

DATE: 5/19/2022

Page: 6

BID NO.: 50-00138058

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 _____

MAXIMUM ESCALATION PERCENTAGE REQUESTED _____%

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF _____.

For the purposes of comparison of bids when an escalation provision is requested, Jefferson Parish will apply the maximum escalation percentage quoted by the bidder to the period to which it is applied in the bid. The initial price and the escalation will be used to calculate the total bid price. It will be assumed, for comparison of prices only, that an equal amount of material or labor is purchased each month throughout the entire contract.

DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 58830**THIS SECTION MUST BE COMPLETED BY BIDDER:**FIRM NAME: Accent Lawn Care Services, LLCADDRESS: 43106 W Pleasant Ridge RdCITY, STATE: Hammond, LA 70403 ZIP: 70403TELEPHONE: 985 1893-1928 FAX: () _____EMAIL ADDRESS: ACCENTLAWN1@AOL.COM

In the event that addenda are issued with this bid, bidders MUST acknowledge all addenda on the bid form. Bidder must acknowledge receipt of an addendum on the bid form by placing the addendum number as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: 1NUMBER: 2

NUMBER: _____

NUMBER: _____

TOTAL PRICE OF ALL BID ITEMS: \$ 880,790.214AUTHORIZED SIGNATURE: Marian Melody LightfootMarian Melody Lightfoot
Printed NameTITLE: Managing Member

SIGNING INDICATES YOU HAVE READ AND COMPLY WITH THE INSTRUCTIONS AND CONDITIONS.

NOTE: All bids should be returned with the BID NUMBER and BID OPENING DATE indicated on the outside of the envelope submitted to the Purchasing Department.

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00138058

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	24.00	MO	TWO YEAR CONTRACT FOR LANDSCAPE AND CHEMICAL MAINTENANCE FOR THE JEFFERSON PARISH DEPARTMENT OF PARKWAYS. 0010 PROVIDE A MONTHLY COST FOR THE TWENTY FOUR (24) MONTHS FOR THE LANDSCAPE AND CHEMICAL MAINTENANCE CONTRACT FOR VETERANS BOULEVARD CPZ IMPROVEMENTS FROM THE CITY OF KENNER LINE TO THE 17TH STREET CANAL	35,910 ⁰⁰	861,840 ⁰⁰
2	1.00	EA	0020 Complete Irrigation System Walk	4,250 ⁰⁰	4,250 ⁰⁰
3	1.00	CYCL	0030 INCIDENTAL MOWING	3,000 ⁰⁰	3,000 ⁰⁰
4	1.00	EA	0040 INCIDENTAL SHRUB 7 - GALLON	27 ⁶⁰	27 ⁶⁰
5	1.00	EA	0050 INCIDENTAL SHRUB 15 - GALLON	73 ²⁰	73 ²⁰
6	1.00	EA	0060 INCIDENTAL SHRUB 3 - GALLON	12 ⁹⁰	12 ⁹⁰
7	1.00	EA	0070 INCIDENTAL SHRUB 1 - GALLON	6 ⁰⁰	6 ⁰⁰
8	1.00	EA	0080 INCIDENTAL ANNUAL COLOR 6 INCH POT	5 ⁴⁰	5 ⁴⁰
9	1.00	EA	0090 INCIDENTAL TREE STAKE KIT (MINIMUM 3 STAKES)	26 ⁴⁰	26 ⁴⁰
10	1.00	EA	0100 INCIDENTAL TREE 30 - GALLON	390 ⁰⁰	390 ⁰⁰
11	1.00	SQYD	0110 INCIDENTAL SOD 419 BURMUDA	4 ⁸⁰	4 ⁸⁰
12	1.00	LB	0120 INCIDENTAL GRASS SEED IMPROVED HULLED BERMUDA SEED	10 ⁴²	10 ⁴²
REVISED AS PER ADDENDUM # 1					

