

📍 2525 Quail Drive, Baton Rouge, 70808 📞 (225) 765-2301 💬 Text-To-Verify: 1 (855) 999-7896 

## Louisiana State Licensing Board for Contractors

### Contractor Information

**Business Name** BEACON AIR CONDITIONING, HEATING AND REFRIGERATION, INC.  
**Mailing Address** 317 Third Street  
Kenner, LA 70062  
**Phone Number** (504) 467-8698  
**Fax Number** (504) 466-4996  
**Email Address** shelley512@cox.net  
**Website** http://null

### Active Licenses

**License Number** 35350  
**Type** Commercial License  
**Status** LICENSED  
**Effective** 07/16/2015  
**Expiration** 07/15/2018  
**First Issued** 07/15/1999

### Classifications

Class	Qualifying Party	Parishes
BUSINESS AND LAW	Daniel David Chatelain II	ALL
BUSINESS AND LAW	Eugene J. Larroux	ALL
MECHANICAL WORK (STATEWIDE)	Daniel David Chatelain II	ALL
MECHANICAL WORK (STATEWIDE)	Eugene J. Larroux	ALL

DATE: 2/09/2018

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00122176

**JEFFERSON PARISH**

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

VENDOR:

BUYER: DREAMEY

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

8 weeks

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

8 weeks

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

5 days

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) 35350

<b>*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***</b>	
FIRM NAME: <u>Beacon Air Conditioning Heating + Refrigeration Inc.</u>	
SIGNATURE: <u>Merrick Matherne</u>	TITLE: <u>Office Manager</u>
(Must be signed here)	
PRINT OR TYPE NAME: <u>Merrick Matherne</u>	
ADDRESS: <u>317 E. 3<sup>rd</sup> Street</u>	
CITY, STATE: <u>Kenner, LA</u>	ZIP: <u>70062</u>
TELEPHONE: <u>(504) 467-8698</u>	FAX: <u>(504) 466-4996</u>
EMAIL ADDRESS: <u>merrick.beacon@bellsouth.net</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 12,600.00

DATE: 2/09/2018

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## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00122176

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	ONLY	<p>LABOR, EQUIPMENT &amp; MATERIALS NECESSARY TO REMOVE AND REPLACE FOUR (4) HEATERS FOR THE JEFFERSON PARISH DEPARTMENT OF STREETS.</p> <p>0001 REMOVING AND REPLACING 4 HEATERS AT 211 ARNOULT RD. JEFFERSON, LA</p> <p>1. REMOVE AND DISPOSE OF (4) WAREHOUSE UNIT HEATERS, VENT PIPE AND WALL THERMOSTATS  2. PROVIDE AND INSTALL (4) LENNOX GAS UNIT HEATERS M# LF24-100A-6  3. INSTALL NEW DOUBLE WALL VENT PIPE THROUGH EXISTING ROOF JACK INCLUDING VENT CAP, STORM COLLAR, THIMBLE AND ALL NECESSARY MATERIAL.  4. REPLACE ISOLATION GAS VALVE WITH ENW BALL VALVE TYPE, PROVIDE DRIP LEG AND UNION ON EACH GAS LINE FEEDING HEATER. NO FLEX LINES ARE ALLOWED  5. FURNISH HONEYWELL DIGITAL CONTROLLER WITH FACTORY HEATING LIMITS SET TO 68 DEGREES F P/N TH114A-024T  6. PROVIDE 20AMP 115V HEAVY DUTY TOGGLE SWITCH ON EACH UNIT  7. PERFORM START UP AND PROGRAMMING</p> <p>SCISSOR LIFT, LADDERS, SCAFFOLDING SHALL BE PROVIDED BY THE CONTRACTOR</p>	12,600 <sup>00</sup>	12,600 <sup>00</sup>
					12,600 <sup>00</sup>

## CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF

Beacon Air Conditioning Heating + Refrigeration Inc  
INCORPORATED.

AT THE MEETING OF DIRECTORS OF Beacon Air Conditioning  
INCORPORATED, DULY NOTICED AND HELD ON February 20th 2018  
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT  
WAS:

RESOLVED THAT Merrick Matherne, 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 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.

Spencer Sandusky  
SECRETARY-TREASURER

2/20/18  
DATE




# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/19/2018

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>  <b>State Farm</b>  Hylton S Petit, Jr 2705 Florida Ave. Kenner, La 70062	<b>CONTACT NAME:</b> Hylton S Petit Jr <b>PHONE (A/C, No, Ext):</b> 504-461-0171 <b>FAX (A/C, No):</b> 504-461-0289 <b>E-MAIL ADDRESS:</b> hylton.petit.b27x@statefarm.com
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> State Farm Mutual Automobile Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b> Beacon Air Cond Inc 317 E 3 Rd St Kenner, La 70062-7103	<b>NAIC #</b> 26178

**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 SUBR INSD / WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	N N	060 7875-B09-18M	02/09/2018	08/09/2018	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

**CERTIFICATE HOLDER****CANCELLATION**

THE PARISH OF JEFFERSON, ITS DISTRICTS,  
DEPARTMENTS AND AGENCIES UNDER THE DIRECTION  
OF THE PARISH PRESIDENT AND THE PARISH COUNCIL  
Jefferson Parish Department of Streets  
211 Arnould Rd., Jefferson, La 70123  
Bld # 50-00122176

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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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/19/2018

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 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).

<b>PRODUCER</b> Riverlands Insurance Services Inc. 492 West 5th Street  LaPlace LA 70068		<b>CONTACT NAME:</b> Kayla Williams <b>PHONE (A/C, No, Ext):</b> (985) 652-5505 <b>FAX (A/C, No):</b> (985) 652-4039 <b>E-MAIL ADDRESS:</b> kwilliams@rivins.com		
<b>INSURED</b>  Beacon Air Conditioning, Heating & Refrigeration, Inc. 317 E 3rd Street  Kenner LA 70062		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
		INSURER A: America First		
		INSURER B: Ohio Security Insurance Company		
		INSURER C: Bridgefield Casualty Insurance Co		10335
		INSURER D:		
		INSURER E:		
		INSURER F:		

**COVERAGES****CERTIFICATE NUMBER:** 18-19**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BKS1855818871	01/31/2018	01/31/2019	EACH OCCURRENCE \$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000				
			MED EXP (Any one person) \$ 15,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							Employee Benefits \$ 25,000
							COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
B	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			ESO55818871	01/31/2018	01/31/2019	EACH OCCURRENCE \$ 5,000,000
			AGGREGATE \$ 5,000,000				
							\$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			019803840	01/31/2018	01/31/2019	<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				
A	Employment Practices Liability			BKS1855818871	01/31/2018	01/31/2019	Each Claim 12,500 Aggregate 12,500

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

Jefferson Parish Department of Streets  
BID # 50-00122176

General Aggregate Limit applies per project. Cert Holder is listed as an additional insured and a Waiver of Subrogation is provided in favor of the certificate holder with respects to the GL policy. Waiver of Subrogation is provided with respects to the WC as required by written contract.

