

All Public Work Projects are required to use the Louisiana Uniform Public Work Bid Form

All prices must be held firm unless an escalation provision is requested in this bid. Jefferson Parish will allow one escalation during the term of the contract, which may not exceed the U.S. Bureau of Labor Statistics National Index for all Urban Consumers, unadjusted 12 month figure. The most recently published figure issued at the time an adjustment is requested will be used. A request must be made in writing by the vendor, and the escalation will only be applied to purchases made after the request is made.

Are you requesting an escalation provision?

YES _____ NO ✓

MAXIMUM ESCALATION PERCENTAGE REQUESTED _____%

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF _____.

For the purposes of comparison of bids when an escalation provision is requested, Jefferson Parish will apply the maximum escalation percentage quoted by the bidder to the period to which it is applied in the bid. The initial price and the escalation will be used to calculate the total bid price. It will be assumed, for comparison of prices only, that an equal amount of material or labor is purchased each month throughout the entire contract.

DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 26581

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: Industrial & Mechanical Contractors, Inc.

ADDRESS: 757 Central Ave.

CITY, STATE: Jefferson, LA ZIP: 70121

TELEPHONE: (504) 733-9141 FAX: (504) 733-9144

EMAIL ADDRESS: indmech@imcnola.com

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: 1

NUMBER: _____

NUMBER: _____

NUMBER: _____

TOTAL PRICE OF ALL BID ITEMS: \$ 175,000.00

AUTHORIZED SIGNATURE: Harold Heidingsfelder

Harold Heidingsfelder
Printed Name

TITLE: President

SIGNING INDICATES YOU HAVE READ AND COMPLY WITH THE INSTRUCTIONS AND CONDITIONS.

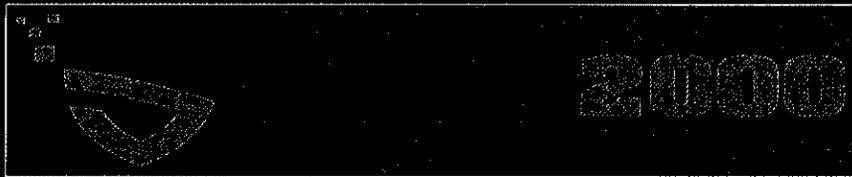
NOTE: All bids should be returned with the BID NUMBER and BID OPENING DATE indicated on the outside of the envelope submitted to the Purchasing Department.

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00141651

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>Labor, Materials and Equipment Necessary to Remove Existing, Provide and Install Shower Stalls as the Jefferson Parish Correctional Center for the Department of General Services</p> <p>0010 - PROVIDE ALL LABOR, MATERIALS, AND EQUIPMENT NECESSARY TO FURNISH AND REPLACE SIX (6) STAINLESS STEEL SHOWER CABINETS IN CELL NUMBERS 2A LEFT, 2B LEFT, 2C RIGHT, 3B LEFT, 3D RIGHT, AND 4B LEFT PER THE ATTACHED SPECIFICATIONS AT THE FOLLWOING LOCATION:</p> <p>JEFFERSON PARISH CORRECTIONAL CENTER 100 DOLHONDE STREET GRETNA, LA 70053</p> <p>REF NO. 1380 23</p> <p>ORDERED BY/FOR: G.FOLSE</p>	<p>\$ 175,000.00</p>	<p>\$ 175,000.00</p>



Bid Bond in Accordance with Contract Specifications

SLA04122215

Industrial and Mechanical Contractors, Inc.

Bond Number

Principal Name

757 Central Ave, Jefferson, LA, 70121, US

Principal Address

Principal Signature

Jefferson Parish

200 Derbigny Street, Gretna, LA, 70053, US

Owner/Obligee Name

Owner/Obligee Address

Bond Information

04-13-2023

Bld Date

Hartford Accident and Indemnity Company

Surety

41208

Contractor Vendor ID Number

50-00141651

Contract ID Number

Bid Number 50-00141651 Labor, Materials and Equipment Necessary to Remove Existing, Provide and Install Shower Stalls at the Jefferson Parish Correctional Center for the Department of General Services.

Description of Job

Five Percent

Amount of Bid Security

Bid Security Maximum

5%

Bid Security Percentage

Elizabeth M Blancher

Attorney-in-Fact

Marsh McLennan Agency, LLC

Bond Entered and Executed By

Primary Agency

Attorney-In-Fact Signature

Know all men by these presents that Hartford Accident and Indemnity Company, a Corporation duly organized under the laws of the State of CT, are held and firmly bound unto the above owner/obligee by the transmission. The surety agrees to waive the statute of Fraud defense and further agrees that the owner/obligee is a third party beneficiary of the waiver for the purposes of enforcing this bid bond.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/12/2023

