

**REJECTED**

DATE: 3/13/2015

INVITATION TO BID  
INSTRUCTIONS AND ORDER

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BID NO.: 50-00112736

**JEFFERSON PARISH**PURCHASING DEPARTMENT  
P.O. BOX 8  
GRETN, 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](http://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>( )</u>
EMAIL ADDRESS: <u>Jharris5678@aol.com</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ \_\_\_\_\_

GENERAL CONTRACTING  
Member of the BBB



# Proposal

## 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 cant strip Along walls
- ④ Install a Z 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 75.00 per sheet

**We Propose** hereby to furnish material and labor - complete in accordance with above specifications, for the sum of:

Payment to be made as follows: (Make checks payable to John Harris OR Chris Shannon) 15% Cancellation Charge dollars (\$ 10,800.00)

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.

John Harris  
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.

Date of Acceptance

Authorized Signature

Witness

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

Signature \_\_\_\_\_ (Date) \_\_\_\_\_



# 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).

<b>PRODUCER</b> TWFG Insurance Services 1201 Lake Woodlands Dr. Suite 4020 The Woodlands TX 77380		<b>CONTACT NAME:</b> Kimberly S. Cook <b>PHONE A/C No.</b> 985-641-6157 <b>E-MAIL ADDRESS:</b> kcook@twfg.com <b>PRODUCER CUSTOMER ID:</b> BR248A		<b>FAX A/C No.:</b> 985-641-1483
<b>INSURED</b> B & H Roofing/ Roof Repairs, LLC 30226 N Dixie Ranch Rd. Lacombe LA 70445		<b>INSURER(S) AFFORDING COVERAGE</b>		
		<b>INSURER A:</b> Seneca Specialty Insurance Company		
		<b>INSURER B:</b>		
		<b>INSURER C:</b>		
		<b>INSURER D:</b>		
		<b>INSURER E:</b> Hartford Insurance Company		
		<b>INSURER F:</b>		

## 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 SUBR 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				
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ-ECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COM/OP AGG \$ 2,000,000
	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	V/N <input checked="" type="checkbox"/> Y	61 WEC ZT9018	02/10/2015	02/10/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER
						E.L. EACH ACCIDENT \$ 100,000
						E.L. DISEASE - 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