

DATE: 5/26/2021

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BID NO.: 50-00134482

BID FORM
Non Public Works

All Public Work Projects are required to use the Louisiana Uniform Public Work Bid Form

All prices must be held firm unless an escalation provision is requested in this bid. Jefferson Parish will allow one escalation during the term of the contract, which may not exceed the U.S. Bureau of Labor Statistics National Index for all Urban Consumers, unadjusted 12 month figure. The most recently published figure issued at the time an adjustment is requested will be used. A request must be made in writing by the vendor, and the escalation will only be applied to purchases made after the request is made.

Are you requesting an escalation provision?

YES _____ NO X

MAXIMUM ESCALATION PERCENTAGE REQUESTED _____%

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF _____.

For the purposes of comparison of bids when an escalation provision is requested, Jefferson Parish will apply the maximum escalation percentage quoted by the bidder to the period to which it is applied in the bid. The initial price and the escalation will be used to calculate the total bid price. It will be assumed, for comparison of prices only, that an equal amount of material or labor is purchased each month throughout the entire contract.

DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

9 WEEKS

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

41018

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: ALFRED CONNAGEN INC. OF LA

ADDRESS: 1020 INDUSTRY RD.

CITY, STATE: Kenner, LA ZIP: 70062

TELEPHONE: (504) 471 9998 FAX: (504) 471 9958

EMAIL ADDRESS: KHEID@CONNAGEN.COM

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: _____

NUMBER: _____

NUMBER: _____

TOTAL PRICE OF ALL BID ITEMS: \$ 54,027.80

AUTHORIZED SIGNATURE: [Signature]

TITLE: PRESIDENT

Eric Heidingsfelder
Printed Name

SIGNING INDICATES YOU HAVE READ AND COMPLY WITH THE INSTRUCTIONS AND CONDITIONS.

NOTE: All bids should be returned with the BID NUMBER and BID OPENING DATE indicated on the outside of the envelope submitted to the Purchasing Department.

DATE: 5/26/2021

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INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00134482

SEALED BID

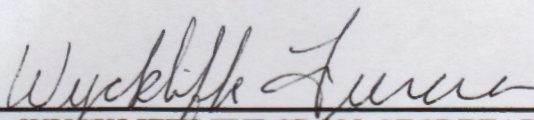
ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>REMOVAL OF EXISTING VACUUM PUMPS AND FURNISH, INSTALL AND STARTUP OF NEW VACUUM PUMPS FOR JEFFERSON PARISH WEST BANK WATER PLANT FOR JEFFERSON PARISH WATER DEPARTMENT</p> <p>0010 TURNKEY, REMOVE EXISTING VACUUM PUMPS AND FURNISH, INSTALL, AND STARTUP NEW VACUUM PUMPS PER THE ATTACHED SPECIFICATIONS</p> <p>*****MANDATORY PRE-BID CONFERENCE***** DATE: JUNE 14, 2021 TIME: 10:00 AM LOCATION: JEFFERSON PARISH WEST BANK WATER PLANT 4500 WESTBANK EXPRESSWAY MARRERO, LA 70072 *****</p>	54,027.80	54,027.80

CORPORATE RESOLUTION

EXERPT FROM MINUTES OF MEETING OF THE BOAD OF DIRECTORS OF ALFRED CONHAGEN, INC., OF LOUISIANA, AT A MEETING OF THE DIRECTORS OF ALFRED CONHAGEN INC., OF LOUISIANA, DULY NOTICED AND HELD ON 16 MARCH 2020, A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED, IT WAS:

RESOLVED THAT ERIC HEIDINGSFELDER, BE AND IS HEREBY APPOINTED, CONSTITUTED AND DESIGNATED AS AGENT AND ATTORNEY-IN-FACT OF THE CORPORATION WITH FULL POWER AND AUTHORITY TO ACT ON BEHALF OF THE CORPORATION IN ALL NEGOTIATIONS, BIDDING, CONCERNS AND TRANSACTIONS WITH THE PARISH OF JEFFERSON OR ANY OF ITS AGENCIES, DEPARTMENTS, EMPLOYEES OR AGENTS, INCLUDING BUT NOT LIMITED, TO THE EXECUTION OF ALL BIDS, PAPERS, DOCUMENTS, AFFIDAVITS, BONDS, SURETIES, CONTRACTS AND ACTS AND TO RECEIVE ALL PURCHASE ORDERS AND NOTICES ISSUED PURSUANT TO THE PROVISIONS OF ANY SUCH BID OR CONTRACT, THIS CORPORATION HEREBY RATIFYING, APPROVING, CONFIRMING, AND ACCEPTING EACH AND EVERY SUCH ACT PERFORMED BY SAID AGENT AND ATTORNEY-IN-FACT.

