

DATE: 11/21/2023

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00144027

**JEFFERSON PARISH**

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

VENDOR: Star Glass

PURCHASING SPECIALIST:  
MBUTTERY

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

2 - Weeks from NTP

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

2 Days after Delivery


INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

2 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: N/A  
NUMBER: \_\_\_\_\_  
NUMBER: \_\_\_\_\_  
NUMBER: \_\_\_\_\_

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 59105

<b>*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***</b>	
FIRM NAME: Star Glass	
SIGNATURE: (Must be signed here) 	TITLE: Vice President
PRINT OR TYPE NAME: Patrick Schwall	
ADDRESS: 1000 Westbank Expressway	
CITY, STATE: Gretna, LA	ZIP: 70053
TELEPHONE: (504) 368-8826	FAX: (504) 367-5802
EMAIL ADDRESS: glass@starglassllc.com	

TOTAL PRICE OF ALL BID ITEMS: \$ 5,452.83

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## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00144027

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>Labor, Materials and Equipment Necessary to Provide and Install Counter Partition Storefront for the Department of General Services</p> <p>0010 - PROVIDE LABOR, MATERIALS, AND EQUIPMENT NECESSARY TO FURNISH AND INSTALL THE FOLLOWING</p> <p>COUNTER PARTITION STOREFRONT - 1 3/4" X 4 1/2" BRONZE ANODIZED ALUMINUM WITH 1/4" CLEAR TEMPERED GLASS WORK TO BE DONE ON EXISTING COUNTER TO CLOSE THE ENTIRE OPENING</p> <p>SITE VISIT CONTACT: FRED CARRERAS, 504.736.6043 OR FCARRERAS@JEFFPARISH.NET</p>	\$ 5,452.83	\$ 5,452.83



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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Ross & Yerger Insurance, Inc. P.O. Box 1139 Jackson, MS 39215 601 948-2900		<b>CONTACT NAME:</b> Rob Cohea <b>PHONE (A/C, No, Ext):</b> 601 948-2900 <b>E-MAIL ADDRESS:</b> rcohea@rossandyerger.com <b>FAX (A/C, No):</b> 6013553227															
<b>INSURED</b> Star Auto Glass Inc. 1000 West Bank Expressway Gretna, LA 70053		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : United Fire &amp; Casualty/Lafayette</td> <td>13021</td> </tr> <tr> <td>INSURER B : Accident Fund National Ins Co</td> <td>12305</td> </tr> <tr> <td>INSURER C : Burlington Ins. Co./RT Specialty</td> <td>23620</td> </tr> <tr> <td>INSURER D : Evanston Ins. Co/RT Specialty</td> <td>35378</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : United Fire & Casualty/Lafayette	13021	INSURER B : Accident Fund National Ins Co	12305	INSURER C : Burlington Ins. Co./RT Specialty	23620	INSURER D : Evanston Ins. Co/RT Specialty	35378	INSURER E :		INSURER F :	
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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR 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 <input checked="" type="checkbox"/> PD Ded:5,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		60535665	10/04/2022	10/04/2023	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		60535665	10/04/2022	10/04/2023	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		AFWCP100086276	12/01/2022	12/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
C	Comm. Umbrel		603BE07440	01/31/2023	10/04/2023	5,000,000
D	Excess Liabi		MCGX10028200	02/03/2023	10/04/2023	\$2,000,000

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

## CERTIFICATE HOLDER

## 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

*Dudley A. Winder*



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