

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

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

Are you requesting an escalation provision?

YES \_\_\_\_\_ NO XXXX

MAXIMUM ESCALATION PERCENTAGE REQUESTED \_\_\_\_\_%

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF Term

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

**DELIVERY: FOB JEFFERSON PARISH**

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES \_\_\_\_\_

24 hours after order

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

**THIS SECTION MUST BE COMPLETED BY BIDDER:**

FIRM NAME: Bull's Eye Industries, Inc. Vendor # -> 302259

ADDRESS: 5441 Pepsi St.

CITY, STATE: Elmwood, LA ZIP: 70123

TELEPHONE: ( 833 ) 239-7277 FAX: ( 504 ) 309-7759

EMAIL ADDRESS: Jon@bemediagraphics.com

In the event that addenda are issued with this bid, bidders MUST acknowledge all addenda on the bid form. Bidder must acknowledge receipt of an addendum on the bid form as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: 1  
NUMBER: \_\_\_\_\_  
NUMBER: \_\_\_\_\_  
NUMBER: \_\_\_\_\_

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

TOTAL PRICE OF ALL BID ITEMS: \$ \$88,318.28

AUTHORIZED SIGNATURE: *C. D. Renaudin*

C. D. Renaudin

Printed Name

TITLE: C. E. O. / Owner

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

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

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	HR	TWO (2) YEAR CONTRACT FOR THE SUPPLY OF DECALS INCLUDING INSTALLATION AND/OR REMOVAL OF DECALS FOR JEFFERSON PARISH DEPARTMENT OF FLEET MANAGEMENT  0001 - ADDITIONAL DECALS REMOVAL PER HOUR (ANY OTHER DECALS THAT NEED TO BE REMOVED OTHER THAN THE PELICAN)	\$75	\$75
2	3.00	HR	0002 - ADDITIONAL DECALS REMOVAL (REMOVAL OF PELICAN)	\$75	\$225
3	10.00	EA	0003 - APPLICATION OF DECALS	\$70	\$350.00
4	400.00	EA	0004 - OTHER REQUIREMENTS NON REFLECTIVE  41-50 SQ. IN. PER EACH MIN 100	\$2.77	\$1106.39
5	100.00	EA	0005 - OTHER REQUIREMENTS NON-REFLECTIVE  30-40 SQ. IN. PER EACH MIN. 100	\$2.41	\$241.00
6	100.00	EA	0006 - OTHER REQUIREMENTS 21-30 SQ. IN. PER EACH  MIN 100	\$2.69	\$269.00
7	3.00	EA	0007 - OTHER REQUIREMENTS 11-20 SQ IN. EACH ADD COLOR  MINIMUM 100	\$2.03	\$6.09
8	2.00	EA	0008 - OTHER REQUIREMENTS 6-10 SQ. IN. PER EACH  MINIMUM 100	\$1.80	\$3.60
9	1.00	EA	0009 - OTHER REQUIREMENTS 41-50 SQ. IN. PER EACH  REFLECTIVE MIN 100	\$3.91	\$3.91
10	10.00	EA	0010 - OTHER REQUIREMENTS 30-40 SQ. IN.	\$3.72	\$37.20

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00121674

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
11	1,500.00	EA	REFLECTIVE MINIMUM 100  0011 - OTHER REQUIREMENTS 21-30 SQ. IN. PER EACH	\$3.30	\$4950.00
12	400.00	EA	REFLECTIVE MINIMUM 100  0012 - OTHER REQUIREMENTS 21-30 SQ.IN. PER EACH REFLECTIVE EACH ADD COLOR  MINIMUM 100	\$1.97	\$788.00
13	300.00	EA	0013 - OTHER REQUIREMENTS 11-20 SQ. IN. PER EACH REFLECTIVE  MINIMUM 100	\$2.63	\$789.00
14	200.00	EA	0014 - OTHER REQUIREMENTS 6-10 SQ. IN. REFLECTIVE  MINIMUM 100	\$1.94	\$388.00
15	5.00	HR	0015 - OTHER VEHICLES AND EQUIPMENT INCLUDES BUT NOT LIMITED TO WASHOUT  TRUCKS, VACTORS, CEMENT TRUCKS, GRADALLS, SWEEPERS, DRAGLINES, ETC. LABOR COST PER HOUR PLUS APPLICATION ON HOURLY BASIS	\$70	\$350.00
16	25.00	EA	0016 - PART PRICING FOR FLEET DECALS 27 INCH LOGO-SAME SPECS AS ABOVE  PER EACH.	\$87.89	\$2197.25
17	1.00	EA	0017 - PART PRICING FOR FLEET DECALS 20 1/4 INCH LOGO SAME SPECS AS ABOVE  COST PER EACH	\$49.10	\$49.10
18	250.00	EA	0018 - PART PRICING FOR FLEET DECALS 13 1/2 INCH LOGO SAME SPECS AS ABOVE  COSTS PER EACH	\$25.50	\$6375.00
19	250.00	EA	0019 - PART PRICING FOR FLEET DECALS 9 INCH LOGO 3 COLORS PRINTER 3 CUSTOM  MATCHED PSM COLORS TO BE SELECTED BY DESIGN COMMITTEE. COST PER EACH	\$13.89	\$3473.43

