

DATE: 10/04/2019

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00128363

**JEFFERSON PARISH**

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

VENDOR:

BUYER: DABRAHAM

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: (Must be signed here)	TITLE: <u>owner</u>
PRINT OR TYPE NAME: <u>Kenneth Guerra</u>	
ADDRESS: <u>38601 Ratford Rd</u>	
CITY, STATE: <u>Ponchartraine, LA 70454</u>	ZIP: _____
TELEPHONE: <u>(504) 656-8900</u>	FAX: <u>985-386-5423</u>
EMAIL ADDRESS: <u>BugmanKennyg@Live.com</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 7,800.00

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## INVITATION TO BID FROM JEFFERSON PARISH - continued

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BID NO.: 50-00128363

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	24.00	MO	<p>Two (2) year pest control contract at various locations for JeffCap Head Start</p> <p>1000C PEST CONTROL SERVICES SERVICE ALL ENTRANCES/EXITS, KITCHEN RESTROOMS AND ANY OTHER AREA AS NEEDED FOR RODENTS, ROACHES, ANTS, SPIDERS AND SILVERFISH. INCLUDE ON EACH INSIDE AND OUTSIDE BAIT STATION AT THE FOLLOWING LOCATION</p> <p>CAUSEWAY HEAD START 3420 N CAUSEWAY BLD., STE. B METAIRIE, LA 70002</p> <p>FOR SITE VISITS, PLEASE CONTACT: LONNIE BEWLEY @ 504-322-5872</p> <p>(Contract to start when bid is awarded)</p>	65.00	1560.00
2	24.00	MO	<p>2000J PEST CONTROL SERVICES SERVICE ALL ENTRANCES/EXITS, KITCHEN RESTROOMS AND ANY OTHER AREA AS NEEDED FOR RODENTS, ROACHES, ANTS, SPIDERS AND SILVERFISH. INCLUDE ON EACH INSIDE AND OUTSIDE BAIT STATION AT THE FOLLOWING LOCATION</p> <p>JUTLAND HEAD START 1821 JUTLAND DRIVE HARVEY, LA 70058</p>	65.00	1560.00
3	24.00	MO	<p>3000K PEST CONTROL SERVICES SERVICE ALL ENTRANCES/EXITS, KITCHEN RESTROOMS AND ANY OTHER AREA AS NEEDED FOR RODENTS, ROACHES, ANTS, SPIDERS AND SILVERFISH. INCLUDE ON EACH INSIDE AND OUTSIDE BAIT STATION AT THE FOLLOWING LOCATION</p> <p>KENNER HEAD START 200 DECATUR ST KENNER, LA 70062</p>	65.00	1560.00
4	24.00	MO	<p>4000L PEST CONTROL SERVICES SERVICE ALL ENTRANCES/EXITS, KITCHEN RESTROOMS AND ANY OTHER AREA AS NEEDED FOR RODENTS, ROACHES, ANTS, SPIDERS AND SILVERFISH. INCLUDE ON EACH INSIDE AND OUTSIDE BAIT STATION AT THE FOLLOWING LOCATION</p> <p>LAPALCO HEAD START</p>	65.00	1560.00



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INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00128363

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
5	24.00	MO	<p>2001 LINCOLNSHIRE DR MARRERO, LA 70072</p> <p>5000T PEST CONTROL SERVICES SERVICE ALL ENTRANCES/EXITS, KITCHEN RESTROOMS AND ANY OTHER AREA AS NEEDED FOR RODENTS, ROACHES, ANTS, SPIDERS AND SILVERFISH. INCLUDE ON EACH INSIDE AND OUTSIDE BAIT STATION AT THE FOLLOWING LOCATION</p> <p>TERRYTOWN HEAD START 2315 PARK PLACE DR. GRETN, LA 70056</p>	65.00	1560.00



# CERTIFICATE OF LIABILITY INSURANCE

KENNY-5

OP ID: MW

DATE (MM/DD/YYYY)

05/15/2019

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  
\*Select 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					
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		IIC-GL-05615-01	05/01/2019	05/01/2020	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
	<b>AUTOMOBILE LIABILITY</b>					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b>	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	<b>EXCESS LIAB</b>	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	Y/N	WCV6165315	05/01/2019	05/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N / A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					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

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



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 MOTOR CREDIT CORP TMCC INSURANCE SERVICE  
CENTER PO BOX 105386 ATLANTA GA 30348-5386

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 September 09, 2019, 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 September 9<sup>th</sup> 2019 Cassini Stevens  
Authorized Representative