

DATE: 5/27/2015

INVITATION TO BID
THIS IS NOT AN ORDER

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BID NO.: 50-00113374

JEFFERSON PARISH

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

VENDOR: 27118 BLANK BID COPY VENDOR

BUYER: CGasper

Bids will be received until 11:00 AM, 6/05/2015 via fax: 504-364-2693 or via online at www.jeffparish.net

As per LSA-RS 47:301 et seq., all governmental bodies are excluded from payment of sales taxes to any Louisiana taxing body. Quotations shall be based on F.O.B. Agency warehouse or jobsite, anywhere within the Parish as designated by the Purchasing Department.

JEFFERSON PARISH reserves the right to cancel all or any part of an order if not shipped promptly. No charges will be allowed for parking or cartage unless specified in quotation. The order must not be filled at a higher price than quoted. JEFFERSON PARISH reserves the right to cancel at any time and for any reason by issuing a THIRTY (30) day written notice to the contractor.

JEFFERSON PARISH is expecting all products to be new and all work is to be done in a workman-like manner, according to standard practices. Any deviations or alterations from the specifications must be indicated and backup documentation supplied with your quotation.

DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

Stock - 7 days

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

In the event that addenda are issued with this bid, bidders MUST acknowledge all addenda on the bid form. Bidder must acknowledge receipt of an addendum on the bid form as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: _____

NUMBER: _____

NUMBER: _____

NUMBER: _____

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

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: <u>Cinisco</u>	
SIGNATURE: (Must be signed here)	TITLE: <u>SALES</u>
PRINT OR TYPE NAME: <u>JEFF DEVALIER</u>	
ADDRESS: <u>1840 LTA RD</u>	
CITY, STATE: <u>METairie, LA</u>	ZIP: <u>70001</u>
TELEPHONE: <u>(504) 835-7319</u>	FAX: <u>(504) 832-0820</u>
EMAIL ADDRESS: <u>JEFF@CINISCO.COM</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 12279.00

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INVITATION TO BID FROM JEFFERSON PARISH - continued

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BID NO.: 50-00113374

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	40,000.00	FT	0010-3/4 INCH SIZE 500 FOOT ROLL LENGTH POLYETHYLENE WATER SERVICE TUBING	.17	6800.00
			ONE YEAR CONTRACT		
2	50.00	EA	0020-1 INCH SIZE 300 FOOT ROLL LENGTH POLYETHYLENE WATER SERVICE TUBING	82.80	4140.00
3	1,300.00	FT	0030-2 INCH SIZE 100 FOOT ROLL LENGTH POLYETHYLENE WATER SERVICE TUBING	1.03	1339.00

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/05/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

E. B. Ducasse Insurance Agency, Inc.
3200 Ridgelake Dr, Suite 401
Metairie, LA 70002

CONTACT NAME:

PHONE (A/C, No, Ext): **504.840.9883**FAX (A/C, No): **504.840.9889**

E-MAIL ADDRESS:

PRODUCER CUSTOMER ID #: **00000270**

INSURED

CIMSCO INC
1840 L AND A ROAD
METAIRIE, LA 70001-6237

INSURER(S) AFFORDING COVERAGE

NAIC

INSURER A: **United Fire and Indemnity Co** **19496**INSURER B: **Progressive Paloverde Insuran** **44695**INSURER C: **Retailers Casualty Ins. Co**

INSURER D:

INSURER E:

INSURER F:

COVERAGES

CERTIFICATE NUMBER: **14-15**

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			60418952	09/01/2014	09/01/2015	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
B	AUTOMOBILE LIABILITY			01817731-2	09/01/2014	09/01/2015	
	<input type="checkbox"/> ANY AUTO						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> ALL OWNED AUTOS						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						
	<input type="checkbox"/> HIRED AUTOS						
C	UMBRELLA LIAB						
	<input type="checkbox"/> EXCESS LIAB						
	<input type="checkbox"/> DEDUCTIBLE						
	<input type="checkbox"/> RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			99909508	09/01/2014	09/01/2015	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> N / <input checked="" type="checkbox"/> A				<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$ 1,000,000
							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)

The general liability policy contains a blanket additional insured and blanket waiver of subrogation if required by written contract. The general liability policy is primary and non-contributory.
 Bid No: 50-00113374

CERTIFICATE HOLDER

**The Parish of Jefferson, its Districts,
 Department & Agencies under the direction of
 the Parish President & the Parish Council
 P O Box 9
 Gretna, LA 70054**

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

*Edward B. Ducasse, Sr.***Edward Ducasse Sr./DARLY**

CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF
CMSCO, INC.
INCORPORATED.

AT THE MEETING OF DIRECTORS OF CMSCO, INC.
INCORPORATED, DULY NOTICED AND HELD ON March 11, 2015,
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT
WAS:

RESOLVED THAT Jeffrey Devillier, 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.

Ashley E. Riviere
SECRETARY-TREASURER

6/5/15
DATE

Non-Public Works Bid

AFFIDAVIT

STATE OF LA

PARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: JEFFREY
DEVILIER, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized AGENT of CISCO (Entity),
the party who submitted a bid in response to Bid Number 50-00113374, 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.



Signature of Affiant

JEFFREY DEVLIN

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 5th DAY OF June, 2015.



Notary Public

Rachel C. Schmidt

Printed Name of Notary

91859

Notary/Bar Roll Number

My commission expires upon death.

