

BID REJECTION FORM

Bid number: 50-00123228

Vendor Name: Kenny G's Pest Control

Reasons for

Rejections: Did not provide Automobile Insurance. The automobile insurance on file expired 1/18/2018.

REVIEWED BY:

Buyer Name: Misty A Camardella Date: 7/5/2018

Chief Buyer: Nicole Whitrey Date: 7/5/18

DATE: 6/14/2018
BID NO.: 50-00123228

INVITATION TO BID
THIS IS NOT AN ORDER

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

VENDOR: 27118 BLANK BID COPY VENDOR

BUYER: MCamardelle

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	_____
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: _____
NUMBER: _____
NUMBER: _____
NUMBER: _____

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

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: <u>Kenny G's Pest Control</u>	
SIGNATURE: (Must be signed here) <u>Kenneth Guerra</u>	TITLE: <u>owner</u>
PRINT OR TYPE NAME: <u>Kenneth Guerra</u>	
ADDRESS: <u>38601 Airford Rd</u>	
CITY, STATE: <u>Ponchartraine, LA</u>	ZIP: <u>70454</u>
TELEPHONE: <u>504 656-8900</u>	FAX: <u>985 386-5423</u>
EMAIL ADDRESS: <u>bugmankennyg@live.com</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 25,799.00

DATE: 6/14/2018

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INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00123228

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	2.00	YR	<p>TWO (2) YEAR CONTRACT FOR TERMITE TREATMENT/CONTROL FOR THE JEFFERSON PARISH EAST BANK CONSOLIDATED FIRE DEPARTMENT</p> <p>0001 TERMITE TREATMENT/CONTROL, LIQUID AND BAIT COMBINATIONS FOR:</p> <p>FIRE DEPARTMENT HEADQUARTERS 834 S. CLEARVIEW PKWY. JEFFERSON, LA 70123</p> <p>ALL ITEMS WITH TERMITE TREATMENT/CONTROL TO INCLUDE A RENEWABLE SERVICE WARRANTY.</p>	\$ 2705.00	\$ 3155.00
2	2.00	YR	<p>0002 TERMITE TREATMENT/CONTROL, LIQUID AND BAIT COMBINATION FOR:</p> <p>FIRE STATION NO. 11 3525 JEFFERSON HWY. JEFFERSON, LA 70121</p>	\$ 1140.00	\$ 1590.00
3	2.00	YR	<p>0003 TERMITE TREATMENT/CONTROL, LIQUID AND BAIT COMBINATIONS FOR:</p> <p>FIRE STATION NO. 12 968 JEFFERSON HWY. JEFFERSON, LA 70121</p>	\$ 1266.00	\$ 1716.00
4	2.00	YR	<p>0004 TERMITE TREATMENT/CONTROL, LIQUID AND BAIT COMBINATION FOR:</p> <p>FIRE STATION NO. 13 4642 CALUMET ST. METAIRIE, LA 70001</p>	\$ 1400.00	\$ 1850.00
5	2.00	YR	<p>0005 TERMITE TREATMENT/CONTROL, LIQUID AND BAIT COMBINATION FOR:</p> <p>FIRE STATION NO. 14 1714 EDINBURGH ST. METAIRIE, LA 70001</p>	\$ 1322.00	\$ 1772.00
6	2.00	YR	<p>0006 TERMITE TREATMENT/CONTROL, LIQUID AND BAIT COMBINATION FOR:</p> <p>FIRE STATION NO. 15 1101 N. I-10 SERVICE RD. METAIRIE, LA 70005</p>	\$ 1698.00	\$ 2148.00

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DATE: 6/14/2018

INVITATION TO BID FROM JEFFERSON PARISH - continued

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BID NO.: 50-00123228

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
7	2.00	YR	0007 TERMITE TREATMENT/CONTROL, LIQUID AND BAIT COMBINATION FOR: FIRE STATION NO. 16 5200 LAFRENIERE ST. METAIRIE, LA 70002	\$1426.00	\$1876.00
8	1.00	YR	0008 TERMITE TREATMENT/CONTROL, FIRST YEAR COST TO INCLUDE CORE DRILLING, INSTALLATION OF BAIT STATIONS, AND TERMITE TREATMENT/CONTROL, LIQUID AND BAIT COMBINATION FOR: FIRE STATION NO. 17 6616 KAWANEE ST. METAIRIE, LA 70003	\$1691.00	\$2141.00
9	1.00	YR	0009 TERMITE TREATMENT/CONTROL, SECOND YEAR, LIQUID AND BAIT COMBINATION FOR: FIRE STATION NO. 17 6616 KAWANEE ST. METAIRIE, LA 70003	\$450.00	\$450.00
10	2.00	YR	0010 TERMITE TREATMENT/CONTROL, LIQUID AND BAIT COMBINATION FOR: FIRE STATION NO. 18 3430 N. CAUSEWAY BLVD. METAIRIE, LA 70002	\$1370.00	\$1820.00
11	2.00	YR	0011 TERMITE TREATMENT/CONTROL, LIQUID AND BAIT COMBINATION FOR: FIRE STATION NO. 19 455 EDWARDS AVE. HARAHAN, LA 70123	\$1710.00	\$2160.00
12	2.00	YR	0012 TERMITE TREATMENT/CONTROL, LIQUID AND BAIT COMBINATION FOR: FIRE STATION NO. 20 4110 HUDSON ST. METAIRIE, LA 70006	\$1476.00	\$1926.00
13	1.00	YR	0013 TERMITE TREATMENT/CONTROL, FIRST YEAR COST TO INCLUDE CORE DRILLING,	\$2295.00	\$2745.00

