

LOUISIANA UNIFORM PUBLIC WORK BID FORM

TO: Jefferson Parish
Attn.: Purchasing Department
200 Derbigny St., Suite 4400
Gretna, Louisiana 70053

BID FOR: Resident Housing at Whitney-Barataria Pumping Station
Jefferson Parish Drainage District
1301 Engineers Road, Belle Chasse, LA 70037
Proposal No. 50-00113259

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: Burgdahl & Graves AIA Architects and dated: 10 April 2015.

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

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:

Three hundred thirty eight thousand five hundred & no/100 Dollars (\$ 338,500.00)

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

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

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

N/A Dollars (\$)

NAME OF BIDDER: Hamp's Construction LLC

ADDRESS OF BIDDER: 1319 Newton St. New Orleans, LA 70114

LOUISIANA CONTRACTOR'S LICENSE NUMBER: 31943

Name OF AUTHORIZED SIGNATORY OF BIDDER: Charlie Hampton

TITLE OF AUTHORIZED SIGNATORY OF BIDDER: MANAGER

SIGNATURE OF AUTHORIZED SIGNATORY OF BIDDER **: Charlie Hampton

DATE: 6/16/2015

* 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.

** If someone other than a corporate officer signs for the Bidder/Contractor, a copy of a corporate resolution or other signature authorization shall be required for submission of bid. Failure to include a copy of the appropriate signature authorization, if required, may result in the rejection of the bid unless bidder has complied with La. R.S. 38:2212(B)5.

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

LOUISIANA UNIFORM PUBLIC WORK BID FORM
UNIT PRICE FORM

TO: Jefferson Parish
 Attn.: Purchasing Department
 200 Derbigny St., Suite 4400
 Gretna, Louisiana 70053

BID FOR: Resident Housing at Whitney-Barataria Pumping Station
 Jefferson Parish Drainage District
 1301 Engineers Road, Belle Chasse, LA 70037
 Proposal No. 50-00113259

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 type="checkbox"/> Base Bid or <input type="checkbox"/> Alt. # ____		
REF. NO.	QUANTITY:	UNIT PRICE:	UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>)

DESCRIPTION:	<input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt. # ____		
REF. NO.	QUANTITY:	UNIT PRICE:	UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>)

DESCRIPTION:	<input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt. # ____		
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DESCRIPTION:	<input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt. # ____		
REF. NO.	QUANTITY:	UNIT PRICE:	UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>)

DESCRIPTION:	<input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt. # ____		
REF. NO.	QUANTITY:	UNIT PRICE:	UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>)

DESCRIPTION:	<input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt. # ____		
REF. NO.	QUANTITY:	UNIT PRICE:	UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>)

DESCRIPTION:	<input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt. # ____		
REF. NO.	QUANTITY:	UNIT PRICE:	UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>)

DESCRIPTION:	<input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt. # ____		
REF. NO.	QUANTITY:	UNIT PRICE:	UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>)

Wording for "DESCRIPTION" is to be provided by the Owner
 All quantities are estimated. The contractor will be paid upon actual quantities as verified by Owner.

BID BOND

KNOW ALL MEN BY THESE PRESENTS that we, the undersigned,

HAMP'S CONSTRUCTION, LLC

as PRINCIPAL, AND

HARTFORD FIRE INSURANCE COMPANY

as SURETY, are held and firmly bound unto the Jefferson Parish Council, Jefferson Parish, Louisiana, as OWNER in the penal sum of:

FIVE PERCENT OF THE AMOUNT BID _____ DOLLARS (\$ 5%)

for the payment of which, well and truly to be made, we hereby jointly and severally bid ourselves, successors and assigns.

The condition of the above obligation is such that whereas the Principal has submitted to the Parish of Jefferson, Louisiana a certain Bid, attached hereto and hereby made a part hereof to enter into a contract in writing, for the

RESIDENT HOUSING AT WHITNEY-BARATARIA PUMPING STATION

in Jefferson Parish, Project No. 50-00113259 , Proposal No. _____

NOW, THEREFORE,

- (a) If said Bid shall be rejected, or in the alternate,
- (b) If said Bid shall be accepted and the Principal shall execute and deliver a contract in the Form of Contract attached hereto (properly completed in accordance with said Bid) and shall furnish a bond for his faithful performance of said contract, and for the payment of all persons performing labor or furnishing materials in connection therewith, and shall in all other respects perform the agreement created by the acceptance of said Bid,

then this obligation shall be void, otherwise the same shall remain in force and effect; it being expressly understood and agreed that the liability of the Surety for any and all claims hereunder shall, in no event, exceed the penal amount for this obligation as herein stated.

