

# BID REJECTION FORM

Bid number: 50-00123497

Vendor Name: JH Refrigeration, LLC DBA All-Temp Refrigeration Services

Reasons for

Rejections: Did not submit Non-Public Works Affidavit.

REVIEWED BY:

Buyer Name:

Misty A. Connolly

Date: 8/10/2018

Chief Buyer:

[Signature]

Date:

8/15/18

DATE: 7/11/2018

Page: 5

BID NO.: 50-00123497

**BID FORM**  
Non Public Works

All Public Work Projects are required to use the Louisiana Uniform Public Work Bid Form

All prices must be held firm unless an escalation provision is requested in this bid. Jefferson Parish will allow one escalation during the term of the contract, which may not exceed the U.S. Bureau of Labor Statistics National Index for all Urban Consumers, unadjusted 12 month figure. The most recently published figure issued at the time an adjustment is requested will be used. A request must be made in writing by the vendor, and the escalation will only be applied to purchases made after the request is made.

Are you requesting an escalation provision?

YES ☒ NO ☐

MAXIMUM ESCALATION PERCENTAGE REQUESTED 7 %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF December 31, 2019

For the purposes of comparison of bids when an escalation provision is requested, Jefferson Parish will apply the maximum escalation percentage quoted by the bidder to the period to which it is applied in the bid. The initial price and the escalation will be used to calculate the total bid price. It will be assumed, for comparison of prices only, that an equal amount of material or labor is purchased each month throughout the entire contract.

**DELIVERY: FOB JEFFERSON PARISH**

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

N/A

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

59428

**THIS SECTION MUST BE COMPLETED BY BIDDER:**

FIRM NAME: JH Refrigeration, LLC. DBA All-Temp Refrigeration Services

ADDRESS: 271 Hwy 1085

CITY, STATE: Madisonville, LA.

ZIP: 70447

TELEPHONE: 985-898-1967

FAX: (985) 893-1568

EMAIL ADDRESS: messages@alltempexperts.com

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: 1

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

TOTAL PRICE OF ALL BID ITEMS: \$ 13,800.00

AUTHORIZED

SIGNATURE: Ryan M Jaeger

TITLE: President

Ryan M Jaeger

Printed Name

SIGNING INDICATES YOU HAVE READ AND COMPLY WITH THE INSTRUCTIONS AND CONDITIONS.

NOTE: All bids should be returned with the BID NUMBER and BID OPENING DATE indicated on the outside of the envelope submitted to the Purchasing Department.

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00123497

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	10.00	HR	TWO (2) YEAR CONTRACT FOR THE REPAIR OF HEATING, VENTILATION, AIR CONDITIONING (HVAC) FOR THE JEFFERSON PARISH DEPARTMENT OF FIRE SERVICES  0010 - HEATING, VENTILATION, & AIR CONDITIONS SYSTEMS (HVAC)  NORMAL HOURLY RATE, 7:00 AM - 5:00 PM, MONDAY - FRIDAY, EXCLUDING HOLIDAYS PER TECHNICIAN PER HOUR  WE EXTEND THIS CONTRACT TO COVER LABOR, MATERIALS, TRANSPORTATION, SUPERVISION, AND EQUIPMENT NECESSARY FOR A TWO (2) YEAR CONTRACT FOR THE TROUBLESHOOTING AND REPAIR OF HVAC SYSTEMS FOR ALL JEFFERSON PARISH EAST BANK CONSOLIDATED FIRE DEPARTMENT FACILITIES.	\$115 <sup>00</sup>	\$1150 <sup>00</sup>
2	10.00	HR	0020 - NORMAL HOURLY RATE 7:00 AM - 5:00 PM, MONDAY - FRIDAY,  EXCLUDING HOLIDAYS PER HELPER PER HOUR	\$115 <sup>00</sup>	\$1150 <sup>00</sup>
3	10.00	HR	0030 - BEFORE/AFTER HOURS WEEKDAY RATE 5:00 PM - 12:00 AM, MONDAY - THURSDAY  & 12:00 AM - 7:00 AM, TUESDAY - FRIDAY PER TECHNICIAN PER HOUR	\$172 <sup>50</sup>	\$1725 <sup>00</sup>
4	10.00	HR	0040 - BEFORE/AFTER HOURS WEEKDAY RATE 5:00 PM - 12:00 AM, MONDAY - THURSDAY  & 12:00 AM - 7:00 PM, TUESDAY - FRIDAY PER HELPER PER HOUR	\$172 <sup>50</sup>	\$1725 <sup>00</sup>
5	10.00	HR	0050 - AFTER HOURS WEEKEND RATE FRIDAY 5:00 PM - 12:00 AM, SATURDAY  & SUNDAY ALL DAY, & MONDAY 12:00 AM - 7:00 AM (AUTHORIZATION REQUIRED) PER TECHNICIAN PER HOUR	\$172 <sup>50</sup>	\$1725 <sup>00</sup>
6	10.00	HR	0060 - AFTER HOURS WEEKEND RATE FRIDAY 5:00 PM - 12:00 AM, SATURDAY  & SUNDAY ALL DAY, & MONDAY 12:00 AM - 7:00 AM (AUTHORIZATION REQUIRED) PER HELPER PER HOUR	\$172 <sup>50</sup>	\$1725 <sup>00</sup>
7	10.00	HR	0070 - HOLIDAY RATES 12:00 AM - 11:59 PM (PROVIDE A LIST OF	\$230 <sup>00</sup>	\$2300 <sup>00</sup>

