

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
GRETN, LA. 70054-0009
504-364-2678

VENDOR:

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

3 weeks

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

2 days

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: - 0 -

NUMBER: _____

NUMBER: _____

NUMBER: _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) #1014

***** ALL BIDDERS MUST COMPLETE SECTION BELOW *****

FIRM NAME: Crawford Glass & Mirror Co

SIGNATURE: K. Kemp
(Must be signed here)

TITLE: Estimator

PRINT OR TYPE NAME: Kemp

ADDRESS: 2310 Tulane Ave

CITY, STATE: New Orleans LA

ZIP: 70119

TELEPHONE: 504-581-2620

FAX: 504-588-0001

EMAIL ADDRESS: Kemp@scowalls.com

TOTAL PRICE OF ALL BID ITEMS: \$ 1,990.00

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>	\$ 1,990.00	\$ 1,990.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/31/2023

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 Acentria Insurance - New Orleans 800 West Commerce Road, 104 Harahan LA 70123	CONTACT NAME: KELLY HARMON	
	PHONE (A/C, No, Ext): 225-380-2008	FAX (A/C, No):
	E-MAIL ADDRESS: KELLY.HARMON@ACENTRIA.COM	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Executive Risk Indemnity Inc	35181
	INSURER B : Federal Insurance Company	20281
	INSURER C : Burlington Ins Co	23620
	INSURER D : LUBA Casualty Insurance Company	12472
	INSURER E : Palomar Specialty Insurance Company	20338
	INSURER F : Palomar Specialty Insurance Company	20338

INSURED
Craso Glass and Mirror Co., Inc.
2308 Tulane Avenue
New Orleans LA 70119

CRASGLA-01

COVERAGES

CERTIFICATE NUMBER: 1052105571

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
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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	54326332	8/31/2023	8/31/2024	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 \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	54326331	8/31/2023	8/31/2024	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	Y	Y	867BE0370902	8/31/2023	8/31/2024	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
D	<input checked="" 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	Y	028000022254123	8/31/2023	8/31/2024	<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
E F	Professional Equipment			ENV562011508-01 IMFLP-20-2021099-01	8/31/2023 6/15/2022	8/31/2024 10/1/2023	EACH OCCURRENCE \$2,000,000 Leased & Rented \$300,000

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

Additional Insured is granted for owners and other third parties where required by written contract (Form CG 20 38)
Additional Insured status is granted for Completed Operations when required by written contract (Form CG 20 37)
Additional Insured status is granted for On Going Operations when required by written contract (Form CG 20 10)
General Aggregate Limit Per Project
Waiver of Subrogation where required by written contract
Primary and Non Contributory where required by written contract
See Attached...

CERTIFICATE HOLDER

CANCELLATION

Jefferson Parish, its Districts Depts. and Agencies
Purchasing Dept.
200 Derbigny Street, 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

**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY Acentria Insurance - New Orleans		NAMED INSURED Crasto Glass and Mirror Co., Inc. 2308 Tulane Avenue New Orleans LA 70119
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE30 Day Notice of Cancellation to filed third parties
XCU not excluded**AUTO**Additional Insured where required by written contract
Waiver of Subrogation where required by written contract
Primary and Non Contributory where required by written contract
30 Day Notice of Cancellation to filed third parties**EXCESS LIABILITY**Follows Form
Underlying Policies:
General Liability
Auto
Workers Comp**WORKERS' COMPENSATION**ULS&H
Waiver of Subrogation where required by written contract
30 Day Notice of Cancellation to filed third parties
Stop Gap
Alternate Employer

SPECIAL LANGUAGE WHEN REQUIRED