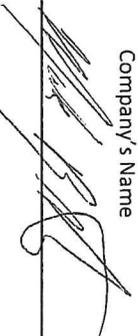


BID/RFP RECEIPT

Receipt of Bid/RFP Proposal No. 50-124103

From: EBE Fence Co

Company's Name

Person Received Bid: 

Number of Envelopes/Boxes Received: 1 Envelope

Jefferson Parish Purchasing Department
200 Derbigny Street
Suite 4400 – General Government Building
Gretna, LA 70053

RECEIVED
2018 SEP 21 PM 1:00
JEFFERSON PARISH
PURCHASING

EBE Fance Co. - 19252
1800 Hwy Perry St C
Gretna, VA 70053

Jefferson Parish
Purchasing Dept.
PO Box 9
Gretna, LA 70054-0009

Date: 9-24-2018

Time: 11am

DATE: 9/12/2018

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00124103

JEFFERSON PARISH

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

VENDOR: _____

BUYER: SFOLSE

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	_____

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: <u>EBE FENCE CO. INC.</u>	
SIGNATURE: (Must be signed here)	TITLE:
<u>Ellis E. Brown</u>	<u>President</u>
PRINT OR TYPE NAME: <u>Ellis E. Brown</u>	
ADDRESS: <u>1800 Huey P. Long Ste. C</u>	
CITY, STATE:	ZIP:
<u>Gretna, LA</u>	<u>70053</u>
TELEPHONE:	FAX:
<u>504, 822-1678</u>	<u>504, 827-0947</u>
EMAIL ADDRESS: <u>ebefence@msn.com</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 0427.68

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00124103

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>LABOR & MATERIALS TO SUPPLY & INSTALL FENCING FOR THE JEFFERSON PARISH PARKS AND RECREATION DEPARTMENT</p> <p>0010 Labor, Materials and Equipment Needed To Supply & Install 40 Linear Ft of Alumaguard Plus Gate Hardware Fence</p> <p>Location: Pontiff Dog Park 1521 Palm Street Metairie, LA 70001</p> <p>***** TO SET UP A SITE VISIT, PLEASE CONTACT BRAD ROTH @ 504-813-7014 *****</p> <p>PLEASE SEE ATTACHED SPECIFICATIONS</p>	6427.68	6427.68

CORPORATE RESOLUTION

AT THE MEETING OF DIRECTORS OF EBE FENCE COMPANY INCORPORATED,
ON MOTION DULY MADE AND SECONDED. IT WAS:

RESOLVED, THAT Ellis E. Brown, BE AND IS HEREBY
APPOINTED, CONSTITUTED AND DESIGNATED AS PRESIDENT, AGENT AND
ATTORNEY-IN-FACT OF THE CORPORATION WITH FULL POWER AND
AUTHORITY TO ACT ON BEHALF OF THIS CORPORATION IN ALL
NEGOTIATIONS, BIDDING, CONCERNS AND TRANSACTIONS AND ANY OF ITS
AGENCIES, DEPARTMENTS, EMPLOYEES OR AGENTS, INCLUDING BUT NOT
LIMITED TO, THE EXECUTION OF ALL BIDS, PAPERS, DOCUMENTS,
AFFIDAVITS, BONDS, SURETIES, CONTRACTS AND ACTS AND TO RECEIVE AND
RECEIPT THEREFORE ALL PURCHASE ORDERS AND NOTICES ISSUED
PURSUANT TO THE PROVISIONS OF ANY SUCH BID OR CONTRACT, THIS
CORPORATION HEREBY RATIFYING, APPROVING, CONFIRMING AND
ACCEPTING EACH AND EVERY SUCH ACT PERFORMED BY SAID AGENT AND
ATTORNEY-IN-FACT.

I HEREBY CERTIFY THE FOREGOING TO
BE A TRUE AND CORRECT COPY OF AN
EXCERPT OF THE MINUTES OF THE
ABOVE DATED MEETING OF THE BOARD
OF DIRECTORS OF SAID CORPORATION,
AND THE SAME HAS NOT BEEN REVOKED
OR RESCINDED.

B. Hasan
SECRETARY-TREASURER

9-21-2018

DATE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/24/2018

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 O'Connor Insurance Group, LLC 2450 Severn Ave Suite 208 Metairie LA 70001		CONTACT NAME: Ashley Hebert PHONE (A/C, No, Ext): (504) 262-8900 FAX (A/C, No): E-MAIL ADDRESS: ahebert@oconnoragency.net															
INSURED EBE Fence Co., Inc. 2024 Bayou Rd. New Orleans LA 70116		INSURER(S) AFFORDING COVERAGE <table border="1"> <tr> <th>INSURER</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: FCCI Insurance Company</td> <td>10178</td> </tr> <tr> <td>INSURER B: National Trust Insurance Co</td> <td>20141</td> </tr> <tr> <td>INSURER C: LUBA Casualty Insurance Co</td> <td>12472</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>		INSURER	NAIC #	INSURER A: FCCI Insurance Company	10178	INSURER B: National Trust Insurance Co	20141	INSURER C: LUBA Casualty Insurance Co	12472	INSURER D:		INSURER E:		INSURER F:	
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INSURER D:																	
INSURER E:																	
INSURER F:																	

COVERAGES

CERTIFICATE NUMBER: CL1812407721

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 EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION WAIVED	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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		GL 0018625-03	1/19/2018	1/19/2019	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
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		CA 100010097-02	1/19/2018	1/19/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist combined \$ 1,000,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$ 10,000 <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE		UMB0022775-03	1/19/2018	1/19/2019	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	028000015261117	11/21/2017	11/21/2018	<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**CANCELLATION**

Insured's Copy
For Information Purposes Only

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

J "Joey" O'Connor, II