

DATE: 11/23/2021

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00136582

**JEFFERSON PARISH**

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

VENDOR: Beacon Air Conditioning, Heating & Refrig.

BUYER: DABRAHAM

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

3 weeks

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

14 days

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

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 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) 35350

|   |  |
|---|--|
| *** ALL BIDDERS MUST COMPLETE SECTION BELOW ***                                 |  |
| FIRM NAME:<br><u>Beacon Air Conditioning, Heating &amp; Refrigeration, Inc.</u> |  |
| SIGNATURE:<br>(Must be signed here) <u>Wendy Chatelain</u>                      | TITLE:<br><u>Owner/Secretary-Treasurer</u> |
| PRINT OR TYPE NAME:<br><u>Wendy Chatelain</u>                                   |  |
| ADDRESS:<br><u>315 E. 3rd Street</u>  |  |
| CITY, STATE:<br><u>Kenner, LA</u>   | ZIP:<br><u>70062</u>                       |
| TELEPHONE:<br><u>(504) 467-8698</u>   | FAX:<br><u>(504) 466-4996</u>              |
| EMAIL ADDRESS:<br><u>Wendy@beaconac.com</u>                                     |  |

TOTAL PRICE OF ALL BID ITEMS: \$ 17,250.00

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00136582

SEALED BID

| ITEM<br>NUMBER | QUANTITY | U/M | DESCRIPTION OF ARTICLES  | UNIT PRICE<br>QUOTED | TOTALS    |
|----------------|----------|-----|--|----------------------|-----------|
| 1              | 1.00     | JOB | <p>Labor, material, equipment necessary to remove, dispose of and install new 10 ton condensing unit and evaporator coil upgrade at Wally Pontiff Playground</p> <p>0010 Labor, Materials and Equipemnt To Install 10 Ton Condensing Unit and Evaporator Coil Upgrade</p> <p>PER THE ATTACHED SPECIFICATIONS ***</p> <p>Location:<br/>Wally Pontiff Playground<br/>Ceramics Golden Age<br/>1521 Palm Street<br/>Metairie, LA 70001</p> <p>Contact:<br/>Justin Mayeux at 504-736-6999 or<br/>jmayeux@jeffparish.net</p> | 17,250.00            | 17,250.00 |



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/24/2021

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><br>Riverlands Insurance Services Inc.<br>492 West 5th Street<br><br>LaPlace LA 70068 |  | <b>CONTACT NAME:</b> Kayla Landry, CISR<br><b>PHONE (A/C, No, Ext):</b> (985) 652-5505<br><b>FAX (A/C, No):</b> (985) 652-4039<br><b>E-MAIL ADDRESS:</b> klandry@rivins.com |  |
|  |  | <b>INSURER(S) AFFORDING COVERAGE</b>  |  |
|  |  | <b>INSURER A:</b> Wesco Insurance Company   |  |
|  |  | <b>INSURER B:</b> Technology Insurance Co, Inc.   |  |
|  |  | <b>INSURER C:</b>   |  |
|  |  | <b>INSURER D:</b>   |  |
|  |  | <b>INSURER E:</b>   |  |
|  |  | <b>INSURER F:</b>   |  |

**COVERAGES** **CERTIFICATE NUMBER:** 21-22 **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><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER: |           |  | WPP1931637 00 | 10/29/2021              | 10/29/2022              | 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><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY   |           |  |               |                         |                         | GENERAL AGGREGATE \$ 2,000,000  |
|          | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000  |           |  |               |                         |                         | PRODUCTS - COMP/OP AGG \$ 2,000,000   |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000   |           |  | WUM1849930 01 | 10/29/2021              | 10/29/2022              | Employee Benefits \$ 1,000,000  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N<br>Y  | N/A  | TWC4020840    | 10/29/2021              | 10/29/2022              | COMBINED SINGLE LIMIT (Ea accident) \$  |
|          |   |           |  |               |                         |                         | BODILY INJURY (Per person) \$   |
|          |   |           |  |               |                         |                         | BODILY INJURY (Per accident) \$   |
|          |   |           |  |               |                         |                         | PROPERTY DAMAGE (Per accident) \$   |
|          |   |           |  |               |                         |                         | \$  |
|          |   |           |  |               |                         |                         | EACH OCCURRENCE \$ 5,000,000  |
|          |   |           |  |               |                         |                         | AGGREGATE \$ 5,000,000  |
|          |   |           |  |               |                         |                         | \$  |
|          |   |           |  |               |                         |                         | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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)

Bid # 50-00136582  
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

|  |   |
|--|---|
| Jefferson Parish Wally Pontiff Playground<br>1521 Palm St<br><br>Metairie LA 70001 | <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.</b><br><br><b>AUTHORIZED REPRESENTATIVE</b><br> |
|--|---|

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AGENCY CUSTOMER ID: 00029524

