

DATE: 5/24/2021

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00134658

JEFFERSON PARISH

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

VENDOR: DORION Equipment Sales

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

July 24, 2021

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

July 25, 2021

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

July 30, 2021

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: _____

NUMBER: _____

NUMBER: _____

NUMBER: _____

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

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

FIRM NAME:

DORION Equipment Sales, Inc

SIGNATURE:

(Must be signed here)

[Signature]

TITLE:

President

PRINT OR TYPE NAME:

George DORION

ADDRESS:

132 PIN OAK DR

CITY, STATE:

Slidell, LA

ZIP:

70460

TELEPHONE:

985 847-0082

FAX:

cell 504-450-8171

EMAIL ADDRESS:

doriong@dorioneg.com

TOTAL PRICE OF ALL BID ITEMS: \$ 15,750.00

DATE: 5/24/2021

Page: 6

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00134658

SEALED BID

| ITEM NUMBER | QUANTITY | U/M | DESCRIPTION OF ARTICLES | UNIT PRICE QUOTED | TOTALS |
|----------------|----------|-----|--|------------------------|----------------------|
| 1 | 1.00 | JOB | <p>Labor, material, equipment necessary for indoor and outdoor crane repair at Duncan Pump Station</p> <p>0010 - LABOR, MATERIALS AND EQUIPMENT FOR INDOOR AND OUTDOOR CRANE REPAIR - REPLACEMENT OF BRAKE HOIST MOTOR, REMOVE PENDANT AND WIRING, AND REPLACE RAIL CLIPS - AT DUNCAN PUMP STATION</p> <p>* PER SPECIFICATIONS ATTACHED ***</p> <p>** BIDDERS MUST INSPECT THE SITE AND PERFORM THEIR OWN MEASUREMENTS</p> <p>*** FREIGHT MUST BE INCLUDED IN BASE BID</p> <p>****TO REQUEST SITE VISIT CONTACT: JAMAL SINGLETON 504-349-5037 JSINGLETON@JEFFPARISH.NET</p> <p>SERVICE LOCATION: DUNCAN PUMP STATION 1800 JOE YENNI BLVD KENNER LA 70065</p> | \$15,750 ⁰⁰ | 15,750 ⁰⁰ |



DORIO-1

OP ID: CD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/21/2021

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 Lowry-Dunham, Case, & Vivien PO Box 430 Slidell, LA 70459-0430 Lowry-Dunham, Case & Vivien | 985-643-1234 | CONTACT NAME: A. Vernon Gagliano PHONE (A/C, No, Ext): 985-643-1234 FAX (A/C, No): 985-646-0249 E-MAIL ADDRESS: |
| INSURED Dorion Equipment Sales, Inc. Mr. George Dorion P.O. Box 5219 Slidell, LA 70461 | | INSURER(S) AFFORDING COVERAGE INSURER A : LA WORKERS COMP CORP INSURER B : COLONY INSURANCE COMPANY INSURER C : INSURER D : INSURER E : INSURER F : |
| | | NAIC # 22350 |

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 | <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"/> PROJECT <input type="checkbox"/> LOC OTHER: | Y | | 103GL000366209 | 04/10/2021 | 04/10/2022 | 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 |
| B | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | 103GL000366209 | 04/10/2021 | 04/10/2022 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | UMBRELLA LIAB EXCESS LIAB DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| A | 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/A | 129501A | 04/10/2021 | 04/10/2022 | <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)

CERTIFICATE HOLDER

JEFFE-3

Jefferson Parish
1221 Elmwood Prk Blvd, Ste 902
Harahan, LA 70123

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

Cher Doreen