DATE:

2/13/2020

BID NO.: 50-00129791

#### **INVITATION TO BID** THIS IS NOT AN ORDER

Page: 4

## **JEFFERSON PARISH**

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

	504-364-2678	
VEN	DOR:	BUYER: DABRAHAM
body.	LSA-RS 47:301 et seq., all governmental bodies are excluded from payment of sa Quotations shall be based on F.O.B. Agency warehouse or jobsite, anywhere with sing Department.	les taxes to any Louisiana taxing nin the Parish as designated by the
JEFFER	RSON PARISH reserves the right to cancel all or any part of an order if not shippe If for parking or cartage unless specified in quotation. The order must not be filled RSON PARISH reserves the right to cancel at any time and for any reason by issuit to the contractor.	d at a higher price than quoted.
standar	RSON PARISH is expecting all products to be new and all work to be done in work of practices. Any deviations or alteration from the specifications must be indicated on request, product data for same must be submitted by the time specified by the	ed on the bid form for each item
	DELIVERY: FOB JEFFERSON PARISH	
	INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES	Queeks
	INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK	dweeks
	INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK	_d days
COMICON	vent that addenda are issued with this bid, bidders MUST acknowledge all addend ledge receipt of an addendum on the bid form as indicated. Failure to acknowled Il result in bid rejection.	da on the bid form. Bidder must lge any addendum on the bid
A	Acknowledge Receipt of Addenda: NUMBER:	
	NUMBER:	
	NUMBER:	
	NUMBER:	
L	_OUISIANA CONTRACTOR'S LICENSE NO.: (if applicable)	35350
	*** ALL BIDDERS MUST COMPLETE SECTION	BELOW ***
	Begcon Air Conditioning, Heating & Refrigeration, In SIGNATURE:	oc ·
	Must be signed here) Undy Wittlam  PRINT OR TYPE NAME:  Dwr	ner / Secretary
	Wendy Chatelain	
	315 E, 3rd Strett	
	Kenner, LA ZIP: 70062	
	TELEPHONE: (504) 467-8698 FAX: (504) 466-4	9910
	EMAIL ADDRESS: Wendy O, beaconac. com	7.74

TOTAL PRICE OF ALL BID ITEMS: \$ \_

DATE: 2/13/2020

## INVITATION TO BID FROM JEFFERSON PARISH - continued

Page: 5

BID NO.: 50-00129791

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			Remove existing and supply and install new gas unit heater		
1	1.00	JOB	0001 - Parts, labor, and equipment to remove existing unit, furnish, and install one (1) Lenox unit heater in existing location. Re-pipe double wall vent pipe, replace wall thermostat and reconnect gas and electrical. Unit will be suspended by uni-strut and threaded rod.	4,354,00	4,354.a
			Material		
			1-Lennox gas unit heater M/N LF250-A1 5 foot of 4 inch double wall pipe 15 ft - 3/8 inch threaded rod 10 ft - 1-5/8 inch uni-strut 1-3/4 inch gas valve Miscellaneous gas pipe and union 1-20 amp switch 1-wall thermostat		
			Labor		
			1st mechanic for 8 hours 2nd mechanic for 8 hours		
	*		Contact and Location of Job		
			Jefferson Parish Sewerage Department Attention: Tommy Hoyt 4901 Jefferson Hwy Suite B Jefferson, LA 70121 (504) 736-6678		
e					
-		1			



PRODUCER

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/14/2020

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 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).

CONTACT Kayla Landry

Rive	erlands Insurance Services Inc.			,	(985) 652-5505 (A/C, No): (985) 652-4039					
492	West 5th Street				E-MAIL ADDRES	ss: klandry@	rivins.com			
					INSURER(S) AFFORDING COVERAGE					NAIC#
LaP	lace			LA 70068	INSURER A: Ohio Security Insurance Company					24082
INSU	RED									10335
	Beacon Air Conditioning, Heating	na & F	efriae	ration, Inc.	INSURE					*****
	315 E 3rd Street	3-								
	o to E ord officer		INSURE	RD:						
					INSURE	RE:				
L	Kenner			LA 70062	INSURE	RF:				
				NUMBER: 19-20				REVISION NUMBER:		
IN CI	HIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQU ERTIFICATE MAY BE ISSUED OR MAY PERT (CLUSIONS AND CONDITIONS OF SUCH PO	IREME AIN, T	NT, TI	ERM OR CONDITION OF ANY ( SURANCE AFFORDED BY THE	CONTRA E POLICII	CT OR OTHER	DOCUMENT OF THE PROPERTY OF TH	WITH RESPECT TO WHICH	THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	T	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS	
LIIX	COMMERCIAL GENERAL LIABILITY	INSD	WVD	TODIOT NOMBER		(MINUDD/TTTT)	(MINI/DD/1111)			0,000
	CLAIMS-MADE OCCUR				1			DAMAGE TO RENTED	1.00	0,000
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	45.00	
		8		DI/04050007050		40/00/0040	40/00/0000	MED EXP (Any one person)	\$ 15,00	
Α		-		BKS1959087358	1	10/29/2019	10/29/2020	PERSONAL & ADV INJURY	9	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	Ψ	0,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,000	0,000
	OTHER:							Employee Benefits	\$ 1,000	0,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANYAUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY				1			PROPERTY DAMAGE	\$	-42
	AUTOS ONLY AUTOS ONLY							(Per accident)	s	
	UMBRELLA LIAB X OCCUR	$\vdash$						FACILOGOUPPENOS	\$ 5,000	0,000
Α	- Syaraa waa			USO1959087358		10/29/2019	10/29/2020	EACH OCCURRENCE	5.000	0,000
	10 000	1		00010000000		10/20/2010	10/20/2020	AGGREGATE	13	0,000
	WORKERS COMPENSATION \$ 10,000	-						PER OTH-	\$	
	AND EMPLOYERS' LIABILITY Y/N							➤ PER STATUTE OTH-	4.00	2000
В	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		196-47488		10/29/2019	10/29/2020	E.L. EACH ACCIDENT	\$ 1,000	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$ 1,000	VET 81 (1975)
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,000	0,000
	Employment Practices Liability									
Α	Zimpleyment ractices ziabinty			BKS1855818871	1	10/29/2019	10/29/2020	Each Claim	12,50	00
						- 1		Aggregate	12,50	00
Bid a	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  Bid # 50-00129791  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.									
CER	TIFICATE HOLDER				CANCE	LLATION				
The Parish of Jefferson Jefferson Parish Sewerage Department						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
	4901 Jefferson Highway, Suite				AUTHOR	ZED REPRESEN	TATIVE			
	Jefferson			LA 70121	Kayla Williams					

