

DATE: 7/11/2018

Page: 5

BID NO.: 50-00123497

BID FORM
Non Public Works

All Public Work Projects are required to use the Louisiana Uniform Public Work Bid Form

All prices must be held firm unless an escalation provision is requested in this bid. Jefferson Parish will allow one escalation during the term of the contract, which may not exceed the U.S. Bureau of Labor Statistics National Index for all Urban Consumers, unadjusted 12 month figure. The most recently published figure issued at the time an adjustment is requested will be used. A request must be made in writing by the vendor, and the escalation will only be applied to purchases made after the request is made.

Are you requesting an escalation provision?

YES _____ NO X

MAXIMUM ESCALATION PERCENTAGE REQUESTED _____ %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF _____.

For the purposes of comparison of bids when an escalation provision is requested, Jefferson Parish will apply the maximum escalation percentage quoted by the bidder to the period to which it is applied in the bid. The initial price and the escalation will be used to calculate the total bid price. It will be assumed, for comparison of prices only, that an equal amount of material or labor is purchased each month throughout the entire contract.

DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

N/A

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable)

35350

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: Beacon Air Conditioning Heating & Refrigeration Inc.

ADDRESS: 315 E. 3rd Street

CITY, STATE: Kenner, LA ZIP: 70062

TELEPHONE: (504) 467-8698 FAX: (504) 466-4996

EMAIL ADDRESS: merrick@beaconac.com

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 as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: #1

NUMBER: _____

NUMBER: _____

NUMBER: _____

TOTAL PRICE OF ALL BID ITEMS: \$ 6,360.00

AUTHORIZED SIGNATURE: Merrick Matherne

Merrick Matherne
Printed Name

TITLE: Office Manager

SIGNING INDICATES YOU HAVE READ AND COMPLY WITH THE INSTRUCTIONS AND CONDITIONS.

NOTE: All bids should be returned with the BID NUMBER and BID OPENING DATE indicated on the outside of the envelope submitted to the Purchasing Department.

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00123497

SEALED BID

| ITEM NUMBER | QUANTITY | U/M | DESCRIPTION OF ARTICLES | UNIT PRICE QUOTED | TOTALS |
|----------------|----------|-----|--|----------------------|----------|
| 1 | 10.00 | HR | TWO (2) YEAR CONTRACT FOR THE REPAIR OF HEATING, VENTILATION, AIR CONDITIONING (HVAC) FOR THE JEFFERSON PARISH DEPARTMENT OF FIRE SERVICES 0010 - HEATING, VENTILATION, & AIR CONDITIONS SYSTEMS (HVAC) NORMAL HOURLY RATE, 7:00 AM - 5:00 PM, MONDAY - FRIDAY, EXCLUDING HOLIDAYS PER TECHNICIAN PER HOUR WE EXTEND THIS CONTRACT TO COVER LABOR, MATERIALS, TRANSPORTATION, SUPERVISION, AND EQUIPMENT NECESSARY FOR A TWO (2) YEAR CONTRACT FOR THE TROUBLESHOOTING AND REPAIR OF HVAC SYSTEMS FOR ALL JEFFERSON PARISH EAST BANK CONSOLIDATED FIRE DEPARTMENT FACILITIES. | 98.00 | 980.00 |
| 2 | 10.00 | HR | 0020 - NORMAL HOURLY RATE 7:00 AM - 5:00 PM, MONDAY - FRIDAY, EXCLUDING HOLIDAYS PER HELPER PER HOUR | 48.00 | 480.00 |
| 3 | 10.00 | HR | 0030 - BEFORE/AFTER HOURS WEEKDAY RATE 5:00 PM - 12:00 AM, MONDAY - THURSDAY & 12:00 AM - 7:00 AM, TUESDAY - FRIDAY PER TECHNICIAN PER HOUR | 140.00 | 1,400.00 |
| 4 | 10.00 | HR | 0040 - BEFORE/AFTER HOURS WEEKDAY RATE 5:00 PM - 12:00 AM, MONDAY - THURSDAY & 12:00 AM - 7:00 PM, TUESDAY - FRIDAY PER HELPER PER HOUR | 20.00 | 200.00 |
| 5 | 10.00 | HR | 0050 - AFTER HOURS WEEKEND RATE FRIDAY 5:00 PM - 12:00 AM, SATURDAY & SUNDAY ALL DAY, & MONDAY 12:00 AM - 7:00 AM (AUTHORIZATION REQUIRED) PER TECHNICIAN PER HOUR | 140.00 | 1,400.00 |
| 6 | 10.00 | HR | 0060 - AFTER HOURS WEEKEND RATE FRIDAY 5:00 PM - 12:00 AM, SATURDAY & SUNDAY ALL DAY, & MONDAY 12:00 AM - 7:00 AM (AUTHORIZATION REQUIRED) PER HELPER PER HOUR | 30.00 | 300.00 |
| 7 | 10.00 | HR | 0070 - HOLIDAY RATES 12:00 AM - 11:59 PM (PROVIDE A LIST OF | 140.00 | 1,400.00 |

