

General Professional Services Questionnaire Instructions

- The General Professional Services Questionnaire shall be used for all professional services except outside legal services and architecture, engineering, or survey projects.
- **The General Professional Services Questionnaire should be completely filled out. Complete and attach ALL sections. Insert "N/A" or "None" if a section does not apply or if there is no information to provide.**
- Questionnaire must be signed by an authorized representative of the Firm. Failure to sign the questionnaire shall result in disqualification of proposer pursuant to J.P. Code of Ordinances Sec. 2-928.
- All subcontractors must be listed in the appropriate section of the Questionnaire. Each subcontractor must provide a complete copy of the General Professional Services Questionnaire, applicable licenses, and any other information required by the advertisement. Failure to provide the subcontractors' complete questionnaire(s), applicable licenses, and any other information required by the advertisement shall result in disqualification of proposer pursuant to J.P. Code of Ordinances Sec. 2-928.
- If additional pages are needed, attach them to the questionnaire and include all applicable information that is required by the questionnaire.

General Professional Services Questionnaire

A. Project Name and Advertisement Resolution Number:

Forensic Evaluations for 24th Judicial District Court
and Parish Courts Resolution # 142599

B. Firm Name & Address:

Richard W. Richoux, M.D., LLC
3915 Saint Charles Ave. Apt. 410
New Orleans, LA
70115

C. Name, title, & contact information of Firm Representative, as defined in Section 2-926 of the Jefferson Parish Code of Ordinances, with at least five (5) years of experience in the applicable field required for this Project:

Richard W. Richoux, M.D.
Psychiatrist
3915 Saint Charles Ave.
New Orleans, LA 70115
504-236-6731

D. Address of principal office where Project work will be performed:

3915 Saint Charles Ave. Apt. 410
N.O. LA
70115

E. Is this submittal by a JOINT-VENTURE? Please check:

YES _____ NO ☒

If marked "No" skip to Section H. If marked "Yes" complete Sections F-G.

F. If submittal is by JOINT-VENTURE, list the firms participating and outline specific areas of responsibility (including administrative, technical, and financial) for each firm. Please attach additional pages if necessary.

1.

N/A

2.

General Professional Services Questionnaire

G. Has this JOINT-VENTURE previously worked together? Please check: YES _____ NO _____

H. List all subcontractors anticipated for this Project. Please note that all subcontractors must submit a fully completed copy of this questionnaire, applicable licenses, and any other information required by the advertisement. See Jefferson Parish Code of Ordinances, Sec. 2-928(a)(3). Please attach additional pages if necessary.

Name & Address:	Specialty:	Worked with Firm Before (Yes or No):
1. Sarah DeLands M.D. 1440 Canal St, TB 53 New Orleans, LA 70112	Forensic Psychiatry	Yes
2. Janet E. Johnson, M.D., MPH 1440 Canal St TB 53 New Orleans, LA 70112	Forensic Psychiatry	Yes
3.		
4.		
5.		

General Professional Services Questionnaire

I. Please specify the total number of support personnel that may assist in the completion of this Project:

0

J. List any professionals that may assist in the completion of this Project. If necessary, please attach additional documentation that demonstrates the employment history and experience of the Firm's professionals that may assist in the completion of this Project (i.e. resume). Please attach additional pages if necessary.

PROFESSIONAL NO. 1

Name & Title:

Richard W. Richoux M.D.

Name of Firm with which associated:

Richard W. Richoux, M.D., LLC

Description of job responsibilities:

Conduct Sanity Commissions for the 24th JDC, First and Second Parish Courts, and Juvenile Court

Years' experience with this Firm:

39 years

Education: Degree(s)/Year/Specialization:

Medical Doctor / Forensic Psychiatry 1977

Other experience and qualifications relevant to the proposed Project:

Successful Provision of services in this contract for 22 years

General Professional Services Questionnaire

PROFESSIONAL NO. 2
Name & Title:
Sarah Deland, M.D.
Name of Firm with which associated:
Richard W. Richoux M.D. LLC (Subcontractor) Tulane University School of Medicine Dept. of Psychiatry and Behavioral Sciences
Description of job responsibilities:
Conduct Sanity Commission Evaluations for the 24th JDC, First and Second Parish Courts and Juvenile Court
Years' experience with this Firm:
1 1/2 years with Richard W. Richoux, M.D., LLC
Education: Degree(s)/Year/Specialization:
Medical Doctor / Forensic Psychiatry 1989 and 30 years of Practice in Psychiatry
Other experience and qualifications relevant to the proposed Project:
Successful provision of services in this contract as subcontractor for 1 1/2 years and participation in Sanity Commissions in Orleans, St. Bernard, Plaquemines, East Baton Rouge, St. John the Baptist, Lafayette, Iberia, St. Martin, Acadia, and Sabine Parishes

