BID REJECTION FORM

Bid number: 50-00123931

Vendor Name: Lab One Inc

Reasons for Rejection: Bid rejected for the following:

Did not submit current and valid insurance certificate evidencing the required coverages for Worker's Compensation and Automobile Liability.

Did not submit sample report per section 1.11 of specifications and did not submit test procedures, method/means of transporting samples, testing equipment and test facilities per section 1.12 of specifications.

Bidder also rejected for submitting unit price form for incorrect bid (50-00118021).

REJECTED

REVIEWED BY:

Buyer Name: Melissa Ovalle Date: 9/24/18

Chief Buyer: Date: 9/24/18

DATE: 8/22/2018

BID NO.: 50-00123931

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 1 Day After ord

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) /

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: LAB ONE INC

ADDRESS: 101 WEST MOHAVE ST

CITY, STATE: PHOENIX, AZ ZIP: 85003

TELEPHONE: (517) 862-8689 FAX: ( )

EMAIL ADDRESS: STANI@LABONEINC.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: #2

NUMBER: _____

NUMBER: _____

TOTAL PRICE OF ALL BID ITEMS: $ 15,421.00

AUTHORIZED SIGNATURE: [signature] Scot Tani

Printed Name

TITLE: SALES MANAGER

I HAVE READ AND COMPLY WITH THE INSTRUCTIONS AND CONDITIONS

CENTRALBIDDING
FROM CENTRAL AUCTION HOUSE

Toggle navigation

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  - Create New Standard Envelope
- Logout (MOVALLE)

Central Bidding Time: Tue September 18, 2018 2:04:39 PM GMT-6

Place a Bid for 5000123931 - TWO (2) YEAR CONTRACT FOR LUBE OIL ANALYSIS FOR THE JEFFERSON PARISH DEPARTMENT OF PUBLIC WORKS – DRAINAGE PUMPING STATION OPERATIONS AND ALL JEFFERSON PARISH AGENCIES AND MUNICIPALITIES

Please enter your best bid proposal for this project

Louisiana Contractor ID#

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

Bid # 50-00123931

From Lab One Inc

Bid Bond #

Jefferson Parish Vendor #:

Upload Attachment(s)

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

Upload a file

Click the Upload button in order to upload bid related documents

DATE: 10/13/2016

BID NO.: 50-00118021

INVITATION TO BID
THIS IS NOT AN ORDER

JEFFERSON PARISH

PURCHASING DEPARTMENT
P.O. BOX 9
GRETNA, LA. 70054-0009
504-364-2678

VENDOR:	27118 BLANK BID COPY VENDOR	BUYER:	DMEVANS

As per LSA-RS 47:301 et seq., all governmental bodies are excluded from payment of sales taxes to any Louisiana taxing body. Quotations shall be based on F.O.B. Agency warehouse or jobsite, anywhere within the Parish as designated by the Purchasing Department.

JEFFERSON PARISH reserves the right to cancel all or any part of an order if not shipped promptly. No charges will be allowed for parking or cartage unless specified in quotation. The order must not be filled at a higher price than quoted. JEFFERSON PARISH reserves the right to cancel at any time and for any reason by issuing a THIRTY (30) day written notice to the contractor.

JEFFERSON PARISH is expecting all products to be new and all work is to be done in a workman-like manner, according to standard practices. Any deviations or alterations from the specifications must be indicated and backup documentation supplied with your quotation.

DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES: 1 DAY AFTER

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK: _____

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK: _____

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 (ONE)
NUMBER: 2 (TWO)
NUMBER: _____
NUMBER: _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) _____

***** ALL BIDDERS MUST COMPLETE SECTION BELOW *****

FIRM NAME: LAB ONE INC	
SIGNATURE: (Must be signed here)	TITLE: SALES MANAGER
PRINT OR TYPE NAME: SCOT TANI	
ADDRESS: 101 WEST MOHAVE ST	
CITY, STATE: PHOENIX, AZ	ZIP: 85003
TELEPHONE: (517) 262-8689	FAX: ( )
EMAIL ADDRESS: STANI@LABONEINC.COM	

TOTAL PRICE OF ALL BID ITEMS: $ $15,421.00

DATE: 10/13/2016

BID NO.: 50-00118021

INVITATION TO BID
THIS IS NOT AN ORDER

JEFFERSON PARISH

PURCHASING DEPARTMENT
P.O. BOX 9
GRETNA, LA. 70054-0009
504-364-2678

VENDOR:	27118 BLANK BID COPY VENDOR	BUYER:	DMEVANS

As per LSA-RS 47:301 et seq., all governmental bodies are excluded from payment of sales taxes to any Louisiana taxing body. Quotations shall be based on F.O.B. Agency warehouse or jobsite, anywhere within the Parish as designated by the Purchasing Department.

