

DATE: 1/13/2020

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00129321

**JEFFERSON PARISH**

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

VENDOR:

BUYER: 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.

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

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

N/A  
N/A  
N/A

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: 1

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

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

35350

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

FIRM NAME:

Beacon Air Conditioning, Heating & Refrigeration, Inc.

SIGNATURE:

(Must be signed here)

Wendy Chatelain

TITLE:

Owner / Secretary

PRINT OR TYPE NAME:

Wendy Chatelain

ADDRESS:

315 E. 3rd Street

CITY, STATE:

Kenner, LA

ZIP:

70062

TELEPHONE:

(504) 467-8698

FAX:

(504) 466-4996

EMAIL ADDRESS:

Wendy@beaconac.com

TOTAL PRICE OF ALL BID ITEMS: \$ 6,003.00

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00129321

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	6.00	EA	<p>TWO (2) YEAR CONTRACT TO PROVIDE HVAC SYSTEMS MAINTENANCE AND REPAIR FOR THE PUBLIC WORKS EAST BANK WAREHOUSE</p> <p>0010 SCHEDULE AND SERVICE FOUR(4) AIR CONDITIONING AND HEATING SYSTEMS THREE</p> <p>(3) TIMES PER YEAR FOR A ROUTINE TRIANNUAL MAINTENANCE AND INSPECTION TO INCLUDE LABOR, MATERIALS CLEANERS AND PARTS IN COST FOR THE FOLLOWING, BUT NOT LIMITED TO:</p> <ul style="list-style-type: none"> <li>-INSPECT UNIT FOR PROPER REFRIGERANT LEVEL AND ADJUST ACCORDINGLY</li> <li>-CLEAN DRAIN LINES AND VACUUM DEBRIS IN CONDENSATE PANS</li> <li>-CLEAN EVAPORATOR COILS</li> <li>-INSPECT BELTS AND REPLACE AS NEEDED</li> <li>-CHECK DUCT WORK FOR AIR LEAKS AND SEAL IF NEEDED</li> <li>-REPLACE AIR FILTERS</li> </ul> <p>TWO (2) YEAR CONTRACT FOR LABOR, MAINTENANCE AND REPAIRS FOR FOUR(4) AIR CONDITIONING AND HEATING SYSTEMS. ONE (1) ABOVE THE WAREHOUSE BREAK ROOM/METER ROOM AND THREE (3) LOCATED ABOVE THE WAREHOUSE OFFICES AND SCADA DEPARTMENT</p> <p>LOCATION: PUBLIC WORKS EAST BANK WAREHOUSE 4901 JEFFERSON HIGHWAY SUITE C JEFFERSON, LA. 70121</p> <p>FOR SITE VISIT CONTACT: GERALD LOHNER 504.736.4652 GLOHNER@JEFFPARISH.NET</p>	600.00	3,600.00
2	2.00	EA	<p>0020 SCHEDULE ANNUAL MAINTENANCE AND INSPECTIONS TO INCLUDE, LABOR, MATERIAL, CLEANERS AND PARTS IN COST ON FOUR(4) AIR CONDITIONING AND HEATING SYSTEMS FOR THE FOLLOWING BUT NOT LIMITED TO:</p> <ul style="list-style-type: none"> <li>-CLEAN DRAIN LINE AND VACUUM DEBRIS FROM CONDENSATE PANS</li> <li>-CLEANS CONDENSER COILS INSIDE AND OUTSIDE OF UNIT</li> <li>-CLEAN EVAPORATOR COILS</li> <li>-LUBRICATE MOTORS</li> <li>-INSPECT BELTS AND REPLACE IF NEEDED</li> <li>-CHECK DUCT WORK FOR AIR LEAKS AND SEAL IF NEEDED</li> <li>-CHECK REFRIGERANT LEVEL AND ADJUST IF NECESSARY</li> </ul> <p>***REVISED PER ADDENDUM #1***</p>	995.00	1,990.00