DATE: 7/11/2018

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INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00123497

SEALED BID

| ITEM NUMBER | QUANTITY | U/M | DESCRIPTION OF ARTICLES | UNIT PRICE QUOTED | TOTALS |
|----------------|----------|-----|--|----------------------|--------|
| 8 | 10.00 | HR | COMPANY HOLIDAYS PER CALENDAR YEAR UPON REQUEST) PER TECHNICIAN PER HOUR 0080 - HOLIDAY RATES 12:00 AM - 11:59 PM (PROVIDE A LIST OF | 20.00 | 200.00 |
| 9 | 1.00 | EA | COMPANY HOLIDAYS PER CALENDAR YEAR UPON REQUEST) PER HELPER PER HOUR 0090 - PARTS - THIS IS A NON-BIDDABLE ITEM & IS FOR PARTS NEEDED TO COMPLETE A REPAIR UP TO \$5,000.00 PER JOB WITH THE APPROVAL FROM THE REQUESTING DEPARTMENT. | | |

636.00 6,360.00



Beacon Air Conditioning, Heating, and Refrigeration Company holidays for the calendar year:

New Years Day

Mardi Gras Day

Good Friday

Memorial Day

4th of July

Labor Day

Thanksgiving Day

Christmas Eve

Christmas Day

New Years Eve

Seal of the Louisiana State Licensing Board for Contractors

State Licensing Board for Contractors

This is to Certify that:

BEACON AIR CONDITIONING, HEATING AND
REFRIGERATION, INC.
317 Third Street
Kenner, LA 70062

is duly licensed and entitled to practice the following classifications

MECHANICAL WORK (STATEWIDE)



Expiration Date: July 15, 2018

License No: 35350

Witness our hand and seal of the Board dated,
Baton Rouge, LA 16th day of July 2015

Director

Chairman

This License Is Not Transferrable

Treasurer

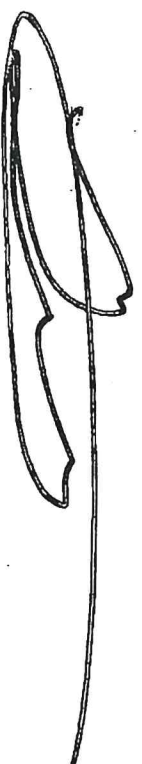
Jefferson Parish
Inspection and Code Enforcement
Regulatory Inspection's Division

Active Mechanical # 60662

This is to certify that **DANIEL CHATELAIN II**
having qualified in accordance with Jefferson Parish Ordinances is hereby granted
authorization to engage in the above field as authorized by law.

Issue Date: 1/1/2018

Expiration Date: 12/31/2018

A handwritten signature in black ink, appearing to be 'D. Chatelain II', written over a horizontal line.

Mechanical Section Chief

THIS LICENSE IS NOT TRANSFERABLE

Jefferson Parish
Inspection and Code Enforcement
Regulatory Inspection's Division

Active Gas # 60663

This is to certify that **DANIEL CHATELAIN II**
having qualified in accordance with Jefferson Parish Ordinances is hereby granted
authorization to engage in the above field as authorized by law.

Issue Date: 1/1/2018

Expiration Date: 12/31/2018

A handwritten signature in black ink, appearing to be 'D. Chatelain II', written over a horizontal line.

