

**BID/RFP RECEIPT**

Receipt of Bid/RFP Proposal No. 50-124103

From: EBE Fence Co

Company's Name

Person Received Bid: [Signature]

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 Tave Co - 19252  
1800 Huey P. Long St C  
Gretna, LA 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  
GRETN, 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: EBE FENCE CO. INC.	
SIGNATURE: (Must be signed here)	TITLE: President
PRINT OR TYPE NAME: Ellis E. Brown	
ADDRESS: 1800 Huey P. Long Ste. C	
CITY, STATE: Gretna, LA	ZIP: 70053
TELEPHONE: 504, 822-1678	FAX: 504, 827-0947
EMAIL ADDRESS: ebefence@msn.com	

TOTAL PRICE OF ALL BID ITEMS: \$ 6427.68

## 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 &amp; MATERIALS TO SUPPLY &amp; INSTALL FENCING FOR THE JEFFERSON PARISH PARKS AND RECREATION DEPARTMENT</p> <p>0010 Labor, Materials and Equipment Needed To Supply &amp; 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.**

  
**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

**INSURED**

EBE Fence Co., Inc.

2024 Bayou Rd.

New Orleans

LA 70116

CONTACT NAME: Ashley Hebert

PHONE (A/C, No, Ext): (504) 262-8900

FAX (A/C, No):

E-MAIL: ahebert@oconnoragency.net

ADDRESS:

INSURER(S) AFFORDING COVERAGE

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:

**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 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
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"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED 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"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		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) Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below		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