

DATE: 9/28/2021

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00135988

JEFFERSON PARISH

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

VENDOR: 27118 BLANK BID COPY VENDOR

BUYER: RSCOTT

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

11-12 weeks

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

7 days

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

5-7 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 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 10/5/21 (W.C.)

\*REVISED PER  
ADDENDUM #1\*

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

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

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

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 35350

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

FIRM NAME:

Beacon Air Conditioning, Heating & Refrigeration, Inc.

SIGNATURE:

(Must be signed here) Wendy Chatelain

TITLE:

Owner/Secretary-Treasurer

PRINT OR TYPE NAME:

Wendy Chatelain

ADDRESS:

315 E. 3rd Street

CITY, STATE:

Kenner, LA

ZIP:

70062

TELEPHONE:

(504) 467-8698

FAX:

504 466-4996

EMAIL ADDRESS:

Wendy@beaconac.com

TOTAL PRICE OF ALL BID ITEMS: \$ 18,800.00

DATE: 9/28/2021

## INVITATION TO BID FROM JEFFERSON PARISH - continued

Page: 6

BID NO.: 50-00135988

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	2.00	EA	<p>Labor, equipment and materials to Install ice makers for the Jefferson Parish Public Works Warehouse</p> <p>0010 LABOR, EQUIPMENT AND MATERIAL TO INSTALL ICE MAKER, CUBE STYLE MANITOWOC MODEL NO. IDTO750A OR EQUAL INDIGO NXT SERIES ICE MAKER, CUBE-STYLE, AIR COOLED, SELF-CONTAINED CONDENSER, 30"W X 24"D X 21-1/2"H, PRODUCTION CAPACITY UP TO 680 LB./24 HOURS AT 70 DEGREES/50 DEGREES (540 LB. AHRI CERTIFIED AT 90 DEGREES/70 DEGREES), EASY TOUCH DISPLAY WITH 13 DIFFERENT LANGUAGE-OPTIONS, DATE/TIME STAMP DISPLAY, AUTOMATIC REMINDER/ALERT ICON, ONE TOUCH ASSET INFORMATION, AUTOMATIC DETECTION OF ACCESSORIES, CONTINUOUS OPERATING STATUS, PROGRAMMABLE PRODUCTION OPTIONS (TIME, WEIGHT, DAY OR NIGHT), ONE TOUCH CLEANING WITH DISPLAYED INSTRUCTIONS, ALPHA-SAN ANTI- MICROBIAL PROTECTION, ACOUSTICAL ICE SENSING PROBE, SELF-DIAGNOSTIC TECHNOLOGY, DURATECH EXTERIOR, DICE SIZE CUBES, R410A REFRIGERANT, NSF, CULUS, CE, ENERGY STAR.</p> <p>1-WARRANTY-ICE-SC3 YEAR PARTS &amp; LABOR (MACHINE), 5 YEAR PARTS &amp; LABOR (EVAPORATOR), 5 YEAR PARTS &amp; 3 YEARS LABOR (COMPRESSOR), STANDARD</p> <p>1- (261) 208-230V/60/1-PH, 11.1 AMPS</p> <p>1- D970 ICE BIN, 48"W X 34"D X 50"H, WITH SIDE-HINGED FRONT-OPENING DOOR, 882 LBS. APPLICATION CAPACITY, AHRI CERTIFIED 29.7 CU. FT., FOR TOP-MOUNTED ICE MAKER, DURATECH EXTERIOR, NSF.</p> <p>1- WARRANTY-BIN/DISP 3 YEAR PARTS &amp; LABOR WARRANTY, STANDARD</p> <p>1- KOO470 BIN ADAPTER, FOR 30" INDIGO NXT, RFF, RNF, ICE MACHINE ON A 48" B OR D-970 BIN.</p> <p>1- LEGS, 6" ADJUSTABLE STAINLESS STEEL STANDARD</p> <p>NOTE: SHIP TO DIFFERENT LOCATIONS: (1) - JEFFERSON PARISH PW WAREHOUSE SUITE "C" 4901 JEFFERSON HIGHWAY JEFFERSON, LA 70121 (1) JEFFERSON PARISH PW WAREHOUSE 1500 RIVER PARK BLVD. BRIDGE CITY, LA 70094 ATTN: MR. JERRY ZERINGUE</p> <p>*REVISED PER ADDENDUM #1*</p>	9,400.00	18,800.00



# JEFFERSON PARISH

## DEPARTMENT OF PURCHASING

CYNTHIA LEE SHENG  
PARISH PRESIDENT

RENNY SIMNO  
DIRECTOR

October 5, 2021

ADDENDUM # 1

Bid No.: 50-135988

Bid Opening Date: October 8, 2021

For: Labor, equipment and materials to install ice makers for the Jefferson Parish Public Works Warehouses

This Addendum #1 is to clarify vendor questions.

1. Is there any existing equipment to be removed as part of the install?  
A: No equipment is to be removed.
2. IS there a loading dock at the locations for install?  
A: Forklifts are available for unloading.
3. Are the installs taking place on ground floors? Or is there a freight elevator?  
A: Installs are taking place on the ground floors.
4. Are the utilities in place for the units?  
A: Yes.

Sincerely,

Rae Lynn Hartman

Rae Lynn Hartman, Buyer I  
Jefferson Parish Purchasing Department

Bidders must acknowledge all addenda in the appropriate section 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.

