

DATE: 2/17/2017

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00119001

**JEFFERSON PARISH**

PURCHASING DEPARTMENT  
P.O. BOX 9  
GRETNA, 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:<br><b>ORKIN COMMERCIAL SERVICES</b>  |                                  |
| SIGNATURE:<br>(Must be signed here)  | TITLE:<br><b>ACCOUNT MANAGER</b> |
| PRINT OR TYPE NAME:<br><b>EDDIE SMIT</b>  |                                  |
| ADDRESS:<br><b>137 CANVASBACK DR.</b>   |                                  |
| CITY, STATE:<br><b>ST. ROSÉ, LA. 70067</b>  | ZIP:                             |
| TELEPHONE:<br><b>(504) 458-1182</b>   | FAX:<br><b>(504) 465-2200</b>    |
| EMAIL ADDRESS:<br><b>ESMIT@ORKIN.COM</b>  |                                  |

TOTAL PRICE OF ALL BID ITEMS: \$ 1440.00

DATE: 2/17/2017

INVITATION TO BID FROM JEFFERSON PARISH - continued.

Page: 5

BID NO.: SA-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:<br/>Eastbank Sewerage Maint. Facility<br/>4201 Jefferson Hwy., Suite B,<br/>Jefferson, LA 70121</p> <p>Areas to be serviced:<br/>Administration Building:<br/>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 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<br>Willis of Tennessee, Inc.<br>c/o 26 Century Blvd.<br>P.O. Box 305191<br>Nashville, TN 37230-5191   | CONTACT NAME:                 |   |                              |
|  | PHONE (A.C. NO. EXT):         | 877-945-7378                              | FAX (A.C. NO.): 888-467-2378 |
|  | E-MAIL ADDRESS:               | certificates@willis.com                   |                              |
| INSURED<br>Orkin, LLC<br>Orkin Services of California, Inc.<br>Orkin Pest Control / Orkin Commercial Services<br>2170 Piedmont Road<br>Atlanta, GA 30324 | INSURER(S) AFFORDING COVERAGE |   | NAIC #                       |
|  | INSURER A:                    | Old Republic Insurance Company            | 24147-002                    |
|  | INSURER B:                    | ACE Property and Casualty Insurance Compa | 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 LTR | TYPE OF INSURANCE  | ADDL INSD | SUBR WVD | POLICY NUMBER   | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|-----------|----------|-----------------|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Pesticide/Herbicide Coverage<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>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<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 2,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS-COMP/OP AGG \$ 2,000,000 |
| A        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY     |           |          | MWTF308588      | 1/1/2017                | 1/1/2018                | COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$   |
| B        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br>EXCESS LIAB CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ 50,000  |           |          | XOOG27927683002 | 1/1/2017                | 1/1/2018                | EACH OCCURRENCE \$ 5,000,000<br>AGGREGATE \$ 5,000,000  |
| C        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N       | N/A      | WC 014649491    | 1/1/2017                | 1/1/2018                | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 2,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 2,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 2,000,000                                 |
| D        | Excess Workers Comp<br>WC Cover is Statutory   |           |          | XWC 6583120     | 1/1/2017                | 1/1/2018                | EL Each Accident 2,000,000<br>EL Disease-Ea Emp 2,000,000<br>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

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

## 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

Call: 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  
THIS IS NOT AN ORDER

Page: 4.

BID NO.: 50-00119001

**JEFFERSON PARISH**  
PURCHASING DEPARTMENT  
P.O. BOX 9  
GRETNA, LA, 70054-0009  
504-384-2678

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 packing 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.

|  |       |
|--|-------|
| <b>DELIVERY: FOB JEFFERSON PARISH</b>                    |       |
| 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: \_\_\_\_\_

**REJECTED**  
**ALL BID REQUIREMENTS NOT MET**

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

|  |   |
|--|---|
| <b>*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***</b> |   |
| 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<br/>Metairie, LA 70005</i> |
| CITY, STATE:   | ZIP: _____  |
| TELEPHONE:   | FAX: <i>504 834-2346</i>                                  |
| TELEPHONE: <i>504 837-5800</i>                         |   |
| EMAIL ADDRESS:   | <i>deluxepest@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:<br/>Eastbank Sewerage Maint. Facility<br/>4501 Jefferson Hwy., Suite B,<br/>Jefferson, LA 70121</p> <p>Areas to be serviced:<br/>Administration Building:<br/>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

