

DATE: 2/17/2017

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00119001

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

VENDOR:

BUYER: MOVALLE

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 is to be done in a workman-like manner, according to standard practices. Any deviations or alterations from the specifications must be indicated and backup documentation supplied with your quotation.

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) _____

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: ORKIN COMMERCIAL SERVICES	
SIGNATURE: (Must be signed here) 	TITLE: ACCOUNT MANAGER
PRINT OR TYPE NAME: EDDIE SMIT	
ADDRESS: 137 CANVASBACK DR.	
CITY, STATE: ST. ROSÉ, LA. 70067	ZIP:
TELEPHONE: (504) 458-1182	FAX: (504) 465-2200
EMAIL ADDRESS: ESMIT@ORKIN.COM	

TOTAL PRICE OF ALL BID ITEMS: \$ **1440.00**

DATE: 2/17/2017

INVITATION TO BID FROM JEFFERSON PARISH - continued.

Page: 5

BID NO.: 50-00115001

SEALED BID

ITEM NUMBER	QUANTITY	UNIT	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	24.00	MO	<p>TWO (2) YEAR CONTRACT FOR MONTHLY PEST CONTROL FOR THE JEFFERSON PARISH DEPARTMENT OF SEWERAGE, EASTBANK MAINTENANCE FACILITY</p> <p>0001 - Labor, Material, and Equipment necessary for a two (2) year contract for monthly pest control for the Department of Sewerage, Eastbank Maintenance Facility and the immediate surrounding area according to the attached specifications</p> <p>Location: Eastbank Sewerage Maint. Facility 4201 Jefferson Hwy., Suite B, Jefferson, LA 70121</p> <p>Areas to be serviced: Administration Building: Approximately 17,205 Square Feet</p> <p>Preventive maintenance and control of the following pest: Mice, Roaches, Ants, Spiders, Paper Flies, and Nits.</p> <p>Treatment of the Sewerage Department offices, ladies and gentlemen's restrooms on a monthly basis. Vendor must also power spray once a year with a 5 foot barrier.</p>	60.00	1440.00



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 1
DATE (MM/DD/YYYY)
12/05/2016

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 Willis of Tennessee, Inc. c/o 26 Century Blvd. P.O. Box 305191 Nashville, TN 37230-5191	CONTACT NAME: PHONE (A.C. NO. EXT.): 877-945-7378 FAX (A.C. NO.): 888-467-2378 E-MAIL: certificates@willis.com ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
INSURED Orkin, LLC Orkin Services of California, Inc. Orkin Pest Control / Orkin Commercial Services 2170 Piedmont Road Atlanta, GA 30324	INSURER A: Old Republic Insurance Company	NAIC #: 24147-002
	INSURER B: ACE Property and Casualty Insurance Company	20699-001
	INSURER C: New Hampshire Insurance Company	23841-001
	INSURER D: National Union Fire Ins Co of Pittsburgh	19445-002
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 24932380

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	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS
LTB		INSR	WVD		(MM/DD/YYYY)	(MM/DD/YYYY)	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Pesticide/Herbicide <input checked="" type="checkbox"/> Coverage GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		MWZY308589	1/1/2017	1/1/2018	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			MWTB308588	1/1/2017	1/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 50,000			XOOG27927683002	1/1/2017	1/1/2018	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
C	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	N/A	WC 014649491	1/1/2017	1/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
D	Excess Workers Comp WC Cover is Statutory			XWC 6583120	1/1/2017	1/1/2018	EL Each Accident 2,000,000 EL Disease-Ea Emp 2,000,000 EL Disease-Pol Lim. 2,000,000

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

Branch Number: 695

Division/Location: New Orleans PC

Certificate Holder is included as an Additional Insured as respects to General Liability but solely in regards to work being performed by or on behalf of the Named Insured.

