

DATE: 10/15/2021  
BID NO.: 50-00136210

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 5

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

VENDOR:

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

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

11/4/21  
N/A  
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: # 1

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 63634 - CF13

Fire Marshall

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: <u>Pinnacle Elevator</u>	
SIGNATURE: (Must be signed here)	TITLE: <u>Service Manager</u>
PRINT OR TYPE NAME: <u>Darrin Loup</u>	
ADDRESS: <u>2201 Greenwood St.</u>	
CITY, STATE: <u>Kenner, LA</u>	ZIP: <u>70062</u>
TELEPHONE: <u>(504) 229-5510</u>	FAX: <u>(504) 290-2025</u>
EMAIL ADDRESS: _____	

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

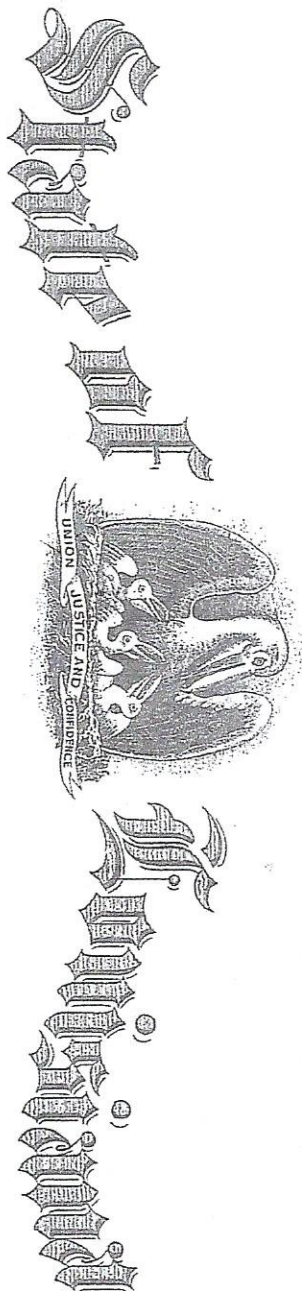
## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00136210

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	24.00	MO	<p>A two (2) year contract to provide maintenance, service and repairs to five (5) elevator for the Jefferson Parish Recreation Department</p> <p>0100 Elevator Maintenance and Repairs</p> <p>This proposal is to provide all labor, materials, and equipment necessary to provide full maintenance, services, and repairs for five(5) Jefferson Parish Recreation Department elevators as described in the attached bid documents/specifications.</p> <p>PER THE ATTACHED SPECIFICATIONS:            - SITE VISITS ARE AVAILABLE            - LA. CONTRACTORS LICENSE IS REQUIRED            - INSURANCE IS REQUIRED            - CONTRACT TO START: 4-1-22</p> <p>Eastbank Recreation            (Main Office)            6921 Saints Drive            Metairie, LA 70003</p>	\$200	4,800
2	24.00	MO	<p>0200 Elevator Maintenance and Repairs</p> <p>Jefferson Playground Gym            4100 South Drive            Jefferson, LA 70121</p>	\$200	\$4,800
3	24.00	MO	<p>0300 Elevator Maintenance and Repairs</p> <p>Pontiff Playground Gym            1521 Palm Street            Metairie, LA 70001</p>	\$200	\$4,800
4	24.00	MO	<p>0400 Elevator Maintenance and Repairs</p> <p>Terrytown Playground Gym            641 Heritage Avenue            Terrytown, LA 70056</p>	\$200	\$4,800
5	24.00	MO	<p>0500 Elevator Maintenance and Repairs</p> <p>Kings Grant Gym            3805 15th Street            Harvey, LA 70058</p>	\$200	\$4,800





## State Licensing Board for Contractors

This is to Verify that:

PINNACLE ELEVATOR LLC  
592 Tanager Dr.  
Mandeville, LA 70448

is duly licensed and entitled to practice the following classifications

SPECIALTY: ELEVATORS, DUMBWATERS AND ESCALATORS



Expiration Date: June 18, 2023

License No: 63634

Witness our hand and seal of the Board dated,  
Baton Rouge, LA 19th day of June 2020

Willis MacP  
Director

Joe Madett  
Chairman

This License Is Not Transferrable

Andie DeMou  
Treasurer

**Louisiana State Fire Marshal**  
**Life Safety and Property Protection Licensing & Registration Division**  
**Certificate of Firm Registration**

*The below named firm is hereby certified by and registered with the Office of State Fire Marshal pursuant to L.R.S. 40:1664 ET SEQ. of Life Safety & Property Protection systems:*

