



CENTRALBIDDING
FROM CENTRAL AUCTION HOUSE

**5000127725 LABOR, MATERIAL AND EQUIPMENT TO REMOVE OLD,
SUPPLY AND INSTALL NEW FLOOR COVERING AND COVE BASE FOR
THE JEFFERSON PARISH EASTBANK DEPARTMENT OF GENERAL
SERVICES**

Jefferson Parish Government

Project documents obtained from www.CentralBidding.com

19-Aug-2019 03:43:48 PM



Bid Number 50 - 00127725

Labor, material and equipment to remove old, supply and install new floor covering and cove base for the Jefferson Parish Eastbank
Department of General Services

August 27, 2019 at 11:00 am

ATTENTION VENDORS!!!

Please review all pages and respond accordingly, complying with all provisions in the technical specifications and Jefferson Parish Instructions for Bidders and General Terms and Conditions. All bids must be received in the Purchasing Department by the bid due date and time.

**Jefferson Parish Purchasing Department
200 Derbigny Street
General Government Building, Suite 4400
Gretna, LA 70053
Buyer Name: Doris Abraham, Buyer I
Buyer Email: dabraham@jeffparish.net
Buyer Phone: 504-364-2690**

DATE: 8/19/2019

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00127725

JEFFERSON PARISH

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

VENDOR: Heritage Flooring, Inc

#312606

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 | <u>8 Weeks +/- Lead time</u> |
| INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK | <u>60 days</u> |
| INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK | <u>14 days</u> |

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) 426066

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

| | |
|---|------------------------|
| FIRM NAME: Heritage Flooring, Inc | |
| SIGNATURE: (Must be signed here)  | TITLE: President |
| PRINT OR TYPE NAME: Frank Mistretta | |
| ADDRESS: 63124 Highway 434 | |
| CITY, STATE: Lacombe, LA | ZIP: 70445 |
| TELEPHONE: (985) 276-3793 | FAX: (985) 882-2688 |
| EMAIL ADDRESS: Frank4@HFILA.com | |

TOTAL PRICE OF ALL BID ITEMS: \$ 9,770.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00127725

SEALED BID

| ITEM NUMBER | QUANTITY | U/M | DESCRIPTION OF ARTICLES | UNIT PRICE QUOTED | TOTALS |
|-------------|----------|-----|---|-------------------|----------|
| 1 | 1.00 | JOB | Labor, material, equipment to remove existing floor covering and supply and install new floor covering 0010 - CARPET INSALLATION JOSEPH S. YENNI BLDG. - SUITE 605 (COMMUNITY DEVELOPMENT) DEPARTMENT OF GENERAL SERVICES PROVIDE ALL LABOR, MATERIALS, DELIVERY, EQUIPMENT AND ALL OTHER INCIDENTALS NECESSARY TO REMOVE EXISTING FLOOR COVERING AND COVE BASE AND INSTALL NEW VENDOR SUPPLIED FLOOR COVERING AND COVE BASE PER THE ATTACHED SPECIFICATIONS AT THE FOLLOWING LOCATION: JOSEPH S. YENNI BUILDING 1221 ELMWOOD PARK BOULEVARD SUITE 605 JEFFERSON, LA 70123 | 9,700.00 | 9,700.00 |
| 2 | 1.00 | JOB | 0020 PROVIDE A COST TO SUPPLY AND INSTALL ONE (1) TEN POUND BAG OF ARDEX FEATHERHEDGE FLOOR LEVELER NOTE: THIS IS COST FOR ADDITIONAL BAGS THAT MAY BE NEEDED IN ADDITION TO THE ORIGINAL 5 BAGS REQUESTED IN THE SPECIFICATIONS | 70.00 | 70.00 |
| | | | | | 9,770.00 |



CERTIFICATE OF LIABILITY INSURANCE

HERIT-6 OP ID: SW

DATE (MM/DD/YYYY)

08/21/2019

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 Brown & Brown of Louisiana New Orleans Office 1515 Poydras Street, Ste 1150 New Orleans, LA 70112 David N. Watts | CONTACT NAME: Sylvia Wampler | |
| | PHONE (A/C, No, Ext): 504-586-1000 | FAX (A/C, No): 504-586-8600 |
| | E-MAIL ADDRESS: swampler@bbgulfstates.com | |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED Heritage Flooring, Inc. 63124 Hwy 434 Lacombe, LA 70445 | INSURER A: Milford Casualty Insurance Co | 26662 |
| | INSURER B: Wesco Insurance Company | 25011 |
| | INSURER C: LA WORKERS COMP CORP | 22350 |
| | INSURER D: | |
| | INSURER E: | |
| | 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 SUBR INSD 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 <input type="checkbox"/> OTHER | | MPP1015660 05 | 08/24/2018 | 10/02/2019 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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 | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | | WPP1646593-01 | 08/24/2018 | 10/02/2019 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | MMB1015661 05 | 08/24/2019 | 10/02/2019 | EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$ |
| C | 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 | 137233B | 08/24/2019 | 08/24/2020 | <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 |

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

| | |
|--|--|
| CERTIFICATE HOLDER | CANCELLATION |
| 0000001 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| Heritage Flooring Inc. 63124 Hwy 434 Lacombe, LA 70445 | AUTHORIZED REPRESENTATIVE <i>Sylvia D. Wampler</i> |