CERTIFICATE HOLDER**CANCELLATION**

Jefferson Parish, is districts departments and agencies under the direction of the parish President and parish council - Environmental Affairs dept. Bid # 50-00117299
200 Derbigny St. Ste 400
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

Coll:4997175 Tpl:2104083 Cert:24932380 ©1988-2015 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03)

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49 KB

02/17/2017 11:12

(FAX)

P.008/011

DATE: 2/17/2017

INVITATION TO BID
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Page: 4.

BID NO.: 50-00119001

JEFFERSON PARISHPURCHASING DEPARTMENT
P.O. BOX 9
GRETN, LA, 70054-0009
504-384-2678

VENDOR:

BUYER: MOVALLE

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DELIVERY: FOB JEFFERSON PARISH

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INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK _____

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Acknowledge Receipt of Addenda: NUMBER: _____

NUMBER: _____

NUMBER: _____

NUMBER: _____

REJECTED
ALL BID REQUIREMENTS NOT MET

LOUISIANA CONTRACTOR'S LICENSE NO.: (If applicable) _____

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME:	<i>Deluxe Pest Control Inc</i>
SIGNATURE:	<i>[Signature]</i>
(Must be signed here)	TITLE: <i>President</i>
PRINT OR TYPE NAME:	<i>Deluxe Pest Control Inc</i>
ADDRESS:	<i>208 N. I-10 Service Rd East Metairie, LA 70005</i>
CITY, STATE:	ZIP: _____
TELEPHONE:	FAX: <i>504 834-2346</i>
EMAIL ADDRESS:	<i>deluxepestco@cox.net</i>

TOTAL PRICE OF ALL BID ITEMS: \$ 1560.00

02/17/2017 11:12

(FAX)

P.009/011

DATE: 2/17/2017

INVITATION TO BID FROM JEFFERSON PARISH - continued.

Page: 5

BID NO.: 56-00119001

SEALED BID

ITEM NUMBER	QUANTITY	UNIT	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	24.00	MO	<p>TWO (2) YEAR CONTRACT FOR MONTHLY PEST CONTROL FOR THE JEFFERSON PARISH DEPARTMENT OF SEWERAGE, EASTBANK MAINTENANCE FACILITY</p> <p>0001 - Labor, Material, and Equipment necessary for a two (2) year contract for monthly pest control for the Department of Sewerage, Eastbank Maintenance Facility and the immediate surrounding areas according to the attached specifications</p> <p>Location: Eastbank Sewerage Maint. Facility 4501 Jefferson Hwy., Suite B, Jefferson, LA 70121</p> <p>Areas to be serviced: Administration Building: Approximately 17,205 Square Feet</p> <p>Preventive maintenance and control of the following pest: Mice, Roaches, Ants, Spiders, Paper Flies, and Mites.</p> <p>Treatment of the Sewerage Department offices, ladies and gentlemen's restrooms on a monthly basis. Vendor must also power spray once a year with a 6 foot barrier.</p>	65.00	1560.00

REJECTED
ALL BID REQUIREMENTS NOT MET



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/18/2015

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PRODUCER LIPCA Inc PO Box 80663 Baton Rouge, LA 70898	CONTACT NAME: LIPCA, Inc. PHONE (A/C, No, Ext): (225) 927-3283 FAX (A/C, No): (225) 927-3295 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Gemini Insurance Company NAIC# 10833 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Deluxe Pest Control Inc 208 N I-10 Serv Rd E Metairie, LA 70005	

COVERAGES CERTIFICATE NUMBER: 58911 REVISION NUMBER: 20151218

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 INSR WVR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR Deductible 2,500 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC		LGL0001302 02	12/17/2015	12/17/2016	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 - COM/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					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 DED RETENTION \$ 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	CUA1000921-12	12/17/2015	12/17/2016	EACH OCCURRENCE \$ \$1M/\$2MIL AGGREGATE \$ \$1,000,000 PER STATUTE OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 191, Additional Remarks Schedule, may be attached if more space is required)

Contract 55-00014379

CERTIFICATE HOLDER The Parish of Jefferson 200 Derbigny St Suite 3300 Gretna, LA 70053	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 937
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ACORD 25 (2014/01)

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CERTIFICATE OF LIABILITY INSURANCE

DELUX-1

OP ID: OC

DATE (MM/DD/YYYY)

12/22/16

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.