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
20	150.00	EA	0020 - PART PRICING FOR FLEET DECAL 6 3/4 INCH LOGO 3 COLORS PRINTER 3  CUSTOM MATCH PSM COLORS TO BE SELECTED BY DESIGN COMMITTEE COST PER EACH	\$7.63	\$1144.50
21	150.00	FT	0021 - PART PRICING FOR FLEET DECALS 12 INCH STRIPE SAME SPECS AS ABOVE  PRICE PER FOOT.	\$11.38	\$1707.00
22	50.00	FT	0022 - PART PRICING FOR FLEET DECALS 9 IN STRIPE SAME AS SPECS ABOVE  COST PER FOOT	\$9.44	\$472.00
23	150.00	FT	0023 - PART PRICING FOR FLEET DECALS 6 INCH STRIPE SAME SPECS AS ABOVE  COST PER FOOT	\$7.54	\$1131.00
24	50.00	FT	0024 - PART PRICING FOR FLEET DECALS 3 INCH MULTIPLE REFLECTIVE 2 COLOR  STRIPING PRINTED 2 CUSTOM MATCHED PMS. COLORS TO BE SELECTED BY DESIGN COMMITTEE. COST PER FOOT	\$3.77	\$565.50
25	10.00	EA	0025 - PASSENGER CARS REMOVAL COST	\$98	\$980.00
26	25.00	EA	0026 - PASSENGER CARS INSTALLATION COST	\$100	\$2500.00
27	25.00	EA	0027 - PASSENGER CARS KIT COST WITHOUT APPLICATION OR REMOVAL.	\$173.45	\$4336.25
28	1.00	EA	0028 - PICK UP TRUCKS, MINI VANS, VANS, REMOVAL COST	\$149	\$149.00
29	2.00	EA	0029 - PICK UP TRUCKS, MINI-VANS, VANS INSTALLATION COST	\$150	\$300
30	2.00	EA	0030 - PICK UP TRUCKS, MINI-VANS, VANS KIT COST WITH OUT APPLICATION OR	\$277.52	\$555.04

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
31	1.00	EA	REMOVAL. 0031 - REMOVAL OF TWO LOGO DECALS AND DEPARTMENT NAMES	\$56	\$56
32	4.00	EA	0032 - STEP VANS REMOVAL COST	\$149	\$596
33	1.00	EA	0033 - STEP VANS INSTALLATION COST	\$201	\$201
34	1.00	EA	0034 - STEP VANS KIT COST WITHOUT APPLICATION OR REMOVAL.	\$878.85	\$878.75
35	1,200.00	EA	0035 - 1 1/4 INCH A TO Z LETTERS NON-REFLECTIVE	\$.61	\$732.00
36	1,500.00	EA	0036 - 1 1/4 INCH NUMBERS 0 TO 9 NON-REFLECTIVE	\$.61	\$915.00
37	500.00	EA	0037 - 2 INCH NUMBERS 0 TO 9 NON-REFLECTIVE	\$.87	\$435.00
38	300.00	EA	0038 - 2 INCH LETTERS A TO Z NON-REFLECTIVE	\$.87	\$261
39	150.00	EA	0039 - 2 INCH LETTERS A TO Z REFLECTIVE	\$1.08	\$162
40	800.00	EA	0040 - 3 INCH NUMBERS 0 TO 9 NON REFLECTIVE	\$1.33	\$1064.00
41	500.00	EA	0041 - 6 INCH LETTERS A TO Z NON-REFLECTIVE	\$2.91	\$1455.00
42	200.00	EA	0042 - 1 3/4 INCH LETTERS A TO Z NON-REFLECTIVE	\$.76	\$31.92
43	300.00	EA	0043 - WET FLEET DECALS 6 COLORS	\$17.19	\$5157.00

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
44	300.00	EA	0044- HOW IS MY DRIVING DECALS	\$9.59	\$2877.00
45	250.00	EA	0045 - DELINEATED STRIPES 88 INCH X 5 INCH S/P 1 COLOR DK. GREEN ON	\$35.90	\$8975.00
46	4,000.00	FT	WHITE 580-10 SCOTCHLITE, CLEARCOATED PREMASKED 0046 - 4 INCH REFLECTIVE 2 COLOR STRIPING. MULTIPLE VOID STRIPING	\$3.85	\$15,400.00
47	4,000.00	EA	COMPOSED OF 580-77 GREEN AND 580-054 GOLD PREMASKED AS FOLLOWS: 3/8 INCH GOLD, 3/8 INCH VOID 4 INCH REFLECTIVE COLORS STRIPING 2 1/2 INCH GREEN 3/8 INCH VOID, 3/4 INCH GOLD 0047 - REFLECTIVE 3 INCH NUMBERS	\$1.66	\$6,640.00
48	10.00	EA	0048 - 5 1/2 INCH NUMBERS OR LETTERS FOR USE BY FIRE DEPARTMENT	\$4.07	\$40.70
49	10.00	EA	0049 - DECALS 18 INCH NUMBERS REFLECTIVE FOR USE BY FIRE DEPARTMENT	\$20.88	\$208.80
50	10.00	EA	0050 - 7 INCH NUMBERS REFLECTIVE FOR USE BY FIRE DEPARTMENT	\$5.02	\$50.20
51	10.00	EA	0051 - 11 INCH LOGO TWO COLORS PRINTED CUSTOM MATCH PMS COLORS COST PER EACH REFLECTIVE FOR USE BY THE FIRE DEPARTMENT	\$28.11	\$281.10
52	10.00	EA	0052 - 15 INCH LOGO TWO COLORS PRINTED CUSTOM MATCH PMS COLORS COST PER EACH REFLECTIVE. TO BE USED BY FLEET MANAGEMENT DEPARTMENT.	\$30.46	\$304.60
53	10.00	EA	0053 - 10 INCH DECAL LOGO DIGITALLY PRINTED ON REFLECTIVE VINYL, LAMINATED. PREMASKED AND DIE CUT COST FOR EACH EMERGENCY MANAGEMENT DEPARTMENT	\$25.19	\$251.90

