

DATE: 2/15/2017

Page: 5

BID NO.: 50-00118589

BID FORM
Non Public Works

All Public Work Projects are required to use the Louisiana Uniform Public Work Bid Form

All prices must be held firm unless an escalation provision is requested in this bid. Jefferson Parish will allow one escalation during the term of the contract, which may not exceed the U.S. Bureau of Labor Statistics National Index for all Urban Consumers, unadjusted 12 month figure. The most recently published figure issued at the time an adjustment is requested will be used. A request must be made in writing by the vendor, and the escalation will only be applied to purchases made after the request is made.

Are you requesting an escalation provision?

YES _____ NO X

MAXIMUM ESCALATION PERCENTAGE REQUESTED 0 %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF Term of Contract

For the purposes of comparison of bids when an escalation provision is requested, Jefferson Parish will apply the maximum escalation percentage quoted by the bidder to the period to which it is applied in the bid. The initial price and the escalation will be used to calculate the total bid price. It will be assumed, for comparison of prices only, that an equal amount of material or labor is purchased each month throughout the entire contract.

DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

One week prior to start date

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 47041

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: Primero Services Inc. dba ServiceMaster elite cleaning services
ADDRESS: 1759 Le A Rd
CITY, STATE: Metairie La ZIP: 70001
TELEPHONE: (504) 832-9944 FAX: (504) 833-4144
EMAIL ADDRESS: Lenny@serviceMastereliteclean.com

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: 1

NUMBER: _____

NUMBER: _____

NUMBER: _____

TOTAL PRICE OF ALL BID ITEMS: \$ 1,060,011.79

AUTHORIZED SIGNATURE: [Signature]

TITLE: PRESIDENT

LEONARD C. CABRERA
Printed Name

SIGNING INDICATES YOU HAVE READ AND COMPLY WITH THE INSTRUCTIONS AND CONDITIONS.

NOTE: All bids should be returned with the BID NUMBER and BID OPENING DATE indicated on the outside of the envelope submitted to the Purchasing Department.

REVISED PER ADDENDUM NO. 1

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00118589

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			THREE (3) YEAR CONTRACT TO PERFORM JANITORIAL SERVICE AT VARIOUS JEFFERSON PARISH FACILITIES FOR THE DEPARTMENT OF GENERAL SERVICES		
1	36.00	MO	0010 PROVIDE MONTHLY COST FOR GENERAL CLEANING, WHICH INCLUDES ALL OFFICES, RESTROOMS, STAIRWAYS, AND COMMON AREAS, FOR THE GENERAL GOVERNMENT BUILDING AND ROTUNDA AREA AS PER THE ATTACHED SPECS.	6255.33	225,191.88
2	1.00	SQFT	0020 PROVIDE A SQUARE FOOTAGE COST FOR THE ADDITION OR DELETION OF SQUARE FOOTAGE TO BE CLEANED AT THE JEFFERSON PARISH GENERAL GOVERNMENT BUILDING AND ROTUNDA AREA AS PER THE SPECS.	0.054	0.054
3	1.00	SQFT	0030 PROVIDE A SQUARE FOOTAGE COST FOR TILE AND HARD SURFACE FLOOR REFINISHING AS NEEDED WHICH INCLUDES EVERYTHING FOR STRIPPING, CLEANING, WAXING, AND BUFFING AT ANY OF THE BUILDING TO BE COVERED UNDER THIS CONTRACT.	0.25	0.25
4	36.00	MO	0040 PROVIDE MONTHLY COST FOR GENERAL CLEANING, WHICH INCLUDES ALL OFFICES, RESTROOMS, STAIRWAYS, AND COMMON AREAS, FOR THE THOMAS DONELON BUILDING (24TH JDC) AS PER THE ATTACHED SPECS.	5,842.50	210,330.00
5	1.00	SQFT	0050 PROVIDE A SQUARE FOOTAGE COST FOR THE ADDITION OR DELETION OF SQUARE FOOTAGE TO BE CLEANED AT THE THOMAS F. DONELON BUILDING (24TH JDC) AS PER THE SPECS.	0.054	0.054
6	36.00	MO	0060 PROVIDE A MONTHLY COST FOR GENERAL CLEANING, WHICH INCLUDES ALL OFFICES, RESTROOMS, STAIRWAYS, AND COMMON AREAS, FOR THE SECOND PARISH COURT BUILDING AS PER SPECS.	1,791.42	64,491.12
7	1.00	SQFT	0070 PROVIDE A SQUARE FOOTAGE COST FOR THE ADDITION OR DELETION OF SQUARE FOOTAGE TO BE CLEANED AT THE SECOND PARISH COURT BUILDING AS PER SPECS.	0.049	0.049
8	36.00	MO	0080 PROVIDE A MONTHLY COST FOR GENERAL CLEANING, WHICH INCLUDES ALL OFFICES,	854.58	30,764.88