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PRODUCER Blumberg and Associates, Inc. P. O. Box 82030 Baton Rouge, LA 70884 Robert "Andy" Blumberg	225-767-1442 225-767-0806	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: LUBA Workers' Compensation INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Deluxe Pest Control Co Mr. Paul Juneau 208 North I-10 Serv Rd East Metairie, LA 70005		NAIC # 12472

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> 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						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED <input type="checkbox"/> SCHEDULED AUTOS AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						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 \$ \$
A	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 Y	N/A	028000013176117	01/01/17	01/01/18	X WC STATU- TORY LIMITS OTH- ER 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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Claudia & Paul Juneau are excluded from Workers' Compensation Coverage;

CERTIFICATE HOLDER

JEFFGR2

Jefferson Parish Purchasing
Department
PO Box 9
Gretna, LA 70054

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
Robert "Andy" Blumberg

State Farm STATE FARM®



PO Box 799100
Dallas TX 75379

DATE OF NOTICE: DEC 15 2015
CODE:

AT1 22 162A



001059 0093
THE PARISH OF JEFFERSON, ITS
AFFILIATES AND SUBSIDIARIES
WESTBANK WAREHOUSE
6250 LAPALCO BLVD
MARRERO LA 70072-4725

NOTE: PLEASE NOTIFY STATE FARM AT THE
ADDRESS LISTED AT THE TOP, LEFT CORNER
OF THIS PAGE REGARDING ANY CHANGE OF
ADDRESS INFORMATION.



0101-ST-0000

ADDITIONAL INSURED'S NOTICE OF COVERAGE

State Farm Mutual Automobile Insurance Company

NAMED INSURED:

DELUXE PEST CONTROL INC
208 N I 10 SERVICE RD E
METAIRIE LA 70005-3109

POLICY NO:

281 1083-D01-18E

YR/MAKE/MODEL:

2013 TOYOTA PICKUP

VIN/CAMPER:

STFNX4CN3DX017873

AGENT NAME:

CARL MIXON

AGENT PHONE:

(504)482-7897

ENDORSEMENT NO: 6028BM

1896-FA8CA

COVERAGE:

BI AND PD LIABILITY
\$ 1 MIL \$ 1 MIL \$ 1 MIL
\$500 DED. COMP.
\$500 DED. COLL.

POLICY MESSAGES: This policy shown above supersedes policy# 2811083-18D.
The policy includes a loss payable clause protecting the additional insured's interest in the described car to the extent of the insurance
provided and subject to all policy provisions. The additional insured will be given 10 days notice if the policy is terminated. Until such notice
is provided, it shall be presumed that the required renewal premiums have been paid. The additional insured must notify us within 10 days of
any change of interest or ownership coming to their attention. Failure to do so will render this policy null and void.

POLICY EFFECTIVE
NOV 12 2015 UNTIL TERMINATED

Contract 55-14600

StateFarm STATE FARM®



PO Box 799100
Dallas TX 75379

DATE OF NOTICE: DEC 15 2015

CODE:

AT1 22 163A A
001060 0093
THE PARISH OF JEFFERSON, ITS
AFFILIATES AND SUBSIDIARIES
2000 SEGNETTE BLVD
WESTWEGO LA 70094-4956

NOTE: PLEASE NOTIFY STATE FARM AT THE
ADDRESS LISTED AT THE TOP, LEFT CORNER
OF THIS PAGE REGARDING ANY CHANGE OF
ADDRESS INFORMATION.



