

DATE: 1/03/2024

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00144286

JEFFERSON PARISH

PURCHASING DEPARTMENT
P.O. BOX 9
GRETNA, 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

3.29.24 - 6.30.24

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

7-14 Days

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

7-14 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: N/A
NUMBER: N/A
NUMBER: N/A
NUMBER: N/A

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 51843

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

FIRM NAME: **Ready Power LLC**

SIGNATURE: 
(Must be signed here) Jeremiah Johnson (Jan 10, 2024 16:56 CST)

TITLE: **Vice President**

PRINT OR TYPE NAME: **Jeremiah Johnson**

ADDRESS: **4809 Clio Street**

CITY, STATE: **New Orleans, LA**

ZIP: **70125**

TELEPHONE: **504) 264-5935**

FAX: **() N/A**

EMAIL ADDRESS: **jrooney@readypowerusa.com**

TOTAL PRICE OF ALL BID ITEMS: \$ 78,612.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00144286

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 SUPPLY AND INSTALL EMERGENCY FEEDER AND SWITCHBOARD MODIFICATIONS FOR JEFFERSON PARISH GENERAL SERVICES</p> <p>0010 - PROVIDE ALL LABOR, MATERIALS, EQUIPMENT, TRANSPORTATION, AND ALL OTHER INCIDENTALS NECESSARY TO SUPPLY AND INSTALL ONE (1) NEW EMERGENCY FEEDER AND PERFORM SWITCHBOARD MODIFICATIONS AT THE WESTBANK HEALTH UNIT.</p> <p>LOCATION:</p> <p>WESTBANK HEALTH UNIT 1855 AMES BLVD MARRERO, LA 70072</p> <p>*** PER BID SPECIFICATIONS ***</p>	\$ 78,612.00	\$ 78,612.00



Certificate Of Authority Of READY POWER, L.L.C.

The undersigned, being all of the managers of Ready Power, L.L.C., a manager managed limited liability company organized and existing under the laws of the State of Louisiana, (hereinafter sometimes referred to simply as the "Company") and as authorized by the articles of organization of the Company and Louisiana Revised Statute 12:1305.C.(5) do hereby certify:


That Jeremiah A. Johnson, member of the Company, be and he/she/they is/are authorized, empowered and directed, for and on behalf of the Company to do any and all things deemed by him/them to be necessary or appropriate for the purpose of carrying out the business activities of the Company, including, without limitation, (i) to bind the Company and execute on behalf of the Company with any person, firm or corporation for any legal purpose, and (ii) to sign and/or execute any and all necessary documents, applications, and/or quotes to make an application for a qualifying public or private bid which binds the Company to perform under the bid, in the event that the Company is the winning qualified bidder.

That the following are all of the members of the Company:

Jeremiah A. Johnson

To the extent the authority granted and/or certified herein exceeds or conflicts with any limits of authority placed upon the members and /or managers of the Company by any operating agreement of the Company, the operating agreement of the Company is hereby amended to authorize the above identified member(s)/manager(s), or any one of them acting alone, to act on behalf of the Company and bind the Company in accordance with this Certificate of Authority.

This certification is made on this 10th day of January, 2024.


Jeremiah Johnson (Jan 10, 2024 16:56 CST)

Jeremiah A. Johnson, Member/Manager




CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/18/2023

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  Nora Vaden Holmes 117 Metairie Lawn Drive Metairie LA 70001	CONTACT NAME: Nora Vaden Holmes PHONE (A/C, No, Ext): 504-831-0002 E-MAIL ADDRESS: nora.v.holmes.jo9b@statefarm.com INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Mutual Automobile Insurance Company NAIC # 25178
INSURED READY POWER LLC 4900 CALLIOPE ST NEW ORLEANS LA 701251668	INSURER B: INSURER C: INSURER D: INSURER E: 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.

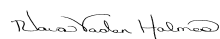
INSR LTR	TYPE OF INSURANCE	ADD INSD	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input 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	N	N	554 0930-B24-18 553 7032-B24-18 553 7044-B24-18 554 7787-B24-18	08/24/2023 08/24/2023 08/24/2023 08/24/2023	02/24/2024 02/24/2024 02/24/2024 02/24/2024	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 \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						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? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	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)

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.

AUTHORIZED REPRESENTATIVE



This form was system-generated on 12/18/2023

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/10/2023

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 Arthur J. Gallagher Risk Management Services, LLC 111 Veterans Boulevard Ste. 1130 Metairie LA 70112	CONTACT NAME: Beryl Tizzard PHONE (A/C, No, Ext): 504-378-4623 E-MAIL ADDRESS: beryl_tizzard@ajg.com FAX (A/C, No):														
INSURED Ready Power, LLC 4809 Clio St New Orleans LA 70125	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : Associated Industries Insurance Co, Inc</td><td>23140</td></tr><tr><td>INSURER B : Technology Insurance Company, Inc</td><td>42376</td></tr><tr><td>INSURER C :</td><td></td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Associated Industries Insurance Co, Inc	23140	INSURER B : Technology Insurance Company, Inc	42376	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Associated Industries Insurance Co, Inc	23140														
INSURER B : Technology Insurance Company, Inc	42376														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES**CERTIFICATE NUMBER:** 2004307895**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 checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			AES1237389 00	8/24/2023	8/24/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	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 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	N/A	TWC4310036	8/24/2023	8/24/2024	<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)

Hillary Huck, James Huck, Lloyd Huck, and Jeremiah Johnson are excluded from the workers compensation policy. Blanket Additional Insured included on the General Liability policy as required per written contract with the insured by CG2033 0704 -ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS WHEN REQUIRED IN CONSTRUCTION AGREEMENT WITH YOU and CG2037 0704 -ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS. General Liability coverage applies on a Primary and Non-Contributory basis, as required by written contract. Blanket Waiver of Subrogation Endorsement included on the General Liability and Workers Comp policies, as required per written contract with the insured. General Liability aggregate applies on a per project basis where required by written contract.

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.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

5000144286

Final Audit Report

2024-01-10

Created:	2024-01-10
By:	Jason Rooney (jrooney@jerp.biz)
Status:	Signed
Transaction ID:	CBJCHBCAABAA3fUEqY6JSn3izzWRdQ6kCCUWEOF4OrNi

"5000144286" History

-  Document created by Jason Rooney (jrooney@jerp.biz)
2024-01-10 - 5:15:57 PM GMT
-  Document emailed to Jeremiah Johnson (jjohnson@jerp.biz) for signature
2024-01-10 - 5:16:33 PM GMT
-  Email viewed by Jeremiah Johnson (jjohnson@jerp.biz)
2024-01-10 - 10:54:56 PM GMT
-  Document e-signed by Jeremiah Johnson (jjohnson@jerp.biz)
Signature Date: 2024-01-10 - 10:56:06 PM GMT - Time Source: server
-  Agreement completed.
2024-01-10 - 10:56:06 PM GMT