

DATE: 9/12/2017

BID NO.: 50-00120995

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

3 weeks

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

3 weeks

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

1 week

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) 60869

|  |   |
|--|---|
| <b>*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***</b> |   |
| FIRM NAME:   | <u>R. Seibert Construction L.L.C.</u>                   |
| SIGNATURE:<br>(Must be signed here)                    | <u>Randall J. Seibert Jr.</u> TITLE: <u>owner/agent</u> |
| PRINT OR TYPE NAME:                                    | <u>Randall J. Seibert Jr.</u>                           |
| ADDRESS:   | <u>208 St. Bernard Parkway</u>                          |
| CITY, STATE:   | <u>St. Bernard, La.</u> ZIP: <u>70085</u>               |
| TELEPHONE:   | <u>(504) 421-4044</u> FAX: <u>(504) 609-2327</u>        |
| EMAIL ADDRESS:   | <u>rjseibertjr@gmail.com</u>                            |

TOTAL PRICE OF ALL BID ITEMS: \$ 7,745.00

DATE: 9/12/2017

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## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00120995

SEALED BID

| ITEM<br>NUMBER | QUANTITY | U/M | DESCRIPTION OF ARTICLES   | UNIT PRICE<br>QUOTED | TOTALS    |
|----------------|----------|-----|---|----------------------|-----------|
| 1              | 1.00     | JOB | <p>REPAIR FOUR BAY DOORS THAT CURRENTLY DO NOT HAVE ENOUGH SLAT WRAP AROUND THE BARREL ASSEMBLY CAUSING DAMAGE TO THE DOORS AT JEFFERSON PARISH FIRE STATION NO. 14.</p> <p>0001 LABOR, MATERIAL AND EQUIPMENT FOR OVERHEAD DOOR REPAIRS AT FIRE STATION NO. 14. REPAIR BAY DOORS.</p> <p>DESCRIPTION:<br/>REPAIRS NEEDED TO ALL FOUR BAY DOORS. THEY CURRENTLY DO NOT HAVE ENOUGH SLAT WRAP AROUND THE BARREL ASSEMBLY AND IT IS CAUSING DAMAGE TO THE DOORS WHEN THEY ARE CLOSING. 6 SLATS NEED TO BE ADDED TO THE BOTTOM OF EACH BAY DOOR, LIMITS ADJUSTED AFTER ADDING SLATS, AND LUBRICATE AND TEST OPERATION.</p> <p>MATERIALS INCLUDED:<br/>4 SETS - 6 SLATS ASSEMBLED TO MATCH EXISTING DOORS</p> <p>LOCATION: FIRE STATION NO. 14<br/>1714 EDINBURGH ST.<br/>METAIRIE, LA 70001</p> <p>PROPERTY MANAGER/CONTACT:<br/>MIKE DEFOURNEAUX<br/>(504) 756-1990</p> <p>FOR A SITE VISIT, SEE CONTACT ABOVE.</p> | 43,745.00            | 43,745.00 |

*Randall J. Perkins Jr.* 9/21/17






# VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)

5/19/17

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.

This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose.

|  |  |  |
|--|--|--|
| <b>PRODUCER</b><br><b>State Farm</b><br><br>Mel Malone State Farm<br>1401 East Judge Perez Dr.<br>Chalmette, LA 70043 | <b>CONTACT NAME:</b> Ehren Malone                                | <b>FAX (A/C, No):</b> 504-279-7468         |
|  | <b>PHONE (A/C, No, Ext):</b> 504-279-7464                        | <b>E-MAIL ADDRESS:</b> ehren@melmalone.com |
| <b>INSURED</b><br><br>R Seibert Construction LLC<br>208 Saint Bernard Parkway<br>St. Bernard, LA 70085-5427  | <b>PRODUCER CUSTOMER ID #:</b>                                   |  |
|  | <b>INSURER(S) AFFORDING COVERAGE</b>                             |  |
|  | <b>INSURER A:</b> State Farm Mutual Automobile Insurance Company | <b>NAIC #</b> 25178                        |
|  | <b>INSURER B:</b>  |  |
|  | <b>INSURER C:</b>  |  |
|  | <b>INSURER D:</b>  |  |
|  | <b>INSURER E:</b>  |  |

