

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 XMAXIMUM ESCALATION PERCENTAGE REQUESTED N/A %INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF 3 year contract award.

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

Within 12 hours of requestLOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) Not Applicable**THIS SECTION MUST BE COMPLETED BY BIDDER:**FIRM NAME: United Site Services of Louisiana, Inc.ADDRESS: 9486 Louisiana 23CITY, STATE: Belle Chasse, LA ZIP: 70037TELEPHONE: (508) 594-2692 FAX: () N/AEMAIL ADDRESS: Breana.Smith@unitedsiteservices.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: _____

NUMBER: _____

NUMBER: _____

NUMBER: _____

TOTAL PRICE OF ALL BID ITEMS: \$ \$324,000.00AUTHORIZED
SIGNATURE: _____Jeff Dunlop

Printed Name

TITLE: Vice President

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.

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00138378

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	100.00	EA	PRE-PLACED EMERGENCY CONTRACT TO PROVIDE PORTABLE TOILETS AND PORTABLE HAND WASHING STATIONS FOR THE JEFFERSON PARISH DEPARTMENT OF EMERGENCY MGMT		
			0010 - REGULAR UNIT - PORTABLE TOILET, UNIT COST: DAILY RENTAL FOR JEFFERSON	\$350.00	\$35,000.00
2	100.00	EA	PARISH AND THE TOWN OF JEAN LAFITTE FOR AN ESTIMATED QUANTITY. COST TO INCLUDE CLEANING AND SERVICING OF EQUIPMENT		
			0020 - REGULAR UNIT - PORTABLE TOILET, UNIT COST: WEEKLY RENTAL FOR JEFFERSON	\$350.00	\$35,000.00
3	100.00	EA	PARISH AND THE TOWN OF JEAN LAFITTE FOR AN ESTIMATED QUANTITY. COST TO INCLUDE CLEANING AND SERVICING OF EQUIPMENT		
			0030 - REGULAR UNIT - PORTABLE TOILET, UNIT COST: MONTHLY RENTAL FOR JEFFERSON	\$1,400.00	\$140,000.00
4	100.00	EA	PARISH AND THE TOWN OF JEAN LAFITTE FOR AN ESTIMATED QUANTITY. COST TO INCLUDE CLEANING AND SERVICING OF EQUIPMENT		
			0040 - REGULAR UNIT - PORTABLE TOILET, UNIT COST: DAILY RENTAL FOR THE TOWN OF	N/A	N/A
5	100.00	EA	GRAND ISLE FOR AN ESTIMATED QUANTITY. COST TO INCLUDE CLEANING AND SERVICING OF EQUIPMENT.		
			0050 - REGULAR UNIT - PORTABLE TOILET, UNIT COST: WEEKLY RENTAL FOR THE TOWN OF	N/A	N/A
6	100.00	EA	GRAND ISLE FOR AN ESTIMATED QUANTITY. COST TO INCLUDE CLEANING AND SERVICING OF EQUIPMENT.		
			0060 - REGULAR UNIT - PORTABLE TOILET, UNIT COST: MONTHLY RENTAL FOR THE TOWN	N/A	N/A
7	10.00	EA	OF GRAND ISLE FOR AN ESTIMATED QUANTITY. COST TO INCLUDE CLEANING AND SERVICING OF EQUIPMENT.		
			0070 - HANDICAP UNIT - HANDICAPPED TOILET UNIT COST: DAILY RENTAL FOR	\$650.00	\$6,500.00
8	10.00	EA	FIBERGLASS TOILET FOR JEFFERSON PARISH AND THE TOWN OF JEAN LAFITTE FOR AN ESTIMATED QUANTITY. COST TO INCLUDE CLEANING AND SERVICING OF EQUIPMENT.		
			0080 - HANDICAP UNIT - HANDICAPPED TOILET UNIT COST: WEEKLY RENTAL FOR	\$650.00	\$6,500.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00138378

