

DATE: 4/22/2021

INVITATION TO BID
THIS IS NOT AN ORDER

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BID NO.: 50-00133913

JEFFERSON PARISH

PURCHASING DEPARTMENT
P.O. BOX 9
GRETNA, LA. 70054-0009
504-364-2678

VENDOR:

JTV Telcom

BUYER: MBUTTERY

As per LSA-RS 47:301 et seq., all governmental bodies are excluded from payment of sales taxes to any Louisiana taxing body. Quotations shall be based on F.O.B. Agency warehouse or jobsite, anywhere within the Parish as designated by the Purchasing Department.

JEFFERSON PARISH reserves the right to cancel all or any part of an order if not shipped promptly. No charges will be allowed for parking or cartage unless specified in quotation. The order must not be filled at a higher price than quoted. JEFFERSON PARISH reserves the right to cancel at any time and for any reason by issuing a THIRTY (30) day written notice to the contractor.

JEFFERSON PARISH is expecting all products to be new and all work to be done in workman-like manner, according to standard practices. Any deviations or alteration from the specifications must be indicated on the bid form for each item and upon request, product data for same must be submitted by the time specified by the Purchasing Department.

DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

21 May APR

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

21 May APR

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

60

In the event that addenda are issued with this bid, bidders MUST acknowledge all addenda on the bid form. Bidder must acknowledge receipt of an addendum on the bid form by placing the addendum number as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER:

1

NUMBER:

2

NUMBER:

NUMBER:

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) *62671*

***** ALL BIDDERS MUST COMPLETE SECTION BELOW *****

FIRM NAME:

Shawn Torres

SIGNATURE:

(Must be signed here)

TITLE:

CEO

PRINT OR TYPE NAME:

Shawn Torres

ADDRESS:

5735 F Smith Ave

CITY, STATE:

Sikee LA

ZIP:

70460

TELEPHONE:

(985) 640-9043

FAX:

()

EMAIL ADDRESS:

STORRES@JTVTelcom.com

TOTAL PRICE OF ALL BID ITEMS: \$ *52,162.00*

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INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00133913

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>LABOR, MATERIALS AND EQUIPMENT NECESSARY TO PROVIDE AND INSTALL CAMERAS AT LAFRENIERE PARK FOR THE DEPARTMENT OF RECREATION</p> <p>0010-LABOR, MATERIALS AND EQUIPMENT TO PROVIDE AND INSTALL SECURITY CAMERAS AND VIDEO SURVEILLANCE AT LAFRENIERE PARK IN MULTIPLE LOCATIONS PER ATTACHED SPECS.</p> <p>LOCATION: LAFRENIERE PARK 3000 DOWNS BLVD. METAIRIE, LA 70003</p> <p>ALL MANUFACTURER-NAMED ITEMS LISTED IN THIS BID ARE USED TO DETERMINE MINIMUM QUALIFICATIONS AND STANDARDS FOR THE TYPE OF EQUIPMENT NEEDED.</p> <p>SITE VISIT CONTACT: TRIPP RABALAIS 504.838.4392 TRABALAIS@JEFFPARISH.NET</p> <p>OR</p> <p>JOHN HAYES 504.838.4389 JHAYES@JEFFPARISH.NET</p>		

Debarment/Suspension Form

DEBARMENT/SUSPENSION CERTIFICATION

Debarment:

Federal Executive Order (E.O.) 12549 "Debarment" requires that all contractors receiving individual awards, using federal funds, and all subrecipients certify that the organization and its principals are not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency from doing business with the Federal Government. By signing this document you certify that your organization and its principals are not debarred. Failure to comply or attempts to edit this language may disqualify your bid. Information on debarment is available at the following websites: www.sam.gov and <https://acquisition.gov/far/index.html> see section 52.209-6.

