

LOUISIANA UNIFORM PUBLIC WORK BID FORM

50-00127130

Page: 5

TO: JEFFERSON PARISH
PURCHASING DEPT
200 DERBIGNY ST. SUITE 4400
GRETN, LA 70053
(Owner to provide name and address of owner)

BID FOR: LABOR, MATERIALS AND EQUIPMENT
NECESSARY TO FURNISH AND INSTALL A TOT
LOT AT PARD PLAYGROUND FOR THE
JEFFERSON PARISH DEPARTMENT OF PARKS
AND RECREATION

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 Parks and Recreation Department and dated: _____

(Owner to provide name of entity preparing bidding documents.)

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) #1, #2, #3

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:

Seventy one thousand four hundred ninety five & 00/100 — Dollars (\$) 71,495.00

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: Hahn Enterprises, Inc.

ADDRESS OF BIDDER: P.O. Box 19495, New Orleans, LA 70179

LOUISIANA CONTRACTOR'S LICENSE NUMBER: 37819

NAME OF AUTHORIZED SIGNATORY OF BIDDER: Tania Hahn

TITLE OF AUTHORIZED SIGNATORY OF BIDDER: President

SIGNATURE OF AUTHORIZED SIGNATORY OF BIDDER **: [Signature]

DATE: 9/20/19

THE FOLLOWING ITEMS ARE TO BE INCLUDED WITH THE SUBMISSION OF THIS LOUISIANA UNIFORM PUBLIC WORK BID FORM:

* 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.

** A CORPORATE RESOLUTION OR WRITTEN EVIDENCE of the authority of the person signing the bid for the public work as prescribed by LA-R.S. 38:2218 (B)(5).

BID SECURITY in the form of a bid bond, certified check or cashier's check as prescribed by LA-R.S. 38:2218.(A) is attached to and made a part of this bid.

LOUISIANA UNIFORM PUBLIC WORK BID FORM
UNIT PRICE FORM

Bid# 50-00127130

TO: JEFFERSON PARISH
PURCHASING DEPT
200 DERBIGNY ST. SUITE 4400
GRETN, LA 70053
(Owner to provide name and
address of owner)

LABOR, MATERIALS AND EQUIPMENT
NECESSARY TO FURNISH AND INSTALL A TOT
LOT AT PARD PLAYGROUND FOR THE JEFFERSON
PARISH DEPARTMENT OF PARKS AND
RECREATION

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 <input type="checkbox"/> Alt. #__	0010 - Labor, Materials & Equipment necessary to furnish & install tot lot equipment & rubber safety surface at PARD Playground per specifications
REF NO.	QUANTITY	UNIT OF MEASURE
29456	1.00	JOB
		UNIT PRICE
		\$71,495.00
		UNIT PRICE EXTENSION (Quantity times Unit Price)
		\$71,495.00

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid <input type="checkbox"/> Alt. #__	0020 - Cost to contractor to list Jefferson Parish as an additional insured on Contractor's General Liability
REF NO.	QUANTITY	UNIT OF MEASURE
29456-A	1.00	EA
		UNIT PRICE
		10
		UNIT PRICE EXTENSION (Quantity times Unit Price)
		10

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid <input type="checkbox"/> Alt. #__	0030 - Cost to contractor to list Jefferson Parish as an additional insured on Contractor's Automotive Insurance
REF NO.	QUANTITY	UNIT OF MEASURE
29456-B	1.00	EA
		UNIT PRICE
		10
		UNIT PRICE EXTENSION (Quantity times Unit Price)
		10

DESCRIPTION:	<input type="checkbox"/> Base Bid <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 <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 <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 <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 <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.



HAHNENT-01

DEBI

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/30/2019

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).

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 Hahn Enterprises, Inc. P. O. Box 19495 New Orleans, LA 70179	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Everest National Ins. Co.	NAIC # 10120
	INSURER B: Houston Specialty Ins Co	12936
	INSURER C: Burlington Ins. Company	23620
	INSURER D: LUBA Casualty Insurance Company	12472
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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			CF4GL01226-191	02/16/2019	02/16/2020	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
	<input checked="" type="checkbox"/> Per Proj Aggr		MED EXP (Any one person) \$ 5,000				
	<input checked="" type="checkbox"/> Capped at 5 million		PERSONAL & ADV INJURY \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
B	AUTOMOBILE LIABILITY			HSLR18-06679-00	02/16/2019	02/16/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person) \$				
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident) \$				
			PROPERTY DAMAGE (Per accident) \$				
							\$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			HFF0008746	02/16/2019	02/16/2020	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 2,000,000				
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		\$				
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			028000016578119	02/16/2019	02/16/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N N	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

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

Bid# 50-001271130- Labor, Materials, & equipment Necessary to furnish&install tot lot at PARD Playground

Additional Insured forms with form titles for General Liability blanket if/and or when if/and or where required by written contract subject to terms, conditions and exclusions of the forms:

G2010 04/13 edition date- Additional Insured-Owners, Lessees or Contractors

G2037 04/13 edition date- Additional Insured Owners, Lessees or Contractors-Completed Operations

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

CANCELLATION

Jefferson Parish Purchasing Dept. P. O. Box 9 Gretna, LA 70054	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



AGENCY CUSTOMER ID: HAHNENT-01

DEBI

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Eustis Insurance, Inc.		NAMED INSURED Hahn Enterprises, Inc. P. O. Box 19495 New Orleans, LA 70179 Orleans
POLICY NUMBER SEE PAGE 1		
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

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

Description of Operations/Locations/Vehicles:

CG 0001 04/13 edition date- Primary & Non-Contributory

ECG 04 767 02/16 Edition date Waiver of Subrogations- Transfer of Rights of Recovery Against Others to Us

Per Project Aggregate capped at \$5,000,000.

