

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 December 1, 2021

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

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 63634 + CF13

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: Pinnacle Elevator

ADDRESS: 2201 Greenwood St.

CITY, STATE: Kenner, LA ZIP: 70062

TELEPHONE: (504) 229-5510 FAX: (504) 290-2025

EMAIL ADDRESS: jluscy@pinnacle-elevator.com  
dloup@pinnacle-elevator.com

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: #1  
NUMBER: \_\_\_\_\_  
NUMBER: \_\_\_\_\_  
NUMBER: \_\_\_\_\_

TOTAL PRICE OF ALL BID ITEMS: \$ 108,900/year

AUTHORIZED SIGNATURE: [Signature]

JONATHAN M. LUSCY  
Printed Name

TITLE: owner

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.: 50-00132154

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	12.00	MO	LABOR, MATERIALS & EQUIPMENT FOR A ONE YEAR CONTRACT FOR ELEVATOR MAINTENANCE, COMMUNICATION DEVICE MONITORING, AND REPAIRS AT VARIOUS LOCATIONS FOR THE DEPARTMENT OF GENERAL SERVICES  0010 - PROVIDE LABOR, MATERIALS, EQUIPMENT, TOOLS, TESTING INSTRUMENTS, SOFTWARE, COMPUTER PROGRAMS AND ALL OTHER INCIDENTALS NECESSARY TO PROVIDE A ONE (1) YEAR ELEVATOR MAINTENANCE CONTRACT  ***BELOW IS THE FIRST ITEM TO BE BID***		
2	.00		0010-THOMAS F. DONELON BUILDING 200 DERBIGNY STREET GRETNA, LA  THREE (3) TRACTION OTIS PASSENGER ELEVATORS SERIAL #48490525, #48500525 & #48510525  TWO (2) TRACTION KONE PASSANGER ELEVATORS SERIAL #20244085 & #20236057	350	1,750
3	12.00	MO	0020-DISTRICT ATTORNEY'S OFFICE BUILDING 100 DERBIGNY STREET  GRETNA, LA  THREE (3) TRACTION SCHINDLER PASSENGER ELEVATORS SERIAL #S308-6308, #S309-0958 & #S309-0969	350	1,050
4	12.00	MO	0030-GENERAL GOVERNMENT BUILDING 200 DERBIGNY STREET  GRETNA, LA  THREE (3) TRACTION OTIS PASSENGER ELEVATORS SERIAL # 519029, #519030 & #519031	350	1,050
5	12.00	MO	0040-JOSEPH S. YENNI BUILDING 1221 ELMWOOD PARK BOULEVARD  JEFFERSON, LA  FOUR (4) TRACTION SCHINDLER PASSENGER ELEVATORS SERIAL #652930, #652931, #652932 & #652933	350	1,400
6	12.00	MO	0050-METAIRIE SENIOR CENTER 265 N. CAUSEWAY BOULEVARD		

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00132154

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
7	12.00	MO	METAIRIE, LA ONE (1) HYDRAULIC DOVER PASSENGER ELEVATOR SERIAL #S19761	180	180
			0060-SALVADOR A. LIBERTO BUILDING 802 2ND STREET		
8	12.00	MO	GRETNA, LA ONE (1) HYDRAULIC KONE PASSENGER ELEVATOR SERIAL #20212276	190	190
			0070-CENTRAL PLANT 960 1ST STREET		
9	12.00	MO	GRETNA, LA ONE (1) HYDRAULIC KONE PASSENGER ELEVATOR SERIAL #8008436080	190	190
			0080-PARKING GARAGE 300 DERBIGNY STREET		
10	12.00	MO	GRETNA, LA TWO (2) HYDRAULIC SCHINDLER PASSENGER ELEVATORS SERIAL #08342-01 & #08343-01	180	1,410
			THREE (3) TRACTION KONE PASSENGER ELEVATORS SERIAL #20284826, #20284827 & #20284828	350	
			0090-SECOND PARISH COURT 100 HUEY P. LONG AVENUE		
11	12.00	MO	GRETNA, LA SIX (6) HYDRAULIC OTIS PASSENGER ELEVATORS SERIAL #494873, #494874, #494875, #494876, #494877 & #494878	190	1,140
			0100-EMERGENCY OPERATIONS & COMMUNICATIONS CENTER  910 3RD STREET GRETNA, LA  ONE (1) TRACTION KONE PASSENGER ELEVATOR SERIAL #20288232	350	350