DATE: 7/11/2018

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**INVITATION TO BID FROM JEFFERSON PARISH - continued**

BID NO.: 50-00123497

**SEALED BID**

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
8	10.00	HR	COMPANY HOLIDAYS PER CALENDAR YEAR UPON REQUEST) PER TECHNICIAN PER HOUR  0080 - HOLIDAY RATES 12:00 AM - 11:59 PM (PROVIDE A LIST OF COMPANY HOLIDAYS PER CALENDAR YEAR UPON REQUEST) PER HELPER PER HOUR	\$ 230 <sup>00</sup>	\$ 2300 <sup>00</sup>
9	1.00	EA	0090 - PARTS - THIS IS A NON-BIDDABLE ITEM & IS FOR PARTS NEEDED TO COMPLETE A REPAIR UP TO \$5,000.00 PER JOB WITH THE APPROVAL FROM THE REQUESTING DEPARTMENT.		



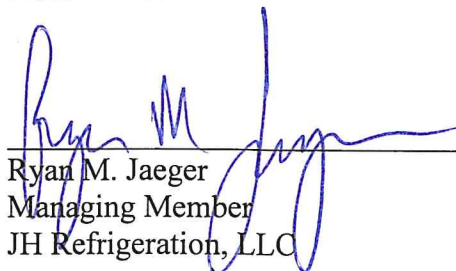
J.H. REFRIGERATION, LLC  
BLANKET RESOLUTION

I, Ryan M. Jaeger, as managing member of JH Refrigeration, LLC, doing business in Louisiana as All Temp Refrigeration, do hereby certify that the following is a true copy of a resolution adapted by the members of JH Refrigeration, LLC, at a meeting held for the purpose shown below, on December 1, 2016, with a quorum of members present and voting.

“Resolved, that Ryan Jaeger, as manager and president of JH Refrigeration, LLC, doing business in Louisiana as All Temp Refrigeration, be and is hereby authorized, directed, and empowered, to act on behalf of JH Refrigeration, LLC, for the submission, to any person, firm, corporation, governmental agency, or other institutions of whatever nature, of proposals, bids, quotations, contracts, bid bonds, construction bonds, and/or offers to perform work by this company, and that such bids, proposals, quotations, contracts, bonds, and offers to perform any be in such amounts, and upon such terms and conditions and where required, to execute any forms of proposals and/or contracts necessary thereof.

“Further, the authority granted above by this resolution shall remain full force and effect unless this authority shall specifically be rescinded or altered through another resolution.”

