

K. Gordon  
c/o Crasto Glass & Mirror Co.  
2308 Tulane Ave  
New Orleans LA 70119

**BID/RFP RECEIPT**

Receipt of Bid/RFP Proposal

From: Crasto

Person Received Bid:   

Number of Envelopes/

Jefferson Parish Purchasing  
1221 Elmwood Park Blvd.  
Suite 404 – Yenni Bldg.  
Jefferson, LA 70121

Bid # 50-00126924  
Bid Date 6/24/19  
Contractors License #1014



98 CHASCO BLVD ST. MARYS LA.  
2308 Tulane Ave  
New Orleans LA 70119

**BID/RFP RECEIPT**

Receipt of Bid/RFP Proposal No. 50-00126924

From: South Plains & Nelson Co

Company's Name

Person Received Bid: [Signature]

Number of Envelopes/Boxes Received: 1

Jefferson Parish Purchasing Department  
1221 Elmwood Park Blvd.  
Suite 404 - Yenni Bldg.  
Jefferson, LA 70121

JEFFERSON PARISH  
PURCHASING  
2019 JUN 21 AM 9:59

Bid # 50-00126924  
Bid Date 6/24/19



DATE: 6/13/2019

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00126924

**JEFFERSON PARISH**

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

VENDOR:

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

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

1 week  
1 week  
3 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: 0 -  
NUMBER: \_\_\_\_\_  
NUMBER: \_\_\_\_\_  
NUMBER: \_\_\_\_\_

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) #1014

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

|  |                          |
|--|--------------------------|
| FIRM NAME: <u>Crasto, Glass &amp; Mirra CO</u>         |                          |
| SIGNATURE: <u>Kemp Gordon</u><br>(Must be signed here) | TITLE: <u>Estimator</u>  |
| PRINT OR TYPE NAME: <u>Kemp Gordon</u>                 |                          |
| ADDRESS: <u>2308 Tulane Ave</u>                        |                          |
| CITY, STATE: <u>New Orleans LA</u>                     | ZIP: <u>70119</u>        |
| TELEPHONE: <u>504 581-2620</u>                         | FAX: <u>504 588-2989</u> |
| EMAIL ADDRESS: <u>Kemp@sonwalls.com</u>                |                          |

TOTAL PRICE OF ALL BID ITEMS: \$ \$1,300.00

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00126924

SEALED BID

| ITEM<br>NUMBER | QUANTITY | U/M | DESCRIPTION OF ARTICLES  | UNIT PRICE<br>QUOTED                | TOTALS                              |
|----------------|----------|-----|--|-------------------------------------|-------------------------------------|
| 1              | 1.00     | JOB | <p>LABOR &amp; MATERIALS TO RELOCATE EXISTING SINGLE DOOR STOREFRONT FOR THE JEFFERSON PARISH EASTBANK DEPARTMENT OF GENERAL SERVICES.</p> <p>0010-PROVIDE ALL LABOR, MATERIALS, EQUIPMENT AND ALL ASSOCIATED ITEMS NEEDED TO REMOVE ONE (1) EXISTING SINGLE DOOR STOREFRONT WITH TWO (2) SIDELITES FROM SUITE 502 AND REINSTALL THE REMOVED STOREFRONT AT THE:</p> <p>JOSEPH S. YENNI BUILDING<br/>1221 ELMWOOD PARK BOULEVARD,<br/>FROM SUITE 502 TO SUITE 501<br/>JEFFERSON, LA 70123</p> <p>***PLEASE SEE ATTACHED SPECIFICATIONS***</p> | <p><del>1,300.00</del> 1,300.00</p> | <p><del>1,300.00</del> 1,300.00</p> |





SOUTWAL-01

HJORDAN

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/11/2019

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 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<br>Gillis, Ellis & Baker, Inc.<br>1615 Poydras Street Suite 700<br>New Orleans, LA 70112 | CONTACT NAME: Holly Jordan<br>PHONE (A/C, No, Ext): (504) 619-5058<br>E-MAIL: hazurdia@gillis.com<br>ADDRESS:  | FAX (A/C, No): (504) 587-0766     |
| INSURED<br><br>Crasto Glass & Mirror Co., Inc.<br>P. O. Box 19904<br>New Orleans, LA 70179        | INSURER(S) AFFORDING COVERAGE<br>INSURER A: Gemini Insurance Company<br>INSURER B: The Travelers Indemnity Company<br>INSURER C: National Union Fire<br>INSURER D:<br>INSURER E:<br>INSURER F: | NAIC #<br>10833<br>25658<br>32298 |