General Professional Services Questionnaire

PROFESSIONAL NO. 3
Name & Title:
Janet E Johnson, M.D., MPH
Name of Firm with which associated:
Richard W. Richoux M.D., LLC (as subcontractor) Tulane University School of Medicine Dept. of Psychiatry and Behavioral Sciences
Description of job responsibilities:
Conduct Sanity Commission Evaluations for the 24 th JM, First and Second Parish Courts and Juvenile Court
Years' experience with this Firm:
1 year with Richard W. Richoux M.D., LLC
Education: Degree(s)/Year/Specialization:
Medical Doctor/Forensic Psychiatry 1990, Master of Public Health 2000 29 years Practice in Psychiatry
Other experience and qualifications relevant to the proposed Project:
Successful Provision of Services in this contract as subcontractor for 1 year and participation in Sanity Commissions in Orleans, East Baton Rouge, Ivangpaha, Assumption, Ascension, St. James, St. John the Baptist, East Feliciana, West Feliciana and Terrebone Parishes

General Professional Services Questionnaire

PROFESSIONAL NO. 4
Name & Title:
N/A
Name of Firm with which associated:
Description of job responsibilities:
Years' experience with this Firm:
Education: Degree(s)/Year/Specialization:
Other experience and qualifications relevant to the proposed Project:

General Professional Services Questionnaire

PROFESSIONAL NO. 5
Name & Title:
N/A
Name of Firm with which associated:
Description of job responsibilities:
Years' experience with this Firm:
Education: Degree(s)/Year/Specialization:
Other experience and qualifications relevant to the proposed Project:

General Professional Services Questionnaire

K. List all prior projects that best illustrate the Firm's qualifications relevant to this Project. Please include any and all work performed for Jefferson Parish. Please attach additional pages if necessary.

PROJECT NO. 1

Project Name, Location and Owner's contact information:	Description of Services Provided:
<p>Forensic Evaluations for 24th JDC and Parish Courts Resolution # 127459</p>	<p>Performance of Sanity Commissions for 24th JDC, First and Second Parish Courts and Juvenile Courts</p>
Length of Services Provided:	Cost of Services Provided:
<p>22 years Dr. Richoux 1 1/2 years Dr. Dehaene 1 year Dr. Johnson</p>	<p>\$400 presently per member, per sanity Requesting \$500 per member, per sanity</p>

PROJECT NO. 2

Project Name, Location and Owner's contact information:	Description of Services Provided:
<p>N/A</p>	
Length of Services Provided:	Cost of Services Provided:

General Professional Services Questionnaire

PROJECT NO. 3	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	
Length of Services Provided:	Cost of Services Provided:

PROJECT NO. 4	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	
Length of Services Provided:	Cost of Services Provided:

General Professional Services Questionnaire

PROJECT NO. 5	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	
Length of Services Provided:	Cost of Services Provided:

PROJECT NO. 6	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	
Length of Services Provided:	Cost of Services Provided:

General Professional Services Questionnaire

PROJECT NO. 7	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	
Length of Services Provided:	Cost of Services Provided:

PROJECT NO. 8	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	
Length of Services Provided:	Cost of Services Provided:

General Professional Services Questionnaire

PROJECT NO. 9	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	
Length of Services Provided:	Cost of Services Provided:

PROJECT NO. 10	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	
Length of Services Provided:	Cost of Services Provided:

General Professional Services Questionnaire

L. List all prior and/or on-going litigation between Firm and Jefferson Parish. Please attach additional pages if necessary.

Parties:		Status/Result of Case:
Plaintiff:	Defendant:	
1. None		
2. N/A		
3. N/A		
4. N/A		

M. Use this space to provide any additional information or description of resources supporting Firm's qualifications for the proposed project.

Jefferson Parish
State of Louisiana

N. To the best of my knowledge, the foregoing is an accurate statement of facts.

Signature: Richard W. Richoux, MD Print Name: Richard W. Richoux, MD
 Title: Psychiatrist / Firm Representative Date: 10/13/2023
Owner

LOUISIANA STATE BOARD OF MEDICAL EXAMINERS
WALLET CARD

SIGN CARD IN SPACE PROVIDED. LICENSEES SHOULD KEEP THIS CARD WITH THEM.

LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

630 Camp Street, New Orleans, LA 70130

Discipline: **PHYSICIAN & SURGEON - MD**

*Credentialing Entity: For verifications go to www.lsbme.la.gov

Expiration Date : **09/30/2024**

License # : **MD.014312**

RICHARD W. RICHOUX
3915 Saint Charles Avenue
Apt. 410
NEW ORLEANS LA 70115

For information, forms,
verifications or to update
your contact information
please visit our website at

www.lsbme.la.gov

SIGNATURE OF LICENSEE
CARD MUST BE SIGNED TO BE VALID

CERTIFICATE OF INSURANCE

ALLIED WORLD INSURANCE COMPANY
C/O: American Professional Agency, Inc.
95 Broadway, Amityville, NY 11701
800-421-6694

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 POLICY(IES) BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

Name and Address of Named Insured:

RICHARD W. RICHOUX, M.D.
3915 SAINT CHARLES AVE APT 410
NEW ORLEANS LA 70115

Additional Named Insureds:

Type of Work Covered: PROFESSIONAL PSYCHIATRIST

Location of Operations: N/A

(If different than address listed above)

Claim History:

Retroactive date is 05/01/1996

Coverages	Policy Number	Effective Date	Expiration Date	Limits of Liability
PROFESSIONAL/ LIABILITY	0001-0069	10/01/2023	10/01/2024	100,000 300,000


This is to certify that the policies of insurance listed above 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.

NOTICE OF CANCELLATION WILL ONLY BE GIVEN TO THE FIRST NAMED INSURED, WHO SHALL ACT ON BEHALF OF ALL INSUREDS WITH RESPECT TO GIVING OR RECEIVING NOTICE OF CANCELLATION

Comments:

This Certificate Issued to:

Name: RICHARD W. RICHOUX, M.D.
3915 SAINT CHARLES AVE APT 410
Address: NEW ORLEANS LA 70115


Authorized Representative

Division Of Administration
John Bel Edwards
Governor



P.O. Box 3718
Baton Rouge, LA 70821
225-342-5200
1-866-469-9555

PATIENT'S COMPENSATION FUND

Richard W. Richoux
3915 Saint Charles Ave
Apt. 410
New Orleans, LA 70115

The above-named Health Care Provider is hereby certified as an Enrollee under La. R.S.40:1231:1 et seq., with effective dates as follows.

<u>Enrollment Period</u>	<u>Company</u>	<u>Coverage Type</u>	<u>Class</u>	<u>Specialty</u>
10/1/2023-10/1/2024	Allied World Insurance Company	ClaimsMade	PH1A	PSYCHIATRY

It is further certified that professional liability coverage for ONE HUNDRED THOUSAND (\$100,000.00) dollars through the above named insurance company, acknowledges primary responsibility for the indicated period(s).

It is further acknowledged that surcharges for excess coverage are paid for the indicated period(s).

This certificate verifies the type of coverage and payment to the Patient's Compensation Fund; however, qualification for a medical review panel can only be determined at the time the request is filed.

Date: October 12, 2023

A handwritten signature in black ink, appearing to read "Richard W. Richoux".

LOUISIANA PATIENT'S COMPENSATION FUND

General Professional Services Questionnaire Instructions

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General Professional Services Questionnaire

A. Project Name and Advertisement Resolution Number:

Forensic Evaluations for 24th Judicial District Court
and Parish Courts Resolution # 142599

B. Firm Name & Address:

Richard W. Richoux, M.D., LLC
3915 Saint Charles Ave. Apt. 410
New Orleans, LA
70115

C. Name, title, & contact information of Firm Representative, as defined in Section 2-926 of the Jefferson Parish Code of Ordinances, with at least five (5) years of experience in the applicable field required for this Project:

Richard W. Richoux, M.D.
Psychiatrist
3915 Saint Charles Ave.
New Orleans, LA 70115
504-236-6731

D. Address of principal office where Project work will be performed:

3915 Saint Charles Ave. Apt. 410
N.O. LA
70115

E. Is this submittal by a JOINT-VENTURE? Please check:

YES _____ NO ☒

If marked "No" skip to Section H. If marked "Yes" complete Sections F-G.

F. If submittal is by JOINT-VENTURE, list the firms participating and outline specific areas of responsibility (including administrative, technical, and financial) for each firm. Please attach additional pages if necessary.

1.

N/A

2.

General Professional Services Questionnaire

G. Has this JOINT-VENTURE previously worked together? Please check: YES _____ NO _____

H. List all subcontractors anticipated for this Project. Please note that all subcontractors must submit a fully completed copy of this questionnaire, applicable licenses, and any other information required by the advertisement. See Jefferson Parish Code of Ordinances, Sec. 2-928(a)(3). Please attach additional pages if necessary.

Name & Address:	Specialty:	Worked with Firm Before (Yes or No):
1. Sarah DeLands M.D. 1440 Canal St, TB 53 New Orleans, LA 70112	Forensic Psychiatry	Yes
2. Janet E. Johnson, M.D., MPH 1440 Canal St TB 53 New Orleans, LA 70112	Forensic Psychiatry	Yes
3.		
4.		
5.		

General Professional Services Questionnaire

I. Please specify the total number of support personnel that may assist in the completion of this Project:

0

J. List any professionals that may assist in the completion of this Project. If necessary, please attach additional documentation that demonstrates the employment history and experience of the Firm's professionals that may assist in the completion of this Project (i.e. resume). Please attach additional pages if necessary.

