

DATE: 9/13/2017

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00121009

JEFFERSON PARISH

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

VENDOR: 27118 BLANK BID COPY VENDOR

BUYER: CGASPER

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	<u>14 days</u>
INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK	<u>14 days</u>
INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK	<u>7 days</u>

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) 60869

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME:	<u>R. Seibert Construction L.L.C.</u>
SIGNATURE: (Must be signed here)	<u>Randall J. Seibert Jr. 9/22/17</u> TITLE: <u>owner/agent</u>
PRINT OR TYPE NAME:	<u>Randall J. Seibert Jr.</u>
ADDRESS:	<u>208 St. Bernard Parkway</u>
CITY, STATE:	<u>St Bernard, Louisiana</u> ZIP: <u>70085</u>
TELEPHONE:	<u>(504) 421-4044</u> FAX: <u>(504) 609-2322</u>
EMAIL ADDRESS:	<u>rjseibertjr@gmail.com</u>

TOTAL PRICE OF ALL BID ITEMS: \$ 8,640.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00121009

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>SHUT OFF WATER TO BLDG., DRAIN SYSTEM, INSTALL 2" X 1-1/4" TEE ON DOMESTIC WATER LINE FOR SPRINKLER SYSTEM FEED, ETC., AT THE EB CONSOLIDATED FIRE DEPT. HEADQUARTERS.</p> <p>0001 LABOR, MATERIALS, AND EQUIPMENT TO PERFORM THE FOLLOWING WORK AT THE EAST BANK CONSOLIDATED FIRE DEPARTMENT HEADQUARTERS:</p> <ul style="list-style-type: none"> - SHUT OFF WATER TO THE BUILDING - DRAIN SYSTEM - INSTALL 2" X 1-1/4" TEE ON DOMESTIC WATER LINE FOR SPRINKLER SYSTEM FEED - INSTALL BALL VALVE AND RUN APPROX. 100 FT OF 1-1/4" LINE, FROM TEE, TO CHASE ON EXTERIOR WALL - STUB LINE THROUGH EXTERIOR WALL AND INSTALL BALL VALVE <p>LOCATION: EB CONSOLIDATED FIRE DEPT. HEADQUARTERS 834 S. CLEARVIEW PKWY. JEFFERSON, LA 70123</p> <p>CONTACT: PROPERTY MANAGER MIKE DEFOURNEAUX (504) 756-1990</p> <p>FOR A SITE VISIT, SEE CONTACT ABOVE.</p>	<p>\$8,640.00</p>	<p>\$8,640.00</p>

Randall J. Kertel Jr.
9/22/17



VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)

5/19/17

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.

This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose.

PRODUCER State Farm Mel Malone State Farm 1401 East Judge Perez Dr. Chalmette, LA 70043	CONTACT NAME Ehren Malone	PHONE (A/C, No, Ext): 504-279-7464	FAX (A/C, No): 504-279-7468
	E-MAIL ADDRESS: ehren@melmalone.com		
INSURED R Seibert Construction LLC 208 Saint Bernard Parkway St. Bernard, LA 70085-5427		INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Mutual Automobile Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:	
		NAIC # 25178	

YEAR	MAKE / MANUFACTURER	MODEL	BODY TYPE	VEHICLE IDENTIFICATION NUMBER
2017	Ram	2500		3C6UR5JJ7HG710670
DESCRIPTION			VEHICLE/EQUIPMENT VALUE	SERIAL NUMBER
			\$	

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) 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 POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).						
INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	<input checked="" type="checkbox"/>	VEHICLE LIABILITY	263 9174-F11-18C	6/11/17	12/11/2017	COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE \$ 1,000,000 EACH OCCURENCE \$ GENERAL AGGREGATE \$ \$
	<input type="checkbox"/>	GENERAL LIABILITY				OCCURRENCE \$ CLAIMS MADE \$ \$
INSR LTR	LOSS PAYEE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS / DEDUCTIBLE
	<input checked="" type="checkbox"/>	VEH COLLISION LOSS	263 9174-F11-18C	6/11/2017	12/11/2017	<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT \$ LIMIT <input type="checkbox"/> STATED AMT \$ 250 DED
	<input checked="" type="checkbox"/>	VEH COMP <input type="checkbox"/> VEH OTC		6/11/2017	12/11/2017	<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT \$ LIMIT <input type="checkbox"/> STATED AMT \$ 100 DED
	<input type="checkbox"/>	EQUIPMENT				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT \$ LIMIT <input type="checkbox"/> RC <input type="checkbox"/> STATED AMT \$ DED <input type="checkbox"/>
	<input type="checkbox"/>	BASIC <input type="checkbox"/> BROAD				
	<input type="checkbox"/>	SPECIAL				
REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)						

ADDITIONAL INTEREST	CANCELLATION
Select one of the following: <input type="checkbox"/> The additional interest described below has been added to the policy(ies) listed herein by policy number(s). <input type="checkbox"/> A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
VEHICLE / EQUIPMENT INTEREST: <input type="checkbox"/> LEASED <input type="checkbox"/> FINANCED	DESCRIPTION OF THE ADDITIONAL INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYEE
NAME AND ADDRESS OF ADDITIONAL INTEREST State of Louisiana, Office of Juvenile Justice 7919 Independence Blvd. Baton Rouge, LA 70806	LOAN / LEASE NUMBER AUTHORIZED REPRESENTATIVE

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