

DATE: 5/20/2025

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00147946

### JEFFERSON PARISH

PURCHASING DEPARTMENT  
P.O. BOX 9  
GRETNA, 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.

<b>DELIVERY: FOB JEFFERSON PARISH</b>	
INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES	<u>6-4-2025</u>
INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK	<u>10</u>
INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK	<u>7</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 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) 32266

<b>*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***</b>	
FIRM NAME: <u>RAY BROS, INC</u>	
SIGNATURE: <u>[Signature]</u> (Must be signed here)	TITLE: <u>VICE PRESIDENT</u>
PRINT OR TYPE NAME: <u>Rowland Seal</u>	
ADDRESS: <u>2801 FRENCHMEN ST</u>	
CITY, STATE: <u>NEW ORLEANS, LA.</u>	ZIP: <u>70122</u>
TELEPHONE: <u>(504) 858-2493</u>	FAX: ( )
EMAIL ADDRESS: <u>Rowland@Raybrosmc.com</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 7,979.00

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>PROVIDE LABOR, MATERIALS, AND ANY ESSENTIALS NEEDED TO FURNISH AND APPLY EPOXY COATING FOR JEFFERSON PARISH FIRE TRAINING CENTER</p> <p>0010 LABOR, EQUIPMENT, &amp; MATERIALS TO PUT AN EPOXY COATING ON AN EXISTING CONCRETE FLOOR.</p> <p>SCOPE OF WORK INCLUDES:</p> <ol style="list-style-type: none"> <li>1. CLEAN AND PREP THE EXISTING CONCRETE FLOOR TO PREPARE FOR NEW EPOXY COATING.</li> <li>2. APPLY A SIKA FLOOR 161-PRIMER PER THE MANUFACTURE'S REQUIREMENTS</li> <li>3. APPLY A SIKA FLOOR 264 COAT COLOR TO BE DARK GRAY.</li> <li>4. APPLY A SIKA FLOOR 510 POLYASPARTIC FINISH COAT.</li> <li>5. THE PRIMER AND FIRST COAT WILL HAVE A SLIP RESISTANCE AGGREGATE</li> <li>6. ALL WORK WILL BE DONE IN A PROFESSIONAL MANNER AND ALL JOB-RELATED DEBRIS REMOVED PROPERLY.</li> </ol> <p>EXCLUDES: MECHANICAL WORK, ELECTRICAL WORK, PLUMBING WORK</p> <p>LOCATION: 3221 RIVER ROAD BRIDGE CITY, LA 70094</p> <p>CONTACT FOR SITE VISIT: DAVID SAUNDERS (504)437-9150</p>	<p>\$ 7,979.00</p>	<p>\$ 7,979.00</p>

# State of Louisiana



## State Licensing Board for Contractors

This is to Certify that:  
RAY BROS., INC.  
2801 Frenchmen Street  
New Orleans, LA 70122

is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION; ROOFING AND SHEET METAL, SIDING



Expiration Date: February 20, 2028

License No: 32266

Witness our hand and seal of the Board dated,  
Baton Rouge, LA 21st day of February 2025

Director

Chairman

Treasurer

This License Is Not Transferrable



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/31/2024

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> Ross & Yerger Insurance, Inc. 100 Vision Drive, Suite 100 Jackson MS 39211		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 601-948-2900 <b>FAX (A/C, No):</b> 601-355-3227 E-MAIL ADDRESS: dgoins@rossandyerger.com	
<b>INSURED</b> Ray Bros, Inc. 2801 Frenchmen St. New Orleans LA 70122		<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>	
RAYBROS-01		INSURER A : National Union Fire Ins Co of Pittsb	19445
		INSURER B : StarStone Specialty Ins Co	44776
		INSURER C : New Hampshire Ins Co	23841
		INSURER D : Transguard Ins Co Of Amer Inc	28886
		INSURER E :	
		INSURER F :	

**COVERAGES**      **CERTIFICATE NUMBER:** 1229413339      **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"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		4613993	8/1/2024	8/1/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMPIOP AGG \$ 4,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY			9775978	8/1/2024	8/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			89000S241ALI	8/1/2024	8/1/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ \$
C	<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 Y	N/A	WC011569891	8/1/2024	8/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
D	Leased/Rented EQP SCHED Equipment			IMP400007502	8/1/2024	8/1/2025	\$250,000 Any One* Per SCHED on file*

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Blanket Additional Insured with Primary & Non-Contributory applies to General Liability and Automobile Liability when required by written contract. General Liability includes Products & Completed Operations for Additional Insured when required by written contract. Blanket Waiver of Subrogation applies to Workers Compensation, General Liability, and Automobile Liability when required by written contract. Excess Liability is Follow-Form.  
\*Equipment Deductibles: \$5,000 except \$25,000 Flood / \$25,000 Windstorm or Hail / 2% Cranes with \$25,000 Minimum.  
Malinda Ray Is Excluded Officer on Workers Comp. ALL policies are subject to policy terms, conditions, and exclusions.  
Project: Jefferson Parish Bid No.- 50-00142314 Labor, materials and equipment necessary to fabricate & install new downspout extensions. Seal metal apron enclosures custom color match at the Fire Station # 19 for Jefferson Parish General Services. The Jefferson Parish, its Districts Departments and Agencies under the direction of the Parish President and the Parish Council as additional insureds when required by written contract.

<b>CERTIFICATE HOLDER</b>  Ray Bros, Inc Information Purposes	<b>CANCELLATION</b>  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 