



Waste Pro of Louisiana, Inc.
920 Kenner Ave.
Kenner, LA 70062

Bid for: BID NO.: 50-00145966

For: Jefferson Parish
Purchasing Department
PO Box 9
Gretna, LA 70054-2678

Date: September 6, 2024

DATE: 8/30/2024

INVITATION TO BID
THIS IS NOT AN ORDER

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BID NO.: 50-00145966

JEFFERSON PARISH

PURCHASING DEPARTMENT
P.O. BOX 9
GRETNA, 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

20 days from award

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:

Waste Pro of Louisiana, Inc.

SIGNATURE:

(Must be signed here)

TITLE:

Regional Vice President

PRINT OR TYPE NAME:

Jesse Murphy

ADDRESS:

920 Kenner Ave.

CITY, STATE:

Kenner, Louisiana

ZIP:

70062

TELEPHONE:

FAX:

(504) 392-4619 (o); (504) 452-3318 (c) (504) 904-0810 (f)

EMAIL ADDRESS:

jmurphy@wasteprousa.com

TOTAL PRICE OF ALL BID ITEMS: \$ 13,710.00

DATE: 8/30/2024

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INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00145966

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	24.00	MO	<p>TWO (2) YEAR CONTRACT FOR MONTHLY A COMPACTOR FOR JEFFERSON PARISH ALARIO COMPACTOR RENTAL AND MAINTENANCE FOR THE</p> <p>0001 monthly service charge/maintenance of one (1) thirty (30) cubic yard</p> <p>self-container compactor, including the compactor with three-sided hopper</p> <p>Two year contract for monthly rental of (1) thirty (30) cubic yard self- container compactor including the compactor with three-sided hopper located at 2000 Segnette Blvd Westwego, LA 70094. container is to be constructed of steel and remain leak proof at all times.</p>	\$ 350.00	\$ 8,400.00
2	18.00	EA	<p>0002 Hauling for one (1) thirty (30) cubic yard self-contained compactor per haul. (Disposal to be handled by Jefferson Parish).</p> <p>Final disposition of all waste material removed from premises must be in accordance with all federal, state, and local laws, regulation, and ordinances.</p> <p>LOCATION:</p> <p>John A Alario Sr Event Center 2000 Segnette Blvd Westwego, La 70094</p>	\$ 295.00	\$ 5,310.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/20/2024

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 MARSH USA LLC. 1560 Sawgrass Corporate Pkwy, Suite 300 Sunrise, FL 33323	CONTACT NAME: Susan Vignone PHONE (A/C, No, Ext): 813-207-6371 E-MAIL ADDRESS: susan.b.vignone@marsh.com FAX (A/C, No):
CN105058554-GAWU-23-24	INSURER(S) AFFORDING COVERAGE INSURER A : Greenwch Insurance Company 22322 INSURER B : XL Insurance America, Inc. 24554 INSURER C : ACE Property & Casualty Insurance Company 20699 INSURER D : XL Specialty Insurance Company 37885 INSURER E : N/A N/A INSURER F :
INSURED Waste Pro of Louisiana, Inc. 920 Kenner Avenue Kenner, LA 70062	

COVERAGES **CERTIFICATE NUMBER:** ATL-005707544-01 **REVISION NUMBER:** 7

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 INSP 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:		GEC300138206	11/22/2023	11/22/2024	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <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		RAE943788406 SIR: \$1,000,000	11/22/2023	11/22/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		XOOG71761885005	11/22/2023	11/22/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B D	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 checked="" type="checkbox"/> N <input type="checkbox"/> N/A	RWD300138006 (AOS) RWE943549706 (FL, GA) (SIR: \$600,000 FL) (\$750,000 GA)	11/22/2023 11/22/2023	11/22/2024 11/22/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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)
RE: Residential Waste Collection in the City of Kenner, LA

The City of Kenner, its officials, employees, representatives and/or agents are included as additional insured (except workers' compensation) where required by written contract.
Waiver of subrogation is applicable where required by written contract and subject to policy terms and conditions. This insurance is primary and non-contributory over any existing insurance and limited to liability arising out of the operations of the named insured subject to policy terms and conditions.

CERTIFICATE HOLDER

City of Kenner
Attn: Melissa Jones, Office of City Attorney
1801 Williams Blvd. Bldg C 3rd Flr
Kenner, LA 70062

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
Marsh USA LLC

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