

DATE: 4/25/2016

INVITATION TO BID  
THIS IS NOT AN ORDER

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BID NO.: 50-00116444

**JEFFERSON PARISH**  
PURCHASING DEPARTMENT  
P.O. BOX 9  
GRETNA, LA. 70054-0009  
504-364-2678

VENDOR: \_\_\_\_\_

BUYER: LFRANCIS

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 is to be done in a workman-like manner, according to standard practices. Any deviations or alterations from the specifications must be indicated and backup documentation supplied with your quotation.

<b>DELIVERY: FOB JEFFERSON PARISH</b>	
INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES	<u>30 Days</u>
INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK	<u>30 Days</u>
INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK	<u>30 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) \_\_\_\_\_

<b>*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***</b>	
FIRM NAME: <u>Correct Door</u>	
SIGNATURE: _____ (Must be signed here)	TITLE: <u>President</u>
PRINT OR TYPE NAME: <u>Danny Lewis</u>	
ADDRESS: <u>2 Sussex St.</u>	
CITY, STATE: <u>Kenner, LA</u>	ZIP: <u>70062</u>
TELEPHONE: <u>(504) 465-2229</u>	FAX: <u>(504) 466-4023</u>
EMAIL ADDRESS: <u>danny@correctdoor.com</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 1596.00

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INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00116444

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>LABOR, MATERIALS, AND EQUIPMENT TO REMOVE THE EXISTING AND INSTALL A NEW DOOR AND HARDWARE FOR THE JEFFERSON PARISH DEPARTMENT OF PUBLIC WORKS - DRAINAGE (EASTBANK)</p> <p>0010 Labor, material, and equipment necessary to perform the following:                      Steel Door, 18 gauge, polystyrene core, galvanized                      Dorma #C853LRC626 Cylindrical Lock, Entry function                      Dorma #8916DSt Closer, Super arm, Hold open cush stop                      Cylinder, Keyed to current keying system                      Hager #BB1279, Ball bearing, non removable pin, USP                      Labor: remove existing, install new door and hardware</p> <p>Materials, labor, and freight included                      In cost</p> <p>This material is to be used for the following purpose: Replace broken door to small equipment storage room</p> <p>Eastbank Drainage                      4901 Jefferson Hwy, Suite D                      Rheem Building                      Jefferson, La</p> <p>Contact: Latrenda McGhee 504-736-6645</p>	<p>#1,596.00</p>	<p>#1,596.00</p>



# CERTIFICATE OF LIABILITY INSURANCE

CORRDOO-01 DE  
DATE (MM/DD/YYYY)  
6/30/2015

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 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> Eustis Insurance, Inc. 110 Veterans Memorial Boulevard Suite 200 Metairie, LA 70005	REVISED	<b>CONTACT NAME:</b> PHONE (A/C No, Ext): (504) 586-0440 FAX (A/C No): (504) 565-5219 E-MAIL ADDRESS: info@eustis.com
		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: State National Insurance Company NAIC # 12831 INSURER B: Nat'l Union Fire Ins Co of PA 19445 INSURER C: Travelers Indemnity Company 25658 INSURER D: INSURER E: INSURER F:

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:		XNDP-01712-00	06/19/2015	06/19/2016	EACH OCCURRENCE \$ 1,000,0 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,0 MED EXP (Any one person) \$ 5,0 PERSONAL & ADV INJURY \$ 1,000,0 GENERAL AGGREGATE \$ 2,000,0 PRODUCTS - COMP/OP AGG \$ 2,000,0
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		XNDA-01712-00	06/19/2015	06/19/2016	COMBINED SINGLE LIMT (Ea accident) \$ 1,000,0 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$		BE046157687	06/19/2015	06/19/2016	EACH OCCURRENCE \$ 2,000,0 AGGREGATE \$ 2,000,0
C	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 <input checked="" type="checkbox"/> N/A	UB-0G45841-4-15	06/26/2015	06/26/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,0 E.L. DISEASE - EA EMPLOYEE \$ 1,000,0 E.L. DISEASE - POLICY LIMIT \$ 1,000,0

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

06 JUN 15 PM 03:00

<b>CERTIFICATE HOLDER</b>  Jefferson Parish Purchasing Department P.O. Box 9 Gretna, LA 70054-0009	<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 
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