The Surety, for value received, hereby stipulates and agrees that the obligations of said Surety and its bond shall be in no way impaired or affected by an extension of the time within the Owner MAY accept such Bid; and said Surety does hereby waive notice of any such extension.

IN WITNESS WHEREOF, the above bounded parties have executed this instrument under their several seals this 16TH day JUNE, 20 15, the name and corporate seal of each corporate party being hereto affixed and these presents signed by its undersigned representative, pursuant to authority of its governing body.

BID BOND (Continued)

In Presence of:

(Individual Principal)

(Business Address, including Zip Code)

(Partnership)

ATTEST:

BY:

(SEAL)


HAMP'S CONSTRUCTION, LLC

(Corporate Principal)

1319 NEWTON STREET, NEW ORLEANS, LA 70114

(Business Address, including Zip Code)

BY:

AFFIX CORPORATE SEAL

ATTEST:
SEE ATTACHED POWER OF ATTORNEY

HARTFORD FIRE INSURANCE COMPANY

(Corporate Surety)

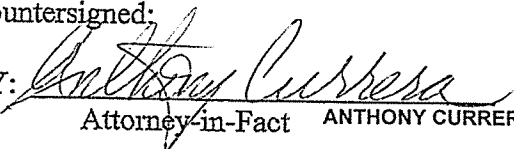
ONE HARTFORD PLAZA, HARTFORD, CT 06115

(Business Address, including Zip Code)

BY:


AFFIX CORPORATE SEAL
ANTHONY CURRERA, ATTORNEY-IN-FACT

Countersigned:

BY: 
Attorney-in-Fact ANTHONY CURRERA

STATE OF LOUISIANA

POWER OF ATTORNEY

Direct Inquiries/Claims to:

THE HARTFORD

Bond T-4

One Hartford Plaza

Hartford, Connecticut 06155

call: 888-266-3488 or fax: 860-757-5835)

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Code: 43-480815

- ☒ Hartford Fire Insurance Company, a corporation duly organized under the laws of the State of Connecticut
- ☒ Hartford Casualty Insurance Company, a corporation duly organized under the laws of the State of Indiana
- ☒ Hartford Accident and Indemnity Company, a corporation duly organized under the laws of the State of Connecticut
- ☐ Hartford Underwriters Insurance Company, a corporation duly organized under the laws of the State of Connecticut
- ☐ Twin City Fire Insurance Company, a corporation duly organized under the laws of the State of Indiana
- ☐ Hartford Insurance Company of Illinois, a corporation duly organized under the laws of the State of Illinois
- ☐ Hartford Insurance Company of the Midwest, a corporation duly organized under the laws of the State of Indiana
- ☐ Hartford Insurance Company of the Southeast, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, **up to the amount of Unlimited** :

Brian P. Bordlee, Charles F. Cowand, Anthony Currera, Michele M. Ellsworth, Alexander J. Ellsworth, Lauren T. Guillory, Ralph J. LeBlanc of METAIRIE, Louisiana

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by ☒, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on August 1, 2009, the Companies have caused these presents to be signed by its Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.



Wesley W. Cowling

Wesley W. Cowling, Assistant Secretary

M. Ross Fisher

M. Ross Fisher, Vice President

STATE OF CONNECTICUT

ss.

Hartford

COUNTY OF HARTFORD

On this 12th day of July, 2012, before me personally came M. Ross Fisher, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hartford, State of Connecticut; that he is the Vice President of the Companies, the corporations described in and which executed the above instrument; that he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that he signed his name thereto by like authority.



CERTIFICATE

Kathleen T. Maynard

Kathleen T. Maynard
Notary Public

My Commission Expires July 31, 2016

I, the undersigned, Vice President of the Companies, 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 still in full force effective as of JUNE 16, 2015
Signed and sealed at the City of Hartford.



Gary W. Stumper

Gary W. Stumper, Vice President

CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF
Hamp's Construction LLC
INCORPORATED.

