

DATE: 4/15/2021

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00134228

JEFFERSON PARISH

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

VENDOR: Rescue One Training For Life, Inc.

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

10-20 Days ARO

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 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: _____

NUMBER: _____

NUMBER: _____

NUMBER: _____

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

***** ALL BIDDERS MUST COMPLETE SECTION BELOW *****

FIRM NAME:

Rescue One Training For Life, Inc.

SIGNATURE:

(Must be signed here)

Robin Rapsey

TITLE:

Dir. of Operations & Bus. Dev.

PRINT OR TYPE NAME:

Robin Rapsey

ADDRESS:

7621 Rickenbacker Dr., Suite 700

CITY, STATE:

Gaithersburg, MD

ZIP:

20879

TELEPHONE:

(301) 740-3390 x 21

FAX:

(301) 740-3393

EMAIL ADDRESS:

Rrapsey@rescue-one.com

TOTAL PRICE OF ALL BID ITEMS: \$ 6,654

DATE: 4/15/2021

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INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00134228

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	6.00	EA	<p>A one time purchase of AED products for the Department of Recreation</p> <p>0010 ZOLL AED Plus including one set of batteries, one set of adult CPR-D 6 padz, soft carry case, internal data storage, and patient prep kit Item Number: Zoll kit-1</p> <p>NOTE: HAS TO MATCH EXACTLY WITH ZOLL AED PLUS UNITS THAT WE CURRENTLY HAVE.</p>	\$1,038	\$6,228
2	3.00	EA	<p>0020 ZOLL CPR-D Padz, supplied with gloves, barrier mask, scissors and 3 wipes. 5 year shelf life Item Number: 8900-0800-01</p> <p>NOTE: HAS TO MATCH EXACTLY WITH ZOLL ZOLL AED PLUS UNITS THAT WE CURRENTLY HAVE.</p> <p>For Heath Davillier - Playgrounds</p> <p>Deliver To: East Bank Recreation 6925 Saints Drive Metairie, LA 70003</p>	\$142	\$426



CERTIFICATE OF LIABILITY INSURANCE

RESOCNE-05

KPULLIAM

DATE (MM/DD/YYYY)
4/19/2021

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 Hub International Mid Atlantic 9713 Key West Ave Suite 401 Rockville, MD 20850		INSURED Rescue One Training For Life Robin Rapsey 7621 Rickembacker Dr. #700 Gaithersburg, MD 20879	
CONTACT NAME: PHONE (A/C, No. Ext): (301) 279-5500 FAX (A/C, No.): (301) 330-1270 E-MAIL ADDRESS:		INSURER(S) AFFORDING COVERAGE INSURER A: Hiscox Insurance Company 10200 INSURER B: Allmerica Financial Benefit Insurance Company 41840 INSURER C: Cincinnati Specialty Underwriters Ins Co 13037 INSURER D: INSURER E: INSURER F:	

REVISION NUMBER:

CERTIFICATE NUMBER:

COVERAGES

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	ADSL SUBR	INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			CSU0166304	4/11/2021	4/11/2022	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000 MED EXP (Any one person) \$1,000,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMP/OP AGG \$1,000,000
B	AUTOMOBILE LIABILITY			AWR9897923	3/28/2021	3/28/2022	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OWNED AUTO \$ HIREN AUTO ONLY \$ NON-OWNED AUTO ONLY \$
C	UMBRELLA LIAB			CSU0166308	4/11/2021	4/11/2022	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 Includes Prof
C	Professional Liablii			CSU0166304	4/11/2021	4/11/2022	E.L. DISEASE - POLICY LIMIT \$2,000,000 E.L. DISEASE - EA EMPLOYEE \$ E.L. EACH ACCIDENT \$ OTH- \$ PER \$ STATUTE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER
CANCELLATION

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AUTHORIZED REPRESENTATIVE

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



CERTIFICATE OF LIABILITY INSURANCE

Acct#: 1175383

DATE (MM/DD/YYYY)

3/17/2021

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.

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PRODUCER Lockton Companies, LLC 3657 Briarpark Dr., Suite 700 Houston, TX 77042	CONTACT NAME: 888-828-8365	
	PHONE (A/C, No, Ext): FAX (A/C, No):	
INSURED RESCUE ONE TRAINING FOR LIFE, INC. 7621 RICKENBACKER DR STE 700 GAITHERSBURG, MD 20879-4720	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Indemnity Insurance Co. of North America	43575
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	C6870747A	10/1/2020	10/1/2021	X PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)
AED Program

CERTIFICATE HOLDER**CANCELLATION**

EVIDENCE OF WORKERS COMP INSURANCE
EVIDENCE OF WORKERS COMP INSURANCE
EVIDENCE OF WORKERS COMP INSURANCE, MD 20879

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