



# JEFFERSON PARISH

## DEPARTMENT OF PURCHASING

CYNTHIA LEE SHENG  
PARISH PRESIDENT

RENNY SIMNO  
DIRECTOR

July 20, 2021

### ADDENDUM # 2

Bid No.: 50-135275

Bid Opening Date: June 27, 2021

For: Furnish and install (2) new submersible grinder pumps, guide rails and wet well covers for the  
Jefferson Parish Recreation Department

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#### ALTERATION

Remove the original bid form in its entirety and replace with the Bid Form (revised per Addendum #2). This Addendum #2 will be adding voltage and phase information to item # 1 from the original bid form.

#### ADDITION

ITEM #1- Pumps are to be 480 volt , 3 phase

Sincerely,

Rae Lynn Hartman

Rae Lynn Hartman, Buyer I  
Jefferson Parish Purchasing Department

Bidders must acknowledge all addenda in the appropriate section on the bid form.  
Bidder acknowledges receipt of this addendum on the bid form as indicated. Failure to do so  
will result in bid rejection.

This addendum is a part of the contract documents and modifies the original bidding documents and specifications. The contents of this addendum shall be included in the contract documents. Changes made by this addendum shall take precedence over the documents of earlier date.

GENERAL GOVERNMENT BLDG. - 200 DERBIGNY ST., SUITE 4400, GRETN, LA 70053  
OFFICE 504.364.2678

JOSEPH S. YENNI BLDG. - 1221 ELMWOOD PARK BLVD., SUITE 404, JEFFERSON, LA 70123  
OFFICE 504.364.2678

EMAIL: PURCHASING@JEFFPARISH.NET WEBSITE: WWW.JEFFPARISH.NET

DATE: 7/13/2021

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00135275

**JEFFERSON PARISH**

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

VENDOR: 27118 BLANK BID COPY VENDOR

BUYER: RSCOTT

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

3-4 weeks

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

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.

REVISED PER ADDENDUM #2

Acknowledge Receipt of Addenda: NUMBER: Addendum 1  
NUMBER: Addendum 2  
NUMBER: \_\_\_\_\_  
NUMBER: \_\_\_\_\_

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

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME:	<u>Advanced Industrial Products Inc</u>
SIGNATURE: (Must be signed here)	<u>[Signature]</u> TITLE: <u>Manager</u>
PRINT OR TYPE NAME:	<u>Tina Lapierre</u>
ADDRESS:	<u>2125 Whitney Avenue</u>
CITY, STATE:	<u>Gretna LA</u> ZIP: <u>70056</u>
TELEPHONE:	<u>504, 367-1257</u> FAX: <u>504, 366-0841</u>
EMAIL ADDRESS:	<u>tina@AIP-Inc.NET</u>