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
9	10.00	EA	FIBERGLASS TOILET FOR JEFFERSON PARISH AND THE TOWN OF JEAN LAFITTE FOR AN AN ESTIMATED QUANTITY. COST TO INCLUDE CLEANING AND SERVICING OF EQUIPMENT *units are not fiberglass see Handicap Toilet Spec Sheet 0090 - HANDICAP UNIT - HANDICAPPED TOILET UNIT COST: MONTHLY RENTAL FOR	\$2,600.00	\$26,000.00
10	10.00	EA	FIBERGLASS TOILET FOR THE PARISH PER UNIT FOR JEFFERSON PARISH AND THE TOWN OF JEAN LAFITTE FOR AN EXTIMATED QUANTITY. COST TO INCLUDE CLEANING AND SERVICING OF EQUIPMENT. *units are not fiberglass see Handicap Toilet Spec Sheet 0100 - HANDICAP UNIT - HANDICAPPED TOILET UNIT COST: DAILY RENTAL FOR	N/A	N/A
11	10.00	EA	FIBERGLASS TOILET FOR THE TOWN OF GRAND ISLE FOR AN ESTIMATED QUANTITY. COST TO INCLUDE CLEANING AND SERVICING OF EQUIPMENT. 0110 - HANDICAP UNIT - HANDICAPPED TOILET UNIT COST: WEEKLY RENTAL FOR	N/A	N/A
12	10.00	EA	FIBERGLASS TOILET FOR THE TOWN OF GRAND ISLE FOR AN ESTIMATED QUANTITY. COST TO INCLUDE CLEANING AND SERVICING OF EQUIPMENT. 0120 - HANDICAP UNIT - HANDICAPPED TOILET UNIT COST: MONTHLY RENTAL FOR	N/A	N/A
13	100.00	EA	FIBERGLASS TOILET FOR THE TOWN OF GRAND ISLE FOR AN ESTIMATED QUANTITY. COST TO INCLUDE CLEANING AND SERVICING OF EQUIPMENT. 0130 - PORTABLE 2-STALL HAND WASHING STATION: WEEKLY RENTAL FOR JEFFERSON	\$350.00	\$35,000.00
14	100.00	EA	PARISH AND THE TOWN OF JEAN LAFITTE FOR AN ESTIMATED QUANTITY. COST TO INCLUDE CLEANING AND SERVICING OF EQUIPMENT. 0140 - PORTABLE 2-STALL HAND WASHING STATION: MONTHLY RENTAL FOR JEFFERSON	\$400.00	\$40,000.00
15	100.00	EA	PARISH AND THE TOWN OF JEAN LAFITTE FOR AN ESTIMATED QUANTITY. COST TO INCLUDE CLEANING AND SERVICING OF EQUIPMENT. 0150 - PORTABLE 2-STALL HAND WASHING STATION: WEEKLY RENTAL FOR GRAND ISLE	N/A	N/A

DATE: 5/25/2022

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INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00138378

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
16	100.00	EA	<p>FOR AN ESTIMATED QUANTITY. COST TO INCLUDE CLEANING AND SERVICING OF EQUIPMENT.</p> <p>0160 - PORTABLE 2-STALL HAND WASHING STATION: MONTHLY RENTAL FOR GRAND ISLE FOR AN ESTIMATED QUANTITY. COST TO INCLUDE CLEANING AND SERVICNG OF EQUIPMENT.</p>	N/A	N/A

Jefferson Parish Bid Number 50-00138378

Pre-Placed Emergency Contract to Provide a Supply of Portable Toilets and Portable Hand Washing Stations for Jefferson Parish Department of Emergency Management – Three Year contract

- Please note we cannot accommodate service area for Grand Isle. I received approval from Donna Evans on submitting a partial bid to Jefferson Parish.
- Price includes 1 daily service. If more than 1x daily service is needed it will be at an additional rate.

APPENDIX A: The ensuing contract for this Bid solicitation may be eligible for FEMA reimbursement. As such Appendix A will be applicable accordingly and shall be considered a part of the RFP documents. All applicable certifications must be duly completed, signed and included in the submission. Failure to do so will result in rejection. (BID 50-00138738- Pre-Placed Emergency Contract for Portable Toilets and Hand Washing Stations for the Jefferson Parish Department of Emergency Management.

