

DATE: 1/15/2019

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00125268

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

TOTAL PRICE OF ALL BID ITEMS: \$ 2,976.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00125268

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	24.00	MO	<p>2 YEAR CONTRACT FOR MONTHLY PEST CONTROL AT THE JEFFERSON PARISH EASTBANK SEWERAGE MAINTENANCE FACILITY</p> <p>0001 - Labor, Material, and Equipment necessary for a two (2) year contract for monthly pest control for the Department of Sewerage, Eastbank Maintenance Facility and the immediate surrounding areas according to the attached specifications</p> <p>Location: Eastbank Sewerage Maint. Facility 4901 Jefferson Hwy., Suite B, Jefferson, LA 70121</p> <p>Areas to be serviced: Administration Building: Approximately 17,205 Square Feet</p> <p>Preventive maintenance and control of the following pest: Mice, Roaches, Ants, Spiders, Paper Fleas, and Mites.</p> <p>Treatment of the Sewerage Department offices, ladies and gentlemen's restrooms on a monthly basis. Vendor must also power spray once a year with a 5 foot barrier.</p> <p>** PLEASE SEE ATTACHED SPECIFICATIONS **</p>	<p>\$124.00</p>	<p>\$2,976.00</p>



P. BANKSTON
INSURANCE AGENCY, INC.
1752 Hwy 21 N, Suite 100
Bovington, LA 70433
504-893-9899

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 ATLANTA GA
30348-5386

Policy Number: 211 3035-A18-18D

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

Coverages

Liability Comprehensive Collision Ded
1MM/1MM/1MM \$500 \$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

IMPORTANT - IDENTIFICATION CARDS

FOLD TOP AND BOTTOM OF CARD ON PERFORATION

FOLD TOP AND BOTTOM OF CARD ON PERFORATION

MULTI VOL



0101-ST-6-0106

State Farm LOUISIANA AUTO INSURANCE IDENTIFICATION CARD
 State Farm Mutual Automobile Ins. Co. State Farm Fire and Casualty Co.

PO Box 853922
INSURED GUERRA, KENNETH
Richardson, TX 75085-3922

POLICY NUMBER 211 3035-A18-18D EFFECTIVE
YR 2018 MAKE TOYOTA VIN 5TFRRXGNSJX130382 JUL 18 2019
MODEL TACOMA
AGENT PHILIP W BANKSTON INS AGCY INC 1998-BD3
COVINGTON, LA 70433
PHONE (985)893-9899 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. State Farm Fire and Casualty Co.

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MODEL TACOMA
AGENT PHILIP W BANKSTON INS AGCY INC 1998-BD3
COVINGTON, LA 70433
PHONE (985)893-9899 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.

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.

00039/01262

14166/2 02-14-2018 (op)hca2c)

M 76508-5-A
Al-Pl



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).

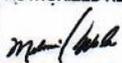
PRODUCER Brown & Brown of Louisiana, LLC Brown & Brown of Baton Rouge 6300 Corporate Blvd, Ste 250 BATON ROUGE, LA 70809 *Community Accounts	CONTACT NAME: Melissa C. Wade PHONE (A/C, No, Ext): 225-763-5604 E-MAIL ADDRESS:	FAX (A/C, No): 225-763-5650
	INSURER(S) AFFORDING COVERAGE	
INSURED Kenny G's Pest Control, LLC Attn: Kenneth Guerra 38601 Raiford Rd Ponchatoula, LA 70454	INSURER A: ACCIDENT FUND INS CO OF AMER NAIC # 10166	
	INSURER B: *Imperium Insurance Company NAIC # 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	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	N/A	WCV6165315	05/01/2018	05/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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 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 
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