Your signature certifies that neither you nor your principal is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

Shawn Tates CEO
(Name and Title of bidder's official)

IN-TELECOM
(Name of bidder/company)

573 J F Smith Ave
(Address)

Sidell CT 06460
(Address)

PHONE 985-326-0250 FAX _____

EMAIL STORAES@IN-TELECOM.com

[Signature] Signature 5-6-21 Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/11/2021

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 Fassbender Insurance Agency 2051 Gause Blvd East Suite 50	CONTACT NAME: TREY ROSCH PHONE (985)607-0291 FAX (985)607-0292 E-MAIL: TREY@FASSBENDERINSURANCE.COM ADDRESS:
SLIDELL INSURED IN-TELECOM CONSULTING, LLC 573 J F SMITH AVE SLIDELL LA 70460	INSURER(S) AFFORDING COVERAGE INSURER A: NAUTILUS INSURANCE COMPANY INSURER B: MT. HAWLEY INSURANCE COMPANY INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: LA 70460 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	ADDITIONAL SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ EXCLUDED GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		NN1222853	2/6/2021	2/6/2022	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	AUTOMOBILE LIABILITY					
<input type="checkbox"/>	ANY AUTO					
<input type="checkbox"/>	OWNED AUTOS ONLY	<input type="checkbox"/>				
<input type="checkbox"/>	HIRER AUTOS ONLY	<input type="checkbox"/>				
<input type="checkbox"/>	AUTOS ONLY	<input type="checkbox"/>				
B	UMBRELLA LIAB	<input type="checkbox"/>	GXS0003323	2/6/2021	2/6/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
<input checked="" type="checkbox"/>	EXCESS LIAB	<input type="checkbox"/>				
<input type="checkbox"/>	DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/>				
<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>				PER STATUTE <input type="checkbox"/> 20TH- E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)					

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Trey Rosch</i>

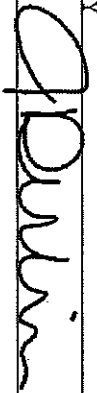
LOUISIANA CERTIFICATE OF INSURANCE

This certificate is issued for informational purposes only. It certifies that the policies listed in this document have been issued to the Named Insured. It does not grant any rights to any party nor can it be used, in any way, to modify coverage provided by such policies. Alteration of this certificate does not change the terms, exclusions or conditions of such policies. Coverage is subject to the provisions of the policies, including any exclusions or conditions, regardless of the provisions of any other contract, such as between the certificate holder and the Named Insured. The limits shown below are the limits provided at the policy inception. Subsequent paid claims may reduce these limits.

Certificate Holder	Named Insured: IN-TELECOM CONSULTING, LLC 573 J F SMITH AVE SLIDELL LA 70460-4687
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Automobile Liability					
Insurer Name: Allstate Insurance Company					
Policy Number: 648246658					
1 - Any Auto	2 - Owned Autos Only	3 - Owned Priv. Pass. Autos Only			
4 - Owned Autos Other Than Priv. Pass. Autos Only	5 - Owned Autos Subject to No Fault	6 - Owned Autos Subject to a Compulsory UM Law			
X 7 - Specifically Described Autos	X 8 - Hired Autos Only	X 9 - Non-owned Autos Only			
Policy Effective Date: 11-09-2020		Policy Expiration Date: 11-09-2021			
Limits Of Insurance:	\$ 1,000,000	Combined Single Limit (each accident)			
	BI Per Person	BI Per Accident	PD Per Accident		
BLANKET WAIVER OF SUBROGATION APPLIES					
Description of Operations/Locations/Vehicles/Endorsements/Special Provisions					

Interested Party Type: ADDITIONAL INSURED - OTHER
THIS CERTIFICATE DOES NOT GRANT ANY COVERAGE OR RIGHTS TO THE CERTIFICATE HOLDER. IF THIS CERTIFICATE INDICATES THAT THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED, THE POLICY(IES) MUST EITHER BE ENDORSED OR CONTAIN SPECIFIC LANGUAGE PROVIDING THE CERTIFICATE HOLDER WITH ADDITIONAL INSURED STATUS. THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED ONLY TO THE EXTENT INDICATED IN SUCH POLICY LANGUAGE OR ENDORSEMENT.

Producer: DAVE MARTIN III AGY	
Authorized Representative: 	Date: 02-10-21

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