

**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) 47041

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

FIRM NAME: Service Master Elite Clean

ADDRESS: 1759 L & A. Rd.

CITY, STATE: Metairie, La ZIP: 70001

TELEPHONE: (504) 832-9944 FAX: (504) 833-4144

EMAIL ADDRESS: lenny@servicemastereliteclean.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 as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: 1

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

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

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

TOTAL PRICE OF ALL BID ITEMS: \$ 63,648<sup>00</sup>

AUTHORIZED SIGNATURE: [Signature]

TITLE: PRESIDENT

LEONARD P. COBRENT  
Printed Name

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.: 50-00118594

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	36.00	MO	<p>THREE (3) YEAR CONTRACT FOR JANITORIAL SERVICE AT THE JEFFERSON PARISH EAST BANK CONSOLIDATED FIRE DEPARTMENT HEADQUARTERS</p> <p>0001 - GENERAL CLEANING PROVIDE A MONTHLY COST FOR GENERAL CLEANING, WHICH INCLUDES ALL OFFICES, RESTROOMS, STAIRWAYS, AND COMMON AREAS, AS PER THE ATTACHED SPECIFICATIONS.</p> <p>VENDOR IS RESPONSIBLE FOR THEIR OWN MEASUREMENTS.</p> <p>WE EXTEND THIS PROPOSAL TO COVER THE FURNISHING OF LABOR, MATERIALS, AND EQUIPMENT NECESSARY TO PROVIDE A THIRTY SIX (36) MONTH CONTRACT PERIOD OF JANITORIAL SERVICES FOR THE EAST BANK CONSOLIDATED FIRE DEPARTMENT'S ADMINISTRATION BUILDING/HEADQUARTERS. ADDRESS: 834 S. CLEARVIEW PKWY. JEFFERSON, LA 70123</p>	\$1,768 <sup>00</sup>	\$63,648 <sup>00</sup>
2	1.00	SQFT	<p>0002 - ADDITIONAL SQUARE FOOTAGE PROVIDE A COST FOR GENERAL CLEANING OF ANY ADDITIONAL SQUARE FOOTAGE, AS PER ATTACHED SPECIFICATIONS.</p>	.12	.12
3	1.00	SQFT	<p>0003 - CARPET CLEANING PROVIDE A PER SQUARE FOOTAGE COST FOR CARPET CLEANING, AS NEEDED. INCLUDES EVERYTHING NEEDED TO DO A WET EXTRACTION</p> <p>PLEASE NOTE THAT BONNET CLEANING SYSTEM IS NOT AN ACCEPTABLE FORM OF CARPET CLEANING.</p>	.10	.10

**CORPORATE RESOLUTION**

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF  
Primero Services  
INCORPORATED.

AT THE MEETING OF DIRECTORS OF Primero Services  
INCORPORATED, DULY NOTICED AND HELD ON February 15, 2017,  
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT  
WAS:

RESOLVED THAT LEONARD COBARRA, 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.

Nancy B Calavera  
SECRETARY-TREASURER

2/15/17  
DATE

**Non-Public Works Bid**

**AFFIDAVIT**

STATE OF Louisiana

PARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: Leonard Cabrer, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized President of Primer Services, Inc. (Entity), the party who submitted a bid in response to Bid Number 50-00118594, 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.

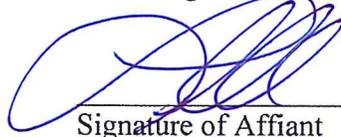
Choice B X There are **NO** debts which would require disclosure under Choice A of this section.

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.



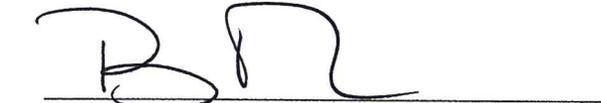
Signature of Affiant

Leonard Cobarrubias

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 15<sup>th</sup> DAY OF February, 2017.



Notary Public

Brent Cabrera

Printed Name of Notary

LA Bar # 33045

Notary/Bar Roll Number

My commission expires upon death.