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00121674

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
54	10.00	EA	0054 - DECALS 13 INCH LOGO. DIGITALLY PRINTED ON REFLECTIVE VINYL, LAMINATED, PRE-MASKED AND DIE CUT COST PER EACH FOR EMERGENCY MANAGEMENT DEPARTMENT	\$29.14	\$291.40
55	10.00	EA	0055 - 32 INCH X 20 1/2 INCH MEDICAL RESERVE CORPS DIGITALLY PRINTED ON WHITE REFLECTIVE VINYL, LAMINATED, PRE MASKED AND DIE CUT.	\$91.01	\$910.10
56	1.00	EA	0056 - 76 INCH X 22 INCH CERT DIGITALLY PRINTED ON WHITE REFLECTIVE VINYL, LAMINATED, PRE MASKED AND DIE CUT	\$109.61	\$109.61
57	10.00	EA	0057 - 56 INCH X 16 1/2 INCH CERT DIGITALLY PRINTED ON WHITE REFLECTIVE VINYL, LAMINATED, PREMASKED AND DIE CUT	\$97.28	\$972.80
58	10.00	EA	0058 8 1/4 INCH X 3 INCH CERT DIGITALLY PRINTED ON WHITE REFLECTIVE VINYL, LAMINATED, PREMASKED AND DIE CUT	\$5.93	\$59.30
59	10.00	EA	0059 - 3 INCH X 1 1/8 INCH CERT DIGITALLY PRINTED ON WHITE REFLECTIVE VINYL, LAMINATED AND DIE CUT	\$2.92	\$29.20
60	1.00	EA	0060 - 3 INCH DIAMETER CERT DIGITALLY PRINTED ON WHITE REFLECTIVE VINYL, LAMINATED AND DIE CUT.	\$2.64	\$2.64
61	1,100.00	EA	0061 - CRESTYPE NUMBERS CUT FROM BLACK VINYL PREMASKED AS FOLLOWS: 100 EACH 1,2,3,4,5,6,7,8,0,00,000 1 1/2 INCH IN SIZE	\$.74	\$814.00
62	100.00	EA	0062 - DECALS "GROSS WEIGHT" CUT FROM BLACK VINYL PREMASKED 6 INCH X 3 INCH	\$3.72	\$372.00
63	100.00	EA	0063 - DECALS "CLASS LICENSE REQUIRED" SCREEN PRINTED BLACK ON CLEAR VINYL	\$2.92	\$292.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00121674

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
64	100.00	EA	SCORED 24 INCH X 3 INCH  0064 - DECALS "MAX LOAD WEIGHT" 6 INCH X 3 INCH	\$3.72	\$372.00
65	100.00	EA	0065 - DECAL "CAUTION WIDE TURN"	\$15.74	\$1574.00

**CORPORATE RESOLUTION**

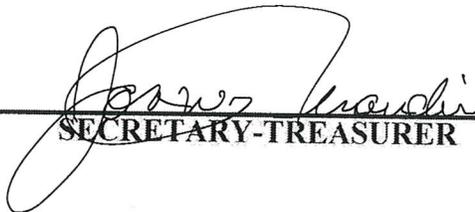
EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF  
Bull's Eye Industries

INCORPORATED.

AT THE MEETING OF DIRECTORS OF Bull's Eye Industries  
INCORPORATED, DULY NOTICED AND HELD ON 1/14/17,  
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT  
WAS:

RESOLVED THAT C. D. Renaudin, 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.

  
\_\_\_\_\_  
SECRETARY-TREASURER

3:35 PM, Dec 20, 2017

\_\_\_\_\_  
DATE

**Non-Public Works Bid**

**AFFIDAVIT**

STATE OF Louisiana

PARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: \_\_\_\_\_

C. D. Renaudin, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized CEO/ Owner of Bull's Eye Industries (Entity), the party who submitted a bid in response to Bid Number 50-00121674 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 X there are **NO** campaign contributions made which would require disclosure under Choice A of this section.

Debt Disclosures

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

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

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

Affiant further said:

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

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

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

C. D. Renaudin  
Signature of Affiant

C. D. Renaudin  
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 20 DAY OF Dec, 2017.

Valerie d. Falgout  
Notary Public

Valerie d. Falgoust  
Printed Name of Notary

36661  
Notary/Bar Roll Number

My commission expires At Death.

Print

## Notary Search - Detail

**Name:** MS. VALERIE D. FALGOUT  
**Address:** 401 OAK AVE  
NINE MILE POINT, LA 70094

**Phone:** (504) 455-5883  
**Phone 2:** (504) 382-5057

**Notary ID Number:** 36661

**Parish:** JEFFERSON with authority in the following parishes:  
ORLEANS, PLAQUEMINES, ST. BERNARD

**Agency:** N/A

**Notary Type:** Non Attorney

**Status:** Active

**Commission Date:** 09/01/1978

**Oath Date:** 08/31/1978

**Surety Expiration Date:** 08/07/2020

**Annual Report Current:** Yes

## Notary Events

**Suspension** From: 08/04/2014 To: 08/12/2014

Deceased, Inactivated, Leave of Absence, Pre-Assessment Registration, Pre-Assessment Taken, Resigned, Retirement, and Revoked events are not available prior to February 11, 2012.

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/18/2017

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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**  
Arthur J. Gallagher Risk Management Services, Inc.  
111 Veterans Boulevard, Suite 1130  
Metairie LA 70005

**CONTACT NAME:**  
**PHONE (A/C, No., Ext):** 504-888-1100      **FAX (A/C, No.):** 504-888-1299  
**E-MAIL ADDRESS:**  
**INSURER(S) AFFORDING COVERAGE**      **NAIC #**  
**INSURER A:** AmTrust Insurance Company of Kansas      15954

**INSURED**      **BULLEYE-01**  
Bull's Eye Industries, Inc.  
5441 Pepsi Street  
Harahan LA 70123

**INSURER B:**  
**INSURER C:**  
**INSURER D:**  
**INSURER E:**  
**INSURER F:**

**COVERAGES**      **CERTIFICATE NUMBER: 1892040831**      **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:			KPP1037319-01	8/26/2017	8/26/2018	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 - COMP/OP AGG	\$2,000,000
								\$
	<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)	\$
								\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DED    RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<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						PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Garage Liability Garagekeepers Legal			KPP1037319-01	8/26/2017	8/26/2018	Garage Liab-28, 29 Garagekeepers Legal	1,000,000/2,000,000 200,000

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

Garage Liability \$1,000,000/\$2,000,000 with \$1,000 CSL Ded.; GKLL \$200,000 Limit with Comp Ded \$500/\$2,500 and Coll Ded \$500

### CERTIFICATE HOLDER

Jefferson Parish

### 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  
*[Signature]*



# CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER Tee & Gee Underwriting Managers, LP 8131 LBJ Freeway, Suite 750 Dallas, TX 75251	CONTACT NAME:	Don Mayeux	
	PHONE (A/C, No, Ext):	(504) 837-8680	FAX (A/C, No):
	E-MAIL ADDRESS:	donm@canalhr.com	
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : State National Insurance Company		12831
INSURED Pelican Ice & Cold Storage Inc. P.O. Box 8798 Metairie LA 70011	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

**COVERAGES**

CERTIFICATE NUMBER: 39301075

REVISION NUMBER:

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

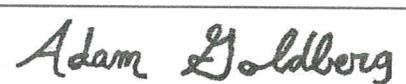
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	<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) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED \$      RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	<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			TGW900017701	4/1/2017	4/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**THIS CERTIFICATE CONFERS NO ADDITIONAL INSURED RIGHTS UPON THE CERTIFICATE HOLDER.**

Pelican Ice & Cold Storage Inc. is provided workers compensation coverage only for those employees of co-employer Canal HR, Inc. pursuant to the client services agreement between Pelican Ice & Cold Storage Inc. and Canal HR, Inc.

