

DATE: 10/10/2016

INVITATION TO BID
THIS IS NOT AN ORDER

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BID NO.: 50-00117889

JEFFERSON PARISH

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

VENDOR: _____

BUYER: DREAMEY

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.

DELIVERY: FOB JEFFERSON PARISH	
INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES	<u>4 weeks</u>
INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK	<u>7 days</u>
INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK	<u>2 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: Addendum # 1 10/25/16

NUMBER: _____

NUMBER: _____

NUMBER: _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) #1014

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: <u>Craft Glass & Mirror Co</u>	
SIGNATURE: <u>Kemp Gordon</u> (Must be signed here)	TITLE: <u>Estimator</u>
PRINT OR TYPE NAME: <u>Kemp Gordon</u>	
ADDRESS: <u>2308 Tulane Ave</u>	
CITY, STATE: <u>New Orleans LA</u>	ZIP: <u>70119</u>
TELEPHONE: <u>504 581-2620</u>	FAX: <u>504 588-2889</u>
EMAIL ADDRESS: <u>kemp@sowalks.com</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ \$5384.00

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INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00117889

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>LABOR, MATERIALS & EQUIPMENT NECESSARY TO REMOVE, REPLACE AND DISPOSE OF EXISTING STORE FRONT AND DOOR FOR SUITE #517 IN THE YENNI BUILDING, FOR JEFFERSON PARISH GENERAL SERVICES.</p> <p>0010-SUPPLY AND INSTALL NEW GLASS DOOR AND STORE FRONT AT YENNI BUILDING SUITE 517.</p> <p>WE EXTEND THIS BID TO PROVIDE LABOR, MATERIALS, AND EQUIPMENT TO PROPERLY REMOVE AND DISPOSE OF EXISTING STORE FRONT AND DOOR. INSTALL ONE (1) NEW BIDDER SUPPLIED TRANSUM AND INSTALL ONE (1) NEW BIDDER SUPPLIED SIDELITE. LOCATED AT THE JOSEPH S. YENNI BUILDING SUITE 517. AS PER THE ATTACHED SPECS.</p>	<p>\$5,384.00</p>	<p>\$5,384.00</p>

2525 Quail Drive, Baton Rouge, 70808 (225) 765-2301



Louisiana State Licensing Board for Contractors



Contractor Information

Business Name CRASTO GLASS & MIRROR CO., INC.
 Mailing Address P.O. BOX 19143
 New Orleans, LA 70179
 Phone Number (504) 581-2620
 Fax Number (504) 588-2989
 Email Address susan@sowalls.com

Active Licenses

License Number 1014
 Type Commercial License
 Status LICENSED
 Effective 12/04/2015
 Expiration 12/03/2018
 First Issued 12/03/1956

Classifications

Class	Qualifying Party	Parishes
SPECIALTY: GLASS, GLAZING, STORE FRONTS, METAL PARTITIONS, PANELS AND SIDING	Gardner, J. Warren	ALL

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[Translate »](#)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/27/2016

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).

PRODUCER Gillis, Ellis & Baker, Inc. 1615 Poydras Street Suite 700 New Orleans LA 70112-1298	CONTACT NAME: Holly Azurdia	
	PHONE (A/C, No, Ext): (504) 581-3334	FAX (A/C, No): (504) 587-0766
	E-MAIL ADDRESS: hazurdia@gillis.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Gemini Insurance Co	10833
	INSURER B: Travelers Indemnity of Conn.	25682
	INSURER C: AIG Specialty Insurance Co.	26883
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 2016 Crasto Master 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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		VGGP002304	10/1/2016	10/1/2017	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
						MED EXP (Any one person) \$ Excluded
						PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
OTHER:						\$
B	AUTOMOBILE LIABILITY		BA2371N54016SEL	10/1/2016	10/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
						\$
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR		015444861	10/1/2016	10/1/2017	EACH OCCURRENCE \$ 10,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$ 10,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000					\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
If yes, describe under DESCRIPTION OF OPERATIONS below						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)

CERTIFICATE HOLDER Jefferson Parish Purchasing Department 200 Derbigny Street, 4th Floor Suite 4400 Gretna, LA 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 R Parke Ellis CPCU/HB <i>R Parke Ellis</i>

