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STATE FIRE LLC

7 pages includes cover

ATTN: M. CAMARDELLE



Bid Number 50-00118373

**PERFORM HOOD INSPECTIONS AT VARIOUS PLAYGROUNDS FOR THE
JEFFERSON PARISH DEPARTMENT OF PARKS AND RECREATIONS**

BID DUE: NOVEMBER 28, 2016 AT 11:00 AM

ATTENTION VENDORS!!!

Please review all pages and respond accordingly, complying with all provisions in the technical specifications and Jefferson Parish Instructions for Bidders and General Terms and Conditions. All bids must be received in the Purchasing Department by the bid due date and time.

Jefferson Parish Purchasing Department
200 Derbigny Street
General Government Building, Suite 4400
Gretna, LA 70053
Buyer Name: Misty A. Camardelle
Buyer Email: mcamardelle@jeffparish.net
Buyer Phone: 504-364-2683
FAX: 504-364-2693

11/16/2016 17:22 Jefferson Parish Purchasing

(FAX)5043642693

P.006/009

DATE: 11/16/2016

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00118373

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

VENDOR: 27118 BLANK BID COPY VENDOR

BUYER: MCAMARD

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 is to be done in a workman-like manner, according to standard practices. Any deviations or alterations from the specifications must be indicated and backup documentation supplied with your quotation.

DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

AS NEEDED

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

AS NEEDED

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

AS NEEDED

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 NOV. 18, 2016

NUMBER: _____

NUMBER: _____

NUMBER: _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) N/A

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: <u>STATE FIRE LLC</u>	
SIGNATURE: (Must be signed here) <u>Ch. Reinberg</u>	TITLE: <u>SALES REPRESENTATIVE</u>
PRINT OR TYPE NAME: <u>Don Weinberg</u>	
ADDRESS: <u>1415 4th STREET</u>	
CITY, STATE: <u>WESTBROOK, LOUISIANA</u>	ZIP: <u>70094</u>
TELEPHONE: <u>504 756-2344</u>	FAX: <u>504 371-1110</u>
EMAIL ADDRESS: <u>don.statefire@hotmail.com</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 675.00

11/16/2016 17:22 Jefferson Parish Purchasing

DATE: 11/16/2016

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INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00118373

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			PERFORM HOOD INSPECTIONS AT VARIOUS PLAYGROUNDS FOR THE JEFFERSON PARISH DEPARTMENT OF PARKS AND RECREATIONS	\$135 ⁰⁰	\$135 ⁰⁰
1	1.00	ONLY	0001 - Annual Hood Inspection at Mike Miley Playground located at 6713 West Metairie Ave. Metairie, La 70003. To include Dixie Youth Concession Stand, stove tops in meeting rooms 1,2,& 3, class kitchen in room #3, and gym concession.	\$135 ⁰⁰	\$135 ⁰⁰
2	1.00	ONLY	0002 - Annual Hood Inspection at Johnny Bright Playground located at 3401 Cleary Avenue Metairie, La 70002, to include Gym Concession Stand.	\$135 ⁰⁰	\$135 ⁰⁰
3	1.00	ONLY	0003 - Annual Hood Inspection at Jefferson Playground located at 4100 South Drive Jefferson, La 70121. To include gym concession and meeting room stove top.	\$135 ⁰⁰	\$135 ⁰⁰
4	1.00	ONLY	0004 - Annual Hood Inspection at Girard Playground located at 5300 Irving Street Metairie, La 70003, to include outside concession by West Esplanade Ave.	\$135 ⁰⁰	\$135 ⁰⁰
5	1.00	ONLY	0005 - Annual Hood Inspections at Little Farms Playground located at 10301 South Park Street River Ridge, La 70123. To make an appointment to view sites, please contact John Doyle at 504-736-6999 Ext. 203		



