

DATE: 4/22/2021

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00133913

JEFFERSON PARISH

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

VENDOR: JV 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 <u>21 Days ARA</u> |
| INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK <u>21 DAY ARA</u> |
| INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK <u>60</u> |

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: <u>Shawn Torres</u> | TITLE: _____ |
| SIGNATURE:  | TITLE: <u>CEO</u> |
| (Must be signed here) | |
| PRINT OR TYPE NAME: <u>Shawn Torres</u> | |
| ADDRESS: <u>573 SF Smith Ave</u> | |
| CITY, STATE: <u>Sible LA</u> | ZIP: _____ |
| TELEPHONE: <u>985 640-9043</u> | FAX: <u>70460</u> |
| EMAIL ADDRESS: <u>STORRES@JVTelcom.com</u> | |

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

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 JOHN HAYES 504.838.4389 JHAYES@JEFFPARISH.NET</p> | | |

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.sarn.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 Torres CEO
(Name and Title of bidder's official)

IN-TELECOM
(Name of bidder/company)

573 JF Smith Ave

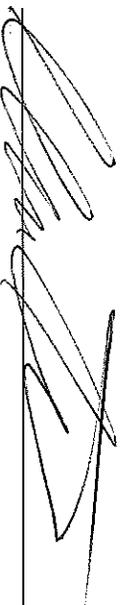
(Address)

Sierra CA 70460

(Address)

PHONE 985-326-0550 FAX _____

EMAIL STORRES@IN-TELECOM.COM

 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 (AG, No, Ext): (985)607-0291
FAX (AG, No): (985)607-0292
EMAIL: TREY@FASSBENDERINSURANCE.COM
ADDRESS:

Slidell

LA 70461

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURED

IN-TELECOM CONSULTING, LLC
573 J F SMITH AVE

INSURER A: NAUTILUS INSURANCE COMPANY
INSURER B: MT. HAWLEY INSURANCE COMPANY

INSURER C:

INSURER D:

INSURER E:

INSURER F:

LA 70460

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 | ADDITIONAL SUBR LTR | 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: POLICY <input type="checkbox"/> PRO- <input type="checkbox"/> PER- <input type="checkbox"/> LOC OTHER: <input type="checkbox"/> | | 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 | | | | | |
| | ANY AUTO <input type="checkbox"/> OWNED <input type="checkbox"/> SCHEDULED <input type="checkbox"/> AUTOS ONLY <input type="checkbox"/> AUTOS <input type="checkbox"/> HIRED <input type="checkbox"/> NON-OWNED <input type="checkbox"/> AUTOS ONLY <input type="checkbox"/> AUTOS ONLY | | | | | |
| B | UMBRELLA LIAB | <input type="checkbox"/> | GXS0003323 | 2/6/2021 | 2/6/2022 | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 |
| | EXCESS LIAB | <input type="checkbox"/> | | | | |
| | DED <input type="checkbox"/> RETENTION \$ | | | | | |
| | 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"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| | Y/N | | N/A | | | |

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

Trey Rosch

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 |
|---------------------------|---|

| | | | |
|---|-------------------------------------|--|-------------------------------------|
| Automobile Liability | | | |
| Insurer Name: Allstate Insurance Company | | | |
| Policy Number: 648246658 | | | |
| 1 - Any Auto | <input type="checkbox"/> | 2 - Owned Autos Only | <input type="checkbox"/> |
| 4 - Owned Autos Other Than Priv. Pass. Autos Only | <input type="checkbox"/> | 5 - Owned Autos Subject to No Fault | <input type="checkbox"/> |
| X 7 - Specifically Described Autos | <input checked="" type="checkbox"/> | 8 - Hired Autos Only | <input checked="" type="checkbox"/> |
| 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 |

LDI COI 263340-1 09 10

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