

**Insurance Declaration Affidavit
Worker's Compensation**

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF _____

BEFORE ME, the undersigned authority, personally came and appeared,
Billy Collins, (Affiant) who after being duly sworn, deposed and said that he/she
is the fully authorized Representative of Allpro Scales and Equipment LLC (Entity), the
party who submitted a Proposal/Contract/Bid/RFP/SOQ No. 50-00142712, to Jefferson Parish.

Affiant further said:

- (1) That affiant has no employees in which Worker's Compensation Insurance is required pursuant to state law.
- (2) That if affiant hires employees such that they would be required under state law to obtain Worker's Compensation Insurance, affiant will notify Jefferson Parish and obtain the proper coverage.



Signature of Affiant

Billy Collins

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 14 DAY OF 8, 2023

Rhea Cressionnie

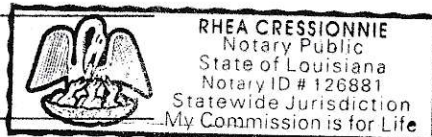
Notary Public

Rhea Cressionnie

Printed Name of Notary

126881

Notary/Bar Roll Number



My commission expires with life