

BID DOCUMENTS

PROJECT: LABOR, MATERIALS, AND EQUIPMENT NEEDED TO INSTALL
NEW ROOF FOR THE PRESS BOX/ANNOUNER BOOTH BUILDING
AT JEFFERSON PLAYGROUND

PROJECT NO: 50-00147324

TO: Jefferson Parish Purchasing Department
200 Derbigny Street
General Government Building, Suite 4400
Gretna, LA 70053

BIDDER: Roofing Solutions, L.L.C
17260 Jefferson Hwy, Ste D
Baton Rouge, LA 70817

LICENSE #: 44196

BID TIME AND DATE: March 7th, 2025 @ 11:00 AM

DATE: 2/26/2025

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00147324

JEFFERSON PARISH

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

VENDOR: 27118 BLANK BID COPY VENDOR

PURCHASING SPECIALIST:
RTRAN

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>10 days after NTP</u> |
| INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK | <u>10 days after NTP</u> |
| INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK | <u>10 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 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) 44196

| | |
|--|-------------------|
| *** ALL BIDDERS MUST COMPLETE SECTION BELOW *** | |
| FIRM NAME: Roofing Solutions, L.L.C. | |
| SIGNATURE: (Must be signed here) | TITLE: Co-Manager |
| PRINT OR TYPE NAME: Tupac de la Cruz | |
| ADDRESS: 17260 Jefferson Hwy, Ste D, | |
| CITY, STATE: Baton Rouge, LA | ZIP: 70817 |
| TELEPHONE: (225) 744-3912 | FAX: () |
| EMAIL ADDRESS: estimating@roofingsolutions.com | |

TOTAL PRICE OF ALL BID ITEMS: \$ 4,570.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00147324

SEALED BID

| ITEM NUMBER | QUANTITY | U/M | DESCRIPTION OF ARTICLES | UNIT PRICE QUOTED | TOTALS |
|-------------|----------|-----|--|-------------------|-------------|
| 1 | 1.00 | JOB | <p>LABOR, MATERIALS, AND EQUIPMENT NEEDED TO INSTALL NEW ROOF FOR THE PRESS BOX/ ANNOUNCER BOOTH BUILDING AT JEFFERSON PLAYGROUND</p> <p>0001 LABOR, MATERIAL & EQUIPMENT TO INSTALL A NEW ROOF ON THE PRESS BOX/ ANNOUNCER BOOTH BUILDING ***** PER SPECIFICATIONS ATTACHED *****</p> <p>SERVICE LOCATION: JEFFERSON PLAYGROUND 4100 SOUTH DRIVE JEFFERSON, LA 70121</p> <p>SITE VISIT CONTACT: BRENT GRIFFIN 504-349-5000 OFFICE 504-419-4415 CELL</p> | \$ 4,570.00 | \$ 4,570.00 |

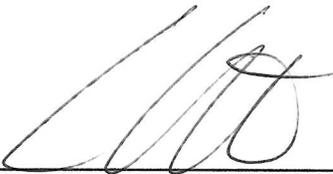
CORPORATE RESOLUTION

BE IT RESOLVED by the Board of Directors of Roofing Solutions, L.L.C., in a meeting duly assembled, that Tupac de la Cruz (Name), Co-Manager (Title), of the Corporation, be, and she is hereby authorized, empowered, and directed for and on behalf of the Corporation to negotiate for and sign any bid proposals and/or contracts which this Corporation might enter into furnishing services for the Corporation under such terms, conditions, and stipulations and for such consideration as he might deem to be in the Corporation's best interest.

I, Lautaro de La Cruz (Name), Secretary of Roofing Solutions, L.L.C. do hereby certify that the above and foregoing is a true and correct copy of a Resolution unanimously adopted at a meeting of the Board of Directors of said Corporation held on the day 22th of January, 2025, at which meeting all members of the Board of Directors were present and voted thereon, and that said, Resolution has been spread upon the minute books of the Corporation, and the same is now in full force and effect.

WITNESS MY SIGNATURE this 7th day of March 2025, at

Roofing Solutions, L.L.C.



Co-Manager



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/17/2025

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 Cadence Insurance, A Gallagher Company 4041 Essen Lane, Suite 400 Baton Rouge LA 70809 | CONTACT NAME: Cheryl Ann Boudreaux PHONE (A/C, No, Ext): 225-336-3245 E-MAIL ADDRESS: cheryl_boudreaux@ajg.com | FAX (A/C, No): 225-336-4536 | | | | | | | | | | | | | |
|---|---|------------------------------------|-------------------------------|--------|------------------------------------|-------|--|-------|--|-------|-------------|--|-------------|--|-------------|
| | <table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Gray Insurance Company</td> <td>36307</td> </tr> <tr> <td>INSURER B : XL Specialty Insurance Company</td> <td>37885</td> </tr> <tr> <td>INSURER C : Acceptance Indemnity Insurance Company</td> <td>20010</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table> | | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : Gray Insurance Company | 36307 | INSURER B : XL Specialty Insurance Company | 37885 | INSURER C : Acceptance Indemnity Insurance Company | 20010 | INSURER D : | | INSURER E : | | INSURER F : |
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | | |
| INSURER A : Gray Insurance Company | 36307 | | | | | | | | | | | | | | |
| INSURER B : XL Specialty Insurance Company | 37885 | | | | | | | | | | | | | | |
| INSURER C : Acceptance Indemnity Insurance Company | 20010 | | | | | | | | | | | | | | |
| INSURER D : | | | | | | | | | | | | | | | |
| INSURER E : | | | | | | | | | | | | | | | |
| INSURER F : | | | | | | | | | | | | | | | |
| INSURED Roofing Solutions, LLC; Roofing Solutions of Louisiana LLC 17260 Jefferson Hwy Baton Rouge LA 70817 | | | | | | | | | | | | | | | |

