

DATE: 11/15/2023

INVITATION TO BID  
THIS IS NOT AN ORDER

REVISED PER ADDENDUM 1

Page: 5

BID NO.: 50-00143911

**JEFFERSON PARISH**

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

VENDOR: 27118 BLANK BID COPY VENDOR

PURCHASING SPECIALIST:  
DMEVANS

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

1 week

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

1 day

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

1 day

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 by placing the addendum number as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: Add #1 dated 11/15/23

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 55529

<b>*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***</b>	
FIRM NAME: <u>AHG Services, LLC</u>	
SIGNATURE: (Must be signed here)	TITLE: <u>Principal</u>
PRINT OR TYPE NAME: <u>Douglas A. Guthans</u>	
ADDRESS: <u>2225 Piedmont Street</u>	
CITY, STATE: <u>Kenner, LA</u>	ZIP: <u>70062</u>
TELEPHONE: <u>(504) 267-3800</u>	FAX: <u>(504) 267-3801</u>
EMAIL ADDRESS: <u>dougthans@ahgservicesllc.com</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 350.00

DATE: 11/15/2023

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Page: 6

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00143911

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	ONLY	<p>FURNISH LABOR TO FILE, TEST AND PERFORM ANNUAL INSPECTION OF 1" BACKFLOW PREVENTER FOR JEFFERSON PARISH LIBRARY DEPARTMENT</p> <p>0010 - Test The Operation, Perform Annual Inspection and File For The 1" Backflow Preventer.</p> <p>All work is to be performed during normal working hours.</p> <p>Belle Terre Library 5550 Belle Terre Rd. Marrero , LA 70072</p> <p>Testing For 2023</p>	\$ 350.00	\$ 350.00



AHGSERV-01

SWEETS

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/14/2023

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> Insurance Underwriters, Ltd. P. O. Box 6738 Metairie, LA 70009	<b>CONTACT NAME:</b> Jonathan Landry, CIC		
	<b>PHONE (A/C, No, Ext):</b> (504) 620-1795 202	<b>FAX (A/C, No):</b> (504) 883-2535	
	<b>E-MAIL ADDRESS:</b> jclandry@iulins.com		
<b>INSURED</b>  AHG Services, LLC. 2225 Piedmont Street Kenner, LA 70062	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> Phoenix Insurance Company		25623
	<b>INSURER B:</b> Charter Oak Fire Insurance Co.		25615
	<b>INSURER C:</b> Travelers Property Casualty		25674
	<b>INSURER D:</b> LUBA		12472
	<b>INSURER E:</b> American Zurich Insurance Co		40142
<b>INSURER F:</b>			

## 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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			CO8293B742	4/10/2023	4/10/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea 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
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			BA9M063347	4/10/2023	4/10/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUP3K417649	4/10/2023	4/10/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
D	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	027000300871123	4/10/2023	4/10/2024	<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
E	Equipment			EC11501022	4/10/2023	4/10/2024	Leased/Rented 250,000

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

Policy forms included but not limited to holders when required by written contract subject to policy terms, conditions, and exclusions prior to any incident that could result in a claim:

## General Liability:

Designated Project(s) General Aggregate Limit per form CG D2 11 01 04

Blanket Additional Insured per form CG D2 46 04 19 (Includes Products-Completed Operations If Required By Contract)

XTend Endorsement for Contractors form CG D3 16 02 19 Includes the following:

SEE ATTACHED ACORD 101

## CERTIFICATE HOLDER

## CANCELLATION

Jefferson Parish Purchasing Department 200 Derbigny Street uite 4400 Gretna, LA 70053	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 



## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Insurance Underwriters, Ltd.</b>		NAMED INSURED <b>AHG Services, LLC. 2225 Piedmont Street Kenner, LA 70062</b>	
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

## Description of Operations/Locations/Vehicles:

Blanket Waiver of Subrogation

Blanket Additional Insured Governmental Entities

Blanket Primary and Non-Contributory Insurance if Required by Written Contract per form CG T1 00 02 19