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_ of \_\_\_\_

|   |                      |  |
|---|----------------------|--|
| <b>AGENCY</b><br>Riverlands Insurance Services Inc. |                      | <b>NAMED INSURED</b><br>Beacon Air Conditioning, Heating & Refrigeration, Inc. |
| <b>POLICY NUMBER</b><br>                            |                      |  |
| <b>CARRIER</b><br>                                  | <b>NAIC CODE</b><br> | <b>EFFECTIVE DATE:</b><br>   |

### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

The full certificate holder is:  
THE PARISH OF JEFFERSON, ITS DISTRICTS, DEPARTMENTS AND AGENCIES  
UNDER THE DIRECTION OF THE PARISH PRESIDENT AND THE PARISH COUNCIL

and

Wally Pontiff Playground  
Ceramics Golden Age  
1521 Palm Street  
Metairie, LA 70001  
Bid # 50-00136582




# CERTIFICATE OF LIABILITY INSURANCE

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11/23/2021

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|   |  |  |  |               |
|---|--|--|--|---------------|
| <b>PRODUCER</b><br> Hylton S Petit, Jr<br>2705 Florida Ave<br>Kenner, La 70062 |  | <b>CONTACT NAME:</b> Hylton S Petit, Jr<br><b>PHONE (A/C, No, Ext):</b> 504-461-0171<br><b>E-MAIL ADDRESS:</b> hylton.petit.b27x@statefarm.com<br><b>FAX (A/C, No):</b> 504-461-0289 |  |               |
| <b>INSURED</b><br>Beacon Air Cond Inc<br>317 E 3RD St<br>Kenner, la 70062-7103  |  | <b>INSURER(S) AFFORDING COVERAGE</b>   |  | <b>NAIC #</b> |
|   |  | INSURER A : State Farm Mutual Automobile Insurance Company   |  | 25178         |
|   |  | INSURER B :  |  |               |
|   |  | INSURER C :  |  |               |
|   |  | INSURER D :  |  |               |
|   |  | INSURER E :  |  |               |
|   |  | INSURER F :  |  |               |

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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|----------|--|------------------------------|----------|------------------|-------------------------|-------------------------|---|
|          | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER |                              |          |                  |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COM/OP AGG \$<br>\$ |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                             | Y                            | Y        | 370 6777-A09-18N | 07/09/2021              | 01/09/2022              | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$ 1,000,000<br>BODILY INJURY (Per accident) \$ 1,000,000<br>PROPERTY DAMAGE (Per accident) \$ 1,000,000<br>\$     |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$  |                              |          |                  |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N <input type="checkbox"/> | N/A      |                  |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><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)

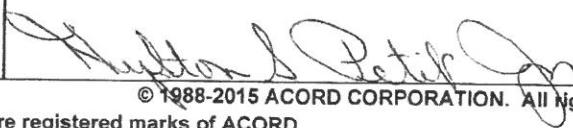
## CERTIFICATE HOLDER

## CANCELLATION

THE JEFFERSON PARISH, ITS DISTRICTS, DEPARTMENTS AND AGENCIES UNDER THE DIRECTION OF THE PARISH PRESIDENT & THE PARISH COUNCIL  
200 DERBIGNY ST., GRETN, 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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| <b>PRODUCER</b><br><br>Hylton S Petit, Jr<br>2705 Florida Ave<br>Kenner, La 70062 | <b>CONTACT NAME:</b> Hylton S Petit, Jr                          |                                    |               |
|  | <b>PHONE (A/C, No, Ext):</b> 504-461-0171                        | <b>FAX (A/C, No):</b> 504-461-0289 |               |
|  | <b>E-MAIL ADDRESS:</b> hylton.petit.b27x@statefarm.com           |                                    |               |
| <b>INSURED</b><br><br>Beacon Air Cond Inc<br>317 E 3RD St<br>Kenner, la 70062-7103   | <b>INSURER(S) AFFORDING COVERAGE</b>                             |                                    | <b>NAIC #</b> |
|  | <b>INSURER A:</b> State Farm Mutual Automobile Insurance Company |                                    | 25178         |
|  | <b>INSURER B:</b>  |                                    |               |
|  | <b>INSURER C:</b>  |                                    |               |
|  | <b>INSURER D:</b>  |                                    |               |
|  | <b>INSURER E:</b>  |                                    |               |
|  |  | <b>INSURER F:</b>                  |               |

## COVERAGES

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|----------|--|-----------|----------|------------------|-------------------------|-------------------------|--|
|          | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          |                  |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$ |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY     | N         | N        | 370 6777-A09-18N | 07/09/2021              | 01/09/2022              | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$ 1,000,000<br>BODILY INJURY (Per accident) \$ 1,000,000<br>PROPERTY DAMAGE (Per accident) \$ 1,000,000<br>\$      |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$   |           |          |                  |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N       | 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)

## CERTIFICATE HOLDER

## CANCELLATION

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AUTHORIZED REPRESENTATIVE