**CERTIFICATE HOLDER****CANCELLATION**

400 BE CREATIVE BULL'S EYE INDUSTRIES INC 5441 PEPSI ST NEW ORLEANS LA 70123	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  Adam Goldberg
--	---

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**Insurance Declaration Affidavit  
Automotive**

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared, CD Renaudin, (Affiant) who after being duly sworn, deposed and said that he/she is the fully authorized CEO/owner of Bulls' Eye Industries (Entity), the party who submitted a Proposal/Contract/Bid/RFP/SOQ No. 50-00121674 to Jefferson Parish.

Affiant further said:

- (1) That entity does not own automobiles or use automobiles in the furtherance of the services provided under the contract.
- (2) That if the entity obtains automobiles or begins to use automobiles in the furtherance of the services provided under the contract, affiant will notify Jefferson Parish and obtain the proper coverage.

CD Renaudin  
Signature of Affiant

C D RENAUDIN  
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 20th DAY OF Dec, 2017.

Valerie D Falgout  
Notary Public

VALERIE D. FALGOUT  
Printed Name of Notary

36661  
Notary/Bar Roll Number

My commission expires at death

Print

## Notary Search - Detail

**Name:** MS. VALERIE D. FALGOUT  
**Address:** 401 OAK AVE  
NINE MILE POINT, LA 70094

**Phone:** (504) 455-5883  
**Phone 2:** (504) 382-5057

**Notary ID Number:** 36661

**Parish:** JEFFERSON with authority in the following parishes:  
ORLEANS, PLAQUEMINES, ST. BERNARD

**Agency:** N/A  
**Notary Type:** Non Attorney  
**Status:** Active

**Commission Date:** 09/01/1978  
**Oath Date:** 08/31/1978  
**Surety Expiration Date:** 08/07/2020  
**Annual Report Current:** Yes

## Notary Events

**Suspension** From: 08/04/2014 To: 08/12/2014

Deceased, Inactivated, Leave of Absence, Pre-Assessment Registration, Pre-Assessment Taken, Resigned, Retirement, and Revoked events are not available prior to February 11, 2012.

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

## Request for Taxpayer Identification Number and Certification

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

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Bull's Eye Industries**

**2** Business name/disregarded entity name, if different from above

**3** Check appropriate box for federal tax classification; check only **one** of the following seven boxes:  
 Individual/sole proprietor or single member LLC  
 C Corporation  
 S Corporation  
 Partnership  
 Trust/estate  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶  
**Note.** For a single member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single member owner.  
 Other (see instructions) ▶

**4** Exemptions (codes apply only to certain entities; not individuals; see instructions on page 3):  
 Exempt payee code (if any): \_\_\_\_\_  
 Exemption from FATCA reporting code (if any): \_\_\_\_\_  
(Apply to accounts maintained outside the U.S.)

**5** Address (number, street, and apt. or suite no.)  
**5441 Pepsi St**

**6** City, state, and ZIP code  
**New Orleans, LA 70123**

**7** List account number(s) here (optional)

Requester's name and address (optional)

### Part I Taxpayer Identification Number (TIN)

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

**Social security number**

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

or

**Employer identification number**

7	2	-	0	8	6	6	3	1	1
---	---	---	---	---	---	---	---	---	---

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

### Part II Certification

Under penalties of perjury, I certify that:

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

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

**Sign Here**      Signature of U.S. person ▶ *M. Dean Reed*

Date ▶ 1/06/17

### General Instructions

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fo9](http://www.irs.gov/fo9).

#### Purpose of Form

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

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

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

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

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

By signing the filled-out form, you:

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

## **Non-Public Works Bid Affidavit Instructions**

- **Affidavit is supplied as a courtesy to Affiants, but it is the responsibility of the affiant to insure the affidavit they submit to Jefferson Parish complies, in both form and content, with federal, state and parish laws.**
- **Affidavit must be signed by an authorized representative of the entity or the affidavit will not be accepted.**
- **Affidavit must be notarized or the affidavit will not be accepted.**
- **Notary must sign name, print name, and include bar/notary number, or the affidavit will not be accepted.**
- **Affiant MUST select either A or B when required or the affidavit will not be accepted.**
- **Affiants who select choice A must include an attachment or the affidavit will not be accepted.**
- **If both choice A and B are selected, the affidavit will not be accepted.**
- **Affidavit marked N/A will not be accepted.**
- **It is the responsibility of the Affiant to submit a new affidavit if any additional campaign contributions are made after the affidavit is executed but prior to the time the council acts on the matter.**

*Instruction sheet may be omitted when submitting the affidavit*

## STANDARD INSURANCE REQUIREMENTS – PUBLICLY ADVERTISED BIDS

All required insurance under this bid shall conform to Jefferson Parish Resolution No. 113646 or No. 113647, as applicable. Contractors may not commence any work under any ensuing contract unless and until all required insurance and associated evidentiary requirements thereto have been met, along with any additional specifications contained in the advertised bid. Except as where otherwise precluded by law, the Parish Attorney or his designee, with the concurrence of the Director of Risk Management or his designee, may agree on a case-by-case basis, to deviate from Jefferson Parish's standard insurance requirements, as provided in this Section. Vendors requesting deviation therefrom shall submit such requests in writing, along with compelling substantiation, to the Purchasing Department prior to the bid's due date. Any changes to the insurance requirements will be reflected in the bid specifications and addenda. Prior to contract execution and at all times thereafter during the term of such contract, contractors must provide and continuously maintain all coverages as required by the foregoing Resolutions, and the contract documents. Failure to do so shall be grounds for suspension, discontinuation or termination of the contract.

