

REJECTED

DATE: 3/13/2015

INVITATION TO BID
IN AN ORDER

Page: 4

ALL BID REQUIREMENTS NOT MET

BID NO.: 50-00112736

JEFFERSON PARISH
PURCHASING DEPARTMENT
P.O. BOX 8
GRETNA, LA. 70054-0008
504-364-2678

VENDOR: _____

BUYER: LFRANCIS

Bids will be received until 11:00 AM, 3/24/2015 via fax: 504-364-2693 or via online at www.jeffparish.net

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	_____
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) 56071

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: <u>B+H Roofing LLC</u>	
SIGNATURE: <u>John Harris</u> (Must be signed here)	TITLE: <u>Owner</u>
PRINT OR TYPE NAME: <u>John Harris B+H Roofing LLC</u>	
ADDRESS: <u>30226 N. Dixie Ranch Rd</u>	
CITY, STATE: <u>Lacombe LA 70445</u>	ZIP: <u>70445</u>
TELEPHONE: <u>(987) 960 6090</u>	FAX: <u>985 882-3338</u>
EMAIL ADDRESS: <u>Jharris5678@aol.com</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ _____

Proposal

GENERAL CONTRACTING
Member of the BBB



B & H ROOFING, LLC

30226 N. Dixie Ranch Rd. • Lacombe, LA 70445
 New Orleans: 504-242-6333 • 504-889-4470 • 504-834-5353
 Northshore: Slidell: 985-639-1552 • Mand/Cov. 985-892-1561
 Fax: 985-882-3338 • Email: jharris5678@aol.com
 Make checks payable to : JOHN HARRIS or CHRIS SHANNON

ALL TYPE ROOFS
Repaired and Coated



LA STATE LIC.#
56071

FLAT ROOFS
SLATE, METAL

Proposal Submitted To <u>JEFF Parish</u>		Telephone <u>504 736-6999</u>	Date <u>3-18-15</u>
Street <u>8301 W Metairie Ave</u>		Job Name <u>EXT 127</u>	
City, State, and Zip Code <u>Met LA 70003</u>		Job Location <u>Kyle</u>	
Architect _____	Date of Plans _____	Job Phone _____	

We hereby submit specifications and estimates for:

- Tear Off Old Roof & Haul Away
- Re-Felt Entire Roof With 15lb. Felt
- Replace All Roof Vents (Excludes Hot Water Vents & Furnaces)
 - Turbin
 - Electric Attic Fan
 - Ridge Vent
- Replace All Drip Edge
- Re-Shingle Entire Roof With _____
- Wood Work Extra Charge
- Valleys _____ Ft.
- Clean All Debris & Trash From Job Site

OTHER

- ① Tear off old Flat Roof
- ② Replace Rotted Decking
- ③ Install New Glass Box over Deck with cont strip Along walls
- ④ Install a 2 Ply torch down system on roof one layer of smooth and one layer of white granulated GAF being spec. product
- ⑤ Replace 2 SCUPPERS on each side of wall to drain ROOF
- ⑥ Install New Metal wall cap
- ⑦ Replace back wall Flashing
- ⑧ Haul off all trash

12 year workmanship warranty
plywood additional 75⁰⁰ per sheet

We Propose hereby to furnish material and labor - complete in accordance with above specifications, for the sum of: _____ dollars (\$ 10,800⁰⁰)

Payment to be made as follows: (Make checks payable to John Harris OR Chris Shannon) **15% Cancellation Charge**

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra cost will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements are contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Other contractors nor insurance companies make or set our prices. Should it be necessary initiate legal action to collect any unpaid sums, customer agrees to pay any legal fees incurred, plus court costs and accrued interest.

Authorized Signature

Note: This proposal may be withdrawn by us if not accepted within 30 days.

Acceptance of Proposal - The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Authorized Signature

Witness

Signature _____ (Date) _____

Date of Acceptance _____
By signing I acknowledge my waiver of the three day right to rescind.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/28/2015

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 TWFG Insurance Services 1201 Lake Woodlands Dr. Suite 4020 The Woodlands TX 77380		CONTACT NAME: Kimberly S. Cook PHONE A/C No.: 985-641-6157 E-MAIL ADDRESS: kcook@twfg.com PRODUCER CUSTOMER ID: BR248A		FAX A/C No.: 985-641-1483
INSURED B & H Roofing/ Roof Repairs, LLC 30226 N Dixie Ranch Rd. Lacombe LA 70445		INSURER(S) AFFORDING COVERAGE		
		INSURER A: Seneca Specialty Insurance Company		NAIC #
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E: Hartford Insurance Company		
		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	ADD'L INSR	INSR WVD	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			BDG-1018273-2	01/23/2015	01/23/2016	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
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ-ECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED 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 DEDUCTIBLE \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
E	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		61 WEC ZT9018	02/10/2015	02/10/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

****For Insured Purposes****	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 Kimberly S. Cook