

DATE: 4/16/2025

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00147695

JEFFERSON PARISH
PURCHASING DEPARTMENT
P.O. BOX 9
GRETN, 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

10 days

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

14 days

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

14 days

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) 

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: \$ 9,700

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00147695

SEALED BID

| ITEM NUMBER | QUANTITY | U/M | DESCRIPTION OF ARTICLES | UNIT PRICE QUOTED | TOTALS |
|----------------|----------|-----|--|----------------------|---------|
| | | | FURNISH LABOR AND PROVIDE ANY INCIDENTALS NEEDED FOR PRESSURE WASHING ROOF AND EXTERIOR FOR JEFFERSON PARISH DEPARTMENT OF PARKS AND RECREATION | | |
| 1 | 1.00 | EA | 0001 - Pressure Washing - Gym Roof wash and exterior gym wash | \$ 4500 | \$ 4500 |
| 2 | 1.00 | EA | 0002 - Pressure Washing - Batting Cage Roof and Exterior of Batting Cage | \$ 2300 | \$ 2300 |
| 3 | 1.00 | EA | 0003 - Lift Rental Location: Cleary Playground 3700 Civic Street Metairie, La 70001 Contact for site visit: Leo Webb (504)239-2500 | \$ 2000 | \$ 2000 |



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).

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

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"/> COMMERCIAL GENERAL LIABILITY <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"/> AUTOMOBILE LIABILITY <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"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | WC88742211 | 07/25/2024 | 07/25/2025 | EACH OCCURRENCE \$ |
| | | | AGGREGATE \$ | | | | |
| | | | \$ | | | | |
| | | | | | | | |
| C | <input checked="" type="checkbox"/> 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 | 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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