

DATE: 11/02/2021

Page: 6

BID NO.: 50-00135946

**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?

YES \_\_\_\_\_ NO   X  

MAXIMUM ESCALATION PERCENTAGE REQUESTED   N/A   %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF   N/A  .

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

  MAY 1, 2022  

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

  727243  

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

FIRM NAME:   PURE ELEGANCE CLEANING SERVICES LLC  

ADDRESS:   10950 JEFFERSON HWY UNIT U22  

CITY, STATE:   RIVER RIDGE, LA   ZIP:   70123  

TELEPHONE:   ( 504 ) 215-8089   FAX:   ( 888 ) 865-9565  

EMAIL ADDRESS:   INFO@PUREELEGANCECLEANING.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: \_\_\_\_\_

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

TOTAL PRICE OF ALL BID ITEMS: \$   144,395.36  

AUTHORIZED

SIGNATURE:   Sharon Richard  

  SHARON RICHARD  

Printed Name

TITLE:   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.**

BID REVISED PER ADDENDUM #1

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00135946

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	24.00	MO	LABOR, MATERIALS & EQUIPMENT TO PROVIDE A TWO (2) YEAR JANITORIAL CONTRACT FOR DEDICATED FACILITIES UNDER JURISDICTION OF THE DEPARTMENT OF JUVENILE SERVICES		
			0001 Two (2) year Janitorial Contract to cover the furnishing of labor,  materials and equipment necessary to provide a twenty-four (24) month contract for janitorial servicess for dedicated facilities under the jurisdiction of the Department of Juvenile Services. See attached specifications. For additional information, please contact Donald Spell, Property Manager, at 364-3750 ext. 87408.	\$6,015.84	\$144,380.16
2	1.00	HR	0002 Day Porter Daily Rate Provide an hourly rate for a day time  janitorial emplovee to perform regular janitorial services that are listed under the attached day time janitorial employee job description. Contractor will also be required to provide equipment for the employee to use to perform these services. Employee may be used on an hourly basis for intermittent work at various locations.	\$15.00	\$15.00
3	1.00	SQFT	0003 Carpet Cleaning Provide a square footage cost for carpet  cleaning as needed, which includes everything to do a total wet extraction at any of the buildings to be covered in this contract. Please note that the Bonnet Cleaning System is not acceptable for carpet cleaning.	\$0.10	\$0.10
4	1.00	SQFT	0004 Tile and Hard Surface Floor Cleaning Provide a square footage cost for tile and hard surface floor refinishing as needed, which includes everything for stripping, cleaning, waxing and buffing at any of the buildings to be covered in this contract.	\$0.10	\$0.10
BID REVISED PER ADDENDUM #1					

Non-Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: Sharon Ann  
Richard, (Affiant) who after being by me duly sworn, deposed and said that  
he/she is the fully authorized owner of Pure Elegance Cleaning Service (Entity),  
the party who submitted a bid in response to Bid Number 50-00135746, 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 ☒ 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.

Sharon Richard  
Signature of Affiant

Sharon Richard  
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 18th DAY OF November, 2021.

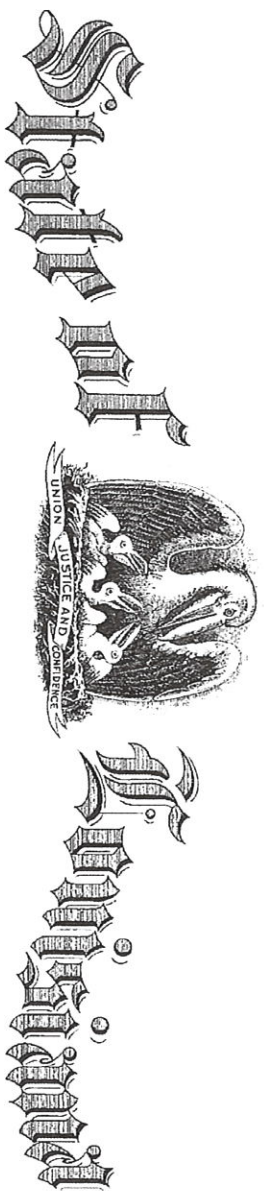
Marc Lorelli  
Notary Public

Printed Name Marc Lorelli  
Louisiana Notary ID# 126048  
Parish of Jefferson with  
Statewide Authority  
Notary/Bal. Roll Number Commission is for Life



My commission expires \_\_\_\_\_.





