

DATE: 1/08/2018

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00121871

## JEFFERSON PARISH

PURCHASING DEPARTMENT  
P.O. BOX 9  
GRETN, LA. 70054-0009  
504-364-2678VENDOR: R. Seibert Construction L.L.C.

BUYER: CGASPER

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

14 days

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

14 days

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

7 days

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 / 1-16-18

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 60869

## \*\*\* ALL BIDDERS MUST COMPLETE SECTION BELOW \*\*\*

FIRM NAME:

R. Seibert Construction L.L.C.

SIGNATURE:

(Must be signed here)

Randall J. Seibert Jr.

TITLE:

owner/agent

PRINT OR TYPE NAME:

Randall J. Seibert Jr.

ADDRESS:

208 St. Bernard Parkway

CITY, STATE:

St. Bernard, Louisiana

ZIP:

70085

TELEPHONE:

(504) 421-4044

FAX:

(504) 609-2322

EMAIL ADDRESS:

rjseibertjr@gmail.comTOTAL PRICE OF ALL BID ITEMS: \$ 5,485.00

DATE: 1/08/2018

## INVITATION TO BID FROM JEFFERSON PARISH - continued

Page: 5

BID NO.: 50-00121871

SEALED BID

| ITEM<br>NUMBER | QUANTITY | U/M | DESCRIPTION OF ARTICLES  | UNIT PRICE<br>QUOTED | TOTALS               |
|----------------|----------|-----|--|----------------------|----------------------|
| 1              | 1.00     | JOB | <p>INSTALL A SET OF WASHER/DRYER HOOKUPS<br/>IN AN EXTERIOR STORAGE ROOM AT JEFFERSON<br/>PARISH FIRE STATION 11, 3525 JEFFERSON<br/>HWY., JEFFERSON, LA.</p> <p>0001 LABOR, MATERIALS, AND EQUIPMENT TO<br/>PROVIDE AND INSTALL A SET OF WASHER AND<br/>DRYER HOOKUPS IN AN EXTERIOR STORAGE<br/>ROOM AT FIRE STATION 11.</p> <p>EVERYTHING IS TO BE SURFACE MOUNTED WITH<br/>LINT EXHAUST AND DRAIN VENT WILL<br/>PENETRATE EXTERIOR WALL. WASHING MACHINE<br/>AND DRYER WILL BE ELECTRIC.</p> <p>LOCATION:<br/>JEFFERSON PARISH FIRE STATION 11<br/>3525 JEFFERSON HWY.<br/>JEFFERSON, LA 70121</p> <p>CONTACT: PROPERTY MANAGER<br/>MIKE DEFOURNEAUX<br/>(504)756-1990</p> <p>FOR A SITE VISIT, SEE CONTACT ABOVE.</p> | <del>15,485.00</del> | <del>15,485.00</del> |
|                |          |     | <i>Randall J. LeBeuf Jr.</i>   | <i>1/15/18</i>       |                      |



State License #: 60869

Office/Fax: (504) 609-2322

|  |   |
|--|---|
| Job Name: <i>Install a set of washer/dryer</i> | Job Location: <i>7525 Jefferson Hwy</i> |
| <i>Hookups @ F.S. #11</i>                      |   |
| Submit to:                                     | Address:                                |
|  |   |
| <del>Estimate</del> Bid # <i>50-00121871</i>   | <i>1/22/18</i>                          |

[illegible]

Signature: Randall J. Lebit Jr. Date: 1/23/18





RSEIB-1

OP ID: SP

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/10/2017

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).

|  |  |  |                                    |
|--|--|--|------------------------------------|
| <b>PRODUCER</b><br>Morrison Insurance Agency, Inc<br>4444 York Street, Suite 201<br>Metairie, LA 70001<br>Bob Boggio | 504-888-9393   | <b>CONTACT NAME:</b> Bob Boggio                  |                                    |
|  |  | <b>PHONE (A/C, No, Ext):</b> 504-888-9393        | <b>FAX (A/C, No):</b> 504-888-9996 |
|  |  | <b>E-MAIL ADDRESS:</b> bboggio@morrison-ins.com  |                                    |
|  |  | <b>INSURER(S) AFFORDING COVERAGE</b>             | <b>NAIC #</b>                      |
|  |  | <b>INSURER A:</b> LWCC                           | 22350                              |
| <b>INSURED</b>   | <b>Randall Joseph Seibert, Jr</b><br><b>R. Seibert Construction LLC</b><br><b>License #60869</b><br><b>208 St. Bernard Parkway</b><br><b>St. Bernard, LA 70085</b> | <b>INSURER B:</b> Atain Specialty Insurance Comp | 17159                              |
|  |  | <b>INSURER C:</b>                                |                                    |
|  |  | <b>INSURER D:</b>                                |                                    |
|  |  | <b>INSURER E:</b>                                |                                    |
|  |  | <b>INSURER F:</b>                                |                                    |

## 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   |
|----------|--|-----------|----------|--|-------------------------|-------------------------|--|
| B        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER: | X         | X        | CIP276604<br>BLKT ADD'L INSURED<br>BLKT WAIVER OF SUBROGATIO | 04/10/2017              | 04/10/2018              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$ |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY  |           |          |  |                         |                         |  |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$  |           |          |  |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$   |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | N/A       | X        | 117418B<br>BLKT WAIVER OF SUBROGATIO                         | 04/10/2017              | 04/10/2018              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$ 500,000<br>E.L. DISEASE - EA EMPLOYEE \$ 500,000<br>E.L. DISEASE - POLICY LIMIT \$ 500,000   |

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

## CERTIFICATE HOLDER

## CANCELLATION

SAMPLE1

SAMPLE

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





# VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)  
12/29/2017

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.

