

DATE: 8/10/2018

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00123874

JEFFERSON PARISH

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

VENDOR: 27118 BLANK BID COPY VENDOR

BUYER: DMEVANS

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

30 days aro

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

30 days aro

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

1 day

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: *1

8/10/18

TR

NUMBER: _____

NUMBER: _____

NUMBER: _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 37819

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

FIRM NAME:

Hahn Enterprises, Inc.

SIGNATURE:

(Must be signed here)

Tania Hahn

TITLE:

President

PRINT OR TYPE NAME:

Tania Hahn

ADDRESS:

P.O. Box 19495

CITY, STATE:

New Orleans, LA

ZIP:

70179

TELEPHONE:

(504) 488-3536

FAX:

504) 488-3506

EMAIL ADDRESS:

sales@hahn-enterprises.com

TOTAL PRICE OF ALL BID ITEMS: \$ 4639.⁰⁰

REVISED PER ADDENDUM 1

DATE: 8/10/2018

Page: 5

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00123874

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>FURNISH LABOR, MATERIALS AND EQUIPMENT TO INSTALL 6 DRAPER 4 INCH VOLLEYBALL SLEEVES WITH 6 DRAPER CHROME PLATED COVES IN THE FLOOR AT KENNEDY HEIGHTS PLAYGROUND</p> <p>0010 Provide materials, equipment and labor to install 6 Draper 4 inch chrome plated volleyball sleeves with chrome plated covers in floor at Kennedy Heights Playground, 248 Mission Ct, Avondale, LA 70094</p> <p>see attached for specs</p> <p>Chad</p>	\$4,639. ⁰⁰	\$4,639. ⁰⁰

REVISED PER ADDENDUM 1



HAHNENT-01

DEBI

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/19/2018

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

PRODUCER Eustis Insurance, Inc. 110 Veterans Memorial Boulevard Suite 200 Metairie, LA 70005	CONTACT NAME:		
	PHONE (A/C, No, Ext): (504) 586-0440	FAX (A/C, No): (504) 565-5219	
	E-MAIL ADDRESS: info@eustis.com		
INSURED Hahn Enterprises, Inc. P. O. Box 19495 New Orleans, LA 70179	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : State National Insurance Company		12831
	INSURER B : Republic Fire & Casualty Insurance Company		10810
	INSURER C : Burlington Ins. Company		23620
	INSURER D : LUBA Casualty Insurance Company		12472
	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 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 <input type="checkbox"/> OTHER:			XNDP2-02395-00	02/16/2018	02/16/2019	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	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			FCA1000726	02/16/2018	02/16/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
							\$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			HFF0006413	02/16/2018	02/16/2019	EACH OCCURRENCE \$ 2,000,000
							AGGREGATE \$ 2,000,000
							\$
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	028000016578118	02/16/2018	02/16/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
							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)

Additional Insured forms with form titles for General Liability blanket if required by written contract subject to terms, conditions and exclusions of the forms:

G2010 10/01 edition date- Additional Insured-Owners, Lessees or Contractors

G2037 10/01 edition date- Additional Insured Owners, Lessees or Contractors-Completed Operations

IL 12 03 04 06 edition date- Primary & Non-Contributory- Other Insurance Condition

CG2404 05/09 edition date-Waiver of Transfer of Rights of Recovery Against Others to Us

Additional Insured form for with coverage titles for Automobile Liability blanket if required by written contract subject to terms conditions, and exclusions of SEE ATTACHED ACORD 101

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

Hahn Enterprises, Inc.
P. O. Box 19495
New Orleans, LA 70179

ACORD 25 (2016/03)

© 1988-2015 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD



AGENCY CUSTOMER ID: HAHNENT-01

DEBI

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Eustis Insurance, Inc.		NAMED INSURED Hahn Enterprises, Inc. P. O. Box 19495 New Orleans, LA 70179 Orleans	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:
the form

CA990187 07/15 edition date- Business Auto Coverage Expansion Endorsement - includes Blanket Additional Insured Status for Certain Entities- Section A Item #1 letter F; Waiver of Subrogation For Auto Liability Losses Assumed Under Insured Contract -Section P; Insurance is Primary and Non-Contributory- Section Q

Waiver of Subrogation form with form title for Worker's Comp. blanket if required by written contract subject to terms, conditions, and exclusions of the form:

Worker's Comp. form WC00 03 13 4184 edition date - Waiver of Our Right to Recover From Others Endorsement