Anti-Lobbying Form

CERTIFICATION OF RESTRICTIONS ON LOBBYING

I, Jeff Dunlop - Vice President, hereby certify on
(name and title of bidder's official)

behalf of United Site Services of Louisiana, Inc. that:
(name of bidder)

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance is placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Executed this 21st day of June, 2022.

By [Signature]
(signature of authorized official)

Vice President
(title of authorized official)

APPENDIX A: The ensuing contract for this Bid solicitation may be eligible for FEMA reimbursement. As such Appendix A will be applicable accordingly and shall be considered a part of the RFP documents. All applicable certifications must be duly completed, signed and included in the submission. Failure to do so will result in rejection. (BID 50-00138738- Pre-Placed Emergency Contract for Portable Toilets and Hand Washing Stations for the Jefferson Parish Department of Emergency Management.

Debarment/Suspension Form

DEBARMENT/SUSPENSION CERTIFICATION

Debarment:

Federal Executive Order (E.O.) 12549 "Debarment" requires that all contractors receiving individual awards, using federal funds, and all subrecipients certify that the organization and its principals are not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency from doing business with the Federal Government. By signing this document you certify that your organization and its principals are not debarred. Failure to comply or attempts to edit this language may disqualify your bid. Information on debarment is available at the following websites: www.sam.gov and <https://acquisition.gov/far/index.html> see section 52.209-6.

Your signature certifies that neither you nor your principal is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

Jeff Dunlop - Vice President

(Name and Title of bidder's official)

United Site Services of Louisiana, Inc.

(Name of bidder/company)

9486 Louisiana 23

(Address)

Belle Chasse, LA 70037

(Address)

PHONE 504-594-2692 FAX N/A

EMAIL Breana.Smith@unitedsiteservices.com

 Signature June 21, 2022 Date

Non-Public Works Bid

AFFIDAVIT

STATE OF Massachusetts

PARISH/COUNTY OF Worcester

BEFORE ME, the undersigned authority, personally came and appeared: Jeff Dunlop
_____, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized Vice President of United Site Services of Louisiana, Inc. (Entity),
the party who submitted a bid in response to Bid Number 50-00138378 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.

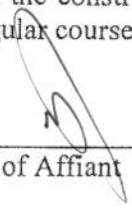
Choice B X There are NO debts which would require disclosure under Choice A of this section.

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.

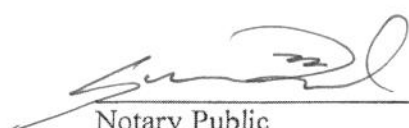


Signature of Affiant

Jeff Dunlop
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 21st DAY OF June, 2022.



Notary Public

Sean McDowell

Printed Name of Notary

Notary/Bar Roll Number

My commission expires September 22, 2028.



SEAN M. MCDOWELL
Notary Public
Commonwealth of Massachusetts
My Commission Expires
September 22, 2028

OMNIBUS WRITTEN CONSENT OF THE
BOARD OF MANAGERS
AND
BOARD OF DIRECTORS
IN LIEU OF MEETING

June 20, 2019

The undersigned, being all of the members of the board of directors, or board of managers, as the case may be, of the companies listed on Schedule I hereto (each a "Company", and collectively, the "Companies"), entitled to vote, does hereby consent to the adoption of the following resolutions:

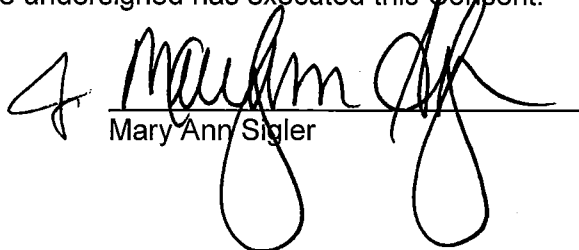
BID SIGNING AUTHORITY

RESOLVED, that, effective as of the date hereof, Jeffrey Dunlop, the Vice President of each Company, be, and he hereby is, designated an authorized signatory of each Company to execute any and all bids, proposals, and related documents and instruments, including, without limitation, bonds, sureties, contracts, affidavits and partial releases, in each case, as the Company may be required to file with, or submit to, any state, city, town and any of its agencies, departments, employees, agents or other third parties in connection with any bid or proposal.

