

DATE: 4/16/2024

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00144986

JEFFERSON PARISH

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

VENDOR: 27118 BLANK BID COPY VENDOR

PURCHASING SPECIALIST:
BBELLOW

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

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

5/18/24
30 days
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: 1
NUMBER: _____
NUMBER: _____
NUMBER: _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 52782

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

FIRM NAME:

Forsythe Fence Co LLP

SIGNATURE:

(Must be signed here)

[Signature]

TITLE:

Owner

PRINT OR TYPE NAME:

Kevin M Forsythe

ADDRESS:

376 Almedia Rd

CITY, STATE:

St Rose, La

ZIP:

70087

TELEPHONE:

(504) 738-5060

FAX:

(504) 468-9811

EMAIL ADDRESS:

forsythefence@gmail.com

TOTAL PRICE OF ALL BID ITEMS: \$ \$11,756.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00144986

SEALED BID

| ITEM NUMBER | QUANTITY | U/M | DESCRIPTION OF ARTICLES | UNIT PRICE QUOTED | TOTALS |
|----------------|----------|-----|---|----------------------|--------------|
| 1 | 1.00 | JOB | <p>FURNISH LABOR, MATERIALS AND EQUIPMENT TO REMOVE, REPLACE NEW AND INSTALL GATE FOR JEFFERSON PARISH PUBLIC WORKS</p> <p>0001: Material and Labor for Installation-Replace damaged chain link aluminum transport cantilever gate with a new gate. Remove existing gate and haul away debris. Install (1) new (23') wide x (8') high single aluminum chain link transport cantilever gate. Gate to have (3) strands of barbed wire. Reuse existing gate hinge posts that are in place. Provide and install (2) new transport cantilever roller truck assemblies to replace existing truck assemblies. Provide and install (2) bottom guide rollers to replace existing guide rollers. Install Gate Operator- Remove existing gate operator from existing gate. Once new gate is installed, re-install existing gate operator in its existing condition. Includes all programming. Ensure gate operator is working properly. Replace (20') of aluminum drive rail to replace aluminum gate operator drive rail that is bent</p> <p>Location:</p> <p>Rheem Building 4901 Jefferson Hwy Jefferson, LA 70121</p> | \$ 11,756.00 | \$ 11,756.00 |




CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/18/2024

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 State Farm  Bryan Schexnayder 1109 N Causeway Blvd Metairie LA 70001 | CONTACT Paul Ellington PHONE 504-835-2944 FAX 504-835-2960 E-MAIL paul.ellington.uxar@statefarm.com INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Mutual Automobile Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: | NAIC # 25178 |
|--|---|------------------------|


| | | |
|--|----------------------------|-------------------------|
| INSURED Forsythe Fence Co LLP 376 Almedia Rd Saint Rose LA 70087 | 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 |
|----------|--|-----------|----------|--|--|--|--|
| | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ COMBINED SINGLE LIMIT (Ea accident) \$ |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" 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 | | 250 8214 317 6935 288 7277 385 1525 | 04/15/2024 11/03/2023 01/21/2024 12/28/2023 | 10/15/2024 11/03/2024 07/21/2024 06/28/2024 | BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 |
| | UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE <input type="checkbox"/> OTH-ER <input 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/A | | | | 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)

Bid #50-00144986

| | |
|---|--|
| CERTIFICATE HOLDER Jefferson Parish, its Districts, Departments and Agencies under the direction of the Parish President and the Parish Council 200 Derbigny St, Suite 4400 Gretna LA 70053 | 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  |
|---|--|

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CERTIFICATE OF LIABILITY INSURANCE

4/18/2024

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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).

PRODUCER
McGriff Insurance Services LLC
7701 Airport Center Dr
Suite 1800
Greensboro, NC 27409

CONTACT NAME: Commercial Client Center 888-743-2217

PHONE (A/C, No, Ext): 888 743-2217

FAX (A/C, No): 8888279861

E-MAIL ADDRESS: ClientServiceCenter@mcgriff.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Monroe Guaranty Insurance Company

32506

INSURER B: LUBA Casualty Insurance Company

12472

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED
Forsythe Fence Co LLP
376 Almedia Road
Saint Rose, LA 70087-3488

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 INSR | 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 <input checked="" type="checkbox"/> PD Ded:250 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | X | | GL10003171206 | 10/16/2023 | 10/16/2024 | EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 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 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| | UMBRELLA LIAB EXCESS LIAB DED RETENTION \$ | | | | | | PER STATUTE OTHER |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | X | | 028000018194124 | 03/10/2024 | 03/10/2025 | 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)

** General Liability Information **

Job#: 1

** Workers Comp Information **

Other States Coverage

Proprietors/Partners/Executive Officers/Members Excluded:

(See Attached Descriptions)

CERTIFICATE HOLDER

Jefferson Parish Purchasing
Department
200 Derbigny Street, Suite 4400
Gretna, LA 70053

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

Lisa Murray

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DESCRIPTIONS (Continued from Page 1)

Kevin Forsythe

Blanket Waiver of Subrogation where required by written contract

Increased Employer's Liability

Scheduled Alternate Employer Endt: Trimark Constructors

Scheduled Alternate Employer Endt - Gulf States Construction

Scheduled Alternate Employer-Jefferson Parish Purchasing
Department

Jefferson Parish, its Districts Departments and Agencies under the direction of the Parish President and the Parish Council as additional insureds regarding negligence by the contractor for the Commercial General Liability and Workers Compensation Insurance policies, Alternate Employer relative to Workers Compensation.