**CERTIFICATE HOLDER****CANCELLATION**The Parish of Jefferson, Its Districts, Departments and Agencies under  
211 Arnoult Rd

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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# Western Surety Company

## BID BOND (Percentage)

Bond Number: 200136

KNOW ALL PERSONS BY THESE PRESENTS, That we \_\_\_\_\_  
Beacon Air Conditioning, Heating & Refrigeration, Inc. \_\_\_\_\_ of  
317 Third Street, Kenner, LA 70062 \_\_\_\_\_, hereinafter  
referred to as the Principal, and Western Surety Company \_\_\_\_\_,  
as Surety, are held and firmly bound unto Jefferson Parish Purchasing Dept  
of 200 Derbigny St, Gen Gov Bldg, Ste 4400, Gretna, LA 70053 \_\_\_\_\_,  
hereinafter referred to as the Obligor, in the sum of Five percent Amount Bid ( 5% AB %) percent of the greatest  
amount bid, for the payment of which we bind ourselves, our legal representatives, successors and assigns, jointly  
and severally, firmly by these presents.

WHEREAS, Principal has submitted or is about to submit a proposal to Obligor on a contract for \_\_\_\_\_  
No 50000122176 Remove/Replace Four Heaters for Jefferson Parish Dept of Streets \_\_\_\_\_

NOW, THEREFORE, if the said contract be awarded to Principal and Principal shall, within such time as may be  
specified, enter into the contract in writing and give such bond or bonds as may be specified in the bidding or  
contract documents with surety acceptable to Obligor; or if Principal shall fail to do so, pay to Obligor the  
damages which Obligor may suffer by reason of such failure not exceeding the penalty of this bond, then this  
obligation shall be void; otherwise to remain in full force and effect.

SIGNED, SEALED AND DATED this 2 day of March, 2018.

BeaconAirConditioning,Heating&Refrigeration,Inc  
(Principal)

By Merrick Wetherman (Seal)

Western Surety Company

(Surety)

By David B Tidmore (Seal)  
David B Tidmore, Lic No 114461 Attorney-in-Fact

# Western Surety Company

## POWER OF ATTORNEY APPOINTING INDIVIDUAL ATTORNEY-IN-FACT

Know All Men By These Presents, That WESTERN SURETY COMPANY, a South Dakota corporation, is a duly organized and existing corporation having its principal office in the City of Sioux Falls, and State of South Dakota, and that it does by virtue of the signature and seal herein affixed hereby make, constitute and appoint

**David B Tidmore, Individually**

of Metairie, LA, its true and lawful Attorney(s)-in-Fact with full power and authority hereby conferred to sign, seal and execute for and on its behalf bonds, undertakings and other obligatory instruments of similar nature

### - In Unlimited Amounts -

and to bind it thereby as fully and to the same extent as if such instruments were signed by a duly authorized officer of the corporation and all the acts of said Attorney, pursuant to the authority hereby given, are hereby ratified and confirmed.

This Power of Attorney is made and executed pursuant to and by authority of the By-Law printed on the reverse hereof, duly adopted, as indicated, by the shareholders of the corporation.

In Witness Whereof, WESTERN SURETY COMPANY has caused these presents to be signed by its Vice President and its corporate seal to be hereto affixed on this 2nd day of November, 2015.



WESTERN SURETY COMPANY

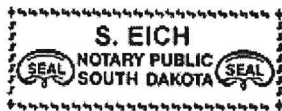
Paul T. Bruflat  
Paul T. Bruflat, Vice President

State of South Dakota }  
County of Minnehaha } ss

On this 2nd day of November, 2015, before me personally came Paul T. Bruflat, to me known, who, being by me duly sworn, did depose and say: that he resides in the City of Sioux Falls, State of South Dakota; that he is the Vice President of WESTERN SURETY COMPANY described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed pursuant to authority given by the Board of Directors of said corporation and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said corporation.

My commission expires

February 12, 2021



S. Eich  
S. Eich, Notary Public

### CERTIFICATE

I, L. Nelson, Assistant Secretary of WESTERN SURETY COMPANY do hereby certify that the Power of Attorney hereinabove set forth is still in force, and further certify that the By-Law of the corporation printed on the reverse hereof is still in force. In testimony whereof I have hereunto subscribed my name and affixed the seal of the said corporation this 3 day of March, 2018.



WESTERN SURETY COMPANY

L. Nelson  
L. Nelson, Assistant Secretary

Non-Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: Merrick  
Mathernae, (Affiant) who after being by me duly sworn, deposed and said that  
he/she is the fully authorized Agent of Beacon Air Conditioning  
Heating & Refrigeration (Entity),  
the party who submitted a bid in response to Bid Number 50-000102176 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 ☐

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** \_\_\_\_\_ 

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.

Merrick Matherne

Signature of Affiant

Merrick Matherne

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME  
ON THE 20th DAY OF FEBRUARY 2018.

[Signature]  
Notary Public

Kim J. Lord  
Printed Name of Notary

58462  
Notary/Bar Roll Number

My commission expires AT MY DEATH



KIM J. LORD  
Notary Public  
Notary ID No. 58462  
Tangipahoa Parish, Louisiana

## Louisiana Secretary of State

### Tom Schedler

#### SEARCH FOR LOUISIANA NOTARIES

A practicing notary in a parish may notarize in reciprocal parishes without additional bonding or examination.

You can also download information about all notaries on file. For more information, see Notary Bulk Data.

[Print](#)

#### Notary Search - Detail

**Name:** MS. KIM J. LORD

**Address:** 255 HICKORY AVE.  
HARAHAN, LA 70123

**Phone:** (504) 737-8922

**Notary ID Number:** 58462

**Parish:** TANGIPAHOA with STATEWIDE JURISDICTION

**Agency:** N/A

**Notary Type:** Non Attorney

**Status:** Active


**Commission Date:** 03/10/1999

**Oath Date:** 03/08/1999

**Surety Expiration Date:** 02/15/2019

**Annual Report Current:** Yes

[Back to Search Results](#)[New Search](#)

📍 2525 Quail Drive, Baton Rouge, 70808 📞 (225) 765-2301 📧 Text-To-Verify: 1 (855) 999-7896 

## Louisiana State Licensing Board for Contractors

### Contractor Information

**Business Name** PUBLIC CONSTRUCTION, INC.  
**Mailing Address** 14270 Old Genessee Road  
 Tickfaw, LA 70466  
**Phone Number** (985) 345-1298  
**Fax Number** (985) 345-2722  
**Email Address** sharkey798@aol.com  
**Website** http://

### Active Licenses

**License Number** 32570  
**Type** Commercial License  
**Status** LICENSED  
**Effective** 04/18/2018  
**Expiration** 04/17/2021  
**First Issued** 04/17/1997  
**License Number** 88756  
**Type** Residential License  
**Status** LICENSED  
**Effective** 12/16/2016  
**Expiration** 12/15/2019  
**First Issued** 12/15/2006  
**License Number** 250536  
**Type** Mold Remediation License  
**Status** LICENSED  
**Effective** 01/17/2018  
**Expiration** 01/16/2021  
**First Issued** 01/16/2014

### Classifications

Class	Qualifying Party	Parishes
BUILDING CONSTRUCTION	Ray Norman Sharkey	ALL
BUSINESS AND LAW	Ray Norman Sharkey	ALL
BUSINESS AND LAW	Ray Norman Sharkey	ALL
BUSINESS AND LAW	Ray Norman Sharkey	ALL
ELECTRICAL WORK (STATEWIDE)	Ray Norman Sharkey	ALL
HEAVY CONSTRUCTION	Ray Norman Sharkey	ALL
MECHANICAL WORK (STATEWIDE)	Ray Norman Sharkey	ALL
MOLD REMEDIATION CONTRACTOR	Ray Norman Sharkey	ALL
MUNICIPAL AND PUBLIC WORKS CONSTRUCTION	Ray Norman Sharkey	ALL
RESIDENTIAL BUILDING CONTRACTOR	Ray Norman Sharkey	ALL
SPECIALTY: ASBESTOS REMOVAL AND ABATEMENT	Randall Coyt Woods	ALL
SPECIALTY: LEAD BASED PAINT ABATEMENT AND REMOVAL	Randall Coyt Woods	ALL
SPECIALTY: RIGGING, HOUSE MOVING, WRECKING AND DISMANTLING	Randall Coyt Woods	ALL

**Class**

SPECIALTY: SOLAR ENERGY EQUIPMENT

**Qualifying Party**

Ray Norman Sharkey

**Parishes**

ALL

DATE: 2/09/2018

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00122176

## JEFFERSON PARISH

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

VENDOR:

BUYER: DREAMEY

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

3/28/2018

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

4/5/2018

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

4/19/2018

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) 32570**\*\*\* ALL BIDDERS MUST COMPLETE SECTION BELOW \*\*\***

FIRM NAME:

Public Construction Inc.

