

**BID/RFP RECEIPT**

Receipt of Bid/RFP Proposal No. 50-131613

From: DEUBLER Electric Inc.

Company's Name

Person Received Bid: Charles Tennant

Number of Envelopes/Boxes Received: 1

Jefferson Parish Purchasing Department  
1221 Elmwood Park Blvd.  
Suite 404 – Yenni Bldg.  
Jefferson, LA 70121

2020 JUL 14 PM 3:36





**DEUBLER electric, inc.**

5143 RIVER RD.  
HARRAHAN, LA 70123  
PHONE (504) 733-1990

JEFF PARISH PURCHASING DEPT

MO 59-131613

LABOR & MATERIALS & EX NECESSARY TO  
PERFORM ELECTRICAL MAINT. FOR THE  
DEPT OF GENERAL SERVICES

LA LIC. 15695



DATE: 7/08/2020

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00131613

**JEFFERSON PARISH**

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

VENDOR: DEUBLER ELECTRIC, INC.

BUYER: 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

10 DAYS

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

10 DAYS

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

30 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 as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: N/A

NUMBER: N/A

NUMBER: N/A

NUMBER: N/A

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 15695

<b>*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***</b>	
FIRM NAME: <u>DEUBLER ELECTRIC, INC</u>	
SIGNATURE: (Must be signed here)	TITLE: <u>V.P. OPERATIONS</u>
PRINT OR TYPE NAME: <u>CARL BECNEL</u>	
ADDRESS: <u>5143 RIVER ROAD</u>	
CITY, STATE: <u>HAHAHAN METAIRIE LA</u>	ZIP: <u>70123</u>
TELEPHONE: <u>(504) 733-1990</u>	FAX: <u>(504) 733-8489</u>
EMAIL ADDRESS: <u>carl@deublerelectric.com</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 7,720.00

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00131613

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	LABOR, MATERIALS AND EQUIPMENT NECESSARY TO PROVIDE ELECTRICAL MAINTENANCE FOR THE DEPARTMENT OF GENERAL SERVICES  0010 - ELECTRICAL DISTRIBUTION EQUIPMENT (CLEANING & TESTING)  WE EXTEND THIS BID TO PROVIDE LABOR, MATERIALS, EQUIPMENT, TOOLS, TESTING INSTRUMENTS, SOFTWARE, COMPUTER PROGRAMS AND ALL OTHER INCIDENTALS NECESSARY TO PERFORM PREVENTATIVE MAINTENANCE, TESTING, CLEANING AND DIAGNOSTIC ANALYSIS PER THE ATTACHED SPECIFICATIONS AT THE FOLLOWING LOCATION: CENTRAL PLANT 960 1ST STREET GRETN, LA 70053	\$ 7,720 <sup>00</sup>	\$ 7,720 <sup>00</sup>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/14/2020

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).

<b>PRODUCER</b> Stone Insurance, Inc. 111 Veterans Blvd, Suite 1420  Metairie LA 70005-3055		<b>CONTACT NAME:</b> Robin Simon <b>PHONE (A/C, No, Ext):</b> (504) 832-4161 <b>E-MAIL ADDRESS:</b> robin.simon@stone-insurance.com <b>FAX (A/C, No):</b> (504) 835-6657																					
<b>INSURED</b> Deubler Electric Inc 5143 River Road  Harahan LA 70123		<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Travelers Indemnity of America</td><td>25666</td></tr><tr><td>INSURER B:</td><td>The Phoenix Insurance Co</td><td>25623</td></tr><tr><td>INSURER C:</td><td>Travelers Property Casualty Co</td><td>36161</td></tr><tr><td>INSURER D:</td><td>L W C C</td><td>22350</td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Travelers Indemnity of America	25666	INSURER B:	The Phoenix Insurance Co	25623	INSURER C:	Travelers Property Casualty Co	36161	INSURER D:	L W C C	22350	INSURER E:			INSURER F:		
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**COVERAGES****CERTIFICATE NUMBER:** 20/21**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			CO-9H664123	01/01/2020	01/01/2021	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) \$ 10,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000
	OTHER:						GENERAL AGGREGATE \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			BA3L086298	01/01/2020	01/01/2021	PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> ANY AUTO						Employee Benefits \$ 1,000,000
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB			CUP0J656452	01/01/2020	01/01/2021	Uninsured motorist BI- \$ 100,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 3,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			127999	01/01/2020	01/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	N / A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> N					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)

**CERTIFICATE HOLDER****CANCELLATION**

Jefferson Parish Purchasing Department 200 Derbigny Street, Suite 440  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
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## Additional Named Insureds

### Other Named Insureds

Deubler Communications, LLC

Deubler Electric & Co., LLC

AGENCY CUSTOMER ID: 00026668

LOC #: \_\_\_\_\_

**ADDITIONAL REMARKS SCHEDULE**

Page \_\_\_\_ of \_\_\_\_

AGENCY Stone Insurance, Inc.		NAMED INSURED Deubler Electric Inc
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 Insurance: Notes**Additional Coverage:****COMMERCIAL GENERAL LIABILITY:**

Additional Insured status is extended to any person or organization which requires such provision in a written contract executed prior to a loss.  
Waiver of Subrogation is extended to any person or organization which requires such provision in a written contract executed prior to a loss.

**BUSINESS AUTO LIABILITY:**

Additional Insured status is extended to any person or organization which requires such provision in a written contract executed prior to a loss.  
Waiver of Subrogation is extended to any person or organization which requires such provision in a written contract executed prior to a loss.

**WORKERS COMPENSATION/EMPLOYERS LIABILITY:**

Waiver of Subrogation is extended to any person or organization which requires such provision in a written contract executed prior to a loss.

This policy contains Longshore and Harbor Workers Compensation Act Coverage.

Alternate Employer status is extended to any person or organization which requires such provision in a written contract executed prior to a loss.