Attested To:

  
\_\_\_\_\_  
Ryan M. Jaeger  
Managing Member  
JH Refrigeration, LLC

# Document A310™ – 2010

Conforms with The American Institute of Architects AIA Document 310

## Bid Bond

### CONTRACTOR:

(Name, legal status and address)

J.H. Refrigeration, LLC dba All Temp Refrigeration Services  
3330 North Causeway Blvd., Suite 400  
Metairie, LA 70002

### OWNER:

(Name, legal status and address)

Jefferson Parish Purchasing Department  
P.O. Box 9  
Gretna, LA 70054

### SURETY:

(Name, legal status and principal place of business)

Travelers Casualty and Surety Company of America

One Tower Square  
Hartford, CT 06183  
**Mailing Address for Notices**

One Tower Square  
Hartford, CT 06183

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

**BOND AMOUNT:** 5% Five Percent of Amount Bid

### PROJECT:

(Name, location or address, and Project number, if any)

Labor Only Contract for the repair of (HVAC), heating, ventilation, air conditioning for the department of Fire Services of Jefferson Parish.

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed and sealed this 9th day of August, 2018.

(Witness)

(Witness) Jim Brashier

J.H. Refrigeration, LLC dba All Temp Refrigeration Services  
(Principal) (Seal)

By:

(Title)

Travelers Casualty and Surety Company of America  
(Surety) (Seal)

By:

(Title)

Countersigned: LA Resident Agent

S-0054/AS 8/10

By:

Kathleen L. Berni, Lic 201148





**Travelers Casualty and Surety Company of America  
Travelers Casualty and Surety Company  
St. Paul Fire and Marine Insurance Company**

**POWER OF ATTORNEY**

**KNOW ALL MEN BY THESE PRESENTS:** That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Kathleen L. Berni** of **Metairie, Louisiana**, their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

**IN WITNESS WHEREOF**, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **3rd** day of **February**, 2017.



State of Connecticut

City of Hartford ss.

By: \_\_\_\_\_

*Robert L. Raney*  
Robert L. Raney, Senior Vice President

On this the **3rd** day of **February**, 2017, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

**In Witness Whereof**, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June**, 2021



*Marie C. Tetreault*  
Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

**RESOLVED**, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

**FURTHER RESOLVED**, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

**FURTHER RESOLVED**, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

**FURTHER RESOLVED**, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

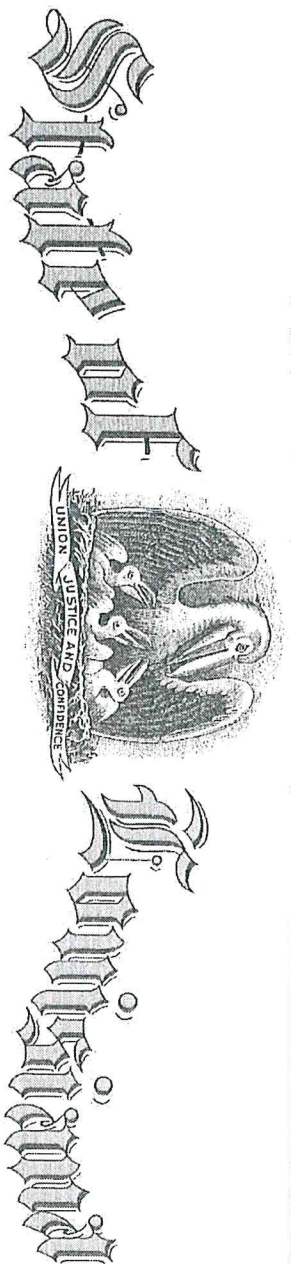
Dated this **9th** day of **August**, 2018



*Kevin E. Hughes*  
Kevin E. Hughes, Assistant Secretary

**To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.  
Please refer to the above-named Attorney-in-Fact and the details of the bond to which the power is attached.**





## State Licensing Board for Contractors

This is to Certify that:

