

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 XMAXIMUM ESCALATION PERCENTAGE REQUESTED 0 %INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF 2 YRS AFTER AWARD

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

AS NEEDED

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

68355**THIS SECTION MUST BE COMPLETED BY BIDDER:**FIRM NAME: MINER LTDADDRESS: 850 SANS AVCITY, STATE: NEW ORLEANS, LA ZIP: 70123TELEPHONE: 804-734-1155 FAX: ()EMAIL ADDRESS: ghunteremimercorp.com

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

Acknowledge Receipt of Addenda: NUMBER: _____

NUMBER: _____

NUMBER: _____

NUMBER: _____

TOTAL PRICE OF ALL BID ITEMS: \$ 858.92AUTHORIZED SIGNATURE: [Signature]TITLE: Serv. Mgr.Donald Rouyer
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.: 50-00135709

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			CONTRACT TO TROUBLESHOOT AND REPAIR VARIOUS TYPES OF AUTOMATIC OVERHEAD DOOR FOR THE JEFFERSON PARISH DEPARTMENT OF FIRE SERVICES	\$274.	\$274.
1	1.00	HR	0010 - SERVICE & REPAIR OF OVERHEAD ROLL-UP DOORS		
			* SERVICE CALL RATE (DURING BUSINESS HOURS, MONDAY-FRIDAY 8:00AM-5:00PM)	\$70.	\$70.
2	.50	HR	0020 - SERVICE & REPAIR OF OVERHEAD ROLL-UP DOORS		
			* REGULAR RATE - EACH ADDITIONAL 1/2 HOUR (DURING BUSINESS HOURS)	\$411.	\$411.
3	1.00	HR	0030 - SERVICE & REPAIR OF OVERHEAD ROLL-UP DOORS		
			* EMERGENCY SERVICE CALL RATE (AFTER HOURS, WEEKENDS, AND HOLIDAYS)	\$103.	\$103.
4	.50	HR	0040 - SERVICE & REPAIR OF OVERHEAD ROLL-UP DOORS		
			* EMERGENCY SERVICE CALL RATE (AFTER HOURS, WEEKENDS, AND HOLIDAYS) EACH ADDITIONAL 1/2 HOUR	Ø	Ø
5	1.00	EA	0050 - PARTS - VENDOR WILL PROVIDE PARTS AT A PERCENTAGE OFF OF MANUFACTURER LIST PRICE.		
			ENTER PERCENTAGE BELOW THIS LINE _____ % OFF		

BID FORM

Bid pricing weighted factor = .9 X Hourly Rate + .1 X Weekends/After Hours/Holiday Rate.

Description

Rates

Weighted Rate

A. Service-call Rate

\$ 274.

B. Hourly Rate

(8:00 a.m.-5:00p.m.)

\$ 140. X .9 = 126.

C. Weekends/Holiday Rate

(After Hours)

\$ 206. X .1 = 20.6

D. Percentage Discount For Parts ~~0~~ %



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/21/2021

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 Hylant - Toledo 811 Madison Ave. Toledo OH 43604	CONTACT NAME: Courtney Cox
	PHONE (A/C, No, Ext): 419-724-8725 FAX (A/C, No): 419-255-7557
	E-MAIL ADDRESS: OnPointCertificates@Hylant.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Travelers Prop Cas Co of Amer NAIC # 25674
	INSURER B: Charter Oak Fire Insurance Co NAIC # 25615
	INSURER C: Allied World Assurance Co Inc (US) NAIC # 19489
	INSURER D: Phoenix Insurance Company NAIC # 25623
	INSURER E:
	INSURER F:

COVERAGES **CERTIFICATE NUMBER:** 899231079 **REVISION NUMBER:**

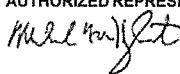
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU Coverage <input checked="" type="checkbox"/> Contractual Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	Y6302J330306COF21	3/14/2021	3/14/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
D	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	Y8102J330306PHX21	3/14/2021	3/14/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0	Y		CUP0N8622902114	3/14/2021	3/14/2022	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
A	<input checked="" type="checkbox"/> 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	Y	UB0K6392772114G	3/14/2021	3/14/2022	<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
C	Pollution Liability			0311-7536	3/14/2021	3/14/2022	Each Condition Limit \$ 2,000,000 Aggregate Limit \$ 2,000,000

