

DATE: 11/30/2017

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00121596

## JEFFERSON PARISH

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

VENDOR: R. Seibert Construction L.L.C.

BUYER: DREAMEY

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

14 days

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

14 days

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

3 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 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) 60869

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: R. Seibert Construction L.L.C.	
SIGNATURE: (Must be signed here)	TITLE: owner/agent
PRINT OR TYPE NAME: Randall J. Seibert Jr.	
ADDRESS: 208 St. Bernard Parkway	
CITY, STATE: St. Bernard, La.	ZIP: 70085
TELEPHONE: (504) 421-4044	FAX: (504) 609-2322
EMAIL ADDRESS: rseibertjr@gmail.com	

TOTAL PRICE OF ALL BID ITEMS: \$ 2,600.00

DATE: 11/30/2017

Page: 5

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00121596

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	EA	LABOR, MATERIALS & EQUIPMENT NECESSARY TO REPAIR A DAMAGED METAL BUILDING.  0010 REPAIR DAMAGED METAL BUILDING REPLACING (1) 20' SECTION OF GUTTER AND REPAIRING FROM GARAGE DOOR TO CORNER OF BUILDING ONLY.	<u>\$2,600.00</u>	<u>\$2,600.00</u>






# VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)  
12/22/2017

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.

This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose.

<b>PRODUCER</b>  Mel Malone State Farm 1401 East Judge Perez Dr Chalmette, LA 70043		<b>CONTACT NAME:</b> Ehren Malone <b>PHONE (A/C, No, Ext):</b> 504-279-7464 <b>E-MAIL ADDRESS:</b> ehren@melmalone.com <b>PRODUCER CUSTOMER ID #:</b>		<b>FAX (A/C, No):</b> 504-279-7468
<b>INSURED</b> R SEIBERT CONSTRUCTION LLC 208 SAINT BERNARD PKWY SAINT BERNARD LA 70085-5427		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> State Farm Mutual Automobile Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b>		<b>NAIC #</b> 25178

## DESCRIPTION OF VEHICLE OR EQUIPMENT

<b>YEAR</b> 2017	<b>MAKE / MANUFACTURER</b> Ram	<b>MODEL</b> 2500	<b>BODY TYPE</b> Pickup	<b>VEHICLE IDENTIFICATION NUMBER</b> 3C6UR5JJ7HG710670
<b>DESCRIPTION</b>		<b>VEHICLE/EQUIPMENT VALUE</b> \$		<b>SERIAL NUMBER</b>

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) 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 POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	X	<input checked="" type="checkbox"/> VEHICLE LIABILITY	263 9174-F11-18G	12/11/2017	06/11/2018	COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE \$ 1,000,000 EACH OCCURENCE \$ GENERAL AGGREGATE \$
		<input type="checkbox"/> GENERAL LIABILITY				
		<input type="checkbox"/> OCCURRENCE				
		<input type="checkbox"/> CLAIMS MADE				
INSR LTR	LOSS PAYEE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS / DEDUCTIBLE
		<input checked="" type="checkbox"/> VEH COLLISION LOSS	263 9174-F11-18G	12/11/2017	06/11/2018	<input checked="" type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT \$ LIMIT <input type="checkbox"/> <input type="checkbox"/> STATED AMT \$ 250 DED
		<input checked="" type="checkbox"/> VEH COMP <input type="checkbox"/> VEH QTC	263 9174-F11-18G	12/11/2017	06/11/2018	<input checked="" type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT \$ LIMIT <input type="checkbox"/> <input type="checkbox"/> STATED AMT \$ 100 DED
		<input type="checkbox"/> EQUIPMENT				
		<input type="checkbox"/> BASIC <input type="checkbox"/> BROAD				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT \$ LIMIT <input type="checkbox"/> RC <input type="checkbox"/> STATED AMT \$ DED
		<input type="checkbox"/> SPECIAL				

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

## ADDITIONAL INTEREST

Select one of the following:

☒ The additional interest described below has been added to the policy(ies) listed herein by policy number(s).  
A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).

**VEHICLE / EQUIPMENT INTEREST:** ☐ LEASED ☐ FINANCED

**NAME AND ADDRESS OF ADDITIONAL INTEREST**  
JEFFERSON PARISH PURCHASING DEPARTMENT  
2000 DERBIGNY ST STE 4400  
GRETN LA 70053-9999

## CANCELLATION

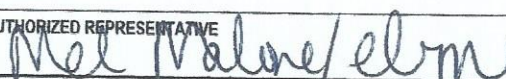
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

DESCRIPTION OF THE ADDITIONAL INTEREST

☒ ADDITIONAL INSURED ☐ LOSS PAYEE  
☐ LENDER'S LOSS PAYEE

LOAN / LEASE NUMBER

AUTHORIZED REPRESENTATIVE







RSEIB-1

OP ID: SP

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/10/2017

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> Morrison Insurance Agency, Inc 4444 York Street, Suite 201 Metairie, LA 70001 Bob Boggio	504-888-9393	<b>CONTACT NAME:</b> Bob Boggio	<b>PHONE (A/C, No, Ext):</b> 504-888-9393	<b>FAX (A/C, No):</b> 504-888-9996
		<b>E-MAIL ADDRESS:</b> bboggio@morrison-ins.com		
<b>INSURED</b> Randall Joseph Seibert, Jr R. Seibert Construction LLC License #60869 208 St. Bernard Parkway St. Bernard, LA 70085	<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
	<b>INSURER A:</b> LWCC			22350
	<b>INSURER B:</b> Atain Specialty Insurance Comp			17159
	<b>INSURER C:</b>			
	<b>INSURER D:</b>			
	<b>INSURER E:</b>			
<b>INSURER F:</b>				

## 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	<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"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	X	CIP276604 BLKT ADD'L INSURED BLKT WAIVER OF SUBROGATIO	04/10/2017	04/10/2018	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 OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						EACH OCCURRENCE \$ AGGREGATE \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	<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	X 117418B BLKT WAIVER OF SUBROGATIO	04/10/2017	04/10/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

## CERTIFICATE HOLDER

## CANCELLATION

SAMPLE1

SAMPLE

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



State License #: 60869

Office/Fax: (504) 609-2322

Job Name: Labor, equipment, & materials necessary to repair a damaged	Job Location:
Submit to: metal building for Jeff Parish fire department.	Address:
Attn: 50-00121596	12/22/17

[illegible]

Signature: Randall J. Perbit Jr. Date: 12/22/17