

DATE: 6/25/2020

Page: 5

BID NO.: 50-00131381

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 ✓

MAXIMUM ESCALATION PERCENTAGE REQUESTED _____ %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF Two (2) years

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

14-30 days based on
parts availability

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) SV-2018-00126

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: Alliance Bus Group, Inc.

ADDRESS: 56396 Frank Pichon Drive

CITY, STATE: Slidell, Louisiana ZIP: 70458

TELEPHONE: (985) 726-5142 FAX: (201) 636-8445

EMAIL ADDRESS: EugeneHotard@AllianceBusGroup.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 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: \$ _____

AUTHORIZED
SIGNATURE: 

TITLE: Executive Vice President

Eugene F. Hotard

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.

Non-Public Works Bid Affidavit Instructions

- **Affidavit is supplied as a courtesy to Affiants, but it is the responsibility of the affiant to insure the affidavit they submit to Jefferson Parish complies, in both form and content, with federal, state and parish laws.**
- **Affidavit must be signed by an authorized representative of the entity or the affidavit will not be accepted.**
- **Affidavit must be notarized or the affidavit will not be accepted.**
- **Notary must sign name, print name, and include bar/notary number, or the affidavit will not be accepted.**
- **Affiant MUST select either A or B when required or the affidavit will not be accepted.**
- **Affiants who select choice A must include an attachment or the affidavit will not be accepted.**
- **If both choice A and B are selected, the affidavit will not be accepted.**
- **Affidavit marked N/A will not be accepted.**
- **It is the responsibility of the Affiant to submit a new affidavit if any additional campaign contributions are made after the affidavit is executed but prior to the time the council acts on the matter.**

Instruction sheet may be omitted when submitting the affidavit

Non-Public Works Bid

AFFIDAVIT

STATE OF Georgia

PARISH/COUNTY OF Clayton

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

Eugene F. Hotard, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized Executive Vice President of Alliance Bus Group, Inc. (Entity), the party who submitted a bid in response to Bid Number 50-00131381, 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 ✓ 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 ✓ 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.]

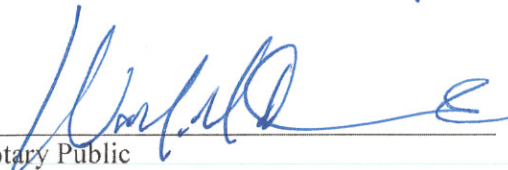
That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection 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

Eugene F. Hotard
Printed Name of Affiant

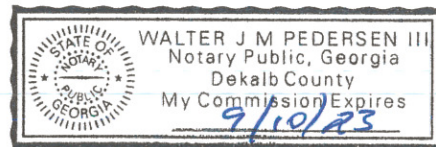
SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 27 DAY OF July, 2020


Notary Public

Walter J.M. Pedersen, III
Printed Name of Notary

794 718
Notary/Bar Roll Number



My commission expires September 10, 2023.

CORPORATE RESOLUTION

**Please see attached 'Business Corporation' statement
from the State of Louisiana - Secretary of State**

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF

INCORPORATED.

AT THE MEETING OF DIRECTORS OF _____
INCORPORATED, DULY NOTICED AND HELD ON _____,
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT
WAS:

RESOLVED THAT _____, BE AND IS HEREBY
APPOINTED, CONSTITUTED AND DESIGNATED AS AGENT AND ATTORNEY-IN-
FACT OF THE CORPORATION WITH FULL POWER AND AUTHORITY TO ACT ON
BEHALF OF THIS CORPORATION IN ALL NEGOTIATIONS, BIDDING, CONCERNS
AND TRANSACTIONS WITH THE PARISH OF JEFFERSON OR ANY OF ITS AGENCIES,
DEPARTMENTS, EMPLOYEES OR AGENTS, INCLUDING BUT NOT LIMITED TO, THE
EXECUTION OF ALL BIDS, PAPERS, DOCUMENTS, AFFIDAVITS, BONDS, SURETIES,
CONTRACTS AND ACTS AND TO RECEIVE ALL PURCHASE ORDERS AND NOTICES
ISSUED PURSUANT TO THE PROVISIONS OF ANY SUCH BID OR CONTRACT, THIS
CORPORATION HEREBY RATIFYING, APPROVING, CONFIRMING, AND ACCEPTING
EACH AND EVERY SUCH ACT PERFORMED BY SAID AGENT AND ATTORNEY-IN-
FACT.

I HEREBY CERTIFY THE FOREGOING TO BE
A TRUE AND CORRECT COPY OF AN
EXCERPT OF THE MINUTES OF THE ABOVE
DATED MEETING OF THE BOARD OF
DIRECTORS OF SAID CORPORATION, AND
THE SAME HAS NOT BEEN REVOKED OR
RESCINDED.