Gasfitter Section Chief

THIS LICENSE IS NOT TRANSFERABLE

Certifications

Type I - Small Appliances
Type II - High Pressure and Very High
Pressure Appliances
Type III - Low Pressure Appliances
Universal - Type I, II, and III

This card issued by
Pennsylvania College of Technology
One College Avenue
Williamsport, PA 17701
570-327-4775

Refrigerant Transition And Recovery Program

Program approval by U.S. EPA: 11/21/00

Daniel Chatelain, II

Universal

technician as required by 40 CFR Part 82, Subpart F

Certification Number
101128213

Date Certified
1/14/03

Pennsylvania College
of Technology
PENNSYLVANIA





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/01/2018

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  State Farm Hylton S Pettit, Jr 2705 Florida Ave. Kenner, La 70062 | CONTACT NAME: Hylton S Pettit Jr PHONE (A/C, No, Ext): 504-461-0171 FAX (A/C, No): 504-461-0289 E-MAIL ADDRESS: hylton.pettit.b27x@statefarm.com |
| | INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Mutual Automobile Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: |
| INSURED Beacon Air Cond Inc 317 E 3 Rd St Kenner, La 70062-7103 | NAIC # 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 SUBR INSD WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|--------------------|------------------|-------------------------|-------------------------|--|
| | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ COMBINED SINGLE LIMIT (Ea accident) \$ |
| A | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | Y N | 098-9278-F13-18J | 06/13/2018 | 12/13/2018 | BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 |
| | UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | | | | | EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE OTH-ER |
| | 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 | | | | 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)

CERTIFICATE HOLDER

THE PARISH OF JEFFERSON, ITS DISTRICTS,
DEPARTMENTS AND AGENCIES UNDER THE DIRECTION
OF THE PARISH PRESIDENT AND THE PARISH COUNCIL
Consolidated Fire
834 S. Clearview Parkway
Jefferson, La 70123

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

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/30/2018

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 Riverlands Insurance Services Inc. 492 West 5th Street LaPlace LA 70068 | CONTACT NAME: Kayla Williams | | |
| | PHONE (A/C, No, Ext): (985) 652-5505 | FAX (A/C, No): (985) 652-4039 | |
| | E-MAIL ADDRESS: kwilliams@rivins.com | | |
| INSURED Beacon Air Conditioning, Heating & Refrigeration, Inc. 317 E 3rd Street Kenner LA 70062 | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | INSURER A: America First | | |
| | INSURER B: Ohio Security Insurance Company | | |
| | INSURER C: Bridgefield Casualty Insurance Co | | 10335 |
| | INSURER D: | | |
| | INSURER E: | | |
| | | INSURER F: | |

COVERAGES**CERTIFICATE NUMBER:** 18-19**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 | | | BKS1955818871 | 01/31/2018 | 01/31/2019 | EACH OCCURRENCE | \$ 1,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |
| | | | | | | | MED EXP (Any one person) | \$ 15,000 |
| | | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |
| | OTHER: | | | | | | Employee Benefits | \$ 25,000 |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | <input type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ |
| | <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | \$ |
| | <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| B | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB | | | ESO55818871 | 01/31/2018 | 01/31/2019 | EACH OCCURRENCE | \$ 5,000,000 |
| | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE | | | | | | AGGREGATE | \$ 5,000,000 |
| | DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> | | | | | | | \$ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | 019803840 | 01/31/2018 | 01/31/2019 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) | <input type="checkbox"/> Y <input type="checkbox"/> N | N/A | | | | E.L. EACH ACCIDENT | \$ 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 1,000,000 |
| | | | | | | | | E.L. DISEASE - POLICY LIMIT |
| A | Employment Practices Liability | | | BKS1955818871 | 01/31/2018 | 01/31/2019 | Each Claim | 12,500 |
| | | | | | | | Aggregate | 12,500 |

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

Full Certificate Holder:

The Parish of Jefferson, Its Districts, Departments, and Agencies Under the Direction of the Parish President and the Parish Council BID#50-00123497