Secretary / Treasurer

SIGNATURE:

(Must be signed here)

TITLE:

PRINT OR TYPE NAME:

Ray N. Sharkey

ADDRESS:

14270 Old Genessee Road

CITY, STATE:

Tickfaw, Louisiana

ZIP:

70466

TELEPHONE:

(985) 345-1298

FAX:

(985) 345-2722

EMAIL ADDRESS:

sharkey798@aol.com

TOTAL PRICE OF ALL BID ITEMS: \$ 15,900.00

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00122176

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	ONLY	<p>LABOR, EQUIPMENT &amp; MATERIALS NECESSARY TO REMOVE AND REPLACE FOUR (4) HEATERS FOR THE JEFFERSON PARISH DEPARTMENT OF STREETS.</p> <p>0001 REMOVING AND REPLACING 4 HEATERS AT 211 ARNOULT RD. JEFFERSON, LA</p> <p>1. REMOVE AND DISPOSE OF (4) WAREHOUSE UNIT HEATERS, VENT PIPE AND WALL THERMOSTATS</p> <p>2. PROVIDE AND INSTALL (4) LENNOX GAS UNIT HEATERS M# LF24-100A-6</p> <p>3. INSTALL NEW DOUBLE WALL VENT PIPE THROUGH EXISTING ROOF JACK INCLUDING VENT CAP, STORM COLLAR, THIMBLE AND ALL NECESSARY MATERIAL.</p> <p>4. REPLACE ISOLATION GAS VALVE WITH ENW BALL VALVE TYPE. PROVIDE DRIP LEG AND UNION ON EACH GAS LINE FEEDING HEATER. NO FLEX LINES ARE ALLOWED</p> <p>5. FURNISH HONEYWELL DIGITAL CONTROLLER WITH FACTORY HEATING LIMITS SET TO 68 DEGREES F P/N TH114A-024T</p> <p>6. PROVIDE 20AMP 115V HEAVY DUTY TOGGLE SWITCH ON EACH UNIT</p> <p>7. PERFORM START UP AND PROGRAMMING</p> <p>SCISSOR LIFT, LADDERS, SCAFFOLDING SHALL BE PROVIDED BY THE CONTRACTOR</p> <p>** Lennox units to be replaced with crossed over ADP units. SEP-100AN NAT GAS UNIT HEATER 120V W/ SPARK IGNITION 24V CONTROLS ALUMINIZED STEEL HEATER EXHANGER 100,000 BTUH INPUT CAPACITY.</p> <p>** SEE ATTACHED.</p>	15,900.00	15,900.00

**Non-Public Works Bid**

**AFFIDAVIT**

**STATE OF** Louisiana

**PARISH/COUNTY OF** Tangipahoa

BEFORE ME, the undersigned authority, personally came and appeared: Ray N. Sharkey, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized Secretary/Treasurer of Public Construction Inc. (Entity), the party who submitted a bid in response to Bid Number 50-00122176, 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.

Ray N. Sharkey  
Signature of Affiant

Ray N. Sharkey  
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 27 DAY OF February, 2018.

Terri Crosby  
Notary Public  
Terri Crosby  
Printed Name of Notary  
051246  
Notary/Bar Roll Number

My commission expires For Life.

**TERRI CROSBY**  
**NOTARY PUBLIC - LOUISIANA**  
**# 051240**  
**MY COMMISSION IS FOR LIFE**

## Louisiana Secretary of State

### Tom Schedler

#### SEARCH FOR LOUISIANA NOTARIES

A practicing notary in a parish may notarize in reciprocal parishes without additional bonding or examination.

You can also download information about all notaries on file. For more information, see Notary Bulk Data.

[Print](#)

#### Notary Search - Detail

**Name:** MS. TERRI CROSBY  
**Address:** PO BOX 781  
TICKFAW, LA 70466  
**Phone:** (985) 878-3628  
**Notary ID Number:** 51240  
**Parish:** TANGIPAHOA with authority in the following parishes:  
LIVINGSTON, ST. HELENA  
**Agency:** N/A  
**Notary Type:** Non Attorney  
**Status:** Active  
**Commission Date:** 09/27/1995  
**Oath Date:** 09/21/1995  
**Surety Expiration Date:** 10/08/2020  
**Annual Report Current:** Yes

#### Notary Events

**Suspension** From: 11/27/2013 To: 12/18/2013  
**Suspension** From: 11/27/2012 To: 12/06/2012

Deceased, Inactivated, Leave of Absence, Pre-Assessment Registration, Pre-Assessment Taken, Resigned, Retirement, and Revoked events are not available prior to February 11, 2012.

[Back to Search Results](#)[New Search](#)



# CERTIFICATE OF LIABILITY INSURANCE

PUBLI-3

OP ID: JD

DATE (MM/DD/YYYY)

02/14/18

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> Blumberg and Associates, Inc. P. O. Box 750 Ponchatoula, LA 70454-0750 Randy Perise	<b>Phone: 985-386-3874</b>	<b>CONTACT NAME:</b> Julie Dominguez
	<b>Fax: 985-386-5541</b>	<b>PHONE (A/C, No, Ext):</b> 985-386-3874 <b>FAX (A/C, No):</b> 985-386-5541
<b>E-MAIL ADDRESS:</b> julied@blumbergassoc.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Western World		
<b>INSURER B:</b> Stonetrust Commercial Ins. Co.		
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**INSURED**  
Public Construction, Inc.  
P.O. Box 196  
Tickfaw, LA 70466

**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 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"/>	NPP8429972	11/20/17	11/20/18	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					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
	<b>GEN'L AGGREGATE LIMIT APPLIES PER:</b>					
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	<b>AUTOMOBILE LIABILITY</b>					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b>	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	<b>EXCESS LIAB</b>	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	<input type="checkbox"/> Y <input type="checkbox"/> N	WCV008231708	11/20/17	11/20/18	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Owner Clara Sharkey is excluded from workers compensation coverage. the Jefferson Parish, its Districts Departments and Agencies under the direction of the Parish Presiden and the Parish Council is included as additional insured under general liability policy as per written contract. Streets Department Eastbank Maintenance - Bid# 50-00122176

**CERTIFICATE HOLDER****CANCELLATION**

JEFFERP

Jefferson Parish  
Purchasing Division  
P.O. Box 9  
Gretna, LA 70054

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  
Randy Perise

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# CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)  
02/15/2018

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>  Robbie Lee PO Box 939 Amite, LA 70422	<b>CONTACT NAME:</b> Robbie Lee <b>PHONE (A/C, No, Ext):</b> 985-748-9000 <b>FAX (A/C, No):</b> 985-748-5888 <b>E-MAIL ADDRESS:</b> robbie@robbielee.net	
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> State Farm Mutual Automobile Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
<b>INSURED</b>  Public Construction Inc. PO Box 196 Tickfaw, LA 70466	<b>NAIC #</b> 25178	

**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
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PROP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input checked="" 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			245 2734-A11-18	01/11/2018	07/11/2018	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

**CERTIFICATE HOLDER**

 Jefferson Parish Purchasing Department  
 PO Box 9  
 Gretna, LA 70054-0009  
 Streets Department Eastbank Maintenance  
 Bid# 50-00122176

**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

© 1988-2014 ACORD CORPORATION. All rights reserved.

