

DATE: 11/23/2016

Page: 5

BID NO.: 50-00118243

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

12/27/16

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

53815

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: H-WORTH ELEVATOR SERVICE

ADDRESS: 2227 FAYETTE ST.

CITY, STATE: KENNER, LA ZIP: 70062

TELEPHONE: (504) 469-7771 FAX: (504) 468-3515

EMAIL ADDRESS: frankbretey@hworthelevator.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: _____

NUMBER: _____

NUMBER: _____

NUMBER: _____

TOTAL PRICE OF ALL-BID ITEMS: \$ 7,740.00

AUTHORIZED SIGNATURE: [Signature]

PATRICIA H. HOLLINGSWORTH

Printed Name

TITLE: MANAGING MEMBER

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.: 50-00118243

SEALED BID

| ITEM NUMBER | QUANTITY | U/M | DESCRIPTION OF ARTICLES | UNIT PRICE QUOTED | TOTALS |
|-------------|----------|-----|--|-------------------|-------------------|
| 1 | 36.00 | EA | <p>THREE (3) YEAR CONTRACT FOR ELEVATOR MAINTENANCE AND INSPECTION SERVICE FOR THE JEFFERSON PARISH EAST BANK CONSOLIDATED FIRE DEPARTMENT</p> <p>0001 - THREE (3) YEAR CONTRACT FOR ELEVATOR MAINTENANCE AND INSPECTION AT EAST BANK CONSOLIDATED FIRE DEPARTMENT HEADQUARTERS.</p> <p>ELEVATOR EQUIPMENT: ONE (1) 2-STOP OTIS HYDRAULIC ELEVATOR</p> <p>ADDRESS: 834 S. CLEARVIEW PKWY. JEFFERSON, LA 70123</p> <p>PROPERTY MANAGER: MIKE DEFOURNEAUX PHONE: (504) 756-1990 EMAIL: MNDEFORNEAUX@JEFFPARISH.NET</p> | <p>\$7,740.00</p> | <p>\$7,740.00</p> |

Non-Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: PATRICIA H. Hollingsworth, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized PATRICIA Hollingsworth of H-WORTH Elevator Service LLC (Entity), the party who submitted a bid in response to Bid Number 50-00118243, 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.]

Print

Notary Search - Detail

Name: MS. GERARD R. RIZZO
Address: 18158 AUTUMN VIEW DR.
PRAIRIEVILLE, LA 70769
Phone: (504) 322-7252
Phone 2: (225) 223-4082
Notary ID Number: 137480
Parish: JEFFERSON with authority in the following parishes:
ORLEANS, PLAQUEMINES, ST. BERNARD
Agency: N/A
Notary Type: Non Attorney
Status: Active
Commission Date: 03/06/2014
Oath Date: 03/06/2014
Surety Expiration Date: 02/24/2018
Annual Report Current: Yes

[Back to Search Results](#)

[New Search](#)

STANDARD INSURANCE REQUIREMENTS – PUBLICLY ADVERTISED BIDS

All required insurance under this bid shall conform to Jefferson Parish Resolution No. 113646 or No. 113647, as applicable. Contractors may not commence any work under any ensuing contract unless and until all required insurance and associated evidentiary requirements thereto have been met, along with any additional specifications contained in the advertised bid. Except as where otherwise precluded by law, the Parish Attorney or his designee, with the concurrence of the Director of Risk Management or his designee, may agree on a case-by-case basis, to deviate from Jefferson Parish's standard insurance requirements, as provided in this Section. Vendors requesting deviation therefrom shall submit such requests in writing, along with compelling substantiation, to the Purchasing Department prior to the bid's due date. Any changes to the insurance requirements will be reflected in the bid specifications and addenda. Prior to contract execution and at all times thereafter during the term of such contract, contractors must provide and continuously maintain all coverages as required by the foregoing Resolutions, and the contract documents. Failure to do so shall be grounds for suspension, discontinuation or termination of the contract.

