

DATE: 12/07/2018

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00125015

JEFFERSON PARISH

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

VENDOR: RIVER PARISH DISPOSAL

BUYER: DABRAHAM

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

4 - 6 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 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) 29081

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

FIRM NAME:

River Parish Disposal

SIGNATURE:

(Must be signed here)

TITLE:

President

PRINT OR TYPE NAME:

Weldon Frommeyer

ADDRESS:

7201 Airline Drive

CITY, STATE:

Metairie, LA

ZIP:

70003

TELEPHONE:

(504) 738-7700

FAX:

(504) 738-5255

EMAIL ADDRESS:

lilgator@bizstinks.com

TOTAL PRICE OF ALL BID ITEMS: \$ 2,750.00

DATE: 12/07/2018

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INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00125015

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	EA	<p>A purchase of (1) 10 cubic yard heavy duty flat front load container</p> <p>0001 10 CUBIC YARD HEAVY DUTY FLAT FRONT LOAD CONTAINER. FLOOR: 7 GAUGE WALLS: 10 GAUGE DOORS: (2) 16 GAUGE SLIDING POCKETS: HEAVY DUTY WITH THREE WAY FORK ENTRY GUIDE INTERLOCKING TOP CHANNELS WITH FORMED 7 GAUGE BOTTOM RUNNERS PRIMED AND PAINTED ANY STANDARD COLOR</p> <p>MODEL # 3-2988</p>	\$2,750.00	\$2,750.00

R. Kyle Ardoin
Secretary of State

**State of
Louisiana
Secretary of
State**



COMMERCIAL DIVISION
225.925.4704

Fax Numbers
225.932.5317 (Admin. Services)
225.932.5314 (Corporations)
225.932.5318 (UCC)

Name	Type	City	Status
RIVER PARISH DISPOSAL, L.L.C.	Limited Liability Company	METAIRIE	Active

Previous Names

Business: RIVER PARISH DISPOSAL, L.L.C.

Charter Number: 40393390K

Registration Date: 12/31/2010

Domicile Address

7201 AIRLINE DRIVE
METAIRIE, LA 70003

Mailing Address

C/O WELDON A. FROMMEYER
7201 AIRLINE DRIVE
METAIRIE, LA 70003

Status

Status: Active

Annual Report Status: In Good Standing

File Date: 12/31/2010

Last Report Filed: 1/2/2018

Type: Limited Liability Company

Registered Agent(s)

Agent:	WELDON A. FROMMEYER
Address 1:	7201 AIRLINE DRIVE
City, State, Zip:	METAIRIE, LA 70003
Appointment Date:	12/31/2010

Officer(s)

Additional Officers: No

Officer:	WELDON A. FROMMEYER
Title:	Member
Address 1:	7201 AIRLINE DRIVE
City, State, Zip:	METAIRIE, LA 70003

Officer:	LORETTA C. FROMMEYER
Title:	Member
Address 1:	7201 AIRLINE DRIVE
City, State, Zip:	METAIRIE, LA 70003

Mergers (1)

Filed Date	Effective Date:	Type	Charter#	Chater Name	Role
12/31/2010	12/31/2010	MERGE	40393390K	RIVER PARISH DISPOSAL, L.L.C.	SURVIVOR
			34107229D	RIVER PARISH DISPOSAL, INC.	NON-SURVIVOR

Amendments on File (1)

Description	Date
Merger	12/31/2010

[Print](#)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/18/2018

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 Commercial Insurance Associates 103 Powell Court, Ste 100 Brentwood TN 37027	CONTACT NAME: Cynthia Frazier PHONE (A/C, No, Ext): 615-515-6036 E-MAIL: cfrazier@com-ins.com ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Crum & Forster Indemnity Co INSURER B: Crum & Forster Specialty Ins. INSURER C: INSURER D: INSURER E: INSURER F:	FAX (A/C, No): 615-515-6036 NAIC # 31348 44520
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COVERAGES	CERTIFICATE NUMBER: 1961706971	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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<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:		EPK123322	7/1/2018	7/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		1337440131	7/1/2018	7/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Ded \$25,000 \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		EFX111015	7/1/2018	7/1/2019	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
	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 type="checkbox"/> 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 \$
A	Auto Physical Damage		1337440131	7/1/2018	7/1/2019	Comp & Coll Ded 5,000 HAPD- Comp Ded \$100 HAPD- Coll Ded \$1,000

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

CONTRACTOR'S POLLUTION LIABILITY
Carrier B - Policy Number: EPK118238 - Policy Dates: 7/1/18 to 7/1/19
Contractor's Pollution Liability Each Pollution Condition Limit \$1,000,000 / \$2,500 Per Pollution Condition Deductible
Third Party Pollution Liability Each Pollution Condition Limit \$1,000,000 / \$10,000 Per Pollution Condition Deductible/ Retro Date 7/1/17
Onsite Cleanup Each Pollution Condition Limit \$1,000,000 / \$10,000 Per Pollution Condition Deductible / Retro Date 7/1/17

CERTIFICATE HOLDER

Jefferson Parish Purchasing Dept. PO Box 9 Gretna LA 70054-0009	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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PRODUCER	CONTACT NAME: Katrina Darcey
Terrebonne Insurance Agency, Inc.	PHONE (A/C, No, Ext): (985) 851-3080 FAX (A/C, No): (985) 851-0304
4752 Hwy 311	E-MAIL ADDRESS: katrina@terrebonneinsurance.com
Suite 112	INSURER(S) AFFORDING COVERAGE
Houma LA 70360	INSURER A: LCTA Casualty Insurance Company NAIC # 15778
INSURED	INSURER B:
River Parish Disposal, LLC	INSURER C:
P.O. Box 10482	INSURER D:
Metairie LA 70003	INSURER E:
	INSURER F:

COVERAGES

CERTIFICATE NUMBER: CL185131317

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						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC-1-022572-118	05/01/2018	05/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER \$ 1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y					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)

CERTIFICATE HOLDER**CANCELLATION**

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