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00118589

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
9	1.00	SQFT	RESTROOMS, STAIRWAYS, AND COMMON AREAS FOR THE SALVADOR A. LIBERTO BUILDING AS PER SPECS. 0090 PROVIDE A SQUARE FOOTAGE COST FOR THE ADDITION OR DELETION OF SQUARE FOOTAGE TO BE CLEANED AT THE SALVADOR A. LIBERTO BUILDING AS PER SPECS.	0077	0077
10	36.00	MO	0100 PROVIDE A MONTHLY COST FOR GENERAL CLEANING, WHICH INCLUDES ALL OFFICES, RESTROOMS, STAIRWAYS, AND COMMON AREAS, FOR THE CHARLES B. ODOM, SR. SERVICE CENTER AS PER SPECS.	719.25	25,893
11	1.00	SQFT	0110 PROVIDE A SQUARE FOOTAGE COST FOR THE ADDITION OR DELETION OF SQUARE FOOTAGE TO BE CLEANED AT THE CHARLES B. ODOM, SR. BUILDING SERVICE CENTER AS PER SPECS.	0065	0065
12	36.00	MO	0120 PROVIDE A COST FOR GENERAL CLEANING, WHICH INCLUDES ALL OFFICES, RESTROOMS, STAIRWAYS, AND COMMON AREAS, FOR THE JOSEPH S. YENNI BUILDING AS PER SPECS.	10,155.92	365,613.12
13	1.00	SQFT	0130 PROVIDE A SQUARE FOOTAGE COST THE ADDITION OR DELETION OF SQUARE FOOTAGE TO BE CLEANED AT THE JOSEPH S. YENNI BUILDING AS PER SPECS.	0052	0052
14	36.00	MO	0140 PROVIDE A MONTHLY COST FOR GENERAL CLEANING, WHICH INCLUDES ALL OFFICES, RESTROOMS, STAIRWAYS, AND COMMON AREAS FOR THE FIRST PARISH COURT BUILDING AS PER SPECS.	2,100.75	75,627
15	1.00	SQFT	0150 PROVIDE A SQUARE FOOTAGE COST FOR THE ADDITION OR DELETION OF SQUARE FOOTAGE TO BE CLEANED AT THE FIRST PARISH COURT BUILDING AS PER SPECS.	0070	0070
16	1.00	SQFT	0160 PROVIDE A SQUARE FOOTAGE COST FOR CARPET CLEANING AS NEEDED WHICH INCLUDES	012	012

