

DATE: 1/05/2024

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00144331

JEFFERSON PARISH

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

VENDOR: 27118 BLANK BID COPY VENDOR

PURCHASING SPECIALIST:
BBELLOW

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	_____
INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK	_____
INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK	_____

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) _____

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: JS WATER ENTERPRISES dba LA WATERS	
SIGNATURE: (Must be signed here)	TITLE: PRESIDENT
PRINT OR TYPE NAME: JERRY A. SIMONEAUX	
ADDRESS: 5600 JEFFERSON HWY SUITE 216	
CITY, STATE: ELMWOOD, LA	ZIP: 70123
TELEPHONE: 504 315-9992	FAX: () N/A
EMAIL ADDRESS: jsimoneaux@drinklawaters.com	

TOTAL PRICE OF ALL BID ITEMS: \$ _____

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00144331

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	100.00	EA	<p>TWO (2) YEAR WATER SERVICE CONTRACT FOR EAST BANK AND WEST BANK PARISH PRESIDENT'S OFFICES</p> <p>0001 - Water - 5 gallon on an as needed basis for the EB Parish President's office ONLY, PER BOTTLE.</p>	\$ 7.35 ea	\$
2	20.00	EA	<p>TWO (2) YEAR CONTRACT FOR WATER FOR EAST AND WEST BANK PARISH PRESIDENT'S OFFICE.</p> <p>0002 - Deposit for each refundable 5-gallon bottle. This is to be a one-time fee for the initial order at the EB Parish President's office ONLY.</p>	\$ 6.00 ea	\$
3	450.00	CS	<p>0003 - Water Service, 16.9 oz. bottles 24/case</p>	\$ 6.30 ea	\$
4	1.00	EA	<p>0004 - Delivery Fee</p> <p>Request to have 2 separate accounts set up for invoicing at each location.</p> <p>Delivery addresses:</p> <p>J.P. President's Office 1221 Elmwood Park Blvd. Suite 1002 Jefferson, LA 70123</p> <p>and</p> <p>J.P. President's Office General Government Bldg. 200 Derbigny Street Suite 6100 Gretna, LA 70053</p> <p>Please send all invoice to: Anita Freeman Parish President's Office 1221 Elmwood Park Blvd. Suite 1002 Jefferson, LA 70123 afreeman@jeffparish.net</p>	\$ 7.50 ea	\$



AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULEPage 1 of 1

AGENCY CLASSIC INS AGENCY		NAMED INSURED JS WATER ENTRPRISES DBA DBA: LA WATERS 5600 JEFFERSON HWY STE.W-216 NEW ORLEANS, LA 70123-0000	
POLICY NUMBER 04016358			
CARRIER Progressive Paloverde Insurance Company	NAIC CODE 44695	EFFECTIVE DATE: 09/06/2023	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Additional Coverages

Insurance coverage(s)	Limits
Uninsured/Underinsured Motorist	\$15,000/\$30,000

Description of Location/Vehicles/Special Items

Scheduled autos only	
2009 HINO 338 5PVNV8JR694S50397	
Collision	\$1,000 Ded
Comprehensive	\$1,000 Ded
2016 INTERNATIONAL 4000 1HTMMMMN9GH137567	
Collision	\$1,000 Ded
Comprehensive	\$1,000 Ded

Liability coverage may not apply to all scheduled vehicles.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/01/23

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 CLASSIC INSURANCE AGENCY 4207 Williams Blvd Ste A Kenner, LA 70065		CONTACT NAME: TULIO MURILLO PHONE (A/C, No, Ext): (504)467-1453 FAX (A/C, No): (504)467-2657 E-MAIL ADDRESS: rmurillo50@aol.com	
INSURED JS WATERS ENTERPRISES, LLC dba LA WATERS 5600 Jefferson Ave W1-216 HARAHAH, LA 70123		INSURER(S) AFFORDING COVERAGE INSURER A : EVANSTON INSURANCE COMPANY INSURER B : PROGRESSIVE INSURANCE INSURER C : PIE INSURANCE INSURER D : INSURER E : INSURER F :	

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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	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 type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X		2AA346262-3	06/02/23	06/02/24	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	X		04016358-1	09/06/22	09/06/23	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	BODILY INJURY (Per person) \$ 1,000,000						
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$	X		EZXS3052316-3	06/03/23	06/03/24	EACH OCCURRENCE \$ 3,000,000
	AGGREGATE \$ 3,000,000						
C	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	N/A	WC96307	04/18/23	04/18/24	<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
B	COMMERCIAL CONTENT			2AA346262-3	06/02/23	06/02/24	\$50,000

see new COI attached

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

BID 50-137348
 THE JEFFERSON PARISH, ITS DISTRICT DEPARTMENTS AND AGENCIES UNDER THE DIRECTION OF THE PARISH PRESIDENT AND THE PARISH COUNCIL.

