

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

DATE: 4/24/2025

BID NO.: 50-00147681

JEFFERSON PARISH

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

VENDOR: 27118 BLANK BID COPY VENDOR

PURCHASING SPECIALIST:
SCHAMPAGNE

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 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: _____

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

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

FIRM NAME:

PREMIER PRESSURE WASHING - MOSS COON LLC

SIGNATURE:

(Must be signed here)

M. Mueller III

TITLE:

OWNER

PRINT OR TYPE NAME:

MASMEIO MUELLER (MOSSY)

ADDRESS:

4132 BARATARIA Blvd

CITY, STATE:

MARRERO, LA.

ZIP:

70072

TELEPHONE:

504, 453-2929

FAX:

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EMAIL ADDRESS:

mossymueller@gmail.com

TOTAL PRICE OF ALL BID ITEMS: \$ 7400.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00147681

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>PROVIDE LABOR, MATERIAL, AND ANY INCIDENTALS NEEDED TO PRESSURE WASH EXTERIORS OF WOODMERE AND ESTELLE PLAYGROUND GYMNASIUMS FOR JEFFERSON PARISH PARKS AND RECREATION</p> <p>0001-LABOR & MATERIALS TO PRESSURE WASH APPROXIMATELY 15,000 SQUARE FOOT OF THE 70% CORRUGATED METAL AND 30% BRICK</p> <p>LOCATION: JEFFERSON PARISH WOODMERE PLAYGROUND GYMNASIUM 4100 GLENMERE BLVD. HARVEY, LA 70058</p>	\$ 2800.00	\$ 2800.00
2	1.00	EA	0002 LIFT MACHINE FOR WOODMERE JOB	\$ 900.00	\$ 900.00
3	1.00	JOB	<p>0003-LABOR & MATERIALS TO PRESSURE WASH APPROXIMATELY 15000 SQUARE FOOT OF 70% CORRUGATED METAL AND 30% BRICK</p> <p>LOCATION: JEFFERSON PARISH ESTELLE PLAYGROUND GYMNASIUM 5801 LEO KENER PKWY. MARRERO, LA 70072</p>	\$ 2800.00	\$ 2800.00
4	1.00	EA	<p>0004 LIFT MACHINE FOR ESTELLE JOB</p> <p>FOR SITE VISIT CONTACT: BRENT GRIFFIN (504)349-5000 (OFFICE) (504)296-0039 (CELL)</p>	\$ 900.00	\$ 900.00

Insurance Declaration Affidavit
Automotive

AFFIDAVIT

STATE OF LA
PARISH/COUNTY OF JEFFERSON

BEFORE ME, the undersigned authority, personally came and appeared,
MOSSY MUELLER, (Affiant) who after being duly sworn, deposed and said that he/she
is the fully authorized PRESIDENT of PREMIER PRESSURE WASHING (Entity), the
party who submitted a Proposal/Contract/Bid/RFP/SOQ No. 50-00147681, to Jefferson Parish.

Affiant further said:

- (1) That entity does not own automobiles or use automobiles in the furtherance of the services provided under the contract.
- (2) That if the entity obtains automobiles or begins to use automobiles in the furtherance of the services provided under the contract, affiant will notify Jefferson Parish and obtain the proper coverage.

M. Mueller
Signature of Affiant

MOSSY MUELLER
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 29 DAY OF April, 2025

Notary Public

Jose G Boesch
Printed Name of Notary

NP# 26444
Notary/Bar Roll Number

My commission expires _____





CERTIFICATE OF LIABILITY INSURANCE

PREMPRE-04

KLEE1

DATE (MM/DD/YYYY)

11/6/2024

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

World Insurance Associates, LLC
3636 South I-10 Service Road, Suite 100
Metairie, LA 70001

CONTACT NAME: Kathy Lee**PHONE**
(A/C, No, Ext):**FAX**
(A/C, No):**E-MAIL ADDRESS:** KathyLee@worldinsurance.com**INSURED**

Premier Pressure Washing, Mosscoon, LLC
4132 Barataria Blvd.
Marrero, LA 70072

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Crum & Forster Specialty Insurance Co.	44520
INSURER B:	Louisiana Workers' Compensation Corporation	22350
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 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BAS299532	11/1/2024	11/1/2025	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 - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	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 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N/A		161648	5/12/2024	5/12/2025	<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)

CERTIFICATE HOLDER

*****SAMPLE*****

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