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00118589

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
17	4,000.00	HR	<p>EVERYTHING TO DO A TOTAL WET EXTRACTION, AT ANY OF THE BUILDINGS TO BE COVERED UNDER THIS CONTRACT.</p> <p>PLEASE NOTE THAT THE BONNET CLEANING SYSTEM IS NOT AN ACCEPTABLE FORM OF CARPET CLEANING.</p> <p>0170 PROVIDE AN HOURLY COST RATE FOR A DAY TIME JANITORIAL EMPLOYEE TO PERFORM</p>	15.51	62,040 ⁰⁰
18	1.00	HR	<p>REGULAR JANITORIAL EMPLOYEE JOB DESCRIPTION. CONTRACTOR WILL ALSO BE REQUIRED TO PROVIDE EQUIPMENT FOR THE EMPLOYEE TO USE TO PERFORM THESE SERVICES. EMPLOYEE MAY BE USED ON AN HOURLY BASIS FOR INTERMITTENT WORK AT VARIOUS LOCATIONS.</p> <p>0180 PROVIDE A PER HOUR COST TO PERFORM BLOOD CONTAMINATION MATERIAL CLEAN UP STANDARD OPERATING PROCEDURE ON A AS NEEDED BASIS, PER THE ATTACHED SPECIFICATIONS.</p>	60.00	60 ⁰⁰

CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF

Primero ServicesINCORPORATED. D/B/A SERVICE MASTER ELITE CLEANING SERVICES

AT THE MEETING OF DIRECTORS OF Primero Services, INC. D/B/A SERVICE MASTER
INCORPORATED, DULY NOTICED AND HELD ON 2/22/2017, ELITE CLEANING
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT SERVICES.
WAS:

RESOLVED THAT Leonard Cabrera, Sr., BE AND IS HEREBY
APPOINTED, CONSTITUTED AND DESIGNATED AS AGENT AND ATTORNEY-IN-
FACT OF THE CORPORATION WITH FULL POWER AND AUTHORITY TO ACT ON
BEHALF OF THIS CORPORATION IN ALL NEGOTIATIONS, BIDDING, CONCERNS
AND TRANSACTIONS WITH THE PARISH OF JEFFERSON OR ANY OF ITS AGENCIES,
DEPARTMENTS, EMPLOYEES OR AGENTS, INCLUDING BUT NOT LIMITED TO, THE
EXECUTION OF ALL BIDS, PAPERS, DOCUMENTS, AFFIDAVITS, BONDS, SURETIES,
CONTRACTS AND ACTS AND TO RECEIVE ALL PURCHASE ORDERS AND NOTICES
ISSUED PURSUANT TO THE PROVISIONS OF ANY SUCH BID OR CONTRACT, THIS
CORPORATION HEREBY RATIFYING, APPROVING, CONFIRMING, AND ACCEPTING
EACH AND EVERY SUCH ACT PERFORMED BY SAID AGENT AND ATTORNEY-IN-
FACT.

I HEREBY CERTIFY THE FOREGOING TO BE
A TRUE AND CORRECT COPY OF AN
EXCERPT OF THE MINUTES OF THE ABOVE
DATED MEETING OF THE BOARD OF
DIRECTORS OF SAID CORPORATION, AND
THE SAME HAS NOT BEEN REVOKED OR
RESCINDED.

Nancy B. Cabrera
SECRETARY-TREASURER

2/22/2017
DATE

Non-Public Works Bid

AFFIDAVIT

STATE OF LouisianaPARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: Leonard
Cabrera, Sr., (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized President of Primero Servicing, Inc. (Entity),
the party who submitted a bid in response to Bid Number 50-00118589 to the Parish of Jefferson ^{D/O/A SERVICE MASTER} ELITE CLEANING
SERVICES
Jefferson.

Affiant further said:

Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all campaign contributions, including the date and amount of each contribution, made to current or former elected officials of the Parish of Jefferson by Entity, Affiant, and/or officers, directors and owners, including employees, owning 25% or more of the Entity during the two-year period immediately preceding the date of this affidavit or the current term of the elected official, whichever is greater. Further, Entity, Affiant, and/or Entity Owners have not made any contributions to or in support of current or former members of the Jefferson Parish Council or the Jefferson Parish President through or in the name of another person or legal entity, either directly or indirectly.

Choice B X there are **NO** campaign contributions made which would require disclosure under Choice A of this section.

Debt Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.

