

DATE: 3/26/2021

BID NO.: 50-00134043

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 TRANE CO USA

BUYER: DABRAHAM

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

35 DAYS

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

N/A

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

N/A

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: ONE
NUMBER: _____
NUMBER: _____
NUMBER: _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 33486

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: <u>TRANE CO USA</u>	
SIGNATURE: <u>M. BARBOT</u> (Must be signed here)	TITLE: <u>EBR</u>
PRINT OR TYPE NAME: <u>MICHAEL BARBOT</u>	
ADDRESS: <u>4013 N. T-10 SERVICE ROAD W</u>	
CITY, STATE: <u>METairie LA</u>	ZIP: <u>70002</u>
TELEPHONE: <u>504 733-6789</u>	FAX: <u>1-866-542-0631</u>
EMAIL ADDRESS: <u>Mbarbot@Trane.com</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 14,570.00

DATE: 3/26/2021

INVITATION TO BID FROM JEFFERSON PARISH - continued

Page: 6

BID NO.: 50-00134043

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	2.00	EA	<p>A one time purchase of (2) 5 ton rooftop units with electric heat for the Department of General Services</p> <p>0010 - TRANE 5 TON ROOFTOP UNIT WITH ELECTRIC HEAT, MODEL #TSC680G3RJA</p> <p>PRODUCT DATA - 3-10 TON R-410A PKGD UNITARY COOLING ROOFTOP</p> <ul style="list-style-type: none"> • DX COOLING • STANDARD EFFICIENCY • 208-230/60/3 • MICROPROCESSOR CONTROLS 3PH • 23 KW@240,480,800 DERATE TO UNIT VOLTAGE • MANUAL DAMPER 0-50 % 3 PH • STANDARD PANELS/PLEATED FILTERS MERV 8 • COMPLETE COAT CONDENSER COIL WITH HAIL GUARD • FROSTAT 3 PH • 3H/2C TOUCHSCREEN, PROGRAMMABLE, REMOTE TEMPERATURE, REMOTE HUMIDITY FLD • COMPLETE FIVE (5) YEAR PARTS AND LABOR WARRANTY • ADAPTER CURB TO FIT EXISTING CARRIER 50TFF006 <p>NEEDED TO REPLACE TWO (2) EXISTING CARRIER ROOFTOP UNITS AT THE ODOM BUILDING. (APPROVED 2021 WISH LIST ITEM)</p> <p>NOTE: THIS REQUEST IS FOR PARTS ONLY, NO INSTALLATION IS REQUIRED.</p> <p>DELIVER TO: J.P. GENERAL SERVICES ATTN: CHRIS FRAZIER 960 1ST STREET GRETN, LA 70053 (504)364-3462</p>	\$7,285.00	\$14,570.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/7/2021

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
MARSH & MCLENNAN COMPANIES
1166 Avenue of the Americas
New York NY 10036
ATTN: 212-345-6000

CONTACT NAME: Kevin Mashavejian

PHONE (A/C, No, Ext): (212) 345 7115

FAX (A/C, No):

E-MAIL ADDRESS: Kevin.Mashavejian@marsh.com

INSURER(S) AFFORDING COVERAGE

NAIC #

COMPANY A: National Union Fire Insurance Company of Pittsburgh, PA

19445

COMPANY B: Travelers Indemnity Co of America

25666

COMPANY C: Travelers Property Casualty Co of Amer

25874

INSURED
Trane U.S. Inc. dba Trane
530 Elmwood Park Blvd.
Harahan, LA 70123
United States

COVERAGES

CERTIFICATE NUMBER: 601566

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> Time Element Pollution Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		GL 6547064	4/17/2021	4/17/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COM/OP AGG \$
A A A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> PHYSICAL DAMAGE/SELF <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS APD - Self Insured		CA 6890217 (AOS) CA 7030880 (VA) CA 7030879 (MA) APD - Self Insured	4/17/2021 4/17/2021 4/17/2021	4/17/2022 4/17/2022 4/17/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE AGGREGATE \$
B B C 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 <input checked="" type="checkbox"/> N N/A	UB-8M35413A-21-51-K (AOS) UB-9L048059-21-51-D (MN) UB-8M370388-21-51-R (AZ,MA,OR,WI) TWXJ-UB-7434L45A-21 (OH)	4/17/2021 4/17/2021 4/17/2021 4/17/2021	4/17/2022 4/17/2022 4/17/2022 4/17/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT \$3,000,000.00 \$3,000,000.00 \$3,000,000.00

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

Please see page 2 for additional information.

CERTIFICATE HOLDER

Jefferson Parish General Services
200 Derbigny Street
Gretna, Louisiana 70054
United States

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
Marsh USA, Inc.
BY: Kevin Mashavejian



ADDITIONAL REMARKS SCHEDULE

AGENCY

NAMED INSURED
780 S. ...
530 ...
...
United States

ADDITIONAL REMARKS

EFFECTIVE DATE

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: _____ FORM TITLE: _____

Jefferson Parish General Services . The Jefferson Parish, its Districts, Departments and Agencies under the direction of the Parish President and the Parish Council are included as Additional Insured where required by contract with respect to General Liability pursuant to applicable endorsement.

Job Description: Jefferson Parish General Services

For questions regarding this certificate of insurance contact Janice Ferina Email: jferina@trane.com Phone: 504-733-6789

ENDORSEMENT # MAN001

This endorsement, effective 12:01 A.M. 04/17/2021 forms a part of
policy No. GL 654-70-64 issued to TRANE TECHNOLOGIES COMPANY LLC
BY NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

ADDITIONAL INSURED - WHERE REQUIRED UNDER CONTRACT OR AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SECTION II – WHO IS AN INSURED, is amended to include as an additional insured:

- (1) Any person or organization to whom you become obligated to include as an additional insured under this policy, as a result of any written contract or agreement you enter into which requires you to furnish insurance to that person or organization of the type provided by this policy, but only with respect to liability to the extent caused by you and arising out of your operations, including both continuing and completed operations, or premises owned by or rented to you; or
- (2) Any designated person or organization, designated by you in writing to us, but only with respect to liability to the extent caused by you and arising out of your operations or premises owned by or rented to you and provided the "bodily injury", "property damage" or "personal and advertising injury" occurs subsequent to your written request to designate such person or organization as additional insured.

However, the insurance provided will not exceed the lesser of:

- The coverage and/or limits of this policy, or
- The coverage and/or limits required by said contract or agreement.

All other terms and conditions remain unchanged.



Authorized Representative