For bidding purposes, bidders must submit with bid submission a current (valid) insurance certificate evidencing the required coverages. Failure to comply will cause bid to be rejected. The current insurance certificate will be used for proof of insurance at time of evaluation. Thereafter, and prior to contract execution, the low bidder will be required to provide final insurance certificates to the Parish which shall name **the Jefferson Parish, its Districts Departments and Agencies under the direction of the Parish President and the Parish Council** as additional insureds regarding negligence by the contractor for the Commercial General Liability, Workmen's Compensation Insurance and the Comprehensive Automobile Liability policies. Additionally, said certificates should reflect the name of the Parish Department receiving goods and services and reference the respective Jefferson Parish bid number.

JEFFERSON PARISH REQUIRED STANDARD INSURANCE

WORKER'S COMPENSATION INSURANCE

As required by Louisiana State Statute, exception; Employer's Liability, Section B shall be \$1,000,000 per occurrence when Work is to be over water and involves maritime exposures to cover all employees not covered under the State Worker's Compensation Act, otherwise this limit shall be no less than \$500,000 per occurrence.

Note: If your company is not required by law to carry workmen's compensation insurance, i.e. not a Louisiana company, sole employee of the company, then bidders must request a workmen's compensation insurance declaration affidavit prior to the bid opening date. This insurance declaration affidavit must be fully completed, signed, properly notarized and submitted with the bid. A scanned copy may be submitted with the bid; however, the successful bidder must submit the original affidavit in its original format and without material alteration upon contract execution. Failure to comply will result in the bid submission being rejected as non-responsive. The Parish reserves the right to award bid to the next lowest responsive and responsible bidder in this event.

BID NO.: 50-00118243

COMMERCIAL GENERAL LIABILITY

Shall provide limits not less than the following: \$1,000,000.00 Combined Single Limit per Occurrence for bodily injury and property damage.

COMPREHENSIVE AUTOMOBILE LIABILITY

Bodily injury liability \$1,000,000.00 each person; \$1,000,000.00 each occurrence.
Property Damage Liability \$1,000,000.00 each occurrence.

Note: This category may be omitted if bidders do not/will not utilize company vehicles for the project or do not possess company vehicles. Bidder must request an automobile insurance declaration affidavit prior to the bid opening date. This insurance declaration affidavit must be fully completed, signed, properly notarized and submitted with the bid. A scanned copy of the completed, signed and properly notarized affidavit may be submitted with the bid; however, the successful bidder must submit the original affidavit in its original format and without material alteration upon contract execution. Failure to comply will result in the bid submission being rejected as non-responsive. The Parish reserves the right to award bid to the next lowest responsive and responsible bidder in this event.

DEDUCTIBLES

No insurance required shall include a deductible not greater than \$10,000.00. The cost of the deductible shall be borne by the contractor.

NOTE: If the vendor requires a change in deductibles, the request must be submitted in writing to the Purchasing Department prior to the due date of the bid. Such request shall be reviewed by the Parish Attorney's Office with the concurrence of the Director of Risk Management.

UMBRELLA LIABILITY COVERAGE

An umbrella policy or excess may be used to meet minimum requirements.

FOR CONSTRUCTION AND RENOVATION PROJECTS:

The following are required unless otherwise specified in the bid. Such insurance is due upon contract execution.

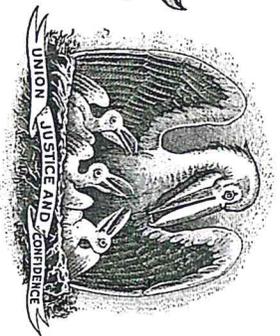
1) **OWNER'S PROTECTIVE LIABILITY**

To be for the same limits of liability for bodily injury and property damage liability established for commercial general liability.

2) **BUILDER'S RISK INSURANCE**

The contractor shall maintain Builder's Risk Insurance at his own expense to insure both the owner (Parish of Jefferson) and contractor as their interest may appear.

