

DATE: 9/01/2017

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00120827

JEFFERSON PARISH

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

VENDOR: Irons Construction LP

BUYER: SFOLSE

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

VET 10 days, carpet 45 bus days

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

14 days

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

14 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: 1

NUMBER: _____

NUMBER: _____

NUMBER: _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 50789

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: <u>Courtney Irons dba Irons Construction, LP</u>	
SIGNATURE: <u>Kali Irons</u> (Must be signed here)	TITLE: <u>partner</u>
PRINT OR TYPE NAME: <u>Kali Irons</u>	
ADDRESS: <u>PO Box 494</u>	
CITY, STATE: <u>Luling, LA 70070</u>	ZIP: <u>70070</u>
TELEPHONE: <u>504 722 0760</u>	FAX: <u>985 308-0830</u>
EMAIL ADDRESS: <u>info@ironconstruction.biz</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 22,936.40 FOB Delivered

Kali Irons

DATE: 9/01/2017

INVITATION TO BID FROM JEFFERSON PARISH - continued

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BID NO.: 50-00120827

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>LABOR, MATERIALS & EQUIPMENT NEEDED TO SUPPLY & INSTALL NEW FLOORING FOR THE JEFFERSON PARISH TRAFFIC ENGINEERING DEPARTMENT</p> <p>0010-LABOR, MATERIAL AND EQUIPMENT TO REMOVE EXISTING CARPET AND TILE AND REPLACE WITH NEW TILE CARPET AND FLOOR TILE THROUGHOUT THE ADMINISTRATION BUILDING OF THE TRAFFIC ENGINEERING DIVISION</p> <p>SPECIFICATIONS ATTACHED</p>	<p>\$22,936.40 Job</p> <p>FOB DELIVERED</p>	<p>\$22,936.40</p>

Kalif. Jones



JEFFERSON PARISH

Department of Purchasing

Michael S. Yenni
Parish President

Brenda C. Patel
Director

September 13, 2017

ADDENDUM # 1

Bid No.: 50-00120827

Bid Opening Date: September 25, 2017

For: Labor, Materials & equipment needed to supply & install flooring for the Jefferson Parish Traffic Engineering Department.

ADDITION: THE DEPARTMENT IS RESPONSIBLE FOR STRIPPING THE WAX OFF OF THE EXISTING TILE. THE BASEBOARDS ARE TO BE REMOVED AND REST BY THE VENDOR. THE BRAND OF THE TILE IS KARNDLEAN-COLOR OF TILE IS SOAPSTONE ST5-SIZE WILL BE 12X12 TILES. THE BRAND OF THE CARPET IS INTERFACE-STYLE OF THE CARPET IS CUBIC-COLOR OF THE CARPET IS TO BE STRUCTURE 4856

Sincerely,

Shanna Folse

Shanna Folse, Buyer I
Jefferson Parish Purchasing Department

Bidders must acknowledge all addenda on the bid form. Bidder acknowledges receipt of this addendum on the bid form as indicated. Failure to do so will result in bid rejection.

This addendum is a part of the contract documents and modifies the original bidding documents and specifications. The contents of this addendum shall be included in the contract documents. Changes made by this addendum shall take precedence over the documents of earlier date.

Kath B. Fols



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/17/2017

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).

PRODUCER Terrebonne Insurance Agency, Inc. 4752 Hwy 311 Suite 112 Houma LA 70360		CONTACT NAME: Chris Breaux PHONE (A/C, No, Ext): (985)851-3080 E-MAIL ADDRESS: chris@terrebonneinsurance.com FAX (A/C, No): (985)851-0304	
INSURED Irons Construction LLP 737 Paul Maillard Road Ste. D Luling LA 70070		INSURER(S) AFFORDING COVERAGE INSURER A: Milwaukee Casualty Insurance Company INSURER B: HomeBuilders SIF INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 26662 LHBA	

COVERAGES

CERTIFICATE NUMBER: CL1781728824

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"/> 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"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		MPP1017715 02	08/12/2017	08/12/2018	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 \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED 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) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B		N/A		17-17018	04/01/2017	04/01/2018	

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

Jefferson parish, its districts departments and agencies under the direction of the parish president and the parish council
Bid# 5000117495 Dept. Jeffcap

CERTIFICATE HOLDER

CANCELLATION

Jefferson Parish Department of Community Development
1221 Elmwood Park Blvd
Ste 605
Harahan
LA 70123

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

Joel Martin

Insurance Declaration Affidavit
Automotive

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF St. Charles

BEFORE ME, the undersigned authority, personally came and appeared,
Kali J. Irons, (Affiant) who after being duly sworn, deposed and said that he/she
is the fully authorized partner of Irons Construction, LLP (Entity), the
party who submitted a Proposal/Contract/Bid/RFP/SOQ No. 50-00120827, to Jefferson Parish.

Affiant further said:

- (1) That entity does not own automobiles or use automobiles in the furtherance of the services provided under the contract.
- (2) That if the entity obtains automobiles or begins to use automobiles in the furtherance of the services provided under the contract, affiant will notify Jefferson Parish and obtain the proper coverage.

Kali J. Irons
Signature of Affiant


Kali J. Irons
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

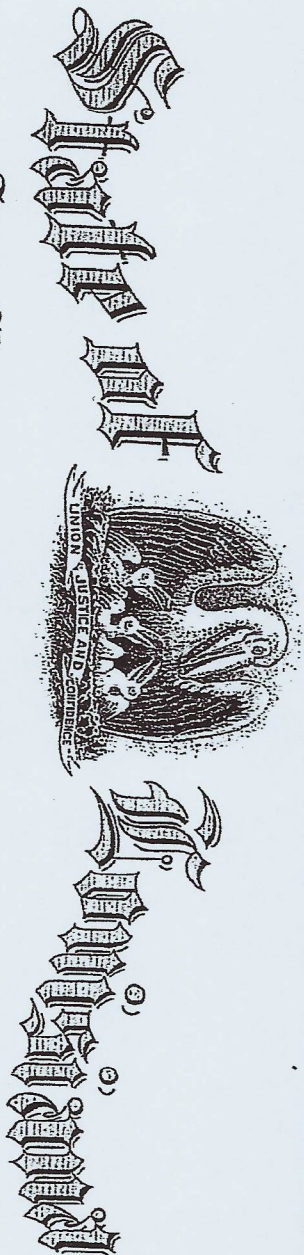
ON THE 25th DAY OF Sept., 2017.

Brenda M. Folse
Notary Public

Brenda M. Folse
Printed Name of Notary

 OFFICIAL SEAL
BRENDA M. FOLSE
NOTARY PUBLIC, No. 80954
STATE OF LOUISIANA

My commission expires My Commission Expires at death.



State Licensing Board for Contractors

This is to Certify that

COURTNEY IRONS
P.O. Box 494
Luling, LA 70070

is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION



Expiration Date: January 26, 2019

License No: 50789

Witness our hand and seal of the Board dated,
Baton Rouge, LA 27th day of January 2016

William S. MacP
Director

Joe MacP
Chairman

This License Is Not Transferrable

Paul D. MacP
Treasurer