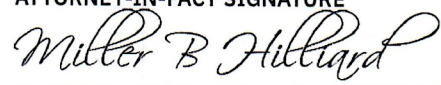


Bid Bond in Accordance with Contract Specifications

Be sure to refer to the actual bond documents referenced in the contract specifications for specific terms before completing this form.

PRINCIPAL NAME Technology Products, Inc.	PRINCIPAL ADDRESS 244 Chateau Papillon, Mandeville, LA 70471
SURETY NAME The Gray Casualty & Surety Company	SURETY ADDRESS P.O. Box 6202, Metairie, LA 70009-6202
OBLIGEE NAME Jefferson Parish	OBLIGEE ADDRESS 200 Derbigny Street, Gretna, LA 70053

Bond Information

BID DATE 03/11/2025	CONTRACT ID 5000147219	CONTRACT VENDOR ID 350616
PROJECT DESCRIPTION Two (2) Contract for Patron / Public & Staff Copier Maintenance and On-Site Managed Print Services		
AMOUNT OF BID SECURITY 5%	AMOUNT OF BID SECURITY-SPELLED OUT five percent of the amount bid	
BOND ENTERED AND EXECUTED BY Miller B. Hilliard		ATTORNEY-IN-FACT SIGNATURE 

Know all men by these presents that The Gray Casualty & Surety Company, a Corporation duly organized under the laws of the State of Louisiana, 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.



**THE GRAY INSURANCE COMPANY
THE GRAY CASUALTY & SURETY COMPANY**

GENERAL POWER OF ATTORNEY

KNOW ALL BY THESE PRESENTS, THAT The Gray Insurance Company and The Gray Casualty & Surety Company, corporations duly organized and existing under the laws of Louisiana, and having their principal offices in Metairie, Louisiana, do hereby make, constitute, and appoint: Miller B. Hilliard

Surety Bond Number: SLA0307104098

Principal: Technology Products, Inc.

Obligee: Jefferson Parish

on behalf of each of the Companies named above its true and lawful Attorney(s)-in-Fact, to make, execute, seal and deliver, for and on its behalf and as its deed, bonds, or other writings obligatory in the nature of a bond, as surety, contracts of suretyship as are or may be required or permitted by law, regulation, contract or otherwise, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed the amount of \$30,000,000.00.

This Power of Attorney is granted and is signed by facsimile under and by the authority of the following Resolutions adopted by the Boards of Directors of both The Gray Insurance Company and The Gray Casualty & Surety Company at meetings duly called and held on the 26th day of June, 2003.

"RESOLVED, that the President, Executive Vice President, any Vice President, or the Secretary be and each or any of them hereby is authorized to execute a power of Attorney qualifying the attorney named in the given Power of Attorney to execute on behalf of the Company bonds, undertakings, and all contracts of surety, and that each or any of them is hereby authorized to attest to the execution of such Power of Attorney, and to attach the seal of the Company; and it is

FURTHER RESOLVED, that the signature of such officers and the seal of the Company may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be binding upon the Company now and in the future when so affixed with regard to any bond, undertaking or contract of surety to which it is attached.

IN WITNESS WHEREOF, The Gray Insurance Company and The Gray Casualty & Surety Company have caused their official seals to be hereinto affixed, and these presents to be signed by their authorized officers this 28th day of October, 2021.



By:

Michael T. Gray

Michael T. Gray
President

The Gray Insurance Company

State of Louisiana

ss:

Cullen S. Piske

Cullen S. Piske
President

The Gray Casualty & Surety Company



Parish of Jefferson

On this 28th day of October, 2021, before me, a Notary Public, personally appeared Michael T. Gray, President of The Gray Insurance Company, and Cullen S. Piske, President of The Gray Casualty & Surety Company, personally known to me, being duly sworn, acknowledged that they signed the above Power of Attorney and affixed the seals of the companies as officers of, and acknowledged said instrument to be the voluntary act and deed, of their companies.



