

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@drinkla.waters.com	

TOTAL PRICE OF ALL BID ITEMS: \$ \_\_\_\_\_



DATE: 1/05/2024

Page: 6

## 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> <p>TWO (2) YEAR CONTRACT FOR WATER FOR EAST AND WEST BANK PARISH PRESIDENT'S OFFICE.</p>	\$ 7.35 ea	\$
2	20.00	EA	<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	\$





## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/08/2024

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).

<b>PRODUCER</b> CLASSIC INS AGENCY 4207 WILLIAMS BLVD #A, KENNER, LA 70065		<b>CONTACT</b> NAME: Progressive Commercial Lines Customer and Agent Servicing PHONE (A/C, No, Ext): 1-800-444-4487 FAX (A/C, No): E-MAIL ADDRESS: progressivecommercial@email.progressive.com	
<b>INSURED</b> JS WATER ENTERPRISES DBA DBA: LA WATERS 5600 JEFFERSON HWY STE.W-216 NEW ORLEANS, LA 70123-0000		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : Progressive Paloverde Insurance Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	<b>NAIC #</b> 44695

### COVERAGES

CERTIFICATE NUMBER: 304863106474248752D010824T153239

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
	<b>COMMERCIAL GENERAL LIABILITY</b> <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 OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY AUTOS ONLY <input type="checkbox"/>	N	N	04016358	09/06/2023	09/06/2024	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below See ACORD 101 for additional coverage details.	Y/N <input type="checkbox"/>	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ \$
A		N	N	04016358	09/06/2023	09/06/2024	\$

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

### CERTIFICATE HOLDER

JS WATER ENTERPRISES DBA  
5600 JEFFERSON HWY STE.W-216  
NEW ORLEANS, LA 70123-0000

### 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





AGENCY CUSTOMER ID: \_\_\_\_\_  
LOC #: \_\_\_\_\_

## ADDITIONAL REMARKS SCHEDULE

Page 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

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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	CONTACT NAME: <b>TULIO MURILLO</b>		
CLASSIC INSURANCE AGENCY 4207 Williams Blvd Ste A Kenner, LA 70065	PHONE (A/C, No, Ext): <b>(504)467-1453</b>	FAX (A/C, No): <b>(504)467-2657</b>	
	E-MAIL ADDRESS: <b>rmurillo50@aol.com</b>		
INSURED  <b>JS WATERS ENTERPRISES, LLC dba LA WATERS 5600 Jefferson Ave W1-216 HARAHAN, LA 70123</b>	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: <b>EVANSTON INSURANCE COMPANY</b>		
	INSURER B: <b>PROGRESSIVE INSURANCE</b>		
	INSURER C: <b>PIE INSURANCE</b>		
	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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY					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) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:					\$
B	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$ 1,000,000
	<input checked="" type="checkbox"/> OWNED AUTOS ONLY					BODILY INJURY (Per accident) \$ 1,000,000
	<input type="checkbox"/> HIRED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$ 1,000,000
	<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY					\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB					EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB					AGGREGATE \$ 3,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A			E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	COMMERCIAL CONTENT					\$50,000

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

## CANCELLATION

JP PARISH PRESIDENT'S OFFICES  
1221 ELMWOOD PARK BLVD STE. 1002  
JEFFERSON, LA 70123  
mbuttery@jeffparish.net  
jsimoneaux@drinklawaters.com

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

*Tulio Murillo Jr*

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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

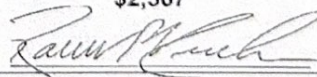
Issued At:

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