

Ellison Builders LLC
P.O. Box 1717
Marreco LA 70073
Contractor's License 41426
504-348-0236

Jefferson Parish Purchasing
P.O. Box 9
Gretna, LA 70054-0009

Bid Security # SLA 21851365

BID NUMBER 50-00134262

Labor, Materials and Equipment to
Remove and haul away existing
Doors and Frames
Install New Doors and Frames at
Various Jefferson Recreation Sites
BID DATE May 27, 2021

DATE: 4/21/2021

BID NO.: 50-00134262

Bid Bond Security NO SLA21851365

Page: 6

BID FORM
Non Public Works

All Public Work Projects are required to use the Louisiana Uniform Public Work Bid Form

All prices must be held firm unless an escalation provision is requested in this bid. Jefferson Parish will allow one escalation during the term of the contract, which may not exceed the U.S. Bureau of Labor Statistics National Index for all Urban Consumers, unadjusted 12 month figure. The most recently published figure issued at the time an adjustment is requested will be used. A request must be made in writing by the vendor, and the escalation will only be applied to purchases made after the request is made.

Are you requesting an escalation provision?

YES ☒ NO ☐

MAXIMUM ESCALATION PERCENTAGE REQUESTED 20 %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF July 27, 2021.

For the purposes of comparison of bids when an escalation provision is requested, Jefferson Parish will apply the maximum escalation percentage quoted by the bidder to the period to which it is applied in the bid. The initial price and the escalation will be used to calculate the total bid price. It will be assumed, for comparison of prices only, that an equal amount of material or labor is purchased each month throughout the entire contract.

DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

August 18, 2021

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

41426

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: Ellison Builders, LLC

ADDRESS: P.O. Box 1717

CITY, STATE: Marrero, Louisiana

ZIP: 70072

TELEPHONE: (504) 348-0236

FAX: (504) 348-0236

EMAIL ADDRESS: ellisonbuild@att.net

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: _____

TOTAL PRICE OF ALL BID ITEMS: \$151,700.00 One Hundred Fifty-One Thousand, Seven Hundred Dollars and 00/100

AUTHORIZED

SIGNATURE: _____

Lionel Ellison

Printed Name

TITLE: President

SIGNING INDICATES YOU HAVE READ AND COMPLY WITH THE INSTRUCTIONS AND CONDITIONS.

NOTE: All bids should be returned with the BID NUMBER and BID OPENING DATE indicated on the outside of the envelope submitted to the Purchasing Department.

DATE: 4/21/2021

INVITATION TO BID FROM JEFFERSON PARISH - continued

Page 7

BID NO.: 50-00134262

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			LABOR, MATERIALS & EQUIPMENT NECESSARY TO REMOVE & HAUL AWAY EXISTING DOORS & FRAMES, INSTALL NEW DOORS & FRAMES AT VARIOUS JEFFERSON PARISH RECREATION SITES.		
1	1.00	JOB	0010 Remove and replace doors and hardware at Rosethorne Playground.		\$43,500.00
2	1.00	JOB	0020 Remove, and replace doors and hardware at Johnny Jacobs Playground. See attached specs.		\$36,200.00
3	1.00	JOB	0030 Remove and replace doors and hardware at Kennedy Heights Playground. See attached specs		\$41,500.00
4	1.00	JOB	0040 Remove and replace doors and hardware at Terrytown Playground. See attached specs.		\$30,500.00

CORPORATE RESOLUTION

OF

ELLISON BUILDERS, LLC

I, the undersigned secretary of Ellison Builders, LLC hereby certify that Lionel Ellison is duly authorized owner of this corporation as of the date of this certificate and as such, has the full authority to act on behalf of the corporation as it's owner with general management of the corporation's business and further has the power to perform all acts incident to the office of director of which are authorized of required by law or incorporation of bylaws of this corporation.

At the meeting of Directors of ELLISON BUILDERS, LLC, duly noticed and held on May 26, 2021, a quorum being there present on May 26, 2021, be and is hereby appointed, constituted and designated as agent and attorney-in-fact of the corporation with negotiations, bidding, concerns and transactions with the Parish of Jefferson Parish or any of its agencies,, departments, employees, or agents, including but not limited to, the execution of all bids, papers, documents, affidavits, bonds, sureties, contracts and acts and to receive and receipt, therefore all purchase orders and notices issued pursuant to the provisions of any such bid or contract this corporation hereby ratifying approving, confirming and accepting each and every such act performed by said agent and Attorney-in-Fact.

I hereby certify the foregoing to be a true and correct copy of an excerpt of the minutes of the meeting of the above dated meeting of the board of directors of said corporation, and the same has not been revoked or rescinded.

In witness whereof, I affix my signature on this 27th day of May, 2021.



SECRETARY

Non-Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: _____
Lionel Ellison, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized President of Ellison Builders, LLC (Entity),
the party who submitted a bid in response to Bid Number 50-00134262, to the Parish of
Jefferson.

Affiant further said:

Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all campaign contributions, including the date and amount of each contribution, made to current or former elected officials of the Parish of Jefferson by Entity, Affiant, and/or officers, directors and owners, including employees, owning 25% or more of the Entity during the two-year period immediately preceding the date of this affidavit or the current term of the elected official, whichever is greater. Further, Entity, Affiant, and/or Entity Owners have not made any contributions to or in support of current or former members of the Jefferson Parish Council or the Jefferson Parish President through or in the name of another person or legal entity, either directly or indirectly.

Choice B ✓ there are **NO** campaign contributions made which would require disclosure under Choice A of this section.

Debt Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.