PROFESSIONAL NO. 1

Name & Title:

Richard W. Richoux M.D.

Name of Firm with which associated:

Richard W. Richoux, M.D., LLC

Description of job responsibilities:

Conduct Sanity Commissions for the 24th JDC, First and Second Parish Courts, and Juvenile Court

Years' experience with this Firm:

39 years

Education: Degree(s)/Year/Specialization:

Medical Doctor / Forensic Psychiatry 1977

Other experience and qualifications relevant to the proposed Project:

Successful Provision of services in this contract for 22 years

General Professional Services Questionnaire

PROFESSIONAL NO. 2

Name & Title:

Sarah DeLand, M.D.

Name of Firm with which associated:

Richard W. Richoux M.D. LLC (Subcontractor)
Tulane University School of Medicine
Dept. of Psychiatry and Behavioral Sciences

Description of job responsibilities:

Conduct Sanity Commission Evaluations for the 24th JDC,
First and Second Parish Courts and Juvenile Court

Years' experience with this Firm:

1 1/2 years with Richard W. Richoux, M.D., LLC

Education: Degree(s)/Year/Specialization:

Medical Doctor / Forensic Psychiatry 1989
and 30 years of Practice in Psychiatry

Other experience and qualifications relevant to the proposed Project:

Successful provision of services in this contract
as subcontractor for 1 1/2 years and
participation in Sanity Commissions in Orleans,
St. Bernard, Plaquemines, East Baton Rouge,
St. John the Baptist, Lafayette, Iberia, St. Martin,
Acadia, and Sabine Parishes

General Professional Services Questionnaire

PROFESSIONAL NO. 3
Name & Title:
Janet E Johnson, M.D., MPH
Name of Firm with which associated:
Richard W. Richoux M.D., LLC (as subcontractor) Tulane University School of Medicine Dept. of Psychiatry and Behavioral Services
Description of job responsibilities:
Conduct Sanity Commission Evaluations for the 24 th LD, First and Second Parish Courts and Juvenile Court
Years' experience with this Firm:
1 year with Richard W. Richoux M.D., LLC
Education: Degree(s)/Year/Specialization:
Medical Doctor/Forensic Psychiatry 1990, Master of Public Health, 2000 29 years Practice in Psychiatry
Other experience and qualifications relevant to the proposed Project:
Successful Provision of Services in this contract as subcontractor for 1 year and participation in Sanity Commissions in Orleans, East Baton Rouge, Tangipahoa, Assumption, Ascension, St. James, St. John the Baptist, East Feliciana, West Feliciana and Terrebone Parishes

General Professional Services Questionnaire

PROFESSIONAL NO. 4

Name & Title:

N/A

Name of Firm with which associated:

Description of job responsibilities:

Years' experience with this Firm:

Education: Degree(s)/Year/Specialization:

Other experience and qualifications relevant to the proposed Project:

General Professional Services Questionnaire

PROFESSIONAL NO. 5

Name & Title:

N/A

Name of Firm with which associated:

Description of job responsibilities:

Years' experience with this Firm:

Education: Degree(s)/Year/Specialization:

Other experience and qualifications relevant to the proposed Project:

General Professional Services Questionnaire

K. List all prior projects that best illustrate the Firm's qualifications relevant to this Project. Please include any and all work performed for Jefferson Parish. Please attach additional pages if necessary.

PROJECT NO. 1

Project Name, Location and Owner's contact information:	Description of Services Provided:
<p>Forensic Evaluations for 24th JDC and Parish Courts Resolution # 127459</p>	<p>Performance of Sanity Commissions for 24th JDC, First and Second Parish Courts and Juvenile Courts</p>
Length of Services Provided:	Cost of Services Provided:
<p>22 years Dr. Richoux 1 1/2 years Dr. Dehand 1 year Dr. Johnson</p>	<p>\$400 presently per member, per sanity Requesting \$500 per member, per sanity</p>

PROJECT NO. 2

Project Name, Location and Owner's contact information:	Description of Services Provided:
<p>N/A</p>	
Length of Services Provided:	Cost of Services Provided:

General Professional Services Questionnaire

PROJECT NO. 3	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	
Length of Services Provided:	Cost of Services Provided:

PROJECT NO. 4	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	
Length of Services Provided:	Cost of Services Provided:

General Professional Services Questionnaire

PROJECT NO. 5	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	
Length of Services Provided:	Cost of Services Provided:

PROJECT NO. 6	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	
Length of Services Provided:	Cost of Services Provided:

General Professional Services Questionnaire

PROJECT NO. 7

Project Name, Location and Owner's contact information:	Description of Services Provided:
<i>N/A</i>	
Length of Services Provided:	Cost of Services Provided:

PROJECT NO. 8

Project Name, Location and Owner's contact information:	Description of Services Provided:
<i>N/A</i>	
Length of Services Provided:	Cost of Services Provided:

General Professional Services Questionnaire

PROJECT NO. 9	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	
Length of Services Provided:	Cost of Services Provided:

PROJECT NO. 10	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	
Length of Services Provided:	Cost of Services Provided:

General Professional Services Questionnaire

L. List all prior and/or on-going litigation between Firm and Jefferson Parish. Please attach additional pages if necessary.

