



**CENTRALBIDDING**  
FROM CENTRAL AUCTION HOUSE

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**Central Bidding Time:** Thu October 25, 2018 2:01:40 PM GMT-6

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Location:	<b>Port Allen &gt; Louisiana &gt; USA</b>
Name:	<b>Randy Boudreaux</b>
Email:	<b>randy@lascrapmetal.com</b>
Address:	<b>2527 S. Westport Drive</b>
Zip code:	<b>70767</b>
Contact number:	<b>2253891108</b>
Official Company/Business Name:	<b>Louisiana Scrap Metal Recycling</b>
Is your company/organization registered as a Disadvantaged Business Enterprise (DBE)?:	<b>No</b>
Is your company owned by a female?:	<b>Yes</b>
Is your company owned by a minority?:	<b>No</b>
Contractor's License Number/Certificate of Responsibility Requirement Number::	
NIGP Codes: (Commodity code categories)	<b>57050 - Scrap Metals, All Kinds 92677 - Recycling Services</b>

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Central Auction House, LTD

Date: 9/26/2018  
BID NO.: 50-00123989

BID FORM

FIRM NAME: Louisiana Scrap Metal Recycling  
ADDRESS: 2527 S. Westport Dr.  
CITY, STATE: Port Allen, LA ZIP: 70767  
TELEPHONE: 225-389-1108 FAX: 225-389-1101  
EMAIL ADDRESS: randyboudreaux@lascrapmetal.com

Acknowledge Receipt of Addenda: NUMBER: #1 (Bid# 50-00123989)

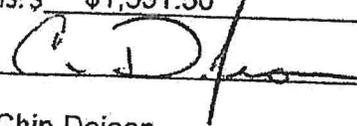
NUMBER: \_\_\_\_\_

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

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

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

TOTAL PRICE OF ALL BID ITEMS: \$ \$1,351.50

AUTHORIZED SIGNATURE: 

PRINTED NAME: Chip Dejean

TITLE: General Manager

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.: 50-00123989

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	NT	TWO (2) YEAR CONTRACT FOR THE SALE OF SCRAP METAL FOR THE JEFFERSON PARISH DEPARTMENT OF PUBLIC WORKS, STREETS AND ALL JEFFERSON PARISH AGENCIES AND MUNICIPALITIES 0010 CAST IRON (AS IS, WHERE IS)	\$200.00	\$200.00
2	1.00	NT	THE PARISH WILL LOAD THE MATERIAL IN THE VENDOR PROVIDED DUMPSTERS. 0020 NO. 1 & 2 STEEL UNPREPARED ASSORTED MIXED SCRAP METAL (AS IS, WHERE IS)	\$225.00	\$225.00
3	1.00	NT	0030 NO. 2 COPPER (AS IS, WHERE IS)	\$2.25	\$2.25
4	1.00	NT	0040 RED BRASS (AS IS, WHERE IS)	\$1.75	\$1.75
5	1.00	NT	0050 SHEET IRON - ASSORTED MIXED SCRAP METAL (AS IS, WHERE IS)	\$200.00	\$200.00
6	1.00	NT	0060 UNCLEAN ALUMINUM (AS IS, WHERE IS)	\$0.25	\$0.25
7	1.00	NT	0070 UNCLEAN STAINLESS STEEL (AS IS, WHERE IS)	\$720.00	\$720.00
8	1.00	NT	0080 WATER METERS (AS IS, WHERE IS)	\$1.00	\$1.00
9	1.00	NT	0090 YELLOW BRASS (AS IS, WHERE IS)	\$1.25	\$1.25

Non-Public Works Bid

AFFIDAVIT

STATE OF LOUISIANA

PARISH/COUNTY OF WEST BATON ROUGE

BEFORE ME, the undersigned authority, personally came and appeared: CLIFTON DE JEAN III (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized REPRESENTATIVE of LOUISIANA SCRAP METAL (Entity), the party who submitted a bid in response to Bid Number 5000123987 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.

*C. D. Jean*  
Signature of Affiant

CLIFTON DEJEAU III  
Printed Name of Affiant

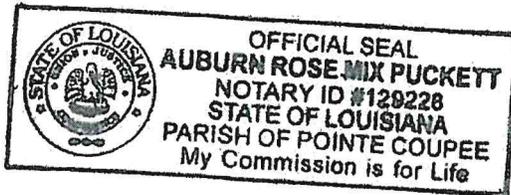
SWORN AND SUBSCRIBED TO BEFORE ME  
ON THE 15 DAY OF October, 2018.