General Aggregate Limit applies per project. Cert Holder is listed as an additional insured and a Waiver of Subrogation is provided in favor of the certificate holder with respects to the GL policy. Waiver of Subrogation is provided with respects to the WC as required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

| | |
|---|--|
| Consolidated Fire 834 S. Clearview Parkway Jefferson LA 70123 | 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 Kayla Williams |

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CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF

Beacon Air Conditioning Heating + Refrigeration
INCORPORATED.AT THE MEETING OF DIRECTORS OF Beacon Air Conditioning
INCORPORATED, DULY NOTICED AND HELD ON August 2nd 2018
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT
WAS:RESOLVED THAT Merrick Matherne, 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 WITH THE PARISH OF JEFFERSON OR 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 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.Wendy Chatelain

SECRETARY-TREASURER

8/2/18

DATE

Non-Public Works Bid

AFFIDAVIT

STATE OF LouisianaPARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: Merrick
Matnerne, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized agent of Beacon Air Conditioning
Heating + Refrigeration (Entity),
the party who submitted a bid in response to Bid Number 50-00123497 to the Parish of
Jefferson.

Affiant further said:

Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required
attachment):

Choice A ✓

Attached hereto is a list of all campaign contributions, including the date and amount of each contribution, made to current or former elected officials of the Parish of Jefferson by Entity, Affiant, and/or officers, directors and owners, including employees, owning 25% or more of the Entity during the two-year period immediately preceding the date of this affidavit or the current term of the elected official, whichever is greater. Further, Entity, Affiant, and/or Entity Owners have not made any contributions to or in support of current or former members of the Jefferson Parish Council or the Jefferson Parish President through or in the name of another person or legal entity, either directly or indirectly.

Choice B _____

there are **NO** campaign contributions made which would require disclosure under Choice A of this section.



August 2, 2018

To Whom It May Concern:

Here is a list of campaign contributions:

| | | | |
|---------------------|----------------|---------------|------------|
| Mike Yenni Campaign | Date: 10/13/15 | Check # 30245 | \$1,000.00 |
|---------------------|----------------|---------------|------------|

| | | | |
|---------------------|---------------|--------------|------------|
| Mike Yenni Campaign | Date 12/21/15 | Check #30530 | \$1,000.00 |
|---------------------|---------------|--------------|------------|

| | | | |
|--------------------|-------------|--------------|----------|
| Dominick Impastato | Date 7/5/17 | Check #32363 | \$300.00 |
|--------------------|-------------|--------------|----------|

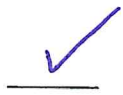
If you have any questions, please contact:

Merrick Matherne

Debt Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.

Choice B  _____ There are **NO** debts which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

[The remainder of this page is intentionally left blank.]

That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.

Merrick Mathene
Signature of Affiant

Merrick Mathene
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 3 DAY OF AUGUST, 2018

[Signature]
Notary Public

Kim J. Lord
Printed Name of Notary

58462
Notary/Bar Roll Number

My commission expires AT MY DEATH



KIM J. LORD
Notary Public
Notary ID No. 58462
Tangipahoa Parish, Louisiana

[Print](#)

Notary Search - Detail

Name: MS. KIM J. LORD
Address: 255 HICKORY AVE.
HARAHAN, LA 70123
Phone: (504) 737-8922
Notary ID Number: 58462
Parish: TANGIPAHOA with STATEWIDE JURISDICTION
Agency: N/A
Notary Type: Non Attorney
Status: Active
Commission Date: 03/10/1999
Oath Date: 03/08/1999
Surety Expiration Date: 02/15/2019
Annual Report Current: Yes

[Back to Search Results](#)[New Search](#)



JEFFERSON PARISH

Department of Purchasing

Michael S. Yenni
Parish President

Renny Simno
Director

July 27, 2018

ADDENDUM # 1

Bid No.: 50-00123497

Bid Opening Date: August 9, 2018

For: Two (2) Year Contract for the Repairs of Heating, Ventilation, Air Conditioning (HVAC) for the Jefferson Parish Department of Fire Services

CLARIFICATION.