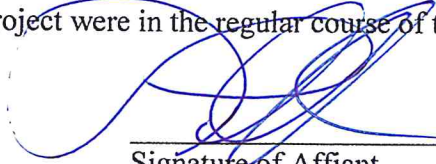
Choice B X There are **NO** debts which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

[The remainder of this page is intentionally left blank.]

That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.



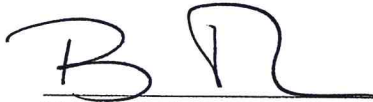
Signature of Affiant

Leonard Cabrera, Sr.

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 22nd DAY OF February, 2017.



Notary Public

Brent Cabrera

Printed Name of Notary

LA Bar #33045

Notary/Bar Roll Number

My commission expires upon death.

[Print](#)

Notary Search - Detail

Name: MR. BRENT F. CABRERA
Address: 1759 L&A ROAD
METAIRIE, LA 70001
Phone: (504) 832-9944
Notary ID Number: 90876
Parish: JEFFERSON with STATEWIDE JURISDICTION
Agency: N/A
Notary Type: Attorney
Bar Roll #: 33045
Status: Active
Commission Date: 11/01/2010
Oath Date: 10/25/2010
Surety Expiration Date: Not Required
Annual Report Current: Not Applicable

[Back to Search Results](#)[New Search](#)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/25/2017

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 Stone Insurance, Inc. 111 Veterans Blvd, Suite 1420 Metairie LA 70005-3055	CONTACT NAME: Sue Hetrick PHONE (A/C, No, Ext): (504) 832-4161 E-MAIL: sue.hetrick@stone-insurance.com ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #
INSURED Primero Services Inc, DBA: ServiceMaster 1759 L & A Road Metairie 70001	INSURER A: Arch Specialty Insurance INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER: 16-17 MASTER** **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
A	COMMERCIAL GENERAL LIABILITY					
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		12EMP05365 02	12/30/2016	12/30/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 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					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/>	OCCUR CLAIMS-MADE				EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
	DED RETENTION \$		12EMX0536602	12/30/2016	12/30/2017	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N				PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	Pollution, Mold and Professional Liability		12EMP05365 02 CLAIMS MADE BASIS	12/30/2016	12/30/2017	Limit \$1,000,000

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

General liability has blanket Additional Insured Endorsement (Form 00 EMP0101 00 01 14), Blanket Waiver of Subrogation (Form 00 EMP0052 00 05 04), and Per Project Aggregate (form 00 EMP0062 00 0504) all subject to written contract, executed prior to any loss.

Professional Liability Limit per wrongful act \$1,000,000 and is Claims Made Basis (Retroactive date 12/30/14). Mold Limit per Event is \$1,000,000 and is claims made Basis. Contractor's Pollution Liability Liability limit per Pollution Event is \$1,000,000 and is claims made basis.

CERTIFICATE HOLDER

FOR INFORMATION PURPOSES ONLY*****

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

Todd Hughes/SUEH




CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/25/2017

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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  Gary D. Hughes 4203 Williams Blvd Ste 200 Kenner, LA 70065		CONTACT NAME: Jamie Estes PHONE (A/C, No, Ext): (504) 468-1980 ext. 207 FAX (A/C, No): (504) 327-5394 E-MAIL ADDRESS: jamie.estes.ih8@statefarm.com		
INSURED Primero Service Inc, ServiceMaster & Primero Onlo, LLC 1759 L and A Rd Metairie, LA 70001-6236		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: State Farm Fire and Casualty Company		25143
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		

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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	315 2832-F26-18B 310 1212-F26-18D 298 5622-F26-18G 313 0588-F26-18B	12/26/2016 12/26/2016 12/26/2016 12/26/2016	06/26/2017 06/26/2017 06/26/2017 06/26/2017	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		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)

All auto's have Comprehensive & Collision deductibles of \$1,000
Nonowned Auto policy has Comprehensive & Collision deductibles of \$250

