

DATE: 12/07/2022

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00140707

JEFFERSON PARISH

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

VENDOR: Gold Rush Signs

BUYER: DABRAHAM

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	TBD
INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK	14-21 Days from PO
INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK	14-21 Days from PO

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) _____

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: Gold Rush Signs	
SIGNATURE: <i>[Signature]</i> (Must be signed here)	TITLE: Owner
PRINT OR TYPE NAME: Blaine Goitia	
ADDRESS: 1309 Veterans Memorial Blvd.	
CITY, STATE: Kenner, LA	ZIP: 70062
TELEPHONE: 504, 467-7750	FAX: ()
EMAIL ADDRESS: blaine @ goldrushsigns.com	

TOTAL PRICE OF ALL BID ITEMS: \$ 9,200.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00140707

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>Labor, material, equipment to remove existing, supply and install new decorative sign for the Jefferson Parish Parkways Department</p> <p>0010 Kings Manor Sign</p>	\$ 3,200.00	\$ 3,200.00
2	1.00	JOB	<p>Labor, materials, freight and necessary essentials to provide and install one (1) new high density urethane decorative sign panel, as per the associated plan, located within the northern right-of-way of Acre Road between Martin Drive and King Drive in Marrero, Louisiana. This bid is for the replacement of the existing sign face.</p> <p>0020 Haydel Manor Sign</p>	\$ 2,800.00	\$ 2,800.00
3	1.00	JOB	<p>Labor, materials, freight and necessary essentials to provide and install one (1) new high density urethane decorative sign panel, as per the associated plan, located within the north east right-of-way of Ames Boulevard at the intersection of August Avenue in Marrero, Louisiana. This bid is for the replacement of the existing sign face.</p> <p>0030 Harbor Estates Sign</p>	\$ 3,200.00	\$ 3,200.00
			<p>Labor, materials, freight and necessary essentials to provide and install one (1) new high density urethane decorative sign panel, as per the associated plan, located within the center median of Drake Avenue just north of the intersection Highway 90 (Westbank Expressway) in Westwego, Louisiana. This bid is for the replacement of the existing sign face.</p>		



CERTIFICATE OF LIABILITY INSURANCE

GOLDR-1

OP ID: JB

DATE (MM/DD/YYYY)

12/15/2022

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 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 Morrison Insurance Agency, Inc 4444 York Street, Suite 201 Metairie, LA 70001 Jessica C. Boggio	CONTACT NAME: Jessica C. Boggio	
	PHONE (A/C, No, Ext): 504-888-9393	FAX (A/C, No): 504-888-9996
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Penn American Ins. Co.		32859
INSURER B: AmTrust Group		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
Gold Rush Signs LLC
Suite A
1309 Veterans Memorial Blvd
Kenner, LA 70062

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			PAV0353151	03/01/2022	03/01/2023	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						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	\$ Included
								\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$
								\$
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WWC3510734	02/21/2022	02/21/2023	<input checked="" type="checkbox"/> PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT	\$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A				E.L. DISEASE - EA EMPLOYEE	\$ 100,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
X	Business property			PAV0353151	03/01/2022	03/01/2023	BPP	150,000

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

CERTIFICATE HOLDER**CANCELLATION**

SAMPLE1

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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