

DATE: 4/05/2021

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00134185

JEFFERSON PARISH

PURCHASING DEPARTMENT
P.O. BOX 9
GRETN, LA. 70054-0009
504-364-2678

VENDOR: 27118 BLANK BID COPY VENDOR

BUYER: RSCOTT

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

n/a

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

5

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

1-2

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: 01

NUMBER: n/a

NUMBER: n/a

NUMBER: n/a

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 60593

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: <u>Mesalain Consulting Group, LLC</u>	
SIGNATURE: (Must be signed here) <u>Matthew Chatelain</u>	TITLE: <u>member</u>
PRINT OR TYPE NAME: <u>Matthew Chatelain</u>	
ADDRESS: <u>37 Driftwood Blvd.</u>	
CITY, STATE: <u>Kenner, LA</u>	ZIP: <u>70065</u>
TELEPHONE: <u>(504) 289-9613</u>	FAX: <u>() n/a</u>
EMAIL ADDRESS: <u>mat@mesalain.com</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 3,779.00

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INVITATION TO BID FROM JEFFERSON PARISH - continued

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SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>Labor and materials for disinfecting services for the Jefferson Parish Juvenile Services Department</p> <p>0010 DISINFECTING SERVICES</p> <p>01 FULL CLEAN AND DISINFECT 29,655 SQ FT</p> <p>02 WIPE DOWN AREA WITH RENOWN #6 DISINFECTANT</p> <p>03 VACCUM AND MOP AREA</p> <p>04 TREAT AREA WITH THE CLOROX TOTAL 360 ELECTROSTATIC CLEANER</p> <p>05 ALL CHEMICALS ARE EPA CERTIFIED DISINFECTANT CLEANERS</p> <p>JOB SITE: 1550 GRETNA BLVD. HARVEY, LA. 70058 ***FOR SITE VISIT*** CONTACT PERSON: DONALD SPELL 364-3750 EXT. 87408</p>	\$3,779. ⁰⁰	\$3,779. ⁰⁰



CERTIFICATE OF LIABILITY INSURANCE

MESAL-1

OP ID: KM

DATE (MM/DD/YYYY)

10/08/2020

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 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 Financial Assurance LLC 6620 Riverside Dr Ste 210 Metairie, LA 70003 Jared Strecker		CONTACT NAME: Jared Strecker PHONE (A/C, No, Ext): 504-846-3500 FAX (A/C, No): 504-833-9010 E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Evanston Insurance Co.	
		INSURER B: LA Worker's Comp Corp	
		INSURER C: Crum & Forster Specialty	
		INSURER D: Berkshire Hathaway Guard Ins.	
		INSURER E:	
		INSURER F:	

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> HNO AUTO GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	X	BAK429613	07/08/2020	07/08/2021	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
D	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X	X	MEAU151514	06/30/2020	06/30/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	X	X	MPXS3001267	07/08/2020	07/08/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	167999	10/02/2020	10/02/2021	PER STATUTE 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
C	Auto Hired/Nonowned			BAK429613	07/08/2020	07/08/2021	HNO Auto 1,000,000

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

See Page 2:

CERTIFICATE HOLDER**CANCELLATION**

INSUREDS COPY

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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NOTEPAD

INSURED'S NAME Mesalain Consulting Group LLC

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General Liability, including Hired & Non-Owned Auto Liability, includes blanket Waiver of Subrogation and blanket Additional Insured as required by written contract per form CG2010, which includes Primary and NonContributory wording, and form CG2037, which includes completed and ongoing operations.

General Liability includes \$2,000,000 per project aggregate limit with a \$5,000,000 policy limit.

Workers Compensation includes Blanket Waiver of Subrogation as required by written contract.

Excess Liability is subject to same terms, conditions, agreements, exclusions and definitions as the underlying coverage.

A 30 Day Notice of Cancellation is included with regards to General Liability and Hired Nonowned Auto.

Policy forms available upon request.