# Request for Taxpayer Identification Number and Certification

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

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above <b>Public Construction INC.</b>	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) See instructions. <b>14270 Old Genessee Road</b>	Requester's name and address (optional)
	6 City, state, and ZIP code <b>Tickfaw, Louisiana 70466</b>	
	7 List 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 line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
			-					
or								
Employer identification number								
7	2		-	1	3	5	9	7 4 0

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct 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 or 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); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out 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 the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ► <i>Ray A. Smith</i>	Date ► <i>2/27/2018</i>
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## General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

QUOTE DATE	QUOTE NUMBER
02/12/18	
	PAGE NO
	1

QUOTE TO:  
PUBLIC CONSTRUCTION INC.  
14270 OLD GENESSEE RD  
TICKFAW, LA 70466

SHIP TO:  
PUBLIC CONSTRUCTION INC.  
14270 OLD GENESSEE RD  
TICKFAW, LA 70466

CUSTOMER NUMBER	CUSTOMER ORDER NUMBER	RELEASE NUMBER	SALESPERSON	
6399	UNIT HEATERS			
WRITER	SHIP VEA	TERMS	SHIP DATE	FREIGHT ALLOWED
ORDER QTY	DESCRIPTION	Net Prc	Ext Prc	
4ea	ADP SEP-100AN NAT GAS UNIT HEATER 120V W/SPARK IGNITION 24V CONTROLS ALUMINIZED STEEL HEAT EXCHANGER 100,000 BTUH INPUT CAPACITY *** Above not returnable ini ____ **			
4ea	HONEYWELL TH114-A-024T/U LOW VOLTAGE ELECTRIC HEATING MANUAL THERMOSTAT W/DIGITAL DISPLAY NON PROGRAMMABLE *** Above not returnable ini ____ ** TAXES NOT INCLUDED			

# BID BOND

Conforms with the American Institute of Architects,  
A.I.A. Document No. A-310

THE **GRAY** SURETY OFFICE  
2750 Lake Villa Drive Suite 300 Metairie, LA 70002  
Phone: (504) 780-7440 FAX: (504) 780-9211

## KNOW ALL MEN BY THESE PRESENTS:

That Public Construction, Inc.

(Name of Principal)

of P.O. Box 196, Tickfaw, LA 70466

(Address of Principal)

hereinafter called the Principal, and ☒ **The Gray Casualty & Surety Company** ☐ **The Gray Insurance Company** of Metairie, Louisiana,

a corporation duly organized under the laws of the State of Louisiana, as Surety, hereinafter called the Surety, are held and firmly bound unto

Jefferson Parish Government

(Name of Obligee)

as Obligee, hereinafter called the Obligee,

in the sum of five percent of the amount bid

Dollars \$ (5%)

for the payment of which sum and truly to be made, the said Principal and the said Surety, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal has submitted a bid

(Job Number)

Remove and Replace Four (4) Heaters for the

(Full Name of Job)

Jefferson Parish Department of Streets - Jefferson, LA - 50-0000122176

(Location of Job)

NOW, THEREFORE, if the Obligee shall accept the bid of the Principal and the Principal shall enter into a Contract with the Obligee in accordance with the terms of such bid, and give such bond or bonds as may be specialized in the bidding or Contract Documents with good and sufficient surety for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof, or in the event of the failure of the Principal to enter such Contract and give such bond or bonds, if the Principal shall pay to the Obligee the difference not to exceed the penalty hereof between the amount specified in said bid and such larger amount for which the Obligee may in good faith contract with another party to perform the Work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect.

Signed this 2nd DAY of March A.D. 2018

By: Ray Sharkey SEAL  
(Principal)

Ray Sharkey, Secretary/Treasurer  
(Signature and Title)

By: RAB SEAL  
(Surety)

Randolph A. Brunson, Attorney-In-Fact  
(Attorney-in-Fact)

Myra Casper  
(Witness)

Myra Casper  
(Witness)

The Gray Surety Office

2750 Lake Villa Drive Suite 300 Metairie, Louisiana 70002 Phone: (504) 780-7440 Fax: (504) 780-9211

THE GRAY CASUALTY & SURETY COMPANY

THE GRAY INSURANCE COMPANY

211447

GENERAL POWER OF ATTORNEY

KNOW ALL BY THESE PRESENTS, THAT The Gray Insurance Company and The Gray Casualty & Surety Company, corporations duly organized and existing under the laws of Louisiana, and having their principal offices in Metairie, Louisiana, do hereby make, constitute, and appoint **Randolph A. Brunson and Fiona J. Boyd of Baton Rouge, Louisiana jointly and severally** on behalf of each of the Companies named above its true and lawful Attorney(s)-in-Fact, to make, execute, seal and deliver, for and on its behalf and as its deed, bonds, or other writings obligatory in the nature of a bond, as surety, contracts of suretyship as are or may be required or permitted by law, regulation, contract or otherwise, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed the amount of \$10,000,000.00

This Power of Attorney is granted and is signed by facsimile under and by the authority of the following Resolutions adopted by the Boards of Directors of both The Gray Insurance Company and The Gray Casualty & Surety Company at meetings duly called and held on the 26<sup>th</sup> day of June, 2003.

"RESOLV ED, that the President, Executive Vice President, any Vice President, or the Secretary be and each or any of them hereby is authorized to execute a power of Attorney qualifying the attorney named in the given Power of Attorney to execute on behalf of the Company bonds, undertakings, and all contracts of surety, and that each or any of them is hereby authorized to attest to the execution of such Power of Attorney, and to attach the seal of the Company; and it is

FURTHER RESOLVED, that the signature of such officers and the seal of the Company may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be binding upon the Company now and in the future when so affixed with regard to any bond, undertaking or contract of surety to which it is attached.

IN WITNESS WHEREOF, The Gray Insurance Company and The Gray Casualty & Surety Company have caused their official seals to be hereinto affixed, and these presents to be signed by their authorized officers this 12<sup>th</sup> day of September, 2011.



By:

*Michael T. Gray*

Michael T. Gray  
President, The Gray Insurance Company  
and  
Vice President,  
The Gray Casualty & Surety Company

Attest:

*Mark S. Manguno*

Mark S. Manguno  
Secretary,  
The Gray Insurance Company,  
The Gray Casualty & Surety Company



State of Louisiana

ss:

Parish of Jefferson

On this 12<sup>th</sup> day of September, 2011, before me, a Notary Public, personally appeared Michael T. Gray, President of The Gray Insurance Company and Vice President of The Gray Casualty & Surety Company, and Mark S. Manguno, Secretary of The Gray Insurance Company and The Gray Casualty & Surety Company, personally known to me, being duly sworn, acknowledged that they signed the above Power of Attorney and affixed the seals of the companies as officers of, and acknowledged said instrument to be the voluntary act and deed, of their companies.



