

**Insurance Declaration Affidavit
Worker's Compensation**

AFFIDAVIT

STATE OF LOUISIANA

PARISH/COUNTY OF JEFFERSON

BEFORE ME, the undersigned authority, personally came and appeared,
DON DULVERNAY, (Affiant) who after being duly sworn, deposed and said that he/she
is the fully authorized Vice President of New Orleans Ins, Inc. (Entity), the
party who submitted a Proposal/Contract/Bid/RFP/SOQ No. 5000136737, to Jefferson Parish.

Affiant further said:

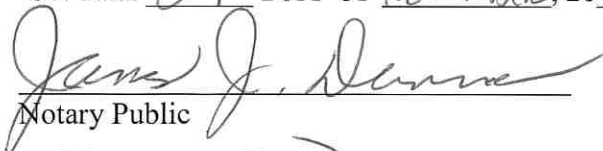
- (1) That affiant has no employees in which Worker's Compensation Insurance is required pursuant to state law.
- (2) That if affiant hires employees such that they would be required under state law to obtain Worker's Compensation Insurance, affiant will notify Jefferson Parish and obtain the proper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


Signature of Affiant

DON DULVERNAY
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 29 DAY OF NOVEMBER, 2021.


Notary Public

JAMES J. DANNA
Printed Name of Notary

#04490
Notary/Bar Roll Number

My commission expires Life Time