Page: 5

DATE: 10/30/2019

BID NO.: 50-00128483

BID FORM
Non Public Works

## 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? NO YES MAXIMUM ESCALATION PERCENTAGE REQUESTED \_ INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF 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 LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) THIS SECTION MUST BE COMPLETED BY BIDDER: ADDRESS: TELEPHONE: (955) FAX: ( avest@vescoin EMAIL ADDRESS: 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:

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

TOTAL PRICE OF ALL BID ITEMS: \$

AUTHORIZED SIGNATURE:

TITLE:

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.

DATE: 10/30/2019

## INVITATION TO BID FROM JEFFERSON PARISH - continued

Page 6

BID NO.: 50-00128483

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			LABOR, MATERIALS AND EQUIPMENT NECESSARY TO RESURFACE, REMOVE AND REPLACE NETS AND POLES, AND REPAINT TENNIS COURTS AT TERRYTOWN PLAYGROUND FOR THE JEFFERSON PARISH DEPT. OF PARKS AND RECREATION		
1	1.00	JOB	0010 - Provide labor, materials and equipment to re-surface, remove and		
			replace nets and poles, and repaint tennis courts at Terrytown Playground, per the attached specifications		34,947.00
			LOCATION: Terrytown Playground 641 Heritage Ave Terrytown, LA 70056		
2	1.00	SQFT	0020 - Additional patch if needed, this bid requires patch/fill for approximately 1500 linear square feet of cracks, and approximately 700 square feet of low spots. Should more patch be needed to complete this job, please enter your bid price per square foot		\$6 39 ft
				9	

## **CORPORATE RESOLUTION**

EXCERPT FROM MINUTES OF MEETING OF THE BOA	RD OF DIRECTORS OF
INCORPORATED.	
AT THE MEETING OF DIRECTORS OF	NOV. 26 7018
APPOINTED, CONSTITUTED AND DESIGNATED AS FACT OF THE CORPORATION WITH FULL POWER A BEHALF OF THIS CORPORATION IN ALL NEGOTIA AND TRANSACTIONS WITH THE PARISH OF JEFFERS DEPARTMENTS, EMPLOYEES OR AGENTS, INCLUDIN EXECUTION OF ALL BIDS, PAPERS, DOCUMENTS, AND CONTRACTS AND ACTS AND TO RECEIVE ALL PURCISSUED PURSUANT TO THE PROVISIONS OF ANY SICORPORATION HEREBY RATIFYING, APPROVING, CEACH AND EVERY SUCH ACT PERFORMED BY SAIL FACT.	AND AUTHORITY TO ACT ON ATIONS, BIDDING, CONCERNS ON OR ANY OF ITS AGENCIES, NG BUT NOT LIMITED TO, THE FFIDAVITS, BONDS, SURETIES, CHASE ORDERS AND NOTICES UCH BID OR CONTRACT, THIS ONFIRMING, AND ACCEPTING
A TRUE AND C EXCERPT OF THE I DATED MEETING DIRECTORS OF SA THE SAME HAS N RESCINDED.	THE FOREGOING TO BE CORRECT COPY OF AN MINUTES OF THE ABOVE OF THE BOARD OF AID CORPORATION, AND NOT BEEN REVOKED OR RY-TREASURER

### Non-Public Works Bid

AFFIDAVIT

STATE OF		
PARISH/COUNTY OF _	St. Tol Mmany	
BEFORE ME, the u	andersigned authority, personally came and appeared:	vest
, (A	ffiant) who after being by me duly sworn, deposed and said that	
he/she is the fully authorize	d	
the party who submitted a b	id in response to Bid Number $50 - 0.128$ , to the Parish of	
Jefferson.		
Affiant further said:		
Campaign Contribution Dis	closures	
(Choose A <u>or</u> B, if opti	on 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 <u>NO</u> campaign contributions made which would require disclosure under Choice A of this section.	

Updated: 02.27.2014

BID NO.: 50-00128483 AF Page 2 of 3

#### **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  $\underline{NO}$  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.]

