

DATE: 4/23/2024

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00144844

JEFFERSON PARISH

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

VENDOR: 27118 BLANK BID COPY VENDOR

PURCHASING SPECIALIST:
BBELLOW

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 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: <u>Denney EXTERMINATING, INC.</u>	
SIGNATURE: <u>Brian Robert</u>	TITLE: <u>Gen. Mgr.</u>
(Must be signed here)	
PRINT OR TYPE NAME: <u>Brian Robert General Manager</u>	
ADDRESS: <u>P.O. Box 8615 Metairie, LA 7011-8615</u>	
CITY, STATE: <u>Metairie, LA</u>	ZIP: <u>7011-8615</u>
TELEPHONE: <u>(504) 712-1755</u>	FAX: <u>(504) 712-1809</u>
EMAIL ADDRESS: <u>bugbegone@aol.com</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 24,050.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00144844

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	YR	<p>FIVE (5) YEAR CONTRACT FOR TERMITE CONTROL SERVICES TO COVER THE FURNISHING OF LABOR, MATERIALS AND EQUIPMENT NECESSARY FOR VARIOUS FIRE FACILITIES FOR JEFFERSON PARISH DEPT. OF FIRE SERV.</p> <p>0010 INITIAL TERMITE TREATMENT/CONTROL SERVICES AT FIRE STATION NO. 11:</p> <p>3525 JEFFERSON HWY. JEFFERSON, LA 70121</p>	\$ 1200 ⁰⁰	\$ 1200 ⁰⁰
2	4.00	YR	<p>FIVE (5) YEAR CONTRACT FOR TERMITE TREATMENT CONTROL SERVICES TO COVER THE FURNISHING OF LABOR, MATERIALS, AND EQUIPMENT NECESSARY AT VARIOUS FIRE FACILITIES FOR THE JEFFERSON PARISH EAST BANK CONSOLIDATED FIRE DEPARTMENT</p> <p>0020 ANNUAL TERMITE TREATMENT/CONTROL SERVICES RENEWAL AT FIRE STATION NO. 11</p>	\$ 650 ⁰⁰	\$ 650 ⁰⁰
3	1.00	YR	<p>0030 INITIAL TERMITE TREATMENT/CONTROL SERVICES AT FIRE STATION NO. 12:</p> <p>900 JEFFERSON HWY. JEFFERSON, LA 70121</p>	\$ 1200 ⁰⁰	\$ 1200 ⁰⁰
4	4.00	YR	<p>0040 ANNUAL TERMITE TREATMENT/CONTROL SERVICES RENEWAL AT FIRE STATION NO. 12</p>	\$ 650 ⁰⁰	\$ 650 ⁰⁰
5	1.00	YR	<p>0050 INITIAL TERMITE TREATMENT/CONTROL SERVICES AT FIRE STATION NO. 13:</p> <p>4642 CALUMET ST. METAIRIE, LA 70001</p>	\$ 1200 ⁰⁰	\$ 1200 ⁰⁰
6	4.00	YR	<p>0060 ANNUAL TERMITE TREATMENT/CONTROL SERVICES RENEWAL AT FIRE STATION NO. 13</p>	\$ 650 ⁰⁰	\$ 650 ⁰⁰
7	1.00	YR	<p>0070 INITIAL TERMITE TREATMENT/CONTROL SERVICES AT FIRE STATION NO. 14:</p> <p>1714 EDINBURGH ST. METAIRIE, LA 70001</p>	\$ 1200 ⁰⁰	\$ 1200 ⁰⁰
8	4.00	YR	<p>0080 ANNUAL TERMITE TREATMENT/CONTROL SERVICES RENEWAL AT FIRE STATION NO. 14</p>	\$ 650 ⁰⁰	\$ 650 ⁰⁰
9	1.00	YR	<p>0090 INITIAL TERMITE TREATMENT/CONTROL SERVICES AT FIRE STATION NO. 15:</p>	\$ 1200 ⁰⁰	\$ 1200 ⁰⁰

