

DATE: 5/20/2025

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00147946

JEFFERSON PARISH

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

VENDOR: 27118 BLANK BID COPY VENDOR

PURCHASING SPECIALIST:
SCHAMPAGNE

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

10 days
1 week
1 week

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)

60735

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

FIRM NAME: <u>All-American Construction Mgmt</u>	
SIGNATURE: <u>Daniel Kempton</u> (Must be signed here)	TITLE: <u>owner/manager</u>
PRINT OR TYPE NAME: <u>Daniel Kempton</u>	
ADDRESS: <u>472 Fairfield Ave</u>	
CITY, STATE: <u>Gretna, LA</u>	ZIP: <u>70056</u>
TELEPHONE: <u>(504) 650-0718</u>	FAX: <u>()</u>
EMAIL ADDRESS: <u>danielkemptonspf@yahoo.com</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 9,000.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00147946

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>PROVIDE LABOR, MATERIALS, AND ANY ESSENTIALS NEEDED TO FURNISH AND APPLY EPOXY COATING FOR JEFFERSON PARISH FIRE TRAINING CENTER</p> <p>0010 LABOR, EQUIPMENT, & MATERIALS TO PUT AN EPOXY COATING ON AN EXISTING CONCRETE FLOOR.</p> <p>SCOPE OF WORK INCLUDES:</p> <ol style="list-style-type: none">1. CLEAN AND PREP THE EXISTING CONCRETE FLOOR TO PREPARE FOR NEW EPOXY COATING.2. APPLY A SIKA FLOOR 161-PRIMER PER THE MANUFACTURE'S REQUIREMENTS3. APPLY A SIKA FLOOR 264 COAT COLOR TO BE DARK GRAY.4. APPLY A SIKA FLOOR 510 POLYASPARTIC FINISH COAT.5. THE PRIMER AND FIRST COAT WILL HAVE A SLIP RESISTANCE AGGREGATE6. ALL WORK WILL BE DONE IN A PROFESSIONAL MANNER AND ALL JOB-RELATED DEBRIS REMOVED PROPERLY. <p>EXCLUDES: MECHANICAL WORK, ELECTRICAL WORK, PLUMBING WORK</p> <p>LOCATION: 3221 RIVER ROAD BRIDGE CITY, LA 70094</p> <p>CONTACT FOR SITE VISIT: DAVID SAUNDERS (504)437-9150</p>	\$ <u>9,000⁰⁰</u>	\$ <u>9,000⁰⁰</u>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/10/2025

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 Bowles & Associates, Inc. 2804 Belle Chasse Hwy Gretna, LA 70053	CONTACT NAME:	
	PHONE (A/C, No, Ext): 504-362-0922	FAX (A/C, No): 504-362-8722
INSURED All American Construction Management LLC 472 FAIRFELD AVE GRETN, LA 70056	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Western world	
	INSURER B: Evanston	
	INSURER C: Stonetrust	
	INSURER D: PROGRESSIVE	
	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	Y	3AA834375	10/14/24	10/14/25	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 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 POLLUTION \$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							
	D	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS			989398520	11/14/24	05/14/25	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ MED PAY \$ 5,000
		<input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						
B		UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	Y	Y	EZXS3176266	10/14/24	10/14/25	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 DED \$ RETENTION \$
C	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 Y	N/A	Y	WCV0034179	02/22/25	02/22/26	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**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