

DATE: 2/18/2021

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00133602

JEFFERSON PARISH

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

VENDOR: Beacon A/C, Heating & Refrigeration, Inc.

BUYER: MBUTTERY

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

2 weeks

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

1 week

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

2 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: _____

NUMBER: _____

NUMBER: _____

NUMBER: _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 35350

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

FIRM NAME: <u>Beacon Air Conditioning, Heating & Refrigeration, Inc.</u>	
SIGNATURE: (Must be signed here) <u>Wendy Chatelain</u>	TITLE: <u>Owner/Secretary-Treasurer</u>
PRINT OR TYPE NAME: <u>Wendy Chatelain</u>	
ADDRESS: <u>315 E. 3rd Street</u>	
CITY, STATE: <u>Kenner, LA</u>	ZIP: <u>70062</u>
TELEPHONE: <u>(504) 467-8698</u>	FAX: <u>(504) 466-4996</u>
EMAIL ADDRESS: <u>Wendy@beaconac.com</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 1,473.84

DATE: 2/18/2021

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INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00133602

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>LABOR, MATERIALS AND EQUIPMENT NECESSARY TO PROVIDE AND INSTALL NEW CONDENSER FAN MOTOR AND FAN BLADE ON CHILLER FOR THE DEPARTMENT OF JUVENILE SERVICES</p> <p>0010 - LABOR, MATERIALS AND EQUIPMENT TO REPLACE CONDENSER FAN MOTOR & FAN BLADE ON RTAC CHILLER, CHECK OPERATION AND PARAMETERS. 1-TRANE 1 HP 460V 3 PHASE OUTDOOR CONDENSER FAN MOTOR 1-TRANE 30" FAN BLADE</p> <p>LOCATION: RIVARDE JUVENILE DETENTION HOME 1550 GRETN BLVD HARVEY, LA 70058</p> <p>SITE VISIT CONTACT: DONALD SPELL 504.364.3750 EXT. 87408</p>	1,473.84	1,473.84

AGENCY CUSTOMER ID: 00029524

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Riverlands Insurance Services Inc.		NAMED INSURED Beacon Air Conditioning, Heating & Refrigeration, Inc.
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: Notes

THE PARISH OF JEFFERSON, ITS DISTRICTS, DEPARTMENTS AND AGENCIES
UNDER THE DIRECTION OF THE PARISH PRESIDENT AND THE PARISH COUNCIL

Rivarde Juvenile Detention Home
1550 Gretna Blvd.
Harvey, LA 70058
Bid # 50-00133602




CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/26/2021

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  Hylton S Petit, Jr 2705 Florida Ave. Kenner, La 70062	CONTACT NAME: Hylton S Petit Jr PHONE (A/C, No, Ext): 504-461-0171 E-MAIL ADDRESS: hylton.petit.b27x@statefarm.com FAX (A/C, No): 504-461-0289
	INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Mutual Automobile Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Beacon Air Cond Inc 317 E 3 Rd St Kenner, La 70062-7103	NAIC # 25178

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
	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 \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Y	Y	098 9278-F13-18V	12/13/2020	06/13/2021	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"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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				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

THE PARISH OF JEFFERSON, ITS DISTRICTS,
DEPARTMENTS AND AGENCIES UNDER THE DIRECTION
OF THE PARISH PRESIDENT AND THE PARISH COUNCIL
200 Derbigny St.
Gretna, La 70053

Bid# 50-00133602

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: _____

LOC #: _____

**ADDITIONAL REMARKS SCHEDULE**Page 2 of 2

AGENCY Hylton S Petit, Jr State Farm Agency		NAMED INSURED Beacon Air Cond Inc
POLICY NUMBER 098 9278-F13-18V		
CARRIER State Farm Mutual Automobile Insurance Company	NAIC CODE 25178	EFFECTIVE DATE: 02/26/2021

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance Notes

Additional Insured & Waiver of Subrogation added in favor of:
THE PARISH OF JEFFERSON, ITS DISTRICTS, DEPARTMENTS AND AGENCIES UNDER THE DIRECTION OF THE PARISH PRESIDENT AND THE
PARISH COUNCIL

Rivarde Juvenile Detention Home
1550 Gretna Blvd.
Harvey, La 700587
Bid # 50-00133602




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AUTHORIZED REPRESENTATIVE



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