

DATE: 11/19/2021

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00136646

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

upon award  
upon award  
N/A

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:

ADT Commercial

SIGNATURE:

(Must be signed here)

PRINT OR TYPE NAME:

Louis Quijano

TITLE:

General Manager

ADDRESS:

150 James Dr East, Ste #160

CITY, STATE:

St. Rose LA

ZIP:

70087

TELEPHONE:

504821-9725

FAX:

504827-1020

EMAIL ADDRESS:

lquijano@adt.com ; laura.curtis@adt.com

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

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## INVITATION TO BID FROM JEFFERSON PARISH - continued

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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 <sup>00</sup>	\$1,536 <sup>00</sup>
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 <sup>00</sup>	\$1,536 <sup>00</sup>
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 <sup>00</sup>	\$1,536 <sup>00</sup>
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 <sup>00</sup>	\$768 <sup>00</sup>
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 <sup>00</sup>	\$1,536 <sup>00</sup>
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 <sup>00</sup>	\$1,536 <sup>00</sup>
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 <sup>00</sup>	\$1,536 <sup>00</sup>

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## INVITATION TO BID FROM JEFFERSON PARISH - continued

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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	\$64.00	\$1,536.00
15	24.00	MO	SALVADOR A. LIBERTO BUILDING 802 2ND STREET GRETN, LA 70053  0150 - PROVIDE A MONTHLY COST FOR FIRE & SECURITY ALARM MONITORING AT THE	\$64.00	\$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	\$64.00	\$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	\$32.00	\$768.00
18	24.00	MO	CLERK OF COURT EVIDENCE BUILDING 1128 4TH STREET GRETN, LA 70053  0180 - PROVIDE A MONTHLY COST FOR FIRE ALARM MONITORING ONLY AT THE	\$32.00	\$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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INVITATION TO BID FROM JEFFERSON PARISH - continued

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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

CN109418288-ADT-GAWU-21-22

**INSURED**  
ADT Commercial, LLC  
3303 Tulane Ave., Ste. #1  
New Orleans, LA 70119

<b>CONTACT</b>	
NAME:	
PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL:	
ADDRESS:	
<b>INSURER(S) AFFORDING COVERAGE</b>	
INSURER A: Old Republic Insurance Co	
INSURER B: ACE Property And Casualty Ins Co	
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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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"/> PROJECT <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"/> <b>AUTOMOBILE LIABILITY</b> <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	MWTB 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"/> <b>UMBRELLA LIAB</b> <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	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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"/> OTHER 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.

*Marsh USA Inc.*

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.

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY  
CG 20 10 12 19

**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.

COMMERCIAL GENERAL LIABILITY  
CG 20 37 12 19

### ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

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

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed 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.	

This endorsement shall not increase the applicable limits of insurance.