

DATE: 4/27/2023

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00142247

## JEFFERSON PARISH

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

VENDOR: 27118 BLANK BID COPY VENDOR

BUYER: BBELLOW

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

2 weeks

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

1 week

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

2 weeks

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: #1 dtd 5/1/23 w.c.

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

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

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

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 35350

### \*\*\* ALL BIDDERS MUST COMPLETE SECTION BELOW \*\*\*

FIRM NAME:	
<u>Beacon Air Conditioning, Heating &amp; Refrigeration, Inc.</u>	
SIGNATURE:	TITLE:
(Must be signed here) <u>Wendy Chatelain</u>	<u>Owner/Secretary-Treasurer</u>
PRINT OR TYPE NAME:	
<u>Wendy Chatelain</u>	
ADDRESS:	
<u>315 E. 3rd Street</u>	
CITY, STATE:	ZIP:
<u>Kenner, LA</u>	<u>70062</u>
TELEPHONE:	FAX:
<u>(504) 467-8698</u>	<u>(504) 466-4996</u>
EMAIL ADDRESS:	
<u>Wendy@beaconac.com</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 37,898.00

DATE: 4/27/2023

Page: 6

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00142247

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	EA	<p>FURNISH LABOR, MATERIALS AND EQUIPMENT TO REMOVE AND INSTALL TWO (2) NEW BARD HVAC WALL UNITS FOR JEFFERSON PARISH TELECOMMUNICATIONS TOWER</p> <p>0010 - Propose to replace two (2) wall pack units W/Bard equipment. The Following options will be installed with equipment: disconnect . phase monitor and low ambient control. alarm relay. pleated filters. Furnish and install Lead/Lag Controller to operate both Bard units. A second control panel will be mounted next to Lead/Lag Controller for remote monitoring of temperature and humidity inside room. High temperature alarm or Individual equipment alarms will be sent via email to Jefferson Parish personnel. An open IP drop will be provided by Jefferson Parish for remote access.</p> <p>Equipment/Materials:  2 - Bard 6 Ton Wall Mount Air Conditioners  M# W72AC-B  208/230V, 3 Phase with Disconnect, Phase Monitor  Merv 8 Filters, 9kW Electric Heat  2 - Fan Cycle Low Ambient Controls  2 - Alarm Relays  1 - Bard MC4002-BC  1 - Humidity Sensor</p> <p><b>**AS PER BID SPECIFICATIONS**</b></p>	\$ 37,898. <sup>00</sup>	\$ 37,898. <sup>00</sup>



# JEFFERSON PARISH

## DEPARTMENT OF PURCHASING

CYNTHIA LEE SHENG  
PARISH PRESIDENT

RENNY SIMNO  
DIRECTOR

**May 1, 2023**

### **ADDENDUM # 1**

**Bid No.: 5000142247**

**Bid Opening: May 4, 2023 at 11AM**

**5000142247 - Furnish Labor, Materials and Equipment to Remove and Install Two (2) New Bard HVAC Wall Units for Jefferson Parish Telecommunications Tower**

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**Remove and Replace:** Please remove Page 1 of 4 of the Bid Specifications and replace with the attached Revised Bid Specifications Page 1 of 4. Section 4.0 – Bonds has changed, only the Surety Bond is required for this Bid.

**Note: Please be sure to acknowledge Addendum #1 on the Bid form when submitting the Bid.**

Sincerely,

A handwritten signature in cursive script that reads "Brenda M. Bellow".

Brenda M. Bellow

Buyer I

Jefferson Parish Purchasing Department

<b>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.</b>
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**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.**

GENERAL GOVERNMENT BLDG. – 200 DERBIGNY ST., SUITE 4400, GRETN, LA 70053  
OFFICE 504.364.2678

JOSEPH S. YENNI BLDG. – 1221 ELMWOOD PARK BLVD., SUITE 404, JEFFERSON, LA 70123  
OFFICE 504.364.2678

EMAIL: PURCHASING@JEFFPARISH.NET WEBSITE: WWW.JEFFPARISH.NET





04-28-2023

## Bid Bond in Accordance with Contract Specifications

SLA04287997

Beacon Air Conditioning, Heating &amp; Refrigeration, Inc.