For bidding purposes, bidders must submit with bid submission a current (valid) insurance certificate evidencing the required coverages. Failure to comply will cause bid to be rejected. The current insurance certificate will be used for proof of insurance at time of evaluation. Thereafter, and prior to contract execution, the low bidder will be required to provide final insurance certificates to the Parish which shall name the Jefferson Parish, its Districts Departments and Agencies under the direction of the Parish President and the Parish Council as additional insureds regarding negligence by the contractor for the Commercial General Liability, Workmen's Compensation Insurance and the Comprehensive Automobile Liability policies. Additionally, said certificates should reflect the name of the Parish Department receiving goods and services and reference the respective Jefferson Parish bid number.

### JEFFERSON PARISH REQUIRED STANDARD INSURANCE

**WORKER'S COMPENSATION INSURANCE**

As required by Louisiana State Statute, exception; Employer's Liability, Section B shall be \$1,000,000 per occurrence when Work is to be over water and involves maritime exposures to cover all employees not covered under the State Worker's Compensation Act, otherwise this limit shall be no less than \$500,000 per occurrence.

**Note:** If your company is not required by law to carry workmen's compensation insurance, i.e. not a Louisiana company, sole employee of the company, then bidders must request a workmen's compensation insurance declaration affidavit prior to the bid opening date. This insurance declaration affidavit must be fully completed, signed, properly notarized and submitted with the bid. A scanned copy may be submitted with the bid; however, the successful bidder must submit the original affidavit in its original format and without material alteration upon contract execution. Failure to comply will result in the bid submission being rejected as non-responsive. The Parish reserves the right to award bid to the next lowest responsive and responsible bidder in this event.

**COMMERCIAL GENERAL LIABILITY**

Shall provide limits not less than the following: \$1,000,000.00 Combined Single Limit per Occurrence for bodily injury and property damage.

**COMPREHENSIVE AUTOMOBILE LIABILITY**

Bodily injury liability \$1,000,000.00 each person; \$1,000,000.00 each occurrence.  
Property Damage Liability \$1,000,000.00 each occurrence.

**Note:** This category may be omitted if bidders do not/will not utilize company vehicles for the project or do not possess company vehicles. Bidder must request an automobile insurance declaration affidavit prior to the bid opening date. This insurance declaration affidavit must be fully completed, signed, properly notarized and submitted with the bid. A scanned copy of the completed, signed and properly notarized affidavit may be submitted with the bid; however, the successful bidder must submit the original affidavit in its original format and without material alteration upon contract execution. Failure to comply will result in the bid submission being rejected as non-responsive. The Parish reserves the right to award bid to the next lowest responsive and responsible bidder in this event.

**DEDUCTIBLES**

No insurance required shall include a deductible not greater than \$10,000.00. The cost of the deductible shall be borne by the contractor.

NOTE: If the vendor requires a change in deductibles, the request must be submitted in writing to the Purchasing Department prior to the due date of the bid. Such request shall be reviewed by the Parish Attorney's Office with the concurrence of the Director of Risk Management.

**UMBRELLA LIABILITY COVERAGE**

An umbrella policy or excess may be used to meet minimum requirements.

**FOR CONSTRUCTION AND RENOVATION PROJECTS:**

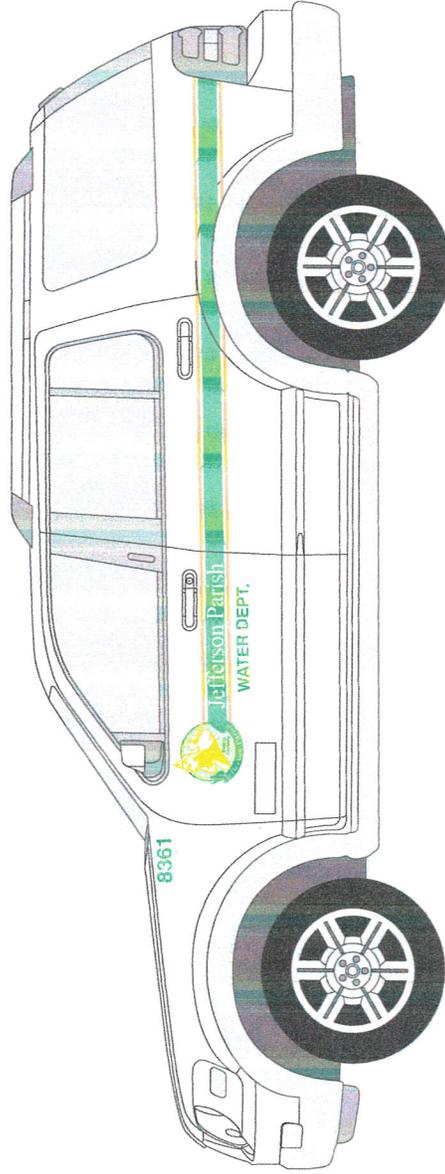
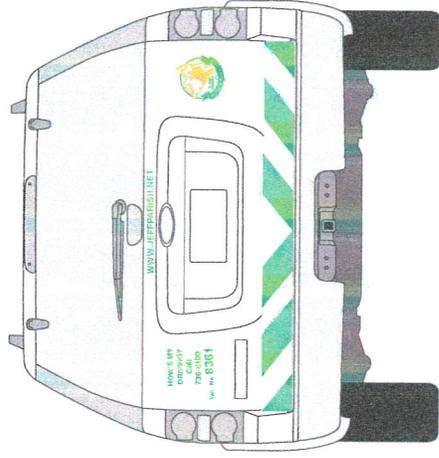
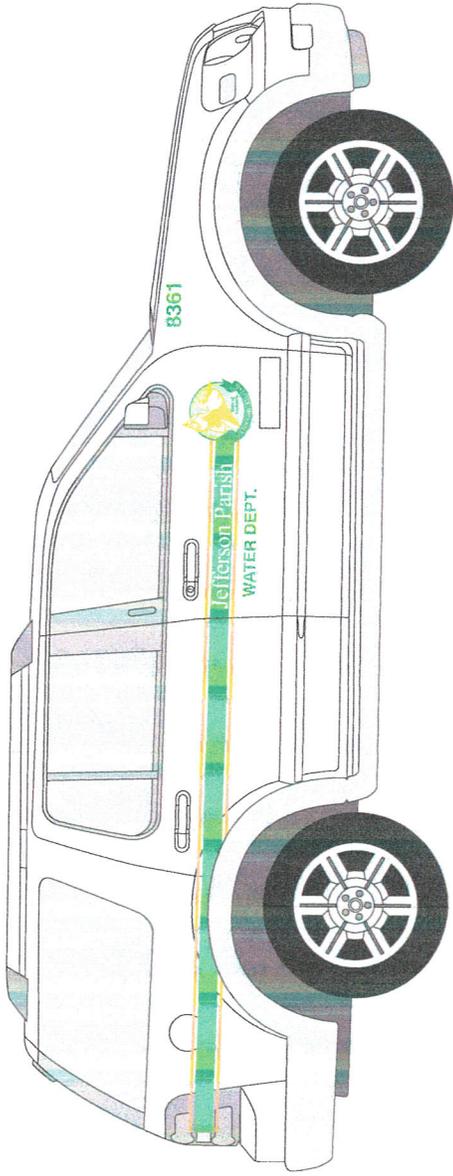
The following are required unless otherwise specified in the bid. Such insurance is due upon contract execution.