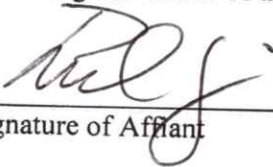
Choice B ✓ There are NO debts which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

[The remainder of this page is intentionally left blank.]

That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.



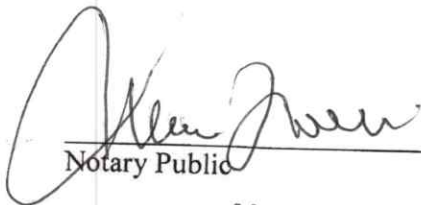
Signature of Affiant

Lionel Ellison

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 27th DAY OF May, 2021.



Notary Public

Marc Lorelli
Louisiana Notary ID# 126048

Printed Name of Notary
Parish of Jefferson with
Statewide Authority
My Commission is for Life

Notary/Bar Roll Number



My commission expires _____.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/21/2021

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

Continental Insurance Services
2380 Barataria Blvd
Marrero, LA 70072

CONTACT NAME: Matthew D de Blanc

PHONE (A/C, No, Ext): 504-340-0366

FAX (A/C, No): 504-341-5872

E-MAIL ADDRESS: matt@contins.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Scottsdale Insuranc Company

41297

INSURER B: LHBA(SIF)

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED

Ellison Builders, LLC
7425 Wedmore
Marrero, LA 70072

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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> GENERAL LIABILITY						
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000.	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y Y	CPS7368230	05/25/2021	05/25/2022	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000	
						MED EXP (Any one person) \$ 5,000.	
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$ 1,000,000.	
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2,000,000.	
	AUTOMOBILE LIABILITY					PRODUCTS - COMP/OP AGG \$ 2,000,000.	
	<input type="checkbox"/> ANY AUTO						
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$	
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per person) \$	
						BODILY INJURY (Per accident) \$	
						PROPERTY DAMAGE (Per accident) \$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR					
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE	XBS0142835	05/25/2021	05/25/2022	EACH OCCURRENCE \$ 2,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$10,000					AGGREGATE \$ 2,000,000	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/> Y	N/A Y	21-12043	04/01/2021	04/01/2022	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

General Contractor/ CGL Policy includes blanket waiver and blanket additional insured when required by written contract

The Workers Compensation policy includes a blanket waiver as required by written contract.

Workers Compensation is Louisiana Employees Only/State of Louisiana. Jacquie Ellison is excluded from the Workers Comp

Umbrella/Excess coverage follows form. The CGL and Workers Comp policy includes a 30 Day notice of cancellation as per the policy

terms and Conditions of the policy. The CGL is includes Primary and Non-contributory wording and additional insured ongoing

Completed Ops wording in favor of the Certificate Holder when required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

Sample Certificate

Actual, available upon request

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

IMPORTANT - IDENTIFICATION CARDS

MU

FOLD TOP AND BOTTOM OF CARD ON PERFORATION

FOLD TOP AND BOTTOM OF CARD ON PERFORATION



LOUISIANA AUTO INSURANCE IDENTIFICATION CARD

☒ State Farm Mutual
Automobile Ins. Co.☐ State Farm Fire
and Casualty Co.

PO Box 853922

INSURED ELLISON BUILDERS LLC

Richardson, TX 75085-3922

POLICY NUMBER 263 4574-F03-18Q
YR 2007 MAKE CHEVROLET
MODEL C3500 VIN 1GCJC33D97F137750
AGENT SUE CAMBRE
GRETNA, LA 70053
PHONE (504)368-8989
A D500 G500 H R1 UEO

EFFECTIVE
JUN 03 2021 TO DEC 03 2021
MUTL
VOL
1530-A8C

NAIC # 25178

EXCLUDED DRIVER(S)
N/ATHIS CARD MUST BE CARRIED IN THE VEHICLE AT ALL TIMES AS
EVIDENCE OF LIABILITY INSURANCE.

LOUISIANA AUTO INSURANCE IDENTIFICATION CARD

☒ State Farm Mutual
Automobile Ins. Co.☐ State Farm Fire
and Casualty Co.

PO Box 853922

INSURED ELLISON BUILDERS LLC

Richardson, TX 75085-3922

POLICY NUMBER 263 4574-F03-18Q
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MODEL C3500 VIN 1GCJC33D97F137750
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GRETNA, LA 70053
PHONE (504)368-8989
A D500 G500 H R1 UEO

EFFECTIVE
JUN 03 2021 TO DEC 03 2021
MUT
VOL
1530-A8C

NAIC # 25178

EXCLUDED DRIVER(S)
N/ATHIS CARD MUST BE CARRIED IN THE VEHICLE AT ALL TIMES AS
EVIDENCE OF LIABILITY INSURANCE.

KEEP A CARD IN YOUR CAR.
THIS CARD IS INVALID IF THE POLICY FOR WHICH IT WAS ISSUED LAPSES OR IS TERMINATED.
KEEP YOUR CURRENT CARD UNTIL THE EFFECTIVE DATE OF THIS CARD.



0101-ST-1B-1012

48U-059Z.5 4-30-2019

178/07380

000179

141667.2 02-14-2018 (o1pcla2c)

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
2 Business name/disregarded entity name, if different from above Ellison Builders, LLC		
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► S Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) See instructions. P.O. Box 1717	Requester's name and address (optional)	
6 City, state, and ZIP code Marrero, LA 70073		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
				-				
or								
Employer identification number								
4	6		1	3	9	0	4	1 0

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ► <i>Lionel RJ</i>	Date ► <i>05-27-2021</i>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.