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MANUFACTURER'S REPRESENTATIVES – SALES & SERVICE

**North Oaks COB II
Hammond, La**

Date: **March 20, 2024**

To: **North Oaks Medical Center
15790 Paul Vega MD Drive
Hammond, La 70403
Attn: Gary Vinyard**

Total Pages: 3

Please see below for pricing to provide (offloading & installation by others) two pumps and two Variable frequency drives.

I. HVAC PUMPS- CENTRAL PLANT:

Service:

TACO Model KS1415

Qty. (2) Vertical In-Line Pumps

10,400 GPM @ 160 TDH

500 HP, 460V/3P, 1760 RPM

ODP Premium Efficiency Motor

MANUFACTURER'S PARTS WARRANTY:

**18 MONTHS FROM SHIPMENT OR ONE YEAR FROM DATE OF START UP
WHICHEVER COMES FIRST**

ITEM I TOTAL PRICE - \$ 165,885.00

Note: To ADD Pump Stands, ADD \$ 2,936.00 To ITEM I Total Price.

**North Oaks COB II
Hammond, La**

Date: March 20, 2024

II. VARIABLE FREQUENCY DRIVES: (Yaskawa)

Service:

Qty. (2) 500 HP Each Variable Frequency Drives

Total Qty. (2) 460/3 phase Variable Frequency drive in NEMA 1 Enclosure. *NO BYPASS*
One trip of Start-up is included.

**MANUFACTURER'S PARTS & LABOR WARRANTY:
THREE YEARS FROM DATE OF START UP**

ITEM II Total Price \$ 62,704.00

Notes & Clarifications:

SALES TAX IS NOT INCLUDED

Standard Freight is included – *OFFLOADING IS BY OTHERS*




CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/28/2024

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  Amy Falcon Insurance Agency Inc 2628 David Drive Metairie, LA 70003	CONTACT NAME: Amy Falcon PHONE (A/C, No, Ext): 504-441-8900 E-MAIL ADDRESS: amy@amyfalcon.com	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Fire and Casualty Company INSURER B: State Farm Mutual Automobile Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	
INSURED GAUDIN EQUIPMENT & SUPPLY CO PO BOX 752 KENNER LA 70063-0752	NAIC # 25143 25178	

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			98-CE-A822-8	01/11/2024	01/11/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
B	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			387 2143-B05-18	02/05/2024	08/05/2024	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE			98-BU-D574-0	08/08/2023	08/08/2024	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$
	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/A				PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

HVAC Sales & Repairs

Location: 2711 PIEDMONT ST KENNER LA

CERTIFICATE HOLDER

North Oaks Health Systems
North Oaks Medical Center
15790 Paul Vega MD Drive
Hammond

LA 70403

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

Amy Falcon

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