Leigh Anne Henican
Notary Public
Notary ID No. 92653
Orleans Parish, Louisiana

Leigh Anne Henican

Leigh Anne Henican
Notary Public, Parish of Orleans State of Louisiana
My Commission is for Life

I, Mark S. Manguno, Secretary of The Gray Insurance Company, do hereby certify that the above and forgoing is a true and correct copy of a Power of Attorney given by the companies, which is still in full force and effect. IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Company this 03/07/2025

Mark S. Manguno

I, Leigh Anne Henican, Secretary of The Gray Casualty & Surety Company, do hereby certify that the above and forgoing is a true and correct copy of a Power of Attorney given by the companies, which is still in full force and effect. IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Company this 03/07/2025

Leigh Anne Henican



Non-Public Works Bid

AFFIDAVIT

STATE OF LOUISIANA

PARISH/COUNTY OF JEFFERSON

BEFORE ME, the undersigned authority, personally came and appeared: _____

PAUL H HICKEY, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized PRESIDENT of TECHNOLOGY PRODUCTS, INC (Entity),

the party who submitted a bid in response to Bid Number _____, 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.

Paul H Hickey

Signature of Affiant

PAUL H HICKEY

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 7th DAY OF MARCH, 2025

Philip A. Gattuso

Notary Public

Philip A. Gattuso

Printed Name of Notary

LA BAR # 05965

Notary/Bar Roll Number

My commission expires at death



PHILIP A. GATTUSO
NOTARY PUBLIC
JEFFERSON PARISH, LOUISIANA
MY COMMISSION IS ISSUED FOR LIFE
LA BAR #05965

**Insurance Declaration Affidavit
Worker's Compensation**

AFFIDAVIT

STATE OF LOUISIANA

PARISH/COUNTY OF JEFFERSON

BEFORE ME, the undersigned authority, personally came and appeared, PAUL H HICKEY, (Affiant) who after being duly sworn, deposed and said that he/she is the fully authorized President of Technology Products, Inc (Entity), the party who submitted a Proposal/Contract/Bid/RFP/SOQ No. 50-00147319, to Jefferson Parish.

Affiant further said:

- (1) That affiant has no employees in which Worker's Compensation Insurance is required pursuant to state law.
- (2) That if affiant hires employees such that they would be required under state law to obtain Worker's Compensation Insurance, affiant will notify Jefferson Parish and obtain the proper coverage.

Paul H Hickey

Signature of Affiant

PAUL H HICKEY

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 7th DAY OF January, 2025.

Philip A. Gattuso
Notary Public

Philip A. Gattuso
Printed Name of Notary

05965 LA BAR No.
Notary/Bar Roll Number

My commission expires at death



PHILIP A. GATTUSO
NOTARY PUBLIC
JEFFERSON PARISH, LOUISIANA
MY COMMISSION IS ISSUED FOR LIFE
LA BAR #05965

Updated: 05.28.14



THE HARTFORD
BUSINESS SERVICE CENTER
3600 WISEMAN BLVD
SAN ANTONIO TX 78251

March 4, 2025

The Parish of Jefferson, its Districts,
Departments, Agencies and Employees
under the direction of the Parish Presi
200 DERBIGNY ST STE 4400
GRETNA LA 70053

Account Information:

Policy Holder Details :	Technology Products, Inc.
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Contact Us

Need Help?

Chat online or call us at

(866) 467-8730.

We're here Monday - Friday.

Enclosed please find a Certificate Of Insurance for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,

Your Hartford Service Team



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/04/2025

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 A J GALLAGHER RISK MGMNT SVCS/PHS 83556228 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78251	CONTACT NAME: PHONE (888) 920-6259 (A/C, No, Ext): FAX (A/C, No):	
	E-MAIL ADDRESS:	
INSURED Technology Products, Inc. 244 CHATEAU PAPILLON MANDEVILLE LA 70471-8542	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Property and Casualty Insurance Company of Hartford	
	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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY	X	X	83 SBM BP3PNM	03/04/2025	03/04/2026	EACH OCCURRENCE	\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
	<input checked="" type="checkbox"/> General Liability						MED EXP (Any one person)	\$10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	\$2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	
	<input type="checkbox"/> UMBRELLA LIAB EXCESS LIAB	<input type="checkbox"/> OCCUR CLAIMS-MADE					EACH OCCURRENCE	
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						AGGREGATE	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N <input type="checkbox"/> N/A					E.L. EACH ACCIDENT	
							E.L. DISEASE -EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	
A	Data Breach - Defense & Liab Covg			83 SBM BP3PNM	03/04/2025	03/04/2026	Limit	\$50,000