Bond Number

Principal Name

315 E 3rd Street, Kenner, LA, 70062, US

Principal Address

Principal Signature

Jefferson Parish

200 Derbigny Street, Gretna, LA, 70053, US

Owner/Obligee Name

Owner/Obligee Address

### Bond Information

05-04-2023

Bid Date

The Gray Casualty &amp; Surety Company

Surety

22976

Contractor Vendor ID Number

50-00142247

Contract ID Number

Furnish Labor, Materials and Equipment to Remove and Install Two (2) New Bard HVAC Wall Units for Jefferson Parish Telecommunications Tower

Description of Job

Five Percent of Amount

Amount of Bid Security

Bid Security Maximum

5%

Bid Security Percentage

David B Tidmore

Attorney-in-Fact

T&amp;T Agency, LLC

Bond Entered and Executed By

Primary Agency

Attorney-In-Fact Signature

Know all men by these presents that The Gray Casualty & Surety Company, a Corporation duly organized under the laws of the State of LA, are held and firmly bound unto the above owner/obligee by the transmission. The surety agrees to waive the statute of Fraud defense and further agrees that the owner/obligee is a third party beneficiary of the waiver for the purposes of enforcing this bid bond.





**THE GRAY INSURANCE COMPANY  
THE GRAY CASUALTY & SURETY COMPANY**

**GENERAL POWER OF ATTORNEY**

KNOW ALL BY THESE PRESENTS, THAT The Gray Insurance Company and The Gray Casualty & Surety Company, corporations duly organized and existing under the laws of Louisiana, and having their principal offices in Metairie, Louisiana, do hereby make, constitute, and appoint: David B Tidmore

on behalf of each of the Companies named above its true and lawful Attorney(s)-in-Fact, to make, execute, seal and deliver, for and on its behalf and as its deed, bonds, or other writings obligatory in the nature of a bond, as surety, contracts of suretyship as are or may be required or permitted by law, regulation, contract or otherwise, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed the amount of \$15,000,000.00.

Surety Bond Number: SLA04287997

Principal: Beacon Air Conditioning, Heating & Refrigeration, Inc.

Obligee: Jefferson Parish

This Power of Attorney is granted and is signed by facsimile under and by the authority of the following Resolutions adopted by the Boards of Directors of both The Gray Insurance Company and The Gray Casualty & Surety Company at meetings duly called and held on the 26<sup>th</sup> day of June, 2003.

"RESOLVED, that the President, Executive Vice President, any Vice President, or the Secretary be and each or any of them hereby is authorized to execute a power of Attorney qualifying the attorney named in the given Power of Attorney to execute on behalf of the Company bonds, undertakings, and all contracts of surety, and that each or any of them is hereby authorized to attest to the execution of such Power of Attorney, and to attach the seal of the Company; and it is

FURTHER RESOLVED, that the signature of such officers and the seal of the Company may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be binding upon the Company now and in the future when so affixed with regard to any bond, undertaking or contract of surety to which it is attached.

IN WITNESS WHEREOF, The Gray Insurance Company and The Gray Casualty & Surety Company have caused their official seals to be hereinto affixed, and these presents to be signed by their authorized officers this 28<sup>th</sup> day of October, 2021.



By:

Michael T. Gray  
President  
The Gray Insurance Company

Cullen S. Piske  
President  
The Gray Casualty & Surety Company



State of Louisiana

ss:

Parish of Jefferson

On this 28<sup>th</sup> day of October, 2021, before me, a Notary Public, personally appeared Michael T. Gray, President of The Gray Insurance Company, and Cullen S. Piske, President of The Gray Casualty & Surety Company, personally known to me, being duly sworn, acknowledged that they signed the above Power of Attorney and affixed the seals of the companies as officers of, and acknowledged said instrument to be the voluntary act and deed, of their companies.



