

DATE: 6/12/2019
BID NO.: 50-00126942

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

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

VENDOR:

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

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 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) 13645

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME:	<u>Kenny G's Pest Control</u>
SIGNATURE: (Must be signed here)	<u>Kenneth Guerra</u> TITLE: <u>owner</u>
PRINT OR TYPE NAME:	<u>Kenneth Guerra</u>
ADDRESS:	<u>38601 Rt. Ford Rd</u>
CITY, STATE:	<u>Ponchatoula, LA</u> ZIP: <u>70454</u>
TELEPHONE:	<u>504 656-8900</u> FAX: <u>985 386-5423</u>
EMAIL ADDRESS:	<u>BugmanKennyg@hive.com</u>

TOTAL PRICE OF ALL BID ITEMS: \$ 4,680.00

DATE: 6/12/2019

INVITATION TO BID FROM JEFFERSON PARISH - continued

Page: 5

BID NO.: 50-00126942

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	24.00	MO	<p>PURCHASE OF A TWO (2) YEAR CONTRACT TO SUPPLY PEST CONTROL FOR THE DEPARTMENT OF SEWERAGE</p> <p>0010 - Two year contract for pest control for the Department of Sewerage West Bank Maintenance Facility and the immediate surrounding areas according to the attached specifications</p> <p>AREAS TO BE SERVICED: Administration Building 1440 River Park Rd. Bridge City, LA 70094 approximately 250 square feet x 40 square feet</p> <p>Maintenance Building 1450 River Park Rd. Bridge City, LA 70094 approximately 100 square feet x 70 square feet</p> <p>For Site Visit Contact: Morris Sapia or Donald Jackson 504.437.4817 504.437.4816</p>	\$195.00	\$4,680.00



CERTIFICATE OF LIABILITY INSURANCE

KENNY-5

OP ID: MW

DATE (MM/DD/YYYY)

05/15/2019

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 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
Brown & Brown of Louisiana, LLC
Brown & Brown of Baton Rouge
6300 Corporate Blvd, Ste 250
BATON ROUGE, LA 70809
*Select Accounts

CONTACT NAME: **Melissa C. Wade**PHONE (A/C, No, Ext): **225-763-5604**FAX (A/C, No): **225-763-5650**

E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURED **Kenny G's Pest Control, LLC**
Attn: Kenneth Guerra
38601 Raiford Rd
Ponchatoula, LA 70454

INSURER A: **ACCIDENT FUND INS CO OF AMER****10166**INSURER B: ***Imperium Insurance Company****35408**

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		IIC-GL-05615-01	05/01/2019	05/01/2020	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 \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	OTHER:					
	AUTOMOBILE LIABILITY					
	<input type="checkbox"/> ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	WCV6165315	05/01/2019	05/01/2020	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N/A				<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT \$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Workers' Compensation excludes Kenneth Guerra.

CERTIFICATE HOLDER**CANCELLATION**

KENN006

Kenny G's Pest Control, LLC
38601 Raiford Rd
Ponchatoula, LA 70454

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



P. BANKSTON
INSURANCE AGENCY, INC.
17452 Hwy 21 N, Suite 100
Baton Rouge, LA 70433
(504) 803-9899

Binder of Insurance

Pending issuance and delivery of a policy pursuant to the application of the insured and to all the terms and conditions of the policy issued by the company the

State Farm Mutual Automobile Insurance Company

Does hereby insure: KENNETH GUERRA
38601 RAIFORD RD
PONCHATOULA, LA 70454-8019

with loss payable to: TOYOTA FINANCIAL SERVICES PO BOX 105386
30348-5386

ATLANTA GA

Policy Number: 211 3035-A18-18D

Year Make
2018 TOYOTA TACOMA PICKUP

Vehicle Identification Number (VIN)
5TFRX5GN5JX130382

Coverages

Liability
1MM/1MM/1MM

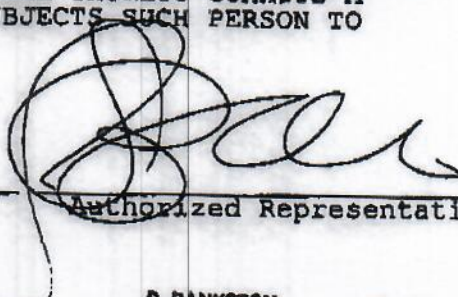
Comprehensive
\$500

Collision Ded
\$500

Effective December 26, 2018, expiring not to exceed thirty (30) days hence and to become void immediately upon the issuance of a policy in place hereof.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Date _____


Authorized Representative

P. BANKSTON 18-1998

FLORIDA PARISHES AFO F695

IMPORTANT - IDENTIFICATION CARDS

FOLD TOP AND BOTTOM OF CARD ON PERFORATION
STATE FARM®
FOLD TOP AND BOTTOM OF CARD ON PERFORATION

State Farm LOUISIANA AUTO INSURANCE IDENTIFICATION CARD

☒ State Farm Mutual Automobile Ins. Co. ☐ State Farm Fire and Casualty Co.

PO Box 853922
INSURED GUERRA, KENNETH
Richardson, TX 75085-3922

POLICY NUMBER 211 3005-A16-16D EFFECTIVE JUL MUTL VOL
YR 2018 MAKE TOYOTA VIN 5TFHXSGBJX130382
MODEL TACOMA
AGENT PHILIP W BANKSTON INS AGCY INC 1998-BD3
COVINGTON, LA 70433
PHONE (985)983-8889 NALC # 25178
A D500 G500 UEO
EXCLUDED DRIVERS)
N/A

THIS CARD MUST BE CARRIED IN THE VEHICLE AT ALL TIMES AS EVIDENCE OF LIABILITY INSURANCE

State Farm LOUISIANA AUTO INSURANCE IDENTIFICATION CARD

☒ State Farm Mutual Automobile Ins. Co. ☐ State Farm Fire and Casualty Co.

PO Box 853922
INSURED GUERRA, KENNETH
Richardson, TX 75085-3922

POLICY NUMBER 211 3005-A16-16D EFFECTIVE JUL MUTL VOL
YR 2018 MAKE TOYOTA VIN 5TFHXSGBJX130382
MODEL TACOMA
AGENT PHILIP W BANKSTON INS AGCY INC 1998-BD3
COVINGTON, LA 70433
PHONE (985)983-8889 NALC # 25178
A D500 G500 UEO
EXCLUDED DRIVERS)
N/A

THIS CARD MUST BE CARRIED IN THE VEHICLE AT ALL TIMES AS EVIDENCE OF LIABILITY INSURANCE

00039/01252
14181/2 02-14-2018 (o1pdmz)

KEEP A CARD IN YOUR CAR.
THIS CARD IS INVALID IF THE POLICY FOR WHICH IT WAS ISSUED LAPSES OR IS TERMINATED.
KEEP YOUR CURRENT CARD UNTIL THE EFFECTIVE DATE OF THIS CARD.

M 75500-5-A
AL-FI

0101-ST-6-0106