

**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 X

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 LLC

ADDRESS: 43106 W Pleasant Ridge Rd

CITY, STATE: Hammond, LA ZIP: 70403

TELEPHONE: (985) 893-1928 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: 1

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

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

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

TOTAL PRICE OF ALL BID ITEMS: \$ 406,716.7216

AUTHORIZED  
SIGNATURE: \_\_\_\_\_

Marian Melody Lightfoot  
Printed Name

TITLE: 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.: 50-00139365

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			THREE YEAR CONTRACT FOR LABOR, MATERIALS SUPPLIES, CHEMICALS & EQUIPMENT NECESSARY TO PROVIDE GRASS CUTTING AND LANDSCAPE MAINTENANCE AT VARIOUS LOCATIONS FOR JEFF PARISH GEN SERVICE		
1	93.00	CUT	0010 PROVIDE A PRICE PER CUT FOR GRASS CUTTING	\$ 125 <sup>00</sup>	\$ 11,625 <sup>00</sup>
			BRIDGE CITY SENIOR CENTER 1601 BRIDGE CITY AVENUE BRIDGE CITY, LA 70094		
2	93.00	CUT	0020 - CHARLES B. ODOM BUILDING 5001 WESTBANK EXPRESSWAY  MARRERO, LA 70072	\$ 165 <sup>00</sup>	\$ 15,345 <sup>00</sup>
3	93.00	CUT	0030 - EASTBANK HEALTH UNIT 111 N. CAUSEWAY BLVD.  METAIRIE, LA 70001	\$ 105 <sup>00</sup>	\$ 9,765 <sup>00</sup>
4	93.00	CUT	0040 - WESTBANK HEALTH UNIT 1855 AMES BOULEVARD  MARRERO, LA 70072	\$ 315 <sup>00</sup>	\$ 29,295 <sup>00</sup>
5	120.00	CUT	0050 - JOSEPH S. YENNI BUILDING 1221 ELMWOOD PARK BOULEVARD  JEFFERSON, LA 70123	\$ 215 <sup>00</sup>	\$ 25,800 <sup>00</sup>
6	93.00	CUT	0060 - FIRST PARISH COURT 924 DAVID DRIVE  METAIRIE, LA 70003	\$ 170 <sup>00</sup>	\$ 15,810 <sup>00</sup>
7	93.00	CUT	0070 - JEFFERSON SENIOR CENTER 4518 JEFFERSON HIGHWAY  JEFFERSON, LA 70181	\$ 65 <sup>00</sup>	\$ 6,045 <sup>00</sup>
8	93.00	CUT	0080 - METAIRIE SENIOR CENTER 265 N. CAUSEWAY BOULEVARD  METAIRIE, LA 70001	\$ 75 <sup>00</sup>	\$ 6,975 <sup>00</sup>
9	93.00	CUT	0090 - EASTBANK JUVENILE SERVICES 3420 N. CAUSEWAY BLVD.  METAIRIE, LA 70001	\$ 65 <sup>00</sup>	\$ 6,045 <sup>00</sup>



## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 60-00139365

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
10	99.00	CUT	0100 - JUVENILE JUSTICE COMPLEX 1546 GRETNA BOULEVARD  HARVEY, LA 70058	\$ 600	\$ 59,400 <sup>cc</sup>
11	93.00	CUT	0110 - CAC 128 WRIGHT AVENUE  GRETNA, LA 70053	\$ 70	\$ 6,510 <sup>cc</sup>
12	93.00	CUT	0120 - ALARIO CENTER 2000 SEGNETTE BOULEVARD  WESTWEGO, LA 70094	\$ 500	\$ 46,500 <sup>cc</sup>
13	120.00	CUT	0130 - JEFFERSON PERFORMING ARTS CENTER 6400 AIRLINE DRIVE  METAIRIE, LA 70003	\$ 620	\$ 74,400 <sup>cc</sup>
14	93.00	CUT	0140 - MARRERO/HARVEY SENIOR CENTER 4420 7TH STREET  MARRERO, LA 70072	\$ 65	\$ 6,045 <sup>cc</sup>
15	93.00	CUT	0150 - EMERGENCY OPERATIONS & COMMUNICATIONS CENTER  910 3RD STREET GRETNA, LA 70053	\$ 65	\$ 6,045 <sup>cc</sup>
16	93.00	CUT	0160 - TRAFFIC ENGINEERING 2100 DICKORY AVENUE  HARAHAN, LA 70123	\$ 117	\$ 10,881 <sup>cc</sup>
17	36.00	MO	0170 - PROVIDE A MONTHLY PRICE FOR LANDSCAPE MAINTENANCE:  BRIDGE CITY SENIOR CENTER 1601 BRIDGE CITY AVENUE BRIDGE CITY, LA 70094	\$ 72	\$ 2,592 <sup>cc</sup>
18	36.00	MO	0180 - CHARLES B. ODOM BUILDING 5001 WESTBANK EXPRESSWAY  MARRERO, LA 70072	\$ 75	\$ 2,700 <sup>cc</sup>
19	36.00	MO	0190 - EASTBANK HEALTH UNIT 111 N. CAUSEWAY BLVD.	\$ 75	\$ 2,700 <sup>cc</sup>



## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00139365

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
20	36.00	MO	METAIRIE, LA 70001 0200 - WESTBANK HEALTH UNIT 1855 AMES BOULEVARD MARRERO, LA 70072	\$ 50 <sup>00</sup>	\$ 1,800 <sup>00</sup>
21	36.00	MO	0210 - JOSEPH S. YENNI BUILDING 1221 ELMWOOD PARK BLVD. JEFFERSON, LA 70123	\$ 115	\$ 4,140 <sup>00</sup>
22	36.00	MO	0220 - FIRST PARISH COURT 924 DAVID DRIVE METAIRIE, LA 70003	\$ 165	\$ 5,940 <sup>00</sup>
23	36.00	MO	0230 - JEFFERSON SENIOR CENTER 4518 JEFFERSON HIGHWAY JEFFERSON, LA 70181	\$ 40	\$ 1,440 <sup>00</sup>
24	36.00	MO	0240 - METAIRIE SENIOR CENTER 265 N. CAUSEWAY BLVD. METAIRIE, LA 70001	\$ 40	\$ 1,440 <sup>00</sup>
25	36.00	MO	0250 - JUVENILE SERVICES 3420 N. CAUSEWAY BLVD. METAIRIE, LA 70001	\$ 40	\$ 1,440 <sup>00</sup>
26	36.00	MO	0260 - JUVENILE JUSTICE COMPLEX 1546 GRETN A BOULEVARD HARVEY, LA 70058	\$ 309	\$ 11,124 <sup>00</sup>
27	36.00	MO	0270 - CAC 128 WRIGHT AVENUE GRETN A, LA 70053	\$ 35	\$ 1,260 <sup>00</sup>
28	36.00	MO	0280 - ALARIO CENTER 2000 SEGNETTE BLVD. WESTWEGO, LA 70094	\$ 225	\$ 8,100 <sup>00</sup>
29	36.00	MO	0290 - JEFFERSON PERFORMING ARTS CENTER 6400 AIRLINE DRIVE METAIRIE, LA 70003	\$ 300	\$ 10,800 <sup>00</sup>



## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00139365

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
30	36.00	MO	0300 - MARRERO/HARVEY SENIOR CENTER 4420 7TH STREET MARRERO, LA 70072	\$ 50	\$ 1,800 <sup>00</sup>
31	36.00	MO	0310 - EMERGENCY OPERATIONS & COMMUNICATIONS CENTER 910 3RD STREET GRETN, LA 70053	\$ 47 <sup>77</sup>	\$ 1,719 <sup>72</sup>
32	36.00	MO	0320 - TRAFFIC ENGINEERING 2100 DICKORY AVENUE HARAHAN, LA 70123	\$ 40	\$ 1,440 <sup>00</sup>
33	87.00	HR	0330 - LANDSCAPE FOREMEN (HOURLY RATE ONLY)	\$ 45 <sup>00</sup>	\$ 3,915 <sup>00</sup>
34	168.00	HR	0340 - LANDSCAPE LABORER (HOURLY RATE ONLY)	\$ 35 <sup>00</sup>	\$ 5,880 <sup>00</sup>
35	1.00	SQFT	0350 - PROVIDE A SQUARE FOOTAGE COST TO PROVIDE GRASS CUTTING AND LANDSCAPE MAINTENANCE PER THE ATTACHED SPECIFICATIONS TO ADD ADDITIONAL LOCATIONS.	\$ 0.0016	\$ 0.0016



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 50-00139345, 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.



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.

M. Melody Lightfoot  
Signature of Affiant

M. Melody Lightfoot  
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 29 DAY OF September 2012

[Signature]  
Notary Public

Sonjager  
Printed Name of Notary

27148  
Notary Bar Roll Number

My commission expires at term



## 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 9-15-22,  
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.