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 have ADDITIONAL INSURED provisions or 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 Eustis Insurance & Benefits, a Marsh & McLennan Agency LLC Company 110 Veterans Memorial Blvd. Ste 200 Metairie LA 70005	CONTACT NAME: Denise Dauth PHONE (A/C, No. Ext): 504-430-9179 E-MAIL ADDRESS: denise.dauth@marshmma.com	FAX (A/C, No.): 504-565-5219
	INSURER(S) AFFORDING COVERAGE	
INSURED Industrial and Mechanical Contractors, Inc. 757 Central Ave Jefferson LA 70121	INSURER A: Phoenix Insurance Company NAIC # 25623	
	INSURER B: Travelers Property Casualty Co of Amer 25674	
	INSURER C: LUBA Indemnity Insurance Company 16001	
	INSURER D: Navigators Specialty Insurance Company 36056	
	INSURER E: Travelers Indemnity Co of America 25866	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 1095854646

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
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:		DTCO7D07585APHX22	11/15/2022	11/15/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
E	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY		BA0L88815A2226G	11/15/2022	11/15/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		CUP0K9238422226	11/15/2022	11/15/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
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 <input checked="" type="checkbox"/> N N/A		027000300351122	11/15/2022	11/15/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B D	Equipment Floater Contractors' Pollution		QT6601L169139TIL22 MP22ECPZ0CPHQIC	11/15/2022 10/24/2022	11/15/2023 10/24/2023	Rented/Leased Equip. Each Incident/Aggreg. 250000 1,000,000

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

Additional Insured form # CG D6 04 edition 02/19 applies to the General Liability policy only when there is a written contract between the named insured and the certificate holder that requires such status.

Waiver of subrogation form # CG D3 16 edition 02/19 applies to the General Liability policy only when there is a written contract between the named insured and the certificate holder that requires such wording.

Primary & Non-Contributory form # CG D3 16 edition 02/19 applies to the General Liability policy that may apply only when there is a written contract between the named insured and the certificate holder that requires such wording.

Additional Insured form # CA F1 06 edition 02/15 applies to the Automobile Liability policy only when there is a written contract between the named insured and See Attached...

CERTIFICATE HOLDER**CANCELLATION**

Jefferson Parish Purchasing Department
 200 Derbigny St
 General Government Building
 Suite 4400
 Gretna LA 70053

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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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

AGENCY Eustis Insurance & Benefits,		NAMED INSURED Industrial and Mechanical Contractors, Inc. 757 Central Ave Jefferson LA 70121	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

the certificate holder that requires such status.
 Waiver of subrogation form # CA F1 06 edition 02/15 applies to the Automobile Liability policy only when there is a written contract between the named insured and the certificate holder that requires such wording.

Waiver of subrogation form # WC 00 03 13 edition 04/84 applies to the Workers Compensation policy only when there is a written contract between the named insured and the certificate holder that requires such wording.

Per policy forms, the General Liability, Automobile Liability, and Excess liability policies includes a blanket notice of cancellation to the certificate holder endorsement, providing for (60) days' advance written notice if the policy is canceled by the company, or 10 days' written notice before the policy is canceled for nonpayment of premium. Notice is sent to certificate holders with mailing addresses on file with the agent or the company. The endorsement does not provide for notice of cancellation to the certificate holder if the named insured requests cancellation.

All forms available upon written request.

re: 50-00141651
 Jefferson Parish Correctional Center for the Department of General Services

Industrial & Mechanical Contractors, Inc.

• P.O. BOX 10008 • 757 CENTRAL AVENUE •
• JEFFERSON, LOUISIANA 70181 •
• (504) 733-6266 FAX (504) 733-9144 •

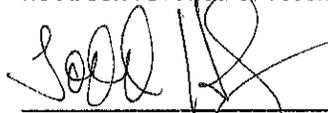
CORPORATE RESOLUTION

Excerpt from minutes of meeting of the Board of Directors of Industrial & Mechanical Contractors, Inc.

At the meeting of the Directors of Industrial & Mechanical Contractors, Inc., duly noticed and held on April 10, 2023, a quorum being there present, on motion duly made and seconded, it was:

Resolved that Harold Heidingsfelder, be and is hereby appointed, constituted and designated as agent and attorney-in-fact of the corporation with full power and authority to act on behalf of this corporation in all negotiations, bidding, concerns and transactions with the Parish of Jefferson, Bid No. 50-00141651, or any of its agencies, departments, employees or agents, including but not limited to, the execution of all bids, papers, documents, affidavits, bonds, sureties, contracts and acts and to receive all purchase orders and notices issued pursuant to the provisions of any such bid or contract, this corporation hereby ratifying, approving, confirming and accepting each and every such act performed by said agent and attorney-in-fact.

I hereby certify the foregoing to be a true and correct copy of an excerpt of the minutes of the above dated meeting of the Board of Directors of said corporation, and the same has not been revoked or rescinded.



Todd Heidingsfelder

Secretary-Treasurer

April 10, 2023

Date

Non-Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: Harold
Heidingsfelder, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized President of Industrial & Mechanical
Contractors, Inc. (Entity),
the party who submitted a bid in response to Bid Number 50-00141651, 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.

Harold Heidingsfelder
Signature of Affiant

Harold Heidingsfelder
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 12th DAY OF April, 20 23

Sheree L Kerner
Notary Public

Sheree L Kerner
Printed Name of Notary

144791
Notary/Bar Roll Number

My commission expires w/ th life

Sheree L. Kerner
Notary Public
State of Louisiana, Parish of Jefferson
Notary #144791
My Commission Expires with Life