

All Public Work Projects are required to use the Louisiana Uniform Public Work Bid Form

All prices must be held firm unless an escalation provision is requested in this bid. Jefferson Parish will allow one escalation during the term of the contract, which may not exceed the U.S. Bureau of Labor Statistics National Index for all Urban Consumers, unadjusted 12 month figure. The most recently published figure issued at the time an adjustment is requested will be used. A request must be made in writing by the vendor, and the escalation will only be applied to purchases made after the request is made.

Are you requesting an escalation provision?

YES _____ NO XXXXXXX

MAXIMUM ESCALATION PERCENTAGE REQUESTED _____ %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF _____.

For the purposes of comparison of bids when an escalation provision is requested, Jefferson Parish will apply the maximum escalation percentage quoted by the bidder to the period to which it is applied in the bid. The initial price and the escalation will be used to calculate the total bid price. It will be assumed, for comparison of prices only, that an equal amount of material or labor is purchased each month throughout the entire contract.

DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

-0- delivery date n/a

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

n/a**THIS SECTION MUST BE COMPLETED BY BIDDER:**FIRM NAME: John SchmidtADDRESS: 7010 78th St.CITY, STATE: Meriden KSZIP: 66512TELEPHONE: (504) 415-5504FAX: () noneEMAIL ADDRESS: englishturntrapper@yahoo.com

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: #1NUMBER: #2

NUMBER: _____

NUMBER: _____

TOTAL PRICE OF ALL BID ITEMS: \$ 321,900.00

AUTHORIZED

SIGNATURE: _____

John Schmidt

Printed Name

TITLE: Owner/Proprietor

SIGNING INDICATES YOU HAVE READ AND COMPLY WITH THE INSTRUCTIONS AND CONDITIONS.

NOTE: All bids should be returned with the BID NUMBER and BID OPENING DATE indicated on the outside of the envelope submitted to the Purchasing Department.

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00147170

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	24.00	MO	Two(2) Year Contract to Provide Wildlife Mitigation on an as needed basis for All Jefferson Parish Departments, Agencies and Municipalities, Except for Grand Isle for the Department of Recreation		
			0001 WILDLIFE MITIGATION	\$ 3850.00	\$92,400.00
2	45.00	WK	THIS LINE ITEM PERTAINS SPECIFICALLY TO PARC DES FAMILLES 6101 LEO KERNER LAFITTE PARKWAY, MARRERO, LA 70072 THIS 610-ACRE DEVELOPEMENT OFTEN REQUIRES MONTHLY WILDLIFE MITIGATION SERVICES IN ORDER TO KEEP WILDLIFE FROM UNWANTED AREAS. THIS LINE ITEM IS FOR TRAPPING SERVICES FOR A 30-DAY PERIOD FROM THE ISSUANCE OF A PURCHASE ORDER BY THE RECREATION DEPARTMENT. SERVICES ARE ONLY ON AN AS-NEEDED BASIS, BUT BECAUSE OF THE PARK LOCATION, WILL LIKELY REQUIRE MORE CONSISTENT SERVICES THAN THE OTHER LINE ITEMS. ALL QUANTITIES ARE ESTIMATES BASED ON HISTORICAL DATA.		
			0002 WILDLIFE MITIGATION	\$ 1250.00	\$56,250.00
3	45.00	MO	THIS LINE ITEM MAY BE USED BY THE RECREATION DEPARTMENT AND/OR ALL DEPT. AND AGENCIES OF JEFFERSON PARISH, AS NEEDED, FOR ANY LOCATION ON THE EAST OR WEST BANKS OF THE PARISH, EXCLUDING GRAND ISLE. VENDORS SHOULD SUBMIT BIDS FOR A ONE-WEEK (7-DAY) PERIOD, TO PROVIDE LABOR, MATERIALS AND NECESSARY ESSENTIALS TO PROPERLY SET UP TRAPS FOR CAPTURE OF WILDLIFE AND AND PROPERLY DIPOSE OF CAPTURED WILDLIFE. THIS LINE ITEM WILL BE USED FOR CONSECUTIVE 7-DAY (UP TO 30 DAYS) PERIODS WHERE MITIGATION SERVICES ARE NEEDED (I.E., IF WILDLIFE IS TRAPPED IN 14 DAYS, 2 WEEKS OF THIS LINE ITEM WILL BE CHARGED. IF WILDLIFE IS TRAPPED WITHIN 37 DAYS, 1 MONTH (LINE ITEM 003) AND 1 WEEK (LINE ITEM 002) WILL BE CHARGED.)		
			0003 WILDLIFE MITIGATION	\$ 3850.00	\$ 173,250.00
			THIS LINE ITEM MAY BE USED BY THE RECREATION DEPARTMENT AND/OR ALL DEPT.		