CERTIFICATE HOLDER JP PARISH PRESIDENT'S OFFICES 1221 ELMWOD PARK BLVD STE. 1002 JEFFERSON, LA 70123 mbuttery@jeffparish.net jsimoneaux@drinklawaters.com	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. AUTHORIZED REPRESENTATIVE <i>Tulio Murillo Jr</i>
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WORKERS COMPENSATION AND EMPLOYERS' LIABILITY
INSURANCE POLICY – INFORMATION PAGE

POLICY NO: WC 96307 01

INSURER:
SiriusPoint America Insurance Company
140 Broadway, 32nd Floor
New York, NY 10005-1123

REIS WC 96307 00
NCCI Company No: 28363
Account No:

A Stock Company

ITEM 1. NAMED INSURED AND MAILING ADDRESS:
JS Water Enterprises LLC
5600 Jefferson Hwy # W1-216
New Or

PRODUCER NAME AND ADDRESS:
MRV ENTERPRISE LLC dba CLASSIC INSURANCE
AGEN

PRODUCER NO.: 1262

LEGAL ENTITY: Limited Liability Company

OTHER WORKPLACES NOT SHOWN ABOVE: (See Schedule of Names and Locations)

ITEM 2. POLICY PERIOD: From: 04/18/2023 To: 04-18-2024
Effective 12:01 A.M. Standard Time at the Insured's mailing address.

ITEM 3 COVERAGE:

A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here:
LA

B. Employers' Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of liability under Part Two are:

Bodily Injury by Accident:	\$1,000,0	each accident
Bodily Injury by Disease:	\$1,000,0	policy limit
Bodily Injury by Disease:	\$1,000,0	each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:
AK AR AZ CA CO DC DE FL GA IA IL IN

D. This Policy includes these Endorsements and Schedules:
See Schedule of Forms and Endorsements

ITEM 4. PREMIUM: The premium for this Policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required on the Workers Compensation Classification Schedule is subject to verification and change by audit.

Minimum Premium: \$1,000

Audit Period: Annual

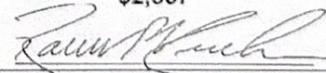
Issued At:

Date: 4/18/2023

Total Estimated
Annual Premium:

\$2,567

Countersigned by



SiriusPoint America Insurance Company

Policy Number
WC 96307 01

EXTENSION OF INFORMATION PAGE
WORKERS COMPENSATION CLASSIFICATION SCHEDULE

State of: LOUISIANA

Named Insured JS Water Enterprises LLC

Effective Date: 04-18-2023
12:01 A.M., Standard Time

Agent Name MRV ENTERPRISE LLC dba CLASSIC INSURANCE AGENCY No. 1262

Classification of Operation	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
0001-01LA WATERS, LLC. DBA LA WATERS FEIN # 86-1441035 SIC CODE 7389 NAICS CODE 561910 LA UIAN No: 1111 5600 JEFFERSON AVE New Orleans LA 70123				
Drivers, Chauffeurs Messengers, and Their Helpers NOC - Commercial	7380	\$ 20,000	7.53	\$ 1,506.00
Store - Retail NOC	8017	\$ 20,000	1.84	\$ 368.00
Total Class Premium				\$ 1,874.00
Increase Limits 1.014	9812			\$ 26.00
Empl Minimum Difference	9848			\$ 124.00
Total Subject Premium				\$ 2,024.00
Total Modified Premium				\$ 2,024.00
Schedule Modification 1.17	9889			\$ 344.00
Standard Total				\$ 2,368.00
Expense Constant	0900			\$ 190.00
Terrorism .008	9740			\$ 3.00
Catastrophe (Other Than Certified Acts of Terrorism) .016	9741			\$ 6.00
Total Estimated Premium				\$ 2,567.00
Final Total				\$ 2,567.00
Policy Total Estimated Cost				\$ 2,567.00

Policy Number WC 96307 01

SiriusPoint America Insurance Company
NCCI Carrier Code 28363

NAME AND LOCATION SCHEDULE

Named Insured JS Water Enterprises LLC

Effective Date: 04-18-2023
12:01 A.M., Standard Time

Agent Name MRV ENTERPRISE LLC dba CLASSIC INSURANCE AGENCY Agent No. 1262

State: LOUISIANA

LA WATERS, LLC.
DBA: LA WATERS
5600 JEFFERSON AVE
New Orleans LA 70123
Legal Entity: Limited Liability Company
FEIN: 86-1441035
SIC Code: 7389
NAICS Code: 561910
UIAN No: 1111
EMP : 2

Policy Number

WC 96307 01

SCHEDULE OF FORMS AND ENDORSEMENTS

SiriusPoint America Insurance Company

Named Insured JS Water Enterprises LLC

Effective Date: 04-18-2023

12:01 A.M., Standard Time

Agent Name MRV ENTERPRISE LLC dba CLASSIC INSURANCE AGENCY Agent No. 1262

WORKERS COMPENSATION FORMS AND ENDORSEMENTS

WC 00 00 01 A	07-97	WC INFORMATION PAGE - LA
WC 89 04 15	07-97	WC CLASSIFICATION SCHEDULE
WC 00 00 01 A	11-99	SCHEDULE OF NAMES & LOCATIONS
WC 00 00 00 C	01-15	INSURANCE POLICY
WC 90 06 01	10-21	INSURANCE COMPANY NAME CHANGE ENDORSE
WC 00 03 08	04-84	PARTNERS, OFFICERS, AND OTHERS EXCL ENDT
WC 00 04 14 A	01-19	90DAY REPORT-NOTIF CHANGE IN OWNERSHIP
WC 00 04 19 A	08-22	PREMIUM AMENDATORY ENDORSEMENT
WC 00 04 21 F	08-22	CATASTROPHE (OTHER THAN CERT ACTS) ENDT
WC 00 04 22 C	01-21	TERRORISM RISK PGM REAUTH ACT DISCL ENDT
WC 17 03 03	12-00	LA DUTY TO DEFEND ENDT
WC 17 06 01 J	08-18	LA AMENDATORY ENDT
WC 17 06 02 A	02-96	LA COST CONTAINMENT ACT ENDT