

DATE: 9/12/2017

INVITATION TO BID
THIS IS NOT AN ORDER

BID NO.: 50-00120995

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>3 weeks</u>
INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK	<u>3 weeks</u>
INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK	<u>1 week</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) 60869

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: <u>R. Seibert Construction L.L.C.</u>	
SIGNATURE: <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) 609-2322</u>
EMAIL ADDRESS: <u>rjseibertjr@gmail.com</u>	

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

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00120995

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE 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: 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: 4 SETS - 6 SLATS ASSEMBLED TO MATCH EXISTING DOORS</p> <p>LOCATION: FIRE STATION NO. 14 1714 EDINBURGH ST. METAIRIE, LA 70001</p> <p>PROPERTY MANAGER/CONTACT: MIKE DEFORNEAUX (504) 756-1990</p> <p>FOR A SITE VISIT, SEE CONTACT ABOVE.</p>	<p>43,745.00</p>	<p>43,745.00</p>

Randall J. Perdue 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.

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

DESCRIPTION OF VEHICLE OR EQUIPMENT

YEAR 2017	MAKE / MANUFACTURER Ram	MODEL 2500	BODY TYPE	VEHICLE IDENTIFICATION NUMBER 3C6UR5JJ7HG710670
DESCRIPTION			VEHICLE/EQUIPMENT VALUE \$	SERIAL NUMBER

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	ADDL 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	\$				
		GENERAL LIABILITY						BODILY INJURY (Per person)	\$ 1,000,000		
		<input type="checkbox"/> OCCURRENCE						BODILY INJURY (Per accident)	\$ 1,000,000		
		<input type="checkbox"/> CLAIMS MADE						PROPERTY DAMAGE	\$ 1,000,000		
						EACH OCCURENCE	\$				
						GENERAL AGGREGATE	\$				
							\$				
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	
		EQUIPMENT				<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								\$	DED

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

ADDITIONAL INTEREST

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).

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.

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

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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).

PRODUCER Morrison Insurance Agency, Inc 4444 York Street, Suite 201 Metairie, LA 70001 Bob Boggio	504-888-9393	CONTACT NAME: Bob Boggio	FAX (A/C, No): 504-888-9996
		PHONE (A/C, No, Ext): 504-888-9393	
		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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	X	CIP276604 BLKT ADD'L INSURED BLKT WAIVER OF SUBROGATIO	04/10/2017	04/10/2018	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
							COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
							EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	117418B BLKT WAIVER OF SUBROGATIO	04/10/2017	04/10/2018	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTHER
							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

CANCELLATION

SAMPLE1

SAMPLE

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



