

DATE: 11/05/2021

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00136413

JEFFERSON PARISH

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

VENDOR: 27118 BLANK BID COPY VENDOR

BUYER: BBELLOW

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 to be done in workman-like manner, according to standard practices. Any deviations or alteration from the specifications must be indicated on the bid form for each item and upon request, product data for same must be submitted by the time specified by the Purchasing Department.

DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

7-10 Days HRC

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

N/A

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

N/A

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: None

NUMBER: _____

NUMBER: _____

NUMBER: _____

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

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: <u>Interboro Packaging</u>	
SIGNATURE: (Must be signed here)	TITLE: <u>Secretary</u>
PRINT OR TYPE NAME: <u>Blimie Itzkowitz</u>	
ADDRESS: <u>114 Bracken Rd.</u>	
CITY, STATE: <u>Montgomery, NM</u>	ZIP: <u>12549</u>
TELEPHONE: <u>(851) 782-6800</u>	FAX: <u>(848) 781-2450</u>
EMAIL ADDRESS: <u>abraham@interboropackaging.com</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 11,000.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00136413

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1,000.00	BX	<p>ONE TIME PURCHASE OF BLUE NITRILE DISPOSABLE GLOVES FOR JEFFERSON PARISH PUBLIC WORKS</p> <p>0010 - GLOVES,BLUE NITRILE,DISPOSABLE, X-LARGE,AMBIDEXTROUS,TEXTURED,4 MIL, 9-1/2 IN LENGTH,POWDER FREE,100 GLOVES PER BOX,10 BOXES PER CASE,BOSS #1UH001X SK# 00-058038N</p> <p>DELIVER TO: JEFFERSON PARISH PUBLIC WORKS 1500 RIVER PARK BLVD BRIDGE CITY, LA 70094</p> <p>Aurelia/Safeko-XL-NPFG Samples are available upon request. Mfr: Supermax/Safeko</p>	\$11.00/100	\$11,000.00

Request for Taxpayer Identification Number and Certification

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

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Interboro Packaging Corp.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☒ S Corporation

☐ Partnership

☐ Trust/estate

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

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ 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) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

114 Bracken Road

6 City, state, and ZIP code

Montgomery, NY 12549

7 List account number(s) here (optional)

Requester's name and address (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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - ____

or

Employer identification number

1 1 - 2 6 3 3 5 4 1

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 for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ►

11/9/21

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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, later.

***MINUTES OF THE
BOARD OF DIRECTORS MEETING
OF
Interboro Packaging Corporation***

A regular meeting of the Board of Directors of the above corporation was held on October 14, 2021 at 12:00 Noon at the corporation's place of business.

The purpose of the meeting: To authorize to sign bids and execute contracts to all Public Bidding of the said corporation all documents necessary, including signing bids and contracts on behalf of the said corporation. Also to set forth executive authority.

- I. QOURUM.** A quorum was declared present based on the presence of the following directors: Abraham Jeremias and Edith Jeremias and the following Shareholders who were present or Represented by proxy as follows:

-Shareholder: Edith Jeremias
Number of Shares: 120
The Shareholder was represented in person.

-Shareholder: Abraham Jeremias
Number of Shares: 80
The Shareholder was represented in person.

The following corporate actions were taken by appropriate motions duly made, seconded, and adopted by the unanimous vote of the Directors and Shareholders entitled to vote (unless a higher voting approval is stated.)

- II. APPROVAL OF ACTIONS SECTION.** The actions and undertakings of the Directors, Officers, Employees, and Agents of the corporation were approved with respect to:

- All actions subsequent to the last meeting of the Board of Directors and Shareholders.
- Compensation paid to the Officers during the past year.

- III. AUTHORIZATIN OF CORPORATE ACTION.** Effective immediately, the President or Chief Executive Officer, whoever holds this position, within the authority granted to her under, and in accordance with the provisions of, this Resolution, shall have the full and exclusive right to manage and control the business and affairs of the Corporation and to make all decisions regarding the business of the Corporation and shall have all of the rights, powers and obligations unilaterally, without any other corporate member's consent, in accordance to the laws of the State of New York. Any person that acts in the capacity as the President or Chief Executive Officer, whoever holds this position, shall sign, on behalf of the Corporation, any bank checks or withdrawal orders, stock and bond powers, tax returns, elections, notices, waivers, consents, contracts, Resolutions, deeds, mortgages or any other documents of instruments.