1) **OWNER'S PROTECTIVE LIABILITY**

To be for the same limits of liability for bodily injury and property damage liability established for commercial general liability.

2) **BUILDER'S RISK INSURANCE**

The contractor shall maintain Builder's Risk Insurance at his own expense to insure both the owner (Parish of Jefferson) and contractor as their interest may appear.



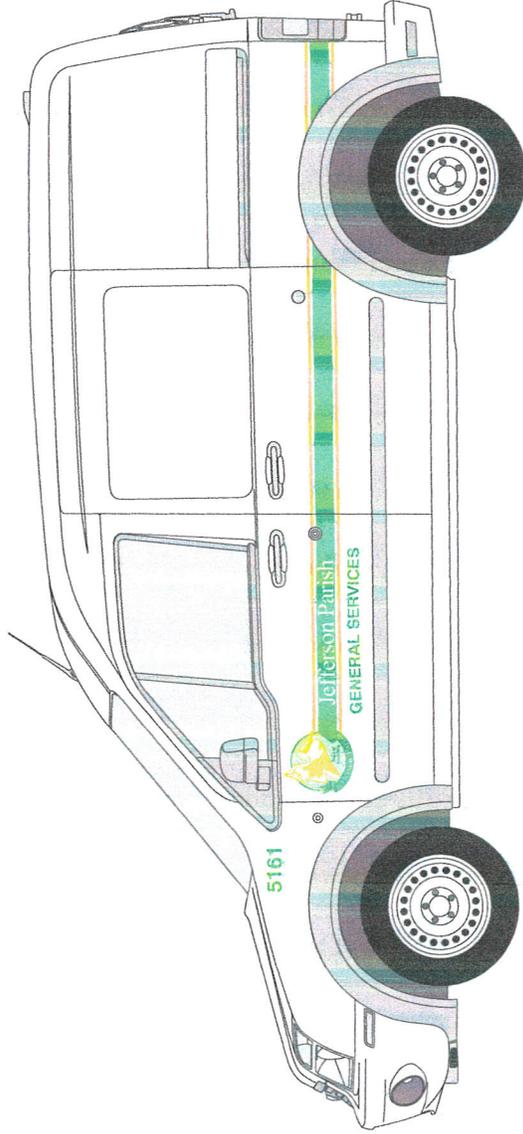
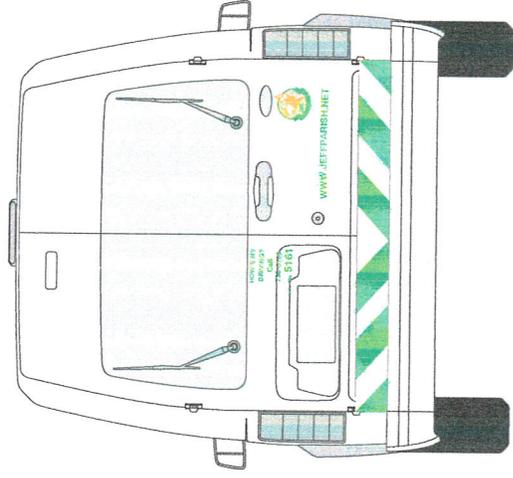
## Ford Explorer

Stripe usage to wrap car: 9 yds  
 letter length for Jefferson Parish: 1.5"  
 Numbering for Unit ID: 2"  
 Department: 1"

Stripe: 3" x 17"  
 Logo: 6.75"  
 Total Length of Stripe: 22"



Bull's Eye Industries, Inc.

