

DATE: 8/22/2019

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00127748

JEFFERSON PARISH

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

VENDOR: Associated Waterproofing Corp.

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 _____

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) 1719

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

FIRM NAME:

Associated Waterproofing Corp.

SIGNATURE:

(Must be signed here)

TITLE:

Treasurer

PRINT OR TYPE NAME:

Matthew Mapp

ADDRESS:

P.O. Box 1458

CITY, STATE:

Metairie, LA

ZIP:

70004-1458

TELEPHONE:

(504) 738-9831

FAX:

(504) 738-9875

EMAIL ADDRESS:

associatedwaterp@bellsouth.net

TOTAL PRICE OF ALL BID ITEMS: \$ 2,620.00

Two Thousand Six Hundred Twenty Dollars & No 100's-----

DATE: 8/22/2019

INVITATION TO BID FROM JEFFERSON PARISH - continued

Page: 5

BID NO.: 50-00127748

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>Seal wall panels and the eyebrow above windows at the JP Emergency Operation & Communication Center</p> <p>0010 - TO PROVIDE ALL NECESSARY LABOR, MATERIALS, DELIVERY, EQUIPMENT AND ALL OTHER INCIDENTALS NECESSARY TO SEAL THE HORIZONTAL AND VERTICAL METAL TO METAL JOINTS ON THE WALL PANELS AND THE EYEBROW ABOVE THE WINDOWS AT THE:</p> <p>JEFFERSON PARISH EMERGENCY OPERATIONS AND COMMUNICATIONS CENTER 910 3RD STREET GRETN, LA 70053</p>	\$2,620.00	\$2,620.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/4/2019

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	CONTACT NAME: Mandy Arnone
Eagan Insurance Agency, LLC	PHONE (A/C, No, Ext): (504) 836-9600
2629 N. Causeway Blvd.	FAX (A/C, No): (504) 836-9621
P. O. Box 8590	E-MAIL ADDRESS: arnonem@eaganins.com
Metairie LA 70002	INSURER(S) AFFORDING COVERAGE
	INSURER A: Navigators Specialty Insurance Company
	INSURER B: Vantapro Specialty Insurance Company
	INSURER C: Evanston Insurance Co.
	INSURER D: LUBA
	INSURER E: Continental Casualty Co
	INSURER F:
	NAIC #

COVERAGES CERTIFICATE NUMBER: 19/20 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
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 checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			HO19CGL224520IC	6/30/2019	6/30/2020	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
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			5087-0034-01	6/30/2019	6/30/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist combined single \$ 100,000
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			MKLIV4EUL02239	6/30/2019	6/30/2020	EACH OCCURRENCE \$ 5,000,000 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 <input checked="" type="checkbox"/> N	N/A	28-000020614119	6/30/2019	6/30/2020	<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	Installation/Equipment Floater Inland Marine Policy			C5093309261 DED: \$1,000 Per Occurrence	6/30/2019	6/30/2020	Limit of Scheduled Equipment \$85,660 Leased, Borrowed, Rented short-term \$150,000

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

General Liability Policy contains Additional Insured Endorsement and Waiver of Subrogation Endorsement in favor of the holder as required by written contract or agreement. Worker's Compensation Policy contains Waiver of Subrogation Endorsement in favor of the holder as required by written contract or agreement.

CERTIFICATE HOLDER

CANCELLATION

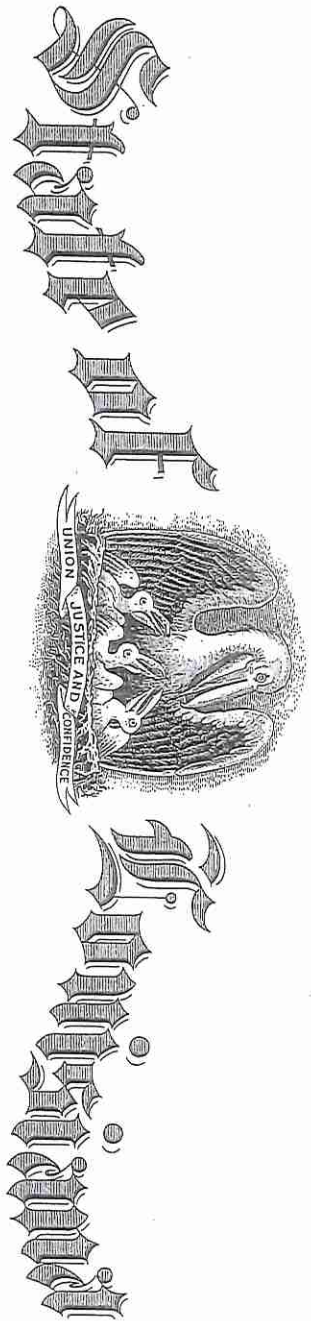
Jefferson Parish Purchasing Dept 200 Derbigny St. General Gov. Bldg Ste 4440 Gretna, LA 70053	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE John Girault/ERINH

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ACORD 25 (2014/01)

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INS025 (2014/01)



State Licensing Board for Contractors

This is to Certify that

ASSOCIATED WATERPROOFING CORPORATION
P.O. Box 1458
Metairie, LA 70004

is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION; SPECIALTY: WATERPROOFING, COATING, SEALING,
CONCRETE/MASONRY REPAIR



Expiration Date: January 01, 2020

License No: 1719

Witness our hand and seal of the Board dated,
Baton Rouge, LA 2nd day of January 2017

W. S. MacP
Director

Lee M. Dett
Chairman

This License Is Not Transferrable

Andy D. Dett
Treasurer