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00147170

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			AND AGENCIES OF JEFFERSON PARISH, EXCLUDING GRAND ISLE. VENDORS SHOULD SUBMIT BIDS FOR A ONE-MONTH (30 DAY) PERIOD, TO PROVIDE LABOR, MATERIALS AND NECESSARY ESSENTIALS TO PROPERLY SET UP TRAPS FOR CAPTURE OF WILDLIFE AND PROPERLY DISPOSE OF CAPTURED WILDLIFE. THIS LINE ITEM WILL BE USED FOR CONSECUTIVE 30 DAYS PERIODS WHERE MITIGATION SERVICES ARE NEEDED.		
			TOTAL		\$321,900.00

Transaction Receipt - 02/27/2025 05:05 PM

Confirmation #: 1118273304

LOUISIANA DEPT OF WILDLIFE & FISHERIES

JOHN SCHMIDT

Commercial License Renewal

NUISANCE WILDLIFE CONTROL OPERATOR - License#: 398778	\$50.00
Convenience Fee	\$3.50
	Total \$53.50

The fee for the license(s) listed below has been paid and it is being processed. This receipt may be used for a period of 30 days from the date of issuance. This receipt may not be transferred or used by anyone other than the person named on the receipt. This receipt is only valid for the license(s) paid for. Additional licenses may be required to legally participate.

Please print your receipt and carry it with you while fishing. If you do not receive your license(s) within 10 business days, please contact the Licensing Section at (225) 765-2898 for assistance.

LOUISIANA DEPT OF WILDLIFE & FISHERIES
LICENSE

LDWF # 0112315858
JOHN SCHMIDT
7010 78TH STREET
MERIDEN, KS 66512

NON-RESIDENT
DL/ID # 007966864, LA
1/9/1959 MALE
Hunter Certification # 00087777,
LA

0109 NR LA SPORTSMAN'S PARADISE

\$400.00

effective 5/31/2024 to 5/30/2025

FISHING OFFSHORE? YOU MAY NEED A RECREATIONAL OFFSHORE LANDING PERMIT
LEARN MORE AT WLF.LOUISIANA.GOV/PAGE/ROLP

Total \$400.00

Signature: 

ALL SALES ARE FINAL

I have verified the privilege(s) bought and read and agree to the conditions and requirements printed on this document. Tags and permits may be reprinted, but you are limited to using only the number of tags and permits issued to you. This document is your official license and permit.

Vendor: INTERNET AGENT

Tran # 1117498803 05/31/2024 02:51 PM

LOUISIANA DEPT OF WILDLIFE & FISHERIES
LICENSE

LDWF # 0112315858
JOHN SCHMIDT
7010 78TH STREET
MERIDEN, KS 66512

NON-RESIDENT
DL/ID # 007966864, LA
1/9/1959 MALE
Hunter Certification # 00087777,
LA

0035 NR TRAPPER

\$160.00

effective 5/31/2024 to 5/30/2025

Total \$160.00

Signature: 

ALL SALES ARE FINAL

I have verified the privilege(s) bought and read and agree to the conditions and requirements printed on this document. Tags and permits may be reprinted, but you are limited to using only the number of tags and permits issued to you. This document is your official license and permit.