CERTIFICATE HOLDER

CANCELLATION

Primero Service

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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INSURED Primero Service Inc, ServiceMaster & Primero Onlo, LLC 1759 L and A Rd Metairie, LA 70001-6236		INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Mutual Automobile Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 25178	

COVERAGES

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REVISION NUMBER:

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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	Y	Y	277 8731-F26-18L 277 8738-F26-18M 289 0519-F26-18G 289 0520-F26-18F	12/26/2016 12/26/2016 12/26/2016 12/26/2016	06/26/2017 06/26/2017 06/26/2017 06/26/2017	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION S						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 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)

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Primero Service

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AUTHORIZED REPRESENTATIVE

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DATE (MM/DD/YYYY)

01/25/2017

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PRODUCER**StateFarm**

Gary D. Hughes
4203 Williams Blvd Ste 200
Kenner, LA 70065

CONTACT NAME: Jamie Estes

PHONE (A/C, No, Ext): (504) 468-1980 ext. 207

FAX (A/C, No): (504) 327-5394

E-MAIL: jamie.estes.ih8@statefarm.com

ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: State Farm Mutual Automobile Insurance Company

25178

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED

Primero Service Inc, ServiceMaster & Primero Onlo, LLC
1759 L and A Rd
Metairie, LA 70001-6236

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						
	GEN'L AGGREGATE LIMIT APPLIES PER						
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	OTHER:						
	AUTOMOBILE LIABILITY	Y	Y	315 2831-F26-18A	12/26/2016	06/26/2017	COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO			255 4448-F26-18T	12/26/2016	06/26/2017	BODILY INJURY (Per person) \$ 1,000,000
	<input checked="" type="checkbox"/> OWNED AUTOS ONLY			257 9652-F26-18Q	12/26/2016	06/26/2017	BODILY INJURY (Per accident) \$ 1,000,000
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY			270 4927-F26-18J	12/26/2016	06/26/2017	PROPERTY DAMAGE (Per accident) \$ 1,000,000
	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> OCCUR						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED						\$
	RETENTIONS						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A				PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

All auto's have Comprehensive & Collision deductibles of \$1,000
Nonowned Auto policy has Comprehensive & Collision deductibles of \$250

CERTIFICATE HOLDER

Primero Service

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

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PRODUCER  Gary D. Hughes 4203 Williams Blvd Ste 200 Kenner, LA 70065		CONTACT NAME: Jamie Estes PHONE (A/C, No, Ext): (504) 468-1980 ext. 207 FAX (A/C, No): (504) 327-5394 E-MAIL: jamie.estes.ibh8@statefarm.com ADDRESS: jamie.estes.ibh8@statefarm.com	
INSURED Primero Service Inc, ServiceMaster & Primero Onlo, LLC 1759 L and A Rd Metairie, LA 70001-6236		INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Mutual Automobile Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 25178	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

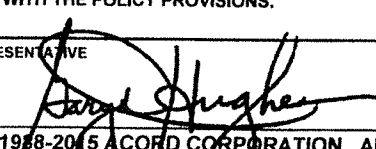
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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ OTHER
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	238 6106-F26-18R 238 6108-F26-18O 238 6117-F26-18N 244 0319-F26-18Z	12/26/2016 12/26/2016 12/26/2016 12/26/2016	06/26/2017 06/26/2017 06/26/2017 06/26/2017	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 OTHER
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ OTHER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				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)

All auto's have Comprehensive & Collision deductibles of \$1,000
Nonowned Auto policy has Comprehensive & Collision deductibles of \$250

CERTIFICATE HOLDER**CANCELLATION**

Primero Service	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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PRODUCER