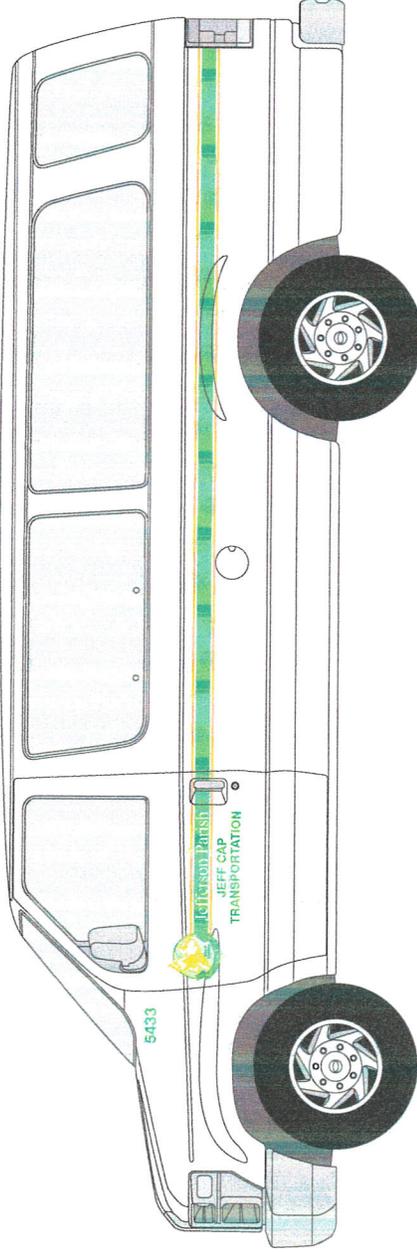
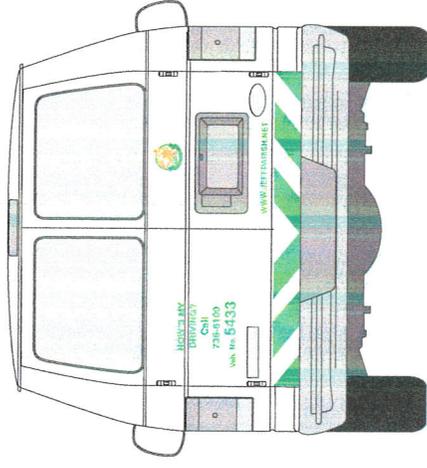
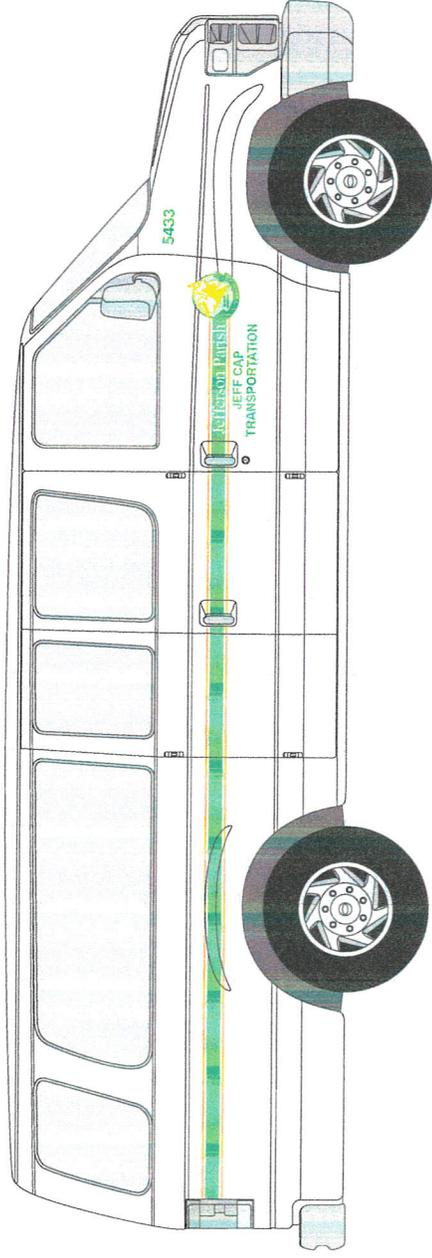


## Ford Transit



Stripe usage to wrap car: 10 yds  
 Letter length for Jefferson Parish: 2"  
 Numbering for Unit ID: 3"  
 Department: 1.5"

Stripe: 4" x 23"  
 Logo: 9"  
 Total Length of Stripe: 29.75"



# Ford Express

**BE.**  
**CREATIVE**  
Bull's Eye Industries, Inc.

Stripe usage to wrap car: 10 yds  
 letter length for Jefferson Parish: 2"  
 Numbering for Unit ID: 3"  
 Department: 1.5"

Stripe: 4" x 23"  
 Logo: 9"  
 Total Length of Stripe: 29.75"

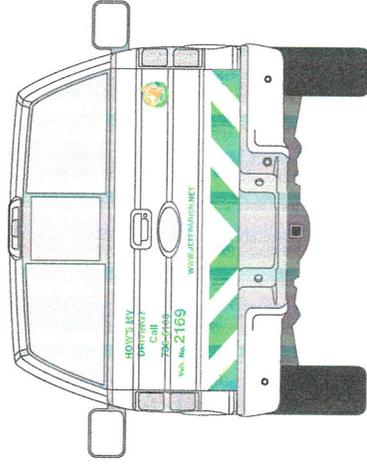


## Chevy Traverse



Stripe usage to wrap car: 10 yds  
letter length for Jefferson Parish: 2"  
Numbering for Unit ID: 3"  
Department: 1.5"

Stripe: 4" x 23"  
Logo: 9"  
Total Length of Stripe: 29.75"



## Ford F-150

Stripe usage to wrap car: 10 yds  
 letter length for Jefferson Parish: 2"  
 Numbering for Unit ID: 3"  
 Department: 1.5"

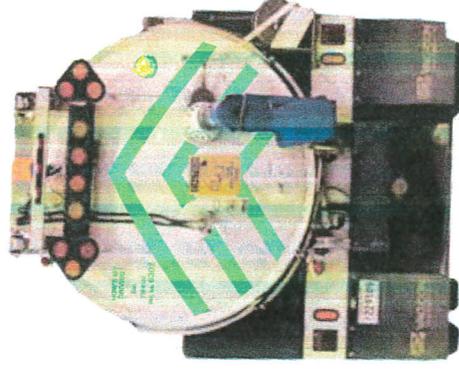
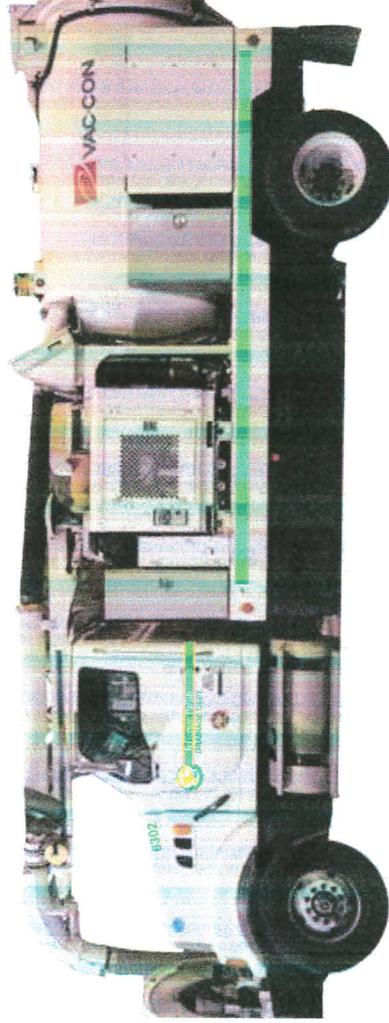
Stripe: 4" x 23"

Logo: 9"

Total Length of Stripe: 29.75"



Bull's Eye Industries, Inc.