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

Those usual to the Insured's Operations. Waiver of Subrogation applies in favor of the Certificate Holder per the Business Liability Coverage Form SL0000, attached to this policy.

CERTIFICATE HOLDER

The Parish of Jefferson, its Districts, Departments, Agencies and Employees under the direction of the Parish Presi
200 DERBIGNY ST STE 4400
GRETN 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

Susan S. Castaneda

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ELITE INSURANCE LLC
3925 HWY 59
MANDEVILLE, LA 70471



PAUL HICKEY
244 CHATEAU PAPILLON
MANDEVILLE, LA 70471

Policy Number: 925750046

Underwritten by:
Progressive Security Insurance Co
March 6, 2025
Policy Period: Nov 19, 2024 - May 19, 2025
Page 1 of 2

1-985-892-6256

ELITE INSURANCE LLC
Contact your agent for personalized
service.

1-800-274-4499

To report a claim.

Auto Insurance Coverage Summary

This is your Declarations Page

Your coverage began on November 19, 2024 at 12:01 a.m. This policy expires on May 19, 2025 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle. The policy contract is form 9611A LA (09/15). The contract is modified by forms 8052 LA (04/21), A264 (02/22), A331 (11/21) and A352 LA (06/22).

Progressive Security Insurance Co is a stock company (NYSE: PGR).

Policy changes effective November 19, 2024

Premium change: -\$4.67

Drivers and household residents

PAUL HICKEY

Additional information: Named insured

Outline of coverage

2018 FORD F150 CREW PICKUP

VIN: 1FTEW1EG7JFE58343

Garaging ZIP Code: 70471

Primary use of the vehicle: Pleasure/Personal

Annual miles: 0 - 3,999

Length of vehicle ownership when policy started or vehicle added: Less than 1 month

	Deductible	Premium
Liability To Others		\$237
Bodily Injury Liability		
Limits: \$250,000 each person/\$500,000 each accident		
Property Damage Liability		
Limits: \$100,000 each accident		
Uninsured Motorist		20
Limits: \$25,000 each person/\$50,000 each accident		
Uninsured Motorist Property Damage		10
Limits: \$25,000 each accident	\$250	
Total premium for 2018 FORD		\$267

2019 FORD FUSION 4 DOOR SEDANVIN: **3FA6P0K94KR280516**

Garaging ZIP Code: 70471

Primary use of the vehicle: Pleasure/Personal

Length of vehicle ownership when policy started or vehicle added: Less than 1 month

	Deductible	Premium
Liability To Others		\$318
Bodily Injury Liability		
Limits: \$250,000 each person/\$500,000 each accident		
Property Damage Liability		
Limits: \$100,000 each accident		
Uninsured Motorist		39
Limits: \$25,000 each person/\$50,000 each accident		
Uninsured Motorist Property Damage		15
Limits: \$25,000 each accident	\$250	
Total premium for 2019 FORD		\$372
Total 6 month policy premium		\$639.00

Premium discounts

Policy

925750046

Multi-Policy, Five-Year Accident Free, Five-Year Claim Free, Home Owner,
Multi-Car, Continuous Insurance: Diamond, Paperless, Paid in Full and
Three-Year Safe Driving

Financial Security Requirement

If you do not keep your liability insurance in force during the entire registration period, your registering privileges will be subject to revocation. By law your insurance carrier is required to report specific termination information to the Commissioner of the Department of Public Safety and Corrections.