## State Licensing Board for Contractors

This is to Certify that:

PURE ELEGANCE CLEANING SERVICE LLC  
10950 Jefferson Hwy Apt. U22  
New Orleans, LA 70123

is duly licensed and entitled to practice the following classifications

SPECIALTY: SOFT ABRASIVE CLEANING, JANITORIAL SERVICES, AND HOUSEHOLD WASTE REMOVAL



Witness our hand and seal of the Board dated,  
Baton Rouge, LA 28th day of September 2021

*Willis Macoy*  
Director

*See mallett*  
Chairman

Expiration Date: September 28, 2022  
License No: 72724

This License Is Not Transferrable

*Andy Shaw*  
Treasurer

FOR PUBLIC DISPLAY - NOT TRANSFERABLE

ISSUED BY

SHERIFF AND EX-OFFICIO TAX COLLECTOR-JEFFERSON PARISH, LOUISIANA

## 2021 Occupational License Tax

PURE ELEGANCE CLEANING SERVICE LLC  
10950 JEFFERSON HWY #U22  
RIVER RIDGE LA 70123



License # **376802151**

Account # **14199182**

### Location Address

10950 JEFFERSON HWY #U22  
RIVER RIDGE, LA

**Business Class 561720**  
Janitorial Services

**License Class 1740**  
Retail Mdse/Service/Rental/etc

Tax	Interest	Penalty	Other	Total	Payment
\$50.00	\$1.00	\$5.00	\$0.00	\$56.00	\$56.00

JOSEPH P. LOPINTO, III  
SHERIFF & TAX COLLECTOR

Gregory A. Ruppert, Director  
Bureau of Revenue and Taxation

Pursuant to Jefferson Parish Code of Ordinances Chapter 35, Article VI, Section 35-153, the issuance of this occupational license to the person or firm named hereon is a receipt for payment of said tax and entitles the recipient to operate a business at the location shown, provided said business is operated within the confines of the application thereof, and does not violate any parish or state criminal, health, or zoning laws. This license will expire December 31, 2021.

**RENEWAL APPLICATIONS ARE DUE PRIOR TO MARCH 1.**





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/01/2021

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).

<b>PRODUCER</b> Hiscox Inc. 520 Madison Avenue 32nd Floor New York, NY 10022	<b>CONTACT NAME:</b> <b>PHONE</b> (A/C, No, Ext): (888) 202-3007 <b>E-MAIL ADDRESS:</b> contact@hiscox.com <b>FAX</b> (A/C, No): <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Hiscox Insurance Company Inc <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	<b>NAIC #</b> 10200
<b>INSURED</b> Pure Elegance Cleaning Services LLC 10950 Jefferson Highway River Ridge LA 70123		

**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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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:		UDC-4888759-CGL-21	07/01/2021	07/01/2022	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 \$ S/T Gen. Agg. \$
	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <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) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> <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 Y/N N/A					PER STATUTE OTH-ER 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**

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)

09/06/2021

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).

<b>PRODUCER</b> KTS Insurance Agency 3239 Bienville St  New Orleans LA 70119		<b>CONTACT</b> NAME: Tawana Henry PHONE (A/C, No, Ext): (504) 371-5519 E-MAIL: thenry@ktsins.com ADDRESS: thehenry@ktsins.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		INSURER A : LWCC	
		INSURER B :	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	
<b>INSURED</b> Pure Elegance Cleaning Service LLC 10950 JEFFERSON HWY, Unit #22  RIVER RIDGE LA 70123-1765			

**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
	<b>COMMERCIAL GENERAL LIABILITY</b>						
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
	<b>AUTOMOBILE LIABILITY</b>						
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED RETENTION \$						\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					PER STATUTE OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						
		N/A	Y	178270-A	08/17/2021	08/17/2022	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)

**CERTIFICATE HOLDER****CANCELLATION**

State of Louisiana DOTD, It's Officers, Agents, Employees & Volunteers  Contract # 4400022794 PO Box 94245 Baton Rouge LA 70802	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>Tawana Henry</i>
--	--

© 1988-2015 ACORD CORPORATION. All rights reserved.



