

DATE: 8/14/2019

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00127572

JEFFERSON PARISH

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

VENDOR:

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

4-6 WEEKS

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

6 WEEKS

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

2 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) 23394

***** ALL BIDDERS MUST COMPLETE SECTION BELOW *****

FIRM NAME:

WESTSIDE FENCE CO

SIGNATURE:

(Must be signed here)

TITLE:

Gen. Mgr.

PRINT OR TYPE NAME:

TIMOTHY ALFORTSH

ADDRESS:

P.O. Box 1786

CITY, STATE:

GRETN, LA.

ZIP:

70054-1786

TELEPHONE:

504 392-1292

FAX:

504 392-1299

EMAIL ADDRESS:

KDORRAN@WESTSIDEFENCE.COM

TOTAL PRICE OF ALL BID ITEMS: \$ 2,875⁰⁰

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00127572

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>LABOR, MATERIALS & EQUIPMENT NECESSARY TO REPLACE DOUBLE DRIVE GATE AT THE DOG PARK IN LAFRENIERE PARK FOR THE RECREATION DEPARTMENT</p> <p>0010 REPLACEMENT OF EXISTING GATE 8' DOUBLE DRIVE GATE WITH 12' DOUBLE DRIVE GATE</p> <p>2 HOLES-CORE DRILLED 2 NEW 3" X 7" GATE POSTS SET IN SIDEWALK 12' DOUBLE DRIVE GATE 1" PICKETT, 4-1 5/8" X 1 5/8" RAIL W/ 18" PUPPY PICKETT - MATCH EXISTING DESIGN AND COLOR.</p> <p>GATE AND FENCING MUST MATCH THE EXISTING FENCE AND GATES.</p> <p>JOBSITE LOCATION: LAFRENIERE PARK 3000 DOWNS BLVD METAIRIE, LA 70003 SITE VISIT CONTACT: 504.838.4389</p>	2,875. ⁰⁰	2,875. ⁰⁰



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/21/2018

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 AssuredPartners Gulf Coast Ins Agency LLC 650 Poydras Street Suite 1500 New Orleans LA 70130	CONTACT NAME: Suzette Bertucci PHONE (A/C, No, Ext): (504) 581-5353 FAX (A/C, No): (504) 588-2954 E-MAIL ADDRESS: suzette.bertucci@assuredpartners.com														
INSURED Westside Fence Co Inc P O Box 1786 Gretna LA 70054-1786	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: United Fire & Casualty Group</td><td></td></tr><tr><td>INSURER B: LUBA Casualty Insurance Co</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: United Fire & Casualty Group		INSURER B: LUBA Casualty Insurance Co		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER F:															

COVERAGES**CERTIFICATE NUMBER:** 2019-20 Liability**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	ADD'L 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		60410397	1/1/2019	1/1/2020	<table><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td>Internet Security & Privacy</td><td>\$ 25,000</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	MED EXP (Any one person)	\$ 5,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000	Internet Security & Privacy	\$ 25,000
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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"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		60410397	1/1/2019	1/1/2020	<table><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td>Drive Other Car</td><td>\$ 1,000,000</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$	Drive Other Car	\$ 1,000,000				
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A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		60410397	1/1/2019	1/1/2020	<table><tr><td>EACH OCCURRENCE</td><td>\$ 2,000,000</td></tr><tr><td>AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 2,000,000	AGGREGATE	\$ 2,000,000		\$								
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	\$																			
B	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 type="checkbox"/> N/A	028000015336119	1/1/2019	1/1/2020	<table><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td></tr></table>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT	\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000						
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

General Liability & Auto Liability policies include blanket additional insured, waiver of subrogation and are primary & non contributory as required by written contract prior to a loss. Workers Compensation includes blanket waiver of subrogation and alternate employer endorsement.

Jefferson Parish, it Districts Departments and Agencies under the direction of the Parish President and the Parish Council are named as additional as required by written contract prior to a loss.

CERTIFICATE HOLDER**CANCELLATION**

Jefferson Parish, it Districts Departmen
Agencies under the direction of the Paris
President and the Parish Council
200 Derbigny St.
Suite 4400
Gretna, LA 70053

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

Sandra Chappetta/SCB

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ACORD 25 (2014/01)

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INS025 (201401)


CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF
WESTSIDE FENCE Co., INC.
INCORPORATED.

AT THE MEETING OF DIRECTORS OF WESTSIDE FENCE Co.
INCORPORATED, DULY NOTICED AND HELD ON TIMOTHY P. ALFELTISH
12/01/2001 QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND
SECONDED. IT WAS:

RESOLVED. THAT TIMOTHY P. ALFELTISH, BE AND IS HEREBY
APPOINTED, CONSTITUTED AND DESIGNATED AS AGENT AND ATTORNEY-IN-FACT
OF THE CORPORATION WITH FULL POWER AND AUTHORITY TO ACT ON BEHALF
OF THIS CORPORATION IN ALL NEGOTIATIONS, BIDDING, CONCERNS AND
TRANSACTIONS WITH THE PARISH OF JEFFERSON 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 THEREFOR
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 ABOVE
DATED MEETING OF THE BOARD OF
DIRECTORS OF SAID CORPORATION, AND
THE SAME HAS NOT BEEN REVOKED OR
RESCINDED.


SECRETARY-TREASURER

KENNETH ALFELTISH

DATE