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00138058

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
13	1.00	SQYD	SUNSTAR OR APPROVED EQUAL 0130 INCIDENTAL SOD CENTIPEDE	5 ¹⁰	5 ¹⁰
14	1.00	EA	0140 INCIDENTAL SOIL AMENDMENT METRO 380 (2.8 CUBIC FEET BAG)	30 ⁰⁰	30 ⁰⁰
15	1.00	CUYD	0150 INCIDENTAL FILL DIRT PUMP SAND	24 ⁰⁰	24 ⁰⁰
16	1.00	CUYD	0160 INCIDENTAL GARDEN SOIL	24 ⁰⁰	24 ⁰⁰
17	1.00	CF	0170 INCIDENTAL MULCH BALED PINE STRAW	1 ⁴³	1 ⁴³
18	1.00	CF	0180 INCIDENTAL MULCH CRUSHED PINE STRAW BAG	3 ²⁵	3 ²⁵
19	1.00	EA	0190 INCIDENTAL TREE 45 - GALLON	600 ⁰⁰	600 ⁰⁰
20	1.00	EA	0200 INCIDENTAL WATER RETAINER AQUASORB OR APPROVED EQUAL (50 POUND BAG)	78 ⁰⁰	78 ⁰⁰
21	1.00	EA	0210 CONCRETE PAVERS (PAVER BRICKS ONLY)	1 ²⁰	1 ²⁰
22	1.00	SQYD	0220 CONCRETE PAVER REPAIR/LEVELING (NO PAVERS SUPPLIED)	38 ⁴⁰	38 ⁴⁰
23	1.00	CUYD	0230 INCIDENTAL EMERGENCY TREE TRIMMING (DEBRIS MEASUREMENT)	90 ⁰⁰	90 ⁰⁰
24	1.00	CYCL	0240 BLOCK WALL CLEANING	480 ⁰⁰	480 ⁰⁰
25	1.00	CYCL	0250 DECORATIVE LIGHT CUBE CLEANING	360 ⁰⁰	360 ⁰⁰
REVISED AS PER ADDENDUM # 1					

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00138058

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
26	1.00	CYCL	0260 SCULPTURE CLEANING	1800 ⁰⁰	1800 ⁰⁰
27	1.00	CUYD	0270 INCIDENTAL EMERGENCY SHRUB PRUNING (DEBRIS MEASUREMENT)	42 ⁰⁰	42 ⁰⁰
28	1.00	EA	0280 1 INCH IRRIGATION VALVE	54 ⁰⁰	54 ⁰⁰
29	1.00	EA	0290 1.5 INCH IRRIGATION VALVE	103 ²⁰	103 ²⁰
30	1.00	EA	0300 2 INCH IRRIGATION VALVE	144 ⁰⁰	144 ⁰⁰
31	1.00	EA	0310 4 INCH IRRIGATION POP-UP	2 ⁴⁰	2 ⁴⁰
32	1.00	EA	0320 12 INCH IRRIGATION POP-UP	10 ⁸⁰	10 ⁸⁰
33	1.00	EA	0330 IRRIGATION SPRAY NAZZLE	1 ²⁰	1 ²⁰
34	1.00	LF	0340 IRRIGATION MAIN LINE REPAIR	60 ⁰⁰	60 ⁰⁰
35	1.00	LF	0350 IRRIGATION LATERAL LINE REPAIR	36 ⁰⁰	36 ⁰⁰
36	1.00	EA	0360 IRRIGATION CONTROLLER (RAINBIRD ESP-LX OR SIMILAR)	198 ⁰⁰	198 ⁰⁰
37	1.00	EA	0370 IRRIGATION CONTROL MODULE (4 ZONE)	837 ⁰⁰	837 ⁰⁰
38	1.00	EA	0380 IRRIGATION CONTROL MODULE (8 ZONE)	156 ⁰⁰	156 ⁰⁰
39	1.00	EA	0390 IRRIGATION TURF ROTOR	11 ⁴⁰	11 ⁴⁰
40	1.00	EA	0400 IRRIGATION ROTARY NOZZLE (HUNTER MP ROTATOR)	13 ²⁰	13 ²⁰
REVISED AS PER ADDENDUM # 1					