- IV. In order to expedite the handling of the Corporation's business and affairs, it is understood that any document executed by the President or CEO while acting in the name and on behalf of the Corporation shall be deemed to be the action of the Corporation as to any third parties.
- V. **Authority of the President or CEO** In addition to any other rights and powers which the President or CEO may possess under this Resolution and pursuant to the Corporation Act, the President or CEO shall, except to the extent otherwise provided herein, have all specific rights and powers required or appropriate to the management of the Corporation business which, by way of illustration but not by way of limitation, may include the following rights and powers:
- (i) to execute, in furtherance of any and all of the purposes of the Corporation, any and all Resolutions, contracts, documents, certifications, and other instruments deemed by the President or CEO to be necessary or appropriate in connection with the business of the Corporation;
 - (ii) to protect and preserve the title and interest of the Corporation with respect to the assets of the Corporation, to collect all amounts due to the Corporation and otherwise to enforce all rights of the Corporation, and in that connection to retain counsel and institute suits or proceedings in the name and on behalf of the Corporation;
 - (iii) to the extent that funds of the Corporation are available, to pay all debts and obligations of the Corporation and to make all distributions periodically to the Partners in accordance with the provisions of this Resolution;
 - (iv) to open separate bank accounts for the Corporation with such bank or banks as the President or CEO may from time to time select, and to designate and change signatories on such accounts;
 - (v) to employ on behalf of the Corporation such persons as the President or CEO shall deem advisable in the operation and management of Corporation business, including, without limitation, accountants, attorneys, appraisers, brokers and other experts, on such terms and for such reasonable compensation as the President or CEO shall consider advisable;
 - (vi) to advance funds to the Corporation;
 - (vii) to invest and reinvest in stocks, bonds, puts, calls, options, notes or other evidences of indebtedness or ownership (including but not limited to shares in investment trusts), whether unsecured or secured by mortgages on real or personal property wherever situated or other securities or investments and in any property, real or personal, foreign or domestic;
 - (viii) to acquire, hold, sell, transfer, assign, mortgage, lease or otherwise deal with any real, personal or mixed property, interest therein or appurtenance thereto;
 - (ix) to sell, convert, redeem, exchange, mortgage or otherwise dispose of, any real or personal property, at public or private sale, for cash or upon credit, with or without security;
 - (x) to borrow money and, if security is required therefor, to mortgage or subject to any other security device any portion of the assets of the Corporation, to obtain replacements of any mortgage or other security device, and to prepay, in whole or in part, refinance, increase, modify, consolidate or extend any mortgage or other security device; and

(xi) to purchase, at Corporation expense, liability and other insurance to protect the Corporation business and property.

VI. AUTHORIZATION OF CORPORATE ACTION. The Officers and Directors have authorized the following secretaries to take the necessary actions and to sign all public bids and contracts reasonably needed to Execution of bid and contracts.