TOTAL PRICE OF ALL BID ITEMS: \$ 14,147.00

DATE: 7/13/2021

Page: 6

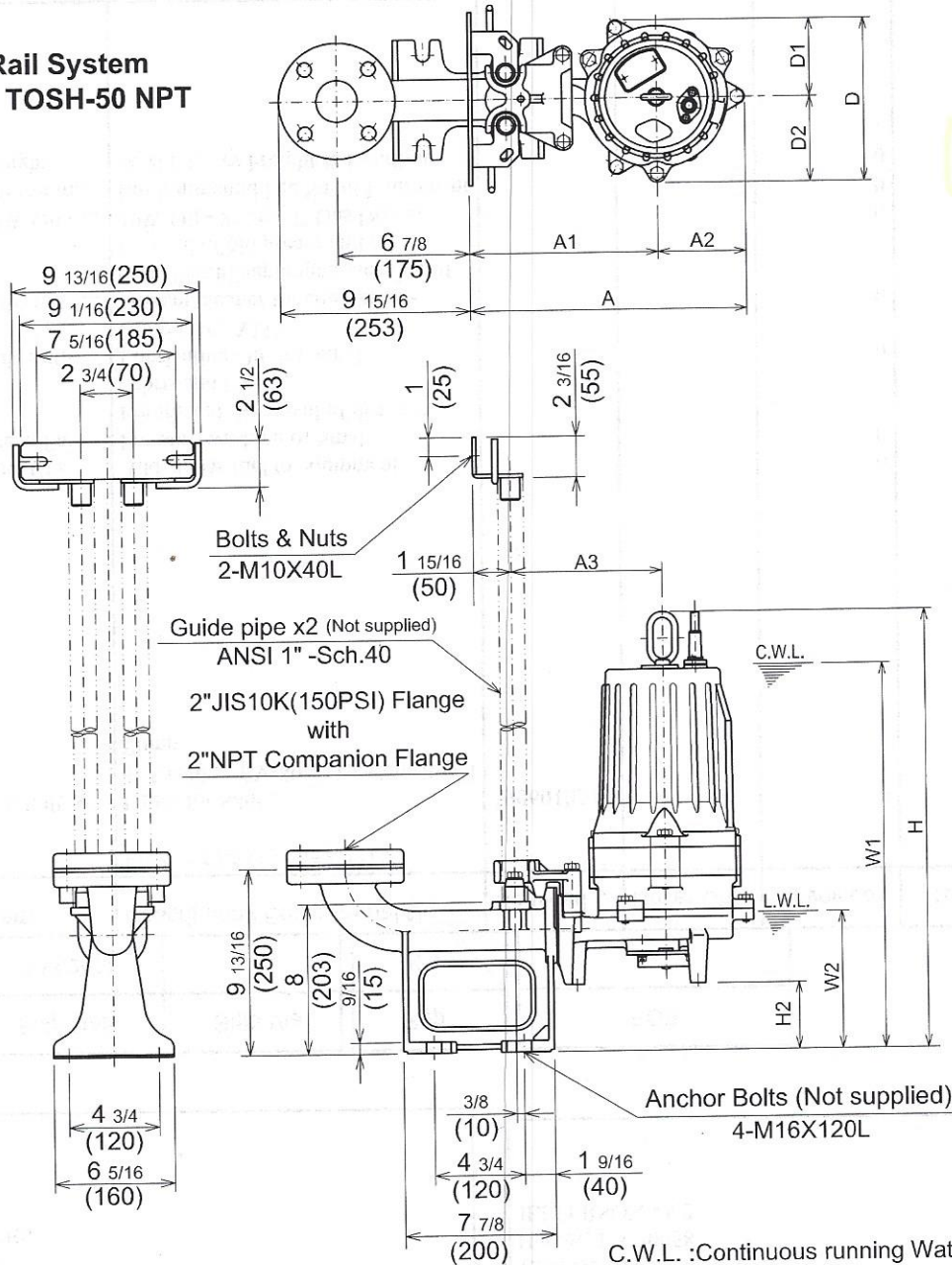
## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00135275

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>Furnish and install (2) new submersible grinder pumps, guide rails and wet well covers for the Jefferson Parish Recreation Department</p> <p>0010 Furnish and install (2) new 2 HP submersible grinder pumps, with base elbow and guide rail kits. Furnish and install new stainless steel guide rails and aluminum wet well cover. Make all necessary electrical connections, and test run system</p> <p>*SERVICE LOCATION* Johnny Jacobs Lift Station 5851 5th Ave. Marrero, La 70072</p> <p>SITE VISIT CONTACT: ANTHONY RICHARD 504-349-5000</p> <p>PLEASE SEE ATTACHED SPECIFICATIONS</p> <p><b>ADDENDUM #1:</b> Discharge pipe is 2" on the side wall of the tank. Discharge connection on pump is 1 1/4".</p> <p><b>ADDENDUM #2:</b> Pumps- 480 volt, 3 phase</p> <p><u>REVISED PER ADDENDUM #2</u></p>	<p>\$ 14,147</p> <p>FOB Factory Freight</p>	<p>\$ 14,147</p> <p>\$ 1879.00</p>
			<p>* Optional Control Panel Required not mentioned in Bid</p> <p>* This quote does not include the removal of existing product within the tank</p>		



