

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
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

5

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

25

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

30

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 INSURER A: FCCI Insurance Company INSURER B: National Trust Insurance Co INSURER C: LUBA Casualty Insurance Co INSURER D: INSURER E: INSURER F:
INSURED EBE Fence Co., Inc. P.O Box 870098 New Orleans LA 70187	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	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <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 OCCUR CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			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	Y/N Y	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

© 1988-2015 ACORD CORPORATION. All rights reserved.

CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF
DIRECTOR OF

EBE Fence Company, Inc
INCORPORATED.

AT THE MEETING OF DIRECTORS OF EBE Fence Company
INCORPORATED, DULY NOTICED AND HELD ON 2-10-21
 , A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND
SECONDED. IT WAS:

RESOLVED, THAT Ellis E Brown, BE AND IS HEREBY
APPOINTED, CONSTITUTED AND DESIGNATED AS AGENT AND ATTORNEY-IN-
FACT OF THE CORPORATION WITH FULL POWER AND AUTHORITY TO ACT ON
BEHALF OF THIS CORPORATION IN ALL NEGOTIATIONS, BIDDING, CONCERNS
AND TRANSACTIONS AND ANY OF ITS AGENCIES, DEPARTMENTS, EMPLOYEES
OR AGENTS, INCLUDING BUT NOT LIMITED TO, THE EXECUTION OF ALL BIDS,
PAPERS, DOCUMENTS, AFFIDAVITS, BONDS, SURETIES, CONTRACTS AND ACTS
AND TO RECEIVE AND RECEIPT THEREFORE ALL PURCHASE ORDERS AND
NOTICES ISSUED PURSUANT TO THE PROVISIONS OF ANY SUCH BID OR
CONTRACT, THIS CORPORATION HEREBY RATIFYING, APPROVING,
CONFIRMING AND ACCEPTING EACH AND EVERY SUCH ACT PERFORMED BY
SAID AGENT AND ATTORNEY-IN-FACT.

I HEREBY CERTIFY THE FOREGOING TO
BE A TRUE AND CORRECT COPY OF AN
EXCERPT OF THE MINUTES OF THE
ABOVE DATED MEETING OF THE BOARD
OF DIRECTORS OF SAID CORPORATION,
AND THE SAME HAS NOT BEEN REVOKED
OR RESCINDED.

[Signature]
SECRETARY-TREASURER

2-10-2021
DATE