Company officers


Secretary

Fax recipient information

To:

Fax #:

Number of pages faxed: 2



Policy Number: 925750046

Underwritten by:

Progressive Security Insurance Co

Policyholder:

PAUL HICKEY

March 5, 2025

Page 1 of 1

1-985-892-6256

Elite Insurance, LLC

Contact your agent for personalized service.

Here are the policy documents you requested

- UM/UIM Bodily Injury Coverage Form

We recommend that you consult with your agent before deciding to make this change or other coverage changes.

Thank you for your request to add or change your Uninsured Motorist/Underinsured Motorist Bodily Injury (UMBI) coverage.

We'd be happy to update your policy, but need you to first complete, sign, and return the enclosed state-required Uninsured/Underinsured Motorist Bodily Injury (UMBI) Coverage Form.

These forms can be confusing, so please take a moment to review the following tips:

- Make sure that your printed name, policy number and the Progressive company name appear in the signature section at the bottom of the form.
- Initial which coverage option you'd like.
- Write in the dollar amount if you choose coverage option #2, (for example, \$25,000 each person/\$50,000 each accident).
- Remember to sign and date the form.
- Fax or mail the form back to us along with this page for reference.

Still confused? Call us! We're here to help.

You may fax or mail this information to Progressive as indicated below.

Progressive

PO Box 6807

Cleveland, OH 44101-1807

Fax: 1-800-229-1590

Thank you for choosing Progressive.

Progressive offers several convenient service options:

- Contact your agent for personalized service and counsel when you are thinking about making changes to your policy.
- Visit progressiveagent.com 24 hours a day to view and print policy documents, quote a change to your policy, update policy information, and view claims information. While on progressiveagent.com be sure to provide us with your e-mail address to receive reminders about upcoming payments, transaction confirmations, and claims instructions.
- Call our Customer Service number, 1-800-876-5581, to make or confirm payments over the phone, order ID cards and Declarations pages, and more.

STATE OF LOUISIANA

This form may not be altered or modified

UNINSURED/UNDERINSURED MOTORIST BODILY INJURY COVERAGE FORM

Uninsured/Underinsured Motorists Bodily Injury Coverage, referred to as "UMBI" in this form, is insurance that pays persons insured by your policy who are injured in an accident caused by an owner or operator of an uninsured or underinsured motor vehicle. Depending on the coverage purchased, UMBI Coverage can provide compensation for both economic and non-economic losses.

Economic losses are those that can be measured in specific monetary terms including but not limited to medical costs, funeral expenses, lost wages, and out of pocket expenses.

Non-economic losses are losses other than economic losses and include but are not limited to pain, suffering, inconvenience, mental anguish and other non-economic damages otherwise recoverable under the laws of this state.

By law, your policy will include UMBI Coverage at the same limits as your Bodily Injury Liability Coverage unless you request otherwise. If you wish to reject UMBI Coverage, select lower limits of UMBI Coverage, or select Economic-Only UMBI Coverage, you must complete this form and return it to your insurance agent or insurance company. (Economic-Only UMBI Coverage may not be available from your insurance company. In this case, your company will have marked options 2 and 3 below as "Not Available" or "NA.")

UNINSURED/UNDERINSURED MOTORIST BODILY INJURY COVERAGE

You may select one of the following UMBI Coverage options (initial only one option):

1. PH **I select UMBI Coverage** which provides compensation for economic and non-economic losses **with limits lower** than the Bodily Injury Liability Coverage limits indicated on the policy:
 \$ 25,000 each person **OR** \$ _____ each accident/occurrence
 \$ 50,000 each accident/occurrence
2. _____ **I select Economic-Only UMBI Coverage**, which provides compensation for economic losses **with the same limits** as the Bodily Injury Liability Coverage indicated on the policy.
3. _____ **I select Economic-Only UMBI Coverage**, which provides compensation for economic losses **with limits lower** than the Bodily Injury Liability Coverage limits indicated on the policy:
 \$ _____ each person **OR** \$ _____ each accident/occurrence
 \$ _____ each accident/occurrence
4. _____ **I do not want UMBI Coverage.** I understand that **I will not be compensated through UMBI coverage** for losses arising from an accident caused by an uninsured/underinsured motorist

SIGNATURE

The choice indicated and initialed on this form will apply to all persons and/or entities insured under this policy. This choice shall apply to the motor vehicles described in this policy and to any replacement vehicles, to all renewals of this policy, and to all reinstatement, substitute or amended policies until a written request is made for a change to the Bodily Injury Liability Limits, the UMBI limits or UMBI Coverage.