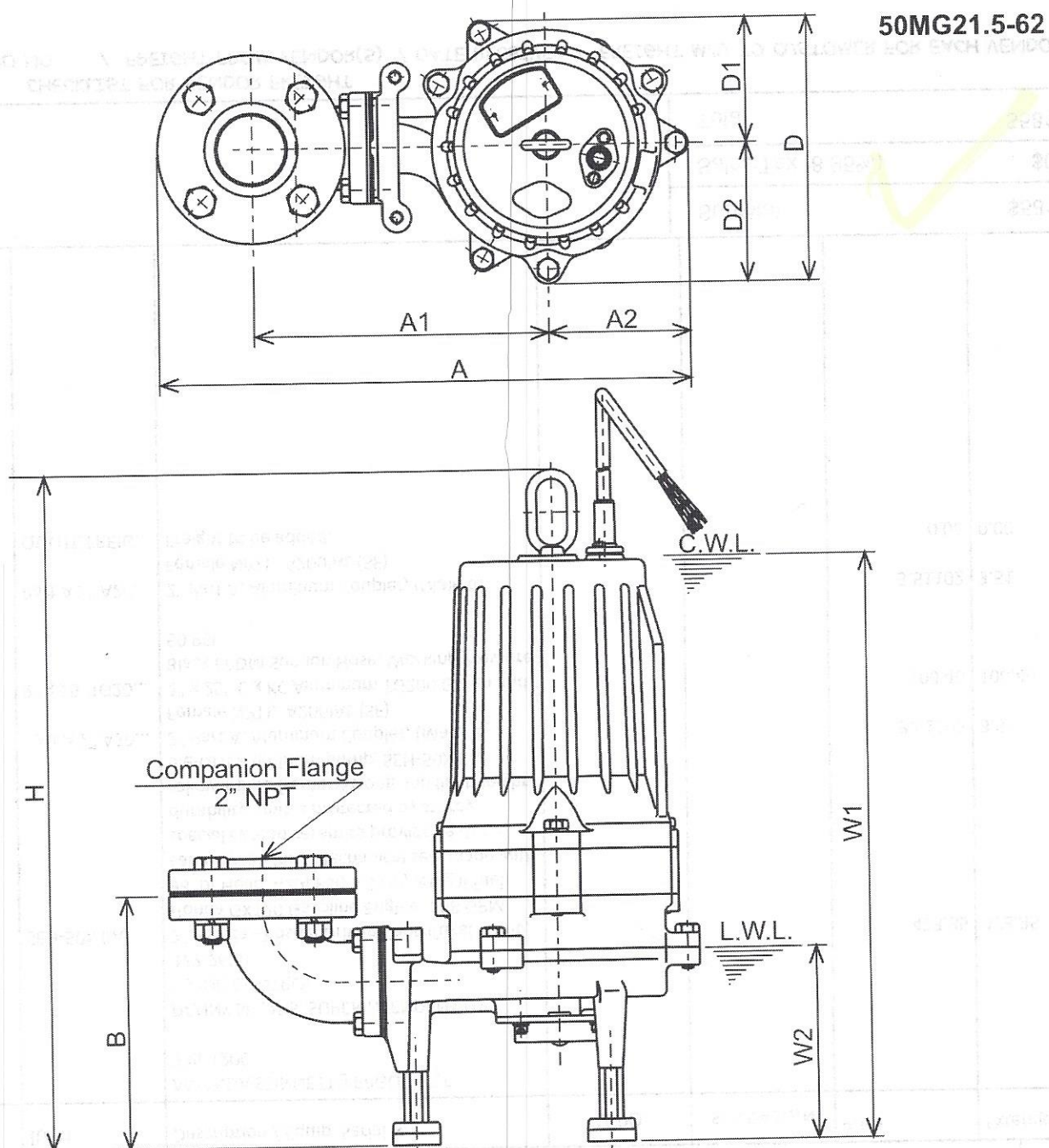
**TSURUMI PUMP****MG-SERIES  
GRINDER PUMPS****DIMENSIONS****TOS50MG21.5 -62****Guide Rail System  
Model : TOSH-50 NPT****DIMENSIONS:USCS(Inch)**

Model	HP	NOM. SIZE	Pump & Motor									C.W.L.	L.W.L.	*Wt.
			A	A1	A2	A3	D	D1	D2	H	H2	W1	W2	(lbs.)
TOS50MG21.5 -62	2	2"	14 7/16	9 13/16	4 5/8	7 7/8	8 9/16	4 1/16	4 1/2	23 1/8	3 9/16	20 1/4	7 1/4	79

\*Excluding  
Cable & TOS**DIMENSIONS:METRIC(mm)**

Model	kW	NOM. SIZE	Pump & Motor									C.W.L.	L.W.L.	*Wt.
			A	A1	A2	A3	D	D1	D2	H	H2	W1	W2	(kg)
TOS50MG21.5 -62	1.5	50	367	250	117	200	217	103	114	587	90	515	185	36

Mar. 10

**TSURUMI PUMP**
**MG - SERIES**  
**GRINDER PUMPS**
**DIMENSIONS**

C.W.L. : Continuous running Water Level  
 L.W.L. : Lowest running Water Level

**DIMENSIONS:USCS (Inch)**

DIMENSIONS:USCS (Inch)													
Model	HP	NOM. SIZE	Pump & Motor								C.W.L.	L.W.L.	Wt.
			A	A1	A2	B	D	D1	D2	H	W1	W2	(lbs.)
50MG21.5-62	2	2"	14 3/16	8 1/8	4 5/8	7 15/16	8 9/16	4 1/16	4 1/2	21 15/16	19 1/8	6 1/4	79

