

DATE: 4/24/2025

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00147681

**JEFFERSON PARISH**

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

VENDOR: 27118 BLANK BID COPY VENDOR

PURCHASING SPECIALIST:  
SCHAMPAGNE

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

TBD

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

TBD

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

TBD

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 by placing the addendum number 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) 70275

**\*\*\* ALL BIDDERS MUST COMPLETE SECTION BELOW \*\*\***

FIRM NAME:

Jet Set II, LLC

SIGNATURE:

(Must be signed here)

*Jim Wilcox*

TITLE:

MGMR

PRINT OR TYPE NAME:

James Wilcox

ADDRESS:

777 Preston St Apt 38E

CITY, STATE:

Houston, Texas

ZIP:

77002

TELEPHONE:

(850)443-4363

FAX:

( ) N/A

EMAIL ADDRESS:

jwilcox@jetsetcompany.com

TOTAL PRICE OF ALL BID ITEMS: \$ 12,000

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00147681

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			PROVIDE LABOR, MATERIAL, AND ANY INCIDENTALS NEEDED TO PRESSURE WASH EXTERIORS OF WOODMERE AND ESTELLE PLAYGROUND GYMNASIUMS FOR JEFFERSON PARISH PARKS AND RECREATION		
1	1.00	JOB	0001-LABOR & MATERIALS TO PRESSURE WASH APPROXIMATELY 15,000 SQUARE FOOT OF THE  70% CORRUGATED METAL AND 30% BRICK  LOCATION: JEFFERSON PARISH WOODMERE PLAYGROUND GYMNASIUM 4100 GLENMERE BLVD. HARVEY, LA 70058	\$ 5,000	\$ 5,000
2	1.00	EA	0002 LIFT MACHINE FOR WOODMERE JOB	\$ 1,000	\$ 1,000
3	1.00	JOB	0003-LABOR & MATERIALS TO PRESSURE WASH APPROXIMATELY 15000 SQUARE FOOT OF 70%  CORRUGATED METAL AND 30% BRICK  LOCATION: JEFFERSON PARISH ESTELLE PLAYGROUND GYMNASIUM 5801 LEO KENER PKWY. MARRERO, LA 70072	\$ 5,000	\$ 5,000
4	1.00	EA	0004 LIFT MACHINE FOR ESTELLE JOB  FOR SITE VISIT CONTACT: BRENT GRIFFIN (504)349-5000 (OFFICE) (504)296-0039 (CELL)	\$ 1,000	\$ 1,000



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/25/2024

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).

<b>PRODUCER</b> Agents Alliance Services, Ltd Legacy Insurance Advisors 11111 Katy Fwy Suite 840 Houston TX 77079	<b>CONTACT NAME:</b> Hanin Al Qoreishy <b>PHONE (A/C, No, Ext):</b> (281) 822-5677 <b>E-MAIL ADDRESS:</b> info@legacyinsuranceadv.com <b>FAX (A/C, No):</b> <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Berkshire Hathaway GUARD <b>INSURER B:</b> Kemper Auto <b>INSURER C:</b> Texas Mutual <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b> JET SET II, LLC JET SET COMPANY 2700 WELAUNEE BLVD UNIT 301 TALLAHASSEE FL 32308	<b>NAIC #</b>

**COVERAGES** **CERTIFICATE NUMBER:** CL2441128590 **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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPS4332177	07/25/2024	07/25/2025	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				
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			50015006301	07/29/2024	07/29/2025	EACH OCCURRENCE \$ 1,000,000
			BODILY INJURY (Per person) \$				
			BODILY INJURY (Per accident) \$				
			PROPERTY DAMAGE (Per accident) \$				
C	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			WC88742211	07/25/2024	07/25/2025	EACH OCCURRENCE \$
			AGGREGATE \$				
			\$				
			\$				
C	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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	N/A	WC88742211	07/25/2024	07/25/2025	<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				

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

## CERTIFICATE HOLDER

Jefferson Parish, it's Districts Departments and Agencies under the direction of the Parish President and the Parish Council  
1221 Elmwood Park Blvd, Suite 607  
Jefferson, LA. 70123

## 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

*Hanin Al Qoreishy*

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