SECRETARY-TREASURER

DATE

State of
Louisiana
Secretary of
State



COMMERCIAL DIVISION
225.925.4704

Fax Numbers
225.932.5317 (Admin. Services)
225.932.5314 (Corporations)
225.932.5318 (UCC)

Name	Type	City	Status
ALLIANCE BUS GROUP, INC.	Business Corporation (Non-Louisiana)	COLLEGE PARK	Active

Previous Names

Business: ALLIANCE BUS GROUP, INC.

Charter Number: 40685576F

Registration Date: 12/9/2011

Domicile Address

1926 HYANNIS CT.
COLLEGE PARK, GA 30337

Mailing Address

1926 HYANNIS CT.
COLLEGE PARK, GA 30337

Principal Business Office

1926 HYANNIS CT.
COLLEGE PARK, GA 30337

Registered Office in Louisiana

3867 PLAZA TOWER DR., 1ST FLOOR
BATON ROUGE, LA 70816

Principal Business Establishment in Louisiana

56396 FRANK PICHON RD
SLIDELL, LA 70458

Status

Status: Active

Annual Report Status: In Good Standing

Qualified: 12/9/2011

Last Report Filed: 12/6/2019

Type: Business Corporation (Non-Louisiana)

Registered Agent(s)

Agent:	URS AGENTS, LLC
Address 1:	3867 PLAZA TOWER DR., 1ST FLOOR
City, State, Zip:	BATON ROUGE, LA 70816
Appointment Date:	1/31/2019

Officer(s)

Additional Officers: No

Officer:	EUGENE HOTARD
-----------------	---------------

Title: Executive Vice-President, Director
Address 1: 56396 FRANK PICHON RD.
City, State, Zip: SLIDELL, LA 70458

Officer: JOHN DOUGLAS DUNN JR.
Title: Director, President
Address 1: 56396 FRANK PICHON RD.
City, State, Zip: SLIDELL, LA 70458

Amendments on File (2)

Description	Date
Appointing, Change, or Resign of Officer	10/3/2018
Stmnt of Chg or Chg Prin Bus Off	1/31/2019

Print

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/27/2020

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER USI Insurance Services, LLC 3475 Piedmont Rd Ste 800 Atlanta, GA 30305		CONTACT NAME: Jennifer Lefler PHONE (A/C, No, Ext): 470 875-0441 FAX (A/C, No): 877 362-9069 E-MAIL ADDRESS: Jennifer.Lefler@usi.com	
INSURED Alliance Bus Group, Inc. 1926 Hyannis Ct College Park, GA 30337-6614		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Travelers Property Cas. Co. of America	
		INSURER B: Travelers Indemnity Company	
		INSURER C: Aspen American Insurance Company	
		INSURER D:	
		INSURER E:	
INSURER F:		NAIC #	

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 SUBR INSR 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:		AD7D12411619	11/01/2019	11/01/2020	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Leased Autos		BA7D12411619 *Contingent Auto	11/01/2019	11/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Contingent \$1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		CUP9N15013719	11/01/2019	11/01/2020	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	UB3N43482920	06/01/2020	06/01/2021	<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	Dlrs Open Lot-AOS		AD7D12411619	11/01/2019	11/01/2020	\$32,250,000 Blnkt Coll
B	NJ/MS		AD4G55694A19	11/01/2019	11/01/2020	\$12,750,000 Blnkt Coll
B	FL		GA4G54996019	11/01/2019	11/01/2020	\$4,500,000 Blnkt Coll

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

Coverage: Garage Liability - AOS

Insurer: Travelers Property Casualty Co of America

Policy No.: AD7D12411619

Term: 11/01/2019 - 11/01/2020

Limit: \$1,000,000 other than auto each accident

(See Attached Descriptions)

CERTIFICATE HOLDER

CANCELLATION

Jefferson Parish District
 Department and Agencies West
 Bank Purchasing Department
 200 Derbigny Street, 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

Paula B Bulman

DESCRIPTIONS (Continued from Page 1)

Coverage: Garage Liability - NJ/MS

Insurer: Travelers Indemnity Company

Policy No.: AD4G55694A19

Term: 11/01/2019 - 11/01/2020

Limit: Scheduled by location \$3,500,000 total other than auto

Coverage: Garage Liability - FL

Insurer: Travelers Indemnity Company

Policy No.: GA4G54996019

Term: 11/01/2019 - 11/01/2020

Limit: \$1,000,000/\$3,000,000 aggregate other than auto

Coverage: Excess Umbrella

Insurer: Aspen American Insurance Company

Policy No.: CX0076419

Term: 11/1/2019 - 11/1/2020

Limit: \$9,000,000 xs \$1,000,000

Coverage: Excess Liability

Insurer: Travelers Property Casualty Co of America

Policy No.: ZUP15R5819A19

Term: 11/01/2019 - 11/01/2020

Limit: \$10,000,000 excess of \$10,000,000

Bid #50-00131381

Jefferson Parish, its Districts Departments and Agencies under the direction of the Parish President and the Parish Council are included as an additional insured on the General and Auto Liability policies where required by written contract. Umbrella policy follows form.