Parties:		Status/Result of Case:
Plaintiff:	Defendant:	
1. <i>None</i>		
2. <i>N/A</i>		
3. <i>N/A</i>		
4. <i>N/A</i>		

M. Use this space to provide any additional information or description of resources supporting Firm's qualifications for the proposed project.

Jefferson Parish
State of Louisiana

N. To the best of my knowledge, the foregoing is an accurate statement of facts.

Signature: *S. Deland MD* Print Name: *Sarah Deland, M.D.*
 Title: *Psychiatrist / Subcontractor* Date: _____

**LOUISIANA STATE BOARD OF MEDICAL EXAMINERS
WALLET CARD**

ON CARD IN SPACE PROVIDED LICENSEES SHOULD KEEP THIS CARD WITH THEM.

LOUISIANA STATE BOARD OF MEDICAL EXAMINERS
639 Camp Street, New Orleans, LA 70110

Discipline: **OBSTETRIC SURGEON**
Presenting Employer/Referrals to: www.lsbme.com
Expiration Date: 12/31/2023
Member ID: 0036688

SARAH M. DELAND
2410 CANAL ST #1513
NEW ORLEANS LA 70112
NEW ORLEANS LA 70112

S. DELAND

SIGNATURE OF MEMBER
CARD MUST BE SIGNED TO BE VALID

For information, issues,
verifications or to update
your contact information
please visit our website at
www.lsbme.com



Administrators of the Tulane Educational Fund
Office of the Associate General Counsel
Tulane University Health Sciences Center
1440 Canal Street, Suite 1406
New Orleans, LA 70112
T: (504) 988-5031 – F: (504) 988-7777

May 30, 2023

Re: Sarah M. DeLand, MD
DATES OF COVERAGE: 7/1/2023 – 7/1/2024

To Whom It May Concern:

This letter is to confirm that the above referenced individual is/was provided medical malpractice liability coverage pursuant to Act 817 qualification and enrollment in the Louisiana Patient's Compensation Fund under La. Rev. Stat. 40:1231.1, et seq. (formerly La. Rev. Stat. 40:1299.41, et seq.), with limits of liability specified thereunder as described. The coverage referred to is subject to the applicable provisions of the statute and, accordingly, this letter neither affirmatively nor negatively amends, extends or alters the coverages described therein. For a copy of the individual practitioner's current/past professional liability certificate of enrollment issued by the Louisiana Patient's Compensation Fund, please visit their website at: <https://www.doa.la.gov/doa/mmc/pcf/pcf-certificate-copies/>. You may also contact Normeca Smith, Surcharge Manager, Louisiana Patient's Compensation Fund, at (225) 342-5432 or toll free at (866) 469-9555 to assist with this request.

In addition to the insurance provided under the statute by enrollment in the Louisiana Patient's Compensation Fund, The Administrators of the Tulane Educational Fund also has coverage provided under a commercial healthcare professional liability policy as reflected by the attached certificate of insurance.

Special Conditions: In the event this letter has been issued in advance of the effective date entered and, therefore, for credentialing purposes only, the coverage is in effect for the period(s) reflected above with the following condition: Should the named individual not complete the employment process or separate from employment with The Administrators of the Tulane Educational Fund at any time during the policy period stated above, his/her coverage is automatically cancelled effective as of the date of resignation, termination, or separation. As a further condition of this letter confirming coverage, the coverages apply only in the event the named individual is authorized to perform services under a valid and effective contract through Tulane University and/or Tulane University Medical Group (TUMG), and/or only where TUMG bills for the services.

Very truly yours,

A handwritten signature in cursive script that reads 'Patricia A. Bethancourt'.

Patricia A. Bethancourt
Associate General Counsel



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 1

DATE (MM/DD/YYYY)
09/01/2023

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 have ADDITIONAL INSURED provisions or 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 Willis Towers Watson Southeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: Willis Towers Watson Certificate Center PHONE (A/C No. Ext): 1-877-945-7378 FAX (A/C No.): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com
INSURED The Admin of the Tulane Educational Fund Enterprise Risk Services 1555 Poydras Street Suite 922 New Orleans, LA 70112	INSURER(S) AFFORDING COVERAGE INSURER A: Ironshore Specialty Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** W29958363 **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 INSD WORD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Medical Professional		EC7AAB2RX0004	09/01/2023	09/01/2024	Specific \$10,000,000 Aggregate \$10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

\$250,000 Retained Limit - Medical Professional

\$100,000 Deductible - General Liability

CERTIFICATE HOLDER

CANCELLATION

Evidence of Insurance	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

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Division Of Administration

John Bel Edwards

Governor



PATIENT'S COMPENSATION FUND

P.O. BOX 3718
BATON ROUGE, LA 70821
225-342-5200
1-866-469-9555

Sarah Marie DeLand, M.D.