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 10/10/2016

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 Insurance Solutions of America 925 West State Road 434, Ste 201 Winter Springs FL 32708		CONTACT NAME: PHONE (A/C, No, Ext): 407-332-0033 E-MAIL: certs@isolutionsfl.com ADDRESS: FAX (A/C, No): 407-332-0030															
INSURED State Fire LLC 5612 4th St. Suite A Marrero LA 70072		INSURER(S) AFFORDING COVERAGE <table border="1"> <thead> <tr> <th>INSURER</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: National Union Fire Insurance Co. o</td> <td>19445</td> </tr> <tr> <td>INSURER B: Bridgefield Casualty Ins. Co.</td> <td>10335</td> </tr> <tr> <td>INSURER C: Allstate Insurance Company</td> <td>19232</td> </tr> <tr> <td>INSURER D: Rockhill Insurance Company</td> <td>28053</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER	NAIC #	INSURER A: National Union Fire Insurance Co. o	19445	INSURER B: Bridgefield Casualty Ins. Co.	10335	INSURER C: Allstate Insurance Company	19232	INSURER D: Rockhill Insurance Company	28053	INSURER E:		INSURER F:	
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INSURER F:																	

COVERAGES

CERTIFICATE NUMBER: 321205248

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 SUBR INSD: WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
D	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		RFSCAK000575-00	9/18/2016	9/18/2017	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 - COM/OP AGG \$2,000,000
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		648273764 00	3/16/2016	3/16/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$		EBU015032875	9/18/2016	9/18/2017	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000
B	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	0195-39036-0	5/16/2016	5/16/2017	<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 is subject to all policy limits, conditions and exclusions.
 The Parish of Jefferson, its Districts, Departments and Agencies under the direction of the Parish President and the Parish Council.
 Department of Jeff Cap - Head Start
 Bid # 50-117887

CERTIFICATE HOLDER

CANCELLATION

Jefferson Parish Dept of Jeff Cap-Head Start 1221 Elmwood Park Blvd Jefferson LA 70123	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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Non-Public Works Bid

AFFIDAVIT

STATE OF LOUISIANAPARISH/COUNTY OF JEFFERSON

BEFORE ME, the undersigned authority, personally came and appeared: Don
Weinberg, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized Sales Representative of STATE FIRE LLC (Entity),
the party who submitted a bid in response to Bid Number 50-00118373 to the Parish of
Jefferson.

Affiant further said:

Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required
attachment):

Choice A

Attached hereto is a list of all campaign contributions, including the date and amount of each contribution, made to current or former elected officials of the Parish of Jefferson by Entity, Affiant, and/or officers, directors and owners, including employees, owning 25% or more of the Entity during the two-year period immediately preceding the date of this affidavit or the current term of the elected official, whichever is greater. Further, Entity, Affiant, and/or Entity Owners have not made any contributions to or in support of current or former members of the Jefferson Parish Council or the Jefferson Parish President through or in the name of another person or legal entity, either directly or indirectly.

Choice B X

there are NO campaign contributions made which would require disclosure under Choice A of this section.

Debt Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.

Choice B X There are NO debts which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

[The remainder of this page is intentionally left blank.]

That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.

Donald Weinberg
Signature of Affiant

Donald Weinberg
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 11th DAY OF November, 2016.

Notary Public

Printed Name of Notary

Notary/Bar Roll Number

My commission expires _____.

258999

Form W-9
(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Name (as shown on your income tax return)
State here: L.L.C.
Business name/registered entity name, if different from above
State here: L.L.C.
Check appropriate box for federal tax classification (check only one):
☐ Individual sole proprietor
☐ C Corporation
☒ S Corporation
☐ Partnership
☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership)
☐ Other (see instructions)
Address (number, street, and apt. or suite no.)
5612 4th Street, Suite A
City, state, and ZIP code
Metairie, LA 70072
Requester's name and address (optional)
Last account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. If you are a partnership, enter the EIN. If you do not have a number, see how to get a TIN on page 3.
Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification
Under penalties of perjury, I certify that:
1. The number shown on this form is my current taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).
Certification instructions: You must check item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign this certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here: *Adam Ayfene* Date: 8/26/2011

General Instructions
Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form
A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partner's share of effectively connected income.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.
Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:
• An individual who is a U.S. citizen or U.S. resident alien,
• A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
• An estate (other than a foreign estate), or
• A domestic trust (as defined in Regulations section 301.7701-7).
Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partner's share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.