1. Abraham Jeremias, Vice President, is hereby authorized to execute of behalf of the said corporation all documents necessary, sign bids and contract with governmental agencies, as state, counties, cities, school districts, towns and colleges, and that the documents signed by Abraham Jeremias shall be binding upon the said corporation as its own acts and deeds.
2. Rachel Loeb, Board Secretary, is hereby authorized to execute of behalf of the said corporation all documents necessary, sign bids and contract with governmental agencies, as state, counties, cities, school districts, towns and colleges, and that the documents signed by Rachel Loeb shall be binding upon the said corporation as its own acts and deeds.
3. Idy Grunhut, Bid Clerk, is hereby authorized to execute of behalf of the said corporation all documents necessary, sign bids and contract with governmental agencies, as state, counties, cities, school districts, towns and colleges, and that the documents signed by Idy Grunhut shall be binding upon the said corporation as its own acts and deeds.
4. Chaim Bittman, Treasurer, is hereby authorized to execute of behalf of the said corporation all documents necessary, sign bids and contract with governmental agencies, as state, counties, cities, school districts, towns and colleges, and that the documents signed by Chaim Bittman shall be binding upon the said corporation as its own acts and deeds.
5. Miriam Stuhl Secretary, is hereby authorized to execute of behalf of the said corporation all documents necessary, sign bids and contract with governmental agencies, as state, counties, cities, school districts, towns and colleges, and that the documents signed by Miriam Stuhl shall be binding upon the said corporation as its own acts and deeds.
6. Frady Fried, Secretary, is hereby authorized to execute of behalf of the said corporation all documents necessary, sign bids and contract with governmental agencies, as state, counties, cities, school districts, towns and colleges, and that the documents signed by Frady Fried shall be binding upon the said corporation as its own acts and deeds.
7. Mayer Jeremias, Secretary, is hereby authorized to execute of behalf of the said corporation all documents necessary, sign bids and contract with governmental agencies, as state, counties, cities, school districts, towns and colleges, and that the documents signed by Mayer Jeremias shall be binding upon the said corporation as its own acts and deeds.
8. Esty Werzberger, is hereby authorized to execute of behalf of the said corporation all documents necessary, sign bids and contract with governmental agencies, as state, counties, cities, school districts, towns and colleges, and that the documents signed by Esty Werzberger shall be binding upon the said corporation as its own acts and deeds.
9. Blimie Itzkowitz, is hereby authorized to execute of behalf of the said corporation all documents necessary, sign bids and contract with governmental agencies, as state, counties, cities, school districts, towns and colleges, and that the documents signed by Blimie Itzkowitz shall be binding upon the said corporation as its own acts and deeds.

There being no further business, the meeting was duly adjourned.



Edith Jeremias
Chairperson of the Board

Welcome
Rachel LoebUser ID
RLOE6626Last Login
12:35 PM - 02/08/2012 Log Out[Click any icon for help](#)

- Home
- My Cases
- New Case
- View Cases
- Search Cases
- My Profile
- Edit Profile
- Change Password
- Change Security Questions
- My Company
- Edit Company Profile
- Add New User
- View Existing Users
- Close Company Account
- My Reports
- View Reports
- My Resources
- View Essential Resources
- Take Tutorial
- View User Manual
- Contact Us

Company Information

Company Name: Interboro Packaging Corporation [View/Edit](#)

Company ID Number: 280227

Doing Business As (DBA)
Name:

DUNS Number:

Physical Location:

Address 1: 114 Bracken Road

Address 2:

City: Montgomery

State: NY

Zip Code: 12549

County: ORANGE

Mailing Address:

Address 1:

Address 2:

City:

State:

Zip Code:

Additional Information:

Employer Identification Number: 112633541

Total Number of Employees: 20 to 99

Parent Organization: None

Administrator:

Organization Designation:


Employer Category: None of these categories apply

NAICS Code: 453 - MISCELLANEOUS STORE RETAILERS [View/Edit](#)Total Hiring Sites: 1 [View/Edit](#)Total Points of Contact: 1 [View/Edit](#)[View/Edit](#)

Welcome
Rachel LoebUser ID
RLOE6626Last Login
12:35 PM - 02/08/2012 Log Out[Click any link for help](#)

- Home
- My Cases
 - New Case
 - View Cases
 - Search Cases
- My Profile
 - Edit Profile
 - Change Password
 - Change Security Questions
- My Company
 - Edit Company Profile
 - Add New User
 - View Existing Users
 - Close Company Account
- My Reports
 - View Reports
- My Resources
 - View Essential Resources
 - Take Tutorial
 - View User Manual
 - Contact Us

User Summary List

Previous		Next							
User ID	Company	User Role	Last Name	First Name	Last Login Date	Status	Locked	Logged On	
RLOE6626	Interboro Packaging Corporation	Program Administrator	Loeb	Rachel	02/14/2012 03:35 PM	Current	N	Y	
Previous		Next							