**DIMENSIONS:METRIC (mm)**

DIMENSIONS: METRIC (mm)													
Model	kW	NOM. SIZE	Pump & Motor								C.W.L.	L.W.L.	Wt.
			A	A1	A2	B	D	D1	D2	H	W1	W2	(kg)
50MG21.5-62	1.5	50	360	207	117	201	217	103	114	558	485	160	36

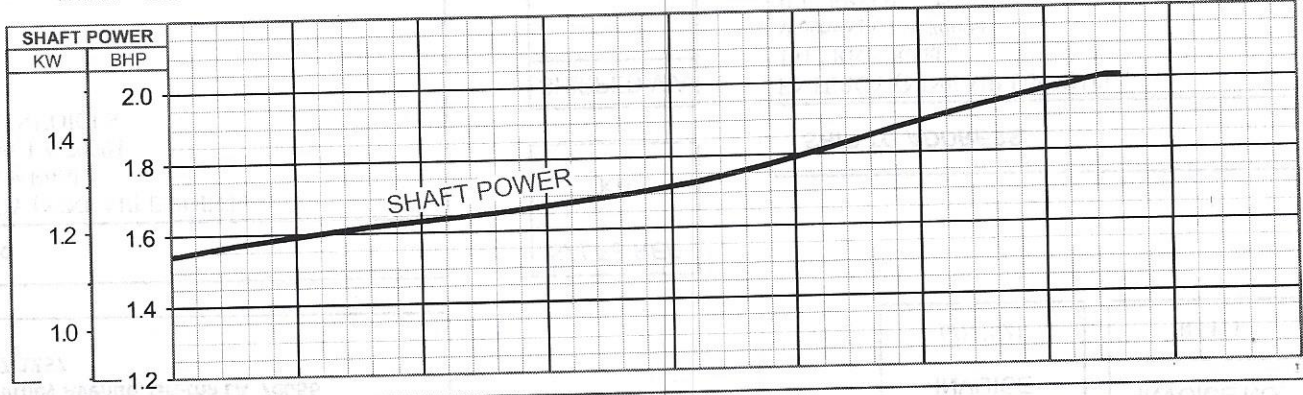
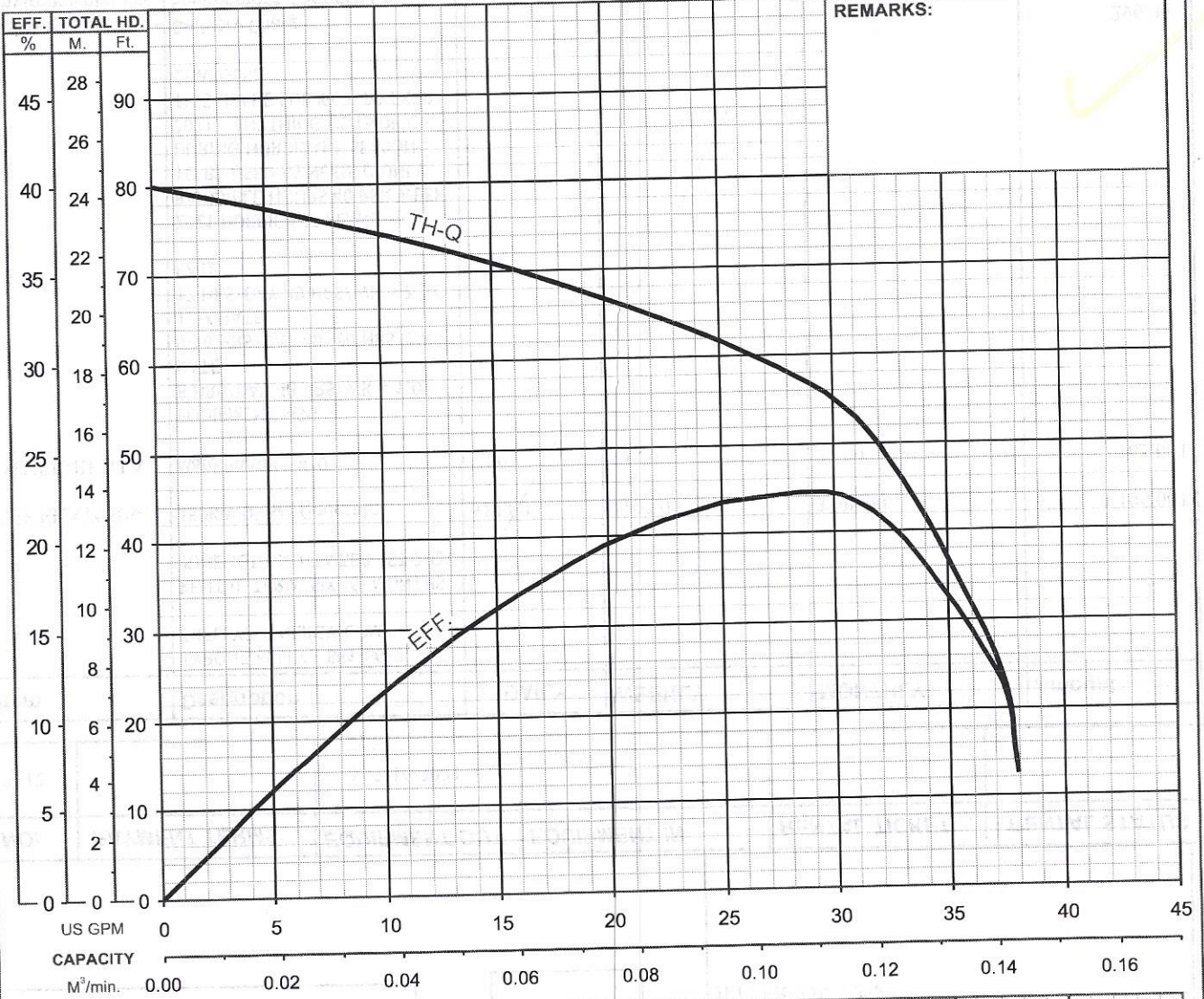