JH REFRIGERATION, LLC  
P.O. Box 6917  
Metairie, LA 70002

is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION; ELECTRICAL WORK (STATEWIDE); HEAVY CONSTRUCTION;  
MECHANICAL WORK (STATEWIDE); MUNICIPAL AND PUBLIC WORKS CONSTRUCTION; PLUMBING  
(STATEWIDE); SPECIALTY: FURNITURE, FIXTURES, AND INSTITUTIONAL & KITCHEN EQUIPMENT;  
SPECIALTY: INSTALL REPAIR OR CLOSE UNDERGROUND STORAGE TANKS; SPECIALTY: SOLAR  
ENERGY EQUIPMENT



Expiration Date: January 16, 2021

License No: 59428

Witness our hand and seal of the Board dated,  
Baton Rouge, LA 17th day of January 2018

Michael B. MacOy  
Director

Joe Mallett  
Chairman

This License is Not Transferable

André D. Duvall  
Treasurer



**Jefferson Parish**  
Inspection and Code Enforcement  
Regulatory Inspection's Division

**Active Mechanical # 60869**

This is to certify that **RYAN JAEGER**  
having qualified in accordance with Jefferson Parish Ordinances is hereby granted  
authorization to engage in the above field as authorized by law.

Issue Date: 6/28/2018

Expiration Date: 12/31/2018



Mechanical Section Chief

**THIS LICENSE IS NOT TRANSFERABLE**

**Jefferson Parish**  
Inspection and Code Enforcement  
Regulatory Inspection's Division

**Active Gas # 60870**

This is to certify that **RYAN JAEGER**  
having qualified in accordance with Jefferson Parish Ordinances is hereby granted  
authorization to engage in the above field as authorized by law.

Issue Date: 7/11/2018

Expiration Date: 12/31/2018



Gasfitter Section Chief

**THIS LICENSE IS NOT TRANSFERABLE**

**Mainstream Engineering  
Corporation**  
Technician Certification



**HVAC Technician Certification**  
**EPA Clean Air Section 608**

Program Certification Date: Jan. 26, 1994

**JEFF C ROBERTS**

**P38BFD00A02B2B2F0**

has been certified as Technician Type: **Universal**  
as Required by 40CFR Part 82, Subpart F





# Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give Form to the  
requester. Do not  
send to the IRS.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>JH Refrigeration, LLC</b>	
	2 Business name/disregarded entity name, if different from above <b>All Temp Refrigeration Services</b>	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► <b>P</b> Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)	
	5 Address (number, street, and apt. or suite no.) See instructions. <b>271 Highway 1085</b>	Requester's name and address (optional)
	6 City, state, and ZIP code <b>Madisonville, LA 70447</b>	
	7 List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
			-					
or								
Employer identification number								
4	7		-	5	6	0	6	1 7 8

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ► <i>Kevin J. Royard</i>	Date ► <i>1-2-18</i>
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

**R. Kyle Ardoin**  
**Secretary of State**

**State of  
Louisiana  
Secretary of  
State**



**COMMERCIAL DIVISION**  
**225.925.4704**

Fax Numbers  
225.932.5317 (Admin. Services)  
225.932.5314 (Corporations)  
225.932.5318 (UCC)

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## Trade Name Details

**Type(s) Registered:** TRADE NAME

**Registered Name:** ALL-TEMP REFRIGERATION SERVICES

**Applicant:** JH REFRIGERATION, LLC  
3001 17TH STREET  
METAIRIE, LA 70002

**Type Of Business:** REFRIGERATION/HVAC SERVICES - REFRIGERATORS, FREEZERS & FOOD SERVICE EQUIPMENT

**Book #:** 60-6688

**Current Status:** ACTIVE

## Dates

**Registration Date:** 5/28/2009

**Expiration Date:** 5/28/2019

**Date First Used:** 11/4/1987

**Date First Used (in La.):** 11/4/1987

## Current Classes

No Current Classes

## Expired Classes

No Expired Classes

## Amendments On File

Group	Type	Date
TSASG		6/4/2009
TSASG		1/6/2014

**Print**



# JEFFERSON PARISH

## Department of Purchasing

Michael S. Yenni  
Parish President

Renny Simno  
Director

July 27, 2018

**ADDENDUM # 1**

Bid No.: 50-00123497

Bid Opening Date: August 9, 2018

For: Two (2) Year Contract for the Repairs of Heating, Ventilation, Air Conditioning (HVAC) for the Jefferson Parish Department of Fire Services

