

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 X

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) 58830**THIS SECTION MUST BE COMPLETED BY BIDDER:**FIRM NAME: Accent Lawn Care Services LLCADDRESS: PO Box 5401CITY, STATE: Covington, LA ZIP: 70434TELEPHONE: (985) 893-1928 FAX: () _____EMAIL ADDRESS: ACCENTLAWN1@AOL.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 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: 1
NUMBER: 2
NUMBER: _____
NUMBER: _____

TOTAL PRICE OF ALL BID ITEMS: \$ 184,285¹⁰AUTHORIZED SIGNATURE: M. Melody LightfootMarian Melody Lightfoot
Printed NameTITLE: Managing Member

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.

REVISED PER ADDENDUM #1

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00136884

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>LABOR, MATERIALS & EQUIPMENT NECESSARY FOR A LANDSCAPING PROJECT AT PARC DES FAMILLES FOR THE JEFFERSON PARISH PARKS & RECREATION DEPARTMENT</p> <p>0001 Landscaping Agriculture. To include bedding beds, laying garden block and landscaping work as per the attached specifications.</p> <p>REVISED PER ADDENDUM #1</p>	184,285.10	184,285.10

Non-Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Tangipahoa

BEFORE ME, the undersigned authority, personally came and appeared: Marian

Melody Lightfoot (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized Managing Member of Accent Lawn Care Services LLC (Entity), the party who submitted a bid in response to Bid Number 5000136884 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 _____

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.

Marian Melody Lightfoot
Signature of Affiant

Marian Melody Lightfoot
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 23rd DAY OF February, 2023

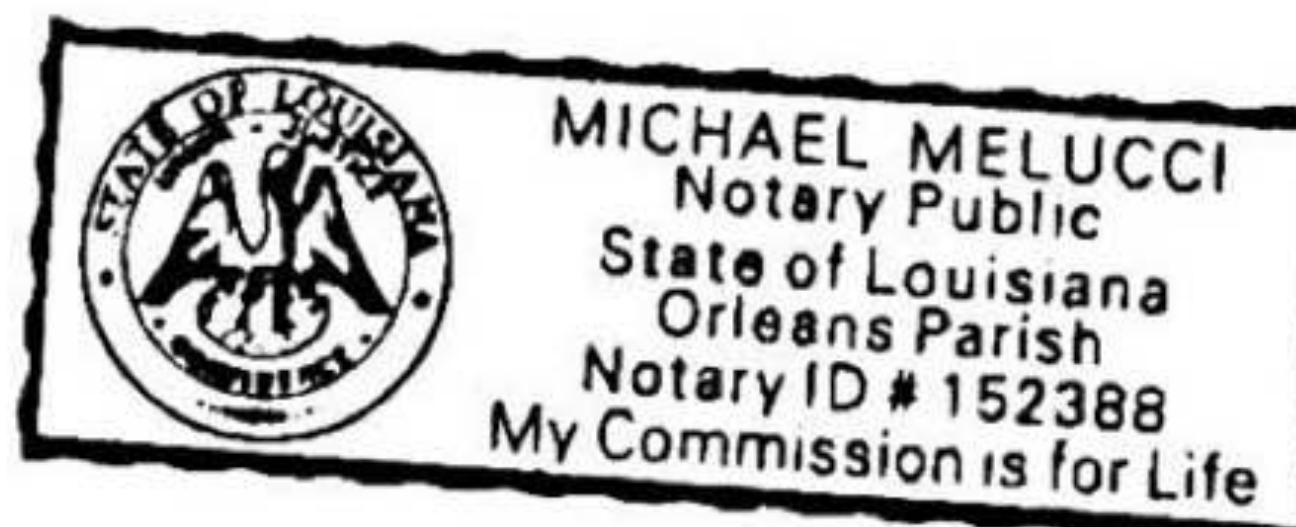
[Signature]

Notary Public

Michael Melucci
Printed Name of Notary

37795
Notary/Bar Roll Number

My commission expires upon my death.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/14/2022