Jun. 12

MG - SERIES



MODEL	BORE	HP	KW	RPM	SOLIDS DIA	LIQUID	SG.	VISCOSITY	TEMP.
(TOS)50MG21.5 -62	2"/50mm	2	1.5	3480	0.2"/5mm	Water	1.0	1.123 cSt.	60°F
PUMP TYPE	PHASE	VOLTAGE		AMPERAGE		HZ	STARTING METHOD		INS. CLASS
Grinder	3	208-230/460/575		6.7-6.6 / 3.3 / 2.6		60	Direct On Line		F
CURVE No.	DATE	PHASE	VOLTAGE	AMPERAGE	HZ	STARTING METHOD		INS. CLASS	
-	-	-	-	-	-	-		-	







## SEWAGE 3 Phase Duplex

## TS32 SERIES

### ■ FEATURES & BENEFITS

Three phase TS32 series control panels are heavy duty, UL 508 and CSA listed control panels used for sewage lift station applications

Multi voltage transformer operates 208 / 230 / 460 VAC pumps

Padlockable NEMA 4X fiberglass enclosure

HOA switches - Hand - Off - Auto

Green pump run indicators

Motor protectors provide disconnect, short circuit protection and adjustable overload protection

IEC rated magnetic motor contactors

Alternating relay with lead/lag selector switch

Control/alarm fuse

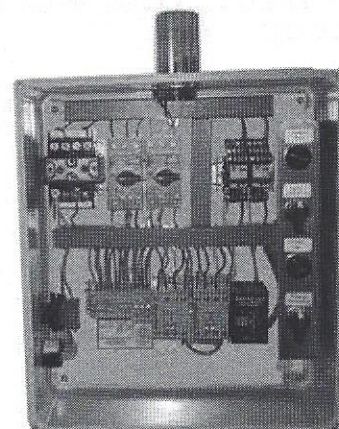
Red alarm beacon

Alarm buzzer - 95 dB warble, auto reset (with silence switch)

Labeled field wiring for ease of connection and troubleshooting

Laminated electrical schematic

(3) 20' mechanical float switches - tagged for easy installation



### AVAILABLE OPTIONS

- ☐ Event Counter
- ☐ Elapsed Timer Meter
- ☐ Aux Alarm Contacts
- ☐ Alarm Flasher
- ☐ Lightning Protection
- ☐ 4th Float for Duplex
- ☐ Redundant Off Float

- \* ☐ \_\_\_\_\_
- \* ☐ \_\_\_\_\_

- ☐ Thermal Cutout
- ☐ Seal Failure Circuit
- ☐ Low Level Cutout
- ☐ External Float Weights
- ☐ Inner Dead Front Door
- ☐ Intrinsically Safe Float
- ☐ No Floats