AT THE MEETING OF DIRECTORS OF Hamp's Construction LLC
INCORPORATED, DULY NOTICED AND HELD ON JAN. 03-2015,
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT
WAS:

RESOLVED THAT Charlie Hampton, 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.

Dudley Hampton
SECRETARY-TREASURER

JUNE 6-2015
DATE

Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Orleans

BEFORE ME, the undersigned authority, personally came and appeared: Charlie Hampton, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized Manager of Ham's Construction LLC (Entity), the party who submitted a bid in response to Bid Number SV-00113257, 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:

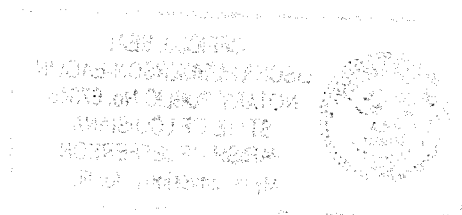
- (a) Public bribery (R.S. 14:118)
- (b) Corrupt influencing (R.S. 14:120)
- (c) Extortion (R.S. 14:66)
- (d) Money laundering (R.S. 14:230)

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).

Charlie Hampton
Signature of Affiant

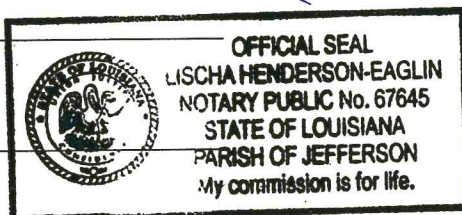
Charlie Hampton manager
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 16 DAY OF June, 2015.

Lischa Henderson-Eaglin
Notary Public

Printed Name of Notary

Notary/Bar Roll Number



My commission expires _____.



LSLBC

Louisiana State
Licensing Board for Contractors



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[VERIFY HOMEOWNER CONSTRUCTION REP](#) [HOMEOWNER CONSUMER VIDEO](#) [CONTRACTOR COMPLAINT](#) [PUBLIC EDUCATION](#)
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Related Links:[Online Search Main Page](#)

Licensing Board's Online Database

Search Results - Contractor Detail

Business Name: HAMP'S CONSTRUCTION, LLC
Mailing Address: 1319 Newton Street
 New Orleans, LA 70114
Phone Number: (504) 367-1400
Fax Number: ()-
Email Address: debbie@hampsconstruction.com
Website:

Active Licenses

<u>Lic#</u>	<u>Type</u>	<u>Status</u>	<u>Effective</u>	<u>Expiration</u>	<u>First Issued</u>
31943	Commercial License Certificate	LICENSED	08/16/2014	08/15/2017	08/15/1996
250223	Mold Remediation License Certificate	LICENSED	04/21/2015	04/20/2018	04/20/2006
882263	Residential License Certificate	LICENSED	03/21/2015	03/20/2018	03/20/2014

Classifications:**Class**

BUILDING CONSTRUCTION
 HIGHWAY, STREET AND BRIDGE CONSTRUCTION
 HEAVY CONSTRUCTION
 MUNICIPAL AND PUBLIC WORKS CONSTRUCTION
 SPECIALTY: CULVERTS AND DRAINAGE STRUCTURES
 SPECIALTY: DRIVEWAYS, PARKING AREAS, ETC., ASPHALT AND/OR CONCRETE
 SPECIALTY: EARTHWORK, DRAINAGE AND LEVEES
 SPECIALTY: FILTER PLANTS AND WATER PURIFICATION
 SPECIALTY: DEMOLISHING WORK
 MOLD REMEDIATION CONTRACTOR
 RESIDENTIAL BUILDING CONTRACTOR

Qual Party

Charlie Hampton
 Ware, Carlton J.
 Charlie Hampton
 Ware, Carlton J.
 Charlie Hampton
 Charlie Hampton
 Charlie Hampton
 Charlie Hampton
 Carlos Orel Hampton
 Charlie Hampton

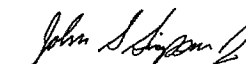
Valid Parishes

ALL
 ALL
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 ALL

[Start New Contractor Search](#)

Louisiana State Licensing Board For Contractors
 2525 Quail Drive ~ Baton Rouge, LA 70808
 Phone: (225) 765-2301 ~ Fax: (225) 765-2431
[Employee Login](#)

