

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  
GRETNA, 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.

<b>DELIVERY: FOB JEFFERSON PARISH</b>	
INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES	<u>4 - 6 Weeks</u>
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

<b>*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***</b>	
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

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)

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

#### Officer(s)

**Additional Officers:** No

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

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

**Mergers (1)**

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

**Amendments on File (1)**

<b>Description</b>	<b>Date</b>
Merger	12/31/2010

[Print](#)





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/17/2018

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 Terrebonne Insurance Agency, Inc. 4752 Hwy 311 Suite 112 Houma LA 70360	CONTACT NAME: Katrina Darcey	
	PHONE (A/C, No, Ext): (985) 851-3080 FAX (A/C, No): (985) 851-0304 E-MAIL ADDRESS: katrina@terrebonneinsurance.com	
INSURED River Parish Disposal, LLC P.O. Box 10482 Metairie LA 70003	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: LCTA Casualty Insurance Company	15778
	INSURER B:	
	INSURER C:	
	INSURER D:	
	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 <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 \$ \$
	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						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 \$ \$
A	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	WC-1-022572-118	05/01/2018	05/01/2019	<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)

CERTIFICATE HOLDER  Jefferson Parish Purchasing Department P.O. 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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