Tulane Dept. of Psychiatry & Behavioral

1440 Canal Street, Ste. 1000

New Orleans, Louisiana 70112

The above-named Health Care Provider is hereby certified as an Enrollee under La. R.S.40:1231:1 et seq., with effective dates as follows.

Enrollment Period: 07/01/2023 -- 07/01/2024

Company: Self-Insured

Coverage Type: Occurrence

Class: CLASS 1A

Specialty: PSYCHIATRY

This certificate verifies the type of coverage and payment to the Patient's Compensation Fund; however, qualification for a medical review panel can only be determined at the time the request is filed.

10/12/2023

Print Date

A handwritten signature in black ink, appearing to read "K. A. Shuler".

LOUISIANA PATIENT'S COMPENSATION FUND

General Professional Services Questionnaire Instructions

- The General Professional Services Questionnaire shall be used for all professional services except outside legal services and architecture, engineering, or survey projects.
- **The General Professional Services Questionnaire should be completely filled out. Complete and attach ALL sections. Insert “N/A” or “None” if a section does not apply or if there is no information to provide.**
- Questionnaire must be signed by an authorized representative of the Firm. Failure to sign the questionnaire shall result in disqualification of proposer pursuant to J.P. Code of Ordinances Sec. 2-928.
- All subcontractors must be listed in the appropriate section of the Questionnaire. Each subcontractor must provide a complete copy of the General Professional Services Questionnaire, applicable licenses, and any other information required by the advertisement. Failure to provide the subcontractors' complete questionnaire(s), applicable licenses, and any other information required by the advertisement shall result in disqualification of proposer pursuant to J.P. Code of Ordinances Sec. 2-928.
- If additional pages are needed, attach them to the questionnaire and include all applicable information that is required by the questionnaire.

General Professional Services Questionnaire

A. Project Name and Advertisement Resolution Number:

Forensic Evaluations for 24th Judicial District Court
and Parish Courts Resolution # 142599

B. Firm Name & Address:

Richard W. Richoux, M.D., LLC
3915 Saint Charles Ave. Apt. 410
New Orleans, LA
70115

C. Name, title, & contact information of Firm Representative, as defined in Section 2-926 of the Jefferson Parish Code of Ordinances, with at least five (5) years of experience in the applicable field required for this Project:

Richard W. Richoux, M.D.
Psychiatrist
3915 Saint Charles Ave.
New Orleans, LA 70115
504-236-6731

D. Address of principal office where Project work will be performed:

3915 Saint Charles Ave. Apt. 410
N.O. LA
70115

E. Is this submittal by a JOINT-VENTURE? Please check:

YES _____ NO ☒

If marked "No" skip to Section H. If marked "Yes" complete Sections F-G.

F. If submittal is by JOINT-VENTURE, list the firms participating and outline specific areas of responsibility (including administrative, technical, and financial) for each firm. Please attach additional pages if necessary.

1.

N/A

2.

General Professional Services Questionnaire

G. Has this JOINT-VENTURE previously worked together? Please check: YES _____ NO _____

H. List all subcontractors anticipated for this Project. Please note that all subcontractors must submit a fully completed copy of this questionnaire, applicable licenses, and any other information required by the advertisement. See Jefferson Parish Code of Ordinances, Sec. 2-928(a)(3). Please attach additional pages if necessary.

Name & Address:	Specialty:	Worked with Firm Before (Yes or No):
1. Sarah DeLands M.D. 1440 Canal St, TB 53 New Orleans, LA 70112	Forensic Psychiatry	Yes
2. Janet E. Johnson, M.D., MPH 1440 Canal St TB 53 New Orleans, LA 70112	Forensic Psychiatry	Yes
3.		
4.		
5.		

General Professional Services Questionnaire

I. Please specify the total number of support personnel that may assist in the completion of this Project:

0

J. List any professionals that may assist in the completion of this Project. If necessary, please attach additional documentation that demonstrates the employment history and experience of the Firm's professionals that may assist in the completion of this Project (i.e. resume). Please attach additional pages if necessary.

PROFESSIONAL NO. 1

Name & Title:

Richard W. Richoux M.D.