GENERAL

RESOLVED, that this Consent may be executed manually or by electronic signature and delivered by facsimile or other electronic means, and upon such execution and delivery, be deemed to be, and have the same force and effect as, an original.

IN WITNESS WHEREOF, the undersigned has executed this Consent.


Mary Ann Sigler

SCHEDULE I

"A" COMPANY, INC., an Idaho corporation
Accurate Waste Removal Services, Inc., a New Jersey Corporation
Accurate Waste Systems, Inc., a New Jersey Corporation
AMR Portable Toilets, LLC, a Georgia limited liability company
Applied Waste Water Pumping LLC, a New Jersey limited liability company
Central Jersey Septic, LLC, a New Jersey limited liability company
DON'S JOHNS INC., a Virginia corporation
HBSS Real Estate, LLC, a Texas limited liability company
Jasper Porta-Johns, LLC, a Georgia limited liability company
Johnny on the Spot, Inc., a Georgia limited liability company
Johnny on the Spot, LLC, a New Jersey limited liability company
Liquid Waste Holdings Corp., a New Jersey corporation
Northeast Sanitation, Inc., a Massachusetts corporation
Readilite & Barricade, Inc., a North Carolina corporation
Rinehart's Sanitation Services, LLC, a Pennsylvania limited liability company
Russell Reid Waste Hauling and Disposal Service Co., Inc., a New Jersey corporation
S & S Portable Services, Inc., a Delaware corporation
United Site National Services Company, a Massachusetts corporation
United Site Services Northeast, Inc., a Massachusetts corporation
United Site Services of Arizona, Inc., an Arizona corporation
United Site Services of California, Inc., a California corporation
United Site Services of Colorado, Inc., a Colorado corporation
United Site Services of Florida, LLC, a Florida limited liability company
United Site Services of Georgia, LLC, a Georgia limited liability company
United Site Services of Louisiana, Inc., a Louisiana corporation
United Site Services of Maryland, Inc., a Maryland corporation
United Site Services of Mississippi, LLC, a Mississippi limited liability company
United Site Services of Nevada, Inc., a Nevada corporation
United Site Services of Texas, Inc., a Texas corporation
United Site Services, Inc., a Delaware corporation
USS Ultimate Holdings, Inc., a Delaware corporation



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/29/2021

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 Willis Towers Watson Midwest, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: Willis Towers Watson Certificate Center PHONE (A/C No. Ext): 1-877-945-7378 FAX (A/C No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com														
INSURED United Site Services of Louisiana, Inc. 118 Flanders Road Westborough, MA 01581	<table border="1"> <thead> <tr> <th data-bbox="815 424 1432 451">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1432 424 1572 451">NAIC #</th> </tr> </thead> <tbody> <tr> <td data-bbox="815 451 1432 478">INSURER A: Safety National Casualty Corporation</td> <td data-bbox="1432 451 1572 478">15105</td> </tr> <tr> <td data-bbox="815 478 1432 506">INSURER B: XL Specialty Insurance Company</td> <td data-bbox="1432 478 1572 506">37885</td> </tr> <tr> <td data-bbox="815 506 1432 533">INSURER C:</td> <td data-bbox="1432 506 1572 533"></td> </tr> <tr> <td data-bbox="815 533 1432 560">INSURER D:</td> <td data-bbox="1432 533 1572 560"></td> </tr> <tr> <td data-bbox="815 560 1432 588">INSURER E:</td> <td data-bbox="1432 560 1572 588"></td> </tr> <tr> <td data-bbox="815 588 1432 615">INSURER F:</td> <td data-bbox="1432 588 1572 615"></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Safety National Casualty Corporation	15105	INSURER B: XL Specialty Insurance Company	37885	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER: W23505216