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<br>PO Box 80663<br>Baton Rouge, LA 70898                   | CONTACT NAME: LIPCA, Inc.<br>PHONE (A/C, No, Ext): (225) 927-3283<br>FAX (A/C, No): (225) 927-3295<br>E-MAIL ADDRESS:                                   |
|   | INSURER(S) AFFORDING COVERAGE<br>INSURER A: Gemini Insurance Company NAIC # 10833<br>INSURER B:<br>INSURER C:<br>INSURER D:<br>INSURER E:<br>INSURER F: |
| INSURED Deluxe Pest Control Inc<br>208 N I-10 Serv Rd E<br>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 INSR | SUBR WVR | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|--|
| A        | GENERAL LIABILITY<br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>Deductible 2,500<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><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<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000 |
|          | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS   |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$  |
| A        | UMBRELLA LIAB <input type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$  |           |          | CUA1000921-12 | 12/17/2015              | 12/17/2018              | EACH OCCURRENCE \$ \$1M/\$2MIL<br>AGGREGATE \$ \$1,000,000   |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |           | N/A      |               |                         |                         | PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$  |

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

Contract 55-00014379

RECEIVED  
JEFFERSON PARISH  
PROFESSIONALS  
16 JAN 15 PM 2:42

|  |  |
|--|--|
| CERTIFICATE HOLDER<br>The Parish of Jefferson<br>200 Derbigny St<br>Suite 3300<br>Gretna, LA 70053 | CANCELLATION<br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br>AUTHORIZED REPRESENTATIVE <i>[Signature]</i> |
|--|--|



# 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<br>Blumberg and Associates, Inc.<br>P. O. Box 82030<br>Baton Rouge, LA 70884<br>Robert "Andy" Blumberg | 225-767-1442 | CONTACT NAME:                          |                |
|   | 225-767-0806 | PHONE (A/C, No, Ext):                  | FAX (A/C, No): |
|   |              | E-MAIL ADDRESS:                        |                |
|   |              | INSURER(S) AFFORDING COVERAGE          | NAIC #         |
|   |              | INSURER A : LUBA Workers' Compensation | 12472          |
|   |              | 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

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE   | ADDL SUBR INSR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|---|--------------------|---------------|-------------------------|-------------------------|--|
|          | GENERAL LIABILITY<br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |                    |               |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$                           |
|          | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS   |                    |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
|          | UMBRELLA LIAB <input type="checkbox"/> OCCUR<br>EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$  |                    |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |
| A        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N<br>Y           | N/A           | 028000013176117         | 01/01/17 01/01/18       | <input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>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;

RECEIVED  
 2016 DEC 28 AM 10:27  
 JEFFERSON PARISH PURCHASING

|  |   |
|--|---|
| CERTIFICATE HOLDER   | CANCELLATION  |
| JEFFGR2<br><br>Jefferson Parish Purchasing<br>Department<br>PO Box 9<br>Gretna, LA 70054 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br>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 EFFECTIVE**  
NOV 12 2015 UNTIL TERMINATED

**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.

Contract 55-14600

RT

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.



0000-151-0000

**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.

**POLICY EFFECTIVE**  
**NOV 12 2015 UNTIL TERMINATED**

**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.

11/20/2015 11:20:01 AM

Contract 55-00014379

RECEIVED  
2016 JAN 15 PM 2:42  
JEFFERSON PARISH  
PROPRIETORS

7. doc10309020170223101918

2/23/2017 10:19 AM

Adobe Acrobat D...

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](mailto:deluxepest@cox.net)  
[www.deluxepestcontrol.com](http://www.deluxepestcontrol.com)

FAX TO #: (504) 364-2963

DATE: 2/23/17

# OF PAGES 3 INCLUDES COVER SHEET

SENT BY: Deluxe Pest Control

COMMENTS: Jefferson Parish

BID # 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

VENDOR: \_\_\_\_\_

BUYER: MOYALLE

As per USA-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 packing 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.

|   |       |
|---|-------|
| <b>DELIVERY: FOB JEFFERSON PARISH</b>                     |       |
| 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. Bidders 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.

**REJECTED ALL BID REQUIREMENTS NOT MET**

Acknowledge Receipt of Addenda: NUMBER: \_\_\_\_\_  
NUMBER: \_\_\_\_\_  
NUMBER: \_\_\_\_\_  
NUMBER: \_\_\_\_\_

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

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

TOTAL PRICE OF ALL BID ITEMS: \$ 4776.00

DATE: 2/17/2017

Page: 5

INVITATION TO BID FROM JEFFERSON PARISH - continued.