Signed by:

Paul Hickey
2218C0838C0410

Signature of Named Insured or Legal Representative

PAUL HICKEY

Print Name

3/5/2025

Date

Issued Per LDOI Bulletin 08-02 08/29/08

Form 8089 LA (04/21)

Policy number: 925750046

PAUL HICKEY

Progressive Security Insurance Co

PROGRESSIVE
 AUTO

Insurance Application

PROGRESSIVE PROPERTY INSURANCE COMPANY

PO BOX 33018
ST. PETERSBURG, FL 33733**PROGRESSIVE**
UMBRELLA**Agent:**Elite Insurance, LLC
3925 Hwy 59
Mandeville, LA 70471**Agent Code:** 417480**For Policy Service, Call:** (985) 892-6256**Total Policy Premium:****\$324.00****Policy Number:****Q156259689****Plan Type:****UMB****Applicant:**PAUL HICKEY
244 CHATEAU PAPILLON
MANDEVILLE, LA 70471**Application Date:** 03/05/2025 12:59 pm**Policy Period:** From: 03/06/2025 To: 03/06/2026**Phone Number:** (504) 228-0911***Applicant Information*****Name:** PAUL HICKEY**Date of Birth:** 02/15/1963**Property Address:** 244 CHATEAU PAPILLON
MANDEVILLE, LA 70471-8542**Coverage Limit:** \$1,000,000.00***Coverages, Surcharges and Discounts***

	<u>Limit</u>	<u>Premium</u>
Liability Base Premium		\$348.00
Autos		\$0.00
Residential Properties (1-2 Family or vacant land)		\$0.00
Residential Properties (3-4 Family)		\$0.00
Desired Coverage Limit	\$1,000,000.00	\$0.00
Adults Aged 25 to 79		\$0.00
Under 25 with Clean Driving Records		\$0.00
Under 25 without Clean Driving Records		\$0.00
Licensed < 5 years		\$0.00
Moving Violations		\$0.00
At Fault Accidents		\$0.00
Increased Underlying Home (500) and Auto (500/500 or 500 CSL) Liability		\$0.00
Uninsured/Underinsured Motorist		\$0.00
Uninsured/Underinsured Motorist Limits		\$0.00
Territory Factor		\$17.40
Territory Factor (UIM)		\$0.00
Underlying Bundle Discount		(\$36.54)
Swimming Pools/In-ground Spas		\$0.00
Autos/Motorcycles		\$0.00
Adults Aged 80 and Older		\$0.00
Major Violation		\$0.00
Minimum Limit Premium Adjustment		\$0.00
e-Policy Discount		(\$5.00)
TOTAL POLICY PREMIUM:		\$324.00

Applicant: PAUL HICKEY

Policy ID: Q156259689

Underwriting Information

How many people reside in your household? 1

Has anyone in your household had a personal liability claim with a payment greater than \$25,000 in the past 5 years? No

Have you previously been declined, canceled or non-renewed by an insurance company? No

Do any properties owned, rented or leased have a business being operated on the premises? No

Do any household members hold another Umbrella policy? No

Do any properties have an unfenced pool, hot tub or spa? No

Do any household members own or keep a prohibited breed of dog including Akitas, American bulldogs, chow chows, Doberman pinschers, mastiffs, pit bulls, Rottweilers, Staffordshire terriers, wolf hybrids or any mix thereof? No

Do any household members own or keep farm, saddle or hoofed animals? No

Does the applicant own, rent or lease any residential properties outside the U.S.? No

Are any household members not listed or excluded on the underlying auto policy? No

Are any individuals outside of the household listed on the underlying auto policy? No

Required Retained Limits

Do you carry the Required Retained Limits listed below on your underlying policies? Yes

Do you agree to maintain the Required Retained Limits listed below? Yes

Failure to maintain at least the Required Retained Limits may prevent this policy from providing coverage. The Required Retained Limits shall apply regardless of any applicable sublimit or reduced limits for specified occurrences.

