



ALFRED CONHAGEN INC OF LA
1020 INDUSTRY ROAD
KENNER, LA 70062
(504) 471-9998

LA CU : 4/018

JEFFERSON PARISH
PURCHASING DEPT

BID NO : SO-00128890

BID DUE : 11/22/19 11:00 AM CST

BID/RFP RECEIPT

Receipt of Bid/RFP Proposal No. 5D-12Q89D

From: Dejoud Centhason Inc of la

Company's Name

Person Received Bid: D. Scott

Number of Envelopes/Boxes Received: tenvelope

Jefferson Parish Purchasing Department
200 Derbigny Street
Suite 4400 – General Government Building
Gretna, LA 70053

RECEIVED
2019 NOV 20 AM 8:50
JEFFERSON PARISH
PURCHASING

DATE: 11/18/2019

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00128890

JEFFERSON PARISH

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

VENDOR: ALFRED CONNAGHEN INC. OF LA

BUYER: MBUTTERY

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

12/17/19

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

7 DAYS

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

7 DAYS

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 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) 41018

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: <u>ALFRED CONNAGHEN INC. OF LA</u> MB/PM	
SIGNATURE: (Must be signed here) <u>[Signature]</u>	TITLE: <u>MB/PM</u>
PRINT OR TYPE NAME: <u>Kyle Heidingsfelder</u>	
ADDRESS: <u>1020 INDUSTRY RD</u>	
CITY, STATE: <u>Kenner, LA</u>	ZIP: <u>70062</u>
TELEPHONE: <u>(504) 471 9998</u>	FAX: <u>(504) 471 9985</u>
EMAIL ADDRESS: <u>KHEID@CONNAGHEN.COM</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 25,780.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00128890

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	LPSM	LABOR, MATERIALS AND EQUIPMENT NECESSARY TO INSPECT AND PROVIDE DRAWINGS FOR ONE GEAR 0010 - LUMP SUM BID FOR LABOR, MATERIALS AND EQUIPMENT NECESSARY FOR THE MEASUREMENT, INSPECTIONS AND DRAWINGS FOR ONE (1) GEAR AT SUBURBAN PUMP STATION *SPECS ATTACHED* DELIVER TO: SUBURBAN PUMP STATION 4800 LAKE VILLA DRIVE METAIRIE LA 70002 FOR ANY QUESTIONS REGARDING THIS BID, PLEASE CONTACT: BEN LEPINE 504-736-6759 BLEPINE@JEFFPARISH.NET	25,780.00	25,780.00

ACORD™

Client#: 24871

ALFRE1

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/28/2019

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 Couch Braunsdorf Insurance Group PO BOX 888 701 Martinsville Rd. Liberty Corner, NJ 07938-0888		CONTACT NAME: PHONE (A/C, No, Ext): 800 223-5433 FAX (A/C, No): 908-580-1274 E-MAIL ADDRESS:	
INSURED Alfred Conhagen Inc. of Louisiana 1020 Industry Road Kenner, LA 70062		INSURER(S) AFFORDING COVERAGE	
		INSURER A : National Union Fire Ins Co of Pittsburg	
		INSURER B : StarStone National Insurance Company	
		INSURER C : The Princeton Excess & Surplus Lines In	
		INSURER D : New Hampshire Insurance Company	
		INSURER E : Travelers Prop Cas Ins Co (Travelers)	
INSURER F :		NAIC # 19445 25496 10786 23841 36161	

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
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X	X	GL5268136	04/01/2019	04/01/2020	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$25,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X	X	CA4489625	04/01/2019	04/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	X	X	15469A188ALI	04/01/2019	04/01/2020	EACH OCCURRENCE \$5,000,000
C		X	X	82A3FF000200401	04/01/2019	04/01/2020	AGGREGATE \$5,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC015893622	04/01/2019	04/01/2020	<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
E	Commercial Inland Marine			QT6603J996661TIL18	04/01/2019	04/01/2020	\$250,000 Contractors Eqpt, Leased or Rented items

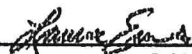
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)

** Excess Liability Information **

Insurer B (Starstone National Ins Co) 15469A177ALI Eff Date: 04/01/19 Exp Date: 04/01/20 is Primary,
 Insurer C (Princeton Excess & Surplus Lines Ins Co) 82A3FF00200401 Eff Date 04/01/19 Exp Date 04/01/20 is secondary
 (See Attached Descriptions)

CERTIFICATE HOLDER

CANCELLATION

Jefferson Parish 200 Derbingny Street Ste 4400 Gretna, LA 70054	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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DESCRIPTIONS (Continued from Page 1)

Excess Liability Each Occ Limit: \$5,000,000

Excess Liability Aggregate Limit: \$5,000,000

**** Workers Comp Information ****

USLH ; Voluntary Compensation

U.S. Longshoremen & Harbor Workers Location #1 CA Type-Actual

U.S. Longshoremen & Harbor Workers TX Type-Actual

U.S. Longshoremen & Harbor Workers LA Type-Actual

U.S. Longshoremen & Harbor Workers FL Type-Actual

Alternate Employer Endorsement WC00301

Outer Continental Shelf Land Coverage End WC00109A (4/92)

Certificate holder is additional insured in accordance with the terms/conditions/exclusions of the policies.

Proof of Insurance