BID NO.: SO-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:<br/>                     Eastbank Sewerage Maint. Facility<br/>                     4501 Jefferson Hwy., Suite B,<br/>                     Jefferson, LA. 70121</p> <p>Areas to be serviced:<br/>                     Administration Building:<br/>                     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).

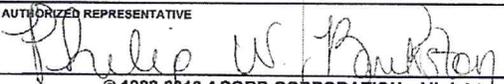
|   |   |                                    |
|---|---|------------------------------------|
| <b>PRODUCER</b><br>Philip Bankston Insurance Agency Inc<br>70452 Hwy 21 N Ste 100<br>Covington, LA 70433<br> | <b>CONTACT NAME:</b> Philip Bankston<br><b>PHONE (A/C, Ho, Ext):</b> 985-893-9899<br><b>E-MAIL ADDRESS:</b> philip@philipbankston.com | <b>FAX (A/C, No):</b> 985-893-9383 |
|   | <b>INSURER(S) AFFORDING COVERAGE</b>  |                                    |
| <b>INSURED</b><br>Kenneth Guerra<br>38601 Raiford Rd<br>Ponchatoula, LA 70454   | <b>INSURER A:</b>   |                                    |
|   | <b>INSURER B:</b> State Farm Mutual   |                                    |
|   | <b>INSURER C:</b>   |                                    |
|   | <b>INSURER D:</b>   |                                    |
|   | <b>INSURER E:</b>   |                                    |
|   | <b>INSURER F:</b>   |                                    |

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

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE  | ADDL SUBR INSR WVD | POLICY NUMBER    | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|--------------------|------------------|-------------------------|-------------------------|--|
|          | <b>GENERAL LIABILITY</b><br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |                    |                  |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$ |
| B        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS   |                    | 211-3035-A18-18B | 07/18/2016              | 01/18/2017              | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$ 1,000,000<br>BODILY INJURY (Per accident) \$ 1,000,000<br>PROPERTY DAMAGE (Per accident) \$ 1,000,000<br>\$      |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$   |                    |                  |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) <input type="checkbox"/> Y/N<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |                    | N/A              |                         |                         | WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                |

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

|   |  |
|---|--|
| <b>CERTIFICATE HOLDER</b><br>Jefferson Parish Dept of Purchasing<br>P.O. Box 9<br>Gretna, LA 70054-0009 | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|---|--|



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](http://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  
GRETNA, LA 70054-0278  
504-362-0667

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



**WORKERS COMP & EMPLOYERS LIABILITY  
INSURANCE POLICY**

| Policy Number  | Policy Period  |            |
|----------------|--|------------|
|                | From   | To         |
| WCV 0089911 01 | 06/11/2016<br>12:01 A.M. Standard Time at the described location | 06/11/2017 |

| Transaction   |                     |   |                                      |
|---|---------------------|---|--------------------------------------|
| RENEWAL DECLARATION   |                     |   |                                      |
| Named Insured and Address   |                     | Agent   |                                      |
| KENNY G'S PEST CONTROL, LLC<br>38601 RAIFORD RD<br>PONCHATOU LA 70454 |                     | DAUL INSURANCE AGENCY, INC.<br>RYAN DAUL<br>P. O. BOX 278<br>GRETNA, LA 70054-0278<br><br>Telephone: 504-362-0667 |                                      |
| Carrier #<br>33006  | FEIN #<br>202000909 | Risk ID #   | Entity of Insured<br>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

*Timothy W. Dietrich*  
\_\_\_\_\_  
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.

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

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"/> |               |                         |                         | <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     |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:  |                                     |               |                         |                         | GENERAL AGGREGATE \$ 1,000,000         |
|          | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |                                     |               |                         |                         | PRODUCTS - COMP/OP AGG \$ 1,000,000    |
|          | 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   | OCCUR                               |               |                         |                         | EACH OCCURRENCE \$                     |
|          | EXCESS LIAB   | CLAIMS-MADE                         |               |                         |                         | AGGREGATE \$                           |
|          | DED   | RETENTION \$                        |               |                         |                         | \$                                     |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY   | Y/N                                 |               |                         |                         | PER STATUTE OTH-ER                     |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               | <input 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 HOLDER<br>Jefferson Parish Dept of Purchasing<br>P. O. Box 9<br>Gretna, LA 70054-0009 | CANCELLATION<br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|---|---|

ACORD 25 (2014/01)

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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**