Additional Insured form for with coverage titles for Automobile Liability blanket if required by written contract subject to terms conditions, and exclusions of the form:

AI CA 00 01 03/01 edition date- Additional Insured

CA 04 44 10/13 edition date- Waiver of Transfer of Rights of Recovery Against Others to Us(Waiver of Subrogation)

CA 04 49 11/16 edition date- Primary and Non-Contributory-Other Insurance Condition

Worker's Comp. form WC 00 03 13 4/84 edition date - Waiver of Our Right to Recover From Others Endorsement- Blanket Waiver of Subrogation Applies Where Required by Written Contract

Public Works Bid

AFFIDAVIT

STATE OF LouisianaPARISH/COUNTY OF Orleans

BEFORE ME, the undersigned authority, personally came and appeared: Tania
Hahn, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized President of Hahn Enterprises, Inc (Entity),
the party who submitted a bid in response to Bid Number 50-00127130, 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.

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 ✓ 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:

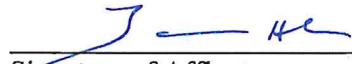
- (a) Theft (R.S. 14:67)
- (b) Identity Theft (R.S. 14:67, 16)
- (c) Theft of a business record (R.S. 14:67.20)
- (d) False accounting (R.S. 14:70)
- (e) Issuing worthless checks (R.S. 14:71)
- (f) Bank fraud (R.S. 14:71.1)
- (g) Forgery (R.S. 14:72)
- (h) Contractors; misapplication of payments (R.S.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

Tania Hahn
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 29 DAY OF July, 2017.


Notary Public

Richard A Kuntz
Printed Name of Notary

28127
Notary/Bar Roll Number

My commission expires for Life.



[Print](#)

Notary Search - Detail

Name: MR. RICHARD A. KUNTZ
Address: 4902 CANAL ST., SUITE 400
NEW ORLEANS, LA 70119
Phone: (504) 488-6066
Notary ID Number: 28127
Parish: ORLEANS with STATEWIDE JURISDICTION
Agency: N/A
Notary Type: Attorney
Bar Roll #: 7885
Status: Active
Commission Date: 11/21/1953
Oath Date: 11/11/1953
Surety Expiration Date: Not Required
Annual Report Current: Not Applicable

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

CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF
Hahn Enterprises
INCORPORATED.

AT THE MEETING OF DIRECTORS OF Hahn Enterprises
INCORPORATED, DULY NOTICED AND HELD ON July 30, 2019,
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT
WAS:

RESOLVED THAT Tania Hahn, 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.

J. Hahn
SECRETARY-TREASURER

7/30/19
DATE

Request for Taxpayer Identification Number and Certification

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

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Hahn Enterprises Inc

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☒ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

Note: 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.

☐ 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) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

P.O. Box 19495

6 City, state, and ZIP code

New Orleans, LA 70179

7 List account number(s) here (optional)

Requester's name and address (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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - ____

or

Employer identification number

7 2 - 1 4 8 8 3 7 2

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign
Here

Signature of
U.S. person ►



Date ►

7/30/19

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.

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.

THE AMERICAN INSTITUTE OF ARCHITECTS



AIA Document A310

Bid Bond

KNOW ALL MEN BY THESE PRESENTS, that we Hahn Enterprises, Inc., P.O. Box 19495, New Orleans, Louisiana 70179

as Principal, hereinafter called the Principal, and The Gray Casualty & Surety Company, 1225 West Causeway Approach, Mandeville, Louisiana 70471

a corporation duly organized under the laws of the State of Louisiana as Surety, hereinafter called the Surety, are held and firmly bound unto Jefferson Parish Department of Purchasing, P.O. Box 9, Gretna, Louisiana 70054

as Obligee, hereinafter called the Obligee, in the sum of

Five Percent (5%) of the Total Amount Bid-----Dollars,
for the payment of which sum well and truly to be made, the said Principal and the said Surety, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal has submitted a bid for
Bid 50-00127130 - Labor, Materials and Equipment to Furnish and Install a Tot Lot at PARD Playground for the Jefferson Parish Department of Parks and Recreation

NOW, THEREFORE, if the Obligee shall accept the bid of the Principal and the Principal shall enter into a Contract with the Obligee in accordance with the terms of such bid, and give such bond or bonds as may be specified in the bidding or Contract Documents with good and sufficient surety for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof, or in the event of the failure of the Principal to enter such Contract and give such bond or bonds, if the Principal shall pay to the Obligee the difference not to exceed the penalty hereof between the amount specified in said bid and such larger amount for which the Obligee may in good faith contract with another party to perform the Work covered by said bid. Neither the Contractor nor the Surety under this bond and bid to which it is attached will be held responsive unless prior to the execution of the contract the Owner demonstrates to the Surety complete ability to make all payments to the Contractor according to the terms of the contract then this obligation shall be null and void, otherwise to remain in full force and effect.

Signed and sealed this **24th** day of **September, 2019**

May Bonadona
(Witness)

HAHN ENTERPRISES, INC

(Principal)

(Seal)

Tania Hahn
(Title)

Tania Hahn, President

THE GRAY CASUALTY & SURETY COMPANY, INC.