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00144844

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			1101 N. I-10 SERVICE RD. METAIRIE, LA 70005		
10	4.00	YR	0100 ANNUAL TERMITE TREATMENT/CONTROL SERVICES RENEWAL AT FIRE STATION NO. 15	\$ 650 ⁰⁰	\$ 650 ⁰⁰
11	1.00	YR	0110 INITIAL TERMITE TREATMENT/CONTROL SERVICES AT FIRE STATION NO. 16:	\$ 1200 ⁰⁰	\$ 1200 ⁰⁰
			5200 LAFRENIERE ST. METAIRIE, LA 70001		
12	4.00	YR	0120 ANNUAL TERMITE TREATMENT/CONTROL SERVICES RENEWAL AT FIRE STATION NO. 16	\$ 650 ⁰⁰	\$ 650 ⁰⁰
13	1.00	YR	0130 INITIAL TERMITE TREATMENT/CONTROL SERVICES AT FIRE STATION NO. 17:	\$ 1200 ⁰⁰	\$ 1200 ⁰⁰
			6616 KAWANEE AVE. METAIRIE, LA 70003		
14	4.00	YR	0140 ANNUAL TERMITE TREATMENT/CONTROL SERVICES RENEWAL AT FIRE STATION NO. 17	\$ 650 ⁰⁰	\$ 650 ⁰⁰
15	1.00	YR	0150 INITIAL TERMITE TREATMENT/CONTROL SERVICES AT FIRE STATION NO. 18:	\$ 1200 ⁰⁰	\$ 1200 ⁰⁰
			3430 N. CAUSEWAY BLVD. METAIRIE, LA 70002		
16	4.00	YR	0160 ANNUAL TERMITE TREATMENT/CONTROL SERVICES RENEWAL AT FIRE STATION NO. 18	\$ 650 ⁰⁰	\$ 650 ⁰⁰
17	1.00	YR	0170 INITIAL TERMITE TREATMENT/CONTROL SERVICES AT FIRE STATION NO. 19:	\$ 1200 ⁰⁰	\$ 1200 ⁰⁰
			455 EDWARDS AVE. HARAHAN, LA 70123		
18	4.00	YR	0180 ANNUAL TERMITE TREATMENT/CONTROL SERVICES RENEWAL AT FIRE STATION NO. 19	\$ 650 ⁰⁰	\$ 650 ⁰⁰
19	1.00	YR	0190 INITIAL TERMITE TREATMENT/CONTROL SERVICES AT FIRE STATION NO. 20:	\$ 1200 ⁰⁰	\$ 1200 ⁰⁰
			4110 HUDSON ST.		

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00144844

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			METAIRIE, LA 70006		
20	4.00	YR	0200 ANNUAL TERMITE TREATMENT/CONTROL SERVICES RENEWAL AT FIRE STATION NO. 20	\$ 650. ⁰⁰	\$ 650. ⁰⁰
21	1.00	YR	0210 INITIAL TERMITE TREATMENT/CONTROL SERVICES AT FIRE HEADQUARTERS: 834 S. CLEARVIEW PKWY. JEFFERSON, LA 70123	\$ 1200. ⁰⁰	\$ 1200. ⁰⁰
22	4.00	YR	0220 ANNUAL TERMITE TREATMENT/CONTROL SERVICES RENEWAL AT FIRE HEADQUARTERS	\$ 650. ⁰⁰	\$ 650. ⁰⁰
23	1.00	YR	0230 INITIAL TERMITE TREATMENT/CONTROL SERVICES AT FIRE WAREHOUSE: 5512 S. LAMBERT ST. JEFFERSON, LA 70123	\$ 1200. ⁰⁰	\$ 1200. ⁰⁰
24	4.00	YR	0240 ANNUAL TERMITE TREATMENT/CONTROL SERVICES RENEWAL AT FIRE WAREHOUSE	\$ 650. ⁰⁰	\$ 650. ⁰⁰
25	1.00	YR	0250 INITIAL TERMITE TREATMENT/CONTROL SERVICES AT FIRE TRAINING CENTER: 3221 RIVER RD. BRIDGE CITY, LA 70094	\$ 1200. ⁰⁰	\$ 1200. ⁰⁰
26	4.00	YR	0260 ANNUAL TERMITE TREATMENT/CONTROL SERVICES RENEWAL AT FIRE TRAINING CENTER ***AS PER BID SPECIFICATIONS***	\$ 650. ⁰⁰	\$ 650. ⁰⁰