INTER-7

OP ID: PH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/08/2021

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 Global Underwriters Agency PO Box 4987 Clifton Park, NY 12065 William P Kloc	518-877-8623	CONTACT NAME: William P Kloc PHONE (A/C, No, Ext): 518-877-8623 FAX (A/C, No): 518-877-8820 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Regent Insurance Company INSURER B: General Casualty Co of WI INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Interboro Packaging Corp Northvale Property Assoc LLC 114 Bracken Road Montgomery, NY 12549-2600		NAIC # 24449 24414

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	ACDL 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 <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X		BPK0009354-00	02/04/2021	02/04/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS, COMPIOP AGG \$ 2,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BPK0009354-00	02/04/2021	02/04/2022	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10000			BUM0008943-00	02/04/2021	02/04/2022	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Property			BPK0009354-00	02/04/2021	02/04/2022	Bldg 7,150,000 BPP 4,500,000

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

CERTIFICATE HOLDER

JEFFEG3

Jefferson Parish
200 Derbigny St
Gretna, LA 70053

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 WORKERS' COMPENSATION INSURANCE

***** 112633541
INTERBORO PACKAGING INC
114 BRACKEN ROAD
MONTGOMERY NY 12549



SCAN TO VALIDATE
AND SUBSCRIBE

POLICYHOLDER

INTERBORO PACKAGING INC
114 BRACKEN ROAD
MONTGOMERY NY 12549

CERTIFICATE HOLDER 50-00136413

JEFFERSON PARISH
200 DERBIGNY STREET
SUITE 4400
GRETN LA 70053

POLICY NUMBER W 996 648-2	CERTIFICATE NUMBER 68409	POLICY PERIOD 01/03/2021 TO 01/03/2022	DATE 11/9/2021
-------------------------------------	------------------------------------	--	--------------------------

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 996 648-2, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT [HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP](https://www.nysif.com/cert/certval.asp). THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 333859010

November 9, 2021

Jefferson Parish
200 Derbigny St
Gretna, LA 70053

Bid # 50-00136413 Gloves

To Whom It May Concern:

This is to certify that the items offered by Interboro Packaging Corporation, for Jefferson Parish has a lifetime warranty. Interboro replaces all defective merchandise within the shortest period of time possible.

If I can be of any further assistance to you, please do not hesitate to contact me.