- \* ☐ \_\_\_\_\_
- \* ☐ \_\_\_\_\_

\* Contact factory for additional options

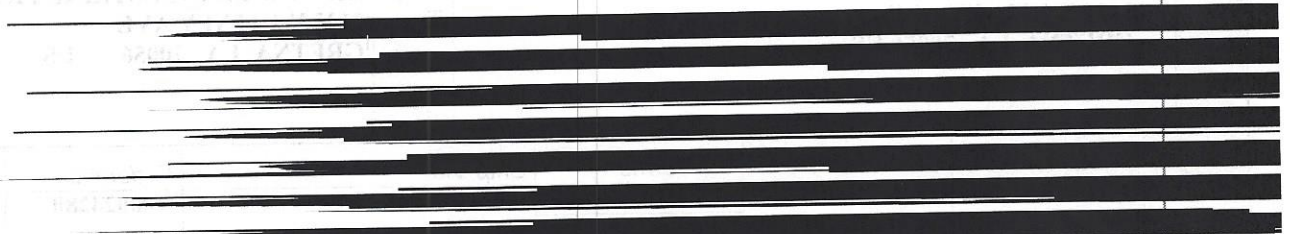




# SEWAGE 3 Phase Duplex

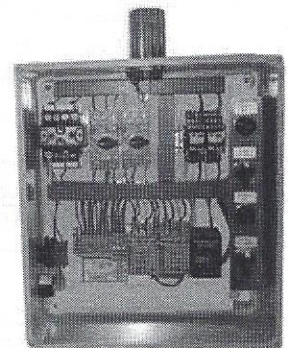
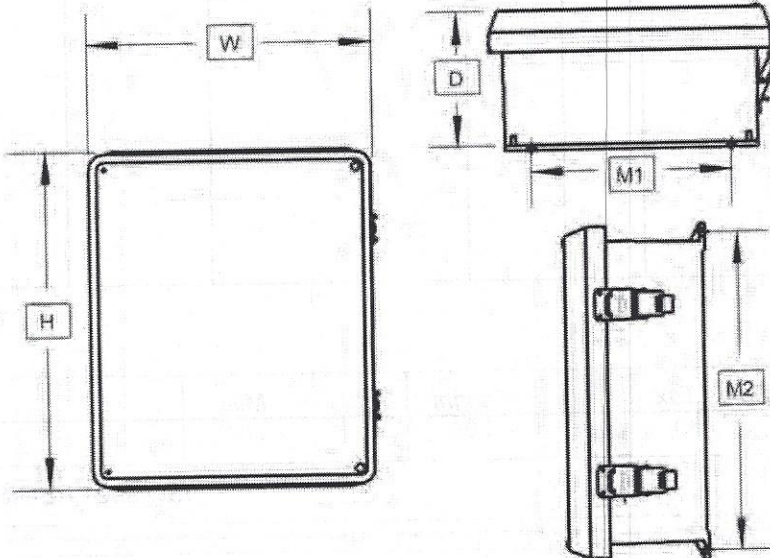
TS32 SERIES SPECIFICATIONS

## Description of Operation



Dimension in inches

Model Number	Volts	Amps	W	H	D	M1	M2
TS3220	208/230/460	1.6-2.5	15.30	17.31	6.70	12.00	16.73
TS3221	208/230/460	2.5-4.0	15.30	17.31	6.70	12.00	16.73
TS3222	208/230/460	4.0-6.3	15.30	17.31	6.70	12.00	16.73
TS3223	208/230/460	6.3-10.0	15.30	17.31	6.70	12.00	16.73
TS3224	208/230/460	9.0-14.0	15.30	17.31	6.70	12.00	16.73
TS3225	208/230/460	13.0-18.0	15.30	17.31	6.70	12.00	16.73
TS3226	208/230/460	17.0-23.0	15.30	17.31	6.70	12.00	16.73
TS3227	208/230/460	20.0-25.0	15.30	17.31	6.70	12.00	16.73
TS3228	208/230/460	24.0-32.0	15.30	17.31	6.70	12.00	16.73
TS3229	208/230/460	30.0-40.0	15.30	17.31	6.70	12.00	16.73
TS3230	208/230/460	37.0-50.0	15.30	17.31	6.70	12.00	16.73
TS3131	208/230/460	48.0-65.0	15.30	17.31	6.70	12.00	16.73





