

Jefferson Parish  
Purchasing Dept.

Bid # - 50-00125102

TASCH, LLC  
LA CONTRACTOR'S #  
45736

**BID/RFP RECEIPT**

Receipt of Bid/RFP Proposal No. SC125102

From: Joach d'c

Company's Name

Person Received Bid: Nicole Whitney

Number of Envelopes/Boxes Received: 1

Jefferson Parish Purchasing Department

Temporary Location:

Paul D. Connick Sr., Emergency Operations & Communications Center  
910 3<sup>rd</sup> Street,  
Gretna, LA 70053

RECEIVED  
2019 JAN 17 AM 10:29  
JEFFERSON PARISH  
PURCHASING



DATE: 1/03/2019

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00125102

JEFFERSON PARISH

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

VENDOR: : TASCH, LLC

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

12

14

7

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: #1

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 45736

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: <u>TASCH, LLC</u>	
SIGNATURE: (Must be signed here)	TITLE: <u>MANAGER</u>
PRINT OR TYPE NAME: <u>JACK ALLEN, JR.</u>	
ADDRESS: <u>1509 BRIDGE CITY AVE.</u>	
CITY, STATE: <u>BRIDGE CITY, LA</u>	ZIP: <u>70094</u>
TELEPHONE: <u>(504) 512-1432</u>	FAX: <u>( ) N/A</u>
EMAIL ADDRESS: <u>RANDYA@TASCHINC.COM</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 4300.00, FOB DELIVERED



TASCH-1 OP ID: LM

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/16/2018

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 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> GAYNELL J. MARTIN INSURANCE 1933 Hickory Avenue P.O. Box 23685 New Orleans, LA 70183-0685 Michael L. Martin, CPCU		<b>CONTACT NAME:</b> Michael L. Martin, CPCU <b>PHONE (A/C, No, Ext):</b> 504-737-8182 <b>FAX (A/C, No):</b> 504-738-3535 <b>E-MAIL ADDRESS:</b>																									
<b>INSURED</b> Tasch, LLC 1509 Bridge City Avenue Bridge City, LA 70094		<b>INSURER(S) AFFORDING COVERAGE</b> <table border="1"><tr><td>INSURER A:</td><td>Associated Industries Ins. Co.</td><td>NAIC #</td><td>23140</td></tr><tr><td>INSURER B:</td><td>Imperium Insurance Company</td><td></td><td>35408</td></tr><tr><td>INSURER C:</td><td>Evanston Insurance Company</td><td></td><td>35378</td></tr><tr><td>INSURER D:</td><td>AIG Property Casualty Company</td><td></td><td>19402</td></tr><tr><td>INSURER E:</td><td></td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td><td></td></tr></table>		INSURER A:	Associated Industries Ins. Co.	NAIC #	23140	INSURER B:	Imperium Insurance Company		35408	INSURER C:	Evanston Insurance Company		35378	INSURER D:	AIG Property Casualty Company		19402	INSURER E:				INSURER F:			
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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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	X	AES104606301	04/28/2018	04/28/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> 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	X	X	ILR180097801	04/28/2018	04/28/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	X	X	XOBW7615018	04/28/2018	04/28/2019	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
D	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	WC012883804	01/01/2018	01/01/2019	<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)

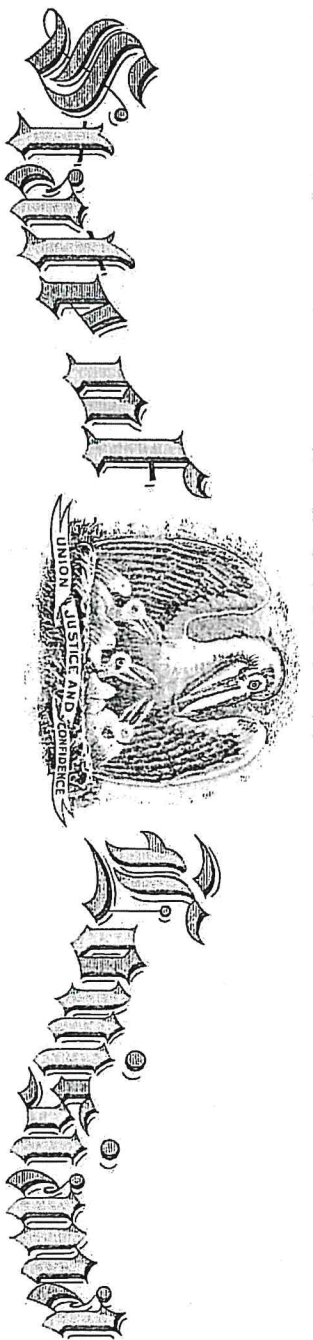
## CERTIFICATE HOLDER

## 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





## State Licensing Board for Contractors

This is to Certify that:

TASCH, L.L.C.  
1509 Bridge City Ave  
Bridge City, LA 70094

is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION; SPECIALTY: INSTALLATION OF EQUIPMENT, MACHINERY AND ENGINES;  
SPECIALTY: JANITORIAL SERVICES; SPECIALTY: PAINTING, COATING AND BLASTING (INDUSTRIAL  
AND COMMERCIAL); SPECIALTY: WATERPROOFING, COATING, SEALING, CONCRETE/MASONRY  
REPAIR



Expiration Date: July 20, 2020

License No: 45736

Witness our hand and seal of the Board dated,  
Baton Rouge, LA 21st day of July 2017

*Michael MacP*  
Director

*Joe Mallett*  
Chairman

This License Is Not Transferrable

*Andy Brown*  
Treasurer