Vendor: INTERNET AGENT

Tran # 1117498821 05/31/2024 02:58 PM

SOLE PROPRIETORSHIP CERTIFICATION

I, John Schmidt (Sole Proprietor Name) hereby confirm and certify that I am engaged in business under the assumed name and style of the company, and the location listed below:

John Schmidt, 7010 78th St. Meriden KS 66512

I also certify that I am the sole owner of said entity and the business so conducted which is not operated as corporation, limited liability, company, partnership or trust and no other person, partnership, firm or corporation has any right, title or ownership interest therein. I certify that both I and my entity named below are considered a single entity for tax and liability purposes, and all securities, commodity futures and other property in the name of Sole Proprietorship belong to me and are owned solely by me.


Signature

Date: 3/11/2025

John Schmidt

Printed Name



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/10/2025

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 Christian-Baker Company PO Box 158 Camp Hill PA 17001	CONTACT NAME: Jess Zakaszewski	
	PHONE (A/C No. Ext): 717-761-4712 FAX (A/C No.): 717-761-5810	
	E-MAIL ADDRESS: wildlifeservice@christianbakerco.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Trapper John Animal Damage Control John Schmidt 7010 78th Street Meriden KS 66512	License#: 59385 SCHMIDT-02 INSURER A: Cincinnati Insurance Companies	10677
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 297981747**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 (NSD) 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	ETN0650463	7/1/2024	7/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					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 \$ \$
	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 <input type="checkbox"/> N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

The Jefferson Parish, it's Districts, Departments, and Agencies under the direction of the Parish President and the Parish Council, are additional insured as respects General Liability, including Completed Operations, when required by written contract prior to a loss.

Bid Number: 50-00147170

CERTIFICATE HOLDER**CANCELLATION**

Jefferson Parish Purchasing Department
200 Derbigny St Ste 4400
Gretna LA 70053

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/10/2025

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  Gus Suarez 515 Arizona Ave PO Box 388 Holton KS 66436-0388		CONTACT NAME: Gus Suarez PHONE (A/C, No, Ext): 785-364-3890 FAX (A/C, No): 785-364-4171 E-MAIL ADDRESS: gus@gussuarez.com	
INSURED Schmidt, John & Oxford, Beverly 7010 78th st Meriden Ks 66512-9049		INSURER(S) AFFORDING COVERAGE INSURER A : State Farm Mutual Automobile Insurance Company INSURER B : State Farm Fire and Casualty Company INSURER C : INSURER D : INSURER E : INSURER F : NAIC # 25178 25143	

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	ADD INSD	SUB 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 \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	323 7863-C01-16B 341 8614-C25-16	09/01/2024 09/25/2024	09/01/2025 09/25/2025	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$			16-CE-M060-4	03/02/2025	03/02/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$
	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					PER STATUTE OTH-ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Parish of Jefferson, its Districts Departments and Agencies under the direction of the Parish President and the Parish Council

CERTIFICATE HOLDER**CANCELLATION**Jefferson Parish Recreation Department
7437 Lapalco Blvd.

Marrero

LA 70072

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

Tricia Caudle, LSA5

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**Insurance Declaration Affidavit
Worker's Compensation**

AFFIDAVIT

STATE OF Kansas

PARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared, John Schmidt, (Affiant) who after being duly sworn, deposed and said that he/she is the fully authorized Owner/Proprietor of John Schmidt (Entity), the party who submitted a Proposal/Contract/Bid/RFP/SOQ No. 50-00147170, to Jefferson Parish.

Affiant further said:

- (1) That affiant has no employees in which Worker's Compensation Insurance is required pursuant to state law.
- (2) That if affiant hires employees such that they would be required under state law to obtain Worker's Compensation Insurance, affiant will notify Jefferson Parish and obtain the proper coverage.




Signature of Affiant

John Schmidt

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 10th DAY OF March, 2025.



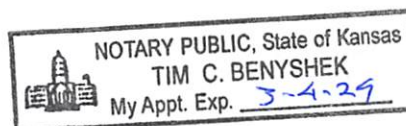
Notary Public

Tim C. Benyshek

Printed Name of Notary

Notary/Bar Roll Number

My commission expires 3-4-29



Non-Public Works Bid

AFFIDAVIT

STATE OF Kansas

PARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: John Schmidt
_____, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized Owner/Proprietor of John Schmidt (Entity),
the party who submitted a bid in response to Bid Number 50-00147170, to the Parish of
Jefferson.

