

ELLISON BUILDERS, LLC
P.O. Box 1717

Marrero, LA 70073

LA. Contractor's License 41426

504-348-0236

Jefferson Parish Purchasing Department
200 Derbigny Street
General Government Building, Suite 4400
Gretna, LA 70053

BID NUMBER 50-00134897

Labor, Materials, and Equipment necessary for
Restroom Repairs for the Jefferson Parish
Recreation Department

DATE: 6/14/2021

BID NO.: 50-00134897

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

JEFFERSON PARISH

PURCHASING DEPARTMENT
P.O. BOX 9
GRETN, 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

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

July 22, 2021

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

July 27, 2021

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

August 10, 2021

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) 41426

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: Ellison Builders, LLC	
SIGNATURE: (Must be signed here)	TITLE: President
PRINT OR TYPE NAME: Lionel Ellison	
ADDRESS: P.O. Box 1717	
CITY, STATE: Marrero, Louisiana	ZIP: 70072
TELEPHONE: (504) 348-0236	FAX: (504) 348-0236
EMAIL ADDRESS: ellisonbuild@att.net	

TOTAL PRICE OF ALL BID ITEMS: \$ 12,000.00

DATE: 6/14/2021

INVITATION TO BID FROM JEFFERSON PARISH - continued

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BID NO.: 50-00134897

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>Labor, materials and equipment necessary for restroom repairs for the Jefferson Parish Recreation Department</p> <p>0001 - TOILET PARTITIONING: Manufactured by SCRANTON to provide Solid Plastic (HDPE) Compartments Floor Mounted Overhead Braced, Continuous Aluminum Brackets, 8" Aluminum Wrap Hinges, Aluminum, Door Hardware and Floor Mounted Leg Urinal Screen.</p> <p>4 - Compartments 1 - 30" X 55" Leg Screen</p> <p>WASHROOM ACCESSORIES: Manufactured by BRADLEY to provide the following:</p> <p>1 - No. 963 Baby Changing Station, Gray & White Speckled, Surface Mount</p> <p>SCOPE: 1. Installation of 4 compartments , 1 urinal screen and 1 baby changing station 2. All demo and removal of existing partitions by others. 3. All wall and floor repairs by others prior to installation.</p> <p>JESSE OWENS PLAYGROUND GYM 11101 Newton St. River Ridge, La 70123</p> <p>SITE VISIT CONTACT: GARY SCHMIDT 504-289-2641 GSCHMIDT@JEFFPARISH.NET</p>	<p>\$2,275.00 x 4 \$1,450.00 x 1 \$1,450.00 x 1 N/A N/A</p>	<p>\$9,100.00 \$1,450.00 \$1,450.00</p>

CORPORATE RESOLUTION

OF

ELLISON BUILDERS, LLC

I, the undersigned secretary of Ellison Builders, LLC hereby certify that Lionel Ellison is duly authorized owner of this corporation as of the date of this certificate and as such, has the full authority to act on behalf of the corporation as it's owner with general management of the corporation's business and further has the power to perform all acts incident to the office of director of which are authorized of required by law or incorporation of bylaws of this corporation.

At the meeting of Directors of ELLISON BUILDERS, LLC, duly noticed and held on June 18, 2021, a quorum being there present on June 21, 2021, be and is hereby appointed, constituted and designated as agent and attorney-in-fact of the corporation with 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 and receipt, therefore 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 meeting of the above dated meeting of the board of directors of said corporation, and the same has not been revoked or rescinded.

In witness whereof, I affix my signature on this 21st day of June, 2021.