(Surety)

(Seal)

Bridget Truxillo
(Title)

Bridget Truxillo
Louisiana Agent and Attorney-in-Fact

**THE GRAY INSURANCE COMPANY
THE GRAY CASUALTY & SURETY COMPANY**

GENERAL POWER OF ATTORNEY

Bond Number: n/a

Principal: Hahn Enterprises, Inc.

Project: Bid Bond

KNOW ALL BY THESE PRESENTS, THAT The Gray Insurance Company and The Gray Casualty & Surety Company, corporations duly organized and existing under the laws of Louisiana, and having their principal offices in Metairie, Louisiana, do hereby make, constitute, and appoint **Thomas J. McMahon, Jr., Elizabeth M. Blancher, R.L. Swayze, Raymond J. Posecai, Jr., Beverly Jo Baumy, Clint Romig, and Bridget Truxillo of Metairie, Louisiana jointly and severally** on behalf of each of the Companies named above its true and lawful Attorney(s)-in-Fact, to make, execute, seal and deliver, for and on its behalf and as its deed, bonds, or other writings obligatory in the nature of a bond, as surety, contracts of suretyship as are or may be required or permitted by law, regulation, contract or otherwise, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed the amount of \$10,000,000.00.

This Power of Attorney is granted and is signed by facsimile under and by the authority of the following Resolutions adopted by the Boards of Directors of both The Gray Insurance Company and The Gray Casualty & Surety Company at meetings duly called and held on the 26th day of June, 2003.

“RESOLVED, that the President, Executive Vice President, any Vice President, or the Secretary be and each or any of them hereby is authorized to execute a power of Attorney qualifying the attorney named in the given Power of Attorney to execute on behalf of the Company bonds, undertakings, and all contracts of surety, and that each or any of them is hereby authorized to attest to the execution of such Power of Attorney, and to attach the seal of the Company; and it is

FURTHER RESOLVED, that the signature of such officers and the seal of the Company may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be binding upon the Company now and in the future when so affixed with regard to any bond, undertaking or contract of surety to which it is attached.

IN WITNESS WHEREOF, The Gray Insurance Company and The Gray Casualty & Surety Company have caused their official seals to be hereinto affixed, and these presents to be signed by their authorized officers this 12th day of September, 2011.



By:

Michael T. Gray
Michael T. Gray
President, The Gray Insurance Company
and
Vice President,
The Gray Casualty & Surety Company

Attest:

Mark S. Manguno
Mark S. Manguno
Secretary,
The Gray Insurance Company,
The Gray Casualty & Surety Company



State of Louisiana

ss:

Parish of Jefferson

On this 12th day of September, 2011, before me, a Notary Public, personally appeared Michael T. Gray, President of The Gray Insurance Company and Vice President of The Gray Casualty & Surety Company, and Mark S. Manguno, Secretary of The Gray Insurance Company and The Gray Casualty & Surety Company, personally known to me, being duly sworn, acknowledged that they signed the above Power of Attorney and affixed the seals of the companies as officers of, and acknowledged said instrument to be the voluntary act and deed, of their companies.



Lisa S. Millar

Lisa S. Millar, Notary Public, Parish of Orleans
State of Louisiana
My Commission is for Life

I, Mark S. Manguno, Secretary of The Gray Insurance Company and The Gray Casualty & Surety Company, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney given by the companies, which is still in full force and effect.

IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Companies, this 24th day of September, 2019.



Mark S. Manguno
Mark S. Manguno, Secretary
The Gray Insurance Company
The Gray Casualty & Surety Company

📍 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 HAHN ENTERPRISES, INC.
Mailing Address P.O. Box 19495
New Orleans, LA 70179
Phone Number (504) 488-3536
Fax Number (504) 488-3506
Email Address sales@hahn-enterprises.com
Website http://null

Active Licenses

License Number 37819
Type Commercial License
Status LICENSED
Effective 03/16/2019
Expiration 03/15/2022
First Issued 03/15/2001

Classifications

Class	Qualifying Party	Parishes
BUSINESS AND LAW	Tania Elizabeth Hahn	ALL
SPECIALTY: CARPENTRY	Tania Elizabeth Hahn	ALL
SPECIALTY: DETENTION LOCKS	Tania Elizabeth Hahn	ALL
SPECIALTY: FURNITURE, FIXTURES, AND INSTITUTIONAL & KITCHEN EQUIPMENT	Tania Elizabeth Hahn	ALL
SPECIALTY: RECREATION & SPORTING FACILITIES & GOLF COURSES	Tania Elizabeth Hahn	ALL
SPECIALTY: TELECOMMUNICATIONS	Tania Elizabeth Hahn	ALL
SPECIALTY: TOWER CONSTRUCTION	Tania Elizabeth Hahn	ALL

General Notes:

- Age Group ☒ 2-5yrs ☒ 5-12 yrs ☐ 13+ yrs
- The Americans with Disabilities Act (ADA) may require that you make your park and/or playground accessible to children with disabilities. For more information, you should consult with your local health department or your local legal counsel to determine if the ADA applies to your facility.
 - For playground equipment to be considered accessible, accessible surfacing must be utilized in applicable areas.
 - For playground equipment to be considered accessible, the proposed Access Board Regulations in regard to the appropriate number of ground level events, the actual playing area, and the number of ground level events.
 - All deck heights are measured from top of ground cover.
 - Fall absorbing ground cover is required under and around the equipment.
 - The minimum recommended fall zone around the entire play structure is shown. This zone is to be free of all material (i.e., rocks, roots, etc.).
 - All post heights are identified by text showing the post height in feet. i.e. 36 represents a 36 inch post.
 - Supervision is required.