GENCY CU	STOMER	ID:	00029524
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K ID.



# **ADDITIONAL REMARKS SCHEDULE**

Page of

	100		
AGENCY		NAMED INSURED	
Riverlands Insurance Services Inc.		Beacon Air Conditioning, Heating & Refrigeration, Inc.	
POLICY NUMBER			
CARRIER	NAIC CODE	-	
		EFFECTIVE DATE:	
ADDITIONAL REMARKS			

		EFFECTIVE DATE:	
ADDITIONAL REMARKS			
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACOR	D FORM,		
FORM NUMBER: 25 FORM TITLE: Certificate of Liability	ty Insurance: N	otes	
The full certificate holder reads as follows:			
THE PARISH OF JEFFERSON, ITS DISTRICTS, DEPARTMENTS AND A UNDER THE DIRECTION OF THE PARISH PRESIDENT AND THE PARI	AGENCIES ISH COUNCIL		
Jefferson Parish Sewerage Department 4901 Jefferson Highway, Suite B Jefferson, LA 70121 Bid # 50-00129791			



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the	terms a	IT: If the certificate holder in and conditions of the policy, holder in lieu of such endors	cert	ain p	policies may require an e	ndorse	ement. A stat	tement on th	is certificate does not c	onfer i	ights to the	
PRODI						CONTAC NAME:	CT Hylton S Pe	etit Jr				
		Hylton S Petit, Jr				PHONE	Ext): 504-461	-0171	FAX (A/C, No):	04-461	-0289	
State	eFarm	2705 Florida Ave.				E-MAIL	ss: hylton.peti	t.b27x@state				
Kenner, La 70062						AUUKE			DING COVERAGE		NAIC#	
Refiller, La 70002					mena			mobile Insurance Company		25178		
		Beacon Air Cond Inc	_					11 11101001 7 1010	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
INSUR	ED					INSURE						
317 E 3 Rd St			_			INSURE	RC:			-		
		Kenner, La 70062-710	3			INSURE	RD:					
						INSURE	RE:					
						INSURE	RF:					
COV	ERAGE				NUMBER:				REVISION NUMBER:			
IND	DICATED.	CERTIFY THAT THE POLICIES NOTWITHSTANDING ANY RE E MAY BE ISSUED OR MAY IS AND CONDITIONS OF SUCH	QUIR PERT POLI	EMEN AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	D HEREIN IS SUBJECT T	CITO	WHICH THIS	
INSR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
	COM	MERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$		
1		CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
-									MED EXP (Any one person)	\$		
-	_								PERSONAL & ADV INJURY	\$		
+		2001751 1117 100 150 050							GENERAL AGGREGATE	\$		
+		PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
-	POLIC	CY JECT LOC							PRODUCTS - COMPTOR AGO	S		
$\rightarrow$	OTHE				420 0045 B20 40V	,	00/00/2040	02/28/2020	COMBINED SINGLE LIMIT	\$		
A	AUTOMOB	ILE LIABILITY	Υ	N	138 8015-B28-18)		08/28/2019		(Ea accident) BODILY INJURY (Per person)	\$	1,000,000	
-	ANY	THE PROPERTY OF			138 8015-B28-18)	(	02/28/2020	08/28/2020		\$	1,000,000	
-	AUTO								PROPERTY DAMAGE	s	1,000,000	
1	HIRE	D AUTOS AUTOS							(Per accident)	S	1,000,000	
	UMBF	RELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCE	SS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED	RETENTION \$							(855	\$		
	WORKERS	COMPENSATION							PER OTH- STATUTE ER			
		OYERS' LIABILITY RIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICER/M (Mandatory	EMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
		ribe under ION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	s		
-	DESCRIPTI	ION OF OPERATIONS DEIGW										
DESC	RIPTION O	F OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	red)			
						CAN	OFILI ATION					
CER	TIFICA	TE HOLDER				CAN	CELLATION					
THE PARISH OF JEFFERSON, ITS DISTRICTS, DEPARTMENTS AND AGENCIES UNDER THE DIRECTION OF THE PARISH PRESIDENT AND THE PARISH COUNCIL						THE	EXPIRATIO	N DATE TH	DESCRIBED POLICIES BE O IEREOF, NOTICE WILL CY PROVISIONS.	ANCEL BE DI	LED BEFORE ELIVERED IN	
		igny St.,			C	AUTHO	RIZED REPRESE	ENTATIVE		\		
Gr	etna, L	a 70053				1	10 1	1	1/2(1/	1		
#5	50-00129791						not well a when					