Updated: 02.27.2014

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

Printed Name of Affiant

Updated: 02.27.2014



OP ID: MA

ACORD

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. 11/26/2019

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).

this certificate does not confer rights	to the certificate holder in lieu of	f such endorsement(s	).			
PRODUCER Stiel Insurance Services	504-832-5733	CONTACT Stiel Insurance Services of NO				
of New Orleans, Inc.					504-831-3604	
433 Metairie Road Suite #520 Metairie, LA 70005		E-MAIL ADDRESS: receptionist@stielinsurance.com				
Stiel Insurance Services of NO		INS		NAIC #		
		INSURER A : Colony			39993	
Vesco Tennis Courts Inc.		INSURER B : Progres		10050		
NSURED Vesco Tennis Courts Inc. P O Box 980 Slidell, LA 70459		INSURER C :				
		INSURER D :				
		INSURER E :				
		INSURER F :				
	RTIFICATE NUMBER:		REVISION NU	IMBER:		
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY R	S OF INSURANCE LISTED BELOW EQUIREMENT, TERM OR CONDITION	HAVE BEEN ISSUED TO ON OF ANY CONTRACT	THE INCLIDED NAMED ADO	VE FOR THE BO	LICY PERIOD	

					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.									
LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	X	COMMERCIAL GENERAL LIABILITY							1 000 000
		CLAIMS-MADE OCCUR	X	х	101GL006800202	12/24/2018	12/24/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	s 1,000,000
								MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	POLICY X PRO-						GENERAL AGGREGATE	\$ 2,000,000
		OTHER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT	\$
	7.0							(Ea accident)	\$ 1,000,000
		ANY AUTO OWNED AUTOS ONLY X SCHEDULED AUTOS			04760026-9	11/04/2018	11/04/2019	BODILY INJURY (Per person)	\$
		AUTOS							\$
		AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
_									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$
_		DED   RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER	
	OFFI	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	If ves	. describe under						E.L. DISEASE - EA EMPLOYEE	\$
	DÉSC	CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
DESC	DIDT	ION OF OPERATIONS // COATIONS							
DESC	KIPII	ION OF OPERATIONS / LOCATIONS / VEHICI	LES (A	CORD	101, Additional Remarks Schedule, may b	e attached if mor	e space is require	ed)	
CEE	CERTIFICATE HOLDER								

**JEFFPPA** 

CANCELLATION

Jefferson Parish Dept of Parks & Parkways **Brook Burmaster** 1901 Ames Blvd Marrero, LA 70072

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

2

ACORD 25 (2016/03)

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### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/19/2019

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.

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).