*A. R. Mix Puckett*  
Notary Public

Auburn Rose Mix Puckett  
Printed Name of Notary

129228  
Notary/Bar Roll Number

My commission expires At Death.



Print

Notary Search - Detail

**Name:** MS. AUBURN ROSE MIX PUCKETT  
**Address:** 5260 GROOM ROAD STE B  
 BAKER, LA 70714

**Phone:** (225) 774-4553  
**Phone 2:** (225) 281-3182

**Notary ID Number:** 129228  
**Parish:** POINTE COUPEE with STATEWIDE JURISDICTION  
**Agency:** N/A  
**Notary Type:** Non Attorney  
**Status:** Active

**Commission Date:** 06/05/2017  
**Oath Date:** 06/02/2017  
**Surety Expiration Date:** 02/19/2023  
**Annual Report Current:** Yes

Notary Events

**Suspension** From: 02/20/2018 To: 04/06/2018  
**Parish Change** Previous Parish: Previous Commission Date:  
 EAST BATON ROUGE 02/26/2013

Deceased, Inactivated, Leave of Absence, Pre-Assessment Registration, Pre-Assessment Taken, Resigned, Retirement, and Revoked events are not available prior to February 11, 2012.

[Back to Search Results](#) [New Search](#)

## Non-Public Works Bid Affidavit Instructions

- Affidavit is supplied as a courtesy to Affiants, but it is the responsibility of the affiant to insure the affidavit they submit to Jefferson Parish complies, in both form and content, with federal, state and parish laws.
- Affidavit must be signed by an authorized representative of the entity or the affidavit will not be accepted.
- Affidavit must be notarized or the affidavit will not be accepted.
- Notary must sign name, print name, and include bar/notary number, or the affidavit will not be accepted.
- Affiant **MUST** select either A or B when required or the affidavit will not be accepted.
- Affiants who select choice A must include an attachment or the affidavit will not be accepted.
- If both choice A and B are selected, the affidavit will not be accepted.
- Affidavit marked N/A will not be accepted.
- It is the responsibility of the Affiant to submit a new affidavit if any additional campaign contributions are made after the affidavit is executed but prior to the time the council acts on the matter.

*Instruction sheet may be omitted when submitting the affidavit*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/12/2018

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).

<b>PRODUCER</b> AssuredPartners Gulf Coast Ins Agency, LLC P.O. Box 2456 600 Jefferson St., Suite 200 Lafayette LA 70502-2456		<b>CONTACT NAME:</b> Shasta Bertrand <b>PHONE (A/C, No, Ext):</b> (337) 266-2150 <b>FAX (A/C, No):</b> (337) 266-2151 <b>E-MAIL ADDRESS:</b> shasta.bertrand@assuredpartners.com	
<b>INSURED</b> Louisiana Scrap Metal Recycling, DBA: LA Scrap 2200 Cameron Street Lafayette LA 70506		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Zurich American Insurance Company <b>NAIC #</b> 16535 <b>INSURER B:</b> Everest National Insurance Company <b>10120</b> <b>INSURER C:</b> Western World Insurance Company <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER: 2018-2019** **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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		GLO 5778478-01	7/1/2018	7/1/2019	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 - COM/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		BAP 5778479-01	7/1/2018	7/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		XC5EX00529181	7/1/2018	7/1/2019	EACH OCCURRENCE \$ 20,000,000 AGGREGATE \$ 20,000,000
A	<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	WC 5778477-01	7/1/2018	7/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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	Excess Liability		GLX100081000	7/11/2018	7/1/2019	Limit 10,000,000
D	Contractor's Pollution		01000041346	1/1/2018	1/1/2019	Each Condition/Aggregate 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Please see attached for coverage details.

<b>CERTIFICATE HOLDER</b>  Jefferson Parish 1221 Elmwood Park Blvd. Ste 404 Jefferson, LA 70123	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b>  F Harris, III/SPB

