

DATE: 4/03/2019  
BID NO.: 50-00126168

INVITATION TO BID  
THIS IS NOT AN ORDER

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**JEFFERSON PARISH**

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

VENDOR:

BUYER: SFOLSE

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) 13645

|   |                              |
|---|------------------------------|
| <b>*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***</b>    |                              |
| FIRM NAME: <u>Kenny G's Pest Control</u>                  |                              |
| SIGNATURE:<br>(Must be signed here) <u>Kenneth Guerra</u> | TITLE: <u>Owner</u>          |
| PRINT OR TYPE NAME: <u>Kenneth Guerra</u>                 |                              |
| ADDRESS: <u>38601 Rufford Rd</u>                          |                              |
| CITY, STATE: <u>Bonchattoula, LA</u>                      | ZIP: <u>70454</u>            |
| TELEPHONE: <u>504 (1) 656-8900</u>                        | FAX: <u>985 (1) 386-5423</u> |
| EMAIL ADDRESS: <u>BugmanKennyg@live.com</u>               |                              |

TOTAL PRICE OF ALL BID ITEMS: \$ 4,560.00

DATE: 4/03/2019

## INVITATION TO BID FROM JEFFERSON PARISH - continued

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BID NO.: 50-00126168

SEALED BID

| ITEM<br>NUMBER | QUANTITY | U/M | DESCRIPTION OF ARTICLES  | UNIT PRICE<br>QUOTED | TOTALS  |
|----------------|----------|-----|--|----------------------|---------|
| 1              | 24.00    | MO  | <p>TWO (2) YEAR CONTRACT FOR PEST CONTROL SERVICES FOR THE JEFFERSON PARISH ANIMAL SHELTERS</p> <p>0010 LABOR &amp; MATERIALS FOR A TWO YEAR CONTRACT FOR PEST CONTROL SERVICES AT THE ANIMAL SHELTERS LOCATED AT THE FOLLOWING LOCATIONS:</p> <p>FIRST LOCATION:</p> <p>EASTBANK ANIMAL SHELTER<br/>#1 HUMANE WAY<br/>JEFFERSON, LA 70123</p> | 95.00                | 2280.00 |
| 2              | 24.00    | MO  | <p>0020 SECOND LOCATION:</p> <p>WESTBANK ANIMAL SHELTER<br/>2701 LAPALCO BLVD.<br/>HARVEY, LA 70058</p> <p>CONTRACT IS TO COVER ALL TYPES OF VERMIN AND INSECTS AS PER THE SPECIFICATIONS THAT ARE ATTACHED.</p>   | 95.00                | 2280.00 |





# CERTIFICATE OF LIABILITY INSURANCE

KENNY-5 OP ID: MW

DATE (MM/DD/YYYY)

07/20/2018

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  
\*Community Accounts

CONTACT NAME: Melissa C. Wade

PHONE (A/C, No, Ext): 225-763-5604

FAX (A/C, No): 225-763-5650

E-MAIL ADDRESS:

## INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: ACCIDENT FUND INS CO OF AMER

10166

INSURER B: Imperium Insurance Company

35408

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 SUBR INSD WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|--------------------|---------------|-------------------------|-------------------------|--|
| B        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER: |                    | GL-05615-00   | 05/01/2018              | 05/01/2019              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000 |
|          | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS  |                    |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$  |
|          | UMBRELLA LIAB <input type="checkbox"/> OCCUR<br>EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$  |                    |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$   |
| A        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N<br>Y N/A       | WCV6165315    | 05/01/2018              | 05/01/2019              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>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

KENN006

Kenny G's Pest Control, LLC  
38601 Raiford Rd  
Ponchatoula, LA 70454

## 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



# IMPORTANT - IDENTIFICATION CARDS

FOLD TOP AND BOTTOM OF CARD ON PERFORATION

STATE FARM®

FOLD TOP AND BOTTOM OF CARD ON PERFORATION

MULTI VOL

0101-ST-6-0106

00039/01252  
14166/2 R-14-2018 (o)pdhcz)

KEEP A CARD IN YOUR CAR.  
THIS CARD IS INVALID IF THE POLICY FOR WHICH IT WAS ISSUED LAPSES OR IS TERMINATED.  
KEEP YOUR CURRENT CARD UNTIL THE EFFECTIVE DATE OF THIS CARD.

M 76608-5-A  
AL-PI

**State Farm** **LOUISIANA AUTO INSURANCE IDENTIFICATION CARD**

☒ State Farm Mutual Automobile Ins. Co. ☐ State Farm Fire and Casualty Co.

PO Box 863922  
INSURED GUERRA, KENNETH Richardson, TX 75085-3922

POLICY NUMBER 211 3035-A18-18D EFFECTIVE DATE DEC 17 2018 TO JUL 18 2019  
YR 2018 MAKE TOYOTA VIN 5TFRXG6N5JX130382  
MODEL TACOMA  
AGENT PHILIP W BANKSTON INS AGCY INC 1998-BD3  
COVINGTON, LA 70433  
PHONE (985)993-9899 NAIC # 25178  
A D500 G500 UEO  
EXCLUDED DRIVERS) N/A

THIS CARD MUST BE CARRIED IN THE VEHICLE AT ALL TIMES AS EVIDENCE OF LIABILITY INSURANCE

**State Farm** **LOUISIANA AUTO INSURANCE IDENTIFICATION CARD**

☒ State Farm Mutual Automobile Ins. Co. ☐ State Farm Fire and Casualty Co.

PO Box 863922  
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MODEL TACOMA  
AGENT PHILIP W BANKSTON INS AGCY INC 1998-BD3  
COVINGTON, LA 70433  
PHONE (985)993-9899 NAIC # 25178  
A D500 G500 UEO  
EXCLUDED DRIVERS) N/A

THIS CARD MUST BE CARRIED IN THE VEHICLE AT ALL TIMES AS EVIDENCE OF LIABILITY INSURANCE



P. BANKSTON  
INSURANCE AGENCY, INC.  
1752 Hwy 21 N, Suite 100  
Baton Rouge, LA 70803  
504-233-9899

001

### Binder of Insurance

Pending issuance and delivery of a policy pursuant to the application of the insured and to all the terms and conditions of the policy issued by the company the

State Farm Mutual Automobile Insurance Company

Does hereby insure: KENNETH GUERRA  
38601 RAIFORD RD  
PONCHATOULA, LA 70454-8019

with loss payable to: TOYOTA FINANCIAL SERVICES PO BOX 105386  
30348-5386

ATLANTA GA

Policy Number: 211 3035-A18-18D

Year Make  
2018 TOYOTA TACOMA PICKUP

Vehicle Identification Number (VIN)  
5TFRX5GN5JX130382

### Coverages

Liability  
1MM/1MM/1MM

Comprehensive  
\$500

Collision Ded  
\$500

Effective December 26, 2018, expiring not to exceed thirty (30) days hence and to become void immediately upon the issuance of a policy in place hereof.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Date \_\_\_\_\_

  
Authorized Representative

P. BANKSTON

18-1998

FLORIDA PARISHES AFO F695