	DUCER Irance Underwriters, Ltd.			CONTACT Chip Br	ockhaus, C	RM, CIC, CM			
P. O. Box 6738			PHONE (A/C, No, Ext): (504) 620-1804 706 FAX (A/C, No): (				(504)	504) 620-1769	
wet	airie, LA 70009			E-MAIL ADDRESS: Cbrock	naus@iulins	s.com			
				IN	SURER(S) AFFO	RDING COVERAGE			NAIC#
				INSURER A : LUBA					12472
INSU	RED			INSURER B :					
	Vesco Tennis Courts, Inc.			INSURER C:					
	P.O. Box 980 Slidell, LA 70459			INSURER D :					
	onden, LA 70433			INSURER E :					
				INSURER F:					
			TE NUMBER:			REVISION NU	MBER:		
C	HIS IS TO CERTIFY THAT THE POLICI DICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	PERTA POLICIE	IN, THE INSURANCE AFFOR	DED BY THE POLICE BEEN REDUCED BY	CIES DESCRIE PAID CLAIMS	R DOCUMENT W			
LTR	TYPE OF INSURANCE	ADDL SU INSD W	VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S	
	COMMERCIAL GENERAL LIABILITY					EACH OCCURREN	NCE	\$	
	CLAIMS-MADE OCCUR					DAMAGE TO REN PREMISES (Ea oc	TED currence)	s	
						MED EXP (Any one	,	\$	
						PERSONAL & ADV		\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGRE		\$	
	POLICY PRO- JECT LOC					PRODUCTS - CON		\$	
	OTHER:							s	
	AUTOMOBILE LIABILITY					COMBINED SINGL (Ea accident)	E LIMIT	\$	
	ANY AUTO OWNED SCHEDULED					BODILY INJURY (F	Per person)	\$	
	AUTOS ONLY AUTOS					BODILY INJURY (F		\$	
	HIRED AUTOS ONLY					PROPERTY DAMA (Per accident)	GE	\$	
								\$	
	UMBRELLA LIAB OCCUR					EACH OCCURREN	ICE	\$	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE		\$	
Α	DED RETENTION \$	-						\$	
^	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		020000044027440	0/4/0040		X PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	028000014827119	6/1/2019	6/1/2020	E.L. EACH ACCIDE	NT	\$	1,000,000
	If yes, describe under					E.L. DISEASE - EA	EMPLOYEE	\$	1,000,000
	DÉSCRIPTION OF OPERATIONS below					E.L. DISEASE - PO	LICY LIMIT	\$	1,000,000
ull l	RIPTION OF OPERATIONS / LOCATIONS / VEHIC lame of Certificate Holder:	LES (ACO	RD 101, Additional Remarks Schedu	le, may be attached if mor	re space is requir	ed)			
effe	rson Parish, its Districts Departments	and Age	ncies under the direction of	the Parish Presiden	t and the Pari	sh Council.			
CEF	TIFICATE HOLDER			CANCELLATION					
				SHOULD ANY OF THE EXPIRATION ACCORDANCE WI	N DATE TH	EREOF. NOTIC	CIES BE CA E WILL E	NCELI BE DE	LED BEFORE LIVERED IN
				AUTHORIZED REPRESE	NTATIVE				
	Jefferson Parish Purchasing 200 Derbigny Street, Suite 4 Gretna. LA 70053			K. Bullin					
ACC	PRD 25 (2016/03)			@ 10	88-2015 ACC	ORD CORPOR	ATION A	II piest	ato roos
		The A	CORD name and logo are	registered marks	of ACORD	AND CORPOR	ATION. A	vii rigi	its reserved.



BID BOND (Percentage)

	Bond Number: 72217938
KNOW ALL PERSONS BY THESE PRESENTS, That we $\_{ t Vesco}$	ennis Courts Inc
	of
P. O. Box 980, Slidell, LA 70459	, hereinafter
referred to as the Principal, and Western Surety Company	,
as Surety, are held and firmly bound unto <u>Jefferson Parish</u>	
of 1221 Elmwood Park Blvd., Ste. 404, Jefferson, LA	70123 ,
hereinafter referred to as the Obligee, in the sum ofFive	(5%) percent of the greatest
amount bid, for the payment of which we bind ourselves, our legal jointly and severally, firmly by these presents.	representatives, successors and assigns,
WHEREAS, Principal has submitted or is about to submit a proposal t	o Obligee on a contract for
Resurface, Remove & Replace Nets & Poles, Repaint Tennis	Courts @ Terrytown Playground
NOW, THEREFORE, if the said contract be awarded to Principal and specified, enter into the contract in writing and give such bond or be contract documents with surety acceptable to Obligee; or if Princip damages which Obligee may suffer by reason of such failure not ex obligation shall be void; otherwise to remain in full force and effect.	onds as may be specified in the bidding or bal shall fail to do so, pay to Obligee the
SIGNED, SEALED AND DATED this 5th day of Dece	ember <u>2019</u> .
Vesco T	Cennis Courts Inc (Principal)
Ву	(Seal)
	Western Surety Company (Surety)
By Valerie	e Ann Aber Attorney-in-Fact