**License Number:** CF13

**Endorsements:** CONVEYANCE DEVICE MECHANIC

**Firm Name:** PINNACLE ELEVATOR

**Doing Business As:**

**Mailing Address:** 2201 GREENWOOD ST.

KENNER, LA 70062

**Physical Location:** 2201 GREENWOOD ST.

KENNER, LA 70062

*This license is not transferable and may be revoked or suspended with cause.*

This License was issued on 8/19/2021 and will expire on 8/1/2022







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/9/2021

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 504-277-8000 Beneficial Insurance Agency, Inc. 519 W St Bernard Hwy Chalmette, LA 70043	CONTACT NAME: Greg Reinhard PHONE (A/C, No, Ext): 504-277-8000 E-MAIL: info@beneficialins.com ADDRESS: info@beneficialins.com	FAX (A/C, No):
INSURED Pinnacle Elevator LLC 592 Tanager Dr Mandeville, LA 70448	INSURER(S) AFFORDING COVERAGE INSURER A: IWCC INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 22350

**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> 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						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ 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 <b>DED</b> <input type="checkbox"/> <b>RETENTION \$</b>						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<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 Y/N <input checked="" type="checkbox"/> N/A		✓	156727	06/15/2021	06/15/2022	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

**CERTIFICATE HOLDER****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

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/12/2021

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 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> Hub International Northeast Limited One Bridge Plaza North Suite 445 Fort Lee NJ 07024		<b>CONTACT</b> NAME: Jennifer Tomic PHONE (A/C, No, Ext): 201-585-6500 E-MAIL: info@hubinternational.com ADDRESS: info@hubinternational.com		<b>FAX</b> (A/C, No): (201) 585-6590	
<b>INSURED</b> Pinnacle Elevator, LLC 592 Tanager Drive Mandeville LA 70448		PINNELE-03		<b>INSURER(S) AFFORDING COVERAGE</b>	
				<b>INSURER A:</b> Great American Insurance Company	
				<b>INSURER B:</b> National Union Fire Insurance Company of Pittsburg	
				<b>INSURER C:</b>	
				<b>INSURER D:</b>	
				<b>INSURER E:</b>	
				<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 858475622

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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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:			GLP132470304	6/14/2021	6/14/2022	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 Max Annual Aggregate \$10,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRE AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$			EBU038258707	6/14/2021	6/14/2022	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 Products- Comp/Op AGG \$5,000,000
	<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	Y/N	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)

**CERTIFICATE HOLDER****CANCELLATION**

Evidence of Insurance

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



BENEFICIAL INS AGY  
519 W ST BERNARD HWY  
CHALMETTE, LA 70043

**PROGRESSIVE**  
COMMERCIAL

528307 7280 1 MB 0.485 PGULS01K 027 007280  
Named insured

PINNACLE ELEVATOR LLC  
592 Tanager Dr  
MANDEVILLE, LA 70448



## Commercial Auto Insurance Coverage Summary

This is your Declarations Page  
Your coverage has changed

**Policy number: 03822910-6**

Underwritten by:  
Progressive Paloverde Insurance Co  
October 9, 2021  
Policy Period: Jun 16, 2021 - Dec 16, 2021  
Page 1 of 4

**progressiveagent.com**

**Online Service**

Make payments, check billing activity, print policy documents, or check the status of a claim.

**1-504-277-8000**

**BENEFICIAL INS AGY**

Contact your agent for personalized service.

**1-800-444-4487**

For customer service if your agent is unavailable or to report a claim.

Your coverage began on June 16, 2021 at 12:01 a.m. This policy expires on December 16, 2021 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (02/19). The contract is modified by forms Z442 (02/19), 1198 (01/04), 8610 (02/19), 4852LA (02/19), 4881LA (02/19) and Z228 (01/11).

The named insured organization type is a corporation.

Progressive Paloverde Insurance Co is a stock company (NYSE:PGR).

### Policy changes effective October 8, 2021

Premium change:	\$0.00
Changes:	The additional insured information has changed.

The changes shown above will not be effective prior to the time the changes were requested.

### Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$5,392
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Any Auto Legal Liability To Others			160
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Uninsured/Underinsured Motorist	Rejected		--
Uninsured Motorist Property Damage	Rejected		--
Comprehensive			58
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			199
See Auto Coverage Schedule	Limit of liability less deductible		
<b>Subtotal policy premium</b>			<b>\$5,809</b>
Fees			200
<b>Total 6 month policy premium and fees</b>			<b>\$6,009</b>

Number of Employees: (0-10)