

DATE: 11/13/2017

BID NO.: 50-00121504

INVITATION TO BID  
THIS IS NOT AN ORDER

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# JEFFERSON PARISH

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

VENDOR: 27118 BLANK BID COPY VENDOR

BUYER: CGASPER

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

12/12/17

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

14 days

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

7 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) 50789

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

FIRM NAME:

Courtney Irons dba Irons Construction, LLP

SIGNATURE:

(Must be signed here)

Kali Irons

TITLE:

Partner

PRINT OR TYPE NAME:

Kali Irons

ADDRESS:

P.O. Box 494

CITY, STATE:

Luling, LA 70070

ZIP:

TELEPHONE:

(504) 400-0375

FAX:

(985) 308-0830

EMAIL ADDRESS:

info@ironsconstruction.biz

TOTAL PRICE OF ALL BID ITEMS: \$ 4,475.00

F.O.B. Delivered

DATE: 11/13/2017

## INVITATION TO BID FROM JEFFERSON PARISH - continued

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BID NO.: 50-00121504

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>TERMITE DAMAGE REPAIRS FOR JEFFERSON PARISH SUBURBAN P/S RESIDENT HOUSE AT 1437 BEVERLY GARDEN DR., METAIRIE, LA.</p> <p>0010 Proposal for Termite Damage Repairs</p> <p>Provide all Labor, Material, Equipment and Supervision to perform the following work.</p> <p>150'lf 1 x 4 removed and replace 30'lf 1x 10 removed and replace Remove and replace door frame Replace door sill and steps Remove and replace steps and platform Paint to match existing</p> <p>Additional unforeseen items, if needed: 1x4 - per lf \$ 2.50 1x10 - per lf \$ 3.00 2x10 - sills per lf \$ 22.50</p> <p>Location: Suburban P/S Resident's House 1437 Beverly Garden Drive Metairie, LA 70002</p> <p>Attn: Del Farrar Ph#: (504) 906-2389</p> <p>For a site visit, see contact above.</p>	<p>\$4,475.00 Job</p> <p>1x4 → +2.50/lf 1x10 → +3.00/lf 2x10 → +22.50/lf</p>	<p>\$4,475.00</p> <p>to B Delivered</p>

Insurance Declaration Affidavit  
Automotive

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Saint Charles

BEFORE ME, the undersigned authority, personally came and appeared,  
Kali Irons, (Affiant) who after being duly sworn, deposed and said that he/she  
is the fully authorized partner of Irons Construction, LLC (Entity), the  
party who submitted a Proposal/Contract/Bid/RFP/SOQ No. 5000121504, to Jefferson Parish.

Affiant further said:

- (1) That entity does not own automobiles or use automobiles in the furtherance of the services provided under the contract.
- (2) That if the entity obtains automobiles or begins to use automobiles in the furtherance of the services provided under the contract, affiant will notify Jefferson Parish and obtain the proper coverage.

Kali J. Irons  
Signature of Affiant

Kali J. Irons  
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME  
ON THE 27 DAY OF NOV., 2017.

Sarah Boady  
Notary Public

Sarah Boady Notary Public  
Printed Name of Notary

#144723  
Notary/Bar Roll Number

My commission expires 6/30/2020

INSTRUMENT NOT PREPARED  
BY THIS NOTARY PUBLIC,  
ATTESTING TO SIGNATURES ONLY

INSTRUMENT NOT PREPARED  
BY THIS NOTARY PUBLIC,  
ATTESTING TO SIGNATURES ONLY





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/17/2017

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> Terrebonne Insurance Agency, Inc. 4752 Hwy 311 Suite 112 Houma LA 70360		<b>CONTACT NAME:</b> Chris Breaux <b>PHONE (A/C, No, Ext):</b> (985)851-3080 <b>E-MAIL ADDRESS:</b> chris@terrebonneinsurance.com <b>FAX (A/C, No):</b> (985)851-0304	
<b>INSURED</b> Irons Construction LLP 737 Paul Maillard Road Ste. D Luling LA 70070		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Milwaukee Casualty Insurance Company <b>INSURER B:</b> HomeBuilders SIF <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 26662 LHBA	

**COVERAGES****CERTIFICATE NUMBER:** CL1781728824**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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		MPP1017715 02	08/12/2017	08/12/2018	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 \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
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	N/A		17-17018	04/01/2017	04/01/2018	PER STATUTE 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)

Jefferson parish, its districts departments and agencies under the direction of the parish president and the parish council  
Bid# 5000117495 Dept. Jeffcap

**CERTIFICATE HOLDER****CANCELLATION**

Jefferson Parish Department of Community Development  
1221 Elmwood Park Blvd  
Ste 605  
Harahan  
LA 70123

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