

DATE: 6/01/2021

INVITATION TO BID
THIS IS NOT AN ORDER

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BID NO.: 50-00134762

JEFFERSON PARISH

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

VENDOR: 27118 BLANK BID COPY VENDOR

BUYER: RSCOTT

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 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) 21709

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: <u>GM Cable Contractors, inc.</u>	
SIGNATURE: (Must be signed here) <u>Michelle Matherne</u>	TITLE: <u>Controller</u>
PRINT OR TYPE NAME: <u>Michelle Matherne</u>	
ADDRESS: <u>9232 Joor Rd.</u>	
CITY, STATE: <u>Baton Rouge, La</u>	ZIP: <u>70818</u>
TELEPHONE: <u>(225) 261-9800</u>	FAX: <u>(225) 261-9884</u>
EMAIL ADDRESS: <u>michelle@gmcable.com</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 8,498.57

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INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00134762

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	Labor, materials, equipment and necessary essentials to bore conduits underground for the Jefferson Parish Recreation Department 0010-LABOR AND MATERIALS AND EQUIPMENT TO BORE FROM FOUNDATION CENTER TO PARK OFFICE WITHIN LAFRENIERE PARK BID SPECS ATTACHED		

ESTIMATE FOR

Date 6/9/2021
Contact
Phone #
Fax #
Email
Engr.#
Engr'd by

Line Item	INDOOR and OUTSIDE PLANT UNITS Description	UNIT	Estimated Quantity
	<u>INFRASTRUCTURE / PATHWAY UNITS</u>	x	x
1040	Bore, Sch. 40 PE Roll Pipe, 1-1/4" Dia., Mat.	foot	1050
1041	Bore, Sch. 40 PE Roll Pipe, 1-1/4" Dia., Lab.	foot	525
1162	Conduit, Rigid Galv. Steel, 1-1/4" Dia., 10' Long, Material	10 ft	8
1163	Conduit, Rigid Galv. Steel, 1-1/4" Dia., 10' Long, Labor	10 ft	8
1170	Conduit 90°-Elbow, RGS, 1-1/4" Dia. Normal Radius, Material	each	2
1171	Conduit 90°-Elbow, RGS, 1-1/4" Dia. Normal Radius, Labor	each	2
1296	Pull Line, String, Material	foot	1050
1297	Pull Line, String, Labor	foot	1050
1298	Pull Line, Wire, Material	foot	525
1299	Pull Line, Wire Labor	foot	525
1330	Enclosure, Metallic, Nema 12, 12"X12"X6", Material	each	1
1331	Enclosure, Metallic, NEMA 12, 12"X12"X6", Labor	each	1
1395	Core, Sleeve, & Fire Stop, Masonry, 2" I.D., Per 1" Depth, Mat.	inch	12
1396	Core, Sleeve & Fire Stop, Masonry, 2" I.D., Per 1" Depth, Labor.	inch	12
3051	Single Mode 12 Fiber, Gel Filled, Outdoor, Material	foot	700
3106	Outdoor Fiber, Any size, Labor Pulled in Pipe	foot	700
3121	Fiber Cabinet, 1 Panel Enclosure, Wall Mount, Material	each	2
3122	Fiber Cabinet, 1 Panel Enclosure, Wall Mount, Labor	each	2
3151	Fiber Coupler Panel, With 6 "LC" Duplex Couplers SM, Material	each	2
3156	Fiber Coupler Panel, MM or SM, Labor	each	2
3169	Fiber Termination, "LC" Connector SM, Material	each	12
3170	Fiber Termination, "LC" Connector SM, Labor	each	12
		x	x
		x	x
		x	x
		x	x
		x	Total Material \$3,144.07
		x	Total Labor \$5,354.50
		x	=====
NOTES:	Only terminating 6 fibers on each side unless 12 are requested.	x	Total Estimate \$8,498.57
	If any lines not located are hit - GM Cable not responsible for repair.	x	
		x	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/17/2020

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 First Louisiana Insurance 18221 E Petroleum Dr Baton Rouge LA 70809		CONTACT NAME: Callie Marx PHONE (A/C, No, Ext): 225-400-6001 E-MAIL ADDRESS: Callie@firstli.com FAX (A/C, No): 225-923-2028	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A : Phoenix Insurance Company	
		INSURER B : Charter Oak Fire Insurance Co	
		INSURER C : Travelers Property & Casualty	
		INSURER D : LUBA Indemnity Ins. Co.	
		INSURER E : St. Paul Surplus Lines Ins Co	
		INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 545114931

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:	Y	Y	DT-CO-3972P535	9/5/2020	9/5/2021	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 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 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	DT-810-5N447790	9/5/2020	9/5/2021	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	Y	Y	CUP-8J219209	9/5/2020	9/5/2021	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$
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		Y	027000300206	9/5/2020	9/5/2021	<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
B E	Contractors Equip Pollution/Professional			QT6603912P981 ZCE-21P31908	9/5/2020 9/5/2020	9/5/2021 9/5/2021	Leased/Rented Occ/Agg 300,000/300,000 1000000/2000000

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

CERTIFICATE HOLDER**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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