Name of Firm with which associated:

Richard W. Richoux, M.D., LLC

Description of job responsibilities:

Conduct Sanity Commissions for the 24th JDC, First and Second Parish Courts, and Juvenile Court

Years' experience with this Firm:

39 years

Education: Degree(s)/Year/Specialization:

Medical Doctor / Forensic Psychiatry 1977

Other experience and qualifications relevant to the proposed Project:

Successful Provision of services in this contract for
22 years

General Professional Services Questionnaire

PROFESSIONAL NO. 2
Name & Title:
Sarah DeLand, M.D.
Name of Firm with which associated:
Richard W. Richoux M.D. LLC (Subcontractor) Tulane University School of Medicine Dept. of Psychiatry and Behavioral Sciences
Description of job responsibilities:
Conduct Sanity Commission Evaluations for the 24th JDC, First and Second Parish Courts and Juvenile Court
Years' experience with this Firm:
1½ years with Richard W. Richoux, M.D., LLC
Education: Degree(s)/Year/Specialization:
Medical Doctor / Forensic Psychiatry 1989 and 30 years of Practice in Psychiatry
Other experience and qualifications relevant to the proposed Project:
Successful provision of services in this contract as subcontractor for 1½ years and participation in Sanity Commissions in Orleans, St. Bernard, Plaquemines, East Baton Rouge, St. John the Baptist, Lafayette, Iberia, St. Martin, Acadia, and Sabine Parishes

General Professional Services Questionnaire

PROFESSIONAL NO. 3
Name & Title:
Janet E Johnson, M.D., MPH
Name of Firm with which associated:
Richard W. Richoux M.D., LLC (as subcontractor) Tulane University School of Medicine Dept. of Psychiatry and Behavioral Sciences
Description of job responsibilities:
Conduct Sanity Commission Evaluations for the 24 th JLD, First and Second Parish Courts and Juvenile Court
Years' experience with this Firm:
1 year with Richard W. Richoux M.D., LLC
Education: Degree(s)/Year/Specialization:
Medical Doctor/Forensic Psychiatry 1990, Master of Public Health, 2000 29 years Practice in Psychiatry
Other experience and qualifications relevant to the proposed Project:
Successful Provision of Services in this contract as subcontractor for 1 year and participation in Sanity Commissions in Orleans, East Baton Rouge, Liangpaha, Assumption, Ascension, St. James, St. John the Baptist, East Feliciana, West Feliciana and Terrebone Parishes

General Professional Services Questionnaire

PROFESSIONAL NO. 4

Name & Title:

N/A

Name of Firm with which associated:

Description of job responsibilities:

Years' experience with this Firm:

Education: Degree(s)/Year/Specialization:

Other experience and qualifications relevant to the proposed Project:

General Professional Services Questionnaire

PROFESSIONAL NO. 5
Name & Title:
N/A
Name of Firm with which associated:
Description of job responsibilities:
Years' experience with this Firm:
Education: Degree(s)/Year/Specialization:
Other experience and qualifications relevant to the proposed Project:

General Professional Services Questionnaire

K. List all prior projects that best illustrate the Firm's qualifications relevant to this Project. Please include any and all work performed for Jefferson Parish. Please attach additional pages if necessary.

PROJECT NO. 1

Project Name, Location and Owner's contact information:	Description of Services Provided:
<p>Forensic Evaluations for 24th JDC and Parish Courts Resolution # 127459</p>	<p>Performance of Sanity Commissions for 24th JDC, First and Second Parish Courts and Juvenile Courts</p>
Length of Services Provided:	Cost of Services Provided:
<p>22 years Dr. Richoux 1 1/2 years Dr. Dehand 1 year Dr. Johnson</p>	<p>\$400 presently per member, per sanity Requesting \$500 per member, per sanity</p>

PROJECT NO. 2

Project Name, Location and Owner's contact information:	Description of Services Provided:
<p>N/A</p>	
Length of Services Provided:	Cost of Services Provided:

General Professional Services Questionnaire

PROJECT NO. 3	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	
Length of Services Provided:	Cost of Services Provided:

PROJECT NO. 4	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	
Length of Services Provided:	Cost of Services Provided:

General Professional Services Questionnaire

PROJECT NO. 5	
Project Name, Location and Owner's contact information:	Description of Services Provided:
<i>N/A</i>	
Length of Services Provided:	Cost of Services Provided:

PROJECT NO. 6	
Project Name, Location and Owner's contact information:	Description of Services Provided:
<i>N/A</i>	
Length of Services Provided:	Cost of Services Provided:

General Professional Services Questionnaire

PROJECT NO. 7	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	
Length of Services Provided:	Cost of Services Provided:

PROJECT NO. 8	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	
Length of Services Provided:	Cost of Services Provided:

General Professional Services Questionnaire

PROJECT NO. 9	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	
Length of Services Provided:	Cost of Services Provided:

PROJECT NO. 10	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	
Length of Services Provided:	Cost of Services Provided:

General Professional Services Questionnaire

L. List all prior and/or on-going litigation between Firm and Jefferson Parish. Please attach additional pages if necessary.