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00132154

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
12	12.00	MO	ONE (1) TRACTION MATOT DUMBWAITER SERIAL #126122	175	175
			0110-LOCAL HISTORY MUSEUM 519 HUEY P. LONG AVENUE  GRETNA, LA		
13	1.00	HR	ONE (1) HYDRAULIC SCHINDLER PASSENGER ELEVATOR SERIAL #E1301/01	190	190
			0120-NORMAL HOURLY RATE PER TECHNICIAN 7:00 AM TO 5:00 PM  MONDAY THRU FRIDAY (EXCLUDING HOLIDAYS)	\$212	\$212
14	1.00	HR	0130-NORMAL HOURLY RATE PER HELPER 7:00 AM TO 5:00 PM  MONDAY THRU FRIDAY (EXCLUDING HOLIDAYS)	\$173	\$173
15	1.00	HR	0140-BEFORE/AFTER HOURS WEEKDAY RATE 5:00 PM TO 12:00 AM  MONDAY THRU THURSDAY AND 12:00 AM TO 7:00 AM TUESDAY THRU FRIDAY PER TECHNICIAN	\$278	\$278
16	1.00	HR	0150-BEFORE/AFTER HOURS WEEKDAY RATE 5:00 PM TO 12:00 AM  MONDAY THRU THURSDAY AND 12:00 AM TO 7:00 AM TUESDAY THRU FRIDAY PER HELPER	\$215	\$215
17	1.00	HR	0160-AFTER HOURS WEEKEND RATE FRIDAY 5:00 PM TO 12:00 AM  SATURDAY AND SUNDAY ALL DAY MONDAY 12:00 AM TO 7:00 AM (AUTHORIZATION REQUIRED) PER TECHNICIAN	\$304	\$304
18	1.00	HR	0170-AFTER HOURS WEEKEND RATE FRIDAY 5:00 PM TO 12:00 AM  SATURDAY AND SUNDAY ALL DAY MONDAY 12:00 AM TO 7:00 AM (AUTHORIZATION REQUIRED)	\$250	\$250

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
19	1.00	HR	PER HELPER 0180-HOLIDAY RATE PER TECHNICIAN 12:00 AM TO 11:59 PM		
20	1.00	HR	(PROVIDE A LIST OF YOUR COMPANY HOLIDAYS PER CALENDAR YEAR) 0190-HOLIDAY RATE PER HELPER 12:00 AM TO 11:59 PM	\$304	\$304
21	1.00	EA	0200-PARTS/MATERIALS THIS IS A NON-BIDABLE ITEM	\$250	\$250
			THIS ITEM IS FOR PARTS/MATERIALS NEEDED TO COMPLETE A REPAIR UP TO \$5,000.00 PER JOB, PER THE ATTACHED SPECIFICATIONS, WITH APPROVAL FROM THE REQUESTING DEPARTMENT. ***PLEASE SEE ATTACHED SPECIFICATIONS***  Holidays: New Year's Eve New Year's Day Mardi Gras Day Good Friday Easter Sunday Memorial Day Labor Day All Saints Day Veterans Day Thanksgiving Day Friday after Thanksgiving Christmas Eve Christmas Day		

**SOLE PROPRIETORSHIP CERTIFICATION**

I, Jonathan Luscy (Sole Proprietor Name) hereby confirm and certify that I am engaged in business under the assumed name and style of the company, and the location listed below:

Pinnacle Elevator  
2201 Greenwood St. Kenner, LA 70062

I also certify that I am the sole owner of said entity and the business so conducted which is not operated as corporation, limited liability, company, partnership or trust and no other person, partnership, firm or corporation has any right, title or ownership interest therein. I certify that both I and my entity named below are considered a single entity for tax and liability purposes, and all securities, commodity futures and other property in the name of Sole Proprietorship belong to me and are owned solely by me.