State Farm Fire and Casualty Company

# Auto Insurance Binder

Louisiana

**Policy Number:** 396 4824-C01-18

**Named Insured(s)**  
SHARON RICHARD

**Mailing Address**  
10950 Jefferson Hwy Apt U22  
River Ridge LA 70123-5702

**Vehicle**  
Year: 2016  
Make: FORD  
Model: ESCAPE  
Body Style: "SE" AWD 4D GAS  
Vehicle Identification Number: 1FMCU9GX7GUC66798

**Agent**  
Taylor Lambert  
3330 Lake Villa Drive Suite 101  
Metairie LA 70002-4352  
(504) 454-3456

## COVERAGES AND LIMITS

No coverage is provided for your lending institution or leasing company if Comprehensive and Collision coverages are not included on the policy. If you did not select those coverages, you may need to contact State Farm® to discuss adding those coverages to your policy.

The premium shown on this binder must be in compliance with the Company's rules and rates and is subject to revision. The premium amounts do not include the additional fees required if the monthly payment plan was selected.

Coverages Applied For	Limits/Deductibles	Six-Month Premium
Liability - Bodily Injury / Property Damage	\$1Mil/\$1Mil/\$1Mil	\$2,010.17
Comprehensive Deductible	\$1,000	\$407.27
Collision Deductible	\$1,000	\$400.80
Emergency Road Service	Included	\$12.14
Car Rental and Travel Expenses	80% of rental cost (\$1k max)	\$61.54
<b>Total Six-Month Premium</b>		<b>\$2,891.92</b>

## PREMIUM ADJUSTMENTS

3-Star Discount  
Anti-Theft Device Discount  
Drive Safe & Save™ Discount  
Multiple Line (Renters) Discount

Policy Number: 396 4824-C01-18  
Named Insured(s): SHARON RICHARD  
Effective date: 09-01-2021, Application date/time: 08-17-2021/02:07 PM CDT  
1004104 1B LA.8 (rev 09/2016)

Page 1 of 2

2007 144479 207 07-30-2020

**ADDITIONAL INFORMATION****During the past 5 years has any driver or household member had**

A major violation? No

License suspended, revoked, or refused? No

**Does any driver have**

An at-fault accident within the last 3 years? No

A minor violation within the last 3 years? No

Primary use of vehicle? Business

**NEXT STEPS**

A State Farm Agent or Representative may contact you soon to inspect your vehicle and get the required documents listed below. It is very important that you read the documents carefully. If we've requested a response, make sure you respond before the deadline as it could have an effect on your coverage. Your State Farm agent can answer any questions you have.

Coverage Selection Rejection Form

**TERMS AND CONDITIONS**

State Farm Fire and Casualty Company of Bloomington, Illinois, hereby binds coverage for the insurance applied for as of the requested effective date for a period of 60 days from such date, subject to all the terms and conditions of the applicable policy and endorsements in current use by such Company. Coverage under this binder will terminate (1) when the Declarations Page of a policy is issued to you or (2) when canceled in accordance with law.

By submission of this application, you agree that: (1) you have read this application, (2) your statements on this application are correct, (3) statements made on any other applications on this date for automobile insurance with this company are correct and are made part of this application, (4) you are the sole owner of the described vehicle(s) except as otherwise stated, and (5) the limits and coverages were selected by you. **It is further understood and agreed that no insurance is effective under this agreement (a) unless the binder is completed designating the company accepting this application or (b) until the date the policy or binder is issued by the company accepting this application.**

Consumer reports, including credit and insurance loss history reports, may be ordered in conjunction with this application to help determine your eligibility for insurance and the price you are charged. In addition, consumer reports may be used to determine the price you are charged at renewal. We may also obtain and use a credit-based insurance score developed from information contained in these reports. We may use a third party in connection with the development of your insurance score. A brochure explaining how State Farm uses consumer reports is available upon your request. For additional information, please contact your State Farm agent.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.