Age Group

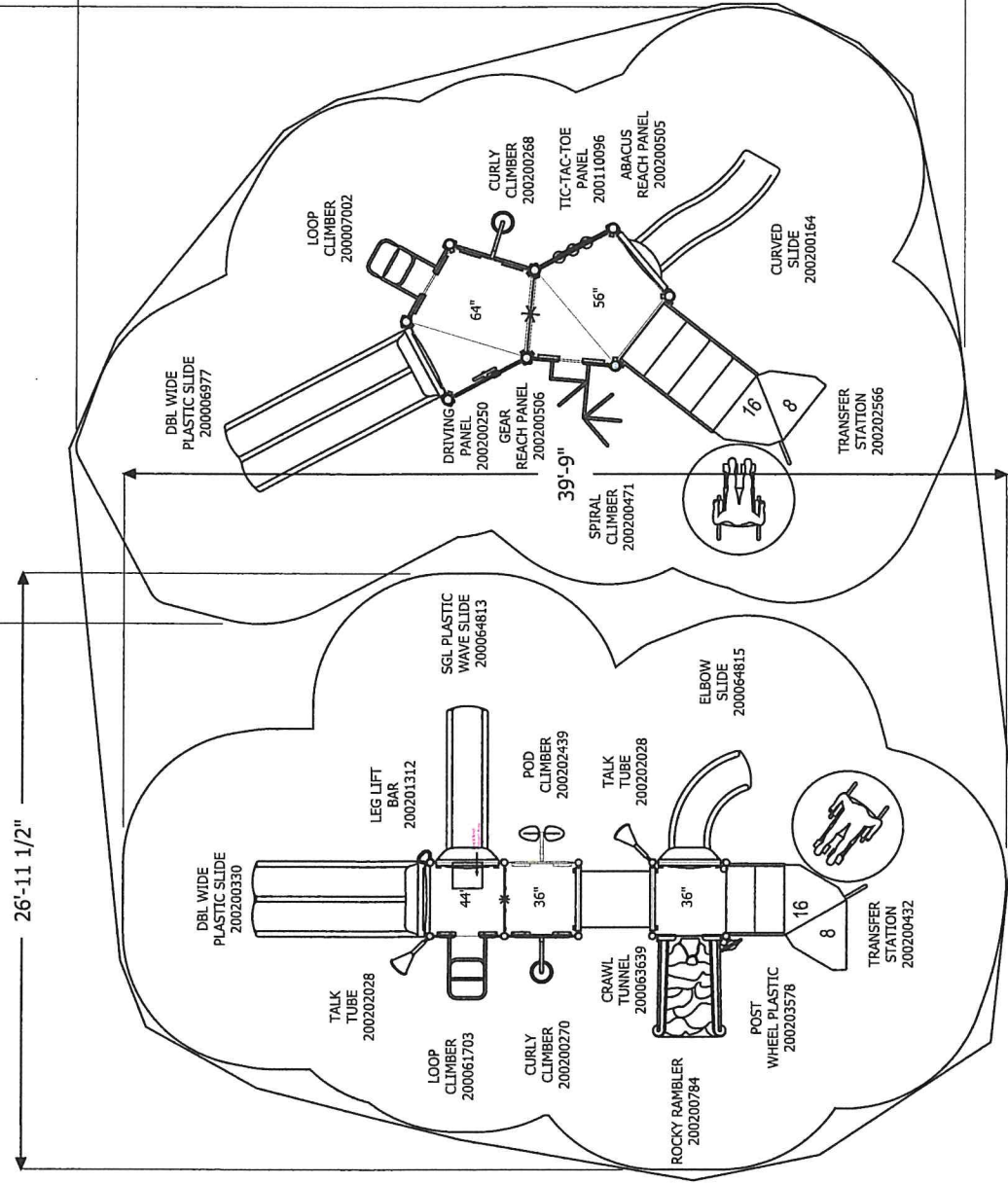
☒ 2-5yrs ☒ 5-12 yrs ☐ 13+ yrs

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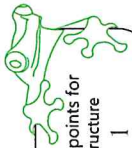
SF = 1838

27'-11 1/2"

26'-11 1/2"



Project: PARD Playground Marro, LA	Ground Space: 41'-6" x 29'-6"	Drawn by: Tania Hahn	LTCPS - Farmington 878 East Highway 60
LTCPS rep: Tania Hahn Hahn Enterprises, Inc. (504)488-3536	Protective Area: 53'-0" x 42'-0"	Date: 5/9/2019	Monett, Missouri 65708
		DWG Name: R0302_43581507648	Voice: 1-800-325-8828
			Fax: 417-354-2273



LEED points for
this structure



The play components identified in this plan are IPEMA certified. The use and installation of these components conform to the requirements of ASTM F1487.

