

AHG Services, LLC

2225 Piedmont Street
Kenner, LA 70062

LA STATE CONTRACTOR'S
LICENSE NO. 55529

BID 50-130417

**LABOR, MATERIALS AND EQUIPMENT NECESSARY
TO REMOVE EXISTING WATER HEATERS, PROVIDE AND INSTALL NEW
WATER HEATERS FOR THE DEPARTMENT OF SEWERAGE**

BID OPENING DATE: April 17, 2020 @ 11:00 A.M.

ATTENTION VENDORS!!!

**Please review all pages and respond accordingly, complying with all
provisions in the technical specifications and Jefferson Parish Instructions
for Bidders and General Terms and Conditions. All bids must be received in
the Purchasing Department by the bid due date and time.**

**Jefferson Parish Purchasing Department
200 Derbigny Street, Suite 4400
Gretna, LA 70053**

**Please Email Any Questions To:
Mark BATTERY
MBATTERY@JEFFPARISH.NET
504-364-2810**

DATE: 3/25/2020

INVITATION TO BID
THIS IS NOT AN ORDER

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BID NO.: 50-00130417

JEFFERSON PARISH

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

VENDOR: AHG SERVICES, LLC

BUYER: MBUTTERY

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

5 DAYS AFTER APPROVAL

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

1 DAY

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

1 DAY

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) 55529

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: AHG SERVICES, LLC	
SIGNATURE: (Must be signed here)	TITLE: PRINCIPAL
PRINT OR TYPE NAME: DOUGLAS A. GUTHANS	
ADDRESS: 2225 PIEDMONT STREET	
CITY, STATE: KENNER, LA	ZIP: 70062
TELEPHONE: (504) 267-3800	FAX: (504) 267-3801
EMAIL ADDRESS: DGUTHANS@AHGSERVICESLLC.COM	

TOTAL PRICE OF ALL BID ITEMS: \$ 3,326.00

DATE: 3/25/2020

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INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00130417

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>LABOR, MATERIALS AND EQUIPMENT NECESSARY TO REMOVE EXISTING WATER HEATERS, PROVIDE AND INSTALL NEW WATER HEATERS FOR THE DEPARTMENT OF SEWERAGE</p> <p>0010 - PARTS, LABOR, AND MATERIALS FOR REMOVAL AND DISPOSAL OF TWO (2) WATER HEATERS, AND TO INSTALL ONE (1) ELECTRIC 6 GALLON BRADFORD WHITE WATER HEATER, MODEL RE16U6 AND ONE (1) ELECTRIC 30 GALLON BRADFORD WHITE WATER HEATER, MODEL NO. LE23053-3NCWW AT THE BRIDGE CITY WASTEWATER TREATMENT PLANT</p> <p>INCLUDES: 1. PREMIUM TIME 2. ANY ADDITIONAL WORK ON VALVES OR PIPING ARRANGEMENTS TO SHUT DOWN WATER</p> <p>CONTACT: RYAN BOUDREAUX 1400 HWY. 90 BRIDGE CITY, LA 70094 (504) 731-4492</p>	\$3,326.00	\$3,326.00



AHGUTHA-03

JDUNN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/14/2020

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 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 Insurance Underwriters, Ltd. P. O. Box 6738 Metairie, LA 70009	CONTACT NAME: Jonathan Landry, CIC, CRA		
	PHONE (A/C, No, Ext): (504) 620-1795	FAX (A/C, No): (504) 620-1779	
	E-MAIL ADDRESS: jclandry@iulins.com		
INSURED AHG Services, LLC. 2225 Piedmont Street Kenner, LA 70062	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Travelers Indemnity Co.		25658
	INSURER B: Phoenix Insurance Company		25623
	INSURER C: Travelers Property Casualty		25674
	INSURER D: Travelers Casualty & Surety Co		19038
	INSURER E:		
INSURER F:			

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 checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Primary & Non Contributory	X	X	DTCO8293B742TIA20	4/10/2020	4/10/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	BA9M0633472026G	4/10/2020	4/10/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	X	X	CUP3K4176492026	4/10/2020	4/10/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
D	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	UB6K7807452026G	4/10/2020	4/10/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Bid # 50-00124776 - new back flow preventer for fire department

Jefferson Parish, its districts departments and agencies under the direction of the Parish President and the Parish Council as additional insureds regarding negligence by the contractor for the General Liability and Auto Liability and have Waiver of Subrogation as respects General Liability, Auto Liability and Workers Compensation as required by written contract. Umbrella follows form.

CERTIFICATE HOLDER

CANCELLATION

Jefferson Parish, Department of Purchasing
200 Derbigny St
Suite 4400
Gretna, LA 70053

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

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

AHG SERVICES, LLC

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☒ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► **S**
Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

2225 PIEDMONT STREET

6 City, state, and ZIP code

KENNER, LA 70062

7 List account number(s) here (optional)

Requester's name and address (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 generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - ____

or

Employer identification number

2 0 - 1 9 5 2 4 1 6

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ►

4/15/2020

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Jefferson Parish
Inspection and Code Enforcement
Regulatory Inspection's Division

Active Plumbing # 60762

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

Issue Date: 1/1/2020

Expiration Date: 12/31/2020



Plumbing Section Chief

THIS LICENSE IS NOT TRANSFERABLE

State of Louisiana



State Licensing Board for Contractors

This is to Certify that:

AHG SERVICES, L.L.C.
2225 Piedmont Street
Kenner, LA 70062

is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION; HEAVY CONSTRUCTION; MECHANICAL WORK (STATEWIDE); MUNICIPAL
AND PUBLIC WORKS CONSTRUCTION; PLUMBING (STATEWIDE); SPECIALTY: STEAM AND HOT WATER
HEATING IN BUILDINGS OR PLANTS



Expiration Date: June 1, 2022

License No: 55529

Witness our hand and seal of the Board dated,
Baton Rouge, LA 2nd day of June 2019

Will S. McCP

Director

Lee M. Dett

Chairman

Andy Dett

Treasurer

This License Is Not Transferrable

State Plumbing Board Of Louisiana



MASTER PLUMBER LICENSE
NO. LMP5997

2020

THIS CERTIFIES
DOUGLAS A GUTHANS



A REPRESENTATIVE OF
AHG SERVICES LLC



has qualified in accordance with L.A. R.S. 37:1361-1380 and Board regulations as a duly licensed Master Plumber and is hereby authorized to engage in said business within the State of Louisiana.

Provided that licensee accepting this certificate shall conform to the terms of L.A. R.S. 37:1361-1380 and Board regulations.

Expires 12/31/2020
This license is not transferable

Lacey Fisher
SECRETARY/TREASURER