

DATE: 1/15/2025

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00146964

JEFFERSON PARISH

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

VENDOR: 27118 BLANK BID COPY VENDOR

PURCHASING SPECIALIST:
SDUMAS

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

One Weeks

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

One Weeks

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

One Week

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: 1

NUMBER: _____

NUMBER: _____

NUMBER: _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 59105

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: Star Auto Glass, Inc	
SIGNATURE: <u>X</u> <i>Kathleen Gaudin</i> (Must be signed here)	TITLE: President
PRINT OR TYPE NAME: Kathleen Gaudin	
ADDRESS: 1000 Westbank Expy	
CITY, STATE: Gretna, LA	ZIP: 70053
TELEPHONE: (504)368-8826	FAX: (504)367-5802
EMAIL ADDRESS: glass@starglassllc.com	

TOTAL PRICE OF ALL BID ITEMS: \$ 1,750.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00146964

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			THREE(3) YEAR LABOR ONLY CONTRACT TO TROUBLESHOOT, REPAIR, AND REPLACE VARIOUS AUTOMATIC AND MANUAL ENTRANCE DOORS FOR THE JEFFERSON PARISH DEPARTMENT OF GENERAL SERVICES		
1	1.00	HR	0010 - TECHNICIAN - NORMAL HOURLY RATE 7:00 AM TO 5:00 PM, MONDAY THRU FRIDAY	\$ 125.00	\$ 125.00
2	1.00	HR	0020 - HELPER - NORMAL HOURLY RATE 7:00 AM TO 5:00 PM, MONDAY THRU FRIDAY	\$ 100.00	\$ 100.00
3	1.00	HR	0030 - TECHNICIAN BEFORE/AFTER HOURS WEEKDAY RATE 5:00 PM TO 12:00 AM, MONDAY THRU THURSDAY & 12:00 AM TO 7:00 AM, TUESDAY THRU FRIDAY	\$ 200.00	\$ 200.00
4	1.00	HR	0040 - HELPER BEFORE/AFTER HOURS WEEKDAY RATE 5:00 PM TO 12:00 AM, MONDAY THRU THURSDAY & 12:00 AM TO 7:00 AM, TUESDAY THRU FRIDAY	\$ 175.00	\$ 175.00
5	1.00	HR	0050 - TECHNICIAN AFTER HOURS WEEKEND RATE FRIDAY 5:00 PM TO 12:00 AM & SATURDAY AND SUNDAY ALL DAY & MONDAY 12:00 AM TO 7:00 AM AUTHORIZATION REQUIRED	\$ 300.00	\$ 300.00
6	1.00	HR	0060 - HELPER AFTER HOURS WEEKEND RATE FRIDAY 5:00 PM TO 12:00 AM & SATURDAY AND SUNDAY ALL DAY & MONDAY 12:00 AM TO 7:00 AM AUTHORIZATION REQUIRED	\$ 275.00	\$ 275.00
7	1.00	HR	0070 - TECHNICIAN - HOLIDAY RATE 12:00 AM TO 11:59 PM	\$ 300.00	\$ 300.00
8	1.00	HR	0080 - HELPER - HOLIDAY RATE 12:00 AM TO 11:59 PM ***SEE ATTACHED SPECIFICATIONS***	\$ 275.00	\$ 275.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/27/2025

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 Ross & Yerger Insurance, Inc. 100 Vision Drive, Suite 100 Jackson MS 39211	CONTACT NAME: Lauren Townsend PHONE (A/C, No, Ext): 601-360-8803 FAX (A/C, No): E-MAIL ADDRESS: ltownsend@rossandyerger.com
INSURED Star Auto Glass Inc. 1000 West Bank Expressway Gretna LA 70053	INSURER(S) AFFORDING COVERAGE INSURER A: United Fire & Cas Co INSURER B: Accident Fund Natl Ins Co INSURER C: Richmond National Ins Co INSURER D: Hamilton Select Ins Inc INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:** 1357911062**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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			60535665	10/4/2024	10/4/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			RN-7-0507360	10/4/2024	10/4/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	AFWCP100086276	12/1/2024	12/1/2025	<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
D A	Excess Liability Installation Floater Leased/Rented Equipment			ECHS00093459 60535665	12/16/2024 10/4/2024	10/4/2025 10/4/2025	\$ 5,000,000 Aggregate \$ 5,000 Each Item \$ 5,000,000 \$ 100,000 \$ 50,000 Aggregate

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

General Liability Policy includes Blanket Additional Insured and is Primary and Non-Contributory, when required by written contract. General Liability policy includes Ongoing & Completed Operations for Additional Insureds, when required by written contract. General Liability and Workers Compensation Policies include Blanket Waiver of Subrogation, when required by written contract. Excess Liability Policy is follow form. The Parish of Jefferson, its Districts Departments and Agencies under the direction of the Parish President and the Parish Council are included as Additional Insured with respect to General Liability and Automobile Liability when required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

Jefferson Parish
200 Derbigny Street, 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

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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  Thelma Ceballos-Meyers 501 Whitney Ave Gretna LA 70056		CONTACT NAME: Thelma Ceballos-Meyers PHONE (A/C, No, Ext): 504-366-1155 FAX (A/C, No): E-MAIL ADDRESS: thelma.c.meyers.mb0q@statefarm.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: State Farm Mutual Automobile Insurance Company	
		NAIC # 25178	
INSURED STAR AUTO GLASS INC 1000 WESTBANK EXPY GRETNALA 700535629		INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**


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INSR LTR	TYPE OF INSURANCE	ADD INSD	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	N	334 4279-C26-18M 599 9281-E07-18H	09/26/2024 11/07/2024	09/26/2025 05/07/2025	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE OTH-ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

The Parish of Jefferson, its Districts Departments
and Agencies under the direction of the Parish President and the Parish Council

CERTIFICATE HOLDER**CANCELLATION**

Jefferson Parish 200 Derbigny Street, 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  This form was system-generated on 01/27/2025
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