0000-15-1010

ADDITIONAL INSURED'S NOTICE OF COVERAGE

State Farm Mutual Automobile Insurance Company

1896-FA8CA

NAMED INSURED:
DELUXE PEST CONTROL INC
208 N I 10 SERVICE RD E
METAIRIE LA 70005-3109

POLICY NO: 281 1083-D01-18E
YR/MAKE/MODEL: 2013 TOYOTA PICKUP
VIN/CAMPER: 5TFNX4GN3DX017873
AGENT NAME: CARL MIXON
AGENT PHONE: (504)482-7897
ENDORSEMENT NO: 6028BM

COVERAGE:
BI AND PD LIABILITY
\$ 1 MIL/\$ 1 MIL/\$ 1 MIL
\$500 DED. COMP.
\$500 DED. COLL.

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NOV 12 2015 UNTIL TERMINATED

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Contract 55-00014379

RECEIVED
2016 JAN 15 PM 2:42
JEFFERSON PARISH
PURCHASING

FRT

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2/23/2017 10:19 AM

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59 KB

Pest and Mold Control



Paul C. Juneau
PRESIDENT

FAX TRANSMITTAL COVER

TO: M. Oualle

FROM: DELUXE PEST CONTROL INC.
208 N. I-10 SERVICE RD. EAST
METAIRIE, LA 70005

PH.# 504-837-5800

FAX # 504-834-2346

E-MAIL: deluxepest@cox.net
www.deluxepestcontrol.com

FAX TO #: (504) 364-2963DATE: 2/23/17# OF PAGES 3 INCLUDES COVER SHEETSENT BY: Deluxe Pest ControlCOMMENTS: Jefferson ParishBID # 50-00119001

DATE: 2/17/2017

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00112001

JEFFERSON PARISH
PURCHASING DEPARTMENT
P.O. BOX 9
GRETN, LA. 70054-0009
604-364-2678

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BUYER: MOVALLE

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ALL BID REQUIREMENTS NOT MET
REJECTED

Acknowledge Receipt of Addenda: NUMBER: _____
NUMBER: _____
NUMBER: _____
NUMBER: _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (If applicable) 13645

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: Kenny G's Pest Control	
SIGNATURE: (Must be signed here) <i>Kenneth Guetta</i>	TITLE: owner
PRINT OR TYPE NAME: Kenneth Guetta	
ADDRESS: 38601 RAIFORD RD	
CITY, STATE: Ponchartroula, LA	ZIP: 70454
TELEPHONE: 504 656-8900	FAX: 985-386-5423
EMAIL ADDRESS: BugmanKenny@gmail.com	

TOTAL PRICE OF ALL BID ITEMS: \$ 4776.00

DATE: 2/17/2017

INVITATION TO BID FROM JEFFERSON PARISH - continued.

Page: 5

BID NO.: 50-00115001

SEALED BID

ITEM NUMBER	QUANTITY	UNIT	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	24.00	MO	<p>TWO (2) YEAR CONTRACT FOR MONTHLY PEST CONTROL FOR THE JEFFERSON PARISH DEPARTMENT OF SEWERAGE, EASTBANK MAINTENANCE FACILITY</p> <p>0001 - Labor, Material, and Equipment necessary for a two (2) year contract for monthly pest control for the Department of Sewerage, Eastbank Maintenance Facility and the immediate surrounding areas according to the attached specifications</p> <p>Location: Eastbank Sewerage Maint. Facility 3501 Jefferson Hwy., Suite B, Jefferson, LA. 70121</p> <p>Areas to be serviced: Administration Building: Approximately 17,206 Square Feet</p> <p>Preventive maintenance and control of the following pest: Mice, Roaches, Ants, Spiders, Paper Fleas, and Mites.</p> <p>Treatment of the Sewerage Department offices, ladies and gentlemen's restrooms on a monthly basis. Vendor must also power spray once a year with a 8 foot barrier.</p>	199.00	4776.00