Marian Melody Lightfoot  
SECRETARY-TREASURER

9-16-22

DATE





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/02/2022

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):

E-MAIL ADDRESS: PAULAPI@AOL.COM

**INSURER(S) AFFORDING COVERAGE**

NAIC #

INSURER A: WESCO

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

**INSURED**

ACCENT LAWN SERVICE LLC  
3226 36TH ST  
METAIRIE, LA 70003

**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	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		WPP182397203	07/31/2022	07/31/2023	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
	MED EXP (Any one person) \$ 5000						
	PERSONAL & ADV INJURY \$ 1,000,000						
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMPOP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> 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				WC STATUTORY LIMITS \$
							OTH-ER \$
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

**CERTIFICATE HOLDER**

ST TAMMANY PARISH SHERIFF'S OFFICE  
300 BROWNSWITCH ROAD  
SLIDELL, LA 70458

**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  
PAULA WALSH





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/25/2022

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).

<b>PRODUCER</b> Risk Transfer Insurance Agency, LLC 47 E. Robinson Street Suite 200 Orlando, FL 32801 407-481-9363	<b>CONTACT NAME:</b> Hilton McManus <b>PHONE (A/C, No, Ext):</b> <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> hilton@admin1s.com														
<b>INSURED</b> Accent Lawn Services, LLC 2200 Veterans Boulevard, Suite 213 Kenner, LA 70062	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A :Service American Indemnity Company</td><td>39152</td></tr><tr><td>INSURER B :</td><td></td></tr><tr><td>INSURER C :</td><td></td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A :Service American Indemnity Company	39152	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A :Service American Indemnity Company	39152														
INSURER B :															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

**COVERAGES**

CERTIFICATE NUMBER:7UZ2YNFJ

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
	<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 \$ \$
	<b>AUTOMOBILE LIABILITY</b> <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) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) <input type="checkbox"/> Y <input type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	RT22PWC6930184902	05/31/2022	05/31/2023	<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**

1st Lake Properties P.O. Box 73709 Metairie, LA 70003
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**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)

06/03/2022

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.

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<b>PRODUCER</b> InSight Insurance - Ponchatoula 1133 US-51  Ponchatoula LA 70454		<b>CONTACT</b> NAME: Robbie Rhodes PHONE (A/C, No, Ext): (985) 242-4300 E-MAIL ADDRESS: robbie@insighthelps.com FAX (A/C, No):	
<b>INSURED</b> Accent Lawn Services LLC PO BOX 5401  COVINGTON LA 70434		<b>INSURER(S) AFFORDING COVERAGE</b> 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	ADDITIONAL INSURED	SUBROGATION WAIVED	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"/> PROJECT <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"/> 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 \$
	<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> Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					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**

1st Lake Properties  P.O. Box 73709 Metairie, LA 70003	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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# Contractor Detail

 Start a new search

## Contractor Information

Business Name	ACCENT LAWN CARE SERVICES, L.L.C.
Mailing Address	43106 W Pleasant Ridge Rd HAMMOND, LA 70403
Phone Number	(985) 893-1928
Email Address	<a href="mailto:accentlawn1@aol.com">accentlawn1@aol.com</a>
Website	<a href="http://www.accentlawn.com">http://www.accentlawn.com</a>

## Active Licenses

License Number	58830
Type	Commercial License
Status	LICENSED
Effective	01/31/2022
Expiration	11/05/2022
First Issued	11/05/2013

## Classifications

Class
BUSINESS AND LAW
SPECIALTY: LANDSCAPING, GRADING AND BEAUTIFICATION

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09-29-2022

## Bid Bond in Accordance with Contract Specifications

SLA09288266

Accent Lawn Care Services, LLC

Bond Number

Principal Name

43106 W Pleasant Ridge Rd, Hammond, LA, 70403, US

Principal Address

Principal Signature

Jefferson Parish

200 Derbigny Street, Gretna, LA, 70053, US

Owner/Obligee Name

Owner/Obligee Address

### Bond Information

09-29-2022

Capitol Indemnity Corporation

2822233

Bid Date

Surety

Contractor Vendor ID Number

50-00139365

Contract ID Number

Three Year Contract for Labor, Materials, Supplies, Chemicals and Equipment Necessary to Provide Grass Cutting and Landscape Maintenance at Various Locations for Jefferson Parish General Services

Description of Job

Amount of Bid Security

Bid Security Maximum

5%

Bid Security Percentage

Todd A. Stein

Brunswick Companies

Bond Entered and Executed By

Primary Agency

Attorney-In-Fact Signature

Know all men by these presents that Capitol Indemnity Corporation, a Corporation duly organized under the laws of the State of WI, 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.