**CLARIFICATION.**

The following are the Fire Station locations for this contract:

<b>Headquarters</b> 834 S. Clearview Pkwy. Jefferson, LA 70123	<b>Station 15</b> 1101 N. I-10 Service Rd. Metairie, LA 70005	<b>Station 19</b> 455 Edwards Ave. Jefferson, LA 70123
<b>Station 11</b> 3525 Jefferson Hwy. Jefferson, LA 70121	<b>Station 16</b> 5200 Lafreniere St. Metairie, LA 70001	<b>Station 20</b> 4110 Hudson St. Metairie, LA 70006
<b>Station 13</b> 4642 Calumet St. Metairie, LA 70001	<b>Station 17</b> 6616 Kawanee St. Metairie, LA 70003	<b>Warehouse</b> 5512 Lambert St. Metairie, LA 70123
<b>Station 14</b> 1714 Edinburgh St. Metairie, LA 70001	<b>Station 18</b> 3430 N. Causeway Blvd. Metairie, LA 70002	

Sincerely,

*Misty A. Camardelle*

Misty A. Camardelle, Buyer II  
Jefferson Parish Purchasing Department

**Bidders must acknowledge all addenda on the bid form. Bidder acknowledges receipt of this addendum on the bid form as indicated. Failure to do so will result in bid rejection.**

**This addendum is a part of the contract documents and modifies the original bidding documents and specifications. The contents of this addendum shall be included in the contract documents. Changes made by this addendum shall take precedence over the documents of earlier date.**





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/7/2018

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 Arthur J. Gallagher Risk Management Services, Inc. 111 Veterans Boulevard, Suite 1130 Metairie LA 70005	CONTACT NAME: Edward Murphy PHONE (A/C, No, Ext): 504-888-1100 FAX (A/C, No): 504-888-1299 E-MAIL ADDRESS: Edward_Murphy@ajg.com
INSURED All Temp Refrigeration Services a division of J.H. Refrigeration, LLC P. O. Box 6917 Metairie LA 70009	INSURER(S) AFFORDING COVERAGE INSURER A : National Trust Insurance Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F : NAIC # 20141

## COVERAGES

CERTIFICATE NUMBER: 2035713334

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<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 checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	GL0017470	1/1/2018	1/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	CA100009184	1/1/2018	1/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y	Y	UMB100021222	1/1/2018	1/1/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	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 type="checkbox"/>	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)

General Liability Deductible: \$1000.00 PD Per claim deductible

General Liability Policy includes Additional Insured-Owners, Lessees or Contractors-Automatic Status When Required in Construction Agreement with you-Ongoing Operations and Products and Completed Operations. Coverage is Primary and Non-Contributory if required by Construction Agreement - Endorsement No. CGL 084 (10-13); Blanket Waiver of Subrogation per Endorsement as agreed in a contract or agreement - No. CGL 115 (10 13), all pursuant to and subject to the policy terms, definitions, conditions and exclusions.

See Attached...

## CERTIFICATE HOLDER

## CANCELLATION

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 

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**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY Arthur J. Gallagher Risk Management Services, Inc.		NAMED INSURED All Temp Refrigeration Services a division of J.H. Refrigeration, LLC P. O. Box 6917 Metairie LA 70009
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

Automobile Liability Policy includes the following per Endorsement No. CAU 058 (01 15) Louisiana Auto First Choice Coverage Endorsement: Blanket Additional Insured; Transfer of rights of recovering all required by a written contract or agreement, pursuant to and subject to the policy terms, definitions, conditions and exclusions.