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00138058

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
41	1.00	EA	0410 IRRIGATION 2 INCH RPA BACKFLOW PREVENTER	1170 ⁰⁰	1170 ⁰⁰
42	1.00	EA	0420 RAINBIRD (OR SIMILAR) BATTERY CONTROLLER (6 ZONE)	169 ⁴⁰	169 ⁴⁰
43	1.00	EA	0430 RAINBIRD (OR SIMILAR) BATTERY CONTROLLER (4 ZONE)	147 ⁶⁰	147 ⁶⁰
44	1.00	EA	0440 2 INCH BACKFLOW BRASS BALL VALVE	69 ⁴⁰	69 ⁴⁰
45	1.00	EA	0450 2 INCH BACKFLOW BRASS BALL VALVE WITH TEST COCK	791 ⁴³	791 ⁴³
46	1.00	EA	0460 2 INCH BACKFLOW RELIEF VALVE REPAIR KIT	192 ⁰⁰	192 ⁰⁰
47	1.00	EA	0470 CLASS II 2 INCH RPA BACKFLOW COVER (NO BASE)	174 ⁰⁰	174 ⁰⁰
48	1.00	EA	0480 CLASS II 2 INCH RPA BACKFLOW BASE (NO COVER)	240 ⁰⁰	240 ⁰⁰
49	1.00	EA	0490 CLASS II 2 INCH RPA BACKFLOW COVER CONCRETE FOUNDATION	150 ⁰⁰	150 ⁰⁰
			APPROXIMATELY 18 INCHES X 48 INCHES X 4 INCHES THICK		
50	1.00	EA	0500 2 INCH BACKFLOW RUBBER PARTS REPAIR KIT	51 ²⁵	51 ²⁵
51	1.00	EA	0510 2 INCH BACKFLOW CHECK REPAIR KIT	258 ⁰⁰	258 ⁰⁰
52	1.00	EA	0520 10 INCH ROUND IRRIGATION VALVE BOX WITH LID	22 ⁸⁰	22 ⁸⁰
53	1.00	EA	0530 10 INCH ROUND IRRIGATION VALVE BOX LID (ONLY)	16 ⁸⁰	16 ⁸⁰
REVISED AS PER ADDENDUM # 1					

Non-Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Tangipahoa

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

Melody Lightfoot, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized Managing Member of Accent Lawn Care Services (Entity), the party who submitted a bid in response to Bid Number SD-00138, 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.

Marian Melody Lightfoot
Signature of Affiant

Marian Melody Lightfoot
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

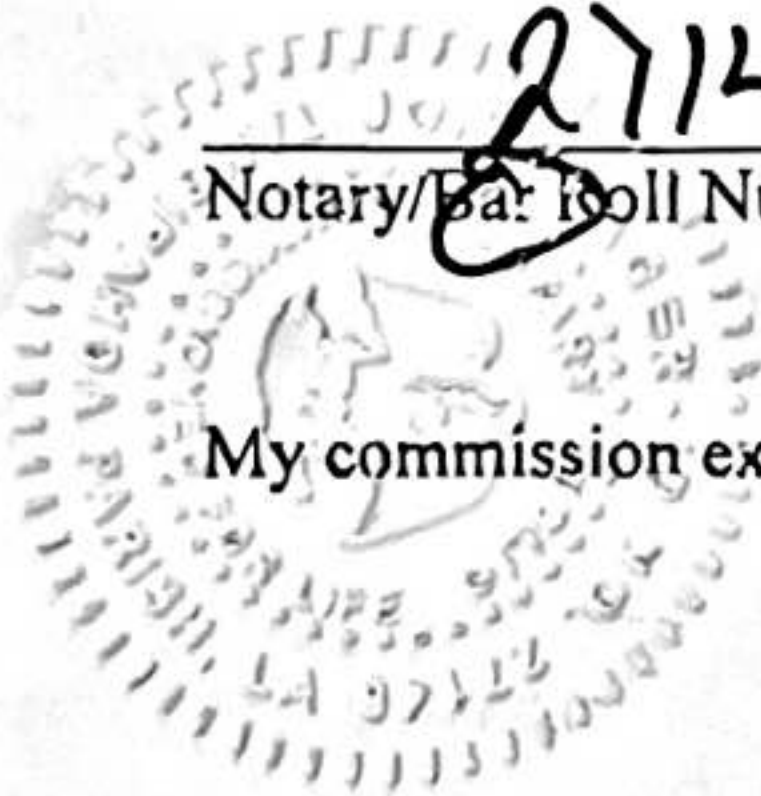
ON THE 25 DAY OF May, 2022

[Signature]
Notary Public

Jon Yeager
Printed Name of Notary

27148
Notary/Bar Roll Number

My commission expires death





LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY

MIKE STRAIN DVM, COMMISSIONER

Agricultural & Environmental Sciences, 5825 Florida Blvd., Suite 3002, Baton Rouge, LA 70806, (225) 952-8100, FAX (225) 925-3760

HORTICULTURE REGISTRATION: **AMANDA JANE LIGHTFOOT**

Date: 05/25/2022

LDAF ID: 140632

LICENSE(S): **ARBORIST** 22-2191

IRRIGATION CONTRACTOR 22-0571

CEU Expiration Date May 9 2025

LANDSCAPE HORTICULTURIST 22-3970

Please verify information for correctness. If changes are necessary, make corrections and promptly return to issuing agency.