GENERAL GOVERNMENT BLDG. – 200 DERBIGNY ST., SUITE 4400, GRETN, LA 70053  
OFFICE 504.364.2678

JOSEPH S. YENNI BLDG. – 1221 ELMWOOD PARK BLVD., SUITE 404, JEFFERSON, LA 70123  
OFFICE 504.364.2678

EMAIL: PURCHASING@JEFFPARISH.NET WEBSITE: WWW.JEFFPARISH.NET



Debarment/Suspension Form

DEBARMENT/SUSPENSION CERTIFICATION

Debarment:

Federal Executive Order (E.O.) 12549 "Debarment" requires that all contractors receiving individual awards, using federal funds, and all subrecipients certify that the organization and its principals are not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency from doing business with the Federal Government. By signing this document you certify that your organization and its principals are not debarred. Failure to comply or attempts to edit this language may disqualify your bid. Information on debarment is available at the following websites: [www.sam.gov](http://www.sam.gov) and <https://acquisition.gov/far/index.html> see section 52.209-6.

Your signature certifies that neither you nor your principal is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

Wendy Chatelain - Owner/Secretary-Treasurer  
(Name and Title of bidder's official)

Beacon ALC Heating & Refrigeration, Inc.  
(Name of bidder/company)

315 E. 3rd Street  
(Address)  
Kenner, LA 70062  
(Address)

PHONE 504-467-8698 FAX 504-466-4996

EMAIL Wendy@beaconac.com

Wendy Chatelain Signature 10/7/2021 Date

Anti-Lobbying Form

CERTIFICATION OF RESTRICTIONS ON LOBBYING

I, Wendy Chatelain, Owner/Secretary-Treasurer, hereby certify on  
(name and title of bidder's official)

behalf of Beacon A/C, Heating & Refrigeration, Inc. that:  
(name of bidder)

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit standard Form-LLL, "Disclosure Form to Report Lobbying, " in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance is placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Executed this 7th day of October, 2021.

By Wendy Chatelain  
(signature of authorized official)

Owner/Secretary-Treasurer  
(title of authorized official)





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/27/2021

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> Riverlands Insurance Services Inc. 492 West 5th Street  LaPlace LA 70068		<b>CONTACT NAME:</b> Kayla Landry, CISR <b>PHONE (A/C, No, Ext):</b> (985) 652-5505 <b>FAX (A/C, No):</b> (985) 652-4039 <b>E-MAIL ADDRESS:</b> klandry@rivins.com																						
<b>INSURED</b> Beacon Air Conditioning, Heating & Refrigeration, Inc. 315 E 3rd Street  Kenner LA 70062		<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Milford Casualty Insurance Company</td><td></td></tr><tr><td>INSURER B:</td><td>Wesco Insurance Company</td><td>25011</td></tr><tr><td>INSURER C:</td><td>Technology Insurance Co, Inc.</td><td>42376</td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Milford Casualty Insurance Company		INSURER B:	Wesco Insurance Company	25011	INSURER C:	Technology Insurance Co, Inc.	42376	INSURER D:			INSURER E:			INSURER F:		
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**COVERAGES****CERTIFICATE NUMBER:** 20-21**REVISION NUMBER:**

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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"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			MPP1026781	10/29/2020	10/29/2021	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				
	<b>AUTOMOBILE LIABILITY</b> <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					GENERAL AGGREGATE \$ 2,000,000	
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							Employee Benefits \$ 1,000,000
	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input checked="" type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			WUM1849930	10/29/2020	10/29/2021	COMBINED SINGLE LIMIT (Ea accident) \$
B							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	<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"/> Y <input type="checkbox"/> N/A		TWC3923710	10/29/2020	10/29/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
C							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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

General Aggregate Limit applies per project. Cert Holder is listed as an additional insured and a Waiver of Subrogation is provided in favor of the certificate holder with respects to the GL policy. Waiver of Subrogation is provided with respects to the WC as required by written contract.

**CERTIFICATE HOLDER****CANCELLATION**

The Jefferson Parish, its districts departments & agencies under the direction of the Parish  
President & Parish Council

Box # 50-00135988

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

Kayla Landry





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/07/2021

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**PRODUCER**

Hylton S Petit, Jr  
2705 Florida Ave  
Kenner, La 70062

CONTACT NAME: Hylton S Petit, Jr

PHONE (A/C, No, Ext): 504-461-0171

FAX (A/C, No): 504-461-0289

E-MAIL ADDRESS: hylton.petit.b27x@statefarm.com

**INSURER(S) AFFORDING COVERAGE**

NAIC #

INSURER A: State Farm Mutual Automobile Insurance Company

25178

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

**INSURED**

Beacon Air Cond Inc  
317 E 3RD St  
Kenner, la 70062-7103

**COVERAGES**

CERTIFICATE NUMBER:

REVISION NUMBER:

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A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N N	702 2978-D19-18V	10/19/2021	04/19/2022	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 OTHER \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ OTHER \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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**

Jefferson Parish PW Warehouse  
1500 River Park Blvd.  
Bridge City, La 70094  
Bid # 50-00135988

**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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<b>PRODUCER</b>  Hylton S Petit, Jr 2705 Florida Ave Kenner, La 70062	<b>CONTACT</b> NAME: Hylton S Petit, Jr PHONE (A/C, No, Ext): 504-461-0171 E-MAIL ADDRESS: hylton.petit.b27x@statefarm.com FAX (A/C, No): 504-461-0289																					
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	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ OTHER:
	<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 type="checkbox"/> 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**Jefferson Parish PW Warehouse  
4901 Jefferson Hwy., Suite C  
Jefferson, La 70121  
Bid # 50-00135988

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AUTHORIZED REPRESENTATIVE

