

DATE: 10/26/2016

INVITATION TO BID
THIS IS NOT AN ORDER

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BID NO.: 50-00118171

JEFFERSON PARISH

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

VENDOR: 27118 BLANK BID COPY VENDOR

BUYER: CGASPER

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	<u>AS-NEEDED</u>
INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK	<u>AS-NEEDED</u>
INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK	<u>AS-NEEDED</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 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) 11428

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: <u>NOLA RESTAURANT SUPPLY & DESIGN</u>	
SIGNATURE: (Must be signed here) <u>[Signature]</u>	TITLE: <u>ESTIMATOR</u>
PRINT OR TYPE NAME: <u>WILL ALEXANDER</u>	
ADDRESS: <u>234 HARBOR CIRCLE</u>	
CITY, STATE: <u>NEW ORLEANS, LA</u>	ZIP: <u>70126</u>
TELEPHONE: <u>(504) 834-1521</u>	FAX: <u>(504) 218-4207</u>
EMAIL ADDRESS: <u>WILL@NOLARESTAURANTSUPPLY.COM</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ \$7,025⁰⁰

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INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00118171

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>FURNISH AND INSTALL TWO (2) SCOTSMAN MODULAR CUBERS M/N C0830MA-32D, 208-240/1/80 OR EQUAL</p> <p>0010 - LABOR, MATERIALS AND EQUIPMENT TO FURNISH AND INSTALL TWO (2) SCOTSMAN MODULAR CUBERS M/N C0830MA-32D, 208-240/1/60, AIR COOLED, AT THE WEST BANK MAINTENANCE FACILITY</p> <p>NOTE: MUST BE AIR COOLED AND INSTALLED ON EXISTING ICE BINS</p> <p>CONTACT: SHANE DICKERSON WEST BANK MAINTENANCE FACILITY 1440 RIVER PARK RD. BRIDGE CITY, LA 70094 (504) 437-4818</p> <p>FOR A SITE VISIT, SEE CONTACT ABOVE.</p>	<p>\$7,025⁰⁰</p> <p>FREE FREIGHT</p> <p>FOB DELIVERED</p>	<p>\$7,025⁰⁰</p> <p>#</p> <p>FOB DELIVERED</p>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/22/2016

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 Brown & Brown of Louisiana LLC P.O Box 5545 Alexandria, LA 71307-5545 Justin Delcambre	CONTACT NAME: Justin Delcambre
	PHONE (A/C, No, Ext): 318-445-2431 FAX (A/C, No): 318-442-2655
E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE	
INSURER A : Arch Insurance Company	NAIC # 11150
INSURER B : Evanston Ins. Co.	35378
INSURER C : TECHNOLOGY INSURANCE CO INC	42376
INSURER D :	
INSURER E :	
INSURER F :	

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	ADDITIONAL INSURED	SUBROGATION	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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AWPKG0007403	01/15/2016	01/15/2017	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 \$ 2,000,000 Emp Ben. \$ 1,000,000
A	AUTOMOBILE LIABILITY <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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AWAUT0007503	01/15/2016	01/15/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	MKLV40LE108171	05/20/2016	01/15/2017	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	N/A	TWC3562117	07/01/2016	07/01/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER	CANCELLATION
Louisiana Food Service Equipment, Inc/NOLA Restaurant Supply & Design, LLC 234 Harbor Circle New Orleans, LA 70126	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 Justin Delcambre