StateFarm



Gary D. Hughes
4203 Williams Blvd Ste 200
Kenner, LA 70065

CONTACT NAME: Jamie Estes

PHONE (A/C, No, Ext): (504) 468-1980 ext. 207

FAX (A/C, No): (504) 327-5394

E-MAIL ADDRESS: jamie.estes.ihh8@statefarm.com

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	COMMERCIAL GENERAL LIABILITY						
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						
	GEN'L AGGREGATE LIMIT APPLIES PER						
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	OTHER						
A	AUTOMOBILE LIABILITY	Y	Y	278 5590-F26-18G	12/26/2016	06/26/2017	COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO			228 2189-F26-18Z	12/26/2016	06/26/2017	BODILY INJURY (Per person) \$ 1,000,000
	<input checked="" type="checkbox"/> OWNED AUTOS ONLY			315 2830-F26-18A	12/26/2016	06/26/2017	BODILY INJURY (Per accident) \$ 1,000,000
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY			235 4273-F26-18S	12/26/2016	06/26/2017	PROPERTY DAMAGE (Per accident) \$ 1,000,000
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						
	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> OCCUR						
	<input type="checkbox"/> CLAIMS-MADE						
	DED						
	RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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CERTIFICATE HOLDER

Primero Service

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AUTHORIZED REPRESENTATIVE

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PRODUCER Braud Vaughn & Williamson Insurance Agency P O Box 5389 Beaumont, TX 77726		CONTACT NAME: Debbie Gillies PHONE (A/C, No, Ext): 409-833-8621 FAX (A/C, No): E-MAIL ADDRESS: dgillies@bvwins.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: TRAVELERS INS COMPANY	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED RETENTIONS						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			UB1306X47-16	12/30/2016	12/30/2017	X PER STATUTE DTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A				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)

CERTIFICATE HOLDER	CANCELLATION
SPECIMEN SPECIMEN SPECIMEN SPECIMEN	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 <i>John Vaughn</i>

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Primero Services, Inc	
	2 Business name/disregarded entity name, if different from above ServiceMaster Elite Cleaning Services	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.) 1759 L and A Road	Requester's name and address (optional)
	6 City, state, and ZIP code Metairie, LA 70001	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.


Social security number								
			-				-	
or								
Employer identification number								
7	2	-	1	3	1	9	2	5 0

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶ 	Date ▶ 2/23/17
-----------	--	----------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Attachment "A"

CONTRACTOR'S REFERENCE LIST

Company Name: <u>ATMOS Energy</u>	Size of Area Serviced: <u>Multiple Sites</u>
Address: <u>101 Airline Dr</u>	
City/State/Zip: <u>Met, La 70001</u>	Current or Past Client: <u>Current</u>
Contact Person: <u>Lawson Beach</u>	Title: <u>Operations Pres.</u>
Telephone/Fax: <u>504-346-1848</u>	E-Mail: <u>lawson.beach@atmosenergy.com</u>
Company Name: <u>Cornerstone Chemical</u>	Size of Area Serviced: <u>35,000 SQFT</u>
Address: <u>10800 River Rd</u>	
City/State/Zip: <u>Wagman La 70094</u>	Current or Past Client: <u>Current</u>
Contact Person: <u>Maria Gomez</u>	Title: <u>Purchasing</u>
Telephone/Fax: <u>504-431-6467</u>	E-Mail: <u>Maria.gomez@cornerstonechemco.com</u>
Company Name: <u>Sizeler Properties</u>	Size of Area Serviced: <u>42,000 SQFT</u>
Address: <u>1750 Clearview Pkwy</u>	
City/State/Zip: <u>Met. La. 70001</u>	Current or Past Client: <u>Current</u>
Contact Person: <u>Marcus Boring</u>	Title: <u>Property Manager</u>
Telephone/Fax: <u>504-666-9888</u>	E-Mail: <u>mech888@aol.com</u>
Company Name: <u>Entergy</u>	Size of Area Serviced: <u>Multiple Sites in southeast La.</u>
Address: <u>639 Loyola Ave</u>	
City/State/Zip: <u>N.O. La. 70113</u>	Current or Past Client: <u>Current</u>
Contact Person: <u>Lori Dubre</u>	Title: <u>H/R Procurement</u>
Telephone/Fax: <u>504-576-4426</u>	E-Mail: <u>ldofr90@entergy.com</u>
Company Name: <u>Dyno Nobel</u>	Size of Area Serviced: <u>35,000 SQFT</u>
Address: <u>10800 River Rd</u>	
City/State/Zip: <u>Wagman La 70094</u>	Current or Past Client: <u>Current</u>
Contact Person: <u>David Jorgensen</u>	Title: <u>Plant Management</u>
Telephone/Fax: <u>985-237-8074</u>	E-Mail: <u>david.jorgensen@d</u>