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 Risk Transfer Insurance Agency, LLC 47 E Robinson Street Suite 200 Orlando, FL 32801 407-481-9363	CONTACT NAME: Christina Griffin PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: cmgriffin@risktransfer.com <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Service American Indemnity Company</td> <td>39152</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: Service American Indemnity Company	39152	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															
INSURED Accent Lawn Services, LLC 2200 Veterans Boulevard, Suite 213 Kenner, LA 70062															

COVERAGES

CERTIFICATE NUMBER: BK7HTX2Y

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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	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 checked="" type="checkbox"/> N	N/A	RT22PWC6930184901	03/01/2022	05/31/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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)

Alternate Employer, Accent Lawn Services, LLC, is provided Workers' Compensation coverage only for employees properly enrolled and assigned to Administrative OneSource, LLC, pursuant to the client services agreement between Accent Lawn Services, LLC and Administrative OneSource, LLC.

CERTIFICATE HOLDER

St Tammany Parish Government
 22nd Judicial District - Civil Division
 21454 Koop Drive
 Suite 2G
 Mandeville, LA 70471

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/14/2022

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PRODUCER InSight Insurance - Ponchatoula 1133 US-51 Ponchatoula LA 70454		CONTACT NAME: Robbie Rhodes PHONE (A/C, No, Ext): (985) 242-4300 E-MAIL ADDRESS: robbie@insighthelps.com FAX (A/C, No):	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Progressive Insurance	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBH WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENTL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	X		03688445-0	05/13/2021	05/13/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)

CERTIFICATE HOLDER

CANCELLATION

ST TAMMANY PARISH GOVERNMENT

22ND JUDICIAL DISTRICT-CIVIL DIVISION

21454 KOOP DRIVE SUITE 2G

MANDEVILLE

LA 70471

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

Robbie Rhodes

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/14/2022

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PRODUCER APRON AGENCIES, LLC 1000 VETERANS BLVD SUITE 301 METAIRIE, LA 70005	CONTACT NAME: PAULA WALSH	
	PHONE (A/C, No, Ext): 504-782-7114	FAX (A/C, No):
	E-MAIL ADDRESS: PAULAPI@AOL.COM	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: WESCO	
INSURED ACCENT LAWN SERVICE LLC 3226 36TH ST METAIRIE, LA 70003	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000					
	MED EXP (Any one person) \$ 5000					
	PERSONAL & ADV INJURY \$ 1,000,000					
	GENERAL AGGREGATE \$ 2,000,000					
	PRODUCTS - COMP/OP AGG \$ 2,000,000					
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	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				WC STATU-TORY LIMITS OTH-ER E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

CANCELLATION

ST TAMMANY PARISH GOVERNMENT
 22ND JUDICIAL DISTRICT - CIVIL DIVISION
 21454 KOOP DR SUITE 2G
 MANDEVILLE, LA 704

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
 PAULA WALSH

CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF

Accent Lawn Care Services LLC
INCORPORATED.

AT THE MEETING OF DIRECTORS OF Accent Lawn Care Services LLC
INCORPORATED, DULY NOTICED AND HELD ON 2-13-22.
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED, IT
WAS

RESOLVED THAT Marian Melody Lightfoot, 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.

Amanda Lightfoot
SECRETARY-TREASURER

2-14-22

DATE

State of Louisiana
Secretary of State



COMMERCIAL DIVISION

225.925.4704

Fax Numbers

225.932.5317 (Admin. Services)

225.932.5314 (Corporations)

225.932.5318 (UCC)

Name	Type	City	Status
ACCENT LAWN CARE SERVICES, L.L.C.	Limited Liability Company	HAMMOND	Active

Previous Names

Business: ACCENT LAWN CARE SERVICES, L.L.C.