- ☒ ASTM F1487 - Playground Equipment for Public Use.
- ☒ CPSC Handbook for Public Playground Safety

Playground Layout
Compliance:







Southern Impact Research Center, LLC

304 Dunavant Drive
Rockford, TN 37853
Phone (865) 523-1662
Fax (865) 523-1233



ASTM F 1292 Laboratory Test Report

Requesting Organization Data:

No Fault Sport Group, LLC
3112 Valley Creek Drive, Suite C
Baton Rouge, LA 70808

Contact: David W. Brantley
Phone: (225) 215-7760

Report Date: August 5, 2005

Test Report Number: A2966-B2

Laboratory Technician: Louise Ellenburg

Laboratory Supervisor: Edward M. Cook

Technical Director: P. David Halstead

Referenced Standards: ASTM F 1292 "Standard Specification For Impact Attenuation of Surfacing Materials Within the Use Zone of Playground Equipment"

Deviations From Standard: None

Subject: Nine samples of 2.5 inch thickness, approximate 18" X 18" square rubber surfaces labeled as "No Fault Safety Surface" in new condition, critical drop height for the samples were specified and submitted by No Fault Sport Group, LLC.

Testing Parameters: Laboratory Temp: 22.2°C , R.H. 54%

<u>Material</u>	<u>Thickness</u>	<u>Ambient</u> <u>22.2°C</u> <u>Duration</u>	<u>High Temp</u> <u>50.2°C</u> <u>Duration</u>	<u>Low Temp</u> <u>-6.2°C</u> <u>Duration</u>
No Fault Safety Surface	2.5 inch	>17 Hrs.	17 Hrs.	17 Hrs.

Test Results:

<u>Material</u>	<u>Thickness</u>	<u>Critical Fall Height*</u>
No Fault Safety Surface	2.5 inch	6 feet

*Requesting Organization specified critical fall height verified by testing.

Impact Test Results:**2.5 inch Thick No Fault Safety Surface**

Material #	Conditioning Environment	Drop #	Drop Height (Ft)	Velocity (m/s)	Peak g	HIC
1	Ambient	1	5	5.45	112	467
1	Ambient	2	5	5.43	122	531
1	Ambient	3	5	5.44	126	598
		Avg. Drop #2 and Drop #3		5.44	124	565
2	Ambient	1	6	5.98	133	699
2	Ambient	2	6	5.95	139	734
2	Ambient	3	6	6.00	144	770
		Avg. Drop #2 and Drop #3		5.98	142	752
3	Ambient	1	7	6.56	192	1258
3	Ambient	2	7	6.49	190	1203
3	Ambient	3	7	6.51	194	1267
		Avg. Drop #2 and Drop #3		6.50	192	1235
4	High	1	5	5.42	115	511
4	High	2	5	5.43	120	543
4	High	3	5	5.45	121	554
		Avg. Drop #2 and Drop #3		5.44	121	549
5	High	1	6	6.00	143	795
5	High	2	6	5.98	150	840
5	High	3	6	5.95	151	849
		Avg. Drop #2 and Drop #3		5.97	151	845
6	High	1	7	6.49	180	1175
6	High	2	7	6.51	194	1282
6	High	3	7	6.49	194	1290
		Avg. Drop #2 and Drop #3		6.50	194	1286
7	Low	1	5	5.44	122	529
7	Low	2	5	5.44	130	587
7	Low	3	5	5.46	132	587
		Avg. Drop #2 and Drop #3		5.45	131	587
8	Low	1	6	5.95	143	743
8	Low	2	6	6.00	157	845
8	Low	3	6	5.98	157	835
		Avg. Drop #2 and Drop #3		5.99	157	840
9	Low	1	7	6.48	142	805
9	Low	2	7	6.51	150	860
9	Low	3	7	6.49	150	863
		Avg. Drop #2 and Drop #3		6.50	150	862

Notice: This report only describes results obtained from testing performed on the submitted sample noted above.

Reviewed By: 

Title of Reviewer: Adm. Dir.



TPV Colored Granule

1. Identification of the Substance

Product Name: TPV - Thermo Vulcanized Rubber (Premium Colored Rubber)

Supplier Identification: American Recycling Center, Inc.
655 Wabassee Drive
Owosso, MI 48867
Corporate Office (989) 725-5100

2. Hazards Identification

Not regarded as a health or environmental hazard under current legislation.

ENVIRONMENT

The product is not expected to be hazardous to the environment.

HUMAN HEALTH

No specific hazards.

3. Composition/ Information of Ingredients

COMPOSITION COMMENTS

Does not contain any harmful or hazardous ingredients.

4. First-Aid Measures

GENERAL INFORMATION

No recommendation given.

NOTES TO THE PHYSICIAN

Treat symptomatically.

INHALATION

Not relevant

INGESTION

Not relevant.

SKIN CONTACT...

Not relevant.

EYE CONTACT

Dust in the eyes: Do not rub eye.

5. Fire Fighting Measures

EXTINGUISHING MEDIA

Larger fires: Alcohol resistant foam, water spray, fog or mist. Small fires: water spray, dry powder or carbon dioxide, dry chemicals, sand, dolomite, etc.

SPECIFIC HAZARDS

Not classified as flammable but will burn. Carbon Monoxide may be evolved if incomplete combustion occurs.

PROTECTIVE MEASURES IN FIRE

Self contained breathing apparatus and full protective clothing must be worn in case of fire.



6. Accidental Release Measures

PERSONAL PRECAUTIONS

For personal protection, see Section 8.

ENVIRONMENTAL PRECAUTIONS

Not regarded as dangerous to the environment

SPILL CLEAN UP METHODS

Not relevant.

7. Handling and Storage

USAGE PRECAUTIONS

No specific usage precautions noted.

USAGE DESCRIPTION

No special requirements.

STORAGE PRECAUTIONS

Store in closed original container in a dry place.

8. Exposure Controls/ Personal Protection

PROTECTIVE EQUIPMENT

Gloves

ENGINEERING MEASURES

Not relevant.

RESPIRATORY EQUIPMENT

Not relevant.

