

DATE: 10/15/2019

INVITATION TO BID  
THIS IS NOT AN ORDER

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BID NO.: 50-00128490

**JEFFERSON PARISH**

PURCHASING DEPARTMENT  
P.O. BOX 9  
GRETN, 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

2 weeks

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

1 weeks

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

5 days

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:

Craftmanship Flooring

SIGNATURE:

(Must be signed here)

Colin Luckado

TITLE:

OWNER

PRINT OR TYPE NAME:

Colin Luckado

ADDRESS:

2601 Old Spanish Trail

CITY, STATE:

Slidell LA

ZIP:

70458

TELEPHONE:

(985) 768-0747

FAX:

( )

EMAIL ADDRESS:

Colinluckado2@gmail.com

TOTAL PRICE OF ALL BID ITEMS: \$ 3660.00

DATE: 10/15/2019

INVITATION TO BID FROM JEFFERSON PARISH - continued

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BID NO.: 50-00128490

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>LABOR, MATERIALS &amp; EQUIPMENT NECESSARY TO GRIND, PREP &amp; INSTALL NEW FLOORING AT WAGGAMAN GYM BATHROOMS FOR THE DEPARTMENT OF RECREATION</p> <p>0010 Prepare and grind concrete slab, then install new Sika epoxy color flake flooring or equal, with urethane top coat in Waggaman Playground Men's and Women's bathrooms, approximately 305 square feet.</p> <p>See specs</p> <p>Steve</p>	\$3660.00	\$3660.00

**Craftmanship Siding and Roofing and flooring**

Colin Luckado  
2601 Old Spanish Trail  
Slidell, Louisiana  
United States - 70458  
**9857680747**  
**Colinluckdo2@gmail.com**

**Jefferson Parish**

Wagmans playground  
516 Dandelion Dr  
Waggaman, Louisiana  
United States - 70094  
**5043495006**  
**MBUTTERY@jeffparish.net**

002 BID. # 50-  
00128490  
10/23/2019  
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Product Description	Qty	Rate	Amount
Labor and material to Install Epoxy color flakes in the gym men and women's bathroom	1.00	₹ 3660.00	₹ 3660.00

Subtotal	₹ 3660.00
Discount (0.00 %)	₹ 0.00
Shipping Charges	₹ 0.00
Tax (0.00 %)	₹ 0.00
Total	₹ 3660.00

**Notes**

Thank you for your business!

Binder of Insurance

Pending issuance and delivery of a policy pursuant to the application of the insured and to all the terms and conditions of the policy issued by the company the

State Farm Mutual Automobile Insurance Company

Does hereby insure: COLIN A & ABBY LUCKADO II  
2601 OLD SPANISH TRL TRLR 3  
SLIDELL, LA 70461-4647

Policy Number: 316 6186-F01-18B

Year	Make	Vehicle Identification Number (VIN)
2002	GMC C1500 PICKUP	2GTEC19V821332096

Coverages

Liability  
1M/1M/1M

Comprehensive

Collision Ded

Effective September 26, 2019, expiring not to exceed thirty (30) days hence and to become void immediately upon the issuance of a policy in place hereof.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A 'FRAUDULENT' INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Date October 22, 19

tative





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/23/19

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).

<b>PRODUCER</b> GRANT C BENNETT INS AGENCY INC 328 Sun Valley Drive Slidell, LA 70458		<b>CONTACT NAME:</b> PHONE (A/C No, Ext): (985) 643-5096 FAX (A/C, No): (985) 643-3651 E-MAIL ADDRESS: becky@grantbinsurance.com	
<b>INSURED</b> Colin Luckado 4790 Pontchartrain Drive Slidell, LA 70458		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Wesco Insurance Company INSURER B: LCI SIF 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
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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	x		NW166954900	05/10/19	05/10/20	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 \$ 1,000,000
							\$
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB EXCESS LIAB 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	N/A		27253	05/10/19	05/10/20	PER STATUTE OTH-ER
	E.L. EACH ACCIDENT \$ 100,000						
	E.L. DISEASE - EA EMPLOYEE \$ 100,000						
	E.L. DISEASE - POLICY LIMIT \$ 500,000						

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

Siding, Gutter, and Flooring  
For Department Park and Recreation  
The Jefferson Parish, Its Districts Departments and Agencies under the direction of Parish President and Parish Consil shall be named as additional insured this General Liability Policy.

<b>CERTIFICATE HOLDER</b> Jefferson Parish Purchasing Dept Bid #5000128490 200 Derbigny Street Suite 4400 Gretna, LA 70053	<b>CANCELLATION</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. AUTHORIZED REPRESENTATIVE 
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