REJECTED
ALL BID REQUIREMENTS NOT MET




CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

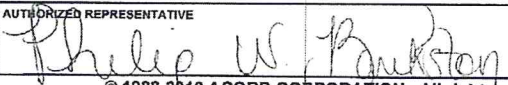
PRODUCER Philip Bankston Insurance Agency Inc 70452 Hwy 21 N Ste 100 Covington, LA 70433 	CONTACT NAME: Philip Bankston	FAX (A/C, No): 985-893-9383
	PHONE (A/C, No, Ext): 985-893-9899	E-MAIL ADDRESS: philip@philipbankston.com
INSURED Kenneth Guerra 38601 Raiford Rd Ponchatoula, LA 70454	INSURER(S) AFFORDING COVERAGE	
	INSURER A:	
	INSURER B: State Farm Mutual	
	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 INSR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY					
	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>					DAMAGE TO RENTED PREMISES (Ea occurrence) \$
						MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER					GENERAL AGGREGATE \$
	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>					PRODUCTS - COMP/OP AGG \$
						\$
B	AUTOMOBILE LIABILITY		211-3035-A18-18B	07/18/2016	01/18/2017	
	ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$
	ALL OWNED AUTOS					BODILY INJURY (Per person) \$ 1,000,000
	SCHEDULED AUTOS					BODILY INJURY (Per accident) \$ 1,000,000
	HIRED AUTOS					PROPERTY DAMAGE (Per accident) \$ 1,000,000
						\$
	UMBRELLA LIAB					EACH OCCURRENCE \$
	EXCESS LIAB					AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/ MEMBER EXCLUDED? (Mandatory In NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A <input type="checkbox"/>					WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER Jefferson Parish Dept of Purchasing P.O. Box 9 Gretna, LA 70054-0009	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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5615 CORPORATE BLVD, 7TH FLOOR | TOLL FREE PHONE | 800.311.0997
BATON ROUGE, LA 70808 | TOLL FREE FAX | 866.923.1871
PHONE | 225.923.1050 | STONETRUSTINSURANCE.COM

May 24, 2016

KENNY G'S PEST CONTROL, LLC
Attention: Kenny Guerra
38601 RAIFORD RD
PONCHATOULA LA 70454

Policy #: WCV 0089911 01

Dear Policyholder,

Thank-you for renewing your workers' compensation insurance coverage with us, Stonetrust Commercial Insurance Company! This packet contains the following documents:

- 1) **Your Workers' Compensation and Employers' Liability Insurance Policy**
Please promptly notify us whenever you have a change to your address, name, or business operations which may affect the terms of your policy.
- 2) **Workers' Compensation Compliance Poster**
This notice, required by law, must be posted at your workplace(s) in a conspicuous area.
- 3) **Guide to Reporting a Claim**
- 4) **Employer Report of Injury/Illness forms**
- 5) **Workers' Compensation Second Injury Fund Questionnaire**
This questionnaire should be completed only *after* an employee is hired. The purpose of the questionnaire is to determine the existence of a pre-existing condition which may qualify for Second Injury Fund reimbursement in the event of a claim. We encourage you to have all existing employees complete this form. This information is considered highly confidential and should be stored in a secure area.
- 6) **Procedures for Hiring and Placement of New Employees**
Pre-screening of employees and having effective employment policies in place can directly affect the amount of claims your company experiences. The Procedures for Hiring and Placement of New Employees is a checklist to assist you in implementing employment policies. A sample Drug and Alcohol Policy and Employee Manual can be downloaded from our website at www.stonetrustinsurance.com.

Please review the Information Page and Endorsements to your policy and notify our office of any changes or corrections.

Your agent is:

DAUL INSURANCE AGENCY, INC.
RYAN DAUL
P. O. BOX 278
GRETNAL, LA 70054-0278
504-362-0667

To report a claim and for administrative questions, call (800) 311-0997 or fax (866) 923-1871.