*Lisa S. Millar*

Lisa S. Millar, Notary Public, Parish of Orleans  
State of Louisiana  
My Commission is for Life


I, Mark S. Manguno, Secretary of The Gray Insurance Company and The Gray Casualty & Surety Company, do hereby certify that the above and forgoing is a true and correct copy of a Power of Attorney given by the companies, which is still in full force and effect.

IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Companies this 2<sup>nd</sup> day of March, 2018.



*Mark S. Manguno*

Mark S. Manguno, Secretary  
The Gray Insurance Company  
The Gray Casualty & Surety Company

📍 2525 Quail Drive, Baton Rouge, 70808 📞 (225) 765-2301 📧 Text-To-Verify: 1 (855) 999-7896 

## Louisiana State Licensing Board for Contractors

### Contractor Information

Business Name GOTTFRIED CONTRACTING, L.L.C.  
Mailing Address 6 Meyers Road  
Covington, LA 70435  
Phone Number (985) 893-3773  
Fax Number (985) 892-5238  
Email Address dgottfried@gottfried-us.com  
Website http://

### Active Licenses

License Number 48909  
Type Commercial License  
Status LICENSED  
Effective 12/14/2017  
Expiration 12/13/2018  
First Issued 12/13/2007

### Classifications

Class	Qualifying Party	Parishes
BUILDING CONSTRUCTION	Karl Gottfried III	ALL
BUSINESS AND LAW	Karl Gottfried III	ALL
ELECTRICAL WORK (STATEWIDE)	Karl Gottfried III	ALL
HEAVY CONSTRUCTION	Karl Gottfried III	ALL
MECHANICAL WORK (STATEWIDE)	Karl Gottfried III	ALL
MUNICIPAL AND PUBLIC WORKS CONSTRUCTION	Karl Gottfried III	ALL
PLUMBING (STATEWIDE)	Karl Gottfried III	ALL

DATE: 2/09/2018

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00122176

## JEFFERSON PARISH

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

VENDOR:

BUYER: DREAMEY

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

30 DAYS

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

10 DAYS

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

40 DAYS TOTAL

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)

48929

## \*\*\* ALL BIDDERS MUST COMPLETE SECTION BELOW \*\*\*

FIRM NAME:

GOTTFRIED CONTRACTING LLCMEMBER

SIGNATURE:

TITLE:

(Must be signed here)

PRINT OR TYPE NAME:

DAVID GOTTFRIED

ADDRESS:

6 MEYERS RD, COVINGTON, LA. 70435

CITY, STATE:

ZIP:

COVINGTON, LA70435

TELEPHONE:

FAX:

(985) 893-3773(985) 892-5238

EMAIL ADDRESS:

dgottfried@gottfried-us.comTOTAL PRICE OF ALL BID ITEMS: \$ 19,589.00

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00122176

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	ONLY	<p>LABOR, EQUIPMENT &amp; MATERIALS NECESSARY TO REMOVE AND REPLACE FOUR (4) HEATERS FOR THE JEFFERSON PARISH DEPARTMENT OF STREETS.</p> <p>0001 REMOVING AND REPLACING 4 HEATERS AT 211 ARNOULT RD. JEFFERSON, LA</p> <p>1. REMOVE AND DISPOSE OF (4) WAREHOUSE UNIT HEATERS, VENT PIPE AND WALL THERMOSTATS</p> <p>2. PROVIDE AND INSTALL (4) LENNOX GAS UNIT HEATERS M# LF24-100A-6</p> <p>3. INSTALL NEW DOUBLE WALL VENT PIPE THROUGH EXISTING ROOF JACK INCLUDING VENT CAP, STORM COLLAR, THIMBLE AND ALL NECESSARY MATERIAL.</p> <p>4. REPLACE ISOLATION GAS VALVE WITH ENW BALL VALVE TYPE. PROVIDE DRIP LEG AND UNION ON EACH GAS LINE FEEDING HEATER. NO FLEX LINES ARE ALLOWED</p> <p>5. FURNISH HONEYWELL DIGITAL CONTROLLER WITH FACTORY HEATING LIMITS SET TO 68 DEGREES F P/N TH114A-024T</p> <p>6. PROVIDE 20AMP 115V HEAVY DUTY TOGGLE SWITCH ON EACH UNIT</p> <p>7. PERFORM START UP AND PROGRAMMING</p> <p>SCISSOR LIFT, LADDERS, SCAFFOLDING SHALL BE PROVIDED BY THE CONTRACTOR</p>	19,589	19,589

**Public Works Bid**

**AFFIDAVIT**

**STATE OF** Louisiana

**PARISH/COUNTY OF** St Tammany

BEFORE ME, the undersigned authority, personally came and appeared: \_\_\_\_\_

David S. Gottfried, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized Member of Gottfried Contracting, LLC (Entity), the party who submitted a bid in response to Bid Number 50-00122176, 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** xx there are **NO** campaign contributions made which would require disclosure under Choice A of this section.

Affiant further said:

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** xx \_\_\_\_\_ 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

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.

Affiant further said:

Affiant personally has not been convicted of, nor has he/she entered into a plea of guilty or nolo contendere to any of the crimes or equivalent federal crimes listed below. No individual partner, incorporator, director, manager, officer, organizer, or member, who has a minimum of a ten percent ownership in the Bidding Entity, has been convicted of, or has entered a plea of guilty or nolo contendere to any of the crimes or equivalent federal crimes listed below. A conviction of or plea of guilty or nolo contendere to the following state crimes or equivalent federal crimes shall permanently bar any person or the bidding entity from bidding on public projects:

- (a) Public bribery (R.S. 14:118)
- (b) Corrupt influencing (R.S. 14:120)
- (c) Extortion (R.S. 14:66)
- (d) Money laundering (R.S. 14:230)

A conviction of or plea of guilty or nolo contendere to the following state crimes or equivalent federal crimes shall bar any person or the bidding entity from bidding on public projects for a period of five years from the date of conviction or from the date of the entrance of the plea of guilty or nolo contendere:

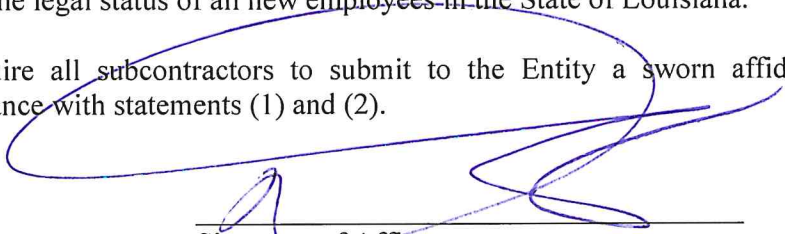
- (a) Theft (R.S. 14:67)
- (b) Identity Theft (R.S. 14:67, 16)
- (c) Theft of a business record (R.S. 14:67.20)
- (d) False accounting (R.S. 14:70)
- (e) Issuing worthless checks (R.S. 14:71)
- (f) Bank fraud (R.S. 14:71.1)
- (g) Forgery (R.S. 14:72)
- (h) Contractors; misapplication of payments (R.S. 14:202)
- (i) Malfeasance in office (R.S. 14:134)

The five-year prohibition provided for in this section shall apply only if the crime was committed during the solicitation or execution of a contract or bid awarded pursuant to these provisions. If evidence is submitted substantiating that a false attestation has been made and the project must be readvertised or the contract cancelled, the awarded entity making the false attestation shall be responsible to the public entity for the costs of rebidding, additional costs due to increased costs of bids and any and all delay costs due to the rebid or cancellation of this project.