Affiant further said:

Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all campaign contributions, including the date and amount of each contribution, made to current or former elected officials of the Parish of Jefferson by Entity, Affiant, and/or officers, directors and owners, including employees, owning 25% or more of the Entity during the two-year period immediately preceding the date of this affidavit or the current term of the elected official, whichever is greater. Further, Entity, Affiant, and/or Entity Owners have not made any contributions to or in support of current or former members of the Jefferson Parish Council or the Jefferson Parish President through or in the name of another person or legal entity, either directly or indirectly.

Choice B XXXX there are **NO** campaign contributions made which would require disclosure under Choice A of this section.

Debt Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.

Choice B XXXX There are **NO** debts which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

[The remainder of this page is intentionally left blank.]


That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.


Signature of Affiant

JOHN SCHMIDT
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

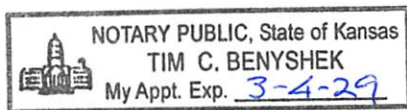
ON THE 10th DAY OF March, 2025.


Notary Public

Tim C. Benyshek
Printed Name of Notary

Notary/Bar Roll Number

My commission expires 3-4-29.



Contact information for Sub-contractor Jeff Galpin:

Jeff Galpin

121 Drolla Park

River Ridge LA 70123

PH: 504-415-8736

Email: cajunstuntman@aol.com

OFFICIAL LICENSE

LIC#: 465597 EXP: 12/31/2025
DOB: 10/28/1968

JEFFERY P GALPIN
121 DROLLA PARK
RIVER RIDGE LA 70123

1 NUISANCE WILDLIFE CONTROL OPERATOR

NOT VALID UNLESS SIGNED ON REVERSE SIDE

OFFICIAL LICENSE

LIC#: 528700 EXP: 12/31/2025
DOB: 10/28/1968

JEFFERY P GALPIN
121 DROLLA PARK
RIVER RIDGE LA 70123

1 RES COYOTE TRAPPING PERMIT

NOT VALID UNLESS SIGNED ON REVERSE SIDE

Non-Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: Jeff
Galpin, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized NA of NA (Entity),
the party who submitted a bid in response to Bid Number 50-00147170, to the Parish of
Jefferson.

Affiant further said:

Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all campaign contributions, including the date and amount of each contribution, made to current or former elected officials of the Parish of Jefferson by Entity, Affiant, and/or officers, directors and owners, including employees, owning 25% or more of the Entity during the two-year period immediately preceding the date of this affidavit or the current term of the elected official, whichever is greater. Further, Entity, Affiant, and/or Entity Owners have not made any contributions to or in support of current or former members of the Jefferson Parish Council or the Jefferson Parish President through or in the name of another person or legal entity, either directly or indirectly.

Choice B X there are NO campaign contributions made which would require disclosure under Choice A of this section.

Debt Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.


Choice B X There are NO debts which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

[The remainder of this page is intentionally left blank.]

That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.




Signature of Affiant

Jeff Galpin

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 10 DAY OF March, 2025



Notary Public
Stephen Petit

Printed Name of Notary
LABR 29381

Notary/Bar Roll Number

My commission expires No Expiration



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/11/2025

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 Christian-Baker Company PO Box 158 Camp Hill PA 17001		CONTACT NAME: Joanne Krepps PHONE (A/C, No, Ext): 717-761-4712 E-MAIL ADDRESS: wildlifeservice@christianbakerco.com FAX (A/C, No): 717-761-5810	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Cincinnati Insurance Companies	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

INSURED
Jeffery Galpin
121 Drolla Park
River Ridge LA 70123

GALPINJ-01

NAIC #
10677**COVERAGES****CERTIFICATE NUMBER:** 1362556843**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
A	<input checked="" type="checkbox"/> 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:			ETN0650463	10/1/2024	10/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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 OTHER: \$
	AUTOMOBILE LIABILITY <input 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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER: \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ OTHER: \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER**CANCELLATION**

Jefferson Parish Recreation
7437 Lapalco Blvd
Marrero LA 70072

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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