dynonobel.com

Tom Schedler
Secretary of State

State of
Louisiana
Secretary of
State



COMMERCIAL DIVISION
225.925.4704

Fax Numbers
225.932.5317 (Admin. Services)
225.932.5314 (Corporations)
225.932.5318 (UCC)

Trade Name Details

Type(s) Registered: TRADE NAME
Registered Name: SERVICEMASTER ELITE CLEANING SERVICES
Applicant: PRIMERO SERVICES, INC.
1759 L & A ROAD
METAIRIE, LA 70001
Type Of Business: CLEANING SERVICES
Book #: 64-9383
Current Status: ACTIVE

Dates

Registration Date: 1/15/2014
Expiration Date: 1/15/2024
Date First Used: 1/10/2014
Date First Used (in La.): 1/10/2014

Current Classes

No Current Classes

Expired Classes

No Expired Classes

Amendments On File

No Amendments on file

[Print](#)

Document A310™ – 2010

Conforms with The American Institute of Architects AIA Document 310

Bid Bond

CONTRACTOR:

(Name, legal status and address)

Primero Services, Inc. dba
ServiceMaster Elite Cleaning Services

1759 L and A Road

Metairie, LA 70001

SURETY:

(Name, legal status and principal place of business)

The Gray Casualty & Surety Company

P.O. Box 6202

Metairie, LA 70009-6202

Mailing Address for Notices

P.O. Box 6202

Metairie, LA 70009-6202

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

OWNER:

(Name, legal status and address)

Jefferson Parish

200 Derbigny Street, Suite 4400

Gretna, LA 70053

BOND AMOUNT: \$ 5% Five Percent of Amount Bid

PROJECT:

(Name, location or address, and Project number, if any)

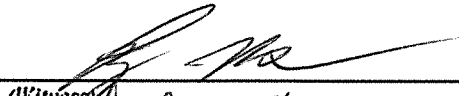
JANITORIAL SERVICES AT VARIOUS JEFFERSON PARISH FACILITIES FOR THE DEPARTMENT OF GENERAL SERVICES

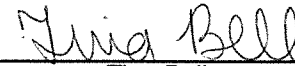
The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

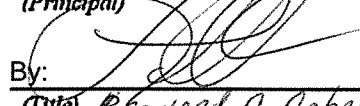
When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed and sealed this 23rd day of February, 2017.


(Witness) Leaky Mathern


(Witness) Tina Bell

Primero Services, Inc. dba ServiceMaster Elite Cleaning Services
(Principal) (Seal)

By: 
(Title) LEONARD C. COBURN
PRESIDENT

The Gray Casualty & Surety Company
(Surety) (Seal)

By: 
(Title) Lauren M. Blair, Attorney-in-Fact

THE GRAY CASUALTY & SURETY COMPANY

THE GRAY INSURANCE COMPANY

205976

GENERAL POWER OF ATTORNEY

KNOW ALL BY THESE PRESENTS, THAT The Gray Insurance Company and The Gray Casualty & Surety Company, corporations duly organized and existing under the laws of Louisiana, and having their principal offices in Metairie, Louisiana, do hereby make, constitute, and appoint **L.M. Bryant, Johnny R. Pitts and Lauren M. Blair of Memphis, Tennessee jointly or severally** on behalf of each of the Companies named above its true and lawful Attorney(s)-in-Fact, to make, execute, seal and deliver, for and on its behalf and as its deed, bonds, or other writings obligatory in the nature of a bond, as surety, contracts of suretyship as are or may be required or permitted by law, regulation, contract or otherwise, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed the amount of \$10,000,000.00 This Power of Attorney is granted and is signed by facsimile under and by the authority of the following Resolutions adopted by the Boards of Directors of both The Gray Insurance Company and The Gray Casualty & Surety Company at meetings duly called and held on the 26th day of June, 2003.