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JEFFERSON PARISH is expecting all products to be new and all work is to be done in a workman-like manner, according to standard practices. Any deviations or alterations from the specifications must be indicated and backup documentation supplied with your quotation.

DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES: 1 DAY AFTER ORDER

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK: ____

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK: ____

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 (ONE)
NUMBER: ____
NUMBER: ____
NUMBER: ____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) ____

***** ALL BIDDERS MUST COMPLETE SECTION BELOW *****

FIRM NAME: LAb ONE INC	
SIGNATURE: (Must be signed here)	TITLE: SALES MANAGER
PRINT OR TYPE NAME: Scot TANi	
ADDRESS: 101 West MOHAVE St.	
CITY, STATE: Phoenix	ZIP: 85003
TELEPHONE: (517) 262-8689	FAX: ( )
EMAIL ADDRESS: STANi@LAboneINC.com	

TOTAL PRICE OF ALL BID ITEMS: $ 15,421.00

(Fifteen thousand Four Hundred & Twenty one)

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00118021

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			TWO YEAR CONTRACT FOR THE SUPPLY OF LUBE OIL ANALYSIS FOR THE DEPARTMENT OF DRAINAGE PUMP STATION OPERATIONS		
1	1,882.00	ONLY	0010 TWO YEAR CONTRACT FOR SAMPLE OIL ANALYSIS FOR EXISTING IN-SERVICE DIESEL ENGINES CONSISTING OF THE FOLLOWING 1) Vicosity, SSU @210 degrees F 2) Fuel dilution-value derived from physical characteristics and confirmed by flash point or gas chromatography 3)Total solids (ASTM D-893 OR D4055) 4) Water 5) SAE weight 6) T.B.N. (By ASTM D-2896) 7) Spectrochemical analysis -20 Elements	$8.00 PER SAMPLE	15,056
			TWO(2) YEAR CONTRACT FOR SUPPLY OF LUBE OIL ANALYSIS FOR THE JEFFERSON PARISH DEPARTMENT OF PUBLIC WORKS-DRAINAGE PUMP STATIONS OPERATIONS AND ALL OF JEFFERSON PARISH AGENCIES AND MUNICIPALITIES.		
2	37.00	ONLY	0020 SAMPLE LUBE OIL ANALYSIS FOR EXISTING GEAR DRIVES AND/OR EXISTING BEARINGS CONSISTING OF THE FOLLOWING 1) Viscosity SSU @100 Degrees F 2) Viscosity SSU @ 210 degree F 3) Water-parts per million 4) Total solids-(ASTM D893 or D4055) 5) T.A.N. (by ASTM-D664) 6) Spectrochemical analysis -20 Elements	$8.00 PER SAMPLE	296.00
3	3.00	ONLY	0030 SAMPLE LUBE OIL ANALYSIS FOR STOCK OIL CONSISTING OF THE FOLLOWING 1) Viscosity @ 100 degree F 2) Viscosity @ 210 degree F 3) Viscosity Index 4) Flash point (ASTM D92) 5) Pour point (ASTM D97) 6) Sulphated ash (Comparable to ASTM D874) 7) Spectrochemical analysis -20 Elments 8) Appearance	$8.00 PER SAMPLE	24.00
4	1.00	ONLY	0040 Sample Fuel Oil Analysis consisting of the following 1) API Gravity 2) Distillation Test 3) Cetane Index 4) Sulphur Index	$45.00 PER SAMPLE	45.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00118021

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			5) Water and Sediment 6) Appearance		

CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF LAB ONE INC INCORPORATED.

AT THE MEETING OF DIRECTORS OF LAB ONE INC INCORPORATED, DULY NOTICED AND HELD ON 1-1-17, A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT WAS:

RESOLVED THAT Scot TANI, 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.

