

DATE: 7/29/2020

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00131842

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 | 9/10/2020 |
| INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES | 9/10/2020 |
| INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK | 9/14/2020 |
| INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK | |

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: _____
 NUMBER: _____
 NUMBER: _____
 NUMBER: _____

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

| | |
|--|------------------------|
| *** ALL BIDDERS MUST COMPLETE SECTION BELOW *** | |
| FIRM NAME: Roof Technologies, Inc. | |
| SIGNATURE: (Must be signed here) | TITLE: President |
| PRINT OR TYPE NAME: William Luebbert | |
| ADDRESS: 631 Manhattan Blvd. | |
| CITY, STATE: Harvey, LA. | ZIP: 70058 |
| TELEPHONE: (504) 366-9283 | FAX: (504) 364-6411 |
| EMAIL ADDRESS: jmeynard@rooftech-no.com | |

TOTAL PRICE OF ALL BID ITEMS: \$ 25,688.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00131842

SEALED BID

| ITEM NUMBER | QUANTITY | U/M | DESCRIPTION OF ARTICLES | UNIT PRICE QUOTED | TOTALS |
|-------------|----------|-----|---|-------------------|-------------|
| 1 | 1.00 | JOB | <p>Labor, materials, equipment, tools and all other incidentals necessary to repair various roof leaks at the Thomas F. Donelon Building</p> <p>0010 - ROOF REPAIRS THOMAS F. DONELON BUILDING DEPARTMENT OF GENERAL SERVICES</p> <p>PROVIDE LABOR, MATERIALS, EQUIPMENT, TOOLS, AND ALL OTHER INCIDENTALS NECESSARY TO REPAIR VARIOUS ROOF LEAKS PER THE ATTACHED SPECIFICATIONS AT THE FOLLOWING LOCATION:</p> <p>THOMAS F. DONELON BUILDING 200 DERBIGNY STREET GRETNA, LA</p> | 28,000 | \$28,000.00 |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/17/2020

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 Frank H. Furman, Inc. 1314 East Atlantic Blvd. P. O. Box 1927 Pompano Beach FL 33061 | CONTACT NAME: | |
| | PHONE (A/C, No, Ext): 800-344-4838 | FAX (A/C, No): (954) 943-5417 |
| INSURED Roof Technologies Inc P O Box 1328 Harvey LA 70059 | E-MAIL ADDRESS: | |
| | INSURER(S) AFFORDING COVERAGE | |
| | INSURER A: National Fire Ins of Hartford | |
| | INSURER B: American Guarantee & Liability Ins Co | |
| | INSURER C: American Casualty Co of Reading PA | |
| | INSURER D: Columbia Casualty Company | |
| INSURER E: | | |
| INSURER F: | | |
| NAIC # | | |
| 20478 | | |
| 26247 | | |
| 20427 | | |
| 31127 | | |

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 | | | 5092135192 | 5/1/2020 | 5/1/2021 | EACH OCCURRENCE \$ 2,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 |
| | <input checked="" type="checkbox"/> Contractual Liab Incl | | | | | | MED EXP (Any one person) \$ 15,000 |
| | <input checked="" type="checkbox"/> XCU Hazard Incl | | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE \$ 4,000,000 |
| | <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | PRODUCTS - COMP/OP AGG \$ 4,000,000 |
| | OTHER: | | | | | | \$ |
| A | AUTOMOBILE LIABILITY | | | 5092135189 | 5/1/2020 | 5/1/2021 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
| | <input checked="" type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | <input type="checkbox"/> SCHEDULED AUTOS | | | | | BODILY INJURY (Per accident) \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS | <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | | PROPERTY DAMAGE (Per accident) \$ |
| B | <input checked="" type="checkbox"/> UMBRELLA LIAB | <input checked="" type="checkbox"/> OCCUR | | AUC925940813 | 5/1/2020 | 5/1/2021 | EACH OCCURRENCE \$ 10,000,000 |
| | <input type="checkbox"/> EXCESS LIAB | <input type="checkbox"/> CLAIMS-MADE | | | | | AGGREGATE \$ 10,000,000 |
| | <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0 | | | | | | \$ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | 5092135208 | 5/1/2020 | 5/1/2021 | <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 checked="" 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 |
| D | Contractors E&O/Professional | | | CE06080436842 | 5/1/2020 | 5/1/2021 | Each Occurrence Limit \$2,000,000 |
| | Retro Date: 06/21/2012 | | | | | | Aggregate Limit \$2,000,000 |

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

CERTIFICATE HOLDER

CANCELLATION

| | |
|------------------------|--|
| For Proof of Insurance | 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 Dirk DeJong/JC |

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