Parties:		Status/Result of Case:
Plaintiff:	Defendant:	
1. <i>None</i>		
2. <i>N/A</i>		
3. <i>N/A</i>		
4. <i>N/A</i>		

M. Use this space to provide any additional information or description of resources supporting Firm's qualifications for the proposed project.

Jefferson Parish
State of Louisiana

N. To the best of my knowledge, the foregoing is an accurate statement of facts.

Signature: *Janet E Johnson* Print Name: *Janet E Johnson, M.D.*
 Title: *Psychiatrist / Subcontractor* Date: _____

LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

WALLET CARD

SIGN CARD IN SPACE PROVIDED. LICENSEES SHOULD KEEP THIS CARD WITH THEM.

LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

630 Camp Street, New Orleans, LA 70130

Discipline: PHYSICIAN & SURGEON - MD

*Credentiaing Entity: For verifications go to www.lsbme.la.gov

Expiration Date : 07/31/2024

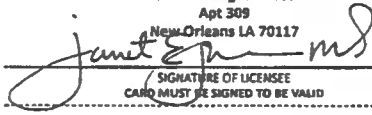
License # : MD.08771R

JANET E. JOHNSON

522 Montegut Street

Apt 309

New Orleans LA 70117



SIGNATURE OF LICENSEE

CARD MUST BE SIGNED TO BE VALID

For information, forms,
verifications or to update
your contact information
please visit our website at

www.lsbme.la.gov



Administrators of the Tulane Educational Fund
Office of the Associate General Counsel
Tulane University Health Sciences Center
1440 Canal Street, Suite 1406
New Orleans, LA 70112
T: (504) 988-5031 – F: (504) 988-7777

May 30, 2023

Re: Janet E. Johnson, MD
DATES OF COVERAGE: 7/1/2023 – 7/1/2024

To Whom It May Concern:

This letter is to confirm that the above referenced individual is/was provided medical malpractice liability coverage pursuant to Act 817 qualification and enrollment in the Louisiana Patient's Compensation Fund under La. Rev. Stat. 40:1231.1, et seq. (formerly La. Rev. Stat. 40:1299.41, et seq.), with limits of liability specified thereunder as described. The coverage referred to is subject to the applicable provisions of the statute and, accordingly, this letter neither affirmatively nor negatively amends, extends or alters the coverages described therein. For a copy of the individual practitioner's current/past professional liability certificate of enrollment issued by the Louisiana Patient's Compensation Fund, please visit their website at: <https://www.doa.la.gov/doa/mmc/pcf/pcf-certificate-copies/>. You may also contact Normeca Smith, Surcharge Manager, Louisiana Patient's Compensation Fund, at (225) 342-5432 or toll free at (866) 469-9555 to assist with this request.

In addition to the insurance provided under the statute by enrollment in the Louisiana Patient's Compensation Fund, The Administrators of the Tulane Educational Fund also has coverage provided under a commercial healthcare professional liability policy as reflected by the attached certificate of insurance.

Special Conditions: In the event this letter has been issued in advance of the effective date entered and, therefore, for credentialing purposes only, the coverage is in effect for the period(s) reflected above with the following condition: Should the named individual not complete the employment process or separate from employment with The Administrators of the Tulane Educational Fund at any time during the policy period stated above, his/her coverage is automatically cancelled effective as of the date of resignation, termination, or separation. As a further condition of this letter confirming coverage, the coverages apply only in the event the named individual is authorized to perform services under a valid and effective contract through Tulane University and/or Tulane University Medical Group (TUMG), and/or only where TUMG bills for the services.

Very truly yours,

A handwritten signature in cursive script that reads 'Patricia A. Bethancourt'.

Patricia A. Bethancourt
Associate General Counsel



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/01/2023

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 have ADDITIONAL INSURED provisions or 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 Willis Towers Watson Southeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: Willis Towers Watson Certificate Center PHONE (A/C No. Ext): 1-877-945-7378 FAX (A/C No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com														
INSURED The Admin of the Tulane Educational Fund Enterprise Risk Services 1555 Poydras Street Suite 922 New Orleans, LA 70112	<table border="1"><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Ironshore Specialty Insurance Company</td><td>25445</td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Ironshore Specialty Insurance Company	25445	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES **CERTIFICATE NUMBER:** W29958363 **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 (NSD) (WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PROP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Medical Professional		EC7AAB2R0004	09/01/2023	09/01/2024	Specific \$10,000,000 Aggregate \$10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

\$250,000 Retained Limit - Medical Professional

\$100,000 Deductible - General Liability

CERTIFICATE HOLDER

CANCELLATION

Evidence of Insurance	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

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Division Of Administration

John Bel Edwards
Governor



PATIENT'S COMPENSATION FUND

P.O. BOX 3718
BATON ROUGE, LA 70821
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Janet Elaine Johnson, M.D.
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10/11/2023

Print Date

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LOUISIANA PATIENT'S COMPENSATION FUND