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

Affiant further said:

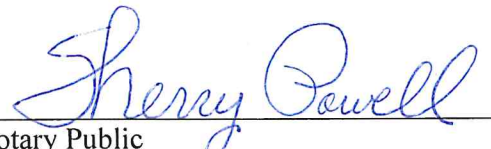
- (1) Entity is registered and participates in a status verification system to verify that all employees in the State of Louisiana are legal citizens of the United States or are legal aliens.
- (2) Entity shall continue, during the term of the contract, to utilize a status verification system to verify the legal status of all new employees in the State of Louisiana.
- (3) Entity shall require all subcontractors to submit to the Entity a sworn affidavit verifying compliance with statements (1) and (2).

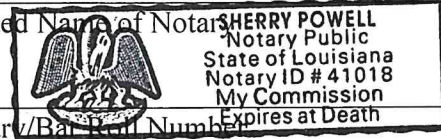
  
\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
David S. Gottfried  
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 01 DAY OF March, 2018.

  
\_\_\_\_\_  
Notary Public

Printed Name of Notary   
\_\_\_\_\_  
Notary/Bar Roll Number

My commission expires \_\_\_\_\_.

## Louisiana Secretary of State Tom Schedler

### SEARCH FOR LOUISIANA NOTARIES

A practicing notary in a parish may notarize in reciprocal parishes without additional bonding or examination.

You can also download information about all notaries on file. For more information, see Notary Bulk Data.

[Print](#)

#### Notary Search - Detail

**Name:** MS. SHERRY POWELL  
**Address:** 26150 WHISPERING PINES AVE.  
DENHAM SPRINGS, LA 70726  
**Phone:** (225) 664-7176  
**Notary ID Number:** 41018  
**Parish:** LIVINGSTON with STATEWIDE JURISDICTION  
**Agency:** N/A  
**Notary Type:** Attorney  
**Bar Roll #:** 22314  
**Status:** Active  
**Commission Date:** 06/12/2013  
**Oath Date:** 06/11/2013  
**Surety Expiration Date:** Not Required  
**Annual Report Current:** Not Applicable

#### Notary Events

<b>Name Change</b>	Previous Name: SHERRY POWELL CRAIN	Previous Commission Date: 10/18/1993
--------------------	--	---

Deceased, Inactivated, Leave of Absence, Pre-Assessment Registration, Pre-Assessment Taken, Resigned, Retirement, and Revoked events are not available prior to February 11, 2012.

[Back to Search Results](#)[New Search](#)



# Western Surety Company

## BID BOND

KNOW ALL MEN BY THESE PRESENTS, that we, **GOTTFRIED CONTRACTING, L.L.C.**, Six Meyers Road, ,Covington, LA 70435, as Principal, and WESTERN SURETY COMPANY of P.O. Box 5077, Sioux Falls, South Dakota, 57117, as Surety, are held and firmly bound unto **Jefferson Parish Purchasing Department - 200 Derbigny St, Su 4400 Gretna, LA 70053**, as Obligee, hereinafter called the Obligee, in the sum of **FIVE PERCENT (5%) OF THE AMOUNT BID** Dollars (5%), for the payment of which sum well and truly to be made, the said Principal and the said Surety, bind ourselves, our heirs, executors, administrators, successors and assigns firmly by these presents.

WHEREAS, the Principal has submitted a bid for **LABOR, EQUIPMENT & MATERIALS TO REMOVE AND REPLACE FOUR HEATERS FOR THE JEFFERSON PARISH DEPARTMENT OF STREETS, BID NO. 50-00122176**

NOW, THEREFORE, If the contract be timely awarded to the Principal and the Principal shall within such time as specified in the bid, enter into a contract in writing or, in the event of the failure of the Principal to enter into such contract; if the Principal shall pay to the Obligee the difference not to exceed the penalty hereof between the amount specified in said bid and such larger amount for which the Obligee may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect.

SIGNED, sealed and dated this **2nd** day of **March, 2018**.

**GOTTFRIED CONTRACTING, L.L.C.**  
(Principal)

By \_\_\_\_\_

**MEMBER**  
Title

WESTERN SURETY COMPANY

By \_\_\_\_\_

**Lauren T. Guillory, Attorney-in-fact**

Countersigned:

**Lauren T. Guillory**  
Louisiana Resident Agent # 332087

# Western Surety Company

## POWER OF ATTORNEY APPOINTING INDIVIDUAL ATTORNEY-IN-FACT

Know All Men By These Presents, That WESTERN SURETY COMPANY, a South Dakota corporation, is a duly organized and existing corporation having its principal office in the City of Sioux Falls, and State of South Dakota, and that it does by virtue of the signature and seal herein affixed hereby make, constitute and appoint

**Ralph J Le Blanc, Alexander J Ellsworth, Anthony Currera, Charles F Cowand, Lauren T Guillory, Brian P Bordlee, Michele M Ellsworth, Individually**

of Metairie, LA, its true and lawful Attorney(s)-in-Fact with full power and authority hereby conferred to sign, seal and execute for and on its behalf bonds, undertakings and other obligatory instruments of similar nature

### - In Unlimited Amounts -

and to bind it thereby as fully and to the same extent as if such instruments were signed by a duly authorized officer of the corporation and all the acts of said Attorney, pursuant to the authority hereby given, are hereby ratified and confirmed.

This Power of Attorney is made and executed pursuant to and by authority of the By-Law printed on the reverse hereof, duly adopted, as indicated, by the shareholders of the corporation.

In Witness Whereof, WESTERN SURETY COMPANY has caused these presents to be signed by its Vice President and its corporate seal to be hereto affixed on this 5th day of May, 2017.



WESTERN SURETY COMPANY

*Paul T. Bruflat*

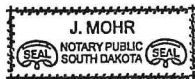
Paul T. Bruflat, Vice President

State of South Dakota }  
County of Minnehaha } ss

On this 5th day of May, 2017, before me personally came Paul T. Bruflat, to me known, who, being by me duly sworn, did depose and say: that he resides in the City of Sioux Falls, State of South Dakota; that he is the Vice President of WESTERN SURETY COMPANY described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed pursuant to authority given by the Board of Directors of said corporation and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said corporation.

My commission expires

June 23, 2021



*J. Mohr*

J. Mohr, Notary Public

### CERTIFICATE

I, L. Nelson, Assistant Secretary of WESTERN SURETY COMPANY do hereby certify that the Power of Attorney hereinabove set forth is still in force, and further certify that the By-Law of the corporation printed on the reverse hereof is still in force. In testimony whereof I have hereunto subscribed my name and affixed the seal of the said corporation this 2ND day of MARCH, 2018.



