

BID/RFP RECEIPT

Receipt of Bid/RFP Proposal No. 50-0013141P

From: Demetrius Williams DBA/Williams Elite Cleaning

Person Received Bid: [Signature] Company's Name

Number of Envelopes/Boxes Received: 1 envelope

Jefferson Parish Purchasing Department
200 Derbigny Street
Suite 4400 – General Government Building
Gretna, LA 70053

RECEIVED
JUL -9 AM 10 12
JEFFERSON PARISH
PURCHASING

Primer Services Inc.
d/b/a: Service Master Elite Cleaning
1759 L 9 A Rd.

Metairie, La. 70001

Bid # 50-00131418

La. Contractor License # 49041

DATE: 7/01/2020

**INVITATION TO BID
THIS IS NOT AN ORDER**

Page: 4

BID NO.: 50-00131418

JEFFERSON PARISH

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

VENDOR:

BUYER: MBUTTERY

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

Start of Contract

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) 47041***** ALL BIDDERS MUST COMPLETE SECTION BELOW *****

FIRM NAME:

Primerio Services Inc dba: Service Master Elite Cleaning

SIGNATURE:

(Must be signed here)

TITLE:

PRINT OR TYPE NAME:

LENNY CABRERA - PRESIDENT

ADDRESS:

1759 L 9A. Rd.

CITY, STATE:

Metairie La.

ZIP:

70001

TELEPHONE:

(504) 833-9944

FAX:

(504) 833-4144

EMAIL ADDRESS:

lenny@service master elite clean.comTOTAL PRICE OF ALL BID ITEMS: \$ 39,600.00

DATE: 7/01/2020

Page: 5

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00131418

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	EA	<p>LABOR, MATERIALS AND EQUIPMENT NECESSARY TO PROVIDE DISINFECTING AND CLEANING AT 10 HEADSTART CENTERS FOR JEFFCAP</p> <p>0001-DISINFECTING AND CLEANING OF WORK AREA-10 CENTERS FOR 1 SINGLE CLEANING</p> <p>SITE VISIT CONTACT: M-F 8AM-3PM LONNIE BEWLEY LBEWLEY@JEFFPARISH.NET 504.736.6900</p> <p>SEE ATTACHED SPECIFICATIONS FOR DETAILS</p>	39,600. ⁰⁰	39,600. ⁰⁰

Debarment/Suspension Form

DEBARMENT/SUSPENSION CERTIFICATION

Debarment:

Federal Executive Order (E.O.) 12549 "Debarment" requires that all contractors receiving individual awards, using federal funds, and all subrecipients certify that the organization and its principals are not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency from doing business with the Federal Government. By signing this document you certify that your organization and its principals are not debarred. Failure to comply or attempts to edit this language may disqualify your bid. Information on debarment is available at the following websites: www.sam.gov and <https://acquisition.gov/far/index.html> see section 52.209-6.

Your signature certifies that neither you nor your principal is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

LEONARD COBRENA - PRESIDENT
(Name and Title of bidder's official)

Primeid Services Inc dba: Service Master Elite Cleaning
(Name of bidder/company)

1759 L & A Rd
(Address)
Metairie La. 70001
(Address)

PHONE 504-833-9944 FAX 504-833-4144

EMAIL LENNY@SERVICEMASTERECS.COM

 Signature 7/8/2020 Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/08/2020

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 Stone Insurance, Inc. 111 Veterans Blvd, Suite 1420 Metairie LA 70005-3055		CONTACT NAME: Cathlene Hughes PHONE (A/C, No, Ext): (504) 832-4161 FAX (A/C, No): (504) 835-6657 E-MAIL ADDRESS: cathy.hughes@stone-insurance.com																					
INSURED Primero Services, Inc., DBA: ServiceMaster 1759 L & A Road Metairie LA 70001		<table border="1"><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Arch Specialty Insurance</td><td></td></tr><tr><td>INSURER B:</td><td>L W C C</td><td>22350</td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Arch Specialty Insurance		INSURER B:	L W C C	22350	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURER E:																							
INSURER F:																							

COVERAGES

CERTIFICATE NUMBER: 19-20 MASTER

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.

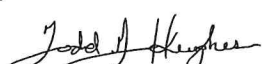
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			12EMP0536505	12/30/2019	12/30/2020	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 Contractors Pollution \$ 1,000,000
	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) \$ \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			12EMX0536605	12/30/2019	12/30/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	168731	12/30/2019	12/30/2020	<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
A	Contractors Pollution, Mold and Professional Liability			12EMP0536505	12/30/2019	12/30/2020	Limit of Insurancd \$1,000,000. per claim

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

General Liability includes Blanket Additional Insured Endorsement (Form 00EMP0101 00 0114), Blanket Waiver of Subrogation (Form 00EMP0052 00 0504) and Per Project Aggregate (Form 00EMP0062 00 0504); all subject to written contract executed prior to any loss. Professional Liability limit per wrongful act is \$1,000,000; Claims Made basis; 12/30/14 Retro Date. Mold Limit per event is \$1,000,000; Claims Made basis; 2/1/2014 Retro Date. Contractors Pollution Liability Limit per pollution event is \$1,000,000; Claims Made basis; 2/1/2014 Retro Date. Leonard and Nancy Cabrera excluded from Workers Compensation Coverage. Work Comp includes Blanket Waiver of Subrogation and Alternate Employer Endorsement
*** Complete Certificate Holder: Jefferson Parish, its Districts Departments and Agencies under the direction of the Parish President and the Parish Council