## 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 INSD WVD                                       | POLICY NUMBER   | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|--|-----------------|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  |  | VGGP003607      | 10/1/2018               | 10/1/2019               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER: |
| B        | AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br>OWNED AUTOS ONLY<br>HIRED AUTOS ONLY   | SCHEDULED AUTOS<br>NON-OWNED AUTOS ONLY                  | BA2371N54018SEL | 10/1/2018               | 10/1/2019               | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$   |
| C        | UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB  | <input checked="" type="checkbox"/> OCCUR<br>CLAIMS-MADE | 035414234       | 10/1/2018               | 10/1/2019               | EACH OCCURRENCE \$ 10,000,000<br>AGGREGATE \$ 10,000,000<br>DED <input checked="" type="checkbox"/> RETENTION \$ 10,000   |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N<br><input type="checkbox"/> N/A                      |                 |                         |                         | PER STATUTE OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Jefferson Parish Bid No. 50-126808, LABOR & MATERIALS TO SUPPLY & INSTALL STOREFRONT GLASS FOR THE JEFFERSON PARISH REGISTRAR OF VOTERS OFFICE. Certificate holder includes The Parish of Jefferson, its Districts, Departments and Agencies under the direction of the Parish President and the Parish Council. Blanket Additional Insured endorsements included on general liability and auto liability policies, as required by written contract. RES. # 113647

## CERTIFICATE HOLDER

## CANCELLATION

Jefferson Parish Purchasing Dept.  
200 Derbigny St Ste. 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

*R. Parker Ellis*



# CERTIFICATE OF LIABILITY INSURANCE

SOUWA-1

OP ID: MO

DATE (MM/DD/YYYY)

08/31/2018

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).

|   |   |                                    |               |
|---|---|------------------------------------|---------------|
| <b>PRODUCER</b><br>Brown & Brown of Louisiana<br>New Orleans Office<br>1515 Poydras Street, Ste 1150<br>New Orleans, LA 70112<br>Alexandra D'Andrea | <b>CONTACT NAME:</b> Monica Gonzales              |                                    |               |
|   | <b>PHONE (A/C, No, Ext):</b> 504-293-4115         | <b>FAX (A/C, No):</b> 504-586-8600 |               |
|   | <b>E-MAIL ADDRESS:</b> mgonzales@bbgulfstates.com |                                    |               |
| <b>INSURED</b><br>Crasto Glass & Mirror Co Inc<br>P. O. Box 19143<br>New Orleans, LA 70179  | <b>INSURER(S) AFFORDING COVERAGE</b>              |                                    | <b>NAIC #</b> |
|   | <b>INSURER A:</b> LUBA CASUALTY INS CO            |                                    | 12472         |
|   | <b>INSURER B:</b>                                 |                                    |               |
|   | <b>INSURER C:</b>                                 |                                    |               |
|   | <b>INSURER D:</b>                                 |                                    |               |
|   | <b>INSURER E:</b>                                 |                                    |               |
| <b>INSURER F:</b>   |   |                                    |               |

**COVERAGES****CERTIFICATE NUMBER:****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   |
|----------|---|---|---------------------------------------|---------------|-------------------------|-------------------------|--|
|          | <b>COMMERCIAL GENERAL LIABILITY</b>   |   |                                       |               |                         |                         |  |
|          | <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR         |   |                                       |               |                         |                         | EACH OCCURRENCE \$   |
|          |   |   |                                       |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$                                   |
|          |   |   |                                       |               |                         |                         | MED EXP (Any one person) \$  |
|          |   |   |                                       |               |                         |                         | PERSONAL & ADV INJURY \$   |
|          |   |   |                                       |               |                         |                         | GENERAL AGGREGATE \$   |
|          |   |   |                                       |               |                         |                         | PRODUCTS - COMP/OP AGG \$  |
|          |   |   |                                       |               |                         |                         | \$   |
|          | <b>AUTOMOBILE LIABILITY</b>   |   |                                       |               |                         |                         |  |
|          | <input type="checkbox"/> ANY AUTO   |   |                                       |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$   |
|          | <input type="checkbox"/> ALL OWNED AUTOS                                    | <input type="checkbox"/> SCHEDULED AUTOS              |                                       |               |                         |                         | BODILY INJURY (Per person) \$  |
|          | <input type="checkbox"/> HIRED AUTOS  | <input type="checkbox"/> NON-OWNED AUTOS              |                                       |               |                         |                         | BODILY INJURY (Per accident) \$  |
|          |   |   |                                       |               |                         |                         | PROPERTY DAMAGE (Per accident) \$  |
|          |   |   |                                       |               |                         |                         | \$   |
|          | <b>UMBRELLA LIAB</b>  | <input type="checkbox"/> OCCUR                        |                                       |               |                         |                         | EACH OCCURRENCE \$   |
|          | <b>EXCESS LIAB</b>  | <input type="checkbox"/> CLAIMS-MADE                  |                                       |               |                         |                         | AGGREGATE \$   |
|          |   |   |                                       |               |                         |                         | \$   |
|          | <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$          |   |                                       |               |                         |                         | \$   |
| <b>A</b> | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>                        | <input type="checkbox"/> Y <input type="checkbox"/> N | <input checked="" type="checkbox"/> X | 28-700432     | 08/31/2018              | 08/31/2019              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | <input type="checkbox"/> Y <input type="checkbox"/> N | N/A                                   |               |                         |                         | E.L. EACH ACCIDENT \$ 1,000,000  |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                      |   |                                       |               |                         |                         | 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)

Project: Bid No. 50-119469 (Glass Panel Installation - Second Parish Court)  
Res. No. 129538

Blanket Waiver of Subrogation applies when required by written contract.

**CERTIFICATE HOLDER****CANCELLATION**

Jefferson Parish General  
Services  
200 Derbigny Street  
Suite 3300  
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

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