

DATE: 6/25/2024

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00145741

**JEFFERSON PARISH**

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

VENDOR: 27118 BLANK BID COPY VENDOR

PURCHASING SPECIALIST:  
BBELLOW

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.

<b>DELIVERY: FOB JEFFERSON PARISH</b>	
INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES	_____ N/A _____
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) 11398

<b>*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***</b>	
FIRM NAME: Corporate Mechanical Contractors, Inc.	
SIGNATURE:  (Must be signed here)	TITLE: CFO
PRINT OR TYPE NAME: Paul Gosserand	
ADDRESS: 7070 Exchequer Drive	
CITY, STATE: Baton Rouge, LA	ZIP: 70809
TELEPHONE: ( 225 ) 925-5236	FAX: ( )
EMAIL ADDRESS: service@callcmc.com	

TOTAL PRICE OF ALL BID ITEMS: \$ \$15,630.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00145741

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	LOT	<p>PURCHASE OF PARTS AND MATERIALS NEEDED TO BE REPLACED FOR THE AIR CONDITIONERS FOR JEFFERSON PARISH DRAINAGE DEPARTMENT</p> <p>0010 PARTS AND MATERIALS NEEDED TO REPLACE A/C AND CONDENSERS AT WESTBANK DRAINAGE BUILDING                      *(1) 7.5 TON R-410A TRANE DX SPLIT SYSTEM AHU-3                      M/N# TWE09043BAA**BC                      *(2) 4 TON R-410A TRANE CONDENSER SYSTEMS CU-3A &amp; CU-3B                      M/N# 4TTA4048A3                      *(1) EKECTRIC DUCT HEATER 18.71/24.92 kw</p> <p>NOTE: LABOR WILL BE PERFORMED USING A PREVIOUS CONTRACT.</p>	<p>\$ 15,630.00</p>	<p>\$ 15,630.00</p>

## CORPORATE RESOLUTION

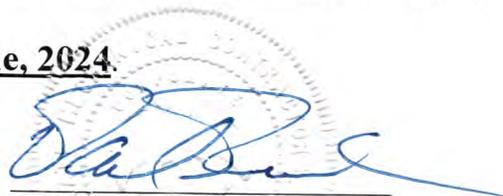
A meeting of the Board of Directors of Corporate Mechanical Contractors, Inc., a Corporation organized under the laws of the state of Louisiana and domiciled in Louisiana was held this **26th** day of **June, 2024**, and was attended by a quorum of the member's of the Board of Directors.

The following resolution was offered, duly seconded and, after discussion, was unanimously adopted by said quorum:

Be it resolved, that **Paul Gosserand** is hereby authorized to execute contracts and/or agreements on behalf of this corporation with the **Jefferson Parish – Purchasing Department**.

Be it further resolved, that said authorization and appointment shall remain in full Force and effect until revoked by resolution of the Board of Directors and that said revocation will not take effect until the: **Jefferson Parish – Purchasing Department**, shall have been furnished a copy of said resolution, duly certified.

I, Paul Gosserand, hereby certify that I am the Secretary of Corporate Mechanical Contractors, Inc., a corporation created under the laws of the State of Louisiana, domiciled in Louisiana; that the foregoing is a true and exact copy of a resolution adopted by a quorum of the Board of Directors of said corporation at a meeting legally called and held on the **26th** day of **June, 2024**, as said resolution appears of record in the Official Minutes of the Board of Directors in my possession. This **26th** day of **June, 2024**.

  
Paul Gosserand  
Secretary

State of Louisiana



State Licensing Board for Contractors

This is to Certify that:

CORPORATE MECHANICAL CONTRACTORS, INC.  
7070 Exchequer Dr.  
Baton Rouge, LA 70809

is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION; MECHANICAL WORK (STATEWIDE)



Witness our hand and seal of the Board dated,  
Baton Rouge, LA 5th day of November 2021

*Will B. McQuinn*  
Director

*Lee Mallett*  
Chairman

*Andy Demery*  
Treasurer

Expiration Date: November 4, 2024

License No: 11398

This License Is Not Transferrable

**Jefferson Parish**  
Department of Building Permits  
Regulatory Inspection's Division

**Active Mechanical # 60718**

This is to certify that **ALVIN LAPORTE Jr.**  
having qualified in accordance with Jefferson Parish Ordinances is hereby granted  
authorization to engage in the above field as authorized by law.

Issue Date: 9/21/2023

Expiration Date: 8/31/2024



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Mechanical Section Chief

**THIS LICENSE IS NOT TRANSFERABLE**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/29/2024

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> Cadence Insurance, A Gallagher Company 4041 Essen Lane, Suite 400 Baton Rouge LA 70809	<b>CONTACT NAME:</b> Sharon Elgin		<b>FAX (A/C, No):</b>
	<b>PHONE (A/C, No, Ext):</b> 225-336-3284		
<b>E-MAIL ADDRESS:</b> sharon.elgin@cadenceinsurance.com			
<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
<b>INSURER A :</b> Old Republic Insurance Co.			24147
<b>INSURER B :</b> XL Specialty Insurance Company			37885
<b>INSURER C :</b> Nautilus Insurance Company			17370
<b>INSURER D :</b> Travelers Property Casualty Co of America			25674
<b>INSURER E :</b>			
<b>INSURER F :</b>			

**COVERAGES** **CERTIFICATE NUMBER:** 1144382634 **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"/> <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 checked="" type="checkbox"/> LOC OTHER:			MWZY31527124	5/1/2024	5/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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 \$	
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			MWTB31527224	5/1/2024	5/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
D	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUP3Y01371424NF	5/1/2024	5/1/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$	
A	<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 N	N/A	MWC31527024	5/1/2024	5/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER Includes USL&H E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	
B	Leased/Rented Equipment			UM00082277MA24A	5/1/2024	5/1/2025	\$250,000 Per Item	\$250,000 Per Occ
C	Professional/Pollution			CPP203088414	5/1/2024	5/1/2025	\$1,000,000 Each Occ	\$2,000,000 Agg
B	Installation/Builders Risk			UM00082277MA24A	5/1/2024	5/1/2025	\$250,000 Limit	

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Subject to policy terms, conditions and exclusions: The certificate holder, the project owner, and all other parties as required by the prime contract shall be an Additional Insured on a primary and non-contributory basis on the General Liability (Additional Insured form includes Completed Operations), Auto Liability and Umbrella policies when required by written contract. A Waiver of Subrogation shall be provided in favor of the certificate holder, the project owner, and all other parties as required by the prime contract when required by written contract as respects to the General Liability, Auto Liability, Umbrella and Workers' Compensation policies. Blanket Alternate Employer as respects to the Workers' Compensation policy when required by written contract. Thirty (30) Day Notice of Cancellation to Third Parties when required by written contract.

<b>CERTIFICATE HOLDER</b>  "SAMPLE"	<b>CANCELLATION</b>  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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