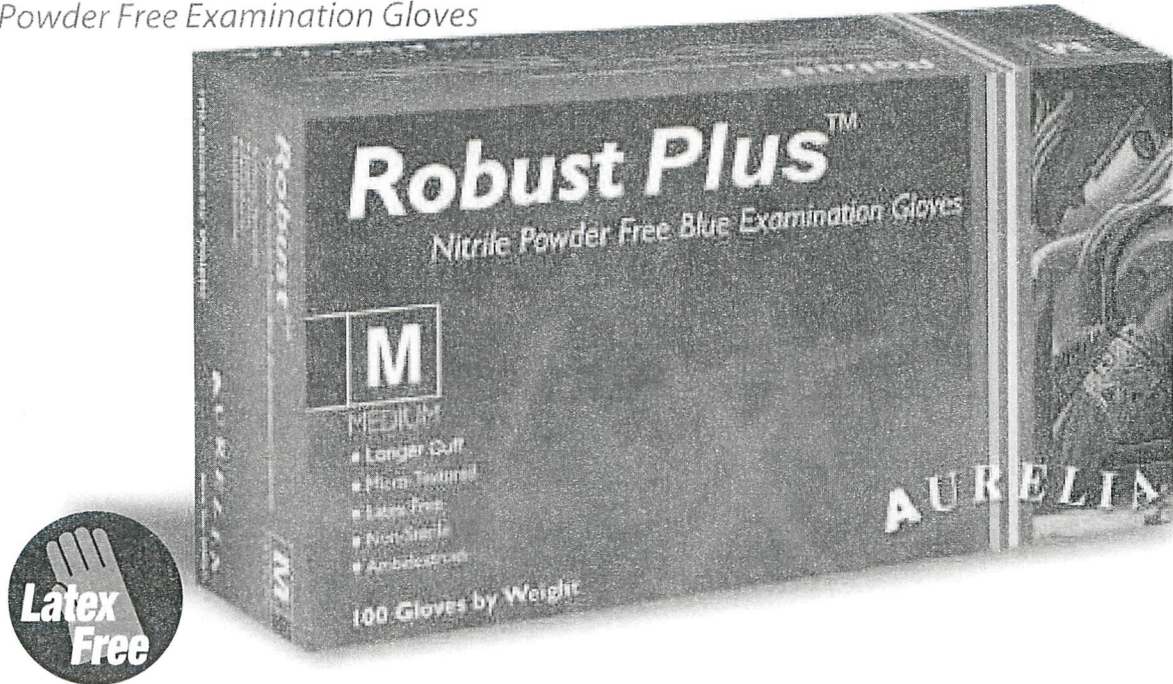
Very truly yours,

A handwritten signature in dark ink, appearing to read 'Blimie Itzkowitz', with a large, stylized initial 'B'.

Blimie Itzkowitz
Secretary

Robust Plus

Aurelia® Robust Plus™
Extended Cuff Blue Nitrile
Powder Free Examination Gloves



Textured for Grip
Maximum Protection



- 100% latex free, blue color
- 5 mil thickness for improved puncture resistance
- Micro-textured finish for improved gripping action
- 12" Extended Cuff



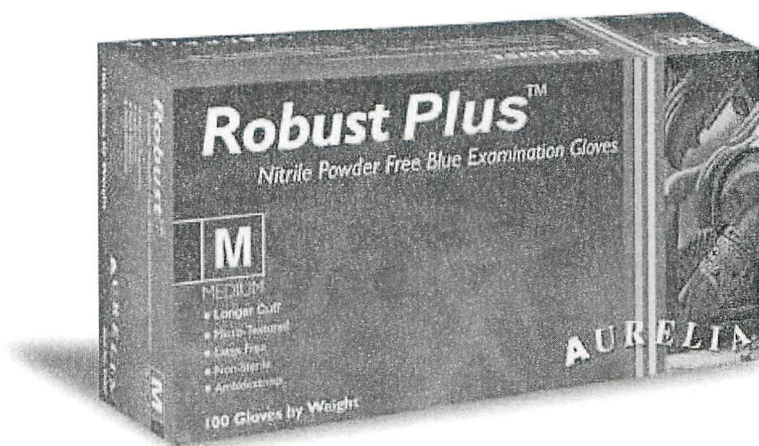
AURELIA
Sign of Comfort™

www.aureliagloves.com | 1-877-AURELIA (1-877-287-3542)

Robust Plus

Product Description

Aurelia® Robust Plus™ Extended Cuff Blue Nitrile (Non Latex) Powder Free Examination Gloves are made from 100% Nitrile (Non Latex), ambidextrous, blue color, Finger Textured and non-sterile. Aurelia gloves conform and are tested to the highest international standards. For more information visit www.aureliagloves.com



Aurelia® Robust Plus™ Specifications

TENSILE TEST RESULTS (unaged)

	Tensile Strength (MPa)	Elongation at break (%)
Small	26.1	550
Medium	26.5	550
Large	26.1	595
Extra Large	26.2	580
ASTM D6319-00	14 MPa minimum	500% minimum

AGED TENSILE TEST RESULTS (7 Days at 70° C)

	Tensile Strength (MPa)	Elongation at break (%)
Small	24.0	550
Medium	24.0	555
Large	24.0	585
Extra Large	23.7	570
ASTM D6319-00	14 MPa minimum	500% minimum

DIMENSIONS

	Length (inches/mm)	Thickness (Single-wall) Palm (mils/mm)	Finger (mils/mm)
Small Aurelia Robust Plus ASTM D6319-00	12 / 305 8.7 / 220 minimum	5.0 / 0.12 3.2 / 0.08 minimum	6.0 / 0.15 3.2 / 0.08 minimum
Medium Aurelia Robust Plus ASTM D6319-00	12 / 305 9.1 / 230 minimum	5.0 / 0.12 3.2 / 0.08 minimum	6.0 / 0.15 3.2 / 0.08 minimum
Large Aurelia Robust Plus ASTM D6319-00	12 / 305 9.1 / 230 minimum	5.0 / 0.12 3.2 / 0.08 minimum	6.0 / 0.15 3.2 / 0.08 minimum
Extra Large Aurelia Robust Plus ASTM D6319-00	12 / 305 9.1 / 230 minimum	5.0 / 0.12 3.2 / 0.08 minimum	6.0 / 0.15 3.2 / 0.08 minimum