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					
A	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY						GL4057787	12/31/2021	12/31/2022	EACH OCCURRENCE		\$	2,000,000	
	<input type="checkbox"/>	CLAIMS-MADE	<input checked="" type="checkbox"/>	OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)		\$	1,000,000	
	<input type="checkbox"/>										MED EXP (Any one person)		\$	10,000	
	<input type="checkbox"/>										PERSONAL & ADV INJURY		\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE						\$	4,000,000			
	<input checked="" type="checkbox"/>	POLICY	<input type="checkbox"/>	PRO-JECT	<input type="checkbox"/>						LOC	PRODUCTS - COMP/OP AGG		\$	4,000,000
	<input type="checkbox"/>	OTHER:											\$		
A	AUTOMOBILE LIABILITY						CA6675838	12/31/2021	12/31/2022	COMBINED SINGLE LIMIT (Ea accident)		\$	3,000,000		
	<input checked="" type="checkbox"/>	ANY AUTO								BODILY INJURY (Per person)		\$			
	<input type="checkbox"/>	OWNED AUTOS ONLY	<input type="checkbox"/>	SCHEDULED AUTOS						BODILY INJURY (Per accident)		\$			
	<input type="checkbox"/>	HIRED AUTOS ONLY	<input type="checkbox"/>	NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)		\$			
	<input type="checkbox"/>											\$			
B	<input checked="" type="checkbox"/>	UMBRELLA LIAB		<input checked="" type="checkbox"/>	OCCUR		US00076933LI21A	12/31/2021	12/31/2022	EACH OCCURRENCE		\$	1,000,000		
	<input type="checkbox"/>	EXCESS LIAB		<input type="checkbox"/>	CLAIMS-MADE					AGGREGATE		\$	1,000,000		
	<input type="checkbox"/>	DED	<input checked="" type="checkbox"/>	RETENTION \$ 10,000								\$			
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				N/A		LDS4047370	12/31/2021	12/31/2022	<input checked="" type="checkbox"/>	PER STATUTE	<input type="checkbox"/>	OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)									<input type="checkbox"/>	No	E.L. EACH ACCIDENT		\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below											E.L. DISEASE - EA EMPLOYEE		\$	1,000,000
												E.L. DISEASE - POLICY LIMIT		\$	1,000,000

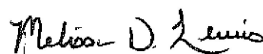
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Jefferson Parish Resolution No. 113646 or No. 113647.

Jefferson Parish, its Districts Departments and Agencies under the direction of the Parish President and the Parish Council are included as Additional Insureds as respects to General Liability and Auto Liability, per written contract.

CERTIFICATE HOLDER

CANCELLATION

Jefferson Parish Purchasing Dept. Attn: Donna Reamey 200 Derbigny St. Gretna, LA 70053	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> 
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AGENCY CUSTOMER ID: _____

LOC #: _____

**ADDITIONAL REMARKS SCHEDULE**Page 2 of 2

AGENCY Willis Towers Watson Midwest, Inc.		NAMED INSURED United Site Services of Louisiana, Inc. 118 Flanders Road Westborough, MA 01581	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

General Liability and Auto Liability policies shall be Primary and Non-contributory with any other insurance in force for or which may be purchased by Additional Insureds, per written contract.



Louisiana
SECRETARY
OF STATE
R. KYLE ARDOIN

(<https://www.sos.la.gov/Pages/default.aspx>)

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Name	Type	City	Status
UNITED SITE SERVICES OF LOUISIANA, INC.	Business Corporation	BATON ROUGE	Active

Previous Names

Business: UNITED SITE SERVICES OF LOUISIANA, INC.

