

DATE: 9/29/2015

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00114604

JEFFERSON PARISH

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

VENDOR: _____

BUYER: LFRANCIS

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.

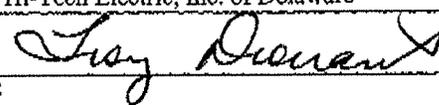
JEFFERSON PARISH is expecting all products to be new and all work is to be done in a workman-like manner, according to standard practices. Any deviations or alterations from the specifications must be indicated and backup documentation supplied with your quotation.

DELIVERY: FOB JEFFERSON PARISH	
INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES	<u>N/A</u>
INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK	<u>10 days ARO</u>
INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK	<u>10 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 as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: #1 dated 09/30/2015
NUMBER: _____
NUMBER: _____
NUMBER: _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 24545

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: Hi-Tech Electric, Inc. of Delaware	
SIGNATURE: (Must be signed here) 	TITLE: Vice President
PRINT OR TYPE NAME: Troy Drouant	
ADDRESS: 5824 River Oaks Road S	
CITY, STATE: Harahan, LA	ZIP: 70123
TELEPHONE: (504) 734-0811	FAX: (504) 734-0814
EMAIL ADDRESS: tdrouant@hitechelectric.com	

TOTAL PRICE OF ALL BID ITEMS: \$ 23,450.00

DATE: 9/28/2015

Page: 5

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00114504

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>LABOR, MATERIALS, AND EQUIPMENT TO REMOVE AND REPLACE A 70 FOOT GALVANIZED STEEL LIGHT POLE FOR THE JEFFERSON PARISH DEPARTMENT OF PARKS AND RECREATION</p> <p>0010 PROVIDE LABOR, MATERIALS AND EQUIPMENT TO PERFORM THE FOLLOWING JOB LOCATED AT:</p> <p>MIKE MILEY STADIUM 6716 W. METAIRIE AVE. METAIRIE, LA 70003</p> <p>FOR SITE VISIT CONTACT: ROY BLUM 736-5999 EXT. 126</p> <p>REMOVAL AND REPLACEMENT OF A 70 FOOT GALVANIZED STEEL LIGHT POLE.</p> <p>1. THE POLE IS LOCATED NEXT TO FIRST BASE. INSTALL NEW POLE WITH NEW STAND AND RE-INSTALL EXISTING LIGHTS AND EXISTING CIRCUIT BREAKER PANEL WITH NEW WIRES FEEDING UP POLE TO CIRCUIT BREAKER PANEL. IF CIRCUIT BREAKER PANEL IS UNUSABLE JPRD WILL SUPPLY NEW ONE.</p> <p>(MORE INFORMATION ON WORK DOCUMENT)</p>	\$23,450.00	\$23,450.00



JEFFERSON PARISH
DEPARTMENT OF PURCHASING

WWW.JEFFPARISH.NET

JOHN F. YOUNG, JR.
PARISH PRESIDENT

BRENDA J. CAMPOS
DIRECTOR

September 30, 2015

ADDENDUM NO.1

Bid No.: 50-00114604

Bid Opening Date: October 06, 2015

FOR: LABOR, MATERIALS, AND EQUIPMENT TO REMOVE AND REPLACE A 70 FOOT GALVANIZED STEEL LIGHT POLE FOR THE JEFFERSON PARISH DEPARTMENT OF PARKS AND RECREATION

The 'Work Document' is attached to this addendum.

The Bid Opening Date will remain October 06, 2015 for 11am.

Sincerely,

A handwritten signature in cursive script, reading "Laniel L. Francis".

Laniel L. Francis, 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.

2. ALL FENCING, ROOFING AND STEEL BEAMS OR ANY OTHER STRUCTURES THAT NEED TO BE REMOVED WILL BE REPLACED BY CONTRACTOR.

3. CONTRACTOR MAY ALSO HAVE TO REMOVE AND REPLACE AS IT WAS, PART OF CHAIN LINK FENCE AS NEEDED TO BRING CRANE ONTO SITE.

4. THIS FIELD HAS ASTRO TURF AND IRRIGATION SYSTEM IN THE AREA AROUND THE DIAMOND AND OUTFIELD SO ANY VEHICLES THAT HAVE TO BE DRIVEN ON IT SHOULD TAKE NECESSARY PRECAUTIONS TO AVOID DAMAGE. SHOULD ANY OF THE ABOVE BECOME DAMAGED THE CONTRACTOR WILL HAVE TO FIX AND OR REPLACE AT THEIR OWN EXPENSE.

5. ALL TRASH INCLUDING OLD POLE AND ANYTHING ATTACHED TO IT SHOULD BE DISPOSED OF BY CONTRACTOR AT THEIR EXPENSE.

6. POLE, 7 LIGHT FIXTURES, WIRES, CIRCUIT BREAKER PANEL, SPLIT BOLT CONNECTORS OR POLARIS TAPS AND CIRCUIT BREAKERS WILL BE SUPPLIED BY JPRD.

7. CONTRACTOR WILL HAVE TO DIRECT LIGHTS AS BEST AS POSSIBLE AFTER INSTALLAION WITH THE HELP OF PLAYGROUND SUPERVISOR.

ALL GROUNDS AND WORK AREAS NEED TO BE LEFT IN PRE-EXISTING CONDITIONS.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/27/2014

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 John L. Wortham & Son, L.P. PO Box 1388 Houston, TX 77251-1388 www.worthaminsurance.com	CONTACT NAME: John L. Wortham & Son, L.P. PHONE (A/C, No., Ext): 713-526-3366 FAX (A/C, No.): 713-521-1951 E-MAIL ADDRESS: _____ INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Old Republic General Insurance Corp 24139 INSURER B: Commerce & Industry Insurance Co 19410 INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____
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COVERAGES **CERTIFICATE NUMBER: 22110015** **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 <input checked="" type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> XCU GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: _____			A6CG01631403 \$2,000 Deductible	11/1/2014	11/1/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Eq occurrence) \$ 300,000 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 _____ \$ _____
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			A6CA01631403	11/1/2014	11/1/2015	COMBINED SINGLE LIMIT (Eq 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			BE064169470	11/1/2014	11/1/2015	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 _____ \$ _____
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 N	N/A	A6CW01631403	11/1/2014	11/1/2015	<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 the Parish of Jefferson, its Districts, Depts and Agencies under the Direction of the Parish President and the Parish Council 200 Derbigny Street, Suite 4400 Gretna LA 77053	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 John L. Wortham & Son, L.P.
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