

DATE: 3/17/2023

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00141682

JEFFERSON PARISH

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

VENDOR: A & H ARMATURE WORKS INC

BUYER: LCARONIA

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 TO BE DETERMINED

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK N/A

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK N/A

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: _____

NUMBER: _____

NUMBER: _____

NUMBER: _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 8937

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

FIRM NAME:

A & H ARMATURE WORKS INC

SIGNATURE:

(Must be signed here)

TITLE:

PRESIDENT

PRINT OR TYPE NAME:

SCOTT J ATWOOD

ADDRESS:

1330 WESTBANK EXPRESSWAY

CITY, STATE:

WESTWEGO, LA.

ZIP:

70094

TELEPHONE:

(504) 347 3781

FAX:

504) 347 0564

EMAIL ADDRESS:

ahmail@bellsouth.net

TOTAL PRICE OF ALL BID ITEMS: \$ 23,293.60

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00141682

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	4.00	EA	<p>A Purchase of Four Motortronics VMX2-275-BP Soft Starter for the Jefferson Parish Public Works Warehouse Westbank</p> <p>0010 - MOTORTRONICS VMX2-275-BP SOFT STARTER, INCLUDING PROGRAMMING, SYSTEM TRAINING, INSTALLATION, AND IN FIELD CUSTOMER SERVICE WITH ONE ONE HOUR RESPONSE TIME</p> <p>MOTORTRONICS SOFT STARTER IS: 480 VOLT, 3 PHASE INPUT 275 AC AMPERES RATED 500 PERCENT OVER CURRENT CAPACITY FOR 60 SECONDS ANSI RATED ADVANCED MOTOR PROTECTION INCLUDED MULTIPLE RAMP PROFILES PUMP-FLEX DECELERATION INTERNAL BYPASS CONTACTOR</p> <p>CONTACT: MICHAEL LAJAUNIE 1400 HWY 90 BRIDGE CITY, LA 70094 (504) 437-4813</p>	\$ 5823.40	\$ 23,293.60



A&HARMA-01

SMADONA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/1/2022

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 License # 231432 Hub International Gulf South 3510 N. Causeway Boulevard Suite 300 Metairie, LA 70002	CONTACT NAME:	
	PHONE (A/C, No, Ext): (800) 256-2842	FAX (A/C, No): (504) 834-2995
INSURED A & H Armature Works Inc P O Box 310 Westwego, LA 70096-0310	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Scottsdale Insurance Company	
	INSURER B : Silver Oak Casualty, Inc	
	INSURER C :	
	INSURER D :	
INSURER E :		
INSURER F :		

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			ENS0008609	8/31/2022	8/31/2023	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> OTHER: Pollution Liab						Each Occurrence \$ 1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO		BODILY INJURY (Per person) \$				
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per accident) \$				
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		PROPERTY DAMAGE (Per accident) \$				
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XNS0009743	8/31/2022	8/31/2023	EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 5,000,000				
	DED \$	RETENTION \$					
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			SVWCLA3116812022	8/31/2022	8/31/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input checked="" 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				
B	Maritime Liability			SVWCLA3116812022	8/31/2022	8/31/2023	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The General Liability policy to include Blanket Additional Insured and Blanket Waiver of Subrogation as required by Written contract.
Waiver of Subrogation is provided as required by Written Contract with respects to the Workers Compensation.

CERTIFICATE HOLDER Jefferson Parish Purchasing Department 200 Derbigny St. Suite 4400 Gretna, LA 70053	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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AGENCY CUSTOMER ID: A&HARMA-01

SMADONA

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Hub International Gulf South		License # 231432	NAMED INSURED A & H Armature Works Inc P O Box 310 Westwego, LA 70096-0310 Jefferson Parish
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Additional Terms/Conditions:

Commercial General Liability policy contains:

Gulf of Mexico In Rem And Territory Extension, Waiver of Subrogation as required by written contract or agreement, Primary and Noncontributory as required by written contract or agreement, Additional Insured status as required by written contract or agreement.

Excess Liability policy:

Follows form over Commercial General Liability including Pollution, Auto Liability, and Employers Liability.

Workers' Compensation & Employers Liability policy contains:

Waiver of Subrogation as required by written contract or agreement, Alternate Employer status as required by written contract or agreement, 30 days notice (10 for non payment of premium) of cancellation initiated by the carrier as required by contract or agreement, USL&H coverage with Outer Continental Shelf and Gulf of Mexico Extension. Maritime Limits are \$1,000,000 and includes TWM&C.




CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/23/2023

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PRODUCER State Farm  Bryan Schexnayder 1109 N Causeway Blvd Metairie LA 70001	CONTACT NAME: Paul Ellington PHONE (A/C, No, Ext): 504-835-2944 FAX (A/C, No): E-MAIL ADDRESS: paul.ellington.uxar@statefarm.com INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Mutual Automobile Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 25178

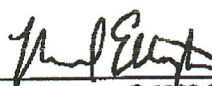
INSURED A & H Armature Works Inc 1330 Westbank Expy Westwego LA 70094	CERTIFICATE NUMBER: REVISION NUMBER:
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THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING 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 WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ COMBINED SINGLE LIMIT (Ea accident) \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y Y	See Schedule for vehicles policy number, effective dates and coverage limits			BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N 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 Purchasing Department 200 Derbigny St, Suite 4400 Gretna LA 70053	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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AGENCY CUSTOMER ID: _____
LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Bryan Schexnayder State Farm		NAMED INSURED A&H Armature Works Inc 1330 Westbank Expy Westwego, LA 70094	
POLICY NUMBER		EFFECTIVE DATE: 03/23/2023	
CARRIER State Farm Mutual Automobile Insurance Company	NAIC CODE 25178		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: _____ FORM TITLE: _____

Policy Number - Vehicle, VIN - Effective Dates - Limits of Liability
397 4143-B31-18 - 2010 Chrysler 300, 2C3CA5CV2AH315303 - eff 2/28/23 - 08/31/23 - 1000/1000/1000
397 4144-B31-18 - 2008 Dodge Ram 1500, 1D7HA18208S550641 - eff 2/28/23 - 08/31/23 - 1000/1000/1000
397 4145-B31-18 - 2015 Chevrolet C1500, 1GCRREC7FZ363289 - eff 2/28/23 - 08/31/23 - 1000/1000/1000
397 4146-B31-18 - 2005 Dodge Ram 1500, 1D7HA16K15J604470 - eff 2/28/23 - 08/31/23 - 1000/1000/1000
397 4147-B31-18A - 2022 GMC Yukon, 1GKS1JKL2NR242668 - eff 2/28/23 - 08/31/23 - 1000/1000/1000
397 4148-B31-18 - 2008 Dodge Dakota, 1D7HE38KX8S626446 - eff 2/28/23 - 08/31/23 - 1000/1000/1000
397 5288-B31-18 - Non-Owned/Hired Auto - eff 2/28/23 - 08/31/23 - 1000/1000/1000
397 5323-B31-18 - 2007 Dodge 3500, 3D6WG46A27G731719 - eff 2/28/23 - 08/31/23 - 1000/1000/1000
411 5123-D12-18 - 2007 Chevrolet C1500, 2GCEC19CX71623009 - eff 10/12/22 - 10/12/23 - 1000/1000/1000