

DATE: 6/20/2017

Page: 5

BID NO.: 50-00120064

**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 X

MAXIMUM ESCALATION PERCENTAGE REQUESTED \_\_\_\_\_%

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF 7/23/2017

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

16-20 wks ARO

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 57913

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

FIRM NAME: Quality Machine Works, Inc.

ADDRESS: 32838 LA Hwy 642 North

CITY, STATE: Paulina, LA ZIP: 70763

TELEPHONE: (225) 869-9809 FAX: (225) 869-8860

EMAIL ADDRESS: orders@qualitymachine.net

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: None

NUMBER: None

NUMBER: None

NUMBER: None

TOTAL PRICE OF ALL BID ITEMS: \$57,849.00

AUTHORIZED SIGNATURE: Daniel Louque

TITLE: President

DANIEL LOUQUE  
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.: 50-00120064

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	EA	ONE TIME PURCHASE:  0001 Aurora Pump 8 x 8 x 15A model 614A vertical dry pit non-clog close-coupled pump with 8 inch x 10 inch suction elbow, double mechanical seal, shaft sleeve, ss impeller and ss case ring, dynamic balance, pump test, pump stand and 60Hp, 460/3/60, 1150 RPM, ODP electrical motor.		



Quality Machine Works, Inc.  
32838 LA Hwy 642 North  
Paulina, LA 70763  
United States of America

Ph: 225-869-9809

Fax: 225-869-8860

### Quote

Number: 9805

Date: 05-Jul-17

To

Jefferson Parish Purchasing Department  
200 Derbigny Street  
General Government Building, Suite 4400  
Gretna, LA 70053  
United States of America

Quote To

Donna Reamey  
Jefferson Parish Purchasing Department  
200 Derbigny Street  
General Government Building, Suite 4400  
Gretna, LA 70053  
United States of America

Ph: 504-364-2684

Terms		Ship Via	Salesperson	
Quantity	Description	Unit Price	Amount	
	Reference: Bid 50-120064 In reply to your inquiry, we are pleased to quote on the following :			
	Line: 001 Part: 8x8x15 Aurora Pump  Model 614A Vertical dry pit, non-clog close coupled pump with 8in x 10in suction elbow, double mechanical seal, shaft sleeve, SS impeller and SS caser ring, dynamic balance, pump test, pump stand, and 60 Hp, 460/3/60, 1150 RPM, ODP electric motor.  Quote based on the specifications provided in customer request for quote  16-20 weeks ARO  Delivery to customer warehouse included.	Expiration Date: 23-Jul-17 Rev:		
1	ea	\$57,849.00	\$57,849.00	
		Total:	\$57,849.00	
	Thank you for the opportunity to quote on this job. The above prices are subject to your acceptance 30 days from this date. Above pricing is subject to any applicable taxes LA License No. 57913			

**Tom Schedler**  
**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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<b>Name</b>	<b>Type</b>	<b>City</b>	<b>Status</b>
QUALITY MACHINE WORKS, INC.	Business Corporation	PAULINA	Active

**Previous Names**

**Business:** QUALITY MACHINE WORKS, INC.

**Charter Number:** 34313595D

**Registration Date:** 8/10/1988

**Domicile Address**

32838 LA., 642 NORTH  
PAULINA, LA 70763

**Mailing Address**

C/O DANIEL J. LOUQUE  
32838 LA. 642 N.  
PAULINA, LA 70763

**Principal Office Address**

32838 LA., 642 NORTH  
PAULINA, LA 70763

**Status**

**Status:** Active

**Annual Report Status:** In Good Standing

**File Date:** 8/10/1988

**Last Report Filed:** 7/25/2016

**Type:** Business Corporation

**Registered Agent(s)**

<b>Agent:</b>	DANIEL J. LOUQUE
<b>Address 1:</b>	32838 LA. 642 N.
<b>City, State, Zip:</b>	PAULINA, LA 70763
<b>Appointment Date:</b>	8/10/1988

**Officer(s)****Additional Officers: No**

<b>Officer:</b>	CAROL SUE A. LOUQUE
<b>Title:</b>	Director, Secretary

<b>Address 1:</b>	32838 LA. 642 NORTH
<b>City, State, Zip:</b>	PAULINA, LA 70763
<b>Officer:</b>	DANIEL LOUQUE, JR.
<b>Title:</b>	Director
<b>Address 1:</b>	32838 LA. 642 NORTH
<b>City, State, Zip:</b>	PAULINA, LA 70763
<b>Officer:</b>	DANIEL J. LOUQUE, SR.
<b>Title:</b>	Director, President
<b>Address 1:</b>	32838 LA. 642 N.
<b>City, State, Zip:</b>	PAULINA, LA 70763
<b>Officer:</b>	DENNILLE L. MONICA
<b>Title:</b>	Treasurer
<b>Address 1:</b>	32838 LA 642 N
<b>City, State, Zip:</b>	PAULINA, LA 70763

### Amendments on File (1)

Description	Date
Appointing, Change, or Resign of Officer	4/12/2002

[Print](#)

Non-Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF St. James

BEFORE ME, the undersigned authority, personally came and appeared: Daniel  
Longue, (Affiant) who after being by me duly sworn, deposed and said that  
he/she is the fully authorized officer of Quality Machine Works Inc. (Entity),  
the party who submitted a bid in response to Bid Number \_\_\_\_\_, to the Parish of  
Jefferson.