The following are the Fire Station locations for this contract:

| | | |
|--|---|--|
| Headquarters 834 S. Clearview Pkwy. Jefferson, LA 70123 | Station 15 1101 N. I-10 Service Rd. Metairie, LA 70005 | Station 19 455 Edwards Ave. Jefferson, LA 70123 |
| Station 11 3525 Jefferson Hwy. Jefferson, LA 70121 | Station 16 5200 Lafreniere St. Metairie, LA 70001 | Station 20 4110 Hudson St. Metairie, LA 70006 |
| Station 13 4642 Calumet St. Metairie, LA 70001 | Station 17 6616 Kawanee St. Metairie, LA 70003 | Warehouse 5512 Lambert St. Metairie, LA 70123 |
| Station 14 1714 Edinburgh St. Metairie, LA 70001 | Station 18 3430 N. Causeway Blvd. Metairie, LA 70002 | |

Sincerely,

Misty A. Camardelle

Misty A. Camardelle, Buyer II
Jefferson Parish Purchasing Department

Bidders must acknowledge all addenda on the bid form. Bidder acknowledges receipt of this addendum on the bid form as indicated. Failure to do so will result in bid rejection.

This addendum is a part of the contract documents and modifies the original bidding documents and specifications. The contents of this addendum shall be included in the contract documents. Changes made by this addendum shall take precedence over the documents of earlier date.

Joseph S. Yenni Building – 1221 Elmwood Park Blvd., Ste. 404, Jefferson, LA 70123
Office 504.364.2678
General Government Bldg. – 200 Derbigny St – Suite 4400 - Gretna, LA 70053
Office 504.364.2678

Email: Purchasing@jeffparish.net Website: www.jeffparish.net

MJS
8-2-18



Western Surety Company

BID BOND (Percentage)

Bond Number: 200135

KNOW ALL PERSONS BY THESE PRESENTS, That we _____
Beacon Air Conditioning, Heating & Refrigeration, Inc. _____ of
317 Third Street, Kenner, LA 70062 _____, hereinafter
referred to as the Principal, and Western Surety Company _____,
as Surety, are held and firmly bound unto Jefferson Parish Purchasing Dept
of 200 Derbigny St, Gen Gov Bldg, Ste 4400, Gretna, LA 70053 _____,
hereinafter referred to as the Obligee, in the sum of Five percent Amount Bid (5% AB %) percent of the greatest
amount bid, for the payment of which we bind ourselves, our legal representatives, successors and assigns, jointly
and severally, firmly by these presents.

WHEREAS, Principal has submitted or is about to submit a proposal to Obligee on a contract for _____
50000123407 Two Year Contract for the Repair of Heating, Ventilation, Air Conditioning HVAC _____
for the Jefferson Parish Dept of Five Services _____.

NOW, THEREFORE, if the said contract be awarded to Principal and Principal shall, within such time as may be
specified, enter into the contract in writing and give such bond or bonds as may be specified in the bidding or
contract documents with surety acceptable to Obligee; or if Principal shall fail to do so, pay to Obligee the
damages which Obligee may suffer by reason of such failure not exceeding the penalty of this bond, then this
obligation shall be void; otherwise to remain in full force and effect.

SIGNED, SEALED AND DATED this 9 day of August, 2018.

BeaconAirConditioning,Heating&Refrigeration,Inc
(Principal)

By Merrick Waltherne (Seal)

Western Surety Company

(Surety)

By David B Tidmore (Seal)
David B Tidmore, Lic No 114461 Attorney-in-Fact

Western Surety Company

POWER OF ATTORNEY APPOINTING INDIVIDUAL ATTORNEY-IN-FACT

Know All Men By These Presents, That WESTERN SURETY COMPANY, a South Dakota corporation, is a duly organized and existing corporation having its principal office in the City of Sioux Falls, and State of South Dakota, and that it does by virtue of the signature and seal herein affixed hereby make, constitute and appoint

David B Tidmore, Individually

of Metairie, LA, its true and lawful Attorney(s)-in-Fact with full power and authority hereby conferred to sign, seal and execute for and on its behalf bonds, undertakings and other obligatory instruments of similar nature

- In Unlimited Amounts -

and to bind it thereby as fully and to the same extent as if such instruments were signed by a duly authorized officer of the corporation and all the acts of said Attorney, pursuant to the authority hereby given, are hereby ratified and confirmed.

This Power of Attorney is made and executed pursuant to and by authority of the By-Law printed on the reverse hereof, duly adopted, as indicated, by the shareholders of the corporation.

