

**Insurance Declaration Affidavit  
Worker's Compensation**

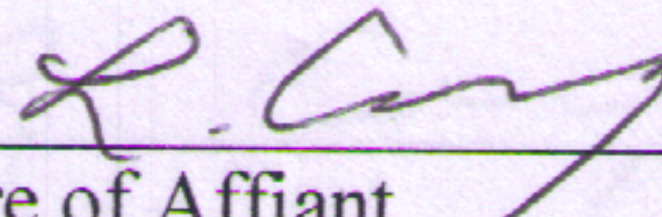
AFFIDAVIT

STATE OF New York  
PARISH/COUNTY OF Rensselaer

BEFORE ME, the undersigned authority, personally came and appeared,  
Lynda Corey, (Affiant) who after being duly sworn, deposed and said that ~~he~~/she  
is the fully authorized President of The Thomaston Corp (Entity), the  
party who submitted a Proposal/Contract/Bid/RFP/SOQ No. 50-0013522X, to Jefferson Parish.

Affiant further said:

- (1) That affiant has no employees in which Worker's Compensation Insurance is required pursuant to state law.
- (2) That if affiant hires employees such that they would be required under state law to obtain Worker's Compensation Insurance, affiant will notify Jefferson Parish and obtain the proper coverage.

  
Signature of Affiant

Lynda Corey  
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 25<sup>th</sup> DAY OF August, 2021.

  
Notary Public

Cory R Gransbury  
Printed Name of Notary

01GR6339288  
Notary/Bar Roll Number

My commission expires March 28<sup>th</sup>, 2024

<p style="text-align: center;"><b>CORY R GRANSBURY</b> NOTARY PUBLIC, STATE OF NEW YORK Registration No. 01GR6339288 Qualified in Rensselaer County My Commission Expires: <u>March 28<sup>th</sup>, 2024</u></p>
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## Non-Public Works Bid

## AFFIDAVIT

STATE OF New YorkPARISH/COUNTY OF Rensselaer

BEFORE ME, the undersigned authority, personally came and appeared: Lynda  
Cotey, (Affiant) who after being by me duly sworn, deposed and said that  
he/she is the fully authorized President of The Thomaston Corp (Entity),  
the party who submitted a bid in response to Bid Number 50-00135224 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 campaign contributions made which would require disclosure under Choice A of this section.



Debt Disclosures

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

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

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

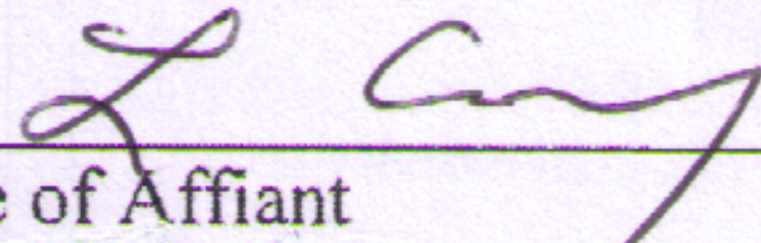
Affiant further said:

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

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

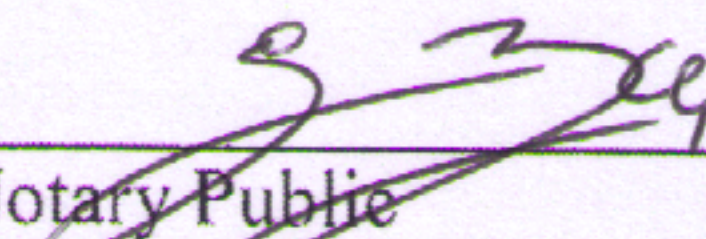


That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection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

  
Signature of Affiant

Lynda Corey  
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME  
ON THE 25<sup>th</sup> DAY OF August, 2021.

  
Notary Public

Cory R Gransbury  
Printed Name of Notary

01GR6339288  
Notary/Bar Roll Number

My commission expires March 28<sup>th</sup>, 2024.

<p><b>CORY R GRANSBURY</b> NOTARY PUBLIC, STATE OF NEW YORK Registration No. 01GR6339288 Qualified in Rensselaer County My Commission Expires: <u>March 28<sup>th</sup>, 2024</u></p>
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/26/2020

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).

<b>PRODUCER</b> Kalayjian, Oaks & Associates, Inc 1 East Market Street PO Box 2035 Hyde Park NY 12538	<b>CONTACT NAME:</b> Stephen M. Oaks <b>PHONE (A/C, No, Ext):</b> (914) 428-3200 <b>E-MAIL ADDRESS:</b> certificates@kalayjianoaks.com <b>FAX (A/C, No):</b> (914) 368-0219														
<b>INSURED</b> The Thomaston Corp. 412 McClellan Rd Nassau NY 12123	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: The Hartford / Hartford Fire Insurance Company</td><td>19682</td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: The Hartford / Hartford Fire Insurance Company	19682	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER D:															
INSURER E:															
INSURER F:															

**COVERAGES****CERTIFICATE NUMBER:** Master COI ~ 2019**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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	16SBAKR5920	12/02/2019	12/02/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 FRFEE \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y	Y	16SBAKR5920	12/02/2019	12/02/2020	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Re: Contract 215414

The City of Philadelphia, its officers, employees and agents are included as an additional insured. This coverage is primary and non contributory.