Charter Number: 36341296D

Registration Date: 12/21/2006

Domicile Address

3867 PLAZA TOWER DRIVE
 BATON ROUGE, LA 70816

Mailing Address

C/O PLATINUM EQUITY ADVISORS, LLC
 360 NORTH CRESCENT DRIVE, SOUTH BUILDING
 BEVERLY HILLS, CA 90210

Principal Office Address

118 FLANDERS ROAD
 WESTBOROUGH, MA 01581

Status

Status: Active

Annual Report Status: In Good Standing

File Date: 12/21/2006

Last Report Filed: 11/24/2021

Type: Business Corporation

Registered Agent(s)

Agent:	C T CORPORATION SYSTEM
Address 1:	3867 PLAZA TOWER DR.
City, State, Zip:	BATON ROUGE, LA 70816
Appointment Date:	10/17/2017

Officer(s)

Additional Officers: No

GET HELP

Officer:	SCOTT JAMROZ
Title:	Officer
Address 1:	118 FLANDERS ROAD
City, State, Zip:	WESTBOROUGH, MA 01581
Officer:	ASTERIOS SATRAZEMIS
Title:	President
Address 1:	118 FLANDERS ROAD
City, State, Zip:	WESTBOROUGH, MA 01581
Officer:	EVA MONICA KALAWSKI
Title:	Secretary
Address 1:	C/O PLATINUM EQUITY ADVISORS, LLC
Address 2:	360 NORTH CRESCENT DRIVE, SOUTH BUILDING
City, State, Zip:	BEVERLY HILLS, CA 90210
Officer:	DUNLOP JEFFREY
Title:	Vice-President
Address 1:	118 FLANDERS ROAD
City, State, Zip:	WESTBOROUGH, MA 01581
Officer:	KALAWSKI EVA MONICA
Title:	Vice-President
Address 1:	C/O PLATINUM EQUITY ADVISORS, LLC
Address 2:	360 NORTH CRESCENT DRIVE, SOUTH BUILDING
City, State, Zip:	BEVERLY HILLS, CA 90210
Officer:	SIGLER MARY ANN
Title:	Vice-President, Treasurer
Address 1:	C/O PLATINUM EQUITY ADVISORS, LLC
Address 2:	360 NORTH CRESCENT DRIVE, SOUTH BUILDING
City, State, Zip:	BEVERLY HILLS, CA 90210
Officer:	JUSTIN AARON MAROLDI
Title:	Officer
Address 1:	C/O PLATINUM EQUITY ADVISORS, LLC
Address 2:	360 NORTH CRESCENT DRIVE, SOUTH BUILDING
City, State, Zip:	BEVERLY HILLS, CA 90210
Officer:	BARBARA VELASCO
Title:	Officer
Address 1:	C/O PLATINUM EQUITY ADVISORS, LLC
Address 2:	360 NORTH CRESCENT DRIVE, SOUTH BUILDING
City, State, Zip:	BEVERLY HILLS, CA 90210
Officer:	DAWN MARIE WALLOCH
Title:	Officer
Address 1:	C/O PLATINUM EQUITY ADVISORS, LLC
Address 2:	360 NORTH CRESCENT DRIVE, SOUTH BUILDING
City, State, Zip:	BEVERLY HILLS, CA 90210

Mergers (1)

Filed Date	Effective Date:	Type	Charter#	Charter Name	Role
12/21/2006	12/21/2006	MERGE	36341296D	UNITED SITE SERVICES OF LOUISIANA, INC.	SURVIVOR
			36015500K	UNITED SITE SERVICES OF LOUISIANA, LLC	NON-SURVIVOR

Amendments on File (5)

Description	Date
Merger	12/21/2006
Domicile, Agent Change or Resign of Agent	1/29/2008
Domicile, Agent Change or Resign of Agent	10/18/2015
Domicile, Agent Change or Resign of Agent	7/19/2016
Restated Articles	10/17/2017

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GET HELP

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Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. United Site Services of Louisiana, Inc.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) <u>5</u> Exemption from FATCA reporting code (if any) <u>N/A</u> <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions. P. O. Box 660475	Requester's name and address (optional)
6 City, state, and ZIP code Dallas, TX 75266-0475	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
			-						
or									
Employer identification number									
2	6		-	2	6	6	0	9	6

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ► *Linda Aries*

Date ► **January 03, 2022**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

ADA Accessible RESTROOM

SERVICE
you can trust

Overview

Our fully A.D.A. (Americans with Disabilities Act) accessible Portable Restrooms are perfect for public events or job sites where providing easy ground level access is required. The A.D.A. Portable Restroom provides individuals in a wheelchair the ability to enter and freely maneuver inside the restroom. This option is also ideal for the elderly, and parents with small children needing extra interior space. Most importantly, our ADA Portable Restroom comes backed by our meticulous **8-Point Service Plan** for quality assurance.

