

DATE: 5/02/2023

INVITATION TO BID  
THIS IS NOT AN ORDER

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BID NO.: 50-00142073

## JEFFERSON PARISH

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

VENDOR: Lafayette Lines and Pressure Washing LLC

BUYER: LCARONIA

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

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

June 22/2023

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

June 28/2023

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:	Lafayette Lines and Pressure Washing, LLC		
SIGNATURE:	Coleman Fauchaux	TITLE:	Owner/operator
(Must be signed here)			
PRINT OR TYPE NAME:	Coleman Fauchaux		
ADDRESS:	105 Calco Blvd. Apt. 1405C		
CITY, STATE:	Lafayette, Louisiana	ZIP:	70503
TELEPHONE:	985-413-2893	FAX:	( )
EMAIL ADDRESS:	colemanfauchaux@yahoo.com		

TOTAL PRICE OF ALL BID ITEMS: \$ 21,575

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## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00142073

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>Labor Materials, Equipment, Transportation and All Other Incidentals to Clean and Pressure Wash the Parking Lot, Sidewalks, curb stops and concrete light poles bases at the Joseph S. Yenni Building</p> <p>0010 - PROVIDE ALL LABOR, MATERIALS, EQUIPMENT, TRANSPORTATION, AND ALL OTHER INCIDENTALS NECESSARY TO CLEAN AND PRESSURE WASH PARKING LOT, SIDEWALKS, CURB STOPS, AND CONCRETE LIGHT POLE BASES PER THE ATTACHED SPECIFICATIONS.</p> <p>LOCATION: JOSEPH S. YENNI BUILDING 1221 ELMWOOD PARK BLVD JEFFERSON, LA 70123</p>	\$ 21,575	\$ 21,575

Insurance Declaration Affidavit  
Worker's Compensation

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared,

Coleman Clay Fauchaux (Affiant) who after being duly sworn, deposed and said that he/she  
is the fully authorized Jefferson Lines Pressure Washing of Louisiana (Entity), the  
party who submitted a Proposal/Contract/Bid/RFP/SOQ No. 50-00142073, to Jefferson Parish.

Affiant further said:

- (1) That affiant has no employees in which Worker's Compensation Insurance is required pursuant to state law.
- (2) That if affiant hires employees such that they would be required under state law to obtain Worker's Compensation Insurance, affiant will notify Jefferson Parish and obtain the proper coverage.

Coleman Fauchaux  
Signature of Affiant

Coleman Fauchaux  
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 15 DAY OF May, 2023

Barbara A. Williams  
Notary Public

Barbara A. Williams  
Printed Name of Notary

68151  
Notary/Bar Roll Number

My commission expires with Life

Insurance Declaration Affidavit  
Automotive

STATE OF Louisiana AFFIDAVIT  
PARISH/COUNTY OF Calcasieu

BEFORE ME, the undersigned authority, personally came and appeared,  
Coleman Clay Fauchaux who after being duly sworn, deposed and said that he/she  
is the fully authorized Calcasieu Lines Pressure Washing of Louisiana (Entity), the  
party who submitted a Proposal/Contract/Bid/RFP/SOQ No. 50-00142073, to Jefferson Parish.

Affiant further said:

- (1) That entity does not own automobiles or use automobiles in the furtherance of the services provided under the contract.
- (2) That if the entity obtains automobiles or begins to use automobiles in the furtherance of the services provided under the contract, affiant will notify Jefferson Parish and obtain the proper coverage.



Coleman Fauchaux  
Signature of Affiant

Coleman Fauchaux  
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 15 DAY OF May, 2023

Barbara A. Williams  
Notary Public

Barbara A. Williams  
Printed Name of Notary

68151  
Notary/Bar Roll Number

My commission expires with life



LAFALIN-01

CZERINGUE

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/10/2023

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).

<b>PRODUCER</b> Jones Insurance Services, LLC 605 East 1st Street Thibodaux, LA 70301	<b>CONTACT NAME:</b> <b>PHONE</b> (A/C, No, Ext): (985) 447-4007 <b>FAX</b> (A/C, No): (985) 448-2635 <b>E-MAIL ADDRESS:</b> agencysupport@jonesinsurance.net
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A :</b> Crum & Forster Specialty <b>INSURER B :</b> <b>INSURER C :</b> <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>
<b>INSURED</b> Lafayette Lines And Pressure Washing LLC 105 Calco Blvd Apt 1405C Lafayette, LA 70503	<b>NAIC #</b>

## 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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
X	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		BAS-20839-1	4/6/2023	4/6/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>						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) <input type="checkbox"/> 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 \$

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

Certificate Holder is named as Additional insured as required by written contract in regard to General Liability Coverage.

Bid # 50-00142073

Location: Joseph S. Yenni Building 1221 Elmwood Park Blvd Jefferson, LA 70123

## CERTIFICATE HOLDER

## CANCELLATION

Jefferson Parish it's Districts Departments and Agencies  
under the Direction of the Parish President and Parish Council  
200 Derbigny Street General Government Building Suite 4400  
Gretna, LA 70053

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