CERTIFICATE HOLDER

CANCELLATION

Jefferson Parish*** J.P. Department of Purchasing 200 Derbigny St., Suite 4400 Gretna 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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/08/2020

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PRODUCER Gary D. Hughes 4203 Williams Blvd Ste 200 Kenner, LA 70065	CONTACT NAME: Jamie Estes PHONE (A/C, No, Ext): (504) 468-1980 ext. 207 FAX (A/C, No): (504) 327-5394 E-MAIL ADDRESS: jamie.estes.ihh8@statefarm.com																					
INSURED Primero Service Inc, ServiceMaster & Primero Onlo, LLC DBA ServiceMaster Elite Cleaning Services 1759 L and A Rd Metairie, LA 70001-6236	<table border="1"><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>State Farm Mutual Automobile Insurance Company</td><td>25178</td></tr><tr><td>INSURER B:</td><td></td><td></td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	State Farm Mutual Automobile Insurance Company	25178	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	320 3767-F26-18H 354 2954-F26-18A 315 2830-F26-18H 235 4273-F26-18Y	06/26/2020 06/26/2020 06/26/2020 06/26/2020	12/26/2020 12/26/2020 12/26/2020 12/26/2020	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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 <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

All auto's have Comprehensive & Collision deductibles of \$1,000
Nonowned Auto policy # 315 2830-F26-18H has Comprehensive & Collision deductibles of \$250

RE: Jefferson Parish bid

CERTIFICATE HOLDER

CANCELLATION

Jefferson Parish, its Districts Departments and Agencies under the direction of the Parish President and the Parish Council

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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PRODUCER Gary D. Hughes 4203 Williams Blvd Ste 200 Kenner, LA 70065	CONTACT NAME: Jamie Estes PHONE (A/C, No, Ext): (504) 468-1980 ext. 207 FAX (A/C, No): (504) 327-5394 E-MAIL ADDRESS: jamie.estes.ibh8@statefarm.com
INSURED Primero Service Inc, ServiceMaster & Primero Onlo, LLC DBA ServiceMaster Elite Cleaning Services 1759 L and A Rd Metairie, LA 70001-6236	INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Mutual Automobile Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

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	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE <input type="checkbox"/> OTH-ER <input 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/A				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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RE: Jefferson Parish bid

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CANCELLATION

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AUTHORIZED REPRESENTATIVE

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INSURED Primero Service Inc, ServiceMaster & Primero Onlo, LLC DBA ServiceMaster Elite Cleaning Services 1759 L and A Rd Metairie, LA 70001-6236	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: State Farm Mutual Automobile Insurance Company		25178
	INSURER B:		
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PRODUCER Gary D. Hughes 4203 Williams Blvd Ste 200 Kenner, LA 70065	CONTACT NAME: Jamie Estes		
	PHONE (A/C, No, Ext): (504) 468-1980 ext. 207	FAX (A/C, No): (504) 327-5394	
	E-MAIL ADDRESS: jamie.estes.ih8@statefarm.com		
INSURED Primero Service Inc, ServiceMaster & Primero Onlo, LLC DBA ServiceMaster Elite Cleaning Services 1759 L and A Rd Metairie, LA 70001-6236	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: State Farm Mutual Automobile Insurance Company		25178
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	277 8731-F26-18V 277 8738-F26-18R 289 0519-F26-18L 289 0520-F26-18K	06/26/2020 06/26/2020 06/26/2020 06/26/2020	12/26/2020 12/26/2020 12/26/2020 12/26/2020	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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 <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

All auto's have Comprehensive & Collision deductibles of \$1,000
Nonowned Auto policy # 315 2830-F26-18H has Comprehensive & Collision deductibles of \$250

RE: Jefferson Parish bid

CERTIFICATE HOLDER

Jefferson Parish, its Districts Departments and Agencies under the direction of the Parish President and Parish Council

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
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INSURED Primero Service Inc, ServiceMaster & Primero Onlo, LLC DBA ServiceMaster Elite Cleaning Services 1759 L and A Rd Metairie, LA 70001-6236	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: State Farm Fire and Casualty Company		25143
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	315 2832-F26-18G 310 1212-F26-18H 298 5622-F26-18K 333 6900-F26-18F	06/26/2020 06/26/2020 06/26/2020 06/26/2020	12/26/2020 12/26/2020 12/26/2020 12/26/2020	COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$ 1,000,000
							BODILY INJURY (Per accident)	\$ 1,000,000
							PROPERTY DAMAGE (Per accident)	\$ 1,000,000
								\$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	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	
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

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RE: Jefferson Parish bid

CERTIFICATE HOLDER

CANCELLATION

Jefferson Parish, its Districts Departments and Agencies under the direction of the Parish President and Parish Council

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AUTHORIZED REPRESENTATIVE

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A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		320 1176-F26-18F 333 6899-F26-18E	06/26/2020 06/26/2020	12/26/2020 12/26/2020	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
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