Blanket/Designated 30 Day Notice of Cancellation (IL T4 05 05 19)

## Auto Liability:

Business Auto Extension Endorsement Louisiana: Blanket Additional Insured

Blanket Waiver of Subrogation; Blanket Additional Insured-Primary and Non-Contributory

Loss Payable (Loss payee on file for loss to a covered auto, as interest may appear)

Additional Insured (Lessor): Any lessor of a "leased auto" under a leasing or rental agreement of less than 6 months per form CA T4 52 02

Blanket 30 Day Notice of cancellation as per form IL T4 05

Short Term Hired Auto - Additional Insured and Loss Payee as per form 52 02 16

## Worker's Compensation:

Blanket 30 DNOC as per form WC 99 03 02

Blanket Waiver of Subrogation Where Required by Written Contract as per form WC 00 03 13; Blanket Alternate Employer

Endorsement Where Required by Written Contract per forms WC 00 03 01 A

Officers Excluded: Douglas Guthans

## Excess Follow-Form and Umbrella Liability:

Waiver of Subrogation & Primary Non-contributory blanket as required by written contract

Underlying Policies: General Liability Auto Liability Worker's Compensation

Equipment: Blanket loss payee on leased/rented equipment as required by written contract. Deductible \$1,000

5000143911 Furnish Labor to File, test and Perform Annual Inspection of Backflow Preventer





## State Licensing Board for Contractors

This is to Certify that:

AHG SERVICES, L.L.C.  
2225 Piedmont Street  
Kenner, LA 70062

is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION; HEAVY CONSTRUCTION; MECHANICAL WORK (STATEWIDE); MUNICIPAL  
AND PUBLIC WORKS CONSTRUCTION; PLUMBING (STATEWIDE); SPECIALTY: STEAM AND HOT WATER  
HEATING IN BUILDINGS OR PLANTS



Expiration Date: June 1, 2025

License No: 55529

Witness our hand and seal of the Board dated,  
Baton Rouge, LA 2nd day of June 2022

*Willis Macoy*  
\_\_\_\_\_  
Director

*Lee Mallett*  
\_\_\_\_\_  
Chairman

This License Is Not Transferrable

*André Spawue*  
\_\_\_\_\_  
Treasurer

**Jefferson Parish**  
Inspection and Code Enforcement  
Regulatory Inspection's Division

**Active Plumbing # 60762**

This is to certify that **DOUGLAS GUTHANS**  
having qualified in accordance with Jefferson Parish Ordinances is hereby granted  
authorization to engage in the above field as authorized by law.

Issue Date: 6/1/2023

Expiration Date: 5/31/2024



Plumbing Section Chief

**THIS LICENSE IS NOT TRANSFERABLE**



certifies that

**Douglas A Guthans**

has satisfactorily completed course requirements as approved by the State Plumbing Board of Louisiana.

## *BACKFLOW PREVENTION TESTER RECERTIFICATION*

Date Issued: 9/22/2023

Certificate No.: 20200658R23

Valid Through: 9/22/2026

A handwritten signature in blue ink, reading "Mitchell J. LeBas".

Mitchell J. LeBas, President



# STATE PLUMBING BOARD OF LOUISIANA

MASTER PLUMBER

WSPS

**This is to certify that**

**Lic/ID #: LMP5997**

GUTHANS, DOUGLAS A  
2225 PIEDMONT ST.  
KENNER, LA 70062

**2023**

AHG SERVICES LLC

HAS BEEN DULY LICENSED BY THE STATE PLUMBING BOARD OF LOUISIANA IN ACCORDANCE WITH  
LA. R.S. 1361-1780 AND IS COMPETENT TO PERFORM WORK AS MASTER PLUMBER. THIS  
CERTIFICATE IS VALID UNTIL 12/31/2023 UNLESS OTHERWISE CANCELLED OR REVOKED FOR  
CAUSE PRIOR THERETO, AND MUST BE CARRIED ON THE PERSON OF LICENSEE.

CPE

RICKEY FABRA, - Secty-Treas. WSPS Certification Exp. 12/31/2023