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PROD	UCER						Hylton S Pe			FAV		
		Hylton S Petit, Jr				PHONE (A/C, No	Ext): 504-461	-0171		FAX (A/C, No):5	04-461	-0289
StateFarm 2705 Florida Ave.					E-MAIL ADDRESS: hylton.petit.b27x@statefarm.com							
		Kenner, La 70062				INSURER(S) AFFORDING COVERAGE						NAIC#
(						INSURE	R A :State Farm	n Mutual Autor	mobile Insurance	e Company		25178
INSU	RED	Beacon Air Cond Inc				INSURER B:						
114301	KED	317 E 3 Rd St				INSURE						
	Kenner, La 70062-7103						000000					
	Refiller, La 70002-7103						RD:					
							RE:					
							RF:		REVISION NU	MDED.		
CO	VERAGE:	CERTIFY THAT THE POLICIES	TIFIC	ATE	NUMBER:	Æ DEE	N IODUED TO				HE BOI	ICY PERIOD
IN	DICATED.	CERTIFY THAT THE POLICIES NOTWITHSTANDING ANY REE E MAY BE ISSUED OR MAY SAND CONDITIONS OF SUCH	QUIR	EMEN	IT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY ED BY	THE POLICIE	S DESCRIBE	DOCUMENT VI	IN KESPE	01 10	AALICH ILIIO
INSR	COLOGICIT	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	S	
LTR	COMB	IERCIAL GENERAL LIABILITY	INSU	WVD	FOLIOT HOMBER				EACH OCCURRE	NCE	\$	
									DAMAGE TO REN PREMISES (Ea oc	TED	\$	
		CLAIMS-MADE OCCUR							MED EXP (Any on		\$	
									PERSONAL & AD		\$	
											\$	
	GEN'L AGO	REGATE LIMIT APPLIES PER:							GENERAL AGGRI			
	POLIC	Y PRO- JECT LOC							PRODUCTS - COI	MP/OP AGG	\$	
	OTHE	R:							COMBINED SING	FLIMIT	\$	
A	AUTOMOB	ILE LIABILITY	N	N	138 8015-B28-18X		08/28/2019	02/28/2020	(Ea accident)		\$	4 000 000
	ANY A				138 8015-B28-18)	(	02/28/2020	08/28/2020	BODILY INJURY (		\$	1,000,000
	ALL C	WNED SCHEDULED AUTOS							BODILY INJURY (		\$	1,000,000
		NON-OWNED AUTOS							PROPERTY DAM. (Per accident)	AGE	\$	1,000,000
		7.0.00									\$	
	UMBF	RELLA LIAB OCCUR							EACH OCCURRE	NCE	\$	
	EXCE	SS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED	RETENTIONS									\$	
-	WORKERS	COMPENSATION							PER STATUTE	OTH- ER		
	AND EMPL	DYERS' LIABILITY Y / N							E.L. EACH ACCID		\$	
	OFFICER/M	RIETOR/PARTNER/EXECUTIVE EMBER EXCLUDED?	N/A						E.L. DISEASE - E.			
	(Mandatory If yes, descri										s	
	DÉSCRIPTI	ON OF OPERATIONS below		-					E.L. DISEASE - P	OLICY LIMIT	3	
								L	L			
DES	CRIPTION O	F OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if mor	re space is requir	red)			
l												
<u></u>		E LIGI BER				CANO	CELLATION					
-		TE HOLDER				CAN	OLLLA HON					7
Je	efferson	Parish Sewerage Dep	artn	nent		SHC	OULD ANY OF	THE ABOVE I	DESCRIBED PO	LICIES BE	CANCEL	LED BEFORE
49	01 Jeff	erson Highway, Suite I	3			THE	EXPIRATIO	N DATE TH	EREOF, NOTIC	CE WILL		
1 1000		, La 70121				ACC	CORDANCE W	ITH THE POLI	CY PROVISIONS			
1		,										
-						MATHO	RIZED REPRESE	ENTATIVE	( )	111		
15	ID#	50-00129791					1 14	7.	(1.1)	4.1		
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