

DATE: 6/10/2020

Page: 5

BID NO.: 50-00130923

BID FORM
Non Public Works

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 ✓

MAXIMUM ESCALATION PERCENTAGE REQUESTED _____ %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF _____

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) 35350

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: Beacon Air Conditioning, Heating & Refrigeration, Inc.

ADDRESS: 315 E. 3rd Street

CITY, STATE: Kenner, LA ZIP: 70062

TELEPHONE: (504) 467-8698 FAX: (504) 466-4996

EMAIL ADDRESS: Wendy@beaconac.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 received 7/16/20 (W.C.)

NUMBER: _____

NUMBER: _____

NUMBER: _____

TOTAL PRICE OF ALL BID ITEMS: \$ 196,576.00

AUTHORIZED SIGNATURE: Wendy Chatelain

TITLE: Owner / Secretary

Wendy Chatelain
Printed Name

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.

DATE: 6/10/2020

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INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00130923

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			<p>TWO (2) YEAR LABOR ONLY CONTRACT TO TROUBLESHOOT, REPAIR, & REPLACE/INSTALL VARIOUS MAKES & MODELS OF (HVAC) HEATING, VENTILATION & AIR CONDITIONING SYSTEM FOR THE DEPARTMENT OF GENERAL SERVICES</p> <p>WE EXTEND THIS BID TO PROVIDE ALL LABOR, MATERIALS, TRANSPORTATION, SUPERVISION</p> <p>AND EQUIPMENT NECESSARY FOR A TWO (2) YEAR LABOR ONLY CONTRACT TO TROUBLESHOOT REPAIR, AND REPLACE/INSTALL VARIOUS MAKES AND MODELS OF (HVAC) HEATING, VENTILATION & AIR CONDITIONING SYSTEMS FOR THE JEFFERSON PARISH DEPARTMENT OF GENERAL SERVICES (PARISH WIDE), PER THE ATTACHED SPECIFICATIONS</p> <p>*****</p>		
1	1,658.00	HR	0010 - NORMAL HOURLY RATE PER TECHNICIAN (7:00 AM TO 5:00 PM) MONDAY THRU FRIDAY (EXCLUDING HOLIDAYS)	98.00	162,484
2	669.00	HR	0020 - NORMAL HOURLY RATE PER HELPER (7:00 AM TO 5:00 PM) MONDAY THRU FRIDAY (EXCLUDING HOLIDAYS)	44.00	29,436
3	32.00	HR	0030 - 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	125.00	4,000
4	8.00	HR	0040 - 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	32.00	256
5	1.00	HR	0050 - AFTER HOURS WEEKEND RATE (FRIDAY 5:00 PM TO 12:00 AM, SATURDAY THRU SUNDAY ALL DAY AND MONDAY 12:00 AM TO 7:00 AM) AUTHORIZATION REQUIRED PER TECHNICIAN	150.00	150
6	1.00	HR	0060 - AFTER HOURS WEEKEND RATE (FRIDAY 5:00 PM TO 12:00 AM,	50.00	50

DATE: 6/10/2020

INVITATION TO BID FROM JEFFERSON PARISH - continued

Page 7

BID NO.: 50-00130923

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
7	1.00	HR	SATURDAY THRU SUNDAY ALL DAY AND MONDAY 12:00 AM TO 7:00 AM) AUTHORIZATION REQUIRED PER HELPER 0070 - HOLIDAY RATE PER TECHNICIAN 12:00 AM TO 11:59 PM (PROVIDE A LIST OF YOUR COMPANY HOLIDAYS PER CALENDAR YEAR)	150.00	150
8	1.00	HR	0080 - HOLIDAY RATE PER HELPER 12:00 AM TO 11:59 PM (PROVIDE A LIST OF YOUR COMPANY HOLIDAYS PER CALENDAR YEAR)	50.00	50
9	1.00	EA	0090 - NON-BIDDABLE ITEM PARTS/MATERIALS (THIS IS A NON-BIDDABLE ITEM) THIS ITEM IS FOR PARTS NEEDED TO COMPLETE A REPAIR UP TO \$5,000.00 PER JOB, PER THE ATTACHED SPECIFICATIONS WITH THE APPROVAL FROM THE REQUESTING DEPARTMENT.	699.00	196,576



JEFFERSON PARISH

DEPARTMENT OF PURCHASING

CYNTHIA LEE SHENG
PARISH PRESIDENT

RENNY SIMNO
DIRECTOR

July 6, 2020

ADDENDUM # 1

Bid Number: 50-00130923

Bid Opening Date: July 9, 2020 at 2:00 PM

Description of Bid: TWO (2) YEAR LABOR ONLY CONTRACT TO TROUBLESHOOT, REPAIR, & REPLACE/INSTALL VARIOUS MAKES & MODELS OF (HVAC) HEATING, VENTILATION & AIR CONDITIONING SYSTEM FOR THE DEPARTMENT OF GENERAL SERVICES

A list of your company holidays per calendar year is not required. Please remove this request from the description of line items 0070 and 0080.