Leigh Anne Henican  
Notary Public  
Notary ID No. 92653  
Orleans Parish, Louisiana

Leigh Anne Henican  
Notary Public, Parish of Orleans State of Louisiana  
My Commission is for Life

I, Mark S. Manguno, Secretary of The Gray Insurance Company, do hereby certify that the above and forgoing is a true and correct copy of a Power of Attorney given by the companies, which is still in full force and effect. IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Company this \_\_\_\_\_ day of \_\_\_\_\_,

I, Leigh Anne Henican, Secretary of The Gray Casualty & Surety Company, do hereby certify that the above and forgoing is a true and correct copy of a Power of Attorney given by the companies, which is still in full force and effect. IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Company this \_\_\_\_\_ day of \_\_\_\_\_, 2023





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/28/2022

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> Riverlands Insurance Services Inc. 492 West 5th Street  LaPlace LA 70068	<b>CONTACT NAME:</b> Kattie Troxler, CISR, CIC <b>PHONE (A/C, No, Ext):</b> (985) 652-5505 <b>E-MAIL ADDRESS:</b> ktroxler@rivins.com <b>FAX (A/C, No):</b> (985) 652-4039																					
<b>INSURED</b> Beacon Air Conditioning, Heating & Refrigeration, Inc. 315 E 3rd Street  Kenner LA 70062	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Wesco Insurance Company</td><td>25011</td></tr><tr><td>INSURER B:</td><td>Technology Insurance Co, Inc.</td><td>42376</td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Wesco Insurance Company	25011	INSURER B:	Technology Insurance Co, Inc.	42376	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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**COVERAGES****CERTIFICATE NUMBER:** 22-23 Master**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	WPP1931637 01	10/29/2022	10/29/2023	<table><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	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		\$
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PROPERTY DAMAGE (Per accident)	\$																				
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B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	TWC4156632	10/29/2022	10/29/2023	<table><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td></tr></table>	<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						
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A	Employee Benefits Liability			WPP1931637 01	10/29/2022	10/29/2023	<table><tr><td>Each Employee Limit</td><td>\$1,000,000</td></tr><tr><td>Aggregate Limit</td><td>\$2,000,000</td></tr><tr><td>Retro Date 08/15/2018</td><td></td></tr></table>	Each Employee Limit	\$1,000,000	Aggregate Limit	\$2,000,000	Retro Date 08/15/2018									
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**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

The General Liability policy includes Blanket Additional Insured and Blanket Waiver of Subrogation as required by written contract. The Umbrella policy goes over the General Liability and Workers Compensation policies and is follow form.

**CERTIFICATE HOLDER****CANCELLATION**

The Jefferson Parish, its districts departments & agencies under the direction of the Parish  
President & Parish Council

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

*Kattie B. Troxler*

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/12/2023

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<b>PRODUCER</b>  Hylton S Petit, Jr 2705 Florida Ave Kenner, La 70062	<b>CONTACT NAME:</b> Hylton S Petit, Jr <b>PHONE (A/C, No, Ext):</b> 504-461-0171 <b>E-MAIL ADDRESS:</b> hylton.petit.b27x@statefarm.com <b>FAX (A/C, No):</b> 504-461-0289
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURER A:</b> State Farm Mutual Automobile Insurance Company	
<b>NAIC #</b> 25178	
<b>INSURED</b> Beacon A/C, Heating & Refrigeration, Inc. 315 E 3RD St Kenner, la 70062-7103	<b>INSURER B:</b> <input type="checkbox"/> <b>INSURER C:</b> <input type="checkbox"/> <b>INSURER D:</b> <input type="checkbox"/> <b>INSURER E:</b> <input type="checkbox"/> <b>INSURER F:</b> <input type="checkbox"/>

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	N	430 9229-C15-18C	03/15/2023	09/15/2023	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

**CERTIFICATE HOLDER****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

THE JEFFERSON PARISH, ITS DISTRICTS, DEPARTMENTS AND AGENCIES UNDER THE DIRECTION OF THE PARISH PRESIDENT & THE PARISH COUNCIL  
200 DERBIGNY ST., GRETNA, LA 70053

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