Affiant further said:

Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required  
attachment):

Choice A \_\_\_\_\_ Attached hereto is a list of all campaign contributions, including  
the date and amount of each contribution, made to current or  
former elected officials of the Parish of Jefferson by Entity,  
Affiant, and/or officers, directors and owners, including  
employees, owning 25% or more of the Entity during the two-year  
period immediately preceding the date of this affidavit or the  
current term of the elected official, whichever is greater. Further,  
Entity, Affiant, and/or Entity Owners have not made any  
contributions to or in support of current or former members of the  
Jefferson Parish Council or the Jefferson Parish President through  
or in the name of another person or legal entity, either directly or  
indirectly.

Choice B ↓ there are NO campaign contributions made which would require  
disclosure under Choice A of this section.

Debt Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A \_\_\_\_\_ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.

Choice B ✓ There are NO debts which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

*[The remainder of this page is intentionally left blank.]*

That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.

Daniel Lougee  
Signature of Affiant

Daniel Lougee  
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME  
ON THE 5 DAY OF July, 2017

Katie Lyn Dicharry  
Notary Public

Katie Lyn Dicharry  
Printed Name of Notary

131690  
Notary/Bar Roll Number



Katie Lyn Dicharry  
Notary Public  
Notary ID# 131690  
Ascension Parish, Louisiana  
Statewide Commission  
My Commission is for Life

My commission expires at Death.

# State of Louisiana



## State Licensing Board for Contractors

This is to Certify that:

QUALITY MACHINE WORKS, INC.  
32838 LA 642 N.  
Paulina, LA 70763

is duly licensed and entitled to practice the following classifications

MUNICIPAL AND PUBLIC WORKS CONSTRUCTION



April 30, 2018

Expiration Date:

57913

License No:

Witness our hand and seal of the Board dated,  
Baton Rouge, LA 1st day of May 2017

*Willis M. O'Connell*

Director

*Lee M. Mallett*

Chairman

*Andy R. Rameau*

Treasurer

This License Is Not Transferrable

## Request for Taxpayer Identification Number and Certification

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

Print or type  
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

**Quality Machine Works, Inc.**

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:

- ☐ Individual/sole proprietor or single-member LLC  
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_  
**Note.** For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  
☐ Other (see instructions) ▶ \_\_\_\_\_
- ☐ C Corporation ☒ S Corporation ☐ Partnership ☐ Trust/estate

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.)

**32838 LA Hwy 642 North**

6 City, state, and ZIP code

**Paulina, LA 70763**

Requester's name and address (optional)

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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

or

Employer identification number

7 2 - 1 1 2 7 1 0 4

### Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 on page 3.

Sign  
Here

Signature of  
U.S. person ▶



Date ▶

7/5/17

### General Instructions

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### 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? on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/5/2017

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 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> First Louisiana Insurance 18221 E Petroleum Dr Baton Rouge LA 70809		<b>CONTACT NAME:</b> Callie Marx <b>PHONE (A/C, No, Ext):</b> 225-400-6001 <b>E-MAIL ADDRESS:</b> Callie@firstli.com <b>FAX (A/C, No):</b> 225-923-2028		
<b>INSURED</b> QUALI-2 Quality Machine Works, Inc. 32838 La. Hwy 642 Paulina LA 70763		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
		INSURER A: Employers Mutual Casualty Co.		21415
		INSURER B: Louisiana Workers Comp Corp		22350
		INSURER C:		
		INSURER D:		
		INSURER E:		
INSURER F:				

## COVERAGES

CERTIFICATE NUMBER: 89999744

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"/> 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 OTHER:	Y	Y	4X35856	8/1/2016	8/1/2017	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 - COMP/OP AGG \$2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	4X35856	8/1/2016	8/1/2017	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 type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000	Y	Y	4X35856	8/1/2016	8/1/2017	EACH OCCURRENCE \$5,000,000 AGGREGATE \$ \$
B	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	157603B	8/1/2016	8/1/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	Equipment Floater			4C3-58-56-16	8/1/2016	8/1/2017	Rented/Leased \$250,000

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

## CERTIFICATE HOLDER

## CANCELLATION

Jefferson Parish Purchasing Department  
200 Derbigny Street  
General Government Building, Suite 4400  
Gretna LA 70053  
United States of America

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

Callie Marx

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