State of Louisiana State Licensing Board for Contractors



This is to Verify that:

H-WORTH ELEVATOR SERVICE LLC
2227 Fayette Street
Kenner, LA 70062

is duly licensed and entitled to practice the following classifications

SPECIALTY: ELEVATORS, DUMBWAITERS AND ESCALATORS



Expiration Date: November 08, 2018

License No: 53815

Witness our hand and seal of the Board dated,
Baton Rouge, LA 9th day of November 2016

[Signature]
Director

[Signature]
Chairman

This License Is Not Transferable

[Signature]
Treasurer

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. HWORTH ELEVATOR SERVICE, LLC | |
| | 2 Business name/disregarded entity name, if different from above | |
| | 3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ C <small>Note. 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.</small> <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.) 2227 Fayette Street | Requester's name and address (optional) |
| | 6 City, state, and ZIP code Kenner, LA 70062 | |
| | 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 | | | | | | | | | | |
| | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> - <table border="1" style="width: 20%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table> - <table border="1" style="width: 20%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table> | | | | | | | | | | |
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| | or | | | | | | | | | | |
| | Employer identification number | | | | | | | | | | |
| | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;">7</td> <td style="width: 10%;">2</td> <td style="width: 10%;">-</td> <td style="width: 10%;">0</td> <td style="width: 10%;">8</td> <td style="width: 10%;">6</td> <td style="width: 10%;">5</td> <td style="width: 10%;">5</td> <td style="width: 10%;">9</td> <td style="width: 10%;">9</td> </tr> </table> | 7 | 2 | - | 0 | 8 | 6 | 5 | 5 | 9 | 9 |
| 7 | 2 | - | 0 | 8 | 6 | 5 | 5 | 9 | 9 | | |

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.

Signature of U.S. person ▶ *Patricia D. Hollenhorst* Date ▶ _____

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.

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 1096 (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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/6/2016

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 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 Southern American Insurance Agency, Inc. 8203 Willow Place South Suite 500 Houston TX 77070 | CONTACT NAME: Lesley A. Ferraton | |
| | PHONE (A/C No. Ext): 281.890.9294 x312 | FAX (A/C No.): 281.890.2229 |
| | E-MAIL ADDRESS: lesleys@southernamericanins.com | |
| | INSURER(S) AFFORDING COVERAGE | |
| | INSURER A: Continental Insurance Co. | NAIC # 35289 |
| | INSURER B: Continental Casualty | NAIC # 20443 |
| INSURED Case & Associates General Contractors, Inc. 6315 Skyline Houston, TX 77057 | INSURER C: INSURER D: INSURER E: INSURER F: | |

COVERAGES **CERTIFICATE NUMBER:** 16-17 INC. **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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|------------------------------------|---|---|--------------------------------|--|-------------------------|-------------------------|---|
| A | GENERAL LIABILITY | | | CPM1072106122 | 12/31/2016 | 12/31/2017 | EACH OCCURRENCE \$ 1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | LIMITED WORKSITE POLLUTION: \$1MIL EA OCC/\$2MIL AGGREGATE | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | MED EXP (Any one person) \$ 5,000 |
| | <input checked="" type="checkbox"/> \$1,000 PD ded occ | | | | | | 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"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| B | AUTOMOBILE LIABILITY | | | U1034310361 | 12/31/2016 | 12/31/2017 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
| | <input checked="" type="checkbox"/> ANY AUTO | | X | | | | BODILY INJURY (Per person) \$ CSL |
| | <input type="checkbox"/> ALL OWNED AUTOS | <input type="checkbox"/> SCHEDULED AUTOS | | | | | BODILY INJURY (Per accident) \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS | <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | | \$ | | | | | |
| B | <input checked="" type="checkbox"/> UMBRELLA LIAB | <input checked="" type="checkbox"/> OCCUR | | C2092520486 | 12/31/2016 | 12/31/2017 | EACH OCCURRENCE \$ 10,000,000 |
| | <input type="checkbox"/> EXCESS LIAB | <input type="checkbox"/> CLAIMS-MADE | | FOLLOW FORM | | | AGGREGATE \$ 10,000,000 |
| | <input type="checkbox"/> DED | <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | | | | \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | WC1031696686 | 12/31/2016 | 12/31/2017 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y/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 |
| A | Contractor's Equipment - leased/rented | | | CPM1072106122 | 12/31/2016 | 12/31/2017 | Max any one item: \$250,000 Max any one occurrence: \$500,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
General Liability policy includes blanket additional insured (ongoing & products/completed operation) on primary and non-contributory basis and blanket waiver of subrogation endorsements in favor of H-Worth Elevator Service, LLC only when there is a written contract between the named insured and H-Worth Elevator Service, LLC that requires such status. See attached endorsements RE: QUEEN AND CRESCENT NEW ORLEANS 344 CAMP ST. NEW ORLEANS, LA 70130

| | |
|---|---|
| CERTIFICATE HOLDER H-Worth Elevator Service, LLC 2227 Fayette Street Kenner, LA 70062 | 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 S American Ins. Agcy. <i>C. A. McClure</i> |