  
Signature

Date: 10/14/2020

Jonathan Luscy  
Printed Name

**Bid Bond**

 **Document A310™ – 2010**

**CONTRACTOR:**

*(Name, legal status and address)*

PINNACLE ELEVATOR, LLC

2201 Greenwood St.

Kenner, LA 70062

**SURETY:**

*(Name, legal status and principal place of business)*

Suretec Insurance Company

2103 CityWest Boulevard, Ste 1300

Houston, TX 77042

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

**OWNER:**

*(Name, legal status and address)*

Jefferson Parish Purchasing Department

200 Derbigny St, Su 4400

Gretna, LA 70053

**BOND AMOUNT: FIVE PERCENT (5%) OF AMOUNT BID Dollars (\$ 5% A.B. )**

**PROJECT:**

*(Name, location or address, and Project number, if any)*

BID NUMBER: 50-00132154 ELEVATOR MAINTENANCE, COMMUNICATION DEVICE MONITORING AND REPAIRS AT VARIOUS LOCATIONS FOR THE JEFFERSON PARISH DEPARTMENT OF GENERAL SERVICES

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed and sealed this 15th day of October, 2020

*(Witness)*



*(Witness)*

**Countersigned:**

Brian P. Bordlee

**Louisiana Licensed Agent # 216719**

PINNACLE ELEVATOR, LLC  
*(Principal)*

*(Seal)*

*(Title)*

Suretec Insurance Company  
*(Surety)*

*(Seal)*

  
*(Title)* Brian P. Bordlee, Attorney-in-fact

**CAUTION: You should sign an original AIA Contract Document, on which this text appears in RED. An original assures that changes will not be obscure**

# SureTec Insurance Company

## LIMITED POWER OF ATTORNEY

Know All Men by These Presents, That SURETEC INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Texas, and having its principal office in Houston, Harris County, Texas, does by these presents make, constitute and appoint

Brian P. Bordlee, Michele M. Ellsworth

its true and lawful Attorney-in-fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include waivers to the conditions of contracts and consents of surety for, providing the bond penalty does not exceed

Two Million, Five Hundred Thousand and 00/100 Dollars (\$2,500,000.00)

and to bind the Company thereby as fully and to the same extent as if such bond were signed by the President, sealed with the corporate seal of the Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolutions of the Board of Directors of the SureTec Insurance Company:

*Be it Resolved*, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

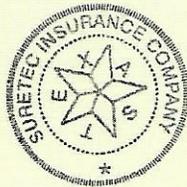
*Attorney-in-Fact* may be given full power and authority for and in the name of and of behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

*Be it Resolved*, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached. (Adopted at a meeting held on 20<sup>th</sup> of April, 1999.)

In Witness Whereof, SURETEC INSURANCE COMPANY has caused these presents to be signed by its President, and its corporate seal to be hereto affixed this 24th day of August A.D. 2020 .

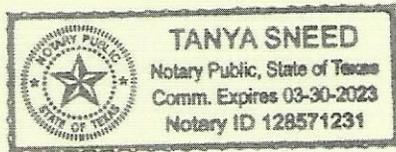
SURETEC INSURANCE COMPANY

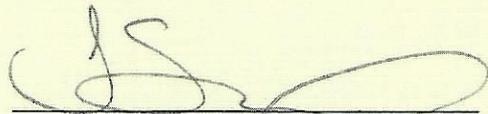
By:   
Michael C. Keimig, President



State of Texas                    ss:  
County of Harris

On this 24th day of August, A.D. 2020 before me personally came Michael C. Keimig, to me known, who, being by me duly sworn, did depose and say, that he resides in Houston, Texas, that he is President of SURETEC INSURANCE COMPANY, the company described in and which executed the above instrument; that he knows the seal of said Company; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said Company; and that he signed his name thereto by like order.



  
Tanya Sneed, Notary Public  
My commission expires March 30, 2023

I, M. Brent Beaty, Assistant Secretary of SURETEC INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Company, which is still in full force and effect; and furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

Given under my hand and the seal of said Company at Houston, Texas this 15th day of October, 2020, A.D.

  
M. Brent Beaty, Assistant Secretary

Any instrument issued in excess of the penalty stated above is totally void and without any validity.  
For verification of the authority of this power you may call (713) 812-0800 any business day between 8:30 am and 5:00 pm CST.