All Automobiles, Motorcycles, Motorhomes, Mopeds, and All Road Licensed Vehicles:**Required Retained Limits** (Does not apply for Premises Only Liability policies)

\$250,000 / \$500,000 / \$100,000 or \$300,000 CSL

All Automobiles and Motorhomes Requesting UM/UIM Coverage:**Required Retained Limits** (Does not apply for Premises Only Liability policies)

UM/UIM: \$250,000 / \$500,000 or \$300,000 CSL

Comprehensive Personal Liability, Homeowners, or Farm Comprehensive Personal Liability:**Required Retained Limits**

\$300,000

Residential Rental Properties Covered Under the Dwelling Fire Policy for 1-4 Family Residences:**Required Retained Limits**

\$300,000

Personal Injury Coverage Endorsed to the Homeowners Policy (whenever available):**Required Retained Limits** (Does not apply for Premises Only Liability policies)

\$300,000

All Recreational Vehicles Including Golf Carts, Utility Vehicles, Trail Bikes or Other Vehicles Not Required to be Licensed:**Required Retained Limits** (Does not apply for Premises Only Liability policies)

\$250,000 / \$500,000 / \$100,000 or \$300,000 CSL

Applicant: PAUL HICKEY

Policy ID: Q156259689

Watercraft:

Required Retained Limits (Does not apply for Premises Only Liability policies)
\$250,000 / \$500,000 / \$100,000 or \$300,000 CSL

Detailed Schedule**Insureds:**

List Applicant, Spouse, all children and all resident family members including students staying at school temporarily.

<u>Full Name</u>	<u>DOB</u>
HICKEY, PAUL	02/15/1963

Drivers:

<u>Full Name</u>	<u>DOB</u>	<u>Youthful</u>
Hickey, Paul	02/15/1963	No

Driving Record / Claims:

<u>Full Name</u>	<u>Date</u>	<u>Total Number of Violations</u>
N/A	N/A	N/A

Automobiles:

Make
Ford
Ford

Motorcycles and Mopeds:

Make
N/A

Watercraft:

<u>Make</u>	<u>Length (ft)</u>	<u>MPH</u>
N/A	N/A	N/A

Golf Carts, Utility Vehicles or Recreational Vehicles:

Make
N/A

Motorhomes:

Make
N/A

Residential Properties:

<u>Address</u>	<u>Pool</u>
244 CHATEAU PAPILLON , MANDEVILLE, LA 70471-8542	None

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00147219

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			TWO (2) YEAR CONTRACT FOR PATRON/PUBLIC & STAFF COPIER MAINTENANCE AND ON-SITE MANAGED PRINT SERVICES FOR THE JEFFERSON PARISH LIBRARY DEPARTMENT		
1	24.00	MO	0010 - Monthly Maintenance Fee (for 32 Patron/Public and staff Library owned copiers)	\$ <u>2352.00</u>	\$ <u>56448.00</u>
2	24.00	MO	0020 - On-site Managed Print Services (17 Locations as per the attached specifications)	\$ <u>7114.74</u>	\$ <u>170753.76</u>
3	20.00	HR	0030 - Training - twenty hours for equipment and MFP Software training. The training will include setting configurations and training for all library staff on the use of features and functions.	\$ <u>70.00</u>	\$ <u>1680.00</u>
4	1.00	EA	0040 - Cost per black & white copies over the monthly base allowance.	\$ <u>.0035</u>	\$
5	1.00	EA	0050 - Cost per color copy over the monthly base allowance.	\$ <u>.040</u>	\$
PLEASE SEE ATTACHED SPECIFICATIONS					