

DATE: 11/14/2017

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00121568

JEFFERSON PARISH

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

VENDOR: RYCARS Construction, LLC

BUYER: DREAMEY

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

TBD

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

TBD

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

30 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: _____

NUMBER: _____

NUMBER: _____

NUMBER: _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 39349

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: RYCARS Construction, LLC	
SIGNATURE: (Must be signed here)	TITLE: President
PRINT OR TYPE NAME: Ryan E. Burks	
ADDRESS: P.O. Box 370	
CITY, STATE: Kenner, LA	ZIP: 70063
TELEPHONE: (504) 305-5309	FAX: (504) 305-5308
EMAIL ADDRESS: ryanburks@rycars.com	

TOTAL PRICE OF ALL BID ITEMS: \$ 22,060.00

DATE: 11/14/2017

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INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00121568

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	LABOR, MATERIALS & EQUIPMENT NECESSARY TO REPLACE THE ROOF AS PER SPECIFICATION 0010 Labor, material and equipment to replace roof located at: Lakeshore Playground Golden Age Building/Room 3 1125 Rosa Avenue Metairie, LA 70005	\$22,050.00	\$22,050.00
2	1.00	LF	0020 Treated wood needed to replace rotted/damaged 3/8 inch or 1/2 inch plywood decking	\$10.00/LF	\$10.00/LF



RYCACON-03

ABRADSHAW

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/30/2017

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).

PRODUCER Van Meter Insurance Group 1240 Fairway Street Bowling Green, KY 42103		CONTACT NAME: PHONE (A/C, No, Ext): (270) 781-2020 FAX (A/C, No): (270) 843-8808 E-MAIL ADDRESS:		
INSURED RYCARS Construction LLC PO Box 370 Kenner, LA 70063		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Cincinnati Specialty Underwriters Insurance Company		13037
		INSURER B: Ohio Casualty Group		24074
		INSURER C: Rockhill Insurance Company		28053
		INSURER D: Amerisafe, Inc.		
		INSURER E: Alterra Excess & Surplus Insurance Company		33189
		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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			CSU0033874	01/01/2017	01/01/2018	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$
							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 checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			55369052 (LA)	01/01/2017	01/01/2018	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							\$	
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			FF015407-01	01/01/2017	01/01/2018	EACH OCCURRENCE	\$ 4,000,000
							AGGREGATE	\$ 4,000,000
								\$
								\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below			AVWCLA2562392017	01/01/2017	01/01/2018	<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
E	Inland Marine			MKLM6IM0051340	01/01/2017	01/01/2018	Leased/Rented	100,000
B	Commercial Auto			55374888 (GA)	01/01/2017	01/01/2018	Combined Single Lmt	1,000,000

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

Project #: 50-121568

Replace the Roof at Lakeshore Playground the Golden Age Building for Jefferson Parish Recreation Department

Jefferson Parrish, its Districts Departments and Agencies under the direction of the Parish President and Parish Council are listed as additional insured to the General Liability Policy per written contract.

CERTIFICATE HOLDER

CANCELLATION

Jefferson Parrish 200 Derbigny Street 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

ACORD 25 (2016/03)

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The ACORD name and logo are registered marks of ACORD

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CUT-THROUGH ENDORSEMENT

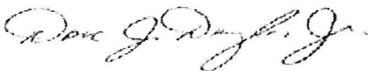
This endorsement modifies the policy to add the following special provisions:

1. The Reinsurer hereby agrees, at the request and with the agreement of the Reinsured, that if the Reinsured is declared insolvent, bankrupt, in liquidation or in dissolution, the Reinsurer shall, subject to all the conditions and limitations set forth in paragraph 2. below, make payment directly on behalf of the Reinsured to any third party those payments the Reinsured is legally obligated to pay under this policy of insurance.
2. The Reinsurer's liability to make payment, as described in paragraph 1. above is subject to the following conditions:
 - a. The Reinsured must actually have declared bankruptcy, be adjudicated to be insolvent, or in liquidation or dissolution before any payment is required by the Reinsurer under any circumstance or claim made;
 - b. The Reinsurer shall have no obligation to make payment unless it receives prior, written approval, in a form and content acceptable to the Reinsurer, from the relevant supervisor, rehabilitator, conservator, receiver or liquidator of the Reinsured which explicitly permits the Reinsurer to make such payments in full discharge of the Reinsurer's liability to the Reinsured, Named Insured or any other party;
 - c. The maximum amount that the Reinsurer shall be obligated to pay is limited as described in Section III-Limits of Insurance;
 - d. The Reinsurer shall have no obligation to make any payment if the Reinsured had no legal obligation to make any payment under the terms and conditions of this policy of insurance, including but not limited to, the exhaustion of any limit of insurance or aggregate limit of insurance;
 - e. Should the Reinsurer be requested to or required to make payment, it shall obtain all rights and defenses of the Reinsured as declared under this policy.

