

Creative Gardens Landscaping LLC
2232 Manhattan Blvd.

HARVEY LA 70058

LA Lic# 50647

Bid # ~~5000126400~~ 5000126668

Labor + materials to Demolish, supply +
Reconstruct Raised Planters for the
SP Westbank Department of Parkways

BID/RFP RECEIPT

Receipt of Bid/RFP Proposal No. 50-00126668

From: Creative Gardens Landscaping LLC

Company's Name

Person Received Bid: J. Harris

Number of Envelopes/Boxes Received: 1 envelope

Jefferson Parish Purchasing Department
200 Derbigny Street
Suite 4400 – General Government Building
Gretna, LA 70053

RECEIVED

2019 MAY 23 AM 8:34

JEFFERSON PARISH
PURCHASING

Search by Contractor License Number

Contractor's License Number *

50647

Search Database

Searched For:

License Number = 50647

Business Name

City

State

No results found. Please try another search.

Interactive Web Portal

Click [HERE](#) to renew your license, schedule exams, update your contact information, print a copy of your certificate and more.

Weathering the Storm

Don't be a victim twice. Learn the proper steps to take before you hire a contractor for your home repairs. [Learn more](#)

Newsletter

Type your email address below and receive our newsletter to stay in the know!

[Click HERE to view bulletins](#)

Search by Contractor Name

Tip: Use the least number of characters in your search. For example, to search for "Bob Bros.," enter "Bob" in your search.

Contractor Name *

CREATIVE GARDENS & LANDSCAPING

Search Database

Searched For:

Contractor Name = CREATIVE GARDENS & LANDSCAPING

Business Name

City

State

No results found. Please try another search.

Interactive Web Portal

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Type your email address below and receive our newsletter to stay in the know!

DATE: 4/30/2019

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00126400

JEFFERSON PARISH

PURCHASING DEPARTMENT
P.O. BOX 9
GRETNA, 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	_____

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: _____
 NUMBER: _____
 NUMBER: _____
 NUMBER: _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 50647

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME:	<u>CREATIVE GARDENS + LANDSCAPING LLC</u>
SIGNATURE: (Must be signed here)	TITLE: <u>OWNER</u>
PRINT OR TYPE NAME:	<u>MARIO WATERHOUSE</u>
ADDRESS:	<u>2232 MANHATTAN BLVD.</u>
CITY, STATE:	ZIP: <u>70058</u>
TELEPHONE:	FAX: <u>504 366-2474</u>
EMAIL ADDRESS:	<u>504 494-2925</u>
	<u>WATERHOUSE844@CS.COM</u>

TOTAL PRICE OF ALL BID ITEMS: \$ 28,450.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00126400

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>LABOR & MATERIALS TO DEMOLISH, SUPPLY & RECONSTRUCT RAISED PLANTERS FOR THE JEFFERSON PARISH WESTBANK DEPARTMENT OF PARKWAYS</p> <p>0010 LABOR & MATERIALS TO INSTALL 6 NEW RAISED LANDSCAPE PLANTERS AT THE FOLLOWING LOCATION:</p> <p>HARVARD WALKING TRACK 2014 HARVARD AVE TERRYTOWN, LA 70056</p> <p>***PLEASE SEE ATTACHED SPECIFICATIONS***</p>	28,450	28,450.00

FIRST METROAGSNO1INC
12A WESTBANK EXP #105
GRETNA, LA 70053
1-504-367-3131
LDI COI 271176 04 11

PROGRESSIVE
COMMERCIAL

Policy number: 01931572-5

Underwritten by:
PROGRESSIVE PALOVERDE INSURANCE CO
March 15, 2018
Page 1 of 1

Certificate of Insurance

Certificate Holder	Insured	Agent
CREATIVE GARDENS & 2232 MANHATTAN BLVD HARVEY, LA 70058	CREATIVE GARDENS & LANDSCAPING LLC CGL SERVICES 2232 MANHATTAN BLVD HARVEY, LA 70058	FIRST METROAGSNO1INC 12A WESTBANK EXP #105 GRETNA, LA 70053

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Nov 9, 2017

Policy Expiration Date: Nov 9, 2018

insurance coverage(s)	Limits
BODILY INJURY/PROPERTY DAMAGE	\$1,000,000 COMBINED SINGLE LIMIT
UNINSURED/UNDERINSURED MOTORIST	\$1,000,000 COMBINED SINGLE LIMIT

Description of Location/Vehicles/Special Items

Scheduled autos only

2008 DODGE RAM 5500 ST/SLT 3D6WD78A08G148364		Stated Amount	\$27,000
COMPREHENSIVE	\$500 DED		
COLLISION	\$500 DED		
2018 ISUZU NPR JALE5J166J7901266		Stated Amount	\$60,000
COMPREHENSIVE	\$500 DED		
COLLISION	\$500 DED		
2007 XI TRAILER 1X9DG30267C014340			

Certificate number

07418NET572





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/14/2018

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 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 Gama Insurance Agency LLC 2109 31ST CT		CONTACT NAME: Antonio Ortiz PHONE (A/C, No, Ext): (504) 305-4141 E-MAIL ADDRESS: info@gamanow.com		FAX (A/C, No): (504) 602-9872	
KENNER LA 70065-4535		INSURER(S) AFFORDING COVERAGE			
INSURED CREATIVE GARDENS & LANDSCAPING LLC DBA CGL SERVICE 2232 MANHATTAN BLVD HARVEY LA 70058-3454		INSURER A: GUARD INSURANCE CO		NAIC #	
		INSURER B:			
		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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL 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 \$ \$
	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) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	CRWC981965	12/10/2018	12/10/2019	PER STATUTE OTH-ER 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)

CERTIFICATE HOLDER JEFFERSON PARISH PARKWAYS 1901 Ames Blvd Marrero LA 70072-4717		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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/20/2017

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 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 First Metro Agencies Of Gretna 12A Westbank Expressway Ste 105 Gretna LA 70053 (504) 367-3131	CONTACT NAME: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL: _____ ADDRESS: _____ <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="width: 20%; text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A: WESTERN WORLD/RPS COVINGTON</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: WESTERN WORLD/RPS COVINGTON		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURED CREATIVE GARDENS LLC 2232 MAHATTAN BLVD HARVEY LA 70058 DBA CGL SERVICES															

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			NPP8453433	10/24/2018	10/24/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ INCLUDED \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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