Jason Kronlund

SECRETARY-TREASURER

8-23-18

DATE

Non-Public Works Bid

AFFIDAVIT

STATE OF AZ

PARISH/COUNTY OF Maricopa

BEFORE ME, the undersigned authority, personally came and appeared: Scot Tani, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized Sales Mgr of Lab One Inc (Entity), the party who submitted a bid in response to Bid Number 50-00123931, 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

Scot Tani

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 5th DAY OF September, 2018.

Hayden Lutz

Notary Public

Hayden Lutz

Printed Name of Notary

N/A

Notary/Bar Roll Number

My commission expires Oct, 2nd, 2023.

HAYDEN LUTZ
NOTARY PUBLIC- STATE OF MICHIGAN
COUNTY OF JACKSON
My Commission Expires 10/02/2023
Acting in the County of Jackson

Form **W-9**
(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

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.

Name (as shown on your income tax return)
Lab One Inc

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☑ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Other (see instructions) ▶

☐ Exempt payee

Address (number, street, and apt. or suite no.)
101 West Mohave Street

Requester's name and address (optional)

City, state, and ZIP code
Phoenix, Arizona 85003

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 the "Name" line to avoid backup withholding. For individuals, this is 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 chart on page 4 for guidelines on whose number to enter.

Social security number
☐☐☐ - ☐☐ - ☐☐☐☐

Employer identification number
5 7 - 1 1 5 1 2 0 5

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below).

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 4.

Sign Here | **Signature of U.S. person ▶** William A. Gordon | **Date ▶** March 20 2013

General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. 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.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/7/2018

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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

Russo and Associates Services Inc.
5777 S Rural Road Suite 6
Tempe AZ 85283

CONTACT NAME: PARKER KEIME
PHONE (A/C, No, Ext): 480-756-6671 FAX (A/C, No): 480-756-0489
E-MAIL ADDRESS: TEMPEOFFICE@BRINSURED.COM

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : OHIO CASUALTY	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Lab One Inc.
101 W Mohave St
Phoenix AZ 85003

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	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	Y		BKW55812245	12/12/2017	12/12/2018	EACH OCCURRENCE	$ 1000000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300000
							MED EXP (Any one person)	$ 15000
							PERSONAL & ADV INJURY	$ 1000000
							GENERAL AGGREGATE	$ 2000000
							PRODUCTS - COMP/OP AGG	$ 2000000
								$
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) 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)

CERTIFICATE HOLDER

KAY BAILEY HUTCHINSON CONVENTION CENTER DALLAS / RANDALL-REILLY, LLC
ATTN: BETSY MORRISON
3200 RICE MINE RD NE
TUSCALOOSA, AL 35406

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

Barry Keime

JEFFERSON PARISH

Department of Purchasing

Michael S. Yenni
Parish President

Renny Simno
Director

August 24, 2018

ADDENDUM # 1

Bid No.: 50-00123931 **Bid Opening Date: September 6, 2018, 2:00 pm**

For: TWO (2) YEAR CONTRACT FOR LUBE OIL ANALYSIS FOR THE JEFFERSON PARISH DEPARTMENT OF PUBLIC WORKS - DRAINAGE PUMPING STATION OPERATIONS AND ALL JEFFERSON PARISH AGENCIES AND MUNICIPALITIES

- **This addendum hereby provides the Jefferson Parish – Pumping Station's "Lube Oil Analysis" list referenced in section 1.15 of specifications and is attached hereto.**

Sincerely,

Melissa Ovalle

Melissa Ovalle, Buyer II
Jefferson Parish Purchasing Department

Bidders must acknowledge all addenda on the bid form. Bidder acknowledges receipt of this addendum on the bid form as indicated. Failure to do so will result in bid rejection.

This addendum is a part of the contract documents and modifies the original bidding documents and specifications. The contents of this addendum shall be included in the contract documents. Changes made by this addendum shall take precedence over the documents of earlier date.

Recieved = (Scot Tani)

Joseph S. Yenni Building – 1221 Elmwood Park Blvd., Ste. 404, Jefferson, LA 70123
Office 504.364.2678
General Government Bldg. – 200 Derbigny St – Suite 4400 - Gretna, LA 70053
Office 504.364.2678
Email: Purchasing@jeffparish.net Website: www.jeffparish.net