I HEREBY CERTIFY THE FOREGOING TO BE A TRUE AND CORRECT COPY OF AN EXCERPT OF THE MINUTES OF THE ABOVE DATED MEETING OF THE BOARD OF DIRECTORS OF SAID CORPORATION, AND THE SAME HAS NOT BEEN REVOKED OR RESCINDED.



WYCKLIFFE FURCRON, SECRETARY

16 MARCH 2020

DATED



Non-Public Works Bid

AFFIDAVIT

STATE OF LOUISIANA

PARISH/COUNTY OF JEFFERSON

BEFORE ME, the undersigned authority, personally came and appeared: ERIC
HEIDINGSFELDER, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized PRESIDENT of ALFARO CONNOR INC. OF LA (Entity),
the party who submitted a bid in response to Bid Number 50-00134482, to the Parish of
Jefferson.

Affiant further said:

Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required
attachment):

Choice A _____ Attached hereto is a list of all campaign contributions, including
the date and amount of each contribution, made to current or
former elected officials of the Parish of Jefferson by Entity,
Affiant, and/or officers, directors and owners, including
employees, owning 25% or more of the Entity during the two-year
period immediately preceding the date of this affidavit or the
current term of the elected official, whichever is greater. Further,
Entity, Affiant, and/or Entity Owners have not made any
contributions to or in support of current or former members of the
Jefferson Parish Council or the Jefferson Parish President through
or in the name of another person or legal entity, either directly or
indirectly.

Choice B X there are NO campaign contributions made which would require
disclosure under Choice A of this section.

Debt Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.

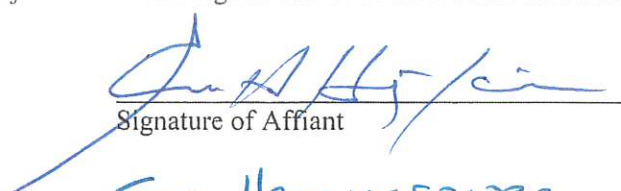
Choice B X _____ There are **NO** debts which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and


[The remainder of this page is intentionally left blank.]

That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.


Signature of Affiant

ERIC HEIDINGSFELDER
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 28 DAY OF June, 2021.


Notary Public
Mary P Paul
Printed Name of Notary
135714
Notary/Bar Roll Number



My commission expires at my death

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/26/2021

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 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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Couch Braunsdorf Insurance Group PO BOX 888 701 Martinsville Rd. Liberty Corner, NJ 07938-0888	CONTACT NAME:	
	PHONE (A/C, No, Ext): 800 223-5433	FAX (A/C, No): 908-580-1274
INSURED Alfred Conhagen, Inc of Louisiana 1020 Industry Road Kenner, LA 70062	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : National Union Fire Ins Co of Pittsburg	NAIC # 19445
	INSURER B : Ascot Specialty Insurance Company	45055
	INSURER C : The Princeton Excess & Surplus Lines In	10786
	INSURER D : New Hampshire Insurance Company	23841
	INSURER E : Travelers Prop Cas Ins Co (Travelers)	36161
	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	ADDL INSR	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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	GL5268136	04/01/2021	04/01/2022	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$25,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	X	X	CA4489625	04/01/2021	04/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR	X	X	ESXS211000015801	04/01/2021	04/01/2022	EACH OCCURRENCE \$5,000,000
C	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	X	X	82A3FF000200403	04/01/2021	04/01/2022	AGGREGATE \$5,000,000 \$
D	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	N/A	WC015893622	04/01/2021	04/01/2022	<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
E	Commercial Inland Marine			QT6603J996661TIL21	04/01/2021	04/01/2022	\$250,000 Contractors Eqpt. Leased or Rented Items

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

** Excess Liability Information **

Insurer B (ASCOT Ins Co) ESXS211000015801 Eff Date 04/01/21, Exp Date 04/01/22 is Primary.

Insurer C (Princeton Excess & Surplus Lines Ins Co) 82A3FF000200403 Eff Date: 04/01/21, Exp Date: 04/01/22, is Secondary.

Excess Liability Each Occ Limit: \$5,000,000

(See Attached Descriptions)


CERTIFICATE HOLDER

CANCELLATION

Jefferson Parish
200 Derbingny Street Ste 4400
Gretna, LA 70054

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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DESCRIPTIONS (Continued from Page 1)

Excess Liability Aggregate Limit: \$5,000,000

**** Workers Comp Information ****

USLH ; Voluntary Compensation

U.S. Longshoremen & Harbor Workers Location #1 CA-Type-Actual

U.S. Longshoremen & Harbor Workers TX-Type-Actual

U.S. Longshoremen & Harbor Workers LA-Type-Actual

U.S. Longshoremen & Harbor Workers FL-Type-Actual

Alternate Employer Endorsement WC00301

Outer Continental Shelf Land Coverage Endorsement WC00109A (4/92)

Certificate holder is additional insured in accordance with the terms/conditions/exclusions of the policies.

Proof of Insurance