Item Number 7 (0070):

Remove the following in its entirety:

(PROVIDE A LIST OF YOUR COMPANY HOLIDAYS PER CALENDAR YEAR)

Item Number 8 (0080):

Remove the following in its entirety:

(PROVIDE A LIST OF YOUR COMPANY HOLIDAYS PER CALENDAR YEAR)

Sincerely,

Melissa Ovalle

Melissa Ovalle

Buyer II

Jefferson Parish Purchasing Department

Bidders must acknowledge all addenda on the bid form. Bidder acknowledges receipt of This addendum on the bid form as indicated. Failure to do so will result in bid rejection.
--

This addendum is a part of the contract documents and modifies the original bidding documents and specifications. The contents of this addendum shall be included in the contract documents. Changes made by this addendum shall take precedence over the documents of earlier date.

GENERAL GOVERNMENT BLDG. – 200 DERBIGNY ST., SUITE 4400, GRETN, LA 70053
OFFICE 504.364.2678

JOSEPH S. YENNI BLDG. – 1221 ELMWOOD PARK BLVD., SUITE 404, JEFFERSON, LA 70123
OFFICE 504.364.2678

EMAIL: PURCHASING@JEFFPARISH.NET WEBSITE: WWW.JEFFPARISH.NET

CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF
Beacon Air Conditioning, Heating & Refrigeration, Inc.
INCORPORATED.

AT THE MEETING OF DIRECTORS OF Beacon Air Conditioning
INCORPORATED, DULY NOTICED AND HELD ON July 6, 2020,
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT
WAS:

RESOLVED THAT Wendy Chatelain, BE AND IS HEREBY
APPOINTED, CONSTITUTED AND DESIGNATED AS AGENT AND ATTORNEY-IN-
FACT OF THE CORPORATION WITH FULL POWER AND AUTHORITY TO ACT ON
BEHALF OF THIS CORPORATION IN ALL NEGOTIATIONS, BIDDING, CONCERNS
AND TRANSACTIONS WITH THE PARISH OF JEFFERSON OR ANY OF ITS AGENCIES,
DEPARTMENTS, EMPLOYEES OR AGENTS, INCLUDING BUT NOT LIMITED TO, THE
EXECUTION OF ALL BIDS, PAPERS, DOCUMENTS, AFFIDAVITS, BONDS, SURETIES,
CONTRACTS AND ACTS AND TO RECEIVE ALL PURCHASE ORDERS AND NOTICES
ISSUED PURSUANT TO THE PROVISIONS OF ANY SUCH BID OR CONTRACT, THIS
CORPORATION HEREBY RATIFYING, APPROVING, CONFIRMING, AND ACCEPTING
EACH AND EVERY SUCH ACT PERFORMED BY SAID AGENT AND ATTORNEY-IN-
FACT.

I HEREBY CERTIFY THE FOREGOING TO BE
A TRUE AND CORRECT COPY OF AN
EXCERPT OF THE MINUTES OF THE ABOVE
DATED MEETING OF THE BOARD OF
DIRECTORS OF SAID CORPORATION, AND
THE SAME HAS NOT BEEN REVOKED OR
RESCINDED.

Wendy Chatelain
SECRETARY-TREASURER

7/9/2020
DATE



Non-Public Works Bid

AFFIDAVIT

STATE OF LouisianaPARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: Wendy Chatelain, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized Owner / Director of Beacon Air Conditioning (Entity), the party who submitted a bid in response to Bid Number 5000130923, 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 _____

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  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.