In Witness Whereof, WESTERN SURETY COMPANY has caused these presents to be signed by its Vice President and its corporate seal to be hereto affixed on this 2nd day of November, 2015.



WESTERN SURETY COMPANY

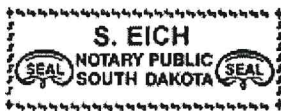
Paul T. Bruflat, Vice President

State of South Dakota }
County of Minnehaha } ss

On this 2nd day of November, 2015, before me personally came Paul T. Bruflat, to me known, who, being by me duly sworn, did depose and say: that he resides in the City of Sioux Falls, State of South Dakota; that he is the Vice President of WESTERN SURETY COMPANY described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed pursuant to authority given by the Board of Directors of said corporation and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said corporation.

My commission expires

February 12, 2021



S. Eich, Notary Public

CERTIFICATE

I, L. Nelson, Assistant Secretary of WESTERN SURETY COMPANY do hereby certify that the Power of Attorney hereinabove set forth is still in force, and further certify that the By-Law of the corporation printed on the reverse hereof is still in force. In testimony whereof I have hereunto subscribed my name and affixed the seal of the said corporation this 9 day of August, 2018



WESTERN SURETY COMPANY

L. Nelson, Assistant Secretary

22976

| | | | |
|--|------------|---|---|
| Form (Rev. November 2005) Department of the Treasury Internal Revenue Service | W-9 | Request for Taxpayer Identification Number and Certification | Give form to the requester. Do not send to the IRS. |
|--|------------|---|---|

| | | | |
|--|--|--|--|
| Print or type See Specific Instructions on page 2 | Name (as shown on your income tax return) <u>Beacon Air Conditioning, Heating, Refrigeration, Inc.</u> | | |
| | Business name, if different from above | | |
| | Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ | | <input type="checkbox"/> Exempt from backup withholding |
| | Address (number, street, and apt. or suite no.) <u>317 E. Third Street</u> | | Requester's name and address (optional) |
| City, state, and ZIP code <u>Kenner La. 70062</u> | | | |
| List account number(s) here (optional) | | | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

| | | | | | | | | |
|--------------------------------|---|---|---|---|---|---|---|---|
| Social security number | | | | | | | | |
| | | | | | | | | |
| or | | | | | | | | |
| Employer identification number | | | | | | | | |
| 7 | 1 | 2 | 6 | 1 | 8 | 3 | 2 | 0 |
| 6 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

| | | |
|--------------|--|-----------------------|
| Sign Here | Signature of U.S. person ▶ <u>Eugene J. Lamer</u> | Date ▶ <u>12-6-07</u> |
|--------------|--|-----------------------|

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

📍 2525 Quail Drive, Baton Rouge, 70808 📞 (225) 765-2301 🗨 Text-To-Verify: 1 (855) 999-7896



Louisiana State Licensing Board for Contractors

Contractor Information

Business Name BEACON AIR CONDITIONING, HEATING AND REFRIGERATION, INC.
Mailing Address 315 Third Street
Kenner, LA 70062
Phone Number (504) 467-8698
Fax Number (504) 466-4996
Email Address davidbeacon@bellsouth.net
Website http://null

Active Licenses

License Number 35350
Type Commercial License
Status LICENSED
Effective 07/16/2018
Expiration 07/15/2020
First Issued 07/15/1999

Classifications

| Class | Qualifying Party | Parishes |
|-----------------------------|---------------------------|----------|
| BUSINESS AND LAW | Daniel David Chatelain II | ALL |
| MECHANICAL WORK (STATEWIDE) | Daniel David Chatelain II | ALL |

Bid number: 50-60123497

Bid date - 8/9/18

State hie: # 35350

Jefferson Parish Department of Purchasing #4400
200 Derbigny Street
Gretna, LA 70053

The Jefferson Parish Department of Fire Services
834 S. Clearview Pkwy
Jefferson, LA 70123

Labor, materials, Transportation, Supervision,
and equipment necessary for Two (2)
year contract for trouble shooting and
repair of HVAC systems for all Jefferson
Parish Eastbank Consolidated Fire
Department Facilities