

DATE: 1/22/2021

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00133334

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 _____

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:

SIGNATURE:

(Must be signed here)

PRINT OR TYPE NAME:

ADDRESS:

CITY, STATE:

ZIP:

TELEPHONE:

FAX:

EMAIL ADDRESS:

TOTAL PRICE OF ALL BID ITEMS: \$

\$ 10,000.00 (VL) Vendor Location Only

\$ 24,000.00 (RS) Recreation Site w/mo

*Please see Notes on pg. 6

SEALED BID : 04 018

* 4/10/2020 see notes on pg. 1

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00133334

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
				#6 Vendor Location = No Cost (VL) \$ 00.00 (RS) \$ 1,000.00	
6	20.00	EA	3:00 PM - 8:00 PM at Pontiff Playground, 1521 Palm Street, Metairie, LA 70001 0006 - Traveling fee to collect fingerprints at between the hours of - 3:00 PM - 8:00 PM at Girard Playground, 5300 Irving St., Metairie, LA 70003	Recreation Site = \$50.00 #7 Vendor Location = No Cost (VL) \$ 00.00 (RS) \$ 1,000.00	
7	20.00	EA	0007 - Traveling fee to collect fingerprints at between the hours of 3:00 PM - 8:00 PM at Eastbank Main Office	Recreation Site = \$50.00 #8 Vendor Location = No Cost (VL) \$ 00.00 (RS) \$ 1,000.00	
8	20.00	EA	0008 - Traveling fee to collect fingerprints at between the hours of 3:00 PM - 8:00 PM at Miley Playground, 6716 W. Metairie Ave., Metairie, LA 70003	Recreation Site = \$50.00 #9 Vendor Location = No Cost (VL) \$ 00.00 (RS) \$ 1,000.00	
9	20.00	EA	0009 - Traveling fee to collect fingerprints at between the hours of 3:00 PM - 8:00 PM at Oakdale Playground, 650 Wall Blvd., Gretna, LA 70056	Recreation Site = \$50.00 #10 Vendor Location = No Cost (VL) \$ 00.00 (RS) \$ 1,000.00	
10	20.00	EA	0010 - Traveling fee to collect fingerprints at between the hours of 3:00 PM - 8:00 PM at Belle Terre Playground, 5600 Belle Terre Rd., Marrero, LA 70072	Recreation Site = \$50.00	

Insurance Declaration Affidavit
Worker's Compensation

AFFIDAVIT

STATE OF Louisiana
PARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared,
Yolanda Doucette, (Affiant) who after being duly sworn, deposed and said that he/she
is the fully authorized Owner of 1/1 Not Check Background & Fingerprinting (Entity), the
party who submitted a Proposal/Contract/Bid/RFP/SOQ No. 5000133334, to Jefferson Parish.

Affiant further said:

- (1) That affiant has no employees in which Worker's Compensation Insurance is required pursuant to state law.
- (2) That if affiant hires employees such that they would be required under state law to obtain Worker's Compensation Insurance, affiant will notify Jefferson Parish and obtain the proper coverage.

Yolanda Doucette
Signature of Affiant

Yolanda Doucette
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

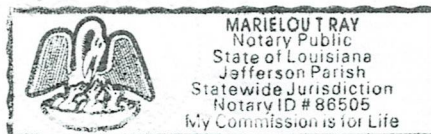
ON THE 28 DAY OF JANUARY, 2021.

Marielou T-Ray
Notary Public

MARIELOU T-RAY
Printed Name of Notary

86505
Notary/Bar Roll Number

My commission expires LIFE



Insurance Declaration Affidavit
Automotive

AFFIDAVIT

STATE OF Louisiana
PARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared,
Yolanda Doucette (Affiant) who after being duly sworn, deposed and said that he/she
is the fully authorized Owner of NOT Check Background & Fingerprinting (Entity), the
party who submitted a Proposal/Contract/Bid/RFP/SOQ No. 5000433334, to Jefferson Parish.

Affiant further said:

- (1) That entity does not own automobiles or use automobiles in the furtherance of the services provided under the contract.
- (2) That if the entity obtains automobiles or begins to use automobiles in the furtherance of the services provided under the contract, affiant will notify Jefferson Parish and obtain the proper coverage.

Y. Doucette
Signature of Affiant
Yolanda Doucette
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

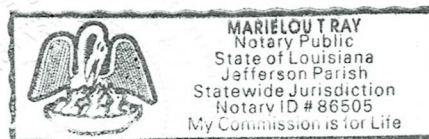
ON THE 29 DAY OF JANUARY, 2021

Maria T. Ray
Notary Public

MARIELOU T. RAY
Printed Name of Notary

86505
Notary/Bar Roll Number

My commission expires LIFE





THE HARTFORD
BUSINESS SERVICE CENTER
3600 WISEMAN BLVD
SAN ANTONIO TX 78251

January 26, 2021

Jefferson Parish Purchasing Department
200 DERBIGNY ST STE 4400
GRETN LA 70053-5878

Account Information:

Policy Holder Details :

Y NOT CHECK BACKGROUND &
FINGERPRINTING LLC



Contact Us

Business Service Center

Business Hours: Monday - Friday
(7AM - 7PM Central Standard Time)

Phone: (866) 467-8730

Fax: (888) 443-6112

Email: agency.services@thehartford.com

Website: <https://business.thehartford.com>

Enclosed please find a Certificate Of Insurance for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,

Your Hartford Service Team



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/26/2021

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 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 ARTHUR J GALLAGHER RISK MGMT SVCS 43481418 111 VETERANS BLVD SUITE 1130 METAIRIE LA 70005	CONTACT NAME:	
	PHONE (504) 888-1100	FAX (504) 888-1299
	(A/C, No, Ext):	
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Sentinel Insurance Company Ltd.	
INSURED Y NOT CHECK BACKGROUND & FINGERPRINTING LLC 1746 JACKSON AVE NEW ORLEANS LA 70113-1542	NAIC# 11000	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY	X		43 SBM ID0845	05/05/2020	05/05/2021	EACH OCCURRENCE	\$1,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
	<input checked="" type="checkbox"/> General Liability						MED EXP (Any one person)	\$10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$1,000,000
	POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						GENERAL AGGREGATE	\$2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	\$2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	ANY AUTO						BODILY INJURY (Per person)	
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS						PROPERTY DAMAGE (Per accident)	
	SCHEDULED AUTOS							
	NON-OWNED AUTOS							
	UMBRELLA LIAB EXCESS LIAB						EACH OCCURRENCE	
	OCCUR CLAIMS-MADE						AGGREGATE	
	DED RETENTION \$							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT	
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					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)

Those usual to the Insured's Operations. Jefferson Parish is an additional insured per the Business Liability Coverage Form SS0008, attached to this policy.

CERTIFICATE HOLDER

Jefferson Parish Purchasing Department
200 DERBIGNY ST STE 4400
GRETN LA 70053-5878

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

Susan L. Castaneda

© 1988-2015 ACORD CORPORATION. All rights reserved.