WESTERN SURETY COMPANY

*L. Nelson*

L. Nelson, Assistant Secretary



THE  
**GOTTFRIED**  
C O R P O R A T I O N  
C O N T R A C T O R

## RESOLUTION

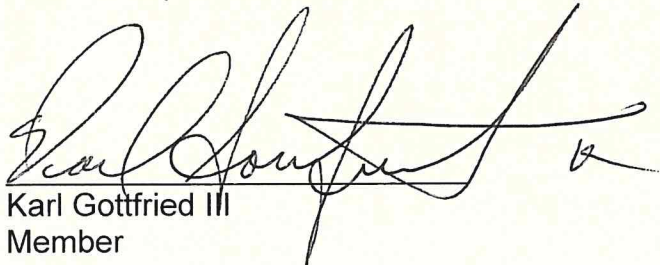
At a meeting of the Board of Directors of Gottfried Contracting, LLC, held at its office at No. 6 Meyers Road, Covington, LA 70435 on March 1, 2018 pursuant to due notice at which a quorum of the board was present, on motion, duly seconded, the following resolution was unanimously adopted:

It is resolved, that Gottfried Contracting, LLC is authorized to submit a bid on the following project; and that **David Gottfried** will be authorized to sign the bid proposal form, for:

Jefferson Parish Purchasing Department  
Remove & Replace 4 Heaters for the Jefferson Parish Department of Drainage

This is to certify that the above is a true and correct copy of the resolution unanimously adopted, on motion, and duly seconded at the board of directors meeting of Gottfried Contracting, LLC, a partnership organized under the laws of the State of Louisiana, held at its office, in the parish of St. Tammany on March 1, 2018 pursuant to due notice at which meeting a quorum of the Board was present; and that said resolution is duly entered upon the minute book of said partnership and is now in full force and effect.

This 1st day of March 2018.



Karl Gottfried III  
Member



GOTTCON-01

MLYNCH

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/19/2018

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 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).

<b>PRODUCER License # 231432</b> Hub International Gulf South 11100 Mead Road, Suite 300 Baton Rouge, LA 70816		<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> (800) 789-7365 <b>E-MAIL ADDRESS:</b>	<b>FAX (A/C, No):</b> (225) 218-2401
<b>INSURED</b>  Gottfried Contracting LLC 6 Meyers Drive Covington, LA 70435-9248		<b>INSURER(S) AFFORDING COVERAGE</b>  <b>INSURER A:</b> The Phoenix Insurance Company <b>NAIC #</b> 25623 <b>INSURER B:</b> The Travelers Indemnity Company of America 25666 <b>INSURER C:</b> Travelers Property Casualty Company of America 25674 <b>INSURER D:</b> AGCS Marine Insurance Company 22837 <b>INSURER E:</b> <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	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 CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Limited Pollution 1M  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			DTCO5848R32APHX17	09/01/2017	09/01/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			BA5848R32A17CNS	09/01/2017	09/01/2018	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 EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	<input checked="" type="checkbox"/> OCCUR CLAIMS-MADE		CUP8J1554181742	09/01/2017	09/01/2018	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
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		DTNUB5848R32A17	09/01/2017	09/01/2018	<input checked="" type="checkbox"/> PER STATUTE 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
D	Rented & Leased EQ			SML0093053052	09/01/2017	09/01/2018	Per Item 500,000

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

Re: Streets Dept. Eastbank Maintenance, Bid No. 50-00122176

The Certificate Holder is granted Additional Insured status on all policies except workers compensation & provided a waiver of subrogation on all policies including workers compensation, all if required by written contract. Coverage provided herein is considered primary and non-contributory. 30DNOC except 10 days for non-payment of premium.

## CERTIFICATE HOLDER

## CANCELLATION

Jefferson Parish Purchasing Dept.  
200 Derbigny St., S#400  
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

**Request for Taxpayer  
Identification Number and Certification**

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

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Gottfried Contracting, LLC**

**2** Business name/disregarded entity name, if different from above  
**same**

**3** Check appropriate box for federal tax classification; check only one of the following seven boxes:  
☐ Individual/sole proprietor or single-member LLC  
☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶  
**Note.** For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  
☐ Other (see instructions) ▶

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
Exempt payee code (if any) \_\_\_\_\_  
Exemption from FATCA reporting code (if any) \_\_\_\_\_  
(Apply to accounts maintained outside the U.S.)

**5** Address (number, street, and apt. or suite no.)  
**6 Meyers Road**

**6** City, state, and ZIP code  
**Covington, LA 70435**

**7** List account number(s) here (optional)  
**n/a**

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (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 instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number								
			-					
or								
Employer identification number								
2	6		-	0	3	9	5	7 3 1

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 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 or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out 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 the certification, but you must provide your correct TIN. See the instructions on page 3.

**Sign Here** Signature of U.S. person ▶ *Corey Rice* Date ▶ *12/10/12*

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.  
**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw2](http://www.irs.gov/fw2).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

**If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding.** See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- 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 partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

## BID REJECTION FORM

Bid number: 50-122176

Vendor Name: ARC MECHANICAL CONTRACTOR

Reasons for

Rejection: DID NOT TURN IN NON-PUBLIC WORKS AFFIDAVIT.

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REVIEWED BY:

Buyer Name: Donna Reamey

Date: 3/2/2018

Chief Buyer: \_\_\_\_\_

Date: \_\_\_\_\_

📍 2525 Quail Drive, Baton Rouge, 70808 📞 (225) 765-2301 🗨 Text-To-Verify: 1 (855) 999-7896 

## Louisiana State Licensing Board for Contractors

### Contractor Information

**Business Name** ARC MECHANICAL CONTRACTORS, INC.  
**Mailing Address** P. O. Box 6720  
 Slidell, LA 70469  
**Phone Number** (504) 508-8333  
**Fax Number** (985) 661-9169  
**Email Address** arcmechanical@bellsouth.net  
**Website** http://

### Active Licenses

**License Number** 12344  
**Type** Commercial License  
**Status** LICENSED  
**Effective** 11/17/2017  
**Expiration** 11/16/2020  
**First Issued** 11/16/1978  
**License Number** 86512  
**Type** Residential License  
**Status** LICENSED  
**Effective** 02/15/2018  
**Expiration** 01/01/2021  
**First Issued** 01/01/2004

### Classifications

Class	Qualifying Party	Parishes
BUILDING CONSTRUCTION	Brett Patrick Cabirac	ALL
BUILDING CONSTRUCTION	Chester Andrew Cabirac	ALL
BUILDING CONSTRUCTION	James Michel Brocato	ALL
BUSINESS AND LAW	Chester Andrew Cabirac	ALL
BUSINESS AND LAW	Chester Andrew Cabirac	ALL
ELECTRICAL WORK (RESTRICTED-BIDDING ONLY)	Chester Andrew Cabirac	ALL
HEAVY CONSTRUCTION	Brett Patrick Cabirac	ALL
HIGHWAY, STREET AND BRIDGE CONSTRUCTION	Chester Andrew Cabirac	ALL
HIGHWAY, STREET AND BRIDGE CONSTRUCTION	James Michel Brocato	ALL
MECHANICAL WORK (STATEWIDE)	Chester Andrew Cabirac	ALL
MUNICIPAL AND PUBLIC WORKS CONSTRUCTION	Brett Patrick Cabirac	ALL
MUNICIPAL AND PUBLIC WORKS CONSTRUCTION	Chester Andrew Cabirac	ALL
MUNICIPAL AND PUBLIC WORKS CONSTRUCTION	James Michel Brocato	ALL
RESIDENTIAL BUILDING CONTRACTOR	Chester Andrew Cabirac	ALL
SPECIALTY: INDUSTRIAL PIPING	Brett Patrick Cabirac	ALL
SPECIALTY: INSTALL REPAIR OR CLOSE UNDERGROUND STORAGE TANKS	Chester Andrew Cabirac	ALL

DATE: 2/09/2018

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00122176

**JEFFERSON PARISH**

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

VENDOR: ARC MECHANICAL CONTRACTORS, INC.