## DESCRIPTION OF VEHICLE OR EQUIPMENT

|                     |                                   |                      |                                      |   |
|---------------------|-----------------------------------|----------------------|--------------------------------------|---|
| <b>YEAR</b><br>2017 | <b>MAKE / MANUFACTURER</b><br>Ram | <b>MODEL</b><br>2500 | <b>BODY TYPE</b>                     | <b>VEHICLE IDENTIFICATION NUMBER</b><br>3C8UR5JJ7HG710670 |
| <b>DESCRIPTION</b>  |                                   |                      | <b>VEHICLE/EQUIPMENT VALUE</b><br>\$ | <b>SERIAL NUMBER</b>                                      |

## COVERAGES

### CERTIFICATE NUMBER:

### REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) 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 POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).

| INSR LTR | ADD'L INSRD | TYPE OF INSURANCE   | POLICY NUMBER    | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS   |              |
|----------|-------------|---|------------------|------------------------------------|-------------------------------------|--|--------------|
|          |             | <input checked="" type="checkbox"/> VEHICLE LIABILITY                         | 263 9174-F11-18C | 6/11/17                            | 12/11/2017                          | COMBINED SINGLE LIMIT  | \$           |
|          |             |   |                  |                                    |                                     | BODILY INJURY (Per person)                                       | \$ 1,000,000 |
|          |             |   |                  |                                    |                                     | BODILY INJURY (Per accident)                                     | \$ 1,000,000 |
|          |             |   |                  |                                    |                                     | PROPERTY DAMAGE  | \$ 1,000,000 |
|          |             |   |                  |                                    |                                     | EACH OCCURRENCE  | \$           |
|          |             | <input type="checkbox"/> GENERAL LIABILITY                                    |                  |                                    |                                     | GENERAL AGGREGATE  | \$           |
|          |             | <input type="checkbox"/> OCCURRENCE   |                  |                                    |                                     |  | \$           |
|          |             | <input type="checkbox"/> CLAIMS MADE  |                  |                                    |                                     |  | \$           |
| INSR LTR | LOSS PAYEE  | TYPE OF INSURANCE   | POLICY NUMBER    | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS / DEDUCTIBLE  |              |
|          |             | <input checked="" type="checkbox"/> VEH COLLISION LOSS                        | 263 9174-F11-18C | 6/11/2017                          | 12/11/2017                          | <input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT | \$ LIMIT     |
|          |             |   |                  |                                    |                                     | <input type="checkbox"/> STATED AMT                              | \$ 250 DED   |
|          |             | <input checked="" type="checkbox"/> VEH COMP <input type="checkbox"/> VEH OTC |                  | 6/11/2017                          | 12/11/2017                          | <input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT | \$ LIMIT     |
|          |             |   |                  |                                    |                                     | <input type="checkbox"/> STATED AMT                              | \$ 100 DED   |
|          |             | <b>EQUIPMENT</b>  |                  |                                    |                                     | <input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT | \$ LIMIT     |
|          |             | <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD                 |                  |                                    |                                     | <input type="checkbox"/> RC <input type="checkbox"/> STATED AMT  | \$ DED       |
|          |             | <input type="checkbox"/> SPECIAL  |                  |                                    |                                     |  |              |

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

## ADDITIONAL INTEREST

## CANCELLATION

Select one of the following:

- ☐ The additional interest described below has been added to the policy(ies) listed herein by policy number(s).  
☐ A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

VEHICLE / EQUIPMENT INTEREST: ☐ LEASED ☐ FINANCED

DESCRIPTION OF THE ADDITIONAL INTEREST

NAME AND ADDRESS OF ADDITIONAL INTEREST

State of Louisiana, Office of Juvenile Justice  
7919 Independence Blvd.  
Baton Rouge, LA 70806

☐ ADDITIONAL INSURED ☐ LOSS PAYEE  
☐ LENDER'S LOSS PAYEE

LOAN / LEASE NUMBER

AUTHORIZED REPRESENTATIVE

*Mel Malone* *elbm*

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RSEIB-1

OP ID: SP

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/10/2017

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).