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00129321

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			-CHECK HEATER/AC OPERATION -CHECK SAFETY CONTROLS AND CONTROL BOX -CHECK THERMOSTATS AND RESET AS NEEDED -CHECK WIRING AND ELECTRICAL COMPONENTS AND REPAIR AS NECESSARY -REPLACE AIR FILTERS -CLEAN DUCTS AND COVERS AS NEEDED		
3	5.00	LB	0030 R-22 REFRIGERANT PER POUND	35.00	175.00
4	5.00	LB	0040 R-410A REFRIGERANT PER POUND	20.00	100.00
5	1.00	HR	0050 HOURLY RATE FOR 2ND TECHNICIAN SERVICE/LABOR FOR ALL SERVICE WORK NOT INCLUDED IN THE MAINTENANCE	40.00	40.00
			UNITS TO BE SERVICED: MODEL TTA 0906400AA S/N 16335KHKTA W/AIR HANDLER  MODEL TWE 060A400CA S/N N483KDJ5H W/AIR HANDLER  MODEL TWE 180B400CA S/N 16246W1HYA W/AIR HANDLER  MODEL TTA 090G400AA S/N 16246W1HYA W/AIR HANDLER		
6	1.00	HR	0060 HOURLY RATE PER 1ST TECHNICIAN SERVICE/LABOR FOR ALL SERVICE WORK NOT INCLUDED IN THE MAINTENANCE	98.00	98.00
			***REVISED PER ADDENDUM #1*** BIDDERS MUST SUBMIT THIS COPY.		





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/20/2020

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



Hylton S Petit, Jr  
2705 Florida Ave.  
Kenner, La 70062

CONTACT NAME: Hylton S Petit Jr

PHONE (A/C, No, Ext): 504-461-0171

FAX (A/C, No): 504-461-0289

E-MAIL ADDRESS: hylton.petit.b27x@statefarm.com

## INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: State Farm Mutual Automobile Insurance Company

25178

## INSURED

Beacon Air Cond Inc  
317 E 3 Rd St  
Kenner, La 70062-7103

INSURER B:

INSURER C:

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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <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 - COM/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS	N	N	098 9278-F13-18R	12/13/2019	06/13/2020	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 \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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

Public Works East Bank Warehouse  
4901 Jefferson Highway, Suite C  
Jefferson, La 70121

Bid# 50-DD129321

## 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

*Hylton S Petit Jr*

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/20/2020

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PRODUCER	Hylton S Petit, Jr 2705 Florida Ave. Kenner, La 70062	CONTACT NAME: Hylton S Petit Jr PHONE (A/C, No, Ext): 504-461-0171 E-MAIL ADDRESS: hylton.petit.b27x@statefarm.com FAX (A/C, No): 504-461-0289
INSURED	Beacon Air Cond Inc 317 E 3 Rd St Kenner, La 70062-7103	INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Mutual Automobile Insurance Company INSURER B: INSURER C: 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	ADDL SUBR INSD 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"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> 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 checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Y N	098 9278-F13-18R	12/13/2019	06/13/2020	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 <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	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				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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

THE PARISH OF JEFFERSON, ITS DISTRICTS,  
DEPARTMENTS AND AGENCIES UNDER THE DIRECTION  
OF THE PARISH PRESIDENT AND THE PARISH COUNCIL  
200 Derbigny St.,  
Gretna, La 70053