Bull's Eye Industries, Inc.

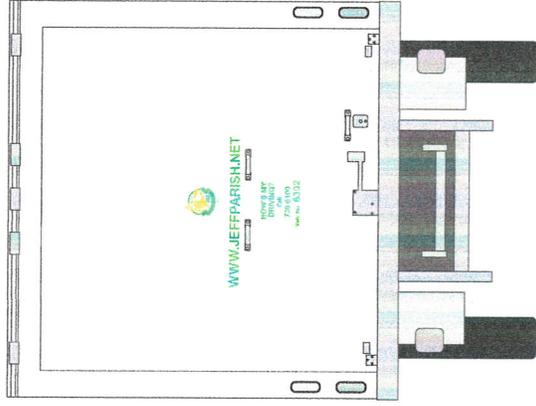
Stripe: 6" x 34"

Logo: 13.25"

Total Length of Stripe: 44.125"

Stripe usage to wrap car: quote  
letter length for Jefferson Parish: 3"  
Numbering for Unit ID: 4"  
Department: 12.5"

## Utility Truck



## Box Truck

**BE.**  
**CREATIVE**  
Bull's Eye Industries, Inc.

Stripe usage to wrap car: 12 yds  
letter length for Jefferson Parish: 6"  
Numbering for Unit ID: 8"  
Department: 4"

Stripe: 12" x 68"  
Logo: 27"  
Total Length of Stripe: 88.25"



Bull's Eye Industries, Inc.

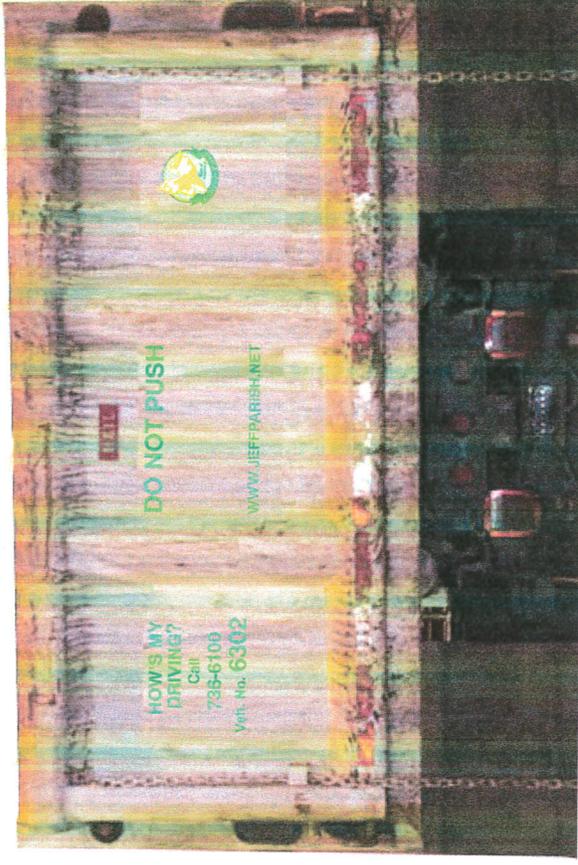
Stripe: 4" x 23"

Logo: 9"

Total Length of Stripe: 29.75"

## Trailer hitch

Stripe usage to wrap car: 10 yds  
letter length for Jefferson Parish: 2"  
Numbering for Unit ID: 3"  
Department: 1.5"



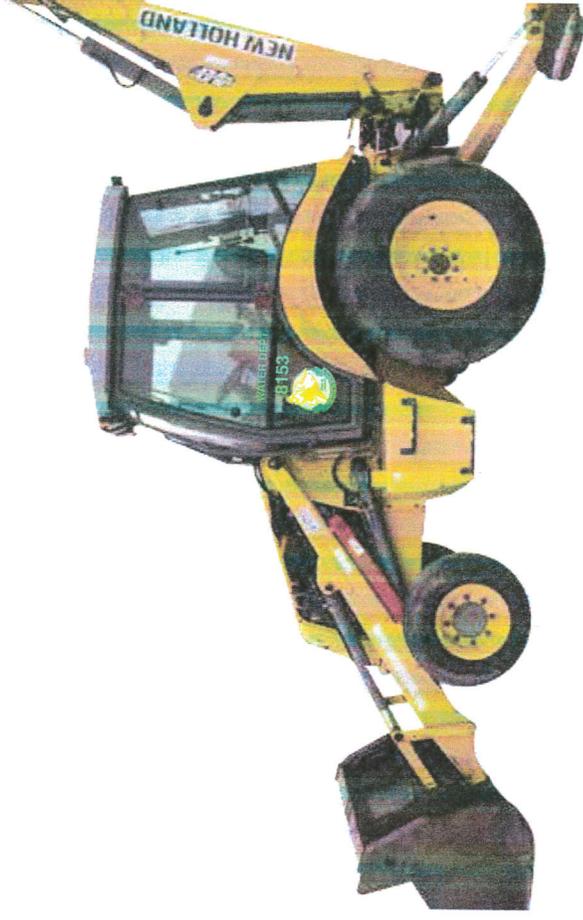
## Dump Truck



Stripe: 6" x 34"  
Logo: 13.25"  
Total Length of Stripe: 44.125"

Stripe usage to wrap car: quote  
letter length for Jefferson Parish: 3"  
Numbering for Unit ID: 4"  
Department: 12.5"

Bull's Eye Industries, Inc.



## Tractors

Stripe usage to wrap car: qoute  
letter length for Jefferson Parish: 3"  
Numbering for Unit ID: 4"  
Department: 12.5"

Stripe: 6" x 34"  
Logo: 13.25"  
Total Length of Stripe: 44.125"



Bull's Eye Industries, Inc.