Features

- ✓ Non-flushing toilet & urinal
- ✓ Two rolls of toilet tissue
- ✓ Maximum ventilation
- ✓ Occupancy indicator privacy
- ✓ No ramp required to access
- ✓ Anti-slip flooring surface



One Restroom Accommodates



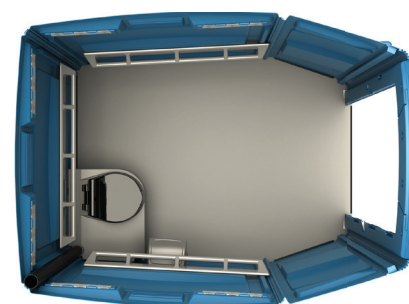
Projects

Eight employees over a normal 40 hour work week.



Events

80 guests over an 8 hour period.



ADA overhead

Options*

- ✓ Hand Sanitizer
- ✓ Lock & Key
- ✓ Containment Tray
- ✓ Solar Lighting
- ✓ Disposable Paper Seat Covers
- ✓ Stabilizing Stakes

Specifications*

Height: 90"
Width: 67"
Depth: 86.5"
Seat Height: 19"
Gallons: 68

*Options and specifications vary by region and location and may carry additional charges.



Contact our experts today for your upcoming project.

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Standard RESTROOM

SERVICE
you can trust

Overview

Our Standard Restroom is our most popular rental solution for construction, industrial, municipal and agriculture clients. The easy on the budget Standard Restroom features comfort and convenience at a great value. Our Standard Restroom comes backed by our industry leading **8 Point Service Plan** to ensure cleanliness throughout your rental, performed by background screened service technicians.

Features

- ✓ Non-flushing toilet & urinal
- ✓ Two rolls of toilet tissue
- ✓ Courtesy mirror
- ✓ Spacious 85 cu. ft. interior
- ✓ Maximum ventilation
- ✓ Occupancy indicator privacy
- ✓ Translucent roof for ample lighting
- ✓ Anti-slip flooring surface



One Restroom Accommodates



Projects

Ten employees over a normal 40 hour work week.



Events

100 guests over an 8 hour period.

Options*

- ✓ Hand Sanitizer
- ✓ Lock & Key
- ✓ Containment Tray
- ✓ Solar Lighting
- ✓ Disposable Paper Seat Covers
- ✓ Stabilizing Stakes

Specifications*

Height: 88"
Width: 44"
Depth: 48"
Gallons: 70



Standard overhead

*Options and specifications vary by region and location and may carry additional charges.



Contact our experts today for your upcoming project.

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06-22-2022

Bid Bond in Accordance with Contract Specifications

SLA06227226

United Site Services of Louisiana, Inc.

Bond Number

Principal Name

118 Flanders Road, Suite 1000, Westborough, MA, 01581, US

Principal Address

Principal Signature

Jefferson Parish

200 Derbigny Street, Gretna, LA, 70053, US

Owner/Obligee Name

Owner/Obligee Address

Bond Information

06-23-2022

Nationwide Mutual Insurance Company

310043256

Bid Date

Surety

Contractor Vendor ID Number

50-00238378

Contract ID Number

Pre-Placed Emergency Contract to Provide a Supply of Portable Toilets and Portable Hand Washing Stations for the Jefferson Parish Department of Emergency Management

Description of Job

Five Percent of Amount Bid

5%

Amount of Bid Security

Bid Security Maximum

Bid Security Percentage

Debra J. Scarborough

Attorney-in-Fact

Founders Series of Lockton Companies, LLC

Bond Entered and Executed By

Primary Agency

Attorney-In-Fact Signature

Know all men by these presents that Nationwide Mutual Insurance Company, a Corporation duly organized under the laws of the State of OH, are held and firmly bound unto the above owner/obligee by the 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.

