

DATE: 11/13/2017

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00121504

JEFFERSON PARISH

PURCHASING DEPARTMENT
P.O. BOX 9
GRETNA, 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	<u>12/12/17</u>
INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK	<u>14 days</u>
INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK	<u>7 days</u>

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: <u>Courtney Irons dba Irons Construction, LLP</u>	
SIGNATURE: <u>Kali Irons</u>	TITLE: <u>Partner</u>
PRINT OR TYPE NAME: <u>Kali Irons</u>	
ADDRESS: <u>P.O. Box 494</u>	
CITY, STATE: <u>Luling, LA</u>	ZIP: <u>70070</u>
TELEPHONE: <u>504 400-0375</u>	FAX: <u>985 308-0830</u>
EMAIL ADDRESS: <u>info@ironsconstruction.biz</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 4,475.00
F.O.B. Delivered

INVITATION TO BID FROM JEFFERSON PARISH - continued

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 P.Y. Clerk
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).

PRODUCER Terrebonne Insurance Agency, Inc. 4752 Hwy 311 Suite 112 Houma LA 70360		CONTACT NAME: Chris Breaux PHONE (A/C No. Ext): (985)851-3080 E-MAIL ADDRESS: chris@terrebonneinsurance.com FAX (A/C No): (985)851-0304	
INSURED Irons Construction LLP 737 Paul Maillard Road Ste. D Luling LA 70070		INSURER(S) AFFORDING COVERAGE INSURER A: Milwaukee Casualty Insurance Company INSURER B: HomeBuilders SIF INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC #	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 SUBR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
		INSD	WVD							
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			MPP1017715 02	08/12/2017	08/12/2018	EACH OCCURRENCE	\$ 1,000,000		
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:		Y					MED EXP (Any one person)	\$ 5,000	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC								PERSONAL & ADV INJURY	\$ 1,000,000
OTHER:					GENERAL AGGREGATE	\$ 1,000,000				
					PRODUCTS - COMP/OP AGG	\$ 1,000,000				
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$		
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$		
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$		
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$		
	UMBRELLA LIAB							\$		
	EXCESS LIAB						EACH OCCURRENCE	\$		
	<input type="checkbox"/> OCCUR						AGGREGATE	\$		
	<input type="checkbox"/> CLAIMS-MADE							\$		
	DED							\$		
	RETENTION \$							\$		
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			17-17018	04/01/2017	04/01/2018	PER STATUTE			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A						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