**BID BOND RESULTS**

PLEASE EMAIL TO : Michele@Larisinsurance.com  
LARIS INSURANCE AGENCY, LLC  
2424 EDENBORN AVE.,STE 455, METAIRIE, LA 70001  
FAX # 504-281-4682

CONTRACTOR: PINNACLE ELEVATOR, LLC

BID ESTIMATE: \$108,900.00 BID DATE: 10/15/2020

OBLIGEE: Jefferson Parish Purchasing Department

DESCRIPTION OF PROJECT: BID NUMBER: 50-00132154 ELEVATOR MAINTENANCE, COMMUNICATION DEVICE  
MONITORING AND REPAIRS AT VARIOUS LOCATIONS FOR THE JEFFERSON PARISH  
DEPARTMENT OF GENERAL SERVICES

PLEASE FILL IN FIRM NAME & THREE BID PRICES:

LOWEST BIDDER \_\_\_\_\_ \$ \_\_\_\_\_

2ND LOWEST BIDDER \_\_\_\_\_ \$ \_\_\_\_\_

3RD LOWEST BIDDER \_\_\_\_\_ \$ \_\_\_\_\_

IF YOUR BID IS NOT LISTED ABOVE, WHAT WAS YOUR BID? \$ \_\_\_\_\_

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNED \_\_\_\_\_ 20 \_\_\_\_\_ BY \_\_\_\_\_

**PLEASE RETURN IMMEDIATELY VIA FAX OR MAIL**

**Louisiana State Fire Marshal**  
**Life Safety and Property Protection Licensing & Registration Division**  
**Certificate of Firm Registration**

*The below named firm is hereby certified by and registered with the Office of State Fire Marshal pursuant  
to L.R.S. 40:1664 ET SEQ. of Life Safety & Property Protection systems:*

*License Number:* **CF13**

*Endorsements:* **CONVEYANCE DEVICE MECHANIC**

*Firm Name:* **PINNACLE ELEVATOR**

*Doing Business As:*

*Mailing Address:* **2201 GREENWOOD ST.**

**KENNER, LA 70062**

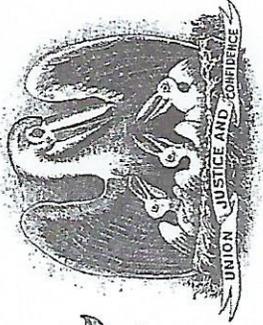
*Physical Location:* **2201 GREENWOOD ST.**

**KENNER, LA 70062**

*This license is not transferable and may be revoked or suspended with cause.*

**This license was issued on 8/19/2020 and will expire on 8/1/2021**

# State of Louisiana



## State Licensing Board for Contractors

This is to Certify that:

PINNACLE ELEVATOR LLC  
592 Tanager Dr.  
Mandeville, LA 70448

is duly licensed and entitled to practice the following classifications

SPECIALTY: ELEVATORS, DUMBWAITERS AND ESCALATORS



Witness our hand and seal of the Board dated,  
Baton Rouge, LA 19th day of June 2020

Will S. May Jr. Director

Lee Mallett Chairman

Andy D'Amico Treasurer

Expiration Date: June 18, 2023

License No: 63634

This License Is Not Transferrable



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/1/2020

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> Hub International Northeast Limited One Bridge Plaza North Suite 445 Fort Lee NJ 07024	<b>CONTACT NAME:</b> Jennifer Tomic	
	<b>PHONE (A/C, No, Ext):</b> 201-585-6500	<b>FAX (A/C, No):</b> (201) 585-6590
<b>E-MAIL ADDRESS:</b> info@hubinternational.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Great American Insurance Company		16691
<b>INSURER B:</b> National Union Fire Insurance Company of Pittsburg		19445
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES** **CERTIFICATE NUMBER:** 1986193999 **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 <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 <input type="checkbox"/> OTHER:		GLP132470303	6/14/2020	6/14/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 Max Annual Aggregate \$ 10,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$		EBU061443151	6/14/2020	6/14/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 Products - Comp/Op AGG \$ 5,000,000 PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	<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	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A				

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

<b>CERTIFICATE HOLDER</b>  Evidences of insurance	<b>CANCELLATION</b>  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  

06/04/2020

Policy number: 038229107

Underwritten by: 32 - Progressive Paloverde Insurance Co.