Charter Number: 35710069K

Registration Date: 5/21/2004

Domicile Address

43106 W PLEASANT RIDGE RD
HAMMOND, LA 70403

Mailing Address

C/O MARIAN MELODY LIGHTFOOT
43106 W PLEASANT RIDGE RD
HAMMOND, LA 70403

Status

Status: Active

Annual Report Status: In Good Standing

File Date: 5/21/2004

Last Report Filed: 1/27/2022

Type: Limited Liability Company

Registered Agent(s)

Agent:	DANIEL LIGHTFOOT
Address 1:	43106 W PLEASANT RIDGE RD
City, State, Zip:	HAMMOND, LA 70403
Appointment Date:	10/25/2007

Agent:	MARIAN MELODY LIGHTFOOT
Address 1:	43106 W PLEASANT RIDGE RD
City, State, Zip:	HAMMOND, LA 70403
Appointment Date:	1/7/2020

Officer(s)

Additional Officers: No

Officer:	DANIEL LIGHTFOOT
Title:	Member
Address 1:	43106 W PLEASANT RIDGE RD
City, State, Zip:	HAMMOND, LA 70403

Officer:	MARIAN MELODY LIGHTFOOT
Title:	Manager
Address 1:	43106 W PLEASANT RIDGE RD
City, State, Zip:	HAMMOND, LA 70403

Amendments on File (6)

Description	Date
Domestic LLC Agent/Domicile Change	10/25/2007
Domestic LLC Agent/Domicile Change	11/9/2015
Domestic LLC Agent/Domicile Change	1/6/2020
Domestic LLC Agent/Domicile Change	1/7/2020
Domestic LLC Agent/Domicile Change	2/10/2020
Domestic LLC Agent/Domicile Change	4/9/2020

Print

Contractor Detail

 [Start a new search](#)

Contractor Information

Business Name ACCENT LAWN CARE SERVICES, L.L.C.
Mailing Address 43106 W Pleasant Ridge Rd
HAMMOND, LA 70403
Phone Number (985) 893-1928
Email Address accentlawn1@aol.com
Website <http://www.accentlawn.com>

Active Licenses

License Number 58830
Type Commercial License
Status LICENSED
Effective 01/31/2022
Expiration 11/05/2022
First Issued 11/05/2013

Classifications

Class

BUSINESS AND LAW

SPECIALTY: LANDSCAPING, GRADING AND BEAUTIFICATION



Surety Bonds, LLC - Eric Matlaga

Contractor Information

Principal: Accent Lawn Care Services, LLC 985-893-1928

Address: 43106 W Pleasant Ridge Rd Hammond Louisiana 70403 United States

Owner/Obligee Information

Bond Form: Bid Bond in accordance with Contract Specifications

Owner/Obligee: Jefferson Parish

Address: 200 Derbigny Street Gretna Louisiana 70053 United States

Bond Information

Bid Date: 3/17/2022

Surety: Arch Insurance Company

Rider Present: [Click here to view](#)

Estimated Contract Price:

Time For Completion:

Liquidated Damages:

Estimated Work On Hand:

Amount of Bid Security: 5% of Bid Amount

Contract ID Number: 50-00136884

Description of Job: Labor, Materials & Equipment for A Landscaping Project at Parc Des Familles for the Jefferson Parish Parks & Recreation Department

Job Breakdown:

Electronic Bidding Information

Bid Security Percentage: 5

Bid Security Maximum: 250000

Contractor's State Vendor ID Number: 282223


Primary Agency:

Surety Bonds, LLC

Agency Power of Attorney Limited to: 90,000,000

Approved

Bond Entered By: Eric Matlaga - 3/16/2022 4:47:14 PM ET

Bond Approved By: Eric Matlaga - 3/16/2022 4:47:23 PM ET 

Know all men by these presents that Arch Insurance Company, a Corporation duly organized under the laws of the State of Missouri, are held and firmly bound unto the above owner/obligee by this transmission. The surety agrees to waive the Statute of Fraud defense and further agrees that the owner/obligee is a third party beneficiary of the waiver for the purposes of enforcing this bid bond.

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[Privacy Policy](#)

WE'RE HERE TO HELP