

DATE: 5/02/2023

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00142073

JEFFERSON PARISH

PURCHASING DEPARTMENT
P.O. BOX 9
GRETNA, 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: (Must be signed here)	Coleman Fauchaux TITLE: Owner/operator
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

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 a the Joseph S. Yenni Buildi</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 LaFayette Pipes 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

AFFIDAVIT

STATE OF

PARISH/COUNTY OF

Louisiana
Academy

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 Academy 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

68157
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).

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

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	
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		<input checked="" type="checkbox"/>	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 <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <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) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTH-ER
							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 
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