

DATE: 2/11/2021

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00133629

JEFFERSON PARISH

PURCHASING DEPARTMENT
P.O. BOX 9
GRETNA, 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 | <u>5</u> |
| INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK | <u>25</u> |
| INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK | <u>30</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) 19252

| | |
|--|-------------------------|
| *** ALL BIDDERS MUST COMPLETE SECTION BELOW *** | |
| FIRM NAME: <u>EBE Fence Company Inc</u> | |
| SIGNATURE: (Must be signed here) | TITLE: <u>President</u> |
| PRINT OR TYPE NAME: <u>Ellis E Brown</u> | |
| ADDRESS: <u>4520 Michoud Blvd.</u> | |
| CITY, STATE: <u>New Orleans, LA</u> | ZIP: <u>70129</u> |
| TELEPHONE: <u>504 822-1678</u> | FAX: <u>()</u> |
| EMAIL ADDRESS: <u>ebefence@msn.com</u> | |

TOTAL PRICE OF ALL BID ITEMS: \$ 28,151.21

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00133629

SEALED BID

| ITEM NUMBER | QUANTITY | U/M | DESCRIPTION OF ARTICLES | UNIT PRICE QUOTED | TOTALS |
|-------------|----------|-----|--|-------------------|-----------|
| 1 | 1.00 | JOB | <p>Labor, materials and necessary essentials for fencing work for the Jefferson Parish Recreation Department</p> <p>0001 - FURNISH, LABOR, MATERIAL AND EQUIPMENT TO TAKEDOWN AND PLACE NEW FABRIC ON EXISTING FRAMEWORK, CLEAN AND PAINT EXISTING FRAMEWORK AND PLACE ANY MISSING MATERIAL TO FENCE AS PER SKETCH.</p> <p>FOR: BELLE TERRE PLAYGROUND</p> <p>THIS PROPOSAL IS A TWO-LINE ITEM REQUEST THAT WILL BE AWARDED TO THE LOWEST OVERALL BID TOTAL, MEETING SPECIFICATIONS.</p> | 12,952.93 | 12,952.93 |
| 2 | 1.00 | JOB | <p>0002 - FURNISH, LABOR, MATERIAL AND EQUIPMENT TO TAKE DOWN AND PLACE NEW FABRIC ON EXISTING FRAMEWORK. CLEAN AND PAINT EXISTING FRAMEWORK AND PLACE ANY MISSING MATERIAL TO FENCE AS PER SKETCH.</p> <p>FOR: NICHOLSON PLAYGROUND</p> | 15,198.28 | 15,198.28 |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/18/2021

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 O'Connor Insurance Group, LLC 2450 Severn Ave Suite 208 Metairie LA 70001 | CONTACT NAME: Lora Leanne Cannon PHONE (A/C, No, Ext): (504) 262-8900 E-MAIL ADDRESS: lcannon@oconnoragency.net | FAX (A/C, No): |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED EBE Fence Co., Inc. P.O Box 870098 New Orleans LA 70187 | INSURER A: FCCI Insurance Company INSURER B: National Trust Insurance Co INSURER C: LUBA Casualty Insurance Co INSURER D: INSURER E: INSURER F: | NAIC # 10178 20141 12472 |

COVERAGES

CERTIFICATE NUMBER: CL2111811132

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"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | GL10003846103 | 01/19/2021 | 01/19/2022 | 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 \$ |
| A | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | CA10001009705 | 01/19/2021 | 01/19/2022 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| B | <input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE | | | UMB10002188004 | 01/19/2021 | 01/19/2022 | 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 | | N/A | 028000015261120 | 11/21/2020 | 11/21/2021 | <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 |

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

CERTIFICATE HOLDER**CANCELLATION**Insured's Copy
For Information Purposes Only

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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