Print

Notary Search - Detail

**Name:** MR. BRENT F. CABRERA  
**Address:** 1759 L&A ROAD  
METAIRIE, LA 70001

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**Phone:** (504) 832-9944

**Notary ID Number:** 90876  
**Parish:** JEFFERSON with STATEWIDE JURISDICTION  
**Agency:** N/A  
**Notary Type:** Attorney  
**Bar Roll #:** 33045

**Status:** Active

**Commission Date:** 11/01/2010  
**Oath Date:** 10/25/2010  
**Surety Expiration Date:** Not Required  
**Annual Report Current:** Not Applicable

[Back to Search Results](#)

[New Search](#)

## Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Primero Services, Inc</b>	
	2 Business name/disregarded entity name, if different from above <b>ServiceMaster Elite Cleaning Services</b>	
	3 Check appropriate box for federal tax classification; 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) ▶ _____ <b>Note.</b> 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. <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) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.) <b>1759 L and A Road</b>	Requester's name and address (optional)
	6 City, state, and ZIP code <b>Metairie, LA 70001</b>	
	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 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>									
			-				-		
<b>or</b>									
<b>Employer identification number</b>									
7	2	-	1	3	1	9	2	5	0

**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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ 2/15/17
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**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 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? 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 the 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.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/25/2017

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

<b>PRODUCER</b>  Gary D. Hughes 4203 Williams Blvd Ste 200 Kenner, LA 70065	<b>CONTACT NAME:</b> Jamie Estes <b>PHONE (A/C, No, Ext):</b> (504) 468-1980 ext. 207 <b>FAX (A/C, No):</b> (504) 327-5394 <b>E-MAIL ADDRESS:</b> jamie.estes.ih8@statefarm.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>  Primero Service Inc, ServiceMaster & Primero Onlo, LLC 1759 L and A Rd Metairie, LA 70001-6236	<b>INSURER A:</b> State Farm Fire and Casualty Company <b>NAIC #</b> 25143	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <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	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y Y	315 2832-F26-18B 310 1212-F26-18D 298 5622-F26-18G 313 0588-F26-18B	12/26/2016 12/26/2016 12/26/2016 12/26/2016	06/26/2017 06/26/2017 06/26/2017 06/26/2017	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

All auto's have Comprehensive & Collision deductibles of \$1,000  
Nonowned Auto policy has Comprehensive & Collision deductibles of \$250

<b>CERTIFICATE HOLDER</b>  Primero Service	<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> 



# CERTIFICATE OF LIABILITY INSURANCE

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<b>PRODUCER</b> <b>State Farm</b>  Gary D. Hughes 4203 Williams Blvd Ste 200 Kenner, LA 70065	<b>CONTACT NAME:</b> Jamie Estes <b>PHONE (A/C, No, Ext):</b> (504) 468-1980 ext. 207 <b>FAX (A/C, No):</b> (504) 327-5394 <b>E-MAIL ADDRESS:</b> jamie.estes.ibh8@statefarm.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> State Farm Mutual Automobile Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
<b>INSURED</b> Primero Service Inc, ServiceMaster & Primero Onlo, LLC 1759 L and A Rd Metairie, LA 70001-6236	<b>NAIC #</b> 25178	

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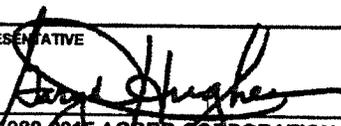
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**CERTIFICATE HOLDER****CANCELLATION**

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<b>INSURER E:</b>																					
<b>INSURER F:</b>																					
<b>INSURED</b> Primero Service Inc, ServiceMaster & Primero Onlo, LLC 1759 L and A Rd Metairie, LA 70001-6236																					

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSR	WVD					
	<b>COMMERCIAL GENERAL LIABILITY</b> <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 - COM/POP AGG \$ \$	
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	315 2831-F26-18A 255 4448-F26-18T 257 9652-F26-18Q 270 4927-F26-18J	12/26/2016 12/26/2016 12/26/2016 12/26/2016	06/26/2017 06/26/2017 06/26/2017 06/26/2017	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
	<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				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	

