



State Licensing Board for Contractors

This is to Certify that:

ADVANCE WATERPROOFING CO., INC.
P. O. Box 1188
Gretna, LA 70054

is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION; LIMITED SPECIALTY SERVICES; ROOFING AND SHEET METAL, SIDING



Witness our hand and seal of the Board dated,
Baton Rouge, LA 11th day of April 2025

Director

Chairman

Treasurer

Expiration Date: April 10, 2026

License No: 18364

This License Is Not Transferrable

DATE: 4/24/2025

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00147681

JEFFERSON PARISH

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

VENDOR: 27118 BLANK BID COPY VENDOR

PURCHASING SPECIALIST:
SCHAMPAGNE

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

16

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

12

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

14 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 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: _____

NUMBER: _____

NUMBER: _____

NUMBER: _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 18364

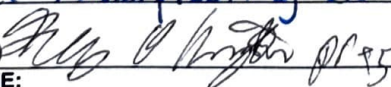
*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***

FIRM NAME:

Advance Waterproofing Co. Inc.

SIGNATURE:

(Must be signed here)



TITLE:

Officer/Pres.

PRINT OR TYPE NAME:

Greg Kempton

ADDRESS:

P.O. Box 1188

CITY, STATE:

Gretna, LA.

ZIP:

70054

TELEPHONE:

504, 362-1843

FAX:

()

EMAIL ADDRESS:

Advancewaterproofingco@gmail.com

TOTAL PRICE OF ALL BID ITEMS: \$20,000.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00147681

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			PROVIDE LABOR, MATERIAL, AND ANY INCIDENTALS NEEDED TO PRESSURE WASH EXTERIORS OF WOODMERE AND ESTELLE PLAYGROUND GYMNASIUMS FOR JEFFERSON PARISH PARKS AND RECREATION		
1	1.00	JOB	0001-LABOR & MATERIALS TO PRESSURE WASH APPROXIMATELY 15,000 SQUARE FOOT OF THE 70% CORRUGATED METAL AND 30% BRICK LOCATION: JEFFERSON PARISH WOODMERE PLAYGROUND GYMNASIUM 4100 GLENMERE BLVD. HARVEY, LA 70058	\$ 8,500.00	\$ 8,500.00
2	1.00	EA	0002 LIFT MACHINE FOR WOODMERE JOB	\$ 1,500.00	\$ 1,500.00
3	1.00	JOB	0003-LABOR & MATERIALS TO PRESSURE WASH APPROXIMATELY 15000 SQUARE FOOT OF 70% CORRUGATED METAL AND 30% BRICK LOCATION: JEFFERSON PARISH ESTELLE PLAYGROUND GYMNASIUM 5801 LEO KENER PKWY. MARRERO, LA 70072	\$ 8,500.00	\$ 8,500.00
4	1.00	EA	0004 LIFT MACHINE FOR ESTELLE JOB FOR SITE VISIT CONTACT: BRENT GRIFFIN (504)349-5000 (OFFICE) (504)296-0039 (CELL)	\$ 1,500.00	\$ 1,500.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/28/2025

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. 210 Mystic Blvd Houma LA 70360	CONTACT NAME: Angela Ledet PHONE (A/C, No, Ext): (985) 851-3080 FAX (A/C, No): (985) 851-0304 E-MAIL ADDRESS: angie@terrebonneinsurance.com
INSURED Advance Waterproofing, Inc. P.O. Box 1188 Gretna LA 70054	INSURER(S) AFFORDING COVERAGE INSURER A: Ategrity Specialty Insurance Company INSURER B: Louisiana Workers Compensation Corp INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 16427 22350

COVERAGES**CERTIFICATE NUMBER:** CL2531851036**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			01BGLP20000057701	02/28/2025	02/28/2026	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
	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						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED RETENTION \$						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			155108-B	03/01/2025	03/01/2026	PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N					E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	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)

Provide Labor & Material & any incidentals needed to pressure wash exteriors of Woodmere & Estelle playground gymnasiums for Jefferson Parish Parks & Recreation
1 - Labor & Materials to pressure wash approximately 15,000 sq ft of the 70% corrugated metal & 30% Brick location: Jefferson Parish Woodmere Playground Gymnasium, 4100 Glenmere Blvd. Harvey, LA 70058
2 Lift Machine for Woodmere job
3-Labor & Materials to pressure wash approximately 15000 sq ft of 70° corrugated metal & 30%, Brick location: Jefferson Parish Estelle Playground Gymnasium, 5801 Leo Kenner Pkwy, Marrero, LA 70072

CERTIFICATE HOLDER**CANCELLATION**

Jefferson Parish Parks & Recreation 200 Derbigny Street 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
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AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Terrebonne Insurance Agency, Inc.		NAMED INSURED Advance Waterproofing, Inc.
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

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

GENERAL LIABILITY POLICY INCLUDES, BUT NOT LIMITED TO:

- Blanket Additional Insured as required by written contract
- Blanket Waiver of Subrogation as required by written contract
- Primary and Non-Contributory as required by written contract

WORKERS COMPENSATION POLICY INCLUDES, BUT NOT LIMITED TO:

- Blanket Waiver of Subrogation as required by written contract




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PRODUCER  Cliff Robicheaux 1750 Stumpf Blvd Gretna LA 700563923	CONTACT NAME: Cliff Robicheaux PHONE (A/C, No, Ext): 504-263-1959 E-MAIL ADDRESS: cliff.robicheaux.jfrk@statefarm.com FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Mutual Automobile Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: NAIC # 25178
INSURED ADVANCE WATERPROOFING CO INC PO BOX 1188 GRETNLA 700541188	


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

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INSR LTR	TYPE OF INSURANCE	ADD INSD	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	199 3727-D30-18L	10/30/2024	04/30/2025	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 \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					PER STATUTE OTH-ER \$ 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)

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