50	2.50
53	10.00	EA	0880 - Group G - Silk Screening Double Digit, 6 Inch Number, 1 Location	2.25	22.50
54	1.00	EA	0890 - Group G - Silk Screening Double Digit, 8 Inch Number, 2 Locations	4.50	4.50
55	4.00	EA	0900 - Group G - Silk Screening Single Digit, 8 Inch Number, 1 Location	1.35	5.40
56	1.00	EA	0910 - Group G - Silk Screening Single Digit, 8 Inch Number, 2 Locations	2.70	2.70
57	4.00	EA	0920 - Group G - Silk Screening Double Digit, 8 Inch Number, 1 Location	2.35	9.40
58	4.00	EA	0930 - Group G - Silk Screening Double Digit, 8 Inch Number, 2 Locations	4.70	18.80
			***** Imprint On All Shirts Must Be Silk Screened With Selected Logos Of Various Colors For Use In Particular Programs Or Departments.  Artwork Will Be Provided To Vendor Upon Ordering Of Shirts For The Particular Program Involved. *****		
59	25.00	HR	0940 - Art Work - Digital Full color print on front and rear of shirt	\$ 25	\$ 625
			Vendor will have to work with requestor to get final approval of shirt design.		
60	20.00	EA	0950 - Silk Screening cost per color screen up to 10 colors	\$ 7.50	\$ 150



Non-Public Works Bid

AFFIDAVIT

STATE OF LOUISIANA

PARISH/COUNTY OF JEFFERSON

BEFORE ME, the undersigned authority, personally came and appeared: KHEO BLADE IV

\_\_\_\_\_, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized MANAGER of Faux Pas Prints LLC (Entity), the party who submitted a bid in response to Bid Number 50-00121854, 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.

KLEO BLUE

Signature of Affiant

KLEO BLUE IV

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 14<sup>th</sup> DAY OF FEB, 2018

William J. Luscy III  
Notary Public

WILLIAM J. LUSCY III  
Printed Name of Notary

ANID#37012 / BAR#9639  
Notary/Bar Roll Number

My commission expires AT DEATH



**THE UNIVERSITY OF CHICAGO**

**SECRET**

14-00000  
 14-00000

10-10-68

\_\_\_\_\_ (Print Name) \_\_\_\_\_ (Signature)  
 \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Signature)

[illegible]

THE UNIVERSITY OF CHICAGO



## CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF  
Faux Pas Prints LLC  
INCORPORATED.

AT THE MEETING OF DIRECTORS OF Faux Pas Prints LLC  
INCORPORATED, DULY NOTICED AND HELD ON 2/9/18,  
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT  
WAS:

RESOLVED THAT Kleo Blue IV, 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.

Kleo Blue  
SECRETARY-TREASURER

2/14/18  
DATE

**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)

Name	Type	City	Status
FAUX PAS PRINTS, L.L.C.	Limited Liability Company	METAIRIE	Active

#### Previous Names

FAUX PAS PRINTS, INC. (Changed: 8/6/2013)

**Business:** FAUX PAS PRINTS, L.L.C.

**Charter Number:** 34467771K

**Registration Date:** 6/28/1994

#### Domicile Address

620 PAPWORTH AVE.  
METAIRIE, LA 70005

#### Mailing Address

C/O JOHN BLUE  
620 PAPWORTH AVE.  
METAIRIE, LA 70005

#### Status

**Status:** Active

**Annual Report Status:** In Good Standing

**File Date:** 6/28/1994

**Last Report Filed:** 7/14/2017

**Type:** Limited Liability Company

#### Registered Agent(s)

<b>Agent:</b>	JOHN B. BLUE
<b>Address 1:</b>	620 PAPWORTH AVE.
<b>City, State, Zip:</b>	METAIRIE, LA 70005
<b>Appointment Date:</b>	6/28/1994

#### Officer(s)

**Additional Officers:** No

<b>Officer:</b>	JOHN B. BLUE
<b>Title:</b>	Manager
<b>Address 1:</b>	620 PAPWORTH AVE.
<b>City, State, Zip:</b>	METAIRIE, LA 70005

<b>Officer:</b>	KLEO E. BLUE, III
<b>Title:</b>	Manager
<b>Address 1:</b>	620 PAPWORTH AVE.

**City, State, Zip:** METAIRIE, LA 70005**Officer:** KLEO E. BLUE, IV**Title:** Manager**Address 1:** 620 PAPWORTH AVE.**City, State, Zip:** METAIRIE, LA 70005**Amendments on File (2)**

Description	Date
Conversion	8/6/2013
Name Change	8/6/2013

**Print**





FAUXPAS-01

BRIDGET

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/14/2018

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

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

PRODUCER Eustis Insurance, Inc. 110 Veterans Memorial Boulevard Suite 200 Metairie, LA 70005	CONTACT NAME:	
	PHONE (A/C, No, Ext): (504) 586-0440	FAX (A/C, No): (504) 565-5219
	E-MAIL ADDRESS: info@eustis.com	
INSURED  Faux Pas Prints, Inc. 620 Papworth Ave Metairie, LA 70005	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Axis Insurance Company	NAIC # 37273
	INSURER B : Milwaukee Casualty Insurance Company	26662
	INSURER C : Starstone National Insurance Company	25496
	INSURER D : AmTrust Insurance Co. of KS	15954
	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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			AXSP0013300	03/29/2017	03/29/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			KPP104415600	03/29/2017	03/29/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			71902J173ALI	03/29/2017	03/29/2018	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	KWC1083585	04/18/2017	03/29/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

## CERTIFICATE HOLDER

## CANCELLATION

The Parish of Jefferson 200 Derbigny Street, Suite 4400 Gretna, LA 70053	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 



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – OWNERS, LESSEES OR  
CONTRACTORS – COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

<b>Name of Person or Organization:</b>  <b>BLANKET AS REQUIRED BY WRITTEN CONTRACT</b>
<b>Location And Description of Completed Operations:</b>  
<b>Additional Premium: INCLUDED</b>  

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

**Section II – Who Is An Insured** is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" at the location designated and described in the schedule of this endorsement performed for that insured and included in the "products-completed operations hazard".

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – OWNERS, LESSEES OR  
CONTRACTORS – SCHEDULED PERSON OR  
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

**Name of Person or Organization**

**BLANKET AS REQUIRED BY WRITTEN CONTRACT**

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

**A. Section II – Who Is An Insured** is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of your ongoing operations performed for that insured.

**B.** With respect to the insurance afforded to these additional insureds, the following exclusion is added:

**2. Exclusions**

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- (1) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed; or
- (2) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

## Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Faux Pas Prints LLC</b>	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <b>S</b> <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>Applies to accounts maintained outside the U.S.</small>	
	5 Address (number, street, and apt. or suite no.) <b>620 Papworth Ave</b>	Requester's name and address (optional)
	6 City, state, and ZIP code <b>Metairie, LA 70005</b>	
	7 List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

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

### Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person ▶ 	Date ▶ <b>10/24/16</b>
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### General Instructions

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

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

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

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

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

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

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.