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DATE: 6/14/2018

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INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00123228

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
14	1.00	YR	INSTALLATION OF BAIT STATIONS, AND TERMITE TREATMENT/CONTROL, LIQUID AND BAIT COMBINATION FOR: FIRE DEPARTMENT WAREHOUSE 5512 S. LAMBERT ST. JEFFERSON, LA 70123 0014 TERMITE TREATMENT/CONTROL, SECOND YEAR, LIQUID AND BAIT COMBINATION FOR: FIRE DEPARTMENT WAREHOUSE 5512 S. LAMBERT ST. JEFFERSON, LA 70123	\$450.00	\$450.00

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FROM CENTRAL AUCTION HOUSE

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Central Bidding Time: Thu July 05, 2018 11:08:58 AM GMT-6

Location: **Ponchatoula > Louisiana > USA**

Name: **Kenneth Guerra**

Email: **bugmankennyg@live.com**

Address: **38601 Raiford Rd**

Zip code: **70454**

Contact number: **+5046568900**

NIGP Codes: **91059 - Pest Control (Incl. Termite Inspection and Control, Bird Proofing, Animal Trapping, Rodent Control, Exterminating and Fumigation)**

(Commodity code categories)

98872 - Pest Control (Other Than Buildings) (Includes Spraying of Trees and Shrubs)

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Central Bidding Time: Thu July 05, 2018 11:09:12 AM GMT-6

Place a Bid for 5000123228 - TWO (2) YEAR CONTRACT FOR TERMITE TREATMENT/CONTROL FOR THE JEFFERSON PARISH EAST BANK CONSOLIDATED FIRE DEPARTMENT

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

<input type="text"/>	<input type="text"/>

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

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Central Auction House, LTD



CERTIFICATE OF LIABILITY INSURANCE

KENNY-5 OP ID: MW

DATE (MM/DD/YYYY)
04/30/2018

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 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 Brown & Brown of Louisiana, LLC Brown & Brown of Baton Rouge 6300 Corporate Blvd, Ste 250 BATON ROUGE, LA 70809 Melissa Wade, CIC, CISR	CONTACT NAME: Melissa C. Wade PHONE (A/C, No, Ext): 225-763-5604 FAX (A/C, No): 225-763-5650 E-MAIL ADDRESS:													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : ACCIDENT FUND INS CO OF AMER</td> <td></td> </tr> <tr> <td>INSURER B : *Imperium Insurance Company</td> <td>35408</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : ACCIDENT FUND INS CO OF AMER		INSURER B : *Imperium Insurance Company	35408	INSURER C :		INSURER D :		INSURER E :		INSURER F :
INSURER(S) AFFORDING COVERAGE	NAIC #													
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INSURER C :														
INSURER D :														
INSURER E :														
INSURER F :														
INSURED Kenny G's Pest Control, LLC Attn: Kenneth Guerra 38601 Raiford Rd Ponchatoula, LA 70454														

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
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	GL-05615-00	05/01/2018	05/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	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	WCV6165315	05/01/2018	05/01/2019	<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

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

Workers' Compensation excludes Kenneth Guerra.

Certificate holder is an additional insured and granted waiver of subrogation on the General Liability Policy if required by written contract.

CERTIFICATE HOLDER Jefferson Parish Dept of Purchasing P.O.Box 9 Gretna, LA 70054	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 
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Form W-9 (Rev. January 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.
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Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) Kenneth C Guerra	
	Business name/disregarded entity name (if different from above) Kenny G's Post Control	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see Instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.) 38601 Raiford Rd		Requester's name and address (optional)
City, state, and ZIP code Ponchartroula, LA 70454		
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 <i>How to get a TIN</i> on page 3.																					
Social security number <table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:10%;"></td> </tr> </table>											Employer identification number <table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:10%;"></td> </tr> </table>										
Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.																					

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 ▶ <i>Kenneth C Guerra</i> Date ▶ 10-4-12

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.