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

All auto's have Comprehensive & Collision deductibles of \$1,000  
 Nonowned Auto policy has Comprehensive & Collision deductibles of \$250

<b>CERTIFICATE HOLDER</b> Primero Service	<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.  AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/25/2017

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

<b>PRODUCER</b> <b>State Farm</b>  Gary D. Hughes 4203 Williams Blvd Ste 200 Kenner, LA 70065	<b>CONTACT NAME:</b> Jamie Estes <b>PHONE (A/C, No., Ext):</b> (504) 468-1980 ext. 207 <b>FAX (A/C, No.):</b> (504) 327-5394 <b>E-MAIL ADDRESS:</b> jamie.estes.ibh8@statefarm.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>  Primero Service Inc, ServiceMaster & Primero Onlo, LLC 1759 L and A Rd Metairie, LA 70001-6236	<b>INSURER A:</b> State Farm Mutual Automobile Insurance Company <b>NAIC #</b> 25178	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

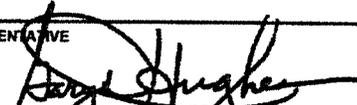
**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  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	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y Y	238 6106-F26-18R 238 6108-F26-18O 238 6117-F26-18N 244 0319-F26-18Z	12/26/2016 12/26/2016 12/26/2016 12/26/2016	06/26/2017 06/26/2017 06/26/2017 06/26/2017	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<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			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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)**

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<b>CERTIFICATE HOLDER</b>  Primero Service	<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.
	AUTHORIZED REPRESENTATIVE 



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	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
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	AUTHORIZED REPRESENTATIVE 







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# Advanced Search - Entity

**Registration Status**  Active  Inactive

**Registrations with an Active Exclusion(s)**  Yes  No

**Registrations with Delinquent Federal Debt**  Yes  No

Within an accordion, search will be performed with an OR condition. Between accordions, search will be performed with an AND condition.

**Entity**

If you search by anything other than Business Name, the remaining fields on this page will be inaccessible.

Business Name

DUNS Number

CAGE Code

**Entity Type**

**Location**

**Socio-Economic Status**

**Products and Services**

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**SEARCH** **CLEAR** Within an accordion, search will be performed with an OR condition. Between accordions, search will be performed with an AND condition.

**Entity**

If you search by anything other than Business Name, the remaining fields on this page will be inaccessible.

Business Name

DUNS Number

CAGE Code

**Entity Type**

**Location**

**Socio-Economic Status**

**Products and Services**

**SEARCH** **CLEAR**

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2525 Quail Drive, Baton Rouge, 70808 (225) 765-2301 

## Louisiana State Licensing Board for Contractors



### Contractor Information

**Business Name** PRIMERO SERVICES, INC.  
**Mailing Address** 1759 L & A Road  
 Metairie, LA 70001  
**Phone Number** (504) 832-9944  
**Fax Number** (504) 833-4144  
**Email Address** nancy@smcics.com

### Active Licenses

**License Number** 47041  
**Type** Commercial License  
**Status** LICENSED  
**Effective** 05/18/2014  
**Expiration** 05/17/2017  
**First Issued** 05/17/2007

**License Number** 250567  
**Type** Mold Remediation License  
**Status** LICENSED  
**Effective** 07/17/2016  
**Expiration** 07/16/2019  
**First Issued** 07/16/2015

### Classifications

Class	Qualifying Party	Parishes
BUILDING CONSTRUCTION	Leonard Charles Cabrera Sr.	ALL
BUSINESS AND LAW	Leonard Charles Cabrera Sr.	ALL
BUSINESS AND LAW	David Leonard Howley	ALL
MOLD REMEDIATION CONTRACTOR	David Leonard Howley	ALL
SPECIALTY: JANITORIAL SERVICES	Leonard Charles Cabrera Sr.	ALL

2

Service Master Elite Clean  
1759 L&A Rd.  
Metairie, LA 70001

BID NO. 50-00118594  
LA Contractor #47041  
Jefferson Parish Fire Dept. HQ  
Eastbank Janitorial