

DATE: 12/20/2022

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00140593

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

VENDOR: Green Point Ag, LLC

BUYER: SDUFFY

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>1-16-23</u>
INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK	_____
INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK	_____

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: _____
 NUMBER: _____
 NUMBER: _____
 NUMBER: _____

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

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: <u>Green Point Ag, LLC</u>	
SIGNATURE: <u><i>Reuben Wedgeworth</i></u>	TITLE: <u>Salesman</u>
PRINT OR TYPE NAME: <u>Reuben Wedgeworth</u>	
ADDRESS: <u>492 White Sands Rd</u>	
CITY, STATE: <u>Poplarville, MS</u>	ZIP: <u>39470</u>
TELEPHONE: <u>(601) 498-0750</u>	FAX: <u>()</u>
EMAIL ADDRESS: <u>reuben.wedgeworth@greenpointag.com</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 8,925.00

DATE: 12/20/2023

INVITATION TO BID FROM JEFFERSON PARISH - continued

Page: 6

BID NO.: 80-00140693

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	300.00	GL	<p>0010 - HERBICIDE, WEED KILLER, 41 PERCENT GLYPHOSATE, N-(PHOSPHONOMETHYL) GLYCINE AND 15 PERCENT SURFACTANT CONCENTRATED, (2)2-1/2 GALLON CONTAINERS PER CASE, WITH MSDS SHEETS, LESCO PROSECUTOR BRAND BK NUMBER 00-0490050</p> <p>DELIVER TO: PUBLIC WORKS WAREHOUSE 1800 RIVER PARK ROAD BRIDGE CITY, LA 70094 ATTN: GERALD LOHNER PW Warehouse Supervisor II (504) 349-5155 Email: glohner@jeffparish.net</p>	\$ 29.75	\$ 8,925.00

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 Arthur J. Gallagher Risk Management Services, Inc. Creekside Crossing 8 Cadillac Drive Suite 200 Brentwood TN 37027 License#: BR-724491		CONTACT NAME: PHONE (A/C, No, Ext): 615-244-8484 FAX (A/C, No): 615-377-5101 E-MAIL ADDRESS:															
INSURED GreenPoint Ag Holdings, LLC 121 Somerville Rd Decatur, AL 35609 GREEAGH-01		INSURER(S) AFFORDING COVERAGE <table border="1"> <tr> <th>INSURER</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : Hartford Fire Insurance Company</td> <td>19682</td> </tr> <tr> <td>INSURER B : Great American E&S Insurance Company</td> <td>37532</td> </tr> <tr> <td>INSURER C : Hartford Accident and Indemnity Company</td> <td>22357</td> </tr> <tr> <td>INSURER D : Evanston Insurance Company</td> <td>35378</td> </tr> <tr> <td>INSURER E : National Fire & Marine Insurance Co</td> <td>20079</td> </tr> <tr> <td>INSURER F : AXIS Surplus Insurance Company</td> <td>26620</td> </tr> </table>		INSURER	NAIC #	INSURER A : Hartford Fire Insurance Company	19682	INSURER B : Great American E&S Insurance Company	37532	INSURER C : Hartford Accident and Indemnity Company	22357	INSURER D : Evanston Insurance Company	35378	INSURER E : National Fire & Marine Insurance Co	20079	INSURER F : AXIS Surplus Insurance Company	26620
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COVERAGES CERTIFICATE NUMBER: 1629619632

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	COMMERCIAL GENERAL LIABILITY CLAIMS- <input checked="" type="checkbox"/> MADE OCCUR AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: <input checked="" type="checkbox"/> GE	Y	Y	PLE744884-01	8/1/2022	8/1/2023	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$ 2,000,000
							GENERAL AGGREGATE	\$ 4,000,000
							PRODUCTS - COMP/OP AGG	\$ 4,000,000
								\$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> AUTOS ONLY	Y	Y	20CSES77201	8/1/2022	8/1/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
D	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$			MKL2EUL104721	8/1/2022	8/1/2023	EACH OCCURRENCE	\$ 3,000,000
							AGGREGATE	\$ 3,000,000
								\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y	20 WVN S77200	8/1/2022	8/1/2023	PER STATUTE	OTHER
							E.L EACH ACCIDENT	\$ 1,000,000
							E.L DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L DISEASE - POLICY LIMIT	\$ 1,000,000
E	Excess Auto Liability			42-XSF-316876-02	8/1/2022	8/1/2023	Each Occurrence	5,000,000
F	Property			EA655395-22	8/1/2022	8/1/2023	Each Occurrence	1,250,000
A	Garagekeepers Coverage			20CSES77201	8/1/2022	8/1/2023	Limit of Insurance	2,000,000

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

Property Coverage Cont.

Carrier: First Specialty Insurance Corporation (NAIC 29874); Policy #ESP 2005225 01; Limit \$1,150,000

Carrier: Starstone Specialty Insurance (NAIC 44776); Policy #H70603221CSP; Limit \$1,000,000

Carrier: Underwriters at Lloyd's London (NAIC 15792); Policy #EWO158322; Limit \$1,100,000

Carrier: Landmark American Insurance Company (NAIC 33138); Policy #LHD926435; Limit \$500,000

Stock/Inventory

Carrier: Lloyd's Synd 2488 (AMB #: 048354); policy #SM0780721; Limit: \$30,000,000

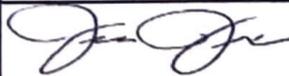
See Attached...

CERTIFICATE HOLDER

CANCELLATION

Jefferson Parish
Purchasing Department
PO Box 9
Gretna, LA 70054-0009

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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ACORD 25 (2016/03)

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AGENCY CUSTOMER ID: GREEAGH-01 LOC #: _____



ADDITIONAL REMARKS SCHEDULE

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1

AGENCY Arthur J. Gallagher Risk Management Services, Inc.		NAMED INSURED GreenPoint Ag Holdings, LLC 121 Somerville Rd Decatur, AL 35609	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE