

DATE: 6/11/2018

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00123330

JEFFERSON PARISH

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

VENDOR: 27118 BLANK BID COPY VENDOR

BUYER: MCamardelle

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

08/06/2018

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

2 days 08/06/2018

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

2 days 08/08/2018

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: _____

NUMBER: _____

NUMBER: _____

NUMBER: _____

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

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: <u>Nolan Power Group LLC</u>	
SIGNATURE: <u>[Signature]</u> (Must be signed here)	TITLE: <u>Sales</u>
PRINT OR TYPE NAME: <u>Soe Diecidue</u>	
ADDRESS: <u>21448 Marion Lane</u>	
CITY, STATE: <u>Mandeville, LA</u>	ZIP: <u>70471</u>
TELEPHONE: <u>(985) 801-5073</u>	FAX: <u>(985) 801-5000</u>
EMAIL ADDRESS: <u>Soe.Diecidue@NolanPower.com</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 16,599

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00123330

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	3.00	EA	0010 - 3CC-9M ENERSYS POWERSAFE 6V 200H FLOODED BATERIES (REPLACEMENTS FOR FAILED CELLS #1, 4 & 6, 10 AT HERO P/S) *PLEASE NOTE THAT CELLS #4 & 6 ARE ON THE SAME JAR SO ONLY 3 ARE NEEDED	\$ 1,142.00	\$ 3,426.00
2	1.00	JOB	0020 - LABOR TO REMOVE AND DISPOSE OF SPENT BATTERIES AND INSTALL 3 JARS OF ENERSYS 3CC-9M BATTERIES AT HERO P/S *JOB LOCATION: HERO PUMP STATION 4644 PETERS ROAD HARVEY LA 70058	\$ 2,478.00	\$ 2,478.00
3	2.00	EA	0030 - 3DJ-110 C & D 6V 110AH @ 8HR RATE TO 1.75VPC FLOODED BATTERIES (REPLACEMENTS OF FAILED CELLS #48, #51 AT WESTMINSTER PUMP STATION)	\$ 1,335.00	\$ 2,670.00
4	1.00	JOB	0040 - LABOR TO REMOVE AND DISPOSE OF SPENT BATTERIES AND INSTALL 2 JARS OF C & D 3DJ-110 BATTERIES AT WESTMINSTER PUMP STATION *JOB LOCATION: WESTMINSTER PUMP STATION 2050 WATLING DRIVE MARRERO LA 70072	\$ 2,478.00	\$ 2,478.00
5	3.00	EA	0050 - 3CC-7M ENERSYS POWERSAFE 6V 150AH FLOODED BATTERIES (REPLACEMENTS OF FAILED CELLS #6, 43, 54 AT AMES P/S)	\$ 1,023.00	\$ 3,069.00
6	1.00	JOB	0060 - LABOR TO REMOVE AND DISPOSE OF SPENT BATERIES AND INSTALL 3 JARS OF ENERSYS 3CC-7M BATTERIES AT AMES P/S *JOB LOCATION: AMES PUMP STATION 5100 ROCHESTER DRIVE MARRERO LA 70072 TO VIEW THE SITES, CONTACT JAMAL SINGLETON TO MAKE APPOINTMENT AT 504-349-5037/504-453-9395 CELL	\$ 2,478.00	\$ 2,478.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/28/2017

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).

PRODUCER Gillis, Ellis & Baker, Inc. 1615 Poydras Street Suite 700 New Orleans LA 70112-1298	CONTACT NAME: Elizabeth McAulay PHONE (A/C. No. Ext): (504) 581-3334 E-MAIL ADDRESS: lmcaulay@gillis.com FAX (A/C. No): (504) 587-0766														
INSURED Nolan Power Group, LLC 21448 Marion Lane Mandeville LA 70471	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: American Casualty Co of Reading PA</td><td>20427C</td></tr><tr><td>INSURER B: Transportation Ins Co</td><td>20494~</td></tr><tr><td>INSURER C: Continental Insurance Company</td><td>35289C</td></tr><tr><td>INSURER D: Valley Forge Ins Co</td><td>20508~</td></tr><tr><td>INSURER E: American Longshore Mutual Assn</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: American Casualty Co of Reading PA	20427C	INSURER B: Transportation Ins Co	20494~	INSURER C: Continental Insurance Company	35289C	INSURER D: Valley Forge Ins Co	20508~	INSURER E: American Longshore Mutual Assn		INSURER F:	
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COVERAGES**CERTIFICATE NUMBER:****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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			6050449119	10/1/2017	10/1/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits \$ 1,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			6043264414	10/1/2017	10/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			6050449122	10/1/2017	10/1/2018	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
D	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	6043264431	10/1/2017	10/1/2018	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	USL&H			ALMA0049205	10/1/2017	10/1/2018	E.L. Disease-Each Accident 1,000,000 E.L. Dis Eas Emp/Pol Limit 1,000,000

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

Certificate Holder is listed as an additional insured (excluding WC) and provided with a waiver of subrogation when required by written contract. Contractual liability included on the General Liability. General Liability & Automobile Liability policies are on a Primary Non-Contributory basis, as required by written contract with the insured. Hired Auto Physical Damage coverage subject to Comprehensive deductible of \$100 & Collision deductible of \$1,000.

CERTIFICATE HOLDER**CANCELLATION**

SAMPLE CERTIFICATE OF INSURANCE

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

W Anderson Baker III

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