

**BID/RFP RECEIPT**

Receipt of Bid/RFP Proposal No. 50-131613

From: DEUBLER Electric Inc.

Company's Name

Person Received Bid: Charles Ferraro

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.  
HARRAH, LA 70123  
PHONE (504) 733-1990

JEFF PARISH PURCHASING DEPT  
MO 59-131613

LABOR & MATERIALS & EX NECESSARY TO  
PROVIDE 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  
GRETNA, 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.

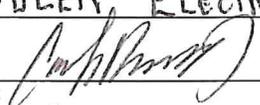
JEFFERSON PARISH is expecting all products to be new and all work to be done in workman-like manner, according to standard practices. Any deviations or alteration from the specifications must be indicated on the bid form for each item and upon request, product data for same must be submitted by the time specified by the Purchasing Department.

<b>DELIVERY: FOB JEFFERSON PARISH</b>	
INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES	<u>10 DAYS</u>
INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK	<u>10 DAYS</u>
INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK	<u>30 DAYS</u>

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 BEVEL</u>	
ADDRESS: <u>5143 RIVER ROAD</u>	
CITY, STATE: <u>HAHAHAY 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	<p>LABOR, MATERIALS AND EQUIPMENT NECESSARY TO PROVIDE ELECTRICAL MAINTENANCE FOR THE DEPARTMENT OF GENERAL SERVICES</p> <p>0010 - ELECTRICAL DISTRIBUTION EQUIPMENT (CLEANING &amp; TESTING)</p>	<p>\$ 7,720<sup>00</sup></p>	<p>\$ 7,720<sup>00</sup></p>
			<p>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:</p> <p>CENTRAL PLANT 960 1ST STREET GRETNA, LA 70053</p>		



# 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		<b>CONTACT NAME:</b> Robin Simon <b>PHONE (A/C, No, Ext):</b> (504) 832-4161 <b>FAX (A/C, No):</b> (504) 835-6657 <b>E-MAIL ADDRESS:</b> robin.simon@stone-insurance.com	
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>	
<b>INSURER A:</b> Travelers Indemnity of America		25666	
<b>INSURER B:</b> The Phoenix Insurance Co		25623	
<b>INSURER C:</b> Travelers Property Casualty Co		36161	
<b>INSURER D:</b> L W C C		22350	
<b>INSURER E:</b>			
<b>INSURER F:</b>			

**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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CO-9H664123	01/01/2020	01/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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 Employee Benefits \$ 1,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/>			BA3L086298	01/01/2020	01/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist BI- \$ 100,000
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUP0J656452	01/01/2020	01/01/2021	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
D	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	N/A	127999	01/01/2020	01/01/2021	<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

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

<b>CERTIFICATE HOLDER</b>  Jefferson Parish Purchasing Department 200 Derbigny Street, Suite 440  Gretna                      LA 70053	<b>CANCELLATION</b>  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.