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/12/2023

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 LIPCA Inc. PO Box 80663 Baton Rouge, LA 70898	CONTACT NAME: LIPCA, Inc.	
	PHONE (A/C No. Ext): (225) 927-3283 E-MAIL ADDRESS: info@lipca.com FAX (A/C No.): (225) 927-3295	
INSURED Denney Exterminating Inc 1241 27th St Ste B Kenner, LA 70062	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Accelerant Specialty Insurance Company	16890
	INSURER B: LWCC	22350
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 75240**REVISION NUMBER:** 20230912

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			LIP00070GL003237-00	8/27/2023	8/27/2024	EACH OCCURRENCE	\$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/> Deductible 2,000						PERSONAL & ADV INJURY	\$ 2,000,000
	<input checked="" type="checkbox"/> **Pollution Liability included at policy limits						GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS		PROPERTY DAMAGE (Per accident)	\$				
				\$				
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			148596-A	9/7/2023	9/7/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	N/A				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)

CERTIFICATE HOLDER

****For Bid Purposes Only****
Must Be Reissued if Job or Contract is Awarded and Certificate Holder requires that their name be listed on the COI

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




CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/13/2024

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 State Farm  Beth Anne Naugher 3536 Holiday Drive Suite A New Orleans, LA 70114	CONTACT NAME: Stacy Nieves PHONE (A/C, No, Ext): (504) 367-6660 E-MAIL ADDRESS: stacy.nieves.ioaz@statefarm.com FAX (A/C, No): (504) 367-6663
	INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Fire and Casualty Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED DENNEY EXTERMINATING INC. PO BOX 8615 METAIRIE, LA 70011	NAIC # 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	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 \$ \$
X	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	2480639B2918C 2480640B2618E 2480642B2918D 3832849E2318G	02/29/2024 02/29/2024 02/29/2024 05/13/2024	08/29/2024 08/29/2024 08/29/2024 11/23/2024	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1000000 BODILY INJURY (Per accident) \$ 1000000 PROPERTY DAMAGE (Per accident) \$ 1000000 \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	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				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)

2000 Ford Ranger Pickup Policy 2480639B2918C, 2020 Nissan Altima Policy 2480642B2918D, 2014 NISSAN VERSA Policy 2480640B2918E AND 2013 CHEVROLET PICKUP Policy 3832849E2318G

CERTIFICATE HOLDER**CANCELLATION**

Jefferson Parish Purchasing Department
200 Derbingny St
General Government Building Suite 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

Stacy Nieves

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LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY

MIKE STRAIN D V M, COMMISSIONER

Structural Pest Control Commission, 5825 Florida Blvd., Suite 3003, Baton Rouge, LA 70806, (225) 925-4578, FAX (225) 925-3760

License No. 001ZWN

DENNEY EXTERMINATING CO

Date: 07/06/2023

Permit No: 001ZWN

Phone: (504) 712-1755

Primary Licensee(s):

0022Q6 - DENNIS MILLER JR

Phase(s):

LP1 - General Pest Control, LP2 - Commercial Vertebrate Control, LP3 - Termite Control

Please verify information for correctness. If changes are necessary, make corrections and promptly return to issuing agency.

Louisiana Department of Agriculture & Forestry

Mike Strain DVM, Commissioner

Structural Pest Control Commission, 5825 Florida Blvd., Suite 3003, Baton Rouge, LA 70806

Be it known that the entity named below has complied with all relevant requirements of the Louisiana Revised Statutes and effective Jul 6, 2023 through Jun 30, 2024 is hereby authorized to engage in **STRUCTURAL PEST CONTROL** in the phases listed.

Primary Licensee(s):

0022Q6 - DENNIS MILLER JR

Phase(s):

LP1 - General Pest Control, LP2 - Commercial Vertebrate Control, LP3 - Termite Control

DENNEY EXTERMINATING CO

PO BOX 8615

METAIRIE LA 70011

DISPLAY IN A PROMINENT PLACE.

Permit No: 001ZWN

Commissioner