Wendy Chatelain
Signature of Affiant

Wendy Chatelain
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 23 DAY OF JUNE, 2020

[Signature]
Notary Public

Kim J. Lord
Printed Name of Notary

58462
Notary/Bar Roll Number

My commission expires AT MY DEATH



Print

Notary Search - Detail

Name: MS. KIM J. LORD
Address: 255 HICKORY AVE.
HARAHAN, LA 70123
Phone: (504) 737-8922
Phone 2: (504) 234-8683
Notary ID Number: 58462
Parish: TANGIPAHOA with STATEWIDE JURISDICTION
Agency: N/A
Notary Type: Non Attorney
Status: Active
Commission Date: 03/10/1999
Oath Date: 03/08/1999
Surety Expiration Date: 02/07/2024
Annual Report Current: Yes

Notary Events

Suspension From: 05/11/2020 To: 05/12/2020

Deceased, Inactivated, Leave of Absence, Pre-Assessment Registration, Pre-Assessment Taken, Resigned, Retirement, and Revoked events are not available prior to February 11, 2012.

[Back to Search Results](#)[New Search](#)



June 11, 2020

To Whom It May Concern:

Below is a listing of Beacon Air Conditioning's contributions for Jefferson Parish campaigns:

<u>Campaign For</u>	<u>Check No.</u>	<u>Check Dated</u>	<u>Amount</u>
Dominick Impastato	32363	7/05/2017	\$300.00
Dominick Impastato	34304	9/04/2019	\$200.00
Jennifer Van Vrancken	34301	8/30/2019	\$200.00

Should you have any questions or require additional information, please do not hesitate to contact the undersigned.

Regards,

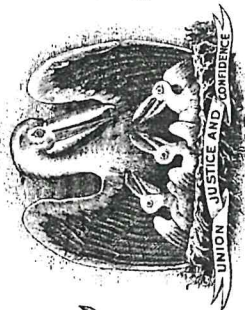
Beacon Air Conditioning, Heating & Refrigeration, Inc.

Wendy Chatelain

Wendy Chatelain
Owner

R. Kyle Ardoin Secretary of State 		DOMESTIC CORPORATION ANNUAL REPORT For Period Ending 4/3/2020		 32200200D 2020			
Mailing Address Only (INDICATE CHANGES TO THIS ADDRESS IN THIS BOX) 32200200 D BEACON AIR CONDITIONING, HEATING AND REFRIGERATION, INC. 315 E. 3RD ST. KENNER, LA 70062		(INDICATE CHANGES TO THIS ADDRESS IN THIS BOX) Registered Office Address in Louisiana (Do not use P. O. Box) 315 E. 3RD ST. KENNER, LA 70062		Issued Shares, if any: 1,000		Federal Tax ID Number	
Our records indicate the following registered agents for the corporation. Indicate any changes or deletions below. All agents must have a Louisiana address. Do not use a P. O. Box. A NEW REGISTERED AGENT REQUIRES A NOTARIZED SIGNATURE DANIEL DAVID CHATELAIN, II 720 PASADENA AVENUE METAIRIE, LA 70001							
I hereby accept the appointment of registered agent(s).				Sworn to and subscribed before me on NOTARY NAME MUST BE TYPED OR PRINTED WITH NOTARY #			
New Registered Agent Signature				Notary Signature		Date	
This report reflects a maximum of three officers or directors from our records for this corporation. Indicate any changes or deletions below. Include a listing of all names along with each title held and their address. Do not use a P. O. Box. If additional space is needed attach an addendum.							
DANIEL DAVID CHATELAIN, II 720 PASADENA AVENUE METAIRIE, LA 70001 WENDY CHATELAIN 720 PASADENA AVENUE METAIRIE, LA 70001				President, Director Secretary/Treasurer, Director			
Our records indicate the following addresses for the corporation. Indicate any changes below. Principal office address (Do not use a P. O. Box): 315 E. 3RD ST. KENNER, LA 70062							
The filing of a false public record, with the knowledge of its falsity, is a crime, subjecting the filer to the fine or imprisonment or both under R.S. 14:133.							
SIGN →	To be signed by an officer, director or agent Daniel David Chatelain, II (SIGNED ELECTRONICALLY)		Title President, Director		Phone		Date 03/05/2020
	Signee's address		Email Address ON FILE		(For Office Use Only)		
Enclose filing fee of \$30.00 Return by: 4/3/2020 Make remittance payable to Secretary of State Do Not Send Cash To: Commercial Division Do Not Staple P. O. Box 94125 web site: www.sos.louisiana.gov Baton Rouge, LA 70804-9125 DO NOT STAPLE Phone (225) 925-4704							

State of Louisiana



State Licensing Board for Contractors

This is to Certify that:

BEACON AIR CONDITIONING, HEATING AND REFRIGERATION,
INC.
315 E. 3rd Street
Kenner, LA 70062

is duly licensed and entitled to practice the following classifications

MECHANICAL WORK (STATEWIDE)



Expiration Date: July 15, 2023

License No: 35350

Witness our hand and seal of the Board dated,
Baton Rouge, LA 16th day of July 2020

Will B. McCoy

Director

Lee M. Mott

Chairman

Andy R. Rame

Treasurer

This License Is Not Transferrable

State of Louisiana



State Licensing Board for Contractors

This is to Certify that:

BEACON AIR CONDITIONING, HEATING AND
REFRIGERATION, INC.
315 Third Street
Kenner, LA 70062

is duly licensed and entitled to practice the following classifications

MECHANICAL WORK (STATEWIDE)



Witness our hand and seal of the Board dated,
Baton Rouge, LA 16th day of July 2018

Will B. MacP Director

Lee M. Delt Chairman

Andy Delt Treasurer

Expiration Date: July 15, 2020

License No: 35350

This License Is Not Transferrable



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/16/2020

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).

PRODUCER Riverlands Insurance Services Inc. 492 West 5th Street LaPlace LA 70068	CONTACT NAME: Kayla Landry PHONE (A/C, No, Ext): (985) 652-5505 FAX (A/C, No): (985) 652-4039 E-MAIL ADDRESS: klandry@rivins.com INSURER(S) AFFORDING COVERAGE INSURER A: Ohio Security Insurance Company INSURER B: Bridgefield Casualty Insurance Co INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Beacon Air Conditioning, Heating & Refrigeration, Inc. 315 E 3rd Street Kenner LA 70062	NAIC # 24082 10335

COVERAGES**CERTIFICATE NUMBER:** 19-20**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:	Y	Y	BKS1959087358	10/29/2019	10/29/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 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	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			USO1959087358	10/29/2019	10/29/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$	
B	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 Y	N/A	Y	196-47488	10/29/2019	10/29/2020	<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
A	Employment Practices Liability			BKS1855818871	10/29/2019	10/29/2020	Each Claim 12,500 Aggregate 12,500	

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

General Aggregate Limit applies per project. Cert Holder is listed as an additional insured and a Waiver of Subrogation is provided in favor of the certificate holder with respects to the GL policy. Waiver of Subrogation is provided with respects to the WC as required by written contract.

Bid # 5D-001 30923

CERTIFICATE HOLDER**CANCELLATION**

Jefferson Parish Department of General Services 200 Derbigny Street Suite 3300 Gretna LA 70053	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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AGENCY CUSTOMER ID: 00029524

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Riverlands Insurance Services Inc.		NAMED INSURED Beacon Air Conditioning, Heating & Refrigeration, Inc.	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance: Notes

The full certificate holde reads as follows:

THE PARISH OF JEFFERSON, ITS DISTRICTS, DEPARTMENTS AND AGENCIES
UNDER THE DIRECTION OF THE PARISH PRESIDENT AND THE PARISH COUNCIL

Jefferson Parish Department of General Services
General Government Building
200 Derbigny Street Suite 3300
Gretna, LA 70053

Bid# 50-00130923

ADDITIONAL COVERAGES

Ref #	Description Employment Practices Liability	Coverage Code	Form No.	Edition Date
Limit 1 12,500	Limit 2 12,500	Limit 3	Deductible Amount 5,000	Deductible Type
Premium				

Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				

Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				

Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				

Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				

Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				

Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				

Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				

Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/19/2020

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).

PRODUCER

State Farm
Hylton S Petit, Jr
2705 Florida Ave.
Kenner, La 70062

CONTACT NAME: Hylton S Petit Jr

PHONE (A/C, No, Ext): 504-461-0171

FAX (A/C, No): 504-461-0289

E-MAIL ADDRESS: hylton.petit.b27x@statefarm.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: State Farm Mutual Automobile Insurance Company

25178

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED

Beacon Air Cond Inc
317 E 3 Rd St
Kenner, La 70062-7103

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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY					
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
						MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$
						PRODUCTS - COMP/OP AGG \$
						\$
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	OTHER:					
A	AUTOMOBILE LIABILITY	Y N	098 9278-F13-18U 138 8015-B28-18Y 366 2226-D18-18B 370 6777-A09-18A	06/13/2020 02/28/2020 04/18/2020 01/09/2020	12/13/2020 08/28/2020 10/18/2020 07/09/2020	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
	ANY AUTO ALL OWNED AUTOS HIRED AUTOS					
	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					
	UMBRELLA LIAB					
	EXCESS LIAB					
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$
	DED RETENTION \$					AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N				
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				PER STATUTE OTH-ER
						E.L. EACH ACCIDENT \$
						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)

BID # 50-00130923

CERTIFICATE HOLDER

THE PARISH OF JEFFERSON, ITS DISTRICTS,
DEPARTMENTS AND AGENCIES UNDER THE DIRECTION
OF THE PARISH PRESIDENT AND THE PARISH COUNCIL
200 Derbigny St.,
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

Hylton S Petit Jr




CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/19/2020

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).