STONETRUST
COMMERCIAL INSURANCE COMPANY
5615 CORPORATE BLVD, 7TH FLOOR
BATON ROUGE, LA 70808

**WORKERS COMP & EMPLOYERS LIABILITY
INSURANCE POLICY**

Policy Number		Policy Period	
From	To		
WCV 0089911 01	06/11/2016	06/11/2017	12:01 A.M. Standard Time at the described location
Transaction			
RENEWAL DECLARATION			
Named Insured and Address		Agent	
KENNY G'S PEST CONTROL, LLC 38601 RAIFORD RD PONCHATOULA LA 70454		DAUL INSURANCE AGENCY, INC. RYAN DAUL P. O. BOX 278 GRETNA, LA 70054-0278 Telephone: 504-362-0667	
Carrier # 33006	FEIN # 202000909	Risk ID #	Entity of Insured LIMITED LIAB CO

Additional Locations:

2. The Policy Period is from 06/11/2016 to 06/11/2017 12:01 a.m. Standard Time at the Insured's mailing address.
3. A. Workers Compensation Insurance: Part ONE of the policy applies to the Workers Compensation Law of the states listed here: Louisiana
- B. Employers Liability Insurance: Part TWO of the policy applies to work in each state listed in Item 3A.
The limits of our liability under Part TWO are:

Bodily Injury by Accident	\$	100,000	each accident
Bodily Injury by Disease	\$	500,000	policy limit
Bodily Injury by Disease	\$	100,000	each employee
- C. Other States Insurance: Part THREE of the policy applies to the states, if any, listed here:
Arkansas, Mississippi, Oklahoma, Texas
- D. This policy includes these endorsements and schedules: See attached schedule.
4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates, and Rating Plans.
All information required below is subject to verification and change by audit.

SEE EXTENSION OF INFORMATION PAGE

Minimum Premium	\$	1,380	Total Estimated Annual Premium	\$	2,957
Assessments and Taxes	\$		Expense Constant	\$	200
			Amount Due	\$	3,157
			Security Deposit	\$	

Premium Adjustment Period: ☒ Annual; ☐ Semiannual; ☐ Quarterly; ☐ Monthly

Countersigned by:
Issue Date: 05/24/2016
Issuing Office: Stonetrust Commercial Insurance Company

Authorized Representative



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/1/2016

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.

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PRODUCER LIPCA Inc. PO Box 80663 Baton Rouge, LA 70898		CONTACT NAME: LIPCA, Inc. PHONE (A/C, No, Ext): (225) 927-3283 FAX (A/C, No): (225) 927-3295 E-MAIL ADDRESS:		
INSURED Kenny G's Pest Control LLC 38601 Ralford Rd Ponchatoula, LA 70454		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Gemini Insurance Company		10833
		INSURER B:		
		INSURER C:		
		INSURER D:		
INSURER E:				
INSURER F:				

COVERAGES

CERTIFICATE NUMBER: 65150

REVISION NUMBER: 20160501

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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		LGL0002119 02	5/1/2016	5/1/2017	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000
	Deductible 1,000					PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY	<input checked="" type="checkbox"/> PRO-ECT	<input checked="" type="checkbox"/> LOC			\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO					BODILY INJURY (Per person) \$
	ALL OWNED AUTOS	SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	HIRED AUTOS	NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input checked="" type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					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)
Jefferson Parish Dept of Purchasing is added as an additional insured and granted waiver of subrogation as per Endorsement CG78270213 as respects general liability

CERTIFICATE HOLDERJefferson Parish Dept of Purchasing
P. O. Box 9
Gretna, LA 70054-0009**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

937

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3/6/2017 5:14 PM



**PRIVILEGED &
CONFIDENTIAL**

To MOVALLE (Buyer)

From Kenny G's Pest Control

Number of Pages 3

If you're not the person named above,
you've read too much already. Just hand
this entire fax to its intended recipient and
nobody'll get hurt.

REJECTED
ALL BID REQUIREMENTS NOT MET