504-888-9393

PRODUCER  
Morrison Insurance Agency, Inc  
4444 York Street, Suite 201  
Metairie, LA 70001  
Bob Boggio

CONTACT NAME: Bob Boggio

PHONE (A/C, No, Ext): 504-888-9393

FAX (A/C, No): 504-888-9996

E-MAIL ADDRESS: bboggio@morrison-ins.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: LWCC

22350

INSURER B: Atain Specialty Insurance Comp

17159

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED  
Randall Joseph Seibert, Jr  
R. Seibert Construction LLC  
License #60869  
208 St. Bernard Parkway  
St. Bernard, LA 70085

## COVERAGES

## CERTIFICATE NUMBER:

## 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   |
|----------|---|-----------|----------|---------------------------|-------------------------|-------------------------|--|
| B        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                              |           |          |                           |                         |                         |  |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                | X         | X        | CIP276604                 | 04/10/2017              | 04/10/2018              | EACH OCCURRENCE \$ 1,000,000   |
|          |   |           |          | BLKT ADD'L INSURED        |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000  |
|          |   |           |          | BLKT WAIVER OF SUBROGATIO |                         |                         | MED EXP (Any one person) \$ 5,000  |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:  |           |          |                           |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000   |
|          | <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC |           |          |                           |                         |                         | GENERAL AGGREGATE \$ 2,000,000   |
|          | OTHER:  |           |          |                           |                         |                         | PRODUCTS - COMP/OP AGG \$ 2,000,000  |
|          | AUTOMOBILE LIABILITY  |           |          |                           |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$   |
|          | <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS   |           |          |                           |                         |                         | BODILY INJURY (Per person) \$  |
|          | <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY       |           |          |                           |                         |                         | BODILY INJURY (Per accident) \$  |
|          | UMBRELLA LIAB   |           |          |                           |                         |                         | PROPERTY DAMAGE (Per accident) \$  |
|          | EXCESS LIAB   |           |          |                           |                         |                         |  |
|          | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE                           |           |          |                           |                         |                         | EACH OCCURRENCE \$   |
|          | DED RETENTION \$  |           |          |                           |                         |                         | AGGREGATE \$   |
| A        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY   |           |          |                           |                         |                         |  |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                   | Y/N       | N/A      | 117418B                   | 04/10/2017              | 04/10/2018              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER \$ 500,000 |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below  |           |          | BLKT WAIVER OF SUBROGATIO |                         |                         | E.L. EACH ACCIDENT \$ 500,000  |
|          |   |           |          |                           |                         |                         | E.L. DISEASE - EA EMPLOYEE \$ 500,000  |
|          |   |           |          |                           |                         |                         | E.L. DISEASE - POLICY LIMIT \$ 500,000   |

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

## CERTIFICATE HOLDER

SAMPLE1

SAMPLE

## CANCELLATION

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



208 St. Bernard Parkway, St. Bernard, LA 70085

Randy Cell: (504) 881-9781

Office/Fax: (504) 609-2322

|  |                |
|--|----------------|
| Job Name: <i>Repair Overhead Bay Doors</i> | Job Location:  |
|  |                |
| Submit to:                                 | Address:       |
|  |                |
| Attn:                                      | <i>9-21-17</i> |

[illegible]

Signature:

Signature: Ronald J. Bailey Jr.

Date: \_\_\_\_\_

9-21-17