Ordering Information

To order from your preferred distributor, specify size and item number. Packing: 100 pieces per dispenser box, 10 dispenser boxes per shipping carton.

ITEM NUMBER

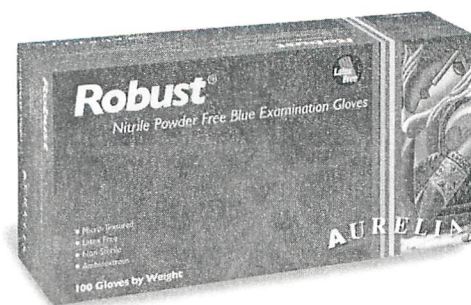
Small	Medium	Large	Extra Large	XX-Large
63886	63887	63888	63889	63880

Authorized Aurelia Distributor:



AURELIA Div. Supermax Inc.

1899 Sequoia Drive, Aurora, IL 60506 | Toll Free: 1-877-AURELIA | Tel: 1-630-898-8886 | Fax: 1-630-898-8855
Web: www.aureliagloves.com | Email: info@aureliagloves.com



AURELIA® Robust®

Examination Gloves



93895	(XS)	ø 100	10 x 100
93896	(S)	ø 100	10 x 100
93897	(M)	ø 100	10 x 100
93898	(L)	ø 100	10 x 100
93899	(XL)	ø 100	10 x 100



Nitrile



Powder Free



Regular Blue



5.0 +/- 0.2 g



Micro-Textured



5 Years

Premium Quality Blue Nitrile examination gloves that offer greater tensile strength and protection than both Latex and Vinyl.

Nitrile examination gloves offer extra comfort and flexibility.

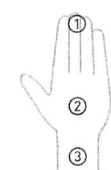
- 4.5mil Powder-Free Nitrile
- Non-Sterile
- Beaded cuff
- Ambidextrous
- Latex Free
- AQL 1.5

Sizes & Dimensions

Single wall thickness

Physical properties

	Width	Length
XS	70 ± 10 mm	min. 240 mm
S	80 ± 10 mm	min. 240 mm
M	95 ± 10 mm	min. 240 mm
L	110 ± 10 mm	min. 240 mm
XL	≥ 110 mm	min. 240 mm

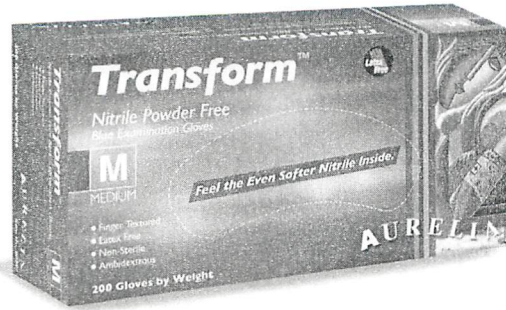


- ① min. 0.12 mm
- ② min. 0.09 mm
- ③ min. 0.05 mm

	Unaged	Aged
Tensile Strength	min. 14.0 MPa	min. 14.0 MPa
Elongation	min. 500 %	min. 400 %
Strength at Break	min. 6N	min. 6N

Aurelia Gloves conforms and complies with:



- The general safety and performance requirements of FDA Medical Device Regulation for Class 1 medical devices (21 CFR 880.6250) and complies with all general controls (section 513(a)(1)(A) of the Federal Food, Drug, and Cosmetic Act (Act); 21 U.S.C. 360c(a)(1)(A))
- The standard specification requirements for ASTM D6319- Freedom From Holes, Physical Dimensions Test, Physical Requirement Test and Packaging
- The standard specification requirements for ASTM D6978-05 - Standard Practice for Assessment of Resistance of Medical Gloves to Permeation by Chemotherapy Drugs
- EEC regulations concerning the conformity of materials and products that are allowed to come into contact with food. In accordance with Regulation EEC 1935/2004, Regulation EC 10/2011 & Regulation (EC) No 2023/2006.
- The gloves are certified manufactured according to ISO 9001:2015 and ISO 13485:2016 Quality Management Systems