SECRETARY



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/21/2021

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

Continental Insurance Services
2380 Barataria Blvd
Marrero, LA 70072

CONTACT NAME: Matthew D de Blanc

PHONE (A/C, No, Ext): 504-340-0366

FAX (A/C, No): 504-341-5872

E-MAIL ADDRESS: matt@contins.com

INSURED

Ellison Builders, LLC
7425 Wedmore
Marrero, LA 70072

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Scottsdale Insurane Company

41297

INSURER B: LHBA(SIF)

INSURER C:

INSURER D:

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY					
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000.
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y Y	CPS7368230	05/25/2021	05/25/2022	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					MED EXP (Any one person) \$ 5,000.
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PERSONAL & ADV INJURY \$ 1,000,000.
	AUTOMOBILE LIABILITY					GENERAL AGGREGATE \$ 2,000,000.
	<input type="checkbox"/> ANY AUTO					PRODUCTS - COMP/OP AGG \$ 2,000,000.
	<input type="checkbox"/> ALL OWNED AUTOS					\$
	<input type="checkbox"/> HIRED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR					BODILY INJURY (Per person) \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		XBS0142835	05/25/2021	05/25/2022	BODILY INJURY (Per accident) \$
	DED <input checked="" type="checkbox"/> RETENTION \$10,000					PROPERTY DAMAGE (Per accident) \$
						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					EACH OCCURRENCE \$ 2,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N				AGGREGATE \$ 2,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	Y	21-12043	04/01/2021	04/01/2022	\$
		N/A Y				<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
						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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

General Contractor/ CGL Policy includes blanket waiver and blanket additional insured when required by written contract
The Workers Compensation policy includes a blanket waiver as required by written contract.
Workers Compensation is Louisiana Employees Only/State of Louisiana. Jacquie Ellison is excluded from the Workers Comp
Umbrella/Excess coverage follows form. The CGL and Workers Comp policy includes a 30 Day notice of cancellation as per the policy terms and Conditions of the policy. The CGL is includes Primary and Non-contributory wording and additional insured ongoing Completed Ops wording in favor of the Certificate Holder when required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

Sample Certificate
Actual, available upon request

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

IMPORTANT - IDENTIFICATION CARDS

MU

FOLD TOP AND BOTTOM OF CARD ON PERFORATION

FOLD TOP AND BOTTOM OF CARD ON PERFORATION



LOUISIANA AUTO INSURANCE IDENTIFICATION CARD

☒ State Farm Mutual
Automobile Ins. Co.☐ State Farm Fire
and Casualty Co.

PO Box 853922

INSURED ELLISON BUILDERS LLC

Richardson, TX 75085-3922

POLICY NUMBER 263 4574-F03-18Q
YR 2007 MAKE CHEVROLET
MODEL C3500 VIN 1GCJG33D97F137750
AGENT SUE CAMBRE
GRETNA, LA 70053
PHONE (504)368-8989 NAIC # 25178
A D500 G500 H R1 UEO

MUTL
VOLEFFECTIVE
JUN 03 2021 TO DEC 03 2021
1530-A8CEXCLUDED DRIVER(S)
N/ATHIS CARD MUST BE CARRIED IN THE VEHICLE AT ALL TIMES AS
EVIDENCE OF LIABILITY INSURANCE.

LOUISIANA AUTO INSURANCE IDENTIFICATION CARD

☒ State Farm Mutual
Automobile Ins. Co.☐ State Farm Fire
and Casualty Co.

PO Box 853922

INSURED ELLISON BUILDERS LLC

Richardson, TX 75085-3922

POLICY NUMBER 263 4574-F03-18Q
YR 2007 MAKE CHEVROLET
MODEL C3500 VIN 1GCJG33D97F137750
AGENT SUE CAMBRE
GRETNA, LA 70053
PHONE (504)368-8989 NAIC # 25178
A D500 G500 H R1 UEO

MUT
VOLEFFECTIVE
JUN 03 2021 TO DEC 03 2021
1530-A8CEXCLUDED DRIVER(S)
N/ATHIS CARD MUST BE CARRIED IN THE VEHICLE AT ALL TIMES AS
EVIDENCE OF LIABILITY INSURANCE.

KEEP A CARD IN YOUR CAR.
THIS CARD IS INVALID IF THE POLICY FOR WHICH IT WAS ISSUED LAPSES OR IS TERMINATED.
KEEP YOUR CURRENT CARD UNTIL THE EFFECTIVE DATE OF THIS CARD.



141667.2 02-14-2018 (o1pcla2c)

0101-ST-1B-1012

178/07380

000178

141667.2 02-14-2018 (o1pcla2c)