

DATE: 1/23/2024

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00144387

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

VENDOR: Ready Power LLC

PURCHASING SPECIALIST:
MBUTTERY

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.

11,345.00

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	<u>7 - 14 days</u>
INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK	<u>3 - 7 days</u>
INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK	<u>7 - 14 days</u>

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

Acknowledge Receipt of Addenda: NUMBER: N/A
NUMBER: N/A
NUMBER: N/A
NUMBER: N/A

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 51843

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: Ready Power LLC	
SIGNATURE:  <small>(Must be signed here) Jeremiah Johnson (Feb 2, 2024 10:20 CST)</small>	TITLE: Vice President
PRINT OR TYPE NAME: Jeremiah Johnson	
ADDRESS: 4809 Clio Street	
CITY, STATE: New Orleans, La	ZIP: 70125
TELEPHONE: 504, 264-5935	FAX: () N/A
EMAIL ADDRESS: jrooney@readypowerusa.com	

TOTAL PRICE OF ALL BID ITEMS: \$ 11,345.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00144387

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>Labor, Materials and Equipment to Replace Obsolete Electrical Panel at the Eastbank Health Unit for the Department of General Services</p> <p>0010 - LABOR, MATERIALS, EQUIPMENT AND ALL OTHER INCIDENTAL TO FURNISH AND INSTALL THE FOLLOWING:</p> <ul style="list-style-type: none"> - (1) NEW SQ. D 54 CIRCUIT 225 AMP 120/208V MLO SURFACE MOUNT PANEL THIS PANEL SHALL BE MOUNTED SEMI-RECESSED ON CORRIDOR SIDE OF WALL BEHIND EXISTING PANEL - (48) 1 POLE 20AMP BREAKERS (6 SPACES REMAINING FOR FUTURE) - SPARE EMPTY STUB UPS FOR FUTURE CIRCUITS FROM THIS PANEL INTO CEILING SPACE ABOVE - ALL MISCELLANEOUS BRANCH CIRCUIT WIRING, TAP CONNECTORS ECT. TO EXTEND CIRCUITS AS NEEDED FROM THE OLD PANEL INTO NEW PANEL - REROUTE EXISTING FEEDER INTO NEW PANEL - PERFORM SELECTIVE DEMOLITION OF EXISTING PANEL CIRCUITRY, FEEDERS AND INTERIOR - 14 GAUGE SHEET METAL COVER ON EXISTING PANEL BOX WITH 1" OVERLAP ON WALL <p>NEEDED TO REPLACE AN OBSOLETE ELECTRICAL PANEL AT THE EASTBANK HEALTH UNIT</p> <p>REF 1227 24</p> <p>SITE VISIT CONTACT: LANGDON MICKENS - (504)364-3467</p> <p>JOB LOCATION: EASTBANK HEALTH UNIT 111 N. CAUSEWAY BLVD. METAIRIE, LA 70001</p>	<p>11,345.00</p>	<p>11,345.00</p>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/10/2023

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

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

PRODUCER Arthur J. Gallagher Risk Management Services, LLC 111 Veterans Boulevard Ste. 1130 Metairie LA 70112	CONTACT NAME: Beryl Tizzard PHONE (A/C No. Ext): 504-378-4623 E-MAIL ADDRESS: beryl_tizzard@ajg.com	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED Ready Power, LLC 4809 Clio St New Orleans LA 70125	INSURER A: Associated Industries Insurance Co, Inc	
	INSURER B: Technology Insurance Company, Inc	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 2004307895

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			AES1237389 00	8/24/2023	8/24/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
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 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N/A		TWC4310036	8/24/2023	8/24/2024	<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

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

Hillary Huck, James Huck, Lloyd Huck, and Jeremiah Johnson are excluded from the workers compensation policy. Blanket Additional Insured included on the General Liability policy as required per written contract with the insured by CG2033 0704 -ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS WHEN REQUIRED IN CONSTRUCTION AGREEMENT WITH YOU and CG2037 0704 -ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS. General Liability coverage applies on a Primary and Non-Contributory basis, as required by written contract. Blanket Waiver of Subrogation Endorsement included on the General Liability and Workers Comp policies, as required per written contract with the insured. General Liability aggregate applies on a per project basis where required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

[Empty space for Certificate Holder]	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)

12/18/2023

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

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

PRODUCER  Nora Vaden Holmes 117 Metairie Lawn Drive Metairie LA 70001	CONTACT NAME: Nora Vaden Holmes PHONE (A/C, No, Ext): 504-831-0002 E-MAIL ADDRESS: nora.v.holmes.jo9b@statefarm.com	FAX (A/C, No):	
	INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Mutual Automobile Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		NAIC # 25178
INSURED READY POWER LLC 4900 CALLOPE ST NEW ORLEANS LA 701251668			

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADD INSD	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	554 0930-B24-18 553 7032-B24-18 553 7044-B24-18 554 7787-B24-18	08/24/2023 08/24/2023 08/24/2023 08/24/2023	02/24/2024 02/24/2024 02/24/2024 02/24/2024	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 \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER \$ 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**

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	AUTHORIZED REPRESENTATIVE  This form was system-generated on 12/18/2023

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Bid No. 50-00144387

Final Audit Report

2024-02-02

Created:	2024-02-02
By:	Jason Rooney (jrooney@jerp.biz)
Status:	Signed
Transaction ID:	CBJCHBCAABAAoiOjB3D-P7BlqdGDLkCintqHr0YsiUST

"Bid No. 50-00144387" History

-  Document created by Jason Rooney (jrooney@jerp.biz)
2024-02-02 - 4:03:39 PM GMT
-  Document emailed to Jeremiah Johnson (jjohnson@jerp.biz) for signature
2024-02-02 - 4:03:44 PM GMT
-  Document e-signed by Jeremiah Johnson (jjohnson@jerp.biz)
E-signature obtained using URL retrieved through the Adobe Acrobat Sign API
Signature Date: 2024-02-02 - 4:20:47 PM GMT - Time Source: server
-  Agreement completed.
2024-02-02 - 4:20:47 PM GMT