THE AMERICAN INSTITUTE OF ARCHITECTS

AIA Document A310 Bid Bond

KNOW ALL MEN BY THESE PRESENTS, THAT WE H-Worth Elevator Service, LLC
2227 Fayette St. Kenner, LA 70062

as Principal, hereinafter called the Principal, and Travelers Casualty and Surety Company of America
215 Shuman Blvd Naperville, IL 60563

a corporation duly organized under the laws of the State of CT

as Surety, hereinafter called the Surety, are held and firmly bound unto Jefferson Parish EB Consilidated Fire Department
834 S. Clearview Pkwy Jefferson, LA 70123

as Obligee, hereinafter called the Obligee, in the sum of Five Percent of Amount Bid

Dollars (\$ 5%),
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 Elevator Maintenance

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 materials 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, then this obligation shall be null and void, otherwise to remain in full force and effect.

Signed and sealed this 22nd day of December, 2016

Shannon D. Hollingsworth
(Witness)

H-Worth Elevator Service, LLC

(Principal) (Seal)
By: Patricia Hollingsworth
(Title)

Sinem Aydin
(Witness)



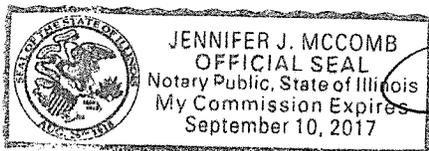
Travelers Casualty and Surety Company of America

(Surety) (Seal)
By: Stephen T. Kazmer
Attorney-in-Fact Stephen T. Kazmer (Title)

STATE OF Illinois
COUNTY OF DuPage

I, Jennifer J. McComb Notary Public of DuPage County,
in the State of Illinois, do hereby certify that Stephen T. Kazmer
Attorney-in-Fact, of the Travelers Casualty and Surety Company of America
who is personally known to me to be the same person whose name is
subscribed to the foregoing instrument, appeared before me this day in person, and
acknowledged that he signed, sealed and delivered said instrument, for and on behalf of the
Travelers Casualty and Surety Company of America
for the uses and purposes therein set forth.

Given under my hand and notarial seal at my office in the City of Westmont
in said County, this 22nd day of December A.D., 2016



Jennifer J. McComb
Notary Public Jennifer J. McComb

My Commission expires: September 10, 2017



POWER OF ATTORNEY

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
St. Paul Fire and Marine Insurance Company
St. Paul Guardian Insurance Company

St. Paul Mercury Insurance Company
Travelers Casualty and Surety Company
Travelers Casualty and Surety Company of America
United States Fidelity and Guaranty Company

Surety Bond No. Bid Bond

Principal: H-Worth Elevator Service, LLC

OR

Project Description: Elevator Maintenance

Obligee: Jefferson Parish EB Consolidated Fire Department

KNOW ALL MEN BY THESE PRESENTS: That Farmington Casualty Company, St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, are corporations duly organized under the laws of the State of Connecticut, that Fidelity and Guaranty Insurance Company is a corporation duly organized under the laws of the State of Iowa, and that Fidelity and Guaranty Insurance Underwriters, Inc. is a corporation duly organized under the laws of the State of Wisconsin (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint Stephen T. Kazmer of the City of Westmont, State of IL, their true and lawful Attorney-in-Fact, to sign, execute, seal and acknowledge the surety bond(s) referenced above.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed and their corporate seals to be hereto affixed, this 24th day of June, 2016.

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
St. Paul Fire and Marine Insurance Company
St. Paul Guardian Insurance Company

St. Paul Mercury Insurance Company
Travelers Casualty and Surety Company
Travelers Casualty and Surety Company of America
United States Fidelity and Guaranty Company



State of Connecticut
City of Hartford ss.

By: [Signature]
Robert L. Raney, Senior Vice President

On this the 24th day of June, 2016, before me personally appeared Robert L. Raney, who acknowledged himself to be the Senior Vice President of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.
My Commission expires the 30th day of June, 2021.



