DATE:

3/11/2019

BID NO.: 50-00125835

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

	0010012010		
VENDOR: :	1	DIDEED	050105
VEI DOIL		ROJEK:	SFOLSE
			AND COMMENTS

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.

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

5 days

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) 35350

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***
FIRM NAME:
Beacon Air Conditioning Heating + Refrigeration duc
SIGNATURE:
(Must be signed here) Wernich Waltherne Office Manager PRINT OR TYPE NAME:
. Merrick Matherne
ADDRESS: 315 E. 3rd Street
Kenner, LA ZIP: 70062
TELEPHONE: FAX:
1504) 467-8698 (584) 466-4996
EMAIL ADDRESS:
merrick@beaconal, com

TOTAL PRICE OF ALL BID ITEMS: \$ 27,500.00

DATE: 3/11/2019

INVITATION TO BID FROM JEFFERSON PARISH - continued

Page: 5

BID NO.: 50-00125835

· SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	LABOR & MATERIALS NEEDED TO REMOVE, SUPPLY & INSTALL A NEW A/C UNIT FOR THE JEFFERSON PARISH PUBLIC WORKS DEPARTMENT 0010 - LABOR & MATERIALS NEEDED TO REMOVE, SUPPLY & INSTALL 7.5 TON AIR CONDITIONING SYSTEM FOR THE PUBLIC WORKS DEPARTMENT LOCATED AT: RHEEM BUILDING 4901 JEFFERSON HWY-SUITE E JEFFERSON, LA 70123	27,600,00	27,500.0
			PLEASE SEE ATTACHED SPECIFICATIONS		
				,	
			5		



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/11/2019

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.

		GATION IS WAIVED, subject to icate does not confer rights to				n endor	sement(s).	may require	an endorsement.	A state	ment c	on
PROD	DUCER					CONTAC NAME:	CT Kayla Will	liams				
Rive	erlands In	surance Services Inc.				PHONE (A/C, No). EXT): '	52-5505	F	AX A/C, No):	(985) 6	52-4039
492	West 5th	Street				E-MAIL ADDRES	ss: kwilliams(@rivins.com				
							IN:	SURER(S) AFFOR	RDING COVERAGE			NAIC #
LaP	lace				LA 70068	INSURE	RA: Ohio Sec	curity Insurance	e Company			24082
INSU	RED					INSURE	RB: Bridgefie	eld Casualty Ins	surance Co			10335
		Beacon Air Conditioning, Heating	g & Re	efriger	ration, Inc.	INSURE	RC:					
		315 E 3rd Street				INSURE	RD:					
						INSURE	RE:					
		Kenner			LA 70062	INSURE	RF:					
COV	COVERAGES CERTIFICATE NUMBER: Rewrite								REVISION NUMBE	ER:		
TH	IIS IS TO	CERTIFY THAT THE POLICIES OF	INSUR	ANCE	LISTED BELOW HAVE BEEN	ISSUED	TO THE INSU	RED NAMED A	BOVE FOR THE POLI	ICY PERIO	OD	
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UMBRELLA LIAB 5,000,000 X OCCUR EACH OCCURRENCE \$ **EXCESS LIAB** USO1959087358 10/29/2018 10/29/2019 5,000,000 A CLAIMS-MADE AGGREGATE 10,000 DED | RETENTION \$ WORKERS COMPENSATION X PER STATUTE AND EMPLOYERS' LIABILITY 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT В Y N/A 196-47488 10/29/2018 10/29/2019 OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 1,000,000 E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT

10/29/2018

10/29/2019

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

BKS1855818871

Bid # 50-00125835 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.

CERTIFICAT	E HOLDER	-	CANCELLATION	
	The Parish of Jefferson Public Works Dept 4901 Jefferson Hwy		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	
1	Jefferson	LA 70123	fayla Williams	

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Each Claim

12,500

12.500

Employment Practices Liability

GENCY	CUSTOMER	ID:	00029524
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LOC #:



ADDITIONAL REMARKS SCHEDULE

age of

ADDITION	AL VEINA	INNO SCHEDULE	Page	01
AGENCY		NAMED INSURED		
Riverlands Insurance Services Inc.		Beacon Air Conditioning, Heating & Refrigeration, Inc.		
POLICY NUMBER				
CARRIER	NAIC CODE	-		
CARRIER	NAIC CODE	EFFECTIVE DATE:		
ADDITIONAL REMARKS		ETTE OTTE OTTE.		
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO AC	ORD FORM.			
FORM NUMBER: 25 FORM TITLE: Certificate of Lia		otes		
The certificate holder reads as follows: THE PARISH OF JEFFERSON, ITS DISTRICTS, DEPARTMENTS AT UNDER THE DIRECTION OF THE PARISH PRESIDENT AND THE FUBIc Works Department Rheem Building 4901 Jefferson hwy Jefferson, LA 70123 Bid # 50-00125835	ND AGENCIES			

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/11/2019

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).

1	DUCER				NAME:	Hylton S	Petit Jr			
Sta	teFarm Hylton S Petit Jr				PHONE (A/C, N	Ext. 504-46	61-0171	FAX (A/C, No):	504-4	61-0289
1	2705 Florida Avenue				E-MAIL ADDRE	bulton no	etit.b27x@sta			
(Kenner, LA 70062				ADUKE	33.		RDING COVERAGE		MATC ::
					-	Ct-t- F		utomobile Insurance Com	namı	NAIC# 25178
INSL	DED.				INSURE	an a	ariii Wuddai A	utomobile insulance Com	party	25176
Mac					INSURE	RB:				
	Beacon Air Cond Inc.				INSURE	ER C :				
	315 E 3rd St				INSURE	RD:				
	Kenner, LA 70062-7103				INSURE	RE:				
	2.00 mg				INSURE	RF.		-		
CO	VERAGES CER	RTIFI	CATE	NUMBER:	1			REVISION NUMBER:		
C	IIS IS TO CERTIFY THAT THE POLICIE: DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	PER POLI	REME TAIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	IY CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	ED NAMED ABOVE FOR TOUCHENT WITH RESPE	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	5	
								PREMISES (Ea occurrence)		
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC	1						PRODUCTS - COMP/OP AGG	\$	
	OTHER:								\$	
	AUTOMOBILE LIABILITY	Y	N	060 7875 B09 18Q		02/09/2019	08/09/2019	COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$ 1,00	0.000
Α	OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident)	\$ 1,00	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE	\$ 1,00	
	AUTOS GNET							(Per accident)	\$	0,000
	UMBRELLA LIAB OCCUR								_	
	- OOODIT							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE	1						AGGREGATE	\$	
	DED RETENTION \$		_						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER	Sec. 10.	
	ANY PROPRIETOR/PARTIER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A	1					E.L. DISEASE - EA EMPLOYEE	s	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	s	
								E.E. DIOLAGE - POCIOT LIMIT	*	
		1								
		1								
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	101, Additional Remarks Schedu	de, may b	e attached if mor	e space is requir	ed)		
CET	TIFICATE UOI DED									
CER	RTIFICATE HOLDER				CANC	ELLATION				
	The Parish of Jefferson, It's Dunder the Direction of the Pa				THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL Y PROVISIONS.	ANCELL BE DE	ED BEFORE LIVERED IN
	Council Public Works Depart Hwy Jefferson, LA 70123 Bio	ment	Rhee	n Bldg 4901 Jefferson	AUTHOR	RIZED REPRESE	NTATIVE	If it	1	
						(6) 191	88-2015 ACC	ORD CORPORATION.	Wrigh	te recensed
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ACORD 25 (2016/03)

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