

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

VENDOR: 27118 BLANK BID COPY VENDOR

BUYER: DMEVANS

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>4-6 weeks Avo</u>
INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK	<u>N/A</u>
INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK	<u>N/A</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: \_\_\_\_\_  
NUMBER: \_\_\_\_\_  
NUMBER: \_\_\_\_\_  
NUMBER: \_\_\_\_\_

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

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

FIRM NAME:	<u>Hahn Enterprises inc.</u>	
SIGNATURE:	<u>Jami Jdl</u>	TITLE: <u>President</u>
(Must be signed here)		
PRINT OR TYPE NAME:	<u>TANIA Hahn</u>	
ADDRESS:	<u>P.O. Box 19495</u>	
CITY, STATE:	<u>New Orleans LA</u>	ZIP: _____
TELEPHONE:		FAX: <u>70179</u>

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	EA	ONE TIME PURCHASE OF VARIOUS RECREATION SUPPLIES 0001-#200006976-Replacement K B Double wide slide for 48 inch deck with hardware.	\$ 1,271.00	\$ 1,271.00
2	2.00	EA	0002-#908638DB-Replacement ARC window panel with hardware  Will be installed by Recreation Dept. Contact John Doyle at 736-6999	\$ 675.50	\$ 1,351.00

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**  
 Eustis Insurance, Inc.  
 110 Veterans Memorial Boulevard  
 Suite 200  
 Metairie, LA 70005

**CONTACT NAME:**  
 PHONE (A/C, No, Ext): (504) 586-0440 FAX (A/C, No): (504) 565-5219  
 E-MAIL ADDRESS: info@eustis.com

**INSURED**  
 Hahn Enterprises, Inc.  
 P. O. Box 19495  
 New Orleans, LA 70179

**INSURER(S) AFFORDING COVERAGE**

INSURER A: State National Insurance Company	NAIC #
INSURER B: Republic Fire & Casualty Insurance Company	12831
INSURER C: Burlington Ins. Company	10810
INSURER D: LUBA Casualty Insurance Company	23620
INSURER E:	12472
INSURER F:	

**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	ADOL SUBR INSD. WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<b>X</b> COMMERCIAL GENERAL LIABILITY		<b>XNDP2-02395-00</b>	<b>02/16/2018</b>	<b>02/16/2019</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
<b>B</b>	<b>X</b> AUTOMOBILE LIABILITY		<b>FCA1000726</b>	<b>02/16/2018</b>	<b>02/16/2019</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<b>C</b>	<b>X</b> UMBRELLA LIAB	<b>X</b>	<b>HFF0006413</b>	<b>02/16/2018</b>	<b>02/16/2019</b>	EACH OCCURRENCE \$ <b>2,000,000</b> AGGREGATE \$ <b>2,000,000</b>
<b>D</b>	<b>X</b> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		<b>028000016578118</b>	<b>02/16/2018</b>	<b>02/16/2019</b>	PER STATUTE \$ <b>1,000,000</b> E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Additional Insured forms with form titles for General Liability blanket if required by written contract subject to terms, conditions and exclusions of the forms:  
 G2010 10/01 edition date- Additional Insured-Owners, Lessees or Contractors  
 G2037 10/01 edition date- Additional Insured Owners, Lessees or Contractors-Completed Operations  
 IL 12 03 04 06 edition date- Primary & Non-Contributory - Other Insurance Condition  
 CG2404 05/09 edition date-Waiver of Transfer of Rights of Recovery Against Others to Us

Additional Insured form for with coverage titles for Automobile Liability blanket if required by written contract subject to terms conditions, and exclusions of SEE ATTACHED ACORD 101

**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.

Eustis Insurance, Inc.

Hahn Enterprises, Inc.  
P. O. Box 19495  
New Orleans, LA 70179  
Orleans

POLICY NUMBER  
SEE PAGE 1

CARRIER  
SEE PAGE 1

NAIC CODE  
SEE P 1

EFFECTIVE DATE: SEE PAGE 1

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:  
the form

CA990187 07/15 edition date- Business Auto Coverage Expansion Endorsement - includes Blanket Additional Insured Status for  
Certain Entities- Section A Item #1 letter F; Waiver of Subrogation For Auto Liability Losses Assumed Under Insured Contract  
-Section P; Insurance is Primary and Non-Contributory- Section Q

Waiver of Subrogation form with form title for Worker's Comp. blanket if required by written contract subject to terms, conditions,  
and exclusions of the form:  
Worker's Comp. form WCO0 03 13 4184 edition date - Waiver of Our Right to Recover From Others Endorsement

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF  
HAHN ENTERPRISES, INC.

At the meeting of directors of Hahn Enterprises, Inc., duly noticed and held on February 26, 2018 a quorum being there present, on motion duly made and seconded. It was resolved that: Tania Hahn, be and is hereby appointed, constituted, and designated as agent and attorney-in-fact of the corporation with full power and authority to act on behalf of this corporation in all negotiations, bidding, concerns and transactions with the Jefferson Parish Purchasing or any of its agencies, departments, employees or agents, including but not limited to, the execution of all bids, papers, documents, affidavits, bonds, sureties, contracts and acts and to receive and receipt therefore all purchase orders and notices issued pursuant to the provisions of any such bid or contract, this corporation hereby ratifying, approving, confirming and accepting each and every such act performed by said agent and attorney-in-fact.

I hereby certify the forgoing to be a true and correct copy of an excerpt of the minutes of the above dated meeting of the Board of Directors of said corporation, and the same has not been revoked or rescinded.

  
Secretary/Treasurer

Date

2/26/18