1

LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY

MIKE STRAIN DVM, COMMISSIONER

Agricultural & Environmental Sciences, 5825 Florida Blvd., Suite 3002, Baton Rouge, LA 70806, (225) 952-8100, FAX (225) 925-3760

Be it known, that effective 05/25/2022 through 01/31/2023 having complied with all relevant requirements of the Louisiana Revised Statutes, the individual named below is hereby licensed in the following profession(s):

LICENSE(S): **ARBORIST** 22-2191

IRRIGATION CONTRACTOR 22-0571

CEU Expiration Date May 9 2025

AMANDA JANE LIGHTFOOT

P O BOX 5401

COVINGTON LA 70434

LANDSCAPE HORTICULTURIST 22-3970

Mike Strain
Commissioner

DISPLAY IN A PROMINENT PLACE.

LDAF ID: 140632

2356

LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY

Agricultural & Environmental Sciences

5825 Florida Blvd., Suite 3002

Baton Rouge, LA 70806



IMPORTANT

OFFICIAL DOCUMENT ENCLOSED

AMANDA JANE LIGHTFOOT
43106 W PLEASANT RIDGE RD
HAMMOND LA 70403

CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF
Accent Lawn Care Services, LLC
INCORPORATED.

AT THE MEETING OF DIRECTORS OF Accent Lawn Care Services, LLC
INCORPORATED, DULY NOTICED AND HELD ON May 5, 2022,
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT
WAS:

RESOLVED THAT Marian Melody Lightfoot, BE AND IS HEREBY
APPOINTED, CONSTITUTED AND DESIGNATED AS AGENT AND ATTORNEY-IN-
FACT OF THE CORPORATION WITH FULL POWER AND AUTHORITY TO ACT ON
BEHALF OF THIS CORPORATION IN ALL NEGOTIATIONS, BIDDING, CONCERNS
AND TRANSACTIONS WITH THE PARISH OF JEFFERSON OR ANY OF ITS AGENCIES,
DEPARTMENTS, EMPLOYEES OR AGENTS, INCLUDING BUT NOT LIMITED TO, THE
EXECUTION OF ALL BIDS, PAPERS, DOCUMENTS, AFFIDAVITS, BONDS, SURETIES,
CONTRACTS AND ACTS AND TO RECEIVE ALL PURCHASE ORDERS AND NOTICES
ISSUED PURSUANT TO THE PROVISIONS OF ANY SUCH BID OR CONTRACT, THIS
CORPORATION HEREBY RATIFYING, APPROVING, CONFIRMING, AND ACCEPTING
EACH AND EVERY SUCH ACT PERFORMED BY SAID AGENT AND ATTORNEY-IN-
FACT.

I HEREBY CERTIFY THE FOREGOING TO BE
A TRUE AND CORRECT COPY OF AN
EXCERPT OF THE MINUTES OF THE ABOVE
DATED MEETING OF THE BOARD OF
DIRECTORS OF SAID CORPORATION, AND
THE SAME HAS NOT BEEN REVOKED OR
RESCINDED.

Amanda Lightfoot
SECRETARY-TREASURER

5-6-22

DATE

LOUISIANA DEPARTMENT OF
AGRICULTURE & FORESTRY

C E R T I F I C A T I O N C A R D

COMMERCIAL PESTICIDE APPLICATOR

AMANDA LIGHTFOOT

PO BOX 5401

COVINGTON LA 70434

00161841

Exp. Date: 12/31/2022



[Handwritten signature]
[Handwritten signature]

MIKE STRAIN, DVM COMMISSIONER



CERTIFIED, LICENSED OR REGISTERED AS

CATEGORY

3-Ornamental & Turf Pest Control

6-Right-Of-Way & Industrial Pest

GS-General Standards

RECERTIFY BY

5/13/2025

11/4/2022

11/4/2022

SIGNATURE: _____

LDAF EMERGENCY HOTLINE: 855-452-5323

LA POISON CONTROL CENTER: 800-222-1222

State of Louisiana

State Licensing Board for Contractors

This is to Certify that:

ACCENT LAWN CARE SERVICES, L.L.C.
43106 W Pleasant Ridge Rd
Hammond, LA 70403

is duly licensed and entitled to practice the following classifications

SPECIALTY: LANDSCAPING, GRADING AND BEAUTIFICATION



Expiration Date: November 5, 2022

License No: 58830

**Witness our hand and seal of the Board dated,
Baton Rouge, LA 31st day of January 2022**

Will B. May
Director

Lee Mallett
Chairman

Andy Dumas
Treasurer

This License Is Not Transferrable



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/18/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER InSight Insurance - Ponchatoula 1133 US-51 Ponchatoula LA 70454		CONTACT NAME: Robbie Rhodes PHONE (A/C, No, Ext): (985) 242-4300 E-MAIL ADDRESS: robbie@insighthelps.com FAX (A/C, No):	
INSURED Accent Lawn Services LLC PO BOX 5401 COVINGTON LA 70434		INSURER(S) AFFORDING COVERAGE INSURER A: Progressive Insurance 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	03688445-0	05/13/2022	05/13/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)DPW Grass Maintenance-RABs, Medians & Hwys.,
Contract No. 21-031*additional insured
St. Tammany Parish Government**CERTIFICATE HOLDER****CANCELLATION**

St Tammany Parish Government PO BOX 628 Covington, LA 70434	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Robbie Rhodes
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/25/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Risk Transfer Insurance Agency, LLC 47 E. Robinson Street Suite 200 Orlando, FL 32801 407-481-9363	CONTACT NAME: Christina Griffin	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED Accent Lawn Services, LLC 2200 Veterans Boulevard, Suite 213 Kenner, LA 70062	E-MAIL ADDRESS: cmgriffin@risktransfer.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Service American Indemnity Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		
NAIC #		
39152		

COVERAGES

CERTIFICATE NUMBER: 9HP4K35F

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A			RT22PWC6930184901	03/01/2022	05/31/2022	<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 \$ \$ \$ \$

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

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

CERTIFICATE HOLDER

CITY OF COVINGTON
317 N. JEFFERSON AVENUE
COVINGTON, LA 70433

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)

02/11/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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 APRON AGENCIES, LLC 1000 VETERANS BLVD SUITE 301 METAIRIE, LA 70005	CONTACT NAME: PAULA WALSH	
	PHONE (A/C, No, Ext): 504-782-7114	FAX (A/C, No):
INSURED ACCENT LAWN SERVCIES, LLC PO BOX 5401 COVINGTON, LA 70434	E-MAIL ADDRESS: PAULAPI@AOL.COM	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: WESCO	
	INSURER B:	
	INSURER C: WESCO	
	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/YYYY)	LIMITS	
A	GENERAL LIABILITY	X		WPP182397201	07/31/2021	07/31/2022	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COM/OP AGG	\$ 2,000,000
								\$
								\$
								\$
								\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS							\$
	<input type="checkbox"/> NON-OWNED AUTOS							\$
								\$
								\$
								\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
								\$
	DED						RETENTION \$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N Y	N/A	WWC3517519	02/04/2022	02/04/2023	WC STATU-TORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							
	If yes, describe under DESCRIPTION OF OPERATIONS below							
	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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

23RD GROUP LLC
4944 PARKWAY PLAZA BLVD
SUITE 400
CHARLOTTE, NC 28217

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
PAULA WALSH



LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY

MIKE STRAIN DVM, COMMISSIONER

Agricultural & Environmental Sciences, 5825 Florida Blvd., Suite 3003, Baton Rouge, LA 70806, (225) 925-3787, FAX (225) 925-3760

License No. 00135795

Date: 5/5/2022

ACCENT LAWN CARE SERVICES, LLC

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Please verify information for correctness. If changes are necessary, make corrections and promptly return to issuing agency.

LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY

MIKE STRAIN DVM, COMMISSIONER

Agricultural & Environmental Sciences, 5825 Florida Blvd., Suite 3003, Baton Rouge, LA 70806, (225) 925-3787, FAX (225) 925-3760

Be it known, that effective **January 01, 2022** through **December 31, 2022** having complied with all relevant requirements of the Louisiana Revised Statutes, the entity named below is hereby authorized to engage in the business of **GROUND APPLICATOR OWNER-OPERATOR**.

ACCENT LAWN CARE SERVICES, LLC
PO BOX 5401
COVINGTON LA 70434



DISPLAY IN A PROMINENT PLACE.

Mike Strain

Commissioner

License No. 00135795

