



**Bid Number 50-00140001**

**Preplaced Emergency Three (3) Year Contract to Provide and Maintain Emergency Portable Toilets and Hand Washing Stations in Grand Isle on an as Needed Basis for the Department of Emergency Management**

**BID DUE: November 15, 2022 AT 2:00 PM**

**ATTENTION VENDORS!!!**

**Please review all pages and respond accordingly, complying with all provisions in the technical specifications and Jefferson Parish Instructions for Bidders and General Terms and Conditions. All bids must be received on the Purchasing Department's eProcurement site, [www.jeffparishbids.net](http://www.jeffparishbids.net), by the bid due date and time. Late bids will not be accepted.**

**Jefferson Parish Purchasing Department  
200 Derbigny Street  
General Government Building, Suite 4400  
Gretna, LA 70053**

**Buyer Name: Mark BATTERY**

**Buyer Email: [MBattery@jeffparish.net](mailto:MBattery@jeffparish.net)**

**Buyer Phone: 504-364-2810**

**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) \_\_\_\_\_

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

FIRM NAME: Joe's Septic Contractors  
ADDRESS: P.O. Box 336  
CITY, STATE: Cut Off, LA ZIP: 70345  
TELEPHONE: 985 632-5592 FAX: (985) 632-5532  
EMAIL ADDRESS: joesseptic@viscom.net

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

Acknowledge Receipt of Addenda: NUMBER: \_\_\_\_\_

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

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

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

TOTAL PRICE OF ALL BID ITEMS: \$ \_\_\_\_\_

AUTHORIZED

SIGNATURE: Chad BoudreauTITLE: OwnerChad Boudreau  
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.: 50-00140001

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			Preplaced Emergency Three (3) Year Contract to Provide and Maintain Emergency Portable Toilets and Hand Washing Stations in Grand Isle on an as Needed Basis for the Department of Emergency Management		
1	100.00	EA	0010 - REGULAR UNIT - PORTABLE TOILET, UNIT COST: DAILY RENTAL FOR THE TOWN OF GRAND ISLE FOR AN ESTIMATED QUANTITY. COST TO INCLUDE CLEANING AND SERVICING OF EQUIPMENT.	\$ 75. <sup>00</sup> /dy	\$ 7,500. <sup>00</sup> /dy
2	100.00	EA	0020 - REGULAR UNIT - PORTABLE TOILET, UNIT COST: WEEKLY RENTAL FOR THE TOWN OF GRAND ISLE FOR AN ESTIMATED QUANTITY. COST TO INCLUDE CLEANING AND SERVICING OF EQUIPMENT.	\$ 525. <sup>00</sup> /wk	\$ 52,500. <sup>00</sup> /wk
3	100.00	EA	0030 - REGULAR UNIT - PORTABLE TOILET, UNIT COST: MONTHLY RENTAL FOR THE TOWN OF GRAND ISLE FOR AN ESTIMATED QUANTITY. COST TO INCLUDE CLEANING AND SERVICING OF EQUIPMENT.	\$ 2100. <sup>00</sup> /mth	\$ 210,000. <sup>00</sup> /mth
4	10.00	EA	0040 - HANDICAP UNIT - HANDICAPPED TOILET UNIT COST: DAILY RENTAL FOR FIBERGLASS TOILET FOR THE TOWN OF GRAND ISLE FOR AN ESTIMATED QUANTITY. COST TO INCLUDE CLEANING AND SERVICING OF EQUIPMENT.	\$ 75. <sup>00</sup> /dy	\$ 750. <sup>00</sup> /dy
5	10.00	EA	0050 - HANDICAP UNIT - HANDICAPPED TOILET UNIT COST: WEEKLY RENTAL FOR FIBERGLASS TOILET FOR THE TOWN OF GRAND ISLE FOR AN ESTIMATED QUANTITY. COST TO INCLUDE CLEANING AND SERVICING OF EQUIPMENT.	\$ 525. <sup>00</sup> /wk	\$ 5,250. <sup>00</sup> /wk
6	10.00	EA	0060 - HANDICAP UNIT - HANDICAPPED TOILET UNIT COST: MONTHLY RENTAL FOR FIBERGLASS TOILET FOR THE TOWN OF GRAND ISLE FOR AN ESTIMATED QUANTITY. COST TO INCLUDE CLEANING AND SERVICING OF EQUIPMENT.	\$ 2100. <sup>00</sup> /mth	\$ 21,000. <sup>00</sup> /mth
7	100.00	EA	0070 - PORTABLE 2-STALL HAND WASHING STATION: WEEKLY RENTAL FOR GRAND ISLE FOR AN ESTIMATED QUANTITY. COST TO	\$ 525. <sup>00</sup> /wk	\$ 52,500. <sup>00</sup> /wk