COVERAGES

CERTIFICATE NUMBER: 1691851646

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 <input checked="" type="checkbox"/> CG 00 01 04 13 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER: | | | XSGL100195 | 1/1/2024 | 1/1/2027 | 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 \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$ |
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | XSAL100212 | 1/1/2024 | 1/1/2027 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| A C | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | GXS100414 EMM000238600 | 1/1/2025 1/1/2025 | 1/1/2026 1/1/2026 | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ |
| A A | <input checked="" type="checkbox"/> 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 | XSWC100190 AL,CO,MS,TX-GWC100369 | 1/1/2024 1/1/2024 | 1/1/2027 1/1/2027 | <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 | Rented Leased Equipment Scheduled Equipment | | | UM00062215MA25A | 1/1/2025 | 1/1/2026 | \$500,000 per item \$195,245 \$500,000 per occ Deductible \$1,000 |

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

Subject to policy terms, conditions and exclusions; the certificate holder shall be considered an Additional Insured on a Primary and Non-Contributory basis on General Liability (additional insured form includes Ongoing and Completed Operations), Automobile Liability and Excess policies with a Waiver of Subrogation granted in their favor on General Liability, Automobile Liability, Workers' Compensation and Excess policies when required by written contract, but only to the extent of the Named Insured's obligation to indemnify, defend and/or hold harmless the certificate holder as required by written contract.

Leased/Rented Equipment:

Certificate Holder shall be considered an Additional Insured and Loss Payee with respect to leased/rented equipment when required by written contract for any single piece of equipment not valued of \$500,000.
See Attached...

CERTIFICATE HOLDER**CANCELLATION**

SAMPLE

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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ADDITIONAL REMARKS SCHEDULE

| | | | |
|---|------------------|---|--|
| AGENCY Cadence Insurance, A Gallagher Company | | NAMED INSURED Roofing Solutions, LLC; Roofing Solutions of Louisiana LLC 17260 Jefferson Hwy Baton Rouge LA 70817 | |
| POLICY NUMBER | | EFFECTIVE DATE: | |
| CARRIER | NAIC CODE | (Empty) | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Subject to policy terms and conditions, Loss Payee shall receive the amount the Insured is obligated to pay for direct physical loss or damage to Contractor's equipment by reason of their assumption of liability in a written contract or written agreement executed prior to the loss or damage for Contractor's equipment that you lease or rent, but no more than the replacement cost of the damaged item.

30 Day Notice of Cancellation is provided in respects to General Liability, Auto Liability, Workers Compensation and Excess policies if required by written contract.

Excess policy is follow form in respects to General Liability, Auto Liability, and Workers Compensation; except exclusions for Sudden & Accidental Pollution, Punitive damages, Underground Resources and Equipment, and silica on the General Liability policy.

REFER TO ATTACHED PDF PAGE 3 FOR ADDITIONAL COVERAGES THAT ARE INCLUDED ON THESE POLICIES.

THE GRAY INSURANCE COMPANY

The below coverages apply if the corresponding policy number is indicated on the previous page.

A. Commercial General Liability

General Liability Policy Includes:

Blanket Waiver of Subrogation when required by written contract.

Blanket Additional Insured when required by written contract.

Primary Insurance Wording Included when required by written contract.

Broad Form Property Damage Liability including Explosion, Collapse and Underground (XCU).

Premises/Operations

Products/Completed Operations

Contractual Liability

Sudden and Accidental Pollution Liability

Occurrence Form

Personal Injury

“In Rem” Endorsement

Cross Liability

Severability of Interests Provision

“Action Over” Claims

Independent Contractors coverage for work sublet

Vessel Liability - Watercraft exclusion has been modified by the vessels endorsement on scheduled equipment.

General Aggregate applies per project or equivalent.

B. Automobile Liability Policy Includes:

Blanket Waiver of Subrogation when required by written contract.

Blanket Additional Insured when required by written contract.

C. Workers Compensation Policy Includes:

Blanket Waiver of Subrogation when required by written contract.

U.S. Longshoremen’s and Harbor Workers Compensation Act Coverage

Outer Continental Shelf Land Act

Jones Act (including Transportation, Wages, Maintenance, and Cure),

Death on the High Seas Act & General Maritime Law.

Maritime Employers Liability Limit: \$1,000,000

Voluntary Compensation Endorsement

Other States Insurance

Alternate Employer/Borrowed Servant Endorsement

“In Rem” Endorsement

Gulf of Mexico Territorial Extension

D. Excess Liability Policy Includes:

Coverage is excess of the Auto Liability, General Liability, Employers Liability, & Maritime Employers Liability policies

Blanket Waiver of Subrogation when required by written contract.

Blanket Additional Insured when required by written contract.

State of  Louisiana

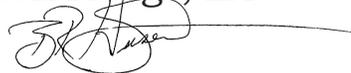
State Licensing Board for Contractors

This is to Certify that:

is duly licensed and entitled to practice the following classifications



Witness our hand and seal of the Board dated,
Baton Rouge, LA day of



Director



Chairman

Expiration Date:

License No:

This License Is Not Transferrable



Treasurer