Bid# 50-00129321

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

*Hylton S Petit Jr*

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/21/2020

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<b>PRODUCER</b> Riverlands Insurance Services Inc. 492 West 5th Street  LaPlace LA 70068	<b>CONTACT NAME:</b> Kayla Landry <b>PHONE (A/C, No, Ext):</b> (985) 652-5505 <b>E-MAIL ADDRESS:</b> klandry@rivins.com <b>FAX (A/C, No):</b> (985) 652-4039
<b>INSURED</b> Beacon Air Conditioning, Heating & Refrigeration, Inc. 315 E 3rd Street  Kenner LA 70062	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Ohio Security Insurance Company <b>INSURER B:</b> Bridgefield Casualty Insurance Co <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES****CERTIFICATE NUMBER:** 19-20**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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:			BKS1959087358	10/29/2019	10/29/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b> <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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			USO1959087358	10/29/2019	10/29/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	196-47488	10/29/2019	10/29/2020	<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
A	Employment Practices Liability			BKS1855818871	10/29/2019	10/29/2020	Each Claim 12,500 Aggregate 12,500

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

Bid # 50-00129321

General Aggregate Limit applies per project. Cert Holder is listed as an additional insured and a Waiver of Subrogation is provided in favor of the certificate holder with respects to the GL policy. Waiver of Subrogation is provided with respects to the WC as required by written contract.

**CERTIFICATE HOLDER****CANCELLATION**

The Parish of Jefferson 4901 Jefferson Highway Suite C  Jefferson LA 70121	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b> 
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AGENCY CUSTOMER ID: 00029524

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_ of \_\_\_\_

<b>AGENCY</b> Riverlands Insurance Services Inc.		<b>NAMED INSURED</b> Beacon Air Conditioning, Heating & Refrigeration, Inc.
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>
<b>CARRIER</b>	<b>NAIC CODE</b>	

### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

The full certificate holder reads as follows:

THE PARISH OF JEFFERSON, ITS DISTRICTS, DEPARTMENTS AND AGENCIES  
UNDER THE DIRECTION OF THE PARISH PRESIDENT AND THE PARISH COUNCIL

Public Works East Bank Warehouse  
4901 Jefferson Highway  
Suite C  
Jefferson, LA 70121  
Bid # 50-00129321



**CENTRALBIDDING**  
FROM CENTRAL AUCTION HOUSE

**5000129321 TWO (2) YEAR CONTRACT TO PROVIDE MAINTENANCE  
AND REPAIR ON FOUR (4) HVAC SYSTEMS FOR THE PUBLIC WORKS  
EAST BANK WAREHOUSE**  
Jefferson Parish Government

Project documents obtained from [www.CentralBidding.com](http://www.CentralBidding.com)

23-Jan-2020 01:09:43 PM





# JEFFERSON PARISH

## DEPARTMENT OF PURCHASING

CYNTHIA LEE SHENG  
PARISH PRESIDENT

RENNY SIMNO  
DIRECTOR

January 23, 2020

### ADDENDUM # 1

**Bid Number: 50-129321**

**Bid Opening: 11:00 am, January 28, 2020**

**Description of Bid: Two (2) Year Contract for HVAC MAINTENANCE AND REPAIR ON FOUR (4) UNITS FOR PWEBW**

This Addenda is to **CHANGE** Line Item 0030 to read as R-22 Refrigerant and **ADD** a new line item 0040 - R-410A Refrigerant to this bid.

**Both R-22 & R-410A are required on this contract.**

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Buttery", is written over a horizontal line.

Mark Buttery  
Buyer I  
Jefferson Parish Purchasing Department

**Bidders must acknowledge all addenda on the bid form. Bidder acknowledges receipt of This addendum on the bid form as indicated. Failure to do so will result in bid rejection.**

**This addendum is a part of the contract documents and modifies the original bidding documents and specifications. The contents of this addendum shall be included in the contract documents. Changes made by this addendum shall take precedence over the documents of earlier date.**

GENERAL GOVERNMENT BLDG. — 200 DERBIGNY ST., SUITE 4400, GRETN, LA 70053  
OFFICE 504.364.2678

JOSEPH S. YENNI BLDG. — 1221 ELMWOOD PARK BLVD., SUITE 404, JEFFERSON, LA 70123  
OFFICE 504.364.2678

EMAIL: PURCHASING@JEFFPARISH.NET WEBSITE: WWW.JEFFPARISH.NET