

DATE: 9/25/2018
BID NO.: 50-00124257

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

JEFFERSON PARISH

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

VENDOR: 145860

BUYER: DABRAHAM

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

44

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

44

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

60

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) 39034

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

FIRM NAME: D.L. DAIGLE & Co., LLC

SIGNATURE: (Must be signed here) *[Signature]*

TITLE: member

PRINT OR TYPE NAME: D.L. DAIGLE

ADDRESS: 2233 Piedmont Street

CITY, STATE: Kenner, Louisiana ZIP: 70062

TELEPHONE: (504) 466-3515 FAX: (504) 466-3315

EMAIL ADDRESS: DougDaigle@DLDAIGLE.com

TOTAL PRICE OF ALL BID ITEMS: \$ 13,700.⁰⁰

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00124257

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>Labor, Equipment and Materials needed to remove existing and install new Toilet Partitions for the Department of Parks & Recreation</p> <p>0010 Labor, Equipment And Materials Needed To Remove Existing And Install New Toilet Partitions</p> <p>See attached specifications **</p> <p>Location: Wally Pontiff Playground Shelter 5 Restrooms 1521 Palm Street Metairie, LA 70001</p> <p>FOR ALL QUESTIONS OR A SITE VISIT: Contact: Kyle Beske 504-736-6999</p>		13,700. ⁰⁰



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/14/2018

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).

PRODUCER Stone Insurance, Inc. 111 Veterans Blvd, Suite 1420	CONTACT NAME: Janet Jimenez PHONE (A/C, No, Ext): (504) 832-4161 E-MAIL ADDRESS: jan.jimenez@stone-insurance.com FAX (A/C, No): (504) 835-6657
Metairie LA 70005-3055	INSURER(S) AFFORDING COVERAGE INSURER A: Western World Insurance Co INSURER B: Republic Fire & Casualty INSURER C: Scottsdale Insurance Co INSURER D: LCTA Casualty Insurance INSURER E: INSURER F:
INSURED D. L. Daigle & Co. LLC 2233 Piedmont Street Kenner LA 70062	NAIC # 13196 10810 41297

COVERAGES

CERTIFICATE NUMBER: 2018/19

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"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			NPP8369772	03/27/2018	03/27/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			FCA1000786 00	03/27/2018	03/27/2019	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 <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			XBS0086195	03/27/2018	03/27/2019	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	WC1-021657-118	03/27/2018	03/27/2019	<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
C	Installation Floater			CPS3030005	03/27/2018	03/27/2019	Any One Location 150,000 Temporary Location 125,000 Transit 125,000

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

Blanket Additional Insured with Primary/Non-Contributory wording, Waiver of Subrogation, Per Project Aggregate coverages in General Liability and Blanket Additional Insured and Waiver of Subrogation in Auto- if required by written contract. Blanket Waiver of Subrogation in Workers Compensation-if required by contract.

COMPLETE CERTIFICATE HOLDER NAME TO READ: JEFFERSON PARISH, ITS DISTRICTS, DEPARTMENTS & AGENCIES UNDER THE DIRECTION OF THE PARISH PRESIDENT & THE PARISH COUNCIL

CERTIFICATE HOLDER

CANCELLATION

Jefferson Parish *** Jefferson Parish Purchasing Dept. 200 Derbigny St., Ste. 4400 Gretna LA 70053	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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CERTIFICATION OF AUTHORITY

Pursuant to the requirements of L.S.A. R.S. 38:2212-0, the undersigned does certify that he/she is the manager/CEO of
_D. L. Daigle & Co., LLC and that _D. L. Daigle_____ is duly authorized to submit bids and to execute contracts with all public entities.

THUS DONE AND SIGNED this _26st_ day of
SEPTEMBER_, 2018 at _Ponchatoula, LA._.



MANAGER/CEO



For use by a LLC in lieu of a Corporate Resolution