"RESOLV ED, that the President, Executive Vice President, any Vice President, or the Secretary be and each or any of them hereby is authorized to execute a power of Attorney qualifying the attorney named in the given Power of Attorney to execute on behalf of the Company bonds, undertakings, and all contracts of surety, and that each or any of them is hereby authorized to attest to the execution of such Power of Attorney, and to attach the seal of the Company; and it is

FURTHER RESOLVED, that the signature of such officers and the seal of the Company may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be binding upon the Company now and in the future when so affixed with regard to any bond, undertaking or contract of surety to which it is attached.

IN WITNESS WHEREOF, The Gray Insurance Company and The Gray Casualty & Surety Company have caused their official seals to be hereinto affixed, and these presents to be signed by their authorized officers this 12th day of September, 2011.



By:

Michael T. Gray
Michael T. Gray
President, The Gray Insurance Company
and
Vice President,
The Gray Casualty & Surety Company

Attest:

Mark S. Manguno
Mark S. Manguno
Secretary,
The Gray Insurance Company,
The Gray Casualty & Surety Company



State of Louisiana

ss:

Parish of Jefferson

On this 12th day of September, 2011, before me, a Notary Public, personally appeared Michael T. Gray, President of The Gray Insurance Company and Vice President of The Gray Casualty & Surety Company, and Mark S. Manguno, Secretary of The Gray Insurance Company and The Gray Casualty & Surety Company, personally known to me, being duly sworn, acknowledged that they signed the above Power of Attorney and affixed the seals of the companies as officers of, and acknowledged said instrument to be the voluntary act and deed, of their companies.



Lisa S. Millar

Lisa S. Millar, Notary Public, Parish of Orleans
State of Louisiana
My Commission is for Life

I, Mark S. Manguno, Secretary of The Gray Insurance Company and The Gray Casualty & Surety Company, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney given by the companies, which is still in full force and effect.

IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Companies this

23rd day of February, 2017

Mark S. Manguno

Mark S. Manguno, Secretary
The Gray Insurance Company
The Gray Casualty & Surety Company



📍 2525 Quail Drive, Baton Rouge, 70808 📞 (225) 765-2301



Louisiana State Licensing Board for Contractors



Contractor Information

Business Name PRIMERO SERVICES, INC. ✓
 Mailing Address 1759 L & A Road
 Metairie, LA 70001
 Phone Number (504) 832-9944
 Fax Number (504) 833-4144
 Email Address nancy@smcics.com

Active Licenses

License Number 47041 ✓
 Type Commercial License
 Status LICENSED
 Effective 05/18/2014
 Expiration 05/17/2017
 First Issued 05/17/2007
 License Number 250567
 Type Mold Remediation License
 Status LICENSED
 Effective 07/17/2016
 Expiration 07/16/2019
 First Issued 07/16/2015

Classifications

Class	Qualifying Party	Parishes
BUILDING CONSTRUCTION	Leonard Charles Cabrera Sr.	ALL
BUSINESS AND LAW	Leonard Charles Cabrera Sr.	ALL
BUSINESS AND LAW	David Leonard Howley	ALL
MOLD REMEDIATION CONTRACTOR	David Leonard Howley	ALL
SPECIALTY: JANITORIAL SERVICES ✓	Leonard Charles Cabrera Sr.	ALL

Primerio Services Inc
dba Service Master Elite Cleaning Services
1759 L&A Rd.
Metairie, LA 70001
LA Contractors License
47041

Bid # 50-00118589
Janitorial Services at
Various Jefferson Parish facilities
For the Department of General Services