

DEBI BENOIT
PRESIDENT

PHILIP MARTIN
SUPERINTENDENT

STACY V. SOLET
VICE-PRESIDENT

TERREBONNE

Parish School District

201 Stadium Drive
Houma, LA 70360
(985) 876-7400 / www.tpsd.org

...Every Student, Every Day

MICHAEL T. LAGARDE
District 1

GREGORY HARDING
District 2

MATTHEW J. FORD
District 3

DEBI BENOIT
District 4

STACY V. SOLET
District 5

CLYDE F. HAMNER
District 6

ROGER DALE DEHART
District 7

MAYBELLE N. TRAHAN, Ed.D.
District 8

DANE VOISIN
District 9

NEW VENDOR/VENDOR UPDATE APPLICATION FORM

Please submit this form with a copy of your W-9 and certificate of liability insurance via mail or email (allidugas@tpsdc.org). See attached requirements.

COMPANY NAME:

REMIT TO ADDRESS:

MAILING ADDRESS:

PHONE NUMBER: _____

FAX NUMBER: _____

EMAIL ADDRESS: _____
(For Purchase Orders)

HOW WOULD YOU LIKE TO RECEIVE PURCHASE ORDERS?

MAIL

EMAIL

SIGN AND DATE: _____

Excellence in Education with a Commitment to All
AN EQUAL OPPORTUNITY EMPLOYER

VENDOR INSURANCE REQUIREMENTS

As defined and/or required in this document, any vendor entering into contract with the Terrebonne Parish School Board before commencing any work to be conducted under said contract shall procure workers' compensation and employer's liability insurance. It shall be the further responsibility of the Vendor to require that all sub-vendors have in full force and effect, a policy of workers' compensation and employer's liability insurance before proceeding with any of the work required under the contract. The Vendor shall procure and maintain, during the life of the contract, such public liability and property damage insurance including the operation of motor vehicles, with limits as hereinafter provided, which will cover the Vendor's and Terrebonne Parish School Board's legal liability arising out of the work performed by the Vendor and any sub-vendor and by anyone directly or indirectly employed by either party for claims for damages for personal injury, including accidental death, as well as claims for property damages which may arise from operations under this contract.

Vendors who are classified as sales and/or service will have their insurance requirements administered on a risk and/or exposure basis to the Terrebonne Parish School Board. For example, vendor(s) such as mail order companies that do not work or drive vehicles on Terrebonne Parish School Board properties, would not be required to have workers' compensation or automobile liability insurance as specified herein but would be required to meet the comprehensive general liability requirement.

Vendors who are classified as having errors and omissions exposures will be required to satisfy this exposure by securing adequate coverage specifically addressing the professional areas subject to a minimum liability of \$1,000,000.00.

***INSURANCE REQUIREMENTS FOR VENDORS, SERVICE CONTRACTORS, OR
PROFESSIONAL SERVICES***

The required insurance shall be approved by the Terrebonne Parish School Board before any site work may commence.

I. Workers Compensation

- A. Limit of Liability
 - 1. Coverage A - Statutory requirements
 - 2. Coverage B - \$ 500,000 Employer's liability
- B. Endorsements
 - 1. USL&H (if any)
 - 2. Waiver of Subrogation in favor of the Terrebonne Parish School Board
 - 3. 30 day notice of cancellation

II. Comprehensive General Liability

- A. Limits of Liability
 - 1. Premises / Operations
 - \$ 1,000,000 per occurrence (BI & PD)
 - 2. Products / Completed Operations
 - \$ 1,000,000 per Occurrence (BI & PD)
 - 3. General Policy Aggregate (if applicable)
 - \$ 2,000,000
 - 4. Personal Injury
 - \$ 1,000,000 per occurrence
- B. Endorsements
 - 1. Explosion, collapse and underground (if applicable)
 - 2. Contractual
 - 3. Independent contractors
 - 4. Medical payments
 - 5. Broad from CGL Endorsement
 - 6. Terrebonne Parish School Board named as "Additional Insured"
 - 7. Waiver of Subrogation in favor or the Terrebonne Parish School Board
 - 8. Pollution exclusion removed for "Sudden & Accidental"
(Fuel, oil, lube, and chemical vendors)
 - 9. 30 day Notice of Cancellation

III. Automobile Liability

- A. Limit of Liability
 - 1. Combined single limit - \$1,000,000 each accident
- B. Endorsements
 - 1. Hired automobile liability
 - 2. Non-ownership liability
 - 3. Terrebonne Parish School Board named as "Additional Insured"
 - 4. Waiver of Subrogation in favor of the Terrebonne Parish School Board
 - 5. 30 day notice of cancellation

IV. Other Requirements

- A. Suitable coverage may be required if special conditions or exposure exist.
(i.e., Marine coverage, Property exposures)
- B. Current insurance certificate shall be on file with the Terrebonne Parish School Board and accepted by the Risk Manager.
- C. All policies are required to be on occurrence form basis, except those generally written ONLY on claims-made forms. (i.e., Professional, Errors & Omissions, etc).

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.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____	
	<input checked="" type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
City, state, and ZIP code		
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 the "Name" line 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.

Social security number										
Employer identification number										

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).

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 ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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.

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:

- 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.

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.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

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.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/18/2012

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	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: ABC Insurance Company	
INSURED	INSURER B: XYZ Insurance Company	
	INSURER C: Louisiana Workers' Compensation Corp	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **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	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			XYZ12345	9/1/2011	9/1/2012	EACH OCCURRENCE \$ 1,000,000	
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000	
	<input type="checkbox"/>	CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000	
	<input type="checkbox"/>						PERSONAL & ADV INJURY \$ 1,000,000	
	<input type="checkbox"/>						GENERAL AGGREGATE \$ 2,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:								
<input checked="" type="checkbox"/>	POLICY	<input type="checkbox"/>	PRO-JECT	<input type="checkbox"/>	LOC			
B	AUTOMOBILE LIABILITY			XYZ12345	9/1/2011	9/1/2012	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input checked="" type="checkbox"/>	ANY AUTO					BODILY INJURY (Per person) \$	
	<input type="checkbox"/>	ALL OWNED AUTOS	<input type="checkbox"/>				SCHEDULED AUTOS	BODILY INJURY (Per accident) \$
	<input type="checkbox"/>	HIRED AUTOS	<input type="checkbox"/>				NON-OWNED AUTOS	PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/>							\$
C	UMBRELLA LIAB			XYZ12345	1/1/2012	1/1/2013	EACH OCCURRENCE \$	
	<input type="checkbox"/>	EXCESS LIAB					AGGREGATE \$	
	<input type="checkbox"/>	DED	RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							
<input checked="" type="checkbox"/>	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y/N	N/A			<input checked="" type="checkbox"/> WC STATUTORY LIMITS	
<input type="checkbox"/>	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$ 1,000,000	
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000	
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach Additional Remarks Schedule, if more space is required)

Terrebonne Parish School District is listed as a Certificate Holder as an additional insured in regards to General Liability and Auto related to operations of the Named Insured. In addition, as a Certificate Holder Terrebonne Parish School District is favored with a Waiver of Subrogation in regards to General Liability and Workers Compensation as required by written contract.

Terrebonne Parish School District Attn: Purchasing Department P O Box 5097 Houma, LA 70361	<p style="text-align: center;">CANCELLATION</p> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS within 30 days
	AUTHORIZED REPRESENTATIVE