HAND PROTECTION

For prolonged or repeated skin contact use suitable protective gloves.

EYE PROTECTION

Eye protection may be necessary depending on use.

OTHER PROTECTION

Not relevant.

9. Physical and Chemical Properties

APPEARANCE	Granular
COLOR	Various colors
ODOR	Odorless
SOLUBILITY	Insoluble in water
RELATIVE DENSITY	0 20
VISCOSITY	Solid 25
PARTICLE SIZE (Micron)	500-5000
FLASH POINT (°C)	>200 Unknown.

10. Stability and Reactivity

STABILITY

Stable under normal temperature conditions and recommended use.

CONDITIONS TO AVOID

None known.

HAZARDOUS POLYMERIZATION

Not relevant.

MATERIALS TO AVOID

No incompatible groups noted.

3112 Valley Creek Drive Suite C
Baton Rouge, LA 70808

www.nofault.com

866-637-7678



11. Toxicological Information

SKIN CONTACT

No specific health warnings noted.

EYE CONTACT

No specific health warnings noted.

HEALTH WARNINGS

No specific health warnings noted.

12. Ecological Information

ECOTOXICITY

Not regarded as dangerous for the environment.

MOBILITY

Not relevant, due to the form of the product.

BIOACCUMULATION

The product is not bioaccumulating.

DEGRADABILITY

The product is not readily biodegradable.

ACUTE FISH TOXICITY

Not considered toxic to fish.

13. Disposal Considerations

DISPOSAL METHODS

Incinerate in suitable combustion chamber, or dispose of on site landfill area.

14. Transport Information

GENERAL

The product is not covered by international regulation on the transport of dangerous goods (IMDG, IATA, ADR/RID).

No transport warning sign required.

ROAD TRANSPORT NOTES Not classified

RAIL TRANSPORT NOTES Not classified

SEA TRANSPORT NOTES Not classified

AIR TRANSPORT NOTES Not classified

15. Regulatory Information

RISK PHRASES

NC

Not Classified

SAFETY PHRASES

NC

Not Classified

16. Other Information

Revision Date: 08/12/2012

The information herein is to assist customers in determining whether our products are suitable for their applications. Our products are intended for sale to industrial and commercial customers. We request that customers inspect and test our products before use and satisfy themselves as to contents and suitability. We warrant that our products will meet our written specifications. Nothing herein shall constitute and other warranty express or implied, including any warranty of merchantability or fitness, nor is protection from any law or patent to be inferred. All patent rights are reserved. The exclusive remedy for all proven claims is replacement of our materials and in no event shall we be liable for special, incidental or consequential damages.



American Recycling Center, Inc

655 Wabasse Drive, Owosso, MI 48867

(989) 725-5100 www.americanrecycling.com



IPEMA ASTM F1292-18 (SECTION 4.2) CERTIFICATE OF COMPLIANCE

ISSUE DATE: July 15, 2019

Requested By: Jennifer L Smith

Project: NFSS IPEMA CERTIFICATION

In the interest of public playground safety, IPEMA provides a third party certification service whereby TÜV SÜD America validates a manufacturer's certification of conformance to ASTM F1292-18 Standard Specification for Impact Attenuation of Surfacing Materials Within the Use Zone of Playground Equipment Standard, Section 4.2, Performance Criterion.

The manufacturers listed below have received written validation from TÜV SÜD America that the products listed conform with the requirements of ASTM F1292-18, Section 4.2.

The validation is made by testing at the specified fall height rating requested by the manufacturer, based upon its experience and knowledge of its products, instead of the "critical fall height" used in ASTM F1292-18. TÜV SÜD America validates that the impact attenuating performance criterion specified by ASTM F1292-18 (Section 4.2) has been met or exceeded.

MODEL #	COMMERCIAL NAME OF PRODUCT	PRODUCT LINE	THK/HT	MANUFACTURER
PIP 1.75	Poured-in-Place Rubber Surface	No Fault Safety Surface	1.75" / 4'	No Fault, LLC
PIP 2.25	Poured-in-Place Rubber Surface	No Fault Safety Surface	2.25" / 5'	No Fault, LLC
PIP 2.5	Poured-in-Place Rubber Surface	No Fault Safety Surface	2.5" / 6'	No Fault, LLC
PIP 3	Poured-in-Place Rubber Surface	No Fault Safety Surface	3" / 7'	No Fault, LLC
PIP 3.5	Poured-in-Place Rubber Surface	No Fault Safety Surface	3.5" / 8'	No Fault, LLC



No Fault[®]