AURELIA® Transform®

Examination Gloves



			
98895	(XS)	ø 200	10 x 200
98896	(S)	ø 200	10 x 200
98897	(M)	ø 200	10 x 200
98898	(L)	ø 200	10 x 200
98899	(XL)	ø 200	10 x 200



Nitrile



Powder Free



Ice Blue



3.6 +/- 0.2 g



Finger-Textured



5 Years

Quality Ice Blue Nitrile examination gloves that offer increased tensile strength and protection over Latex and Vinyl.

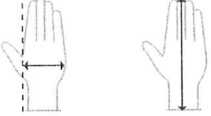

Thin Nitrile examination gloves specifically designed to offer increased comfort, flexibility & sensitivity.

- 3.2mil Powder-Free
- Nitrile - Non-Sterile
- Beaded cuff
- Ambidextrous
- Latex Free
- AQL 1.5

Sizes & Dimensions

Single wall thickness

Physical properties

		
XS	70 ± 10 mm	min. 240 mm
S	80 ± 10 mm	min. 240 mm
M	95 ± 10 mm	min. 240 mm
L	110 ± 10 mm	min. 240 mm
XL	≥ 110 mm	min. 240 mm
		
		① min. 0.10 mm
		② min. 0.06 mm
		③ min. 0.05 mm

	Unaged	Aged
Tensile Strength	min. 14.0 MPa	min. 14.0 MPa
Elongation	min. 500 %	min. 400 %
Strength at Break	min. 6N	min. 6N

Aurelia Gloves conforms and complies with:

- The general safety and performance requirements of FDA Medical Device Regulation for Class 1 medical devices (21 CFR 880.6250) and complies with all general controls (section 513(a)(1)(A) of the Federal Food, Drug, and Cosmetic Act (Act); 21 U.S.C. 360c(a)(1)(A))
- The standard specification requirements for ASTM D6319- Freedom From Holes, Physical Dimensions Test, Physical Requirement Test and Packaging
- The standard specification requirements for ASTM D6978-05 - Standard Practice for Assessment of Resistance of Medical Gloves to Permeation by Chemotherapy Drugs
- EEC regulations concerning the conformity of materials and products that are allowed to come into contact with food. In accordance with Regulation EEC 1935/2004, Regulation EC 10/2011 & Regulation (EC) No 2023/2006.
- The gloves are certified manufactured according to ISO 9001:2015 and ISO 13485:2016 Quality Management Systems

EXAM GRADE • CHEMO DRUG TESTED • BLUE • NITRILE

COLOR: Blue

MATERIAL: Nitrile

SIZES: S-XL (xxl - special order)

PACKAGING: 10x100=1,000(per case)

GRADE: Exam, AQL 1.5

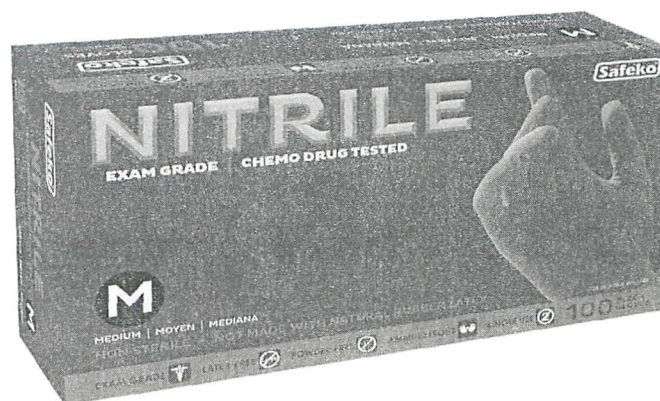
LATEX: 100% Latex Free

POWDER: Powder Free

TEXTURED: Fingers Only

CHEMO DRUG: Tested*

RATING: ASTM F1671, FDA 21 CFR 177



PERFORMANCE	BEFORE AGING	AFTER AGING
Elongation at break	≥500%	≥400%
Tensile Strength	≥15MPA	≥14MPA