## Additional Named Insureds

### Other Named Insureds

Aluminum Recycling Center of Lafayette, Inc.	Corporation, Additional Named Insured
Gulf Metal Recycling, L.L.C.	Limited Liability Company, Additional Named Insured
Gulf Metals Marine, LLC	Limited Liability Company, Additional Named Insured
JK Holdings Calcasieu, LLC	Limited Liability Company, Additional Named Insured
LA Scrap	Doing Business As
LA Scrap Processors, LLC	Limited Liability Company, Additional Named Insured
Louisiana Scrap Metal Recycling Baton Rouge, Inc.	Corporation, Additional Named Insured
Louisiana Scrap Metal Recycling Lafayette, Inc.	Corporation, Additional Named Insured
Louisiana Scrap Metals Recycling Lake Charles, LLC	Limited Liability Company, Additional Named Insured
Louisiana Scrap Recovery, LLC	Limited Liability Company, Additional Named Insured
Rongey Land, LLC	Limited Liability Company, Additional Named Insured
Rongey Port Allen Real Estate, LLC	Limited Liability Company, Additional Named Insured
Superior Baton Rouge, LLC	Limited Liability Company, Additional Named Insured
Superior Scrap Metal and Recycling of Baton Rouge	Corporation, Additional Named Insured

## COMMENTS/REMARKS

Protection & Indemnity  
Limit - \$10,000,000  
Lloyd's of London  
Policy# SL16PKGM11544  
Eff: 1/1/18- 1/1/19

Maritime Employers Liability  
Limit - \$1,000,000  
Lloyd's of London  
Policy# MEL 103917  
Eff: 1/1/18 - 1/1/19

Marine General Liability  
Limit - \$1,000,000  
Stonington Insurance Company  
Policy# S18MGLM11786  
Eff: 5/14/18 - 5/14/19

Excess Marine General Liability  
Limit - \$4,000,000  
Stonington Insurance Company  
Policy# S18XS1M11787  
Eff: 5/14/18 - 5/14/19

Vessel Pollution  
Limit - \$5,000,000  
Star Indemnity & Liability Company  
Policy# V-1432618  
Eff: 4/12/18 - 4/12/19

General Liability includes blanket additional insured where required by written contract; blanket waiver of subrogation where required by written contract; contractual liability; in rem. Coverage is primary and non-contributory where required by written contract; 60 days written notice of cancellation where required by written contract except 10 days for non-payment of premium, and sudden and accidental pollution.

Automobile Liability includes blanket waiver of subrogation where required by written contract; blanket additional insured where required by written contract; blanket 60 day notice of cancellation where required by written contract except 10 days for non-payment of premium, coverage is primary and non contributory were required by written contract.

Workers Compensation includes alternate employer endorsement where required by written contract; USL&H; blanket waiver of subrogation where required by written contract; voluntary compensation; 60 days written notice of cancellation where required by written contract except 10 days for non-payment of premium.

Excess Liability includes blanket waiver of subrogation, blanket additional insured and blanket 30 days notice of cancellation where required by written contract except 10 days for non-payment of premium. Follow form of GL AL EL.

## Request for Taxpayer Identification Number and Certification

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

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Superior Scrap Metal Recycling of Baton Rouge**

**2** Business name/disregarded entity name, if different from above  
**Louisiana Scrap Metal Recycling**

**3** Check appropriate box for federal tax classification; check only one of the following seven boxes:  
 Individual/sole proprietor or single-member LLC  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_  
 Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  
 Other (see instructions) ▶ \_\_\_\_\_

C Corporation     S Corporation     Partnership     Trust/estate

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
(Applies to accounts maintained outside the U.S.)

**5** Address (number, street, and apt. or suite no.)  
**2527 S. Westport Dr.**

**6** City, state, and ZIP code  
**Port Allen, LA 70767**

**7** List account number(s) here (optional)

Requester's name and address (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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>										
or										
<b>Employer identification number</b>										
7	2		1	3	1	1	5	0	8	

**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 on page 3.

**Sign Here**    Signature of U.S. person ▶    Date ▶ 5/23/17

**General Instructions**

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

**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 1089-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?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



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**Central Bidding Time:** Thu October 25, 2018 2:02:57 PM GMT-6

Place a Bid for 5000123989 SALE OF SCRAP METAL TWO (2) YEAR CONTRACT

Please enter your best bid proposal for this project

Louisiana Contractor ID#

Enter all information required on the outside of the sealed envelope in the box below

Bid No. 50-00123989 SALE OF SCRAP METAL TWO (2) YEAR CONTRACT  
Bid Opening: October 25, 2018 @ 2:00 PM

Bid Bond #

Jefferson Parish Vendor #:

311532

Upload Attachment(s)

While this site accepts various file types, sizes and quantities, the preferred method for delivering all of the appropriate and required bid documents is one single scanned PDF file. Vendors submitting bids with multiple uploaded images/photos of bid responses are solely responsible for clarity. If uploaded images/documents are not legible, the bidder's submission will be rejected. Please note all requirements in this bid package for electronic bid submission.

### Upload a file

Click the Upload button in order to upload bid related documents

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Central Auction House, LTD