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

Named Insureds on Policies Include:
OnPoint Group, LLC; TFS, Ltd.; OnPoint Capital, LLC fka IEMFS, Ltd. dba GSG Financial; Concentric, LLC fka ABT Power Management, LLC; Concentric, LLC fka National Maintenance Services, LLC; Concentric South, LLC; Miner, Ltd.; Miner, Ltd. dba The Miner Corporation and its Affiliates; Miner Ltd. dba Miner of Arizona, LP; Miner Equipment, LLC; TrueSource, LLC fka Miner Fleet Management Group, LLC; Metro Door, LLC

Commercial general liability and automobile policies include a blanket additional insured on a primary and non-contributory basis where required by contract. Umbrella coverage includes additional insureds if provided in the underlying coverage. Umbrella policy is follow form. A separate \$10,000,000 General See Attached...

CERTIFICATE HOLDER	CANCELLATION
JEFFERSON PARISH PURCHASING DEPARTMENT 200 DERBIGNY ST STE. 4400 GRETN 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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ADDITIONAL REMARKS SCHEDULE

AGENCY Hylant - Toledo		NAMED INSURED OnPoint Group, LLC fka Material Handling Services, LLC 3235 Levis Commons Blvd. Perrysburg OH 43551
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Aggregate Limit applies on a Per Project basis when required by written contract. 30 days notice of cancellation applies to designated entities. Waiver of subrogation applies per the general liability, automobile and workers compensation policies when required by written contract. Entities listed below are included as additional insured when required by written contract.

BID NUMBER #50-00135709

JEFFERSON PARISH FIRE DEPARTMENT

JEFFERSON PARISH, IT'S DISTRICTS DEPARTMENTS AND AGENCIES UNDER THE DIRECTION OF THE PARISH PRESIDENT AND THE PARISH COUNCIL AS ADDITIONAL INSURED

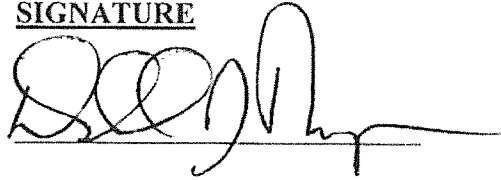
CERTIFICATE OF INCUMBENCY

I, Kirk E. Yosick, the undersigned General Counsel and Chief Administrative Officer of Miner, Ltd. a Texas limited partnership, do hereby certify that the following individual was designated and granted signatory authority on behalf of Miner, Ltd. for any and all Applications and Certificate for Payment. I further certify that the signature set forth opposite the name listed, below, is a genuine signature:

NAME

Donald Rouyer

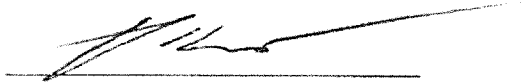
SIGNATURE



IN WITNESS WHEREOF, I have hereunto subscribed my name on this 20th day of May, 2020.



Kirk E. Yosick
General Counsel & Chief Administrative Officer
Miner, Ltd.



David Wright
President
Miner, Ltd.

Non-Public Works Bid

AFFIDAVIT

STATE OF LOUISIANA

PARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: Donat
Rouyer, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized Serv. Mgr. of Miner Ltd (Entity),
the party who submitted a bid in response to Bid Number 50-001357⁰⁹, 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.

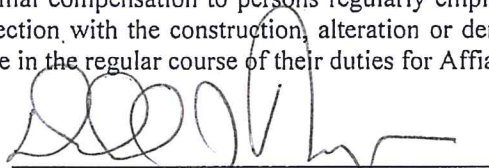
Choice B X _____ There are NO debts which would require disclosure under Choice A of this section.

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

Donald Rouyer
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 26 DAY OF October, 2021.


Notary Public

Steven Alan Childress
Printed Name of Notary

158874
Notary/Bar Roll Number

My commission expires lifetime.