Umbrella Liability includes the following per Endorsement No. CU 00 01 (12 07) Commercial Liability Umbrella Coverage Form, pursuant to and subject to the policy terms definitions, conditions and exclusions:  
Umbrella Policy is excess of primary underlying coverage listed on the certificate of insurance.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/7/2018

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 Tee & Gee Underwriting Managers, LP 8131 LBJ Freeway, Suite 750 Dallas, TX 75251	CONTACT NAME: Don Mayeux PHONE (A/C, No, Ext): (504) 837-8680 E-MAIL: donm@canalhr.com ADDRESS: donm@canalhr.com	FAX (A/C, No):
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: State National Insurance Company, Inc		12831
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED  
JH Refrigeration LLC dba All Temp Refrigeration  
P.O. Box 8798  
Metairie LA 70011

**COVERAGES**

CERTIFICATE NUMBER: 43547166

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
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO						BODILY INJURY (Per person) \$
	OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/>						BODILY INJURY (Per accident) \$
	HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/>						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			TGW900024702	4/1/2018	4/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

**THIS CERTIFICATE CONFERS NO ADDITIONAL INSURED RIGHTS UPON THE CERTIFICATE HOLDER.**

JH Refrigeration LLC dba All Temp Refrigeration is provided workers compensation coverage only for those employees of co-employer Canal HR, Inc. pursuant to the client services agreement between JH Refrigeration LLC dba All Temp Refrigeration and Canal HR, Inc.

**CERTIFICATE HOLDER**

0969

JEFFERSON PARISH PURCHASING DEPT.  
PROJECT # 50-00123497  
200 DERBIGNY ST  
SUITE 4400  
GRETNALA 70053

**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


Adam Goldberg

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ACORD 25 (2016/03)

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📍 2525 Quail Drive, Baton Rouge, 70808 📞 (225) 765-2301 💬 Text-To-Verify: 1 (855) 999-7896 

## Louisiana State Licensing Board for Contractors

### Contractor Information

**Business Name** JH REFRIGERATION, LLC  
**Mailing Address** P.O. Box 6917  
Metairie, LA 70002  
**Phone Number** (888) 626-1277  
**Fax Number** (985) 893-1568  
**Email Address** pam@mccgroup.com  
**Website** http://

### Active Licenses

**License Number** 59428  
**Type** Commercial License  
**Status** LICENSED  
**Effective** 01/17/2018  
**Expiration** 01/16/2021  
**First Issued** 01/16/2014

### Classifications

Class	Qualifying Party	Parishes
BUILDING CONSTRUCTION	Joseph Aryan Jaeger Jr	ALL
BUSINESS AND LAW	Joseph Aryan Jaeger Jr	ALL
BUSINESS AND LAW	Ryan M Jaeger	ALL
ELECTRICAL WORK (STATEWIDE)	Joseph Aryan Jaeger Jr	ALL
ELECTRICAL WORK (STATEWIDE)	Ryan M Jaeger	ALL
HEAVY CONSTRUCTION	Joseph Aryan Jaeger Jr	ALL
MECHANICAL WORK (STATEWIDE)	Joseph Aryan Jaeger Jr	ALL
MECHANICAL WORK (STATEWIDE)	Ryan M Jaeger	ALL
MUNICIPAL AND PUBLIC WORKS CONSTRUCTION	Joseph Aryan Jaeger Jr	ALL
PLUMBING (STATEWIDE)	Joseph Aryan Jaeger Jr	ALL
SPECIALTY: FURNITURE, FIXTURES, AND INSTITUTIONAL & KITCHEN EQUIPMENT	Ryan M Jaeger	ALL
SPECIALTY: INSTALL REPAIR OR CLOSE UNDERGROUND STORAGE TANKS	Joseph Aryan Jaeger Jr	ALL
SPECIALTY: SOLAR ENERGY EQUIPMENT	Ryan M Jaeger	ALL

**ALLTEMP**  
1-888-626-1277  
"24/7 Service Calls"

BID NUMBER

50-00123497

TWO (2) YEAR CONTRACT FOR THE  
REPAIR OF HEATING, VENTILATION, AIR  
CONDITIONING (HVAC) FOR THE  
JEFFERSON PARISH DEPARTMENT OF  
FIRE SERVICES

BID DUE: AUGUST 9, 2018 @ 2:00 PM

LA. STATE MECHANICAL LICENSE

LICENSE NO# 59428