Form F5876

A NOTARY PUBLIC OR OTHER OFFICER COMPLETING THIS CERTIFICATE VERIFIES ONLY THE IDENTITY OF THE INDIVIDUAL WHO SIGNED THE DOCUMENT TO WHICH THIS CERTIFICATE IS ATTACHED, AND NOT THE TRUTHFULNESS, ACCURACY, OR VALIDITY OF THAT DOCUMENT

STATE OF ARIZONA
COUNTY OF MARICOPA

ON DECEMBER 5, 2019 BEFORE ME, Joshua Ferman

PERSONALLY APPEARED VALERIE ANN ABER, ATTORNEY-IN-FACT

WHO PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSON(S) WHOSE NAME(S) IS/ARE SUBSCRIBED TO THE WITHIN INSTRUMENT AND ACKNOWLEDGED TO ME THAT HE/SHE/THEY EXECUTED THE SAME IN HIS/HER/THEIR AUTHORIZED CAPACITY(IES) AND THAT BY HIS/HER/THEIR SIGNATURE(S) ON THE INSTRUMENT THE PERSON(S). OR THE ENTITY UPON BEHALF OF WHICH THE PERSON(S) ACTED, EXECUTED THE INSTRUMENT,

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF ARIZONA THAT THE FOREGOING PARAGRAPH IS TRUE AND CORRECT.

WITNESS MY HAND AND OFFICIAL SEAL.

SIGNATURE



THIS AREA FOR OFFICIAL NOTORIAL SEAL

# Western Surety Company

### POWER OF ATTORNEY - CERTIFIED COPY

bond No
Know All Men By These Presents, that WESTERN SURETY COMPANY, a corporation duly organized and existing under the laws of the State of South Dakota, and having its principal office in Sioux Falls, South Dakota (the "Company"), does by these presents make, constitute and appoint Valerie Ann Aber
its true and lawful attorney(s)-in-fact, with full power and authority hereby conferred, to execute, acknowledge and deliver for and on its behalf as Surety, bonds for:
Principal: Vesco Tennis Courts, Inc.
Obligee: Jefferson Parish
Amount: \$1,000,000.00
and to bind the Company thereby as fully and to the same extent as if such bonds were signed by the Vice President, sealed with the corporate seal of the Company and duly attested by its Secretary, hereby ratifying and confirming all that the said attorney(s)-in-fact may do within the above stated limitations. Said appointment is made under and by authority of the following bylaw of Western Surety Company which remains in full force and effect.
"Section 7. All bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile."
If Bond No. 72217938 is not issued on or before midnight of March 5, 2020 , all authority conferred in this Power of Attorney shall expire and terminate.
In Williams Whereof, Western Surety Company has caused these presents to be signed by its Vice President, Paul T. Bruflat, and its corporate seal to be affixed this5th day ofDecember,2019
WESTERN SURETY COMPANY STATUCE SOUTH BARCHA SS  Paul T. Bruflat, Vice President
On this 5th day of <u>December</u> , in the year <u>2019</u> , before me, a notary public, personally appeared Paul T. Bruflat, who being to me duly sworn, acknowledged that he signed the above Power of Attorney as the aforesaid officer of WESTERN SURETY COMPANY and acknowledged said instrument to be the voluntary act and deed of said corporation.
J. MOHR NOTARY PUBLIC SEAL SOUTH DAKOTA SEAL SOUTH DAKOTA SEAL Notary Public - South Dakota  My Commission Expires June 23, 2021
I the undersigned officer of Western Surety Company, a stock corporation of the State of South Dakota, do hereby certify that the
attached Power of Attorney is in full force and effect and is irrevocable, and furthermore, that Section 7 of the bylaws of the Company as set forth in the Power of Attorney is now in force.
In testimony whereof, I have hereunto set my hand and seal of Western Surety Company this day of
WESTERN SURETY COMPANY  Paul T. Druflat, Vice President
Paul T. Zruflat, Vice President To validate bond authenticity, go to www.cnasurety.com > Owner/Obligee Services > Validate Bond Coverage.
- villance some additionary, go to www.chasurety.com > Owner/Obligee Services > Validate Bond Coverage

Form F5306-10-2017