

DATE: 11/19/2021

INVITATION TO BID
THIS IS NOT AN ORDER

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BID NO.: 50-00136646

JEFFERSON PARISH
PURCHASING DEPARTMENT
P.O. BOX 9
GRETNA, 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	<i>upon award</i>
INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK	<i>upon award</i>
INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK	<i>N/A</i>

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 by placing the addendum number as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: #1 dated 12/6/21
NUMBER: _____
NUMBER: _____
NUMBER: _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) #69802

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: <u>ADT Commercial</u>	
SIGNATURE: <u>Louis Quijano</u> <small>(Must be signed here)</small>	TITLE: <u>General Manager</u>
PRINT OR TYPE NAME: <u>Louis Quijano</u>	
ADDRESS: <u>150 James Dr East, Ste #160</u>	
CITY STATE: <u>St. Rose LA</u>	ZIP: <u>70087</u>
TELEPHONE: <u>504821-9725</u>	FAX: <u>504827-1020</u>
EMAIL ADDRESS: <u>lquijano@adt.com ; laura.curtis@adt.com</u>	

TOTAL PRICE OF ALL BID ITEMS: \$25,824.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00136646

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	24.00	MO	<p>Two (2) year contract to provide alarm monitoring for fire and security at various locations for the Department of General Services</p> <p>0010 - ALARM MONITORING-FIRE & SECURITY (VARIOUS LOCATIONS) GENERAL SERVICES</p> <p>FOR THE PERIOD OF 2/1/22 THRU 1/31/24</p> <p>***BELOW IS THE FIRST ITEM TO BE BID***</p> <p>PROVIDE A MONTHLY COST FOR OPENING AND CLOSING REPORTS FOR SECURITY SYSTEM ONLY AT THE</p> <p>BRIDGE CITY SENIOR CENTER 1601 BRIDGE CITY AVENUE BRIDGE CITY, LA 70094</p>	\$0.00	\$0.00
2	24.00	MO	<p>0020 - PROVIDE A MONTHLY COST FOR FIRE & SECURITY ALARM MONITORING AT THE</p> <p>BRIDGE CITY SENIOR CENTER 1601 BRIDGE CITY AVENUE BRIDGE CITY, LA 70094</p>	\$64.00	\$1,536.00
3	24.00	MO	<p>0030 - PROVIDE A MONTHLY COST FOR OPENING & CLOSING REPORTS FOR SECURITY SYSTEM ONLY AT THE</p> <p>FIRST PARISH COURT BUILDING 924 DAVID DRIVE METAIRIE, LA 70003</p>	\$0.00	\$0.00
4	24.00	MO	<p>0040 - PROVIDE A MONTHLY COST FOR FIRE & SECURITY ALARM MONITORING AT THE</p> <p>FIRST PARISH COURT BUILDING 924 DAVID DRIVE METAIRIE, LA 70003</p>	\$64.00	\$1,536.00
5	24.00	MO	<p>0050 - PROVIDE A MONTHLY COST FOR FIRE ALARM MONITORING ONLY AT THE</p> <p>THOMAS F. DONELON BUILDING 200 DERBIGNY STREET GRETNA, LA 70053</p>	\$32.00	\$768.00
6	24.00	MO	<p>0060 - PROVIDE A MONTHLY COST FOR FIRE ALARM MONITORING ONLY AT THE</p>	\$32.00	\$768.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00136646

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
7	24.00	MO	CENTRAL PLANT 960 1ST STREET GRETNA, LA 70056 0070 - PROVIDE A MONTHLY COST FOR FIRE & SECURITY ALARM MONITORING AT THE	\$64 ⁰⁰	\$1,536 ⁰⁰
8	24.00	MO	LOCAL HISTORY MUSEUM 519 HUEY P. LONG AVENUE GRETNA, LA 70053 0080 - PROVIDE A MONTHLY COST FOR FIRE & SECURITY ALARM MONITORING AT THE	\$64 ⁰⁰	\$1,536 ⁰⁰
9	24.00	MO	DISTRICT ATTORNEY BUILDING 100 DERBIGNY STREET GRETNA, LA 70056 0090 - PROVIDE A MONTHLY COST FOR FIRE & SECURITY ALARM MONITORING AT THE	\$64 ⁰⁰	\$1,536 ⁰⁰
10	24.00	MO	METAIRIE SENIOR CENTER 265 N. CAUSEWAY BOULEVARD METAIRIE, LA 70001 0100 - PROVIDE A MONTHLY COST FOR FIRE ALARM MONITORING ONLY AT THE	\$32 ⁰⁰	\$768 ⁰⁰
11	24.00	MO	GENERAL GOVERNMENT BUILDING 200 DERBIGNY STREET GRETNA, LA 70053 0110 - PROVIDE A MONTHLY COST FOR FIRE & SECURITY ALARM MONITORING AT THE	\$64 ⁰⁰	\$1,536 ⁰⁰
12	24.00	MO	CHARLES ODOM BUILDING 5001 WESTBANK EXPRESSWAY MARRERO, LA 70072 0120 - PROVIDE A MONTHLY COST FOR FIRE & SECURITY ALARM MONITORING AT THE	\$64 ⁰⁰	\$1,536 ⁰⁰
13	24.00	MO	1002 SECOND PARISH COURT BUILDING 519 HUEY P. LONG AVENUE GRETNA, LA 70053 0130 - PROVIDE A MONTHLY COST FOR FIRE & SECURITY ALARM MONITORING AT THE	\$64 ⁰⁰	\$1,536 ⁰⁰

