

DATE: 7/09/2021
BID NO.: 50-00135210

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

JEFFERSON PARISH
PURCHASING DEPARTMENT
P.O. BOX 9
GRETNA, LA. 70054-0009
504-364-2678

VENDOR: 27118 BLANK BID COPY VENDOR

BUYER: BBELLOW

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 to be done in workman-like manner, according to standard practices. Any deviations or alteration from the specifications must be indicated on the bid form for each item and upon request, product data for same must be submitted by the time specified by the Purchasing Department.

DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

3-5 Business Days

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 by placing the addendum number 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:

Intersect Jba Merck Animal Health

SIGNATURE:

(Must be signed here)

PRINT OR TYPE NAME:

Ned E. Louder Jr.

ADDRESS:

2 Giralda Farms

CITY, STATE:

Madison, NJ

TELEPHONE:

(800) 521 5767

EMAIL ADDRESS:

Ned.Louder@merck.com my phone 865-548-2835

TITLE:

Territory Manager

ZIP:

07940

FAX:

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TOTAL PRICE OF ALL BID ITEMS: \$ 11,478.45

Shipping in Free

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00135210

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			ONE TIME PURCHASE OF VETERINARY SUPPLIES FOR JEFFERSON PARISH ANIMAL SHELTER		
1	30.00	EA	0010 NOBIVAC 1-HCP FELINE VACCINE RHINOTRACHEITIS-CALICI-PANLEUKOPENIA 25 DOSE TRAY →	1 Tray \$49.50	\$1,732.50 \$1,485
2	30.00	EA	0020 NOBIVAC 1 DAPP-V/+LEPTO4 CANINE VACCINE DISTEMPER/ADENOVIRUS/PARAINFLUEN ZA/PARVO/+LEPTOSPIROSIS 25 DOSE TRAY →	1 Tray \$104.75	\$2,618.75
3	30.00	EA	0030 INTRATRAC-3 CANINE VACCINE ADENOVIRUS/PARAINFLUENZA/BORDETELLA 25 DOSE TRAY →	25 dose Tray \$80.25	\$2,407.50
4	20.00	EA	0040 (DAPP-1) CANINE DISTEMPER-ADENOVIRU S/TYPE-2 PARAINFLUENZA-PAROVIRUS VACCINE (PUPPY VACCINES) →	25 dose Tray \$93.75	\$1,875
5	10.00	BTL	0050 XYLAZINE 100MG/ML, 50ML BOTTLE		
6	10.00	BTL	0060 ACEPROMAZINE INJ 10MG/ML 50ML BOTTL		
7	2.00	BX	0070 CLAMAMOX SUSPENSION 62.5MG/ML 15ML BOTTLE		
8	10.00	JAR	0080 PANACUR GRANULES 22.2%, 1LB JAR →		
9	3.00	BTL	0090 FAMCICLOVIR 250MG TABS 30 CT	\$309.22	\$3,092.20
10	3.00	BTL	0100 TERBINAFINE 250MG TABLETS		
11	2.00	BTL	0110 FLUCONAZOLE (DIFLUCAN) 10MG/ML ORAL SUSPENSION COMPOUND ONLY		
12	2.00	BTL	0120 FLUCONAZOLE (DIFLUCAN) 100MG TABS		
13	200.00	BTL	0130 2 OZ GRADUATED OVAL LIQUID PRESCRIPTION BOTTLES WITH CAPS		

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00135210

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
14	1.00	BX	0140 FECAL LOOPS, SMALL 6 INCH		
15	1.00	BX	0150 FECAL LOOPS, LARGE 9 INCH		
16	12.00	BX	0160 CLAVAMOX 250MG CHEWABLE TABLET, 100 CT BOX		
17	100.00	CS	0170 1ML SYRINGES WITH NEEDLE, 100CT PER BOX 10 BOX PER CASE		
18	2.00	PK	0180 TOOTHBRUSHES (MULTI PACK5-6)		
19	30.00	EA	0190 SKIN STAPLERS BOX OF 6 EA 35R		
20	30.00	EA	0200 SKIN STAPLERS BOX OF 6 EA 35W		
21	1.00	BX	0210 SIMPARICA 22-44LBS 3 DOSES PER BOX		
22	1.00	BX	0220 SIMPARICA 44-88LBS 3 DOSES PER BOX		
			SHIP TO: JEFFERSON PARISH ANIMAL SHELTER 2701 LAPALCO BLVD. HARVEY, LA 70058		



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
06/16/2021

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 Aon Risk Services Central, Inc. Philadelphia PA Office One Liberty Place 1650 Market Street Suite 1000	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105 E-MAIL ADDRESS:														
INSURED Merck & Co., Inc., and all Its Subsidiary Companies 2000 Galloping Hill Road Mailstop: K5-3008A Kenilworth NJ 07033-1310 USA	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: ACE American Insurance Company</td><td>22667</td></tr><tr><td>INSURER B: Indemnity Insurance Co of North America</td><td>43575</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: ACE American Insurance Company	22667	INSURER B: Indemnity Insurance Co of North America	43575	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER F:															

COVERAGES **CERTIFICATE NUMBER:** 570087822316 **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. **Limits shown are as requested**

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:			SPLG21819220006 SIR applies per policy terms & conditions	07/30/2020	07/30/2023	EACH OCCURRENCE \$3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$3,000,000 MED EXP (Any one person) \$300,000 PERSONAL & ADV INJURY \$3,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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			ISA H25309947 AOS	07/30/2020	07/30/2021	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A	WLRC67811562 WC - AOS	01/01/2021	01/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH E.L. EACH ACCIDENT \$2,000,000 E.L. DISEASE-EA EMPLOYEE \$2,000,000 E.L. DISEASE-POLICY LIMIT \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Jefferson Parish, its Districts Departments and Agencies under the direction of the Parish President and the Parish council are included as Additional Insured in accordance with the policy provisions of the General Liability and Automobile Liability policies.

CERTIFICATE HOLDER**CANCELLATION**

Jefferson Parish 200 Derbigny St. Suite 4400 Gretna LA 70053 USA	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 <i>Aon Risk Services Central, Inc.</i>
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Holder Identifier :

570087822316

Certificate No :