[Signature]
Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

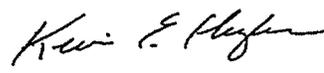
FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, Kevin E. Hughes, the undersigned, Assistant Secretary, of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 22nd day of December, 2016



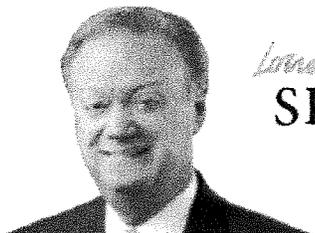
Kevin E. Hughes, Assistant Secretary



To verify the authenticity of this Power of Attorney, call 1-800-421-3880 or contact us at www.travelersbond.com. Please refer to the Attorney-In-Fact number, the above-named individuals and the details of the bond to which the power is attached.

(<http://www.sos.la.gov/Pages/default.aspx>)

(<http://www.sos.la.gov/Pages/default.aspx>)



Louisiana
**SECRETARY
 OF STATE**
 TOM SCHEDLER

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| Name | Type | City | Status |
|-------------------------------|---------------------------|-------------|--------|
| H-WORTH ELEVATOR SERVICE, LLC | Limited Liability Company | PONCHATOULA | Active |

Previous Names

HOLLINGSWORTH ELEVATOR SERVICE, LLC (Changed: 3/31/2010)

HOLLINGSWORTH ELEVATOR SERVICE, INC. (Changed: 2/11/2010)

Business: H-WORTH ELEVATOR SERVICE, LLC

Charter Number: 32643080K

Registration Date: 6/26/1979

Domicile Address

28307 ROSE OAK ST
 PONCHATOULA, LA 70454

Mailing Address

C/O PATRICIA H. HOLLINGSWORTH
 28307 ROSE OAK ST
 PONCHATOULA, LA 70454

Status

Status: Active

Annual Report Status: In Good Standing

File Date: 6/26/1979

Last Report Filed: 8/16/2016

Type: Limited Liability Company

Registered Agent(s)

| | |
|--------------------------|---------------------------|
| Agent: | PATRICIA H. HOLLINGSWORTH |
| Address 1: | 28307 ROSE OAK ST. |
| City, State, Zip: | PONCHATOULA, LA 70454 |
| Appointment Date: | 12/28/2009 |

Officer(s)

Additional Officers: No

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| | |
|--------------------------|---------------------------|
| Officer: | PATRICIA H. HOLLINGSWORTH |
| Title: | Member |
| Address 1: | 28307 ROSE OAK ST. |
| City, State, Zip: | PONCHATOULA, LA 70454 |

Amendments on File (5)

| Description | Date |
|---|-------------|
| Appointing, Change, or Resign of Officer | 12/9/2009 |
| Domicile, Agent Change or Resign of Agent | 12/28/2009 |
| Conversion | 2/11/2010 |
| Name Change | 2/11/2010 |
| Name Change | 3/31/2010 |

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2525 Quail Drive, Baton Rouge, 70808 (225) 765-2301



Louisiana State Licensing Board for Contractors



Contractor Information

Business Name H-WORTH ELEVATOR SERVICE LLC
 Mailing Address 2227 Fayette Street
 Kenner, LA 70062
 Phone Number (504) 469-7771
 Fax Number (504) 468-3515

Active Licenses

License Number 53815
 Type Commercial License
 Status LICENSED
 Effective 11/09/2016
 Expiration 11/08/2018
 First Issued 11/08/2010

Classifications

| Class | Qualifying Party | Parishes |
|--|--------------------------------|----------|
| BUSINESS AND LAW | Alan Paul Hollingsworth | ALL |
| BUSINESS AND LAW | Patricia Hartman Hollingsworth | ALL |
| SPECIALTY: ELEVATORS, DUMBWAITERS AND ESCALATORS | Alan Paul Hollingsworth | ALL |
| SPECIALTY: ELEVATORS, DUMBWAITERS AND ESCALATORS | Patricia Hartman Hollingsworth | ALL |

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UNDEC 22 11 11 00

JEFFERSON PARISH
PURCHASING

H-WORTH ELEVATOR SERVICE LLC

2227 Fayette Street

Kenner, LA 70062

(LA State License #53815)

Project Name: (3) Year Maintenance & Inspection
Service for Jefferson Parish EB
Consolidated Fire Department

Bid Number: 50-00118243