PRODUCER  Hylton S Petit, Jr 2705 Florida Ave. Kenner, La 70062	CONTACT NAME: Hylton S Petit Jr		
	PHONE (A/C, No, Ext): 504-461-0171	FAX (A/C, No): 504-461-0289	
	E-MAIL ADDRESS: hylton.petit.b27x@statefarm.com		
INSURED Beacon Air Cond Inc 317 E 3 Rd St Kenner, La 70062-7103	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: State Farm Mutual Automobile Insurance Company		25178
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
		INSURER F:	

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
	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 OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ OTHER:
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Y	N	702 2978-D19-18T	04/19/2020	10/19/2020	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 OTHER:
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ OTHER:
	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	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.I. EACH ACCIDENT \$ E.I. DISEASE - EA EMPLOYEE \$ E.I. DISEASE - POLICY LIMIT \$

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

BID # 56-00130923

CERTIFICATE HOLDER

CANCELLATION

THE PARISH OF JEFFERSON, ITS DISTRICTS,
DEPARTMENTS AND AGENCIES UNDER THE DIRECTION
OF THE PARISH PRESIDENT AND THE PARISH COUNCIL
200 Derbigny St.,
Gretna, La 70053

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/19/2020

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PRODUCER  Hylton S Petit, Jr 2705 Florida Ave. Kenner, La 70062	CONTACT NAME: Hylton S Petit Jr	
	PHONE (A/C, No, Ext): 504-461-0171	FAX (A/C, No): 504-461-0289
INSURED Beacon Air Cond Inc 317 E 3 Rd St Kenner, La 70062-7103	E-MAIL ADDRESS: hylton.petit.b27x@statefarm.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: State Farm Mutual Automobile Insurance Company	NAIC # 25178
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	N	N	098 9278-F13-18U 138 8015-B28-18Y 366 2226-D18-18B 370 6777-A09-18A	06/13/2020 02/28/2020 04/18/2020 01/09/2020	12/13/2020 08/28/2020 10/18/2020 07/09/2020	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 OTHER:
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$ OTHER:
	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 type="checkbox"/> N/A						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 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)

BID# 50-0030923

CERTIFICATE HOLDER

CANCELLATION

Jefferson Parish Department of General Services
200 Derbigny Street, Suite 3300
Gretna, La 70053

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/19/2020

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PRODUCER  Hylton S Petit, Jr 2705 Florida Ave. Kenner, La 70062		CONTACT NAME: Hylton S Petit Jr PHONE (A/C, No, Ext): 504-461-0171 FAX (A/C, No): 504-461-0289 E-MAIL ADDRESS: hylton.petit.b27x@statefarm.com	
INSURED Beacon Air Cond Inc 317 E 3 Rd St Kenner, La 70062-7103		INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Mutual Automobile Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 25178	

COVERAGES

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A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	N	N	702 2978-D19-18T	04/19/2020	10/19/2020	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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BID# 50-00130923

CERTIFICATE HOLDER

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CANCELLATION

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AUTHORIZED REPRESENTATIVE



📍 600 North Street, Baton Rouge, 70802 📞 (225) 765-2301 🗨 Text-To-Verify: 1 (855) 999-7896



Louisiana State Licensing Board for Contractors

Contractor Information

Business Name BEACON AIR CONDITIONING, HEATING AND REFRIGERATION, INC.
Mailing Address 315 E. 3rd Street
KENNER, LA 70062
Phone Number (504) 467-8698
Fax Number (504) 466-4996
Email Address david@beaconac.com
Website http://null

Active Licenses

License Number 35350
Type Commercial License
Status LICENSED
Effective 07/16/2020
Expiration 07/15/2023
First Issued 07/15/1999

Classifications

Class	Qualifying Party	Parishes
BUSINESS AND LAW	Daniel David Chatelain II	ALL
MECHANICAL WORK (STATEWIDE)	Daniel David Chatelain II	ALL