# Tsurumi Pump

**LINE VOLTAGE: 208/230/460**

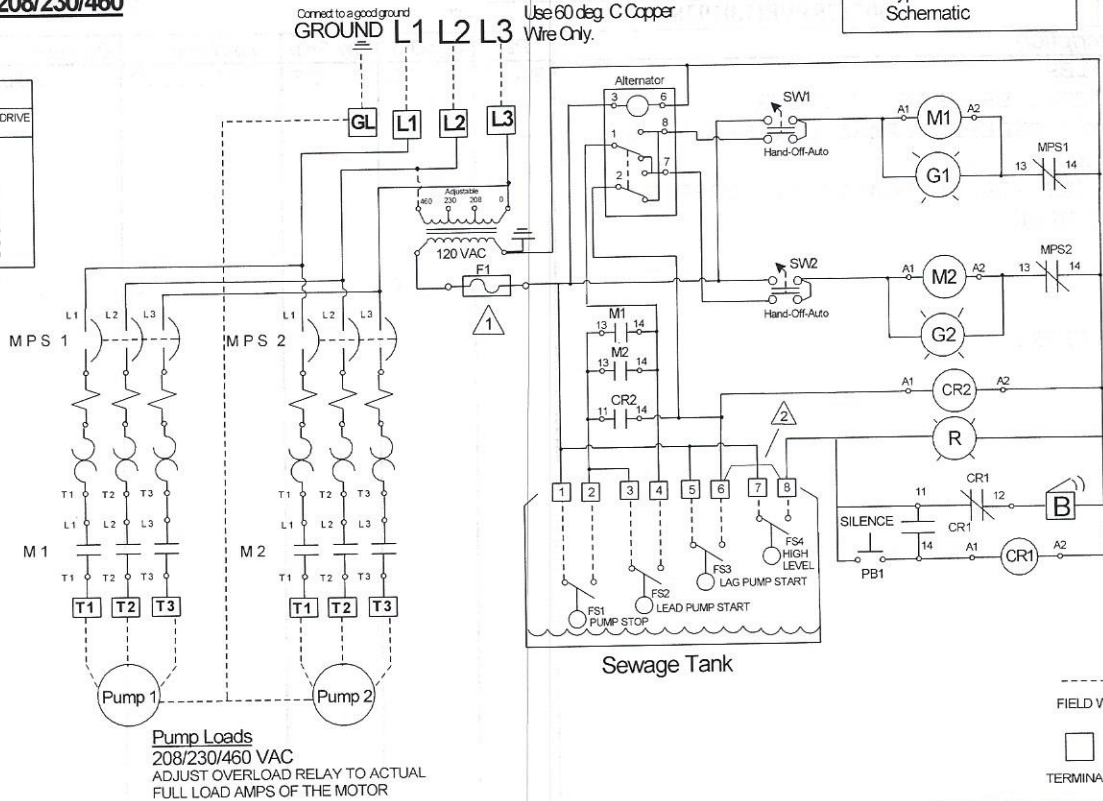
**PHASE: 3**

**HERTZ: 60**

AWG. OR CIRCULAR MILL. SIZE	TIGHTENING TORQUE IN INCH POUNDS	
	SCREW DRIVER	EXTERNAL DRIVE WRENCH
14	35	75
12	35	75
10	35	75
8	40	75
6	45	110
4	45	110
2	50	150
1	50	150
1/0	50	180
2/0	50	180

1  
F1 - 1 Amp Type AGC 250 V max  
Transformer Connections  
208VAC, H4&H3  
230VAC, H4&H2  
460VAC, H4&H1

2  
FOR A FOUR SWITCH OPERATION  
REMOVE WIRE JUMPER BETWEEN  
TERMINALS 6 & 8.



## NOTES:

1. WARNING! Electrical Shock Hazard! Disconnect power before servicing this product. A qualified service person must install and service this product according to applicable electrical and plumbing codes.
2. Install in accordance with National Electric Code, NFPA 70, Seal all boxes, fittings and conduit with appropriate seal devices to prevent moisture and gases from entering enclosure.
3. Connect all grounds to a good ground.
4. Dashed lines represent field wiring.
5. Branch circuit protection device/disconnect means field provided.

## LEGEND:

- CR - Control Relay  
PB - Push button switch  
FS - Red alarm light  
SW - Hand, Off, Auto Switch  
F - Fuse  
B - Buzzer
- MPS - Motor Protective Switch  
M - Magnetic Contactor  
GL - Ground Lug  
G - Pump Run Indicator

DRAWN BY: B Klabunde

DATE: 12/29/03

CHECKED BY:

DATE:

APPROVED:

DATE:

Alderon Industries, LLC

TITLE:

Series TS32

SIZE:

A

DWG #

TS32XX

REV:

A

SHEET: 1 OF 1

1 2 3 4 5 6 7 8 9 10



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/27/2021

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 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  <b>CANAL HR, INC.</b> <b>P.O. BOX 8798</b> <b>METAIRIE, LA 70011</b>	CONTACT NAME <b>DON MAYEUX</b>	FAX (A/C, No.) <b>504-832-8752</b>	
	PHONE (A/C, No, Ext) <b>504-837-8680</b>	E-MAIL ADDRESS <b>DONM@CANALHR.COM</b>	
INSURED  <b>ADVANCED INDUSTRIAL PRODUCTS</b> <b>P. O. BOX 8798</b> <b>METAIRIE, LA 70011</b>	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: <b>LWCC</b>		<b>22350</b>
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