Site design & maintenance by Keith A. Horton, LLC

CO LTR		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
CERTIFICATE OF LIABILITY INSURANCE <div style="float: right;">DATE (MM/DD/YY) 11/25/2014</div>							
PRODUCER Ellsworth Corporation P. O. Box 8210 Metairie, LA 70011-8210			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.				
COMPANIES AFFORDING COVERAGE							
INSURED Hamp's Construction, L.L.C., Hamp's Enterprises, Inc. 1319 Newton Street New Orleans, LA 70114			COMPANY A THE GRAY INSURANCE COMPANY COMPANY B COMPANY C COMPANY D				
COVERAGES 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.							
A	X	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY OWNER'S & CONTRACTOR'S PROT	XSSL-074143	12/1/2014	12/1/2017	GENERAL AGGREGATE PRODUCTS - COM/OP AGG	Unlimited \$3,000,000.00
A	X	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS	XSAL-075139	12/1/2014	12/1/2017	PERSONAL & ADV INJURY EACH OCCURRENCE FIRE DAMAGE (Any one fire) MED EXP (Any one person) COMBINED SINGLE LIMIT	\$1,000,000.00 \$1,000,000.00 \$50,000.00 \$5,000.00 \$1,000,000.00
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY EACH ACCIDENT	
A	X	EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM	GXS-042992	12/1/2014	12/1/2015	AGGREGATE EACH OCCURRENCE AGGREGATE	\$4,000,000.00 \$4,000,000.00
A	X	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	XSWC-070858	12/1/2014	12/1/2017	WC STATU- TORY LIMITS EL EACH ACCIDENT EL DISEASE - POLICY LIMIT EL DISEASE - EA EMPLOYEE	\$1,000,000.00 \$1,000,000.00 \$1,000,000.00
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS The certificate holder is an additional insured on all policies except Workers' Compensation and is provided a Waiver of Subrogation, as if required by written contract. The above insurance policies shall be primary and noncontributory to any other insurance policies maintained by the certificate holder, if required by written contract.							
CERTIFICATE HOLDER Jefferson Parish Purchasing 200 Derbigny Street, Suite 400 Gretna, LA 70053				CANCELLATION In the event of cancellation by The Gray Insurance Company and if required by written contract, 30 days written notice will be given to the Certificate Holder.			
				AUTHORIZED REPRESENTATIVE 			
GCF 00 50 01 01 12				THE GRAY INSURANCE COMPANY			

Form W-9 (Rev. November 2005) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification	Give form to the requester. Do not send to the IRS.																																													
Name (as shown on your income tax return) HAMP'S CONSTRUCTION, LLC																																															
Business name, if different from above																																															
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/> Exempt from backup withholding																																															
Address (number, street, and apt. or suite no.) 1319 NEWTON STREET City, state, and ZIP code NEW ORLEANS, LA 70114		Requester's name and address (optional):																																													
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 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 chart on page 4 for guidelines on whose number to enter.																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="9" style="text-align: center;">Social security number</td> </tr> <tr> <td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td> </tr> <tr> <td colspan="9" style="text-align: center;">or</td> </tr> <tr> <td colspan="9" style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="width: 10%;">7</td><td style="width: 10%;">2</td><td style="width: 10%;">1</td><td style="width: 10%;">3</td><td style="width: 10%;">2</td><td style="width: 10%;">5</td><td style="width: 10%;">8</td><td style="width: 10%;">9</td><td style="width: 10%;">6</td> </tr> </table>			Social security number																		or									Employer identification number									7	2	1	3	2	5	8	9	6
Social security number																																															
or																																															
Employer identification number																																															
7	2	1	3	2	5	8	9	6																																							
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. person (including a U.S. resident alien).																																															
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 4.)																																															
Sign Here	Signature of U.S. person	Date 10/30/06																																													
Purpose of Form A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.																																															
U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:																																															
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),																																															
2. Certify that you are not subject to backup withholding, or																																															
3. Claim exemption from backup withholding if you are a U.S. exempt payee.																																															
In 3 above, 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.																																															
Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.																																															
For federal tax purposes, you are considered a person if you are:																																															
<ul style="list-style-type: none"> • An individual who is a citizen or resident of the United States, • A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or • Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information. 																																															
Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.																																															
The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:																																															
<ul style="list-style-type: none"> • The U.S. owner of a disregarded entity and not the entity. 																																															