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00140001

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
8	100.00	EA	<p>INCLUDE CLEANING AND SERVICING OF EQUIPMENT.</p> <p>0080 - PORTABLE 2-STALL HAND WASHING STATION: MONTHLY RENTAL FOR GRAND ISLE FOR AN ESTIMATED QUANTITY. COST TO INCLUDE CLEANING AND SERVICNG OF EQUIPMENT.</p>	<del>\$ 2100<sup>00</sup>/mt</del>	<del>\$ 210,000<sup>00</sup>/mt</del>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/14/2022

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> Arthur J. Gallagher Risk Management Services, Inc. PO Box 100 Plattenville LA 70393	<b>CONTACT NAME:</b> Erica Ford	<b>FAX (A/C, No):</b> 866-709-5722	
	<b>PHONE (A/C, No, Ext):</b> 985-513-5058	<b>E-MAIL ADDRESS:</b> Erica_Ford@ajg.com	
<b>INSURED</b> Joe's Septic Contractors, Inc. Joe's Environmental Contractors, Inc. P.O. Box 336 Cut Off LA 70345	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A : Nautilus Insurance Company		17370
	INSURER B : LUBA Casualty Insurance Company		12472
	INSURER C : Manufacturers Alliance Insurance Company		36897
	INSURER D : Key Risk Insurance Company		10885
	INSURER E : Great American Insurance Company		16691
INSURER F : American Longshore Mutual Association LTD			

## COVERAGES

CERTIFICATE NUMBER: 2098793469

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
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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	ECP2019752-17	10/25/2022	10/25/2023	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 - COMP/OP AGG \$ 2,000,000 Contractors Pollution \$ 1,000,000
D	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	BAP2019750-16	10/25/2022	10/25/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	FFX2019751-17	10/25/2022	10/25/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
F B C	<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/A	ALMA01620-03 028000020376122 2022010823591Y	10/25/2020 10/25/2022 10/25/2022	10/25/2023 10/25/2023 10/25/2023	<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
E	Maritime Employers' Liability	Y	Y	COME620557-02	10/25/2022	10/25/2023	Any One Occurrence \$ 1,000,000

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

## CERTIFICATE HOLDER

## CANCELLATION

Jefferson Parish Purchasing Dept  
200 Derbigny Street  
Gretna LA 70053

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

*Christopher J. Burt*

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**SUPPLEMENT TO CERTIFICATE OF INSURANCE****Policy Term: 10/25/2022-10/25/2023****NAME OF INSURED: Joe's Septic Contractors, Inc. / Joe's Environmental Contractors, Inc.****A. General Liability – Nautilus Insurance Company****Commercial General Liability Includes**

- Blanket Additional Insured – Ongoing and Completed Operations (Form #ECP 1246 01/21 & ECP 1248 01/21) as Required by Written Contract\*\*  
*\*\* In order to qualify as an additional insured under the Louisiana Oilfield Anti-Indemnity Act (known as Marcel Exception), premium payment must be remitted to our office and an endorsement issued by the insurance company. Please contact our office at (985) 369-7272 to make arrangements.*
- Waiver of Transfer of Rights of Recovery – Blanket as Required by Written Contract
- Primary and Non-Contributory
- Contractual Liability
- Contractors Pollution Liability (Form# ECPC 1200 03/22)
- In Rem Endorsement
- Gulf of Mexico Territory Extension
- Deletion of Non-Owned Watercraft Length Limitation
- Premises/Operations
- Independent Contractors
- Separation of Insured Clause included
- Non-Owned Disposal Site Coverage – Off-Site
- First Party Transportation Pollution Liability
- Includes: Explosion (X), Collapse (C), Underground (U), Blowout and Cratering
- \$10,000 Each Pollution Condition Deductible – Per Occurrence
- \$5,000 Bodily Injury and Property Damage Liability Deductible – Per Occurrence

