

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF 2 YRS AFTER AWARD

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

AS NEEDED

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

68355

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: MINER LTD

ADDRESS: 850 SAMS AV

CITY, STATE: NEW ORLEANS, LA ZIP: 70123

TELEPHONE: (504) 734-1155 FAX: (504) 733-5246

EMAIL ADDRESS: ghunter@minercorp.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 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: _____

				* SERVICE CALL RATE (DURING BUSINESS HOURS. MONDAY-FRIDAY 8:00AM-5:00PM)		
2	.50	HR	0020 - SERVICE & REPAIR OF OVERHEAD ROLL-UP DOORS		65	65
			* REGULAR RATE - EACH ADDITIONAL 1/2 HOUR (DURING BUSINESS HOURS)			
3	1.00	HR	0030 - SERVICE & REPAIR OF OVERHEAD ROLL-UP DOORS		330	330
			* EMERGENCY SERVICE CALL RATE (AFTER HOURS, WEEKENDS, AND HOLIDAYS)			
4	.50	HR	0040 - SERVICE & REPAIR OF OVERHEAD ROLL-UP DOORS		82. ⁰⁰	82. ⁰⁰
			* EMERGENCY SERVICE CALL RATE (AFTER HOURS, WEEKENDS, AND HOLIDAYS) EACH ADDITIONAL 1/2 HOUR			
5	1.00	EA	0050 - PARTS - VENDOR WILL PROVIDE PARTS AT A PERCENTAGE OFF OF MANUFACTURER LIST PRICE. ENTER PERCENTAGE BELOW ON THIS LINE _____ % OFF		Ø	Ø
			*****SITE VISIT***** IF A SITE VISIT IS NEEDED, PLEASE CONTACT CHIEF STEPHEN SCHMITT AT (504) 736-6213 BETWEEN THE HOURS OF 9:00 AM AND 3:00 PM. *****			

A. Service-call Rate \$ 195

B. Hourly Rate \$ 130 x .9 = 117
(8:00 a.m.-5:00p.m.)

C. Weekends/Holiday Rate \$ 165 x .1 = 16.5
(After Hours)

D. Percentage Discount For Parts ~~0~~ %

--- and he, the undersigned authority, personally came and appeared. KUMPLD

ROYER, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized OPS MAR of MINER LTD (Entity), the party who submitted a bid in response to Bid Number 50-00132402, to the Parish of 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 ✓

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.]

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 17 DAY OF August, 2020.

Michele Childress

Notary Public

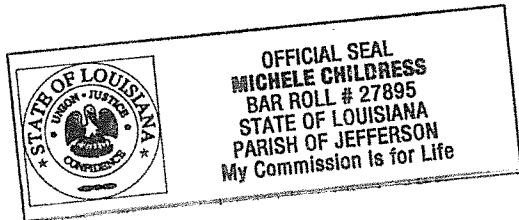
Michele Childress

Printed Name of Notary

27895

Notary/Bar Roll Number

My commission expires at my death.



COVERAGES

CERTIFICATE NUMBER: 1613381057

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	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	Y	Y	Y6302J330306COF20	3/14/2020	3/14/2021	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/>	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	<input checked="" type="checkbox"/>	XCUI Coverage						MED EXP (Any one person)	\$ 10,000
	<input checked="" type="checkbox"/>	Contractual Liab						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 10,000,000
	<input type="checkbox"/>	POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:								\$
B	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY	Y	Y	Y8102J330306PHX20	3/14/2020	3/14/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/>	ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/>	OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/>	HIRE AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/>	SCHEDULED AUTOS NON-OWNED AUTOS ONLY							\$
A	<input checked="" type="checkbox"/>	UMBRELLA LIAB	Y		CUP0N8622902014	3/14/2020	3/14/2021	EACH OCCURRENCE	\$ 10,000,000
	<input type="checkbox"/>	EXCESS LIAB						AGGREGATE	\$ 10,000,000
	<input type="checkbox"/>	DED <input checked="" type="checkbox"/> RETENTION \$ 0							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y/N	Y	UB0K6392772014	3/14/2020	3/14/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
								E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
C	<input checked="" type="checkbox"/>	Pollution Liability			0311-7536	3/14/2020	3/14/2021	Each Condition Limit	\$ 2,000,000
								Aggregate Limit	\$ 2,000,000

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

Named Insureds on Policies include:

OnPoint Group, LLC; TFS, Ltd.; OnPoint Capital, LLC fka IEMFS, Ltd. dba GSG Financial; Concentric, LLC fka ABT Power Management, LLC; Concentric, LLC fka National Maintenance Services, LLC; Concentric South, LLC; Miner, Ltd.; Miner, Ltd. dba The Miner Corporation and its Affiliates; Miner Ltd. dba Miner of Arizona, LP; Miner Equipment, LLC; TrueSource, LLC fka Miner Fleet Management Group, LLC; Metro Door, LLC

Commercial general liability and automobile policies include a blanket additional insured on a primary and non-contributory basis where required by contract. Umbrella coverage includes additional insureds if provided in the underlying coverage. Umbrella policy is follow form. A separate \$10,000,000 General See Attached...

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

Exemption from FATCA reporting
code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

300 E. Sonterra Blvd., Ste 350

6 City, state, and ZIP code

San Antonio, TX 78258

7 List account number(s) here (optional)

Requester's name and address (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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			-			-				
--	--	--	---	--	--	---	--	--	--	--

or

Employer identification number

7	4	-	2	7	1	8	7	3	7
---	---	---	---	---	---	---	---	---	---

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 for Part II, later.

Sign
Here

Signature of
U.S. person ▶

Date ▶

6-20-2019

General Instructions

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

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)