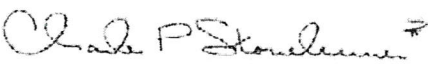
Reinsured: The Cincinnati Specialty Underwriters Insurance Company

Reinsurer: The Cincinnati Insurance Company

The Cincinnati Specialty Underwriters Insurance Company

By: 

The Cincinnati Insurance Company

By: 

Donna Reamey

From: Donna Reamey
Sent: Thursday, November 30, 2017 8:55 AM
To: 'ryanburks@rycars.com'
Subject: Bid #50-121568
Attachments: Standard Insurance Requirement Form_Bids Under \$30K_revised 10.20.2016.doc

Good Morning,

You are the low bidder for the above bid. I need the final insurance certificate showing Jefferson Parish, its Districts, Departments and Agencies under the direction of the Parish President and the Parish Council, as the additional insured. I have attached the standard insurance requirements. Please email me a copy ASAP.

Thank You,

Donna Reamey

Buyer II

Jefferson Parish Purchasing Department

200 Derbigny Street, Suite 4400

Gretna, La. 70053

504-364-2684

Dreamey@jeffparish.net



The Source for Commercial Roofing

Certification of Signature Authority

Be it known that as of March 12, 2017 the Members and Managers of RYCARS Construction, LLC (a Louisiana organized limited liability company) hereby authorizes and empowers its Member, Ryan E. Burks to negotiate for and sign any and all bid proposal documents and/or contracts which this Limited Liability Company might enter into for the furnishing of services for the Company under such terms, conditions and stipulates, and for such consideration as he might deem to the best interest of the Company.

Respectfully,
RYCARS Construction, LLC

Ryan E. Burks
Managing Member

Louis E. McLendon
Managing Member

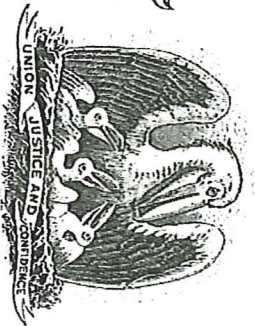
Company Seal



Corporate Office
503 Coleman Place
Kenner, Louisiana 70062
Telephone • 504.305.5309
Facsimile • 504.305.5308

Georgia Office
3450 Buffington Center • Suite B
Atlanta, Georgia 30349
Telephone • 404.209.9991
Facsimile • 404.209.9936

State of Louisiana



State Licensing Board for Contractors

This is to Verify that:

RYCARS CONSTRUCTION, LLC
P. O. Box 370
Kenner, LA 70063

is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION; SPECIALTY: ROOFING AND SHEET METAL, SIDING



Expiration Date: May 16, 2018

License No: 39349

Witness our hand and seal of the Board dated,
Baton Rouge, LA 17th day of May 2017

Will S. McCoy
Director

Joe Mallett
Chairman

This License Is Not Transferable

Andy Newman
Treasurer



RYCACON-03 ABRADSHAW

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/30/2016

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	INSURER F:	

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CERTIFICATE NUMBER:

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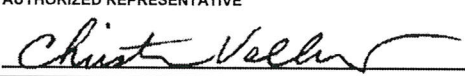
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A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			CSU0033874	01/01/2017	01/01/2018	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$
							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			55369052 (LA)	01/01/2017	01/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			FF015407-01	01/01/2017	01/01/2018	EACH OCCURRENCE \$ 4,000,000
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 4,000,000
	DED \$						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			AVWCLA2562392017	01/01/2017	01/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/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	Inland Marine			MKLM6IM0051340	01/01/2017	01/01/2018	Leased/Rented 100,000
B	Commercial Auto			55374888 (GA)	01/01/2017	01/01/2018	Combined Single Lmt 1,000,000

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

CERTIFICATE HOLDER

CANCELLATION

Evidence of Coverage	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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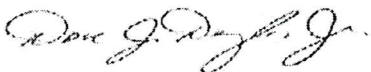
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Reinsured: The Cincinnati Specialty Underwriters Insurance Company

Reinsurer: The Cincinnati Insurance Company

The Cincinnati Specialty Underwriters Insurance Company

By: 

The Cincinnati Insurance Company

By: 