**D. Auto – Key Risk Insurance Company****Commercial Auto Liability Includes**

- Blanket Additional Insured (Form# BENV CA 06 09/2017) as Required by Written Contract
- Blanket Waiver of Subrogation as Required by Written Contract
- Pollution Liability – Broadened Coverage for Covered Autos (Form# CA 99 48 10/2013)
- Primary and Non-Contributory
- MCS 90 Endorsement

**A. Excess Liability – Nautilus Insurance Company****Excess Liability Includes**

- Follow Form Policy Excess of Underlying General Liability, Contractors Pollution Liability, Commercial Auto Liability, Employers Liability, Maritime Employers Liability
- Additional Insured Following Underlying Policies as Required by Written Contract\*\*  
*\*\* In order to qualify as an additional insured under the Louisiana Oilfield Anti-Indemnity Act (known as Marcel Exception), premium payment must be remitted to our office and an endorsement issued by the insurance company. Please contact our office at (985) 369-7272 to make arrangements.*
- Waiver of Subrogation Following Underlying Policies as Required by Written Contract

**B. Workers Compensation – LUBA Casualty Insurance Company –***Joe's Septic Contractors, Inc.***Workers Compensation Includes**

- Blanket Waiver of Subrogation as Required by Written Contract (Form# WC 00 03 13)
- USL&H Endorsement

**C. Workers Compensation – State Act – Manufacturers' Alliance Insurance Co –***Joe's Environmental Contractors, Inc.***Workers Compensation Includes**

- Blanket Waiver of Subrogation as Required by Written Contract
- Blanket Alternate Employer Endorsement as Required by Written Contract
- Voluntary Compensation Endorsement

**F. Workers Compensation – USL&H – American Longshore Mutual Association, Ltd. –***Joe's Environmental Contractors, Inc.***Workers Compensation – USL&H Act Includes**

- Blanket Waiver of Subrogation as Required by Written Contract
- Blanket Alternate Employer Endorsement as Required by Written Contract
- In Rem Endorsement
- Gulf of Mexico Extension Endorsement
- Outer Continental Shelf Lands Act Endorsement

**E. Maritime Employer's Liability – Great American Insurance Company –***Joe's Environmental Contractors, Inc.***Maritime Employer's Liability Includes**

- Includes Transportation, Wages, Maintenance & Cure
- Jones Act Coverage
- Blanket Waiver of Subrogation as Required by Written Contract
- \$5,000 Deductible for any one accident or occurrence including costs & expenses



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<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, Inc. PO Box 100 Plattenville LA 70393	<b>CONTACT NAME:</b> Erica Ford <b>PHONE (A/C, No, Ext):</b> 985-513-5058 <b>FAX (A/C, No):</b> 866-709-5722 <b>E-MAIL ADDRESS:</b> Erica_Ford@ajg.com
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURER A:</b> Colony Insurance Company	
<b>INSURER B:</b>	
<b>INSURER C:</b>	
<b>INSURER D:</b>	
<b>INSURER E:</b>	
<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** 218635660      **REVISION NUMBER:**

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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) \$ \$
A	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$	Y	Y	EXO4278205	10/25/2022	10/25/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	<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)  
 Colony Insurance Company policy# EXO4278205 is \$5,000,000 in excess of Nautilus Insurance Company Excess policy# FFX2019751-17 \$5,000,000 limit.

**CERTIFICATE HOLDER**

**CANCELLATION**

Jefferson Parish Purchasing Dept 200 Derbigny Street Gretna LA 70053	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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