BUYER: DREAMEY

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

N/A

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

30 days

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

45 days

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) 12344

**\*\*\* ALL BIDDERS MUST COMPLETE SECTION BELOW \*\*\***

FIRM NAME:	
ARC MECHANICAL CONTRACTORS, INC.	
SIGNATURE: (Must be signed here)	TITLE:
	PRESIDENT
PRINT OR TYPE NAME:	
CHESTER A. CABIRAC	
ADDRESS:	
PO BOX 6720	
CITY, STATE:	ZIP:
SLIDELL, LA 70469	
TELEPHONE:	FAX:
985 661-9191	985 661-6169
EMAIL ADDRESS:	
ARCMCHANICAL@BELLSOUTH.NET	

TOTAL PRICE OF ALL BID ITEMS: \$ 23,500.00

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00122176

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	ONLY	<p>LABOR, EQUIPMENT &amp; MATERIALS NECESSARY TO REMOVE AND REPLACE FOUR (4) HEATERS FOR THE JEFFERSON PARISH DEPARTMENT OF STREETS.</p> <p>0001 REMOVING AND REPLACING 4 HEATERS AT 211 ARNOULT RD. JEFFERSON, LA</p> <p>1. REMOVE AND DISPOSE OF (4) WAREHOUSE UNIT HEATERS, VENT PIPE AND WALL THERMOSTATS</p> <p>2. PROVIDE AND INSTALL (4) LENNOX GAS UNIT HEATERS M# LF24-100A-6</p> <p>3. INSTALL NEW DOUBLE WALL VENT PIPE THROUGH EXISTING ROOF JACK INCLUDING VENT CAP, STORM COLLAR, THIMBLE AND ALL NECESSARY MATERIAL.</p> <p>4. REPLACE ISOLATION GAS VALVE WITH ENW BALL VALVE TYPE. PROVIDE DRIP LEG AND UNION ON EACH GAS LINE FEEDING HEATER. NO FLEX LINES ARE ALLOWED</p> <p>5. FURNISH HONEYWELL DIGITAL CONTROLLER WITH FACTORY HEATING LIMITS SET TO 68 DEGREES F P/N TH114A-024T</p> <p>6. PROVIDE 20AMP 115V HEAVY DUTY TOGGLE SWITCH ON EACH UNIT</p> <p>7. PERFORM START UP AND PROGRAMMING</p> <p>SCISSOR LIFT, LADDERS, SCAFFOLDING SHALL BE PROVIDED BY THE CONTRACTOR</p>	<del>\$23,500.00</del> \$23,500.00	<del>\$23,500.00</del> \$23,500.00



**UTT HARTFORD**

(Approved by The American Institute of Architects,  
A.I.A. Document No. A-310, Feb., 1970 Edition)  
**Form S-3266-4** Printed in U.S.A. 12-70

# POWER OF ATTORNEY

Direct Inquiries/Claims to:

**THE HARTFORD**

Bond T-12

One Hartford Plaza

Hartford, Connecticut 06155

email: [bond.claims@thehartford.com](mailto:bond.claims@thehartford.com)

call: 888-266-3488 | fax: 860-757-5835

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Code: 43-480815

- ☒ **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut  
☒ **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana  
☒ **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut  
☐ **Hartford Underwriters Insurance Company**, a corporation duly organized under the laws of the State of Connecticut  
☐ **Twin City Fire Insurance Company**, a corporation duly organized under the laws of the State of Indiana  
☐ **Hartford Insurance Company of Illinois**, a corporation duly organized under the laws of the State of Illinois  
☐ **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana  
☐ **Hartford Insurance Company of the Southeast**, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, **up to the amount of Unlimited** :

Brian P. Bordlee, Charles F. Cowand, Anthony Currera, Alexander J. Ellsworth, William H. Ellsworth, Michele M. Ellsworth, Lauren T. Guillory, Ralph J. LeBlanc of METAIRIE, Louisiana

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by ☒, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on August 1, 2009, the Companies have caused these presents to be signed by its Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.



*John Gray*

John Gray, Assistant Secretary

*M. Ross Fisher*

M. Ross Fisher, Vice President

STATE OF CONNECTICUT

COUNTY OF HARTFORD

ss.

Hartford

On this 12th day of July, 2012, before me personally came M. Ross Fisher, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hartford, State of Connecticut; that he is the Vice President of the Companies, the corporations described in and which executed the above instrument; that he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that he signed his name thereto by like authority.



CERTIFICATE

*Kathleen T. Maynard*

Kathleen T. Maynard  
Notary Public

My Commission Expires July 31, 2016

I, the undersigned, Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of **MARCH 2, 2018**

Signed and sealed at the City of Hartford.



*Kevin Heckman*

Kevin Heckman, Assistant Vice President

Office:  
985-661-9191  
Fax:  
985-661-9169



LA State Contractors  
License # 12344  
Email:  
arcmechanical  
@bellsouth.net

#### CORPORATE RESOLUTION

EXCERPT FROM THE MINUTES OF THE BOARD OF DIRECTORS OF ARC MECHANICAL CONTRACTORS, INCORPORATED. A CORPORATION INCORPORATED IN THE STATE OF LOUISIANA IN 1978.

AT THE MEETING OF DIRECTORS OF ARC MECHANICAL CONTRACTORS, INCORPORATED DULY NOTICED AND HELD ON MARCH 2, 2018 A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED, IT WAS;

RESOLVED, THAT CHESTER A. CABIRAC, 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 JEFFERSON PARISH 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 AND RECEIPT THEREFORE 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 THAT 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.

  
\_\_\_\_\_  
PRESIDENT

3/2/2018  
\_\_\_\_\_  
DATE

APPROVED:

  
\_\_\_\_\_  
SECRETARY/TREASURER



# CERTIFICATE OF LIABILITY INSURANCE

ARCME-1

OP ID: CY

DATE (MM/DD/YYYY)

09/13/2017

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> Stiel Insurance Services of New Orleans, Inc. 433 Metairie Road Suite #520 Metairie, LA 70005 Louis Martello		<b>CONTACT NAME:</b> Louis Martello <b>PHONE (A/C, No, Ext):</b> 504-832-5733 <b>E-MAIL ADDRESS:</b> lmartello@stielinsurance.com <b>FAX (A/C, No):</b> 504-831-3604	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> American Casualty Co of	
		<b>INSURER B:</b> Continental Insurance Co. of	
		<b>INSURER C:</b> Continental Casualty Company	
		<b>INSURER D:</b> Columbia Casualty Co.	
		<b>INSURER E:</b>	
		<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	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			C1015152154	08/23/2017	08/23/2018	EACH OCCURRENCE \$ 1,000,000
D	<input checked="" type="checkbox"/> Pollution			CBS6042957162	08/23/2017	08/23/2018	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) \$ 5,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000
	OTHER:						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							Pollution \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY						
	<input type="checkbox"/> ANY AUTO			C2058039895	08/23/2017	08/23/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB						
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE			C2078422473	08/23/2017	08/23/2018	EACH OCCURRENCE \$ 5,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10000						AGGREGATE \$ 5,000,000
							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		WC131456473	08/23/2017	08/23/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		USL&H			E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	<input checked="" type="checkbox"/> Leased/Rented Eqpt			C1015152154	08/23/2017	08/23/2018	2500-Ded 125,000

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

Certificate holder to read: THE PARISH OF JEFFERSON, ITS DISTRICTS, DEPARTMENTS AND AGENCIES UNDER THE DIRECTION OF THE PARISH PRESIDENT AND THE PARISH COUNCIL DEPARTMENT OF GENERAL SERVICES.

**CERTIFICATE HOLDER****CANCELLATION**

JEFFE17

The Parish of Jefferson, Its  
Districts, Departments and  
Agencies  
200 Derbingy Street Ste3300  
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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