

DATE: 9/13/2023

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00143193

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

VENDOR: 333509 MAYNE SPECIALTY SERVICES, LLC - BID COPY

PURCHASING SPECIALIST:
JTRUELOVE

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

October 06, 2023

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

14 days

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

27 days

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: 0
NUMBER: 0
NUMBER: 0
NUMBER: 0

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

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: Mayne Specialty Services, LLC	
SIGNATURE: 	TITLE: Owner
PRINT OR TYPE NAME: Thomas Mayne Jr.	
ADDRESS: 16081 Magnolia Street	
CITY, STATE: Kiln, Mississippi	ZIP: 39556
TELEPHONE: (228) 216-6644	FAX: ()
EMAIL ADDRESS: maynespecialtyrv@yahoo.com	

TOTAL PRICE OF ALL BID ITEMS: \$ 12,400.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00143193

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JO	<p>Labor, Materials and Necessary Essentials to Perform Various Construction Projects at the Bonnabel Pump Station Resident House</p> <p>0010 LABOR, MATERIAL AND NECESSARY ESSENTIALS TO PERFORM VARIOUS CONSTRUCTION PROJECTS AT THE BONNABEL PUMP STATION RESIDENT HOUSE.</p> <p>SERVICE LOCATION: 1437 BEVERLY GARDENS DR. METAIRIE, LA 70002</p> <p>* SEE ATTACHED SPECIFICATIONS *</p> <p>***** FOR SITE VISITS, PLEASE CONTACT MR. CLAY LEDET, MONDAY - FRIDAY, 7:00 AM TO 3:00 PM, AT 504-838-4376 TO MAKE ARRANGEMENTS. *****</p>	\$ 12,400.00	\$ 12,400.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/20/2023

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 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 Marcus Ladner PO BOX 217 Kiln, MS 39556	CONTACT NAME: Marcus Ladner	FAX (A/C. No): 228-255-1326	
	PHONE (A/C. No. Ext): 228-255-1133	E-MAIL ADDRESS: Marcus.ladner@sfbcc.com	
INSURED Mayne Specialty Services, LLC 16071 Magnolia St Kiln, MS 39556	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: MS Farm Bureau Casualty Ins Co		27669
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

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
<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:			GL04456682	09/20/2023	09/20/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 25,000 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						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)

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CERTIFICATE HOLDER	CANCELLATION
	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p><i>James C. ...</i></p>

**Insurance Declaration Affidavit
Automotive**

AFFIDAVIT

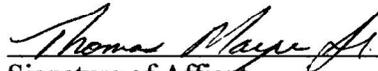
STATE OF MISSISSIPPI

PARISH/COUNTY OF HANCOCK

BEFORE ME, the undersigned authority, personally came and appeared, Thomas Mayne Jr., (Affiant) who after being duly sworn, deposed and said that he/she is the fully authorized Owner of Mayne Specialty Services, LLC (Entity), the party who submitted a Proposal/Contract/Bid/RFP/SOQ No. 50-00143193, to Jefferson Parish.

Affiant further said:

- (1) That entity does not own automobiles or use automobiles in the furtherance of the services provided under the contract.
- (2) That if the entity obtains automobiles or begins to use automobiles in the furtherance of the services provided under the contract, affiant will notify Jefferson Parish and obtain the proper coverage.



Signature of Affiant

Thomas Mayne Jr.

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 20th DAY OF September 2023

L Swaggerty

Notary Public

Lanette Swaggerty

Printed Name of Notary

Notary/Bar Roll Number

My commission expires



**Insurance Declaration Affidavit
Worker's Compensation**

AFFIDAVIT

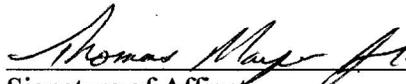
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Affiant further said:

- (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

Thomas Mayne Jr.

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 20th DAY OF September, 2022

L Swaggerty

Notary Public

Lanette Swaggerty

Printed Name of Notary

Notary/Bar Roll Number _____

My commission expires _____