## Certificate of Insurance

<u>Certificate Holder</u>	<u>Insured</u>	<u>Agent</u>
<u>Additional Insured</u>	PINNACLE ELEVATOR LLC 592 TANAGER DR MANDEVILLE LA 70448	BENEFICIAL INS AGY 519 W ST BERNARD HWY CHALMETTE LA70043

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

<u>Policy Effective Date:</u>	<u>Policy Expiration Date:</u>
06/16/2020	06/16/2021

<u>Insurance coverage(s)</u>	<u>Limits</u>
BODILY INJURY PROPERTY DAMAGE	\$1,000,000 COMBINED SINGLE LIMIT
ANY AUTO LIABILITY	\$1,000,000 COMBINED SINGLE LIMIT

Description of Location/Vehicles/Special Items  
Scheduled autos only

10 CHEVROLET AVALANCHE C1500  
19 FORD TRANSIT CONNECT  
COMPREHENSIVE  
COLLISION

3GNNCFE0XAG130865  
NM0GE9F24K1401171  
\$5,000 DEDUCTIBLE  
\$5,000 DEDUCTIBLE

Certificate number

156209DF910

Please be advised that additional insureds and loss payees will be notified in the event of a mid-term cancellation.

A handwritten signature in black ink, appearing to be 'K. P. [unclear]', written over a dotted line.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/8/2020

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> 504-277-8000 Beneficial Insurance Agency, Inc. 519 W St Bernard Hwy Chalmette, LA 70043	<b>CONTACT NAME:</b> Greg Reinhard	
	<b>PHONE (A/C, No, Ext):</b> 504-277-8000 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> beneficial@bellsouth.net	
<b>INSURED</b> Pinnacle Elevator LLC 592 Tanager Dr Mandeville, LA 70448	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	INSURER A : LWCC	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	

**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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTIONS					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<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/A	156727	06/15/2020	06/15/2021	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER 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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER**

evidence of insurance

**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

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# JEFFERSON PARISH

## DEPARTMENT OF PURCHASING

CYNTHIA LEE SHENG  
PARISH PRESIDENT

RENNY SIMNO  
DIRECTOR

### JEFFERSON PARISH VENDOR REGISTRATION FORM

All vendors interested in submitting bids, or proposals to provide equipment, materials, supplies, services or performing major repairs/construction for Jefferson Parish must complete this form and indicate commodity codes applicable to their business. This application **MUST** be accompanied with vendor's signed W-9 Form (or W-8IMY Form if an international vendor) and a listing of applicable commodity codes. This application will not be processed otherwise. In order to receive payments within 1 day of payment processing, please complete Vendor Direct Deposit Form available online at <http://purchasing.jeffparish.net> and email to [Purchasing@jeffparish.net](mailto:Purchasing@jeffparish.net). If a direct deposit form is not received then you will received a paper check via the mail. Please note that it may delay payment by up to 5 days due to handling and mail time.

Name of Business: <b>Pinnacle Elevator LLC</b>		
Physical Address: <b>2201 Greenwood St</b>		Remittance Address: <b>same</b>
City: <b>Kenner</b>	State: <b>LA</b>	Zip: <b>70062</b>
Phone Number (504) <b>229-5510</b>	Fax Number: (504) <b>290-2025</b>	
Email Address (REQUIRED): <b>dloup@pinnacle-elevator.com</b> <b>gluscy@pinnacle-elevator.com</b>		Federal Identification Number (REQUIRED): <b>81-2596553</b>
Nature of Business: <b>Conveyance Device Contractor</b>		
Trade, Specialty, or Professional Licenses: <b>Elevators, Dumbwaiters + Escalators</b>		

Please check one:  
Corporation:  Individual:  Partnership:  Other:  \_\_\_\_\_

Authorized to do Business in Louisiana: Yes:  No:



# JEFFERSON PARISH

DEPARTMENT OF PURCHASING

CYNTHIA LEE SHENG  
PARISH PRESIDENT

RENNY SIMNO  
DIRECTOR

Jefferson Parish strongly encourages the involvement of minority and/or woman-owned business enterprises (DBE's including, MBE's, WBE's and SBE's) to stimulate participation in procurement and assistance programs. Please indicate below as applicable:

DBE:       MBE:       WBE:       SBE:

Vendors registering to conduct business with Jefferson Parish hereby acknowledge that upon bid/proposal submission, vendors agree to comply with all provisions of Louisiana Law as well compliance with the Jefferson Parish Code of Ordinances, Louisiana Code of Ethics as well as applicable Jefferson Parish ethical standards and Jefferson Parish standard terms and conditions. Further, it shall be the duty of every applicant for certification of eligibility for a parish contractor or program to cooperate with the Inspector General in any investigation, audit, inspection, performance review, or hearing pursuant to Jefferson Parish Code of Ordinances Section 2-155.10 (19). By submitting a bid, vendor acknowledges this and will abide by all provisions of the referenced Jefferson Parish Code of Ordinances.

Vendor Contact Name: <i>Jonathan Luscy</i>	Title: <i>Owner</i>
Signature: <i>Jonathan Luscy</i>	Date: <i>10/14/2020</i>

**Prospective bidders are strongly encouraged to register for our e-procurement web portal.** All bids are uploaded onto this portal for review and response. There is no cost to register, view, download and submit bids. For more information on this and other bid information, please visit the Jefferson Parish Purchasing Department webpage located at <http://purchasing.jeffparish.net> or you can directly go to our e-procurement portal at [www.jeffparishbids.net](http://www.jeffparishbids.net). Vendors will be automatically notified of solicitations for which they have registered to receive.

Jefferson Parish uses the National Institute for Governmental Procurement Commodity Codes to notify prospective bidders of solicitations to which they would be interested in. By selecting the appropriate commodity codes and listing them on Page 3 of this application, prospective bidders may be notified of current solicitations. Please go to at <http://purchasing.jeffparish.net> for a complete list of commodity codes and enter in the form below.



Non-Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: Jonathan

Luscy, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized owner of Pinnacle Elevator (Entity),

the party who submitted a bid in response to Bid Number 50-00132154, 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** X 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** X 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.

Jonathan M. Luscy  
Signature of Affiant

JONATHAN M. LUSCY  
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME  
ON THE 14 DAY OF OCTOBER, 2020.

[Signature]  
Notary Public

Kim J. Lord  
Printed Name of Notary

58462  
Notary/Bar Roll Number

My commission expires AT MY DEATH



# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

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

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC     C Corporation     S Corporation     Partnership     Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ S

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶

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.) See instructions.  
**2201 Greenwood St.**

6 City, state, and ZIP code  
**Kenner, LA 70062**

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type.  
See Specific Instructions on page 3.

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

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

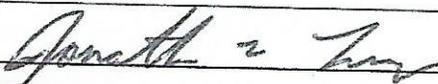
Social security number								
			-			-		
or								
Employer identification number								
8	1	-	2	3	9	6	5	3

## Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 for Part II, later.

Sign Here	Signature of U.S. person ▶		Date ▶	6-1-19
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## General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### 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*, later.



Division of Small and Emerging Business Development  
SEED CERTIFICATION

**Pinnacle Elevator  
DBA: Pinnacle Elevator**

is hereby certified as a Small and Emerging Business Enterprise.

This certification is valid beginning 9/22/2020 and supersedes any registration or listing previously issued. At any time there is a change in ownership or control of the firm, notification must be made immediately to the Division of Small and Emerging Business Development.

Issued at Baton Rouge, Louisiana 9/22/2020

This certification expires on: 9/22/2030

Certification No. 20887

A handwritten signature in black ink, appearing to read "Stephanie Hartman", is written over a horizontal line.

Stephanie Hartman,  
Director, Entrepreneurial Services



**DIVISION OF SMALL BUSINESS SERVICES**

This certification acknowledges that

**Pinnacle Elevator  
DBA: Pinnacle Elevator**

is Certified-Active as a Small Entrepreneurship with Louisiana Economic Development's Hudson Initiative.

This certification is valid from 9/22/2020 to 9/22/2021.

Certification No. 20887

A handwritten signature in black ink, appearing to read "Stephanie Hartman", is written over a horizontal line.

**Stephanie Hartman,  
Director, Entrepreneurial Services**