

DATE: 5/23/2024

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00144915

JEFFERSON PARISH

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

VENDOR: 27118 BLANK BID COPY VENDOR

PURCHASING SPECIALIST:
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	_____
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: # 1

NUMBER: _____

NUMBER: _____

NUMBER: _____

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

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: <u>Denney Exterminating, Inc</u>	
SIGNATURE: (Must be signed here) <u>[Signature]</u>	TITLE: <u>Truck</u>
PRINT OR TYPE NAME: <u>Lester Cambre</u>	
ADDRESS: <u>P.O. Box 8615</u>	
CITY, STATE: <u>Metairie, LA</u>	ZIP: <u>70011-8615</u>
TELEPHONE: <u>(504) 712-1755</u>	FAX: <u>(504) 712-1809</u>
EMAIL ADDRESS: <u>bugbagonel@aol.com</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 7,200⁰⁰

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00144915

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	24.00	MO	<p>Two (2) Year Contract to Provide Monthly Pest Control Services for the Jefferson Parish East Bank Consolidated Fire Department</p> <p>0010 PEST CONTROL SERVICES AT FIRE DEPARTMENT HEADQUARTERS</p> <p>834 S. CLEARVIEW PKWY. JEFFERSON, LA 70123 OFFICE: (504) 736-6200</p>	\$ 25. ⁰⁰	\$ 600. ⁰⁰
2	24.00	MO	<p>0020 PEST CONTROL SERVICES AT FIRE STATION NO. 11</p> <p>3525 JEFFERSON HWY. JEFFERSON, LA 70121 CAPTAIN ON DUTY: (504) 838-4211</p>	\$ 25. ⁰⁰	\$ 600. ⁰⁰
3	24.00	MO	<p>0030 PEST CONTROL SERVICES AT FIRE STATION NO. 12</p> <p>900 JEFFERSON HWY. JEFFERSON, LA 70121 CAPTAIN ON DUTY: (504) 838-4212</p>	\$ 23. ⁰⁰	\$ 600. ⁰⁰
4	24.00	MO	<p>0040 PEST CONTROL SERVICES AT FIRE STATION NO. 13</p> <p>4642 CALUMET ST. METAIRIE, LA 70001 CAPTAIN ON DUTY: (504) 838-4213</p>	\$ 25. ⁰⁰	\$ 600. ⁰⁰
5	24.00	MO	<p>0050 PEST CONTROL SERVICES AT FIRE STATION NO. 14</p> <p>1714 EDINBURGH ST. METAIRIE, LA 70001 CAPTAIN ON DUTY: (504) 838-4214</p>	\$ 25. ⁰⁰	\$ 600. ⁰⁰
6	24.00	MO	<p>0060 PEST CONTROL SERVICES AT FIRE STATION NO. 15</p> <p>1101 N. I-10 SERVICE RD. METAIRIE, LA 70005 CAPTAIN ON DUTY: (504) 838-4215</p>	\$ 23. ⁰⁰	\$ 600. ⁰⁰
7	24.00	MO	<p>0070 PEST CONTROL SERVICES AT FIRE STATION NO. 16</p> <p>5200 LAFRENIERE ST. METAIRIE, LA 70001 a CAPTAIN ON DUTY: (504) 838-4216</p>	\$ 25. ⁰⁰	\$ 600. ⁰⁰
8	24.00	MO	<p>0080 PEST CONTROL SERVICES AT FIRE STATION NO. 17</p>	\$ 23. ⁰⁰	\$ 600. ⁰⁰

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00144915

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
9	24.00	MO	6616 KAWANEE ST. METAIRIE, LA 70003 CAPTAIN ON DUTY: (504) 736-6652 0090 PEST CONTROL SERVICES AT FIRE STATION NO. 18	\$ 25 ⁰⁰	\$ 600.00
10	24.00	MO	3430 N. CAUSEWAY BLVD. METAIRIE, LA 70002 CAPTAIN ON DUTY: (504) 838-4218 0100 PEST CONTROL SERVICES AT FIRE STATION NO. 19	\$ 25.00	\$ 600.00
11	24.00	MO	455 EDWARDS AVE. JEFFERSON, LA 70123 CAPTAIN ON DUTY: (504)736-6219 0110 PEST CONTROL SERVICES AT FIRE STATION NO. 20	\$ 25.00	\$ 600 ⁰⁰
12	24.00	MO	4110 HUDSON ST. METAIRIE, LA 70006 CAPTAIN ON DUTY: (504) 838-4210 0120 PEST CONTROL SERVICES AT FIRE MAINTENANCE WAREHOUSE 5512 S. LAMBERT ST. JEFFERSON, LA 70123 OFFICE: (504) 838-4220	\$ 25 ⁰⁰	\$ 600 ⁰⁰



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/18/2023

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
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Denney Exterminating Inc 1241 27th St Ste B Kenner, LA 70062	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:** 20230827

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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Deductible 2,000 <input checked="" type="checkbox"/> **Pollution Liability included at policy limits GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		LIP00070GL003237-00	8/27/2023	8/27/2024	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 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 \$
	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 Y N/A		148596-A	9/7/2022	9/7/2023

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

CERTIFICATE HOLDER **CANCELLATION**

****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

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)
06/12/2024

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 Beth Anne Naugher, Agency 3536 Holiday Dr., Ste A New Orleans, LA 70114	CONTACT NAME: Stacy Nieves PHONE (A/C, No, Ext): (504) 367-6660 FAX (A/C, No): E-MAIL ADDRESS: stacy@teambethann.com
	INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Mutual Automobile Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Denney Extermination Inc. PO Box 8615 Metairie, LA 70011	

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 \$ \$
x	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" 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	x	x	383-2849-E2318 248-0640-B29-18 248-0639-B29-18 248-0642-B29-18	05/23/2024 02/28/2024 02/28/2024 02/28/2024	05/23/2025 02/28/2025 02/28/2025 02/28/2025	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 \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED 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	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)

CERTIFICATE HOLDER Jefferson Purchasing Department c/o Doris Abraham 200 Derbigny St., Ste 4400 General Government Building Gretna, LA 70053	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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