



"RE-BUILDING THE CITY'S WATER SYSTEMS FOR THE 21<sup>ST</sup> CENTURY"

# Sewerage & Water Board OF NEW ORLEANS

625 ST. JOSEPH STREET  
NEW ORLEANS, LA 70165 • 504-529-2837 OR 52W-ATER  
www.swbno.org

**VENDOR CODE**

(to be assigned by Purchasing)

## VENDOR REGISTRATION

PLEASE COMPLETE THE FOLLOWING (TYPE OR PRINT):

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### Remittance Address:

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Accounting Contact Person: \_\_\_\_\_

Email address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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### Correspondence Address:

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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**Sewerage and Water Board of New Orleans Payment Terms are net 45 days.**

**Please check to agree:**

(If you do not agree, please contact SWBNO Purchasing.)

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**Please provide W-9 on 2018 form.**

**Please provide a current Certificate of Insurance on Accord Form with the following:**

- a) **WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE**, as will protect him from claims under Workers' Compensation Laws. The Workers' Compensation section of the policy shall afford statutory limits and be in accordance with all Louisiana Workers' Compensation Statutes. The Employers' Liability limit shall not be less than \$1,000,000 each accident for bodily injury by accident and \$1,000,000 each employee/policy limit for bodily injury by disease. Whenever any vessel or floating equipment is involved, the insurance shall afford coverage under the Federal Longshoremen's and Harbor Workers' Act, and shall also include protection for injuries and/or death to Masters and Members of the crews of vessels with statutory limits in accordance with the Jones Act.
- b) **COMMERCIAL GENERAL LIABILITY INSURANCE**, with a limit of not less than \$1,000,000 each occurrence and \$2,000,000 general aggregate, including Explosion, Collapse, and Underground Property Damage Hazards. The Products-Completed Operations aggregate limit shall not be less than \$1,000,000 each occurrence. The general aggregate limit shall apply separately to this project.
- c) **BUSINESS AUTOMOBILE INSURANCE**, which shall cover liability arising from any auto (including owned, hired, and non-owned vehicle). The limit of liability shall not be less than \$1,000,000 combined with each accident for all injuries, property damage, and/or death resulting from one occurrence.
- d) **ERRORS AND OMISSIONS/PROFESSIONAL LIABILITY INSURANCE**, whichever is applicable to the particular profession or service to be provided, with limit of not less than \$1,000,000 each Claim, with a \$2,000,000 annual aggregate, **without** any restrictive "negligent act, negligent error, or negligent omission" clause, and sufficient to protect the Contractor, the Board, and the City, for a five (5) year period from completion of this contract, against any and all claims which may arise from the Contractor's negligent performance of work described herein.

Please add SWBNO as a certificate holder with the following address:

*Sewerage and Water Board of New Orleans  
625 St. Joseph St.  
New Orleans, LA 70165*



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## Minority-Owned Business?

Yes  No

If yes, Check the appropriate category or categories below:

Asian  Caucasian  Hispanic  Black  Native American

Female  Male

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## Economically Disadvantaged?

Yes  No

If yes, Check the appropriate category or categories below:

Female  Male

Educational Disadvantage  Business Disadvantage  Disabled  Other

Economically Disadvantaged Certified by SWBNO or Another Agency?

Yes  No

If yes, Date Certified: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_

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Please enter your Commodity:

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**Company Officer/Principal/Owner:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ %-Owned: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ %-Owned: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ %-Owned: \_\_\_\_\_

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**Are you a Sewerage & Water Board of New Orleans Employee or are you related to a Sewerage and Water Board of New Orleans Employee?**

Yes  No

If yes, please provide:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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**AUTHORIZED SIGNATURE REQUIRED (COMPANY OFFICER OR PRINCIPAL):**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

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Please email your completed form with W-9 and COI to [vendor@swbno.org](mailto:vendor@swbno.org). If you have any questions or concerns, please call Purchasing at 504-585-2124.