This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose.

|   |  |  |  |
|---|--|--|--|
| <b>PRODUCER</b><br>Mel Malone State Farm<br>1401 East Judge Perez Dr.<br>Chalmette, LA 70043      |  | <b>CONTACT NAME:</b> Ehren Malone<br><b>PHONE (A/C, No, Ext):</b> 504-279-7464<br><b>FAX (A/C, No):</b> 504-279-7468<br><b>E-MAIL ADDRESS:</b> ehren@melmalone.com<br><b>PRODUCER CUSTOMER ID #:</b> |  |
| <b>INSURED</b><br>R Seibert Construction LLC<br>208 Saint Bernard Parkway<br>St Bernard, LA 70085 |  | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> State Farm Mutual Automobile Insurance Company<br><b>INSURER B:</b><br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b>         |  |
|   |  | <b>NAIC #</b><br>25178   |  |

## DESCRIPTION OF VEHICLE OR EQUIPMENT

|                     |                                   |              |                                      |   |
|---------------------|-----------------------------------|--------------|--------------------------------------|---|
| <b>YEAR</b><br>2017 | <b>MAKE / MANUFACTURER</b><br>Ram | <b>MODEL</b> | <b>BODY TYPE</b><br>Pick Up          | <b>VEHICLE IDENTIFICATION NUMBER</b><br>3C6UR5JJ7HG710670 |
| <b>DESCRIPTION</b>  |                                   |              | <b>VEHICLE/EQUIPMENT VALUE</b><br>\$ | <b>SERIAL NUMBER</b>                                      |

## COVERAGES

### CERTIFICATE NUMBER:

### REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) 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 POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).

| INSR LTR | ADD'L INSRD | TYPE OF INSURANCE   | POLICY NUMBER    | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS  |              |
|----------|-------------|---|------------------|------------------------------------|-------------------------------------|---|--------------|
|          | X           | <input checked="" type="checkbox"/> VEHICLE LIABILITY                         | 263 9174-F11-18G | 12/11/2017                         | 06/11/2018                          | COMBINED SINGLE LIMIT   | \$           |
|          |             |   |                  |                                    |                                     | BODILY INJURY (Per person)  | \$ 1,000,000 |
|          |             |   |                  |                                    |                                     | BODILY INJURY (Per accident)  | \$ 1,000,000 |
|          |             |   |                  |                                    |                                     | PROPERTY DAMAGE   | \$ 1,000,000 |
|          |             | <input type="checkbox"/> GENERAL LIABILITY                                    |                  |                                    |                                     | EACH OCCURENCE  | \$           |
|          |             | <input type="checkbox"/> OCCURRENCE   |                  |                                    |                                     | GENERAL AGGREGATE   | \$           |
|          |             | <input type="checkbox"/> CLAIMS MADE  |                  |                                    |                                     |   | \$           |
| INSR LTR | LOSS PAYEE  | TYPE OF INSURANCE   | POLICY NUMBER    | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS / DEDUCTIBLE   |              |
|          |             | <input checked="" type="checkbox"/> VEH COLLISION LOSS                        | 263 9174-F11-18G | 12/11/2017                         | 06/11/2018                          | <input checked="" type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT | \$ LIMIT     |
|          |             |   |                  |                                    |                                     | <input type="checkbox"/> STATED AMT   | \$ 250 DED   |
|          |             | <input checked="" type="checkbox"/> VEH COMP <input type="checkbox"/> VEH OTC | 263 9174-F11-18G | 12/11/2017                         | 06/11/2018                          | <input checked="" type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT | \$ LIMIT     |
|          |             |   |                  |                                    |                                     | <input type="checkbox"/> STATED AMT   | \$ 100 DED   |
|          |             | <input type="checkbox"/> EQUIPMENT  |                  |                                    |                                     | <input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT            | \$ LIMIT     |
|          |             | <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD                 |                  |                                    |                                     | <input type="checkbox"/> RC <input type="checkbox"/> STATED AMT             | \$ DED       |
|          |             | <input type="checkbox"/> SPECIAL  |                  |                                    |                                     |   |              |

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

## ADDITIONAL INTEREST

Select one of the following:

- ☒ The additional interest described below has been added to the policy(ies) listed herein by policy number(s).  
☐ A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).

VEHICLE / EQUIPMENT INTEREST: ☐ LEASED ☐ FINANCED

NAME AND ADDRESS OF ADDITIONAL INTEREST

Sample

## 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.

DESCRIPTION OF THE ADDITIONAL INTEREST

☒ ADDITIONAL INSURED ☐ LOSS PAYEE  
☐ LENDER'S LOSS PAYEE

LOAN / LEASE NUMBER

AUTHORIZED REPRESENTATIVE

Mel Malone / elm

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# JEFFERSON PARISH

## Department of Purchasing

**Michael S. Yenni**  
Parish President

**Brenda C. Patel**  
Director

### ADDENDUM #1

**Bid No.: 50-00121871**

**Bid Opening Date: 11 am, January 17, 2018**  
**Extended to: 11 am, January 23, 2018**

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**The bid due date and time has been extended to 11:00 am on JANUARY 23, 2018 based on the following reason:**

**Due to inclement weather, Jefferson Parish Offices including the Jefferson Parish Purchasing Department closed as of 3:00 pm on Tuesday, January 16, 2018 and will remain closed through Thursday, January 18, 2018. We apologize for any inconvenience but hope that this extension may allow for more time for bid submissions.**

|   |
|---|
| <p><b>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.</b></p> |
|---|

**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.**