www.nofault.com



Gymnasium, Playground
& Recreation
Equipment

www.hahn-enterprises.com

P.O. Box 19495 New Orleans, LA 70179

Phone: 504-488-3536 Fax: 504-488-3506

Toll Free: 1-866-HAHN-INC

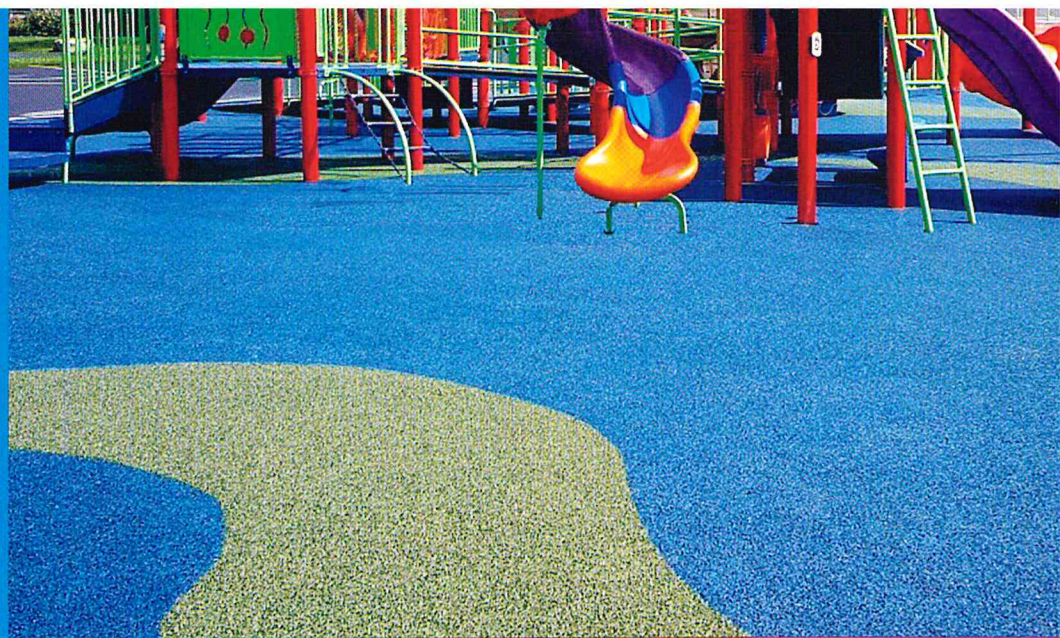
No Fault Safety Surface

No Fault Safety Surface for Playgrounds

No Fault Safety Surface (NFSS) is comprised of the highest quality EPDM or TPV rubber granules blended with a polyurethane binder. NFSS is poured-in-place and professionally installed on site as a 2-layer system for playgrounds. The bottom impact absorbing layer is made of clean, recycled rubber buffing. The top decorative wear layer consists of high-quality EPDM or TPV rubber granules. The wear layer is available in a wide variety of color blends and provides the option to create fun theme shaped designs.

Utilizing our exclusive hand troweling and screed rod method, No Fault Safety Surface Playground System is engineered on site by our certified installation crew.

The complete No Fault Safety Surface System is designed to provide a resilient, porous, and seamless playground safety surface. It is the absolute best playground safety surface available for fall protection and ADA accessibility.



Safe & Durable



Aesthetically Pleasing



Customizable Designs

No Fault Safety Surface Features and Characteristics:

- Recycled/Environmentally Friendly
- Freeze/ Thaw Resistant
- Clean/Non-Toxic
- Seamless & Accessible
- Safe & Resilient
- Customizable Design
- Porous & Slip Resistant
- Fast Drying After Rainfall
- Low Maintenance

No Fault Safety Surface for Water Play

No Fault Safety Surface for Water Play is manufactured on site. The blending of multiple color combinations to create custom inlaid graphic designs and patterns makes it the perfect play surface for pool decks, splash pads, and themed environments.

No Fault Safety Surface for Water Play is designed for barefoot play in wet areas. This system consists of the highest quality EPDM or TPV rubber granules integrated with a polyurethane binder and professionally installed at 3/8" (minimum) total depth over a concrete sub-base.

No Fault Sport Group provides coast-to-coast installation service to ensure consistent quality and premium customer service for all of our poured-in-place surfaces!

Water Environment Applications

- Splash Pads
- Water Parks
- Landing Pads
- Pool Decks
- Walkways



Safe, Barefoot Fun!



Custom Designs



Recreational Fun for all ages!

Multi-Purpose Applications

- Running, Walking, & Jogging Fitness Paths
- Courtyards & Recreation Areas
- Basketball Courts



No Fault Safety Surface for Multi-Purpose Applications

No Fault Safety Surface for Multi-Purpose Applications is designed for high intensity recreation areas to promote active play while allowing a cooler, slip resistant, and less abrasive surface than alternative surfaces.

No Fault Sport Group provides coast-to-coast installation service to ensure consistent quality and premium customer service for all of our poured-in-place surfaces!

"If you don't have a poured-in-place rubber surface for your playground, then you don't have a surface for children of all abilities. The No Fault Safety Surface is beautiful, and we love it."

*- Arise at the Farm,
Chittenango, NY*

Disclaimers:

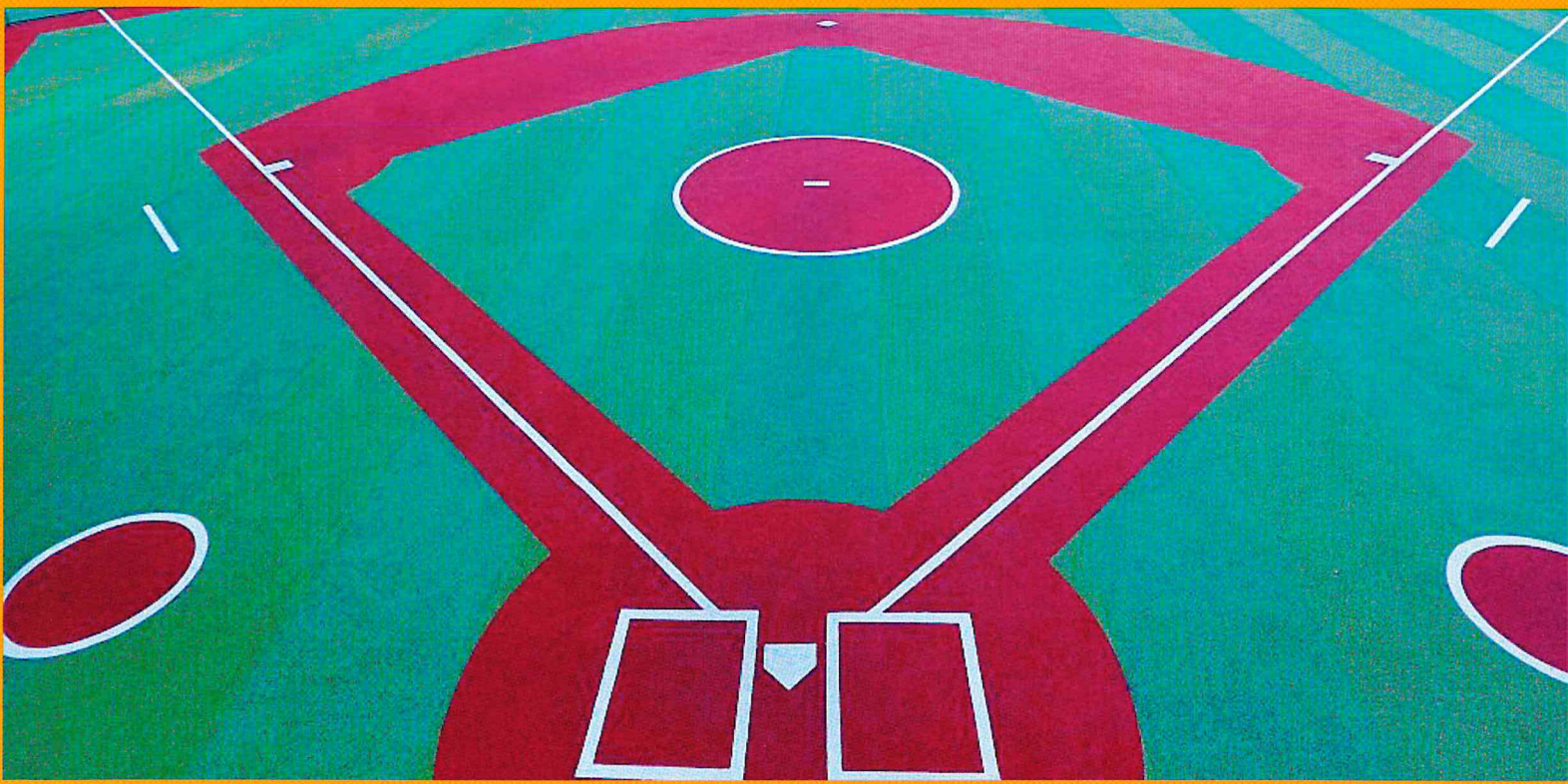
- No Fault surface temperatures will vary with the ambient temperature; subsequently, the surfacing will become hot with rising temperatures. No Fault recommends the owner monitor the play area and provide adequate signage warning that equipment and surfacing exposed to the intense, direct sun can potentially burn. No Fault Sport Group assumes no liability to such exposure of the surfacing temperature as this should be monitored prior to use.
- All colors depicted in catalog may not be an exact match to the colors in the field.

No Fault Safety Surface for Accessible Ballfields

No Fault Safety Surface for Accessible Ballfields is designed to be ADA compliant and promotes inclusive play for children of all ages and abilities.

No Fault Safety Surface for Accessible Ballfields is professionally installed by blending the highest quality TPV granules and polyurethane binder at a minimum of ½" thickness over concrete. Poured on site, the surface allows for the blending of color combinations to create custom patterns, lines, and designs.

Existing Accessible Ballfields can be given new life by applying the No Fault Safety Surface for Accessible Ballfields as a resurfacing option. Same as new fields, the surface is installed at ½" thickness over the old rubber surfacing and can incorporate a variety of colors and designs.



No Fault Safety Surface Added Values:

- Superior Customer Service
- Enhanced Safety
- Experienced Craftsmanship
- IPEMA Certified
- Proven Durability
- Reduced Maintenance Cost
- ADA Accessible
- ASTM, CPSC, & LEED Compliant
- Factory Warranty

Available Colors for No Fault Safety Surface



Brown



Tan



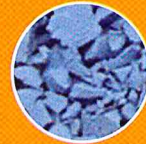
Teal



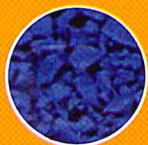
Yellow



Gold



Light Blue



Blue



Light Green



Green



Terra Cotta
Red



Orange

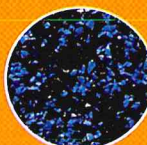
Recommended Standard Color Blends



50% Tan
50% Black



50% Terra Cotta
50% Black



50% Blue
50% Black



50% Green
50% Black

Recommended Color Blends for Water Environments



33% Tan • 33% Brown
34% Terra Cotta



60% Tan • 20% Gray
20% Terra Cotta



60% Tan • 20% Brown
20% Terra Cotta



60% Tan • 20% Brown
20% Gray



60% Tan • 20% Gray
20% Turquoise



34% Blue • 33% Gray
33% Light Blue

Fall Height Chart

Depth	Fall Height
1.75"	4'
2.25"	5'
2.5"	6'
3"	7'
3.5"	8'
4.5"	9'
5"	10'
6.5"	12'

NFSG Contact Info:

866-NFSPORT (637-7678)

800-232-7766

info@nofault.com



Sourcewell
Formerly NJPA

Awarded Contract

#062114-NFS