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00136646

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
14	24.00	MO	MARRERO/HARVEY SENIOR CENTER 4420 7TH STREET MARRERO, LA 70072 0140 - PROVIDE A MONTHLY COST FOR FIRE & SECURITY ALARM MONITORING AT THE	\$6400	\$1,536 ⁰⁰
15	24.00	MO	SALVADOR A. LIBERTO BUILDING 802 2ND STREET GRETNA, LA 70053 0150 - PROVIDE A MONTHLY COST FOR FIRE & SECURITY ALARM MONITORING AT THE	\$6400	\$1,536 ⁰⁰
16	24.00	MO	JOSEPH S. YENNI BUILDING 1221 ELMWOOD PARK BOULEVARD JEFFERSON, LA 70123 0160 - PROVIDE A MONTHLY COST FOR FIRE & SECURITY ALARM MONITORING AT THE	\$6400	\$1,536 ⁰⁰
17	24.00	MO	JEFFERSON SENIOR CENTER 4518 JEFFERSON HIGHWAY JEFFERSON, LA 70123 0170 - PROVIDE A MONTHLY COST FOR FIRE ALARM MONITORING ONLY AT THE	\$3200	\$768 ⁰⁰
18	24.00	MO	CLERK OF COURT EVIDENCE BUILDING 1128 4TH STREET GRETNA, LA 70053 0180 - PROVIDE A MONTHLY COST FOR FIRE ALARM MONITORING ONLY AT THE	\$3200	\$768 ⁰⁰
19	24.00	MO	EASTBANK JUVENILE SERVICES BUILDING 3420 N. CAUSEWAY BOULEVARD METAIRIE, LA 70002 0190 - PROVIDE A MONTHLY COST FOR FIRE & SECURITY ALARM MONITORING AT THE	\$106 ⁰⁰	\$2,544 ⁰⁰
20	24.00	MO	JEFFERSON PERFORMING ARTS CENTER 6400 AIRLINE DRIVE METAIRIE, LA 70003 0200 - PROVIDE A MONTHLY COST FOR FIRE & SECURITY ALARM MONITORING AT THE	\$106 ⁰⁰	\$2,544 ⁰⁰

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BID NO.: 50-00136646

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			EMERGENCY OPERATIONS & COMMUNICATIONS CENTER 310 3RD STREET GRETN, LA 70053		



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/26/2021

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 Marsh USA Inc. 1560 Sawgrass Corporate Pkwy, Suite 300 Sunrise, FL 33323 Attn: ADT.certs@marsh.com CN10941828B-ADT-GAWU-21-22	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL: ADDRESS:	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED ADT Commercial, LLC 3303 Tulane Ave., Ste. #1 New Orleans, LA 70119	INSURER A: Old Republic Insurance Co	NAIC # 24147
	INSURER B: ACE Property And Casualty Ins Co	20699
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** ATL-004908953-14 **REVISION NUMBER:** 4

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	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR: \$500,000 <input checked="" type="checkbox"/> Professional Liab Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	MWZY 31431821	10/01/2021	10/01/2022	EACH OCCURRENCE	\$ 4,500,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
						MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 4,500,000
						GENERAL AGGREGATE	\$ 9,000,000
						PRODUCTS - COMP/OP AGG	\$ 9,000,000
							\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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	X	MWTF 31431921	10/01/2021	10/01/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		G28166837 006	10/01/2021	10/01/2022	EACH OCCURRENCE	\$ 10,000,000
						AGGREGATE	\$ 10,000,000
							\$
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 N	MWC 31431721	10/01/2021	10/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT	\$ 2,000,000
						E.L. DISEASE - EA EMPLOYEE	\$ 2,000,000
						E.L. DISEASE - POLICY LIMIT	\$ 2,000,000

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

Re: Department of General Services. Bid # 50-128916

Jefferson Parish, its Districts Departments and Agencies under the direction of the Parish President and the Parish Council is/are included as additional insured where required by written contract with respect to general liability and auto liability.

CERTIFICATE HOLDER Jefferson Parish, General Services and Procurement Attn: Purchasing Division P.O. Box 9 Gretna, LA 70054-0009	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 of Marsh USA Inc. <i>Marsh USA Inc.</i>
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POLICY NUMBER:

COMMERCIAL AUTO
CA 20 48 10 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED FOR COVERED AUTOS LIABILITY COVERAGE

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" for Covered Autos Liability Coverage under the Who Is An Insured provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured: ADT, Inc.
Endorsement Effective Date: 10/01/21

SCHEDULE

Name Of Person(s) Or Organization(s): Any Person(s) or Organization(s) whom you have agreed to include as a Designated Insured under a Written Contract, provided such Contract was executed prior to the date of loss.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Each person or organization shown in the Schedule is an "insured" for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph A.1. of Section II – Covered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph D.2. of Section I – Covered Autos Coverages of the Auto Dealers Coverage Form.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
Any Person(s) or Organization(s) whom you have agreed to include as an Additional Insured under a Written Contract, provided such Contract was executed prior to the date of loss.	All Locations where you perform work for such Additional Insured pursuant to any such Written Contract.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
<p>Any Person(s) or Organization(s) whom you have agreed to include as an Additional Insured under a Written Contract, provided such Contract was executed prior to the date of loss.</p>	<p>All Locations where you perform work for such Additional Insured pursuant to any such Written Contract.</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
 2. Available under the applicable limits of insurance;
- whichever is less.

This endorsement shall not increase the applicable limits of insurance.