

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

INVITATION TO BID
THIS IS NOT AN ORDER

JEFFERSON PARISH
PURCHASING DEPARTMENT
P.O. BOX 9
GRETNA, 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

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: <u>Kenny G's Pest Control</u>	
SIGNATURE: <u>Kenneth Guerra</u> (Must be signed here)	TITLE: <u>owner</u>
PRINT OR TYPE NAME: <u>Kenneth Guerra</u>	
ADDRESS: <u>38601 Raiford Rd</u>	
CITY, STATE: <u>Ponchartroula, 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

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00126168

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE 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 & 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 #1 HUMANE WAY JEFFERSON, LA 70123</p>	95.00	2280.00
2	24.00	MO	<p>0020 SECOND LOCATION:</p> <p>WESTBANK ANIMAL SHELTER 2701 LAPALCO BLVD. 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:

INSURED
Kenny G's Pest Control, LLC
Attn: Kenneth Guerra
38601 Raiford Rd
Ponchatoula, LA 70454

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:		

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 <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:		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 - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED 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 DED RETENTION \$					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 Y N/A	WCV6165315	05/01/2018	05/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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

CANCELLATION

KENN006

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

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

FOLD TOP AND BOTTOM OF CARD ON PERFORATION

MULTI VOL

State Farm
 LOUISIANA AUTO INSURANCE IDENTIFICATION CARD

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

PO Box 863922 **Richardson, TX 75086-3922**
 INSURED **GUERRA, KENNETH**

POLICY NUMBER 211 3036-A18-18D EFFECTIVE MULTI VOL
 YR 2018 MAKE TOYOTA VIN DEC 17 2018 TO JUL 18 2019
 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.
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 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

90101-ST-1-6-010

00039/01252

1416072 02-14-2018 (01pda2z)

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



P. BANKSTON
INSURANCE AGENCY, INC.
1750 Hwy 21 N, Suite 100
Bovington, LA 70433
504-893-9899

WJ001

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	Vehicle Identification Number (VIN)
2018	TOYOTA TACOMA PICKUP	5TFRX5GN5JX130382

Coverages

Liability
1MM/1MM/1MM

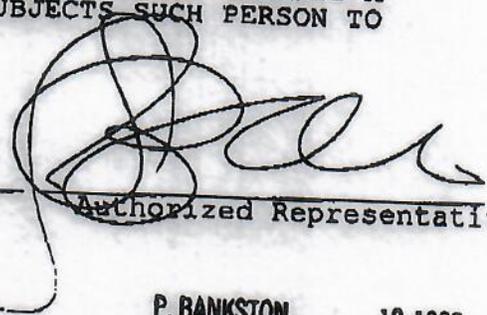
Comprehensive
\$500

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