**CERTIFICATE HOLDER****CANCELLATION**

City of Philadelphia 1401 JFK Blvd. Procurement Department RM 120 Philadelphia PA 19102	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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# JEFFERSON PARISH

## DEPARTMENT OF PURCHASING

CYNTHIA LEE SHENG  
PARISH PRESIDENT

RENNY SIMNO  
DIRECTOR

August 20, 2021

### ADDENDUM # 1

Bid Number: 50-00135224

Bid Opening Date: August 26, 2021

Description of Bid: TWO (2) YEAR CONTRACT TO PROVIDE UNIFORMS, ON AN AS NEEDED BASIS, FOR THE INMATES AT THE JEFFERSON PARISH CORRECTIONAL CENTER

### CLARIFICATION OF SPECIFICATIONS

#### QUESTIONS AND ANSWERS:

Q1: Can you please forward me the item numbers/brand name for each of the (Sweatshirts, V-neck shirts, Pull on Trousers and Jumpsuits)?

A1: Brand names and item numbers are not available for each line item. Bidders shall submit bids for items that meet bid specifications for each item on bid 50-00135224. (Refer to section B, on page 2 of the bid form.)

Q2: Can you please forward me the type of text font name for "J P C C" ?

A2: A standard block font for printing, there is no specific name associated with the font.

Sincerely,

Melissa Ovalle

Melissa Ovalle  
Buyer II

Bidders must acknowledge all addenda on the bid form. Bidder acknowledges receipt of this addendum on the bid form by indicating the addendum number listed above. Failure to list each addenda number on the bid form will result in bid rejection.

This addendum is a part of the contract documents and modifies the original bidding documents and specifications. The contents of this addendum shall be included in the contract documents. Changes made by this addendum shall take precedence over the documents of earlier date.

JOSEPH S. YENNI BUILDING - 1221 ELMWOOD PARK BLVD - SUITE 404 - JEFFERSON, LA 70123 - PO BOX 10242 JEFFERSON, LA 70181-0242  
OFFICE 504.364.2678

GENERAL GOVERNMENT BUILDING - 200 DERBIGNY ST - SUITE 4400 - GRETN, LA 70053 - PO BOX 9 - GRETN - LA 70054  
OFFICE 504.364.678

EMAIL: [PURCHASING@JEFFPARISH.NET](mailto:PURCHASING@JEFFPARISH.NET)

WEBSITE: [WWW.JEFFPARISH.NET](http://WWW.JEFFPARISH.NET)



**CORPORATE RESOLUTION**

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF

The Thomaston Corp  
INCORPORATED.AT THE MEETING OF DIRECTORS OF The Thomaston Corp  
INCORPORATED, DULY NOTICED AND HELD ON 8/23/21,  
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT  
WAS:RESOLVED THAT L. Nicole Corey, BE AND IS HEREBY  
APPOINTED, CONSTITUTED AND DESIGNATED AS AGENT AND ATTORNEY-IN-  
FACT OF THE CORPORATION WITH FULL POWER AND AUTHORITY TO ACT ON  
BEHALF OF THIS CORPORATION IN ALL NEGOTIATIONS, BIDDING, CONCERNS  
AND TRANSACTIONS WITH THE PARISH OF JEFFERSON OR ANY OF ITS AGENCIES,  
DEPARTMENTS, EMPLOYEES OR AGENTS, INCLUDING BUT NOT LIMITED TO, THE  
EXECUTION OF ALL BIDS, PAPERS, DOCUMENTS, AFFIDAVITS, BONDS, SURETIES,  
CONTRACTS AND ACTS AND TO RECEIVE ALL PURCHASE ORDERS AND NOTICES  
ISSUED PURSUANT TO THE PROVISIONS OF ANY SUCH BID OR CONTRACT, THIS  
CORPORATION HEREBY RATIFYING, APPROVING, CONFIRMING, AND ACCEPTING  
EACH AND EVERY SUCH ACT PERFORMED BY SAID AGENT AND ATTORNEY-IN-  
FACT.I HEREBY CERTIFY THE FOREGOING TO BE  
A TRUE AND CORRECT COPY OF AN  
EXCERPT OF THE MINUTES OF THE ABOVE  
DATED MEETING OF THE BOARD OF  
DIRECTORS OF SAID CORPORATION, AND  
THE SAME HAS NOT BEEN REVOKED OR  
RESCINDED.L. Nicole Corey  
SECRETARY-TREASURER8/25/21

DATE



**THE THOMASTON CORP.**

**412 McCLELLAN ROAD  
NASSAU, NY 12123**

**HIKE A-SHIRTS BY COTTON KOMFORT**

**ITEM # 20740** MADE IN PAKISTAN

**80% COTTON; 20% POLYESTER**

**SMALL- 34-36**

**MEDIUM 38-40**

**LARGE 42-44**

**XL 46-48**

**2X 50-52**

**3X 54-56**

**MACHINE WASH COLD. DO NOT BLEACH. TUMBLE DRY LOW.**

**DOUBLE PLY NECKBAND FOR ADDED STRENGTH**

**ROOMY ARMHOLES**

**GENEROUS LENGTH, STAYS TUCKED IN**

**PRESHRUNK FOR BETTER FIT**

**COTTON BLEND FOR NATURAL SOFTNESS**

**3 PER POLYBAG**