SIZE	PRODUCT #	UPC	REORDER #	GLOVE WEIGHT (GRAMS)*	COUNTRY OF ORIGIN
Small	SK-1009-NEF-BL-S-100	814721013641	6010	2.8	Malaysia
Medium	SK-1009-NEF-BL-M-100	814721013658	6011	3.0	Malaysia
Large	SK-1009-NEF-BL-L-100	814721013665	6012	3.5	Malaysia
X-Large	SK-1009-NEF-BL-XL-100	814721013672	6013	4.0	Malaysia

*Glove weight may vary by +/- 0.3 grams

TESTED CHEMOTHERAPY DRUG AND CONCENTRATION	MINIMUM BREAKTHROUGH DETECTION TIME
Carmustin (BCNU), 3.3 mg/ml (3,300 ppm)	12.8
Cisplatin, 1 mg/ml (1,000 ppm)	No breakthrough up to 240 minutes
Cyclophosphamide, 20 mg/ml (20,000 ppm)	No breakthrough up to 240 minutes
Dacarbazine, 10 mg/ml (10,000 ppm)	No breakthrough up to 240 minutes
Doxorubicin HCl (Adriamycin), 2 mg/ml (2,000 ppm)	No breakthrough up to 240 minutes
Etoposide (Toposar), 20 mg/ml (20,000 ppm)	No breakthrough up to 240 minutes
Fluorouracil (Aduvill), 50 mg/ml (50,000 ppm)	No breakthrough up to 240 minutes
Methotrexate, 25 mg/ml (25,000 ppm)	No breakthrough up to 240 minutes
Mitomycin C, 0.5 mg/ml (500 ppm)	No breakthrough up to 240 minutes
Paclitaxel (Taxol), 6 mg/ml (6,000 ppm)	No breakthrough up to 240 minutes
Thiotepa (THT), 10 mg/ml (10,000 ppm)	45.7
Vincristine Sulfate, 1 mg/ml (1,000 ppm)	No breakthrough up to 240 minutes

WARNING: Gloves used for protection against chemotherapy drug exposure should be selected specifically for the type of chemicals being used. Due to the variety and concentration of chemotherapy drugs used in treatments, the resistance table shown does neither warrant nor imply the safe use of the gloves against chemotherapy drug resistance in every case. The safe use of gloves in chemotherapy treatment is solely the decision of clinicians authorized to make such a decision.

WARNING: Carmustine and Thiotepa, at the tested concentration, degraded the glove at 12.8 minutes and 45.7 minutes, respectively.

Disclaimer: Every reasonable effort has been taken in preparing this document. No warranties are extended and no liability is assumed. The above information is provided solely as a general guideline for product use and care. It is the responsibility of the end-users to make their own determination as to the suitability of the product for their own intended purposes(s).

HNC ENTERPRISES, LLC
10624 Avenue D
Brooklyn, NY 11236
Phone: 866-803-6160
Email: info@safeko.com
www.SAFEKO.com

November 9, 2021

Jefferson Parish
200 Derbigny St
Gretna, LA 70053

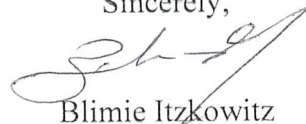
Bid # 50-00136413 Gloves

To Whom It May Concern:

It is hereby understood that we are quoting the prices per the unit you have specified in the bid. However, as the table below indicates, we stock some items in a different pack. Therefore, unless you insist on your specified count, we may prefer to ship according to our standard pack. This will only expedite the delivery of your orders. Be advised, however, that we will not deviate without your definite approval.

Item Number	Standard Pack	Adjusted Price
1	100/Box, 10 Boxes/Case = 1,000/Case	\$110.00

Sincerely,


Blimie Itzkowitz
Secretary