## COVERAGES

CERTIFICATE NUMBER: 104140

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 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	
	<b>GENERAL LIABILITY</b>						EACH OCCURRENCE	\$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b>	<input type="checkbox"/> OCCUR					EACH OCCURRENCE	\$
	<b>EXCESS LIAB</b>	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$
	DED <input type="checkbox"/> RETENTION \$							\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			155465-S	04/01/2021	04/01/2022	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>	N/A				E.L. EACH ACCIDENT	\$ 1000000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1000000
							E.L. DISEASE - POLICY LIMIT	\$ 1000000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
COVERS THOSE EMPLOYEES OF CO-EMPLOYER, CANAL HR INC., UNDER P.E.O. ACT OF 2001

## CERTIFICATE HOLDER

## CANCELLATION

JEFFERSON PARISH PURCHASING DEPARTMENT  
200 DERBIGNY ST  
GEN.GOVERNMENT BLDG.SUITE 400  
GRETNLA,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

*Robert Woodland*

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# CERTIFICATE OF LIABILITY INSURANCE

Auto  
Z  
DATE (MM/DD/YYYY)  
07/30/2021

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>  Manny Hidalgo, Agent 3837 MacArthur Boulevard New Orleans, Louisiana 70114	<b>CONTACT NAME:</b> Alesisa Ancar <b>PHONE (A/C, No, Ext):</b> (504) 362-1919 <b>FAX (A/C, No):</b> (504) 368-1111 <b>E-MAIL ADDRESS:</b> alesisa.ancar.iq4v@statefarm.com
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> State Farm Fire and Casualty Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b> Advanced Industrial Leasing Inc. & Advanced Industrial Products Inc. 2125 Whitney Avenue Gretna, Louisiana 70056	<b>NAIC #</b> 25143

## 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <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 \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> 100 Comp <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> 500 Coll	Y	Y	273 5559-F07-18 582 4327-A30-18P	06/07/2021 07/30/2021	12/07/2021 01/30/2022	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)

## CERTIFICATE HOLDER

## CANCELLATION

Jefferson Parish Purchasing Department  
200 Derbigny St General Government Building Ste 400  
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

Completed by an authorized State Farm representative. If signature is required, please contact a State Farm agent.

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# CERTIFICATE OF LIABILITY INSURANCE

General Liability

DATE (MM/DD/YYYY)  
7/27/2021

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**PRODUCER**  
Eustis Insurance & Benefits, a  
Marsh & McLennan Agency LLC Co  
830 W. Causeway Approach  
Mandeville LA 70471

**CONTACT NAME:** Denise Dauth  
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INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Certain Underwriters at Lloyd's	55555

**INSURED** PRODUADVANT  
Advanced Industrial Products, Inc. & Advanced Industrial Leasing, Inc.  
2125 Whitney Avenue  
Gretna LA 70053

INSURER B :
INSURER C :
INSURER D :
INSURER E :
INSURER F :

## COVERAGES

**CERTIFICATE NUMBER:** 538162731

**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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:			BCGL3331	1/1/2021	1/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 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) \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB CLAIMS-MADE DED RETENTION \$			UMR0693	4/7/2021	4/7/2022	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$ PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> N / A						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Additional Insured form # CG2010 edition 10/01 applies to the General Liability policy.  
Waiver of subrogation form # CG2404 edition 10/93 applies to the General Liability policy.  
Primary & Non-Contributory General Liability form # CG2001 edition 04/13.

The General Liability policy includes a blanket additional insured endorsement to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status.

The General Liability policy contains an endorsement with "Primary and Noncontributory" wording that may apply only when there is a written contract between See Attached...

## CERTIFICATE HOLDER

Jefferson Parish Purchasing Department  
200 Derbigny Street  
General Government Building, Suite 400  
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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AGENCY CUSTOMER ID: PRODUADVAN

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



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Eustis Insurance & Benefits, a		NAMED INSURED Advanced Industrial Products, Inc. & Advanced Industrial Leasing, Inc. 2125 Whitney Avenue Gretna LA 70053
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

the named insured and the certificate holder that requires such wording.

The General Liability policy contains a blanket waiver of subrogation endorsement that may apply only when there is a written contract between the named insured and the certificate holder that requires such wording.

The certificate holder includes the Jefferson Parish, its Districts Departments and Agencies under the direction of the Parish President and Parish Council.