

DATE: 8/05/2019

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00127592

JEFFERSON PARISH

PURCHASING DEPARTMENT

P.O. BOX 9

GRETN, LA. 70054-0009

504-364-2678

VENDOR: Fire 3 Safety Commodities

BUYER: MBUTTERY

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 _____

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK _____

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK _____

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: _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 60600

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***

FIRM NAME:

Fire 3 Safety Commodities

SIGNATURE:

(Must be signed here)

Mallory Kester

TITLE:

Assistant Manager

PRINT OR TYPE NAME:

Mallory Kester

ADDRESS:

245 Woodland Drive

CITY, STATE:

Laplace Louisiana

ZIP:

70068

TELEPHONE:

504 465-5994

FAX:

()

EMAIL ADDRESS:

mallory@fire safety inc. net

TOTAL PRICE OF ALL BID ITEMS: \$ 4680⁰⁰

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00127592

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	6.00	EA	<p>THREE (3) YEAR CONTRACT TO PERFORM SEMI-ANNUAL VENT HOOD SUPPRESSION SYSTEM INSPECTIONS AT VARIOUS LOCATIONS FOR THE DEPARTMENT OF GENERAL SERVICES</p> <p>0010 - HOOD SUPPRESSION SYSTEM TESTING (VARIOUS BUILDINGS)</p> <p>DEPARTMENT OF GENERAL SERVICES</p> <p>WE EXTEND THIS BID TO PROVIDE LABOR, MATERIALS, DELIVERY, EQUIPMENT AND ALL OTHER INCIDENTALS NECESSARY TO PROVIDE A THREE (3) YEAR CONTRACT TO PERFORM SEMI-ANNUAL VENT HOOD SUPPRESSION SYSTEM INSPECTIONS AT VARIOUS LOCATIONS PER THE ATTACHED SPECIFICATIONS.</p> <p>***BELOW IS THE FIRST ITEM TO BE BID ***</p> <p>0010 - LOCAL HISTORY MUSEUM 519 HUEY P. LONG AVENUE GRETNA, LA</p>	130 ⁰⁰	780 ⁰⁰
3	6.00	EA	<p>0020 - MARRERO/HARVEY SENIOR CENTER 4470 7TH STREET MARRERO, LA</p>	130 ⁰⁰	780 ⁰⁰
4	6.00	EA	<p>0030 - METAIRIE SENIOR CENTER 265 N. CAUSEWAY BOULEVARD METAIRIE, LA</p>	130 ⁰⁰	780 ⁰⁰
5	6.00	EA	<p>0040 - J P CORRECTIONAL CENTER 100 DOLHONDE STREET GRETNA, LA</p>	130 ⁰⁰	780 ⁰⁰
6	6.00	EA	<p>0050 - EASTBANK HEALTH UNIT 111 N. CAUSEWAY BOULEVARD METAIRIE, LA</p>	130 ⁰⁰	780 ⁰⁰
7	6.00	EA	<p>0060 - EMERGENCY OPS & COMMUNICATION CTR 910 3RD STREET GRETNA, LA</p>	130 ⁰⁰	780 ⁰⁰



FIRE&SA-02

EBERGERON1

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/29/2019

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 License # 231432 Hub International Gulf South 3510 N. Causeway Boulevard, Suite 300 Metairie, LA 70002	CONTACT NAME:	
	PHONE (A/C, No, Ext): (800) 256-2842 FAX (A/C, No): (504) 834-2995	
INSURED Fire & Safety Commodities, Inc. 922 Industry Road Kenner, LA 70062	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Ironshore Specialty Company	25445
	INSURER B : Clear Blue Insurance Company	28860
	INSURER C : Accident Fund National Insurance Company	12305
	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
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:	X	X	RCS0074000	1/1/2019	3/1/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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	X	X	AQ1YLA00013400	1/3/2019	1/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input 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	X	X	RUS0019400	1/1/2019	3/1/2020	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	WCV6157631	1/1/2019	1/1/2020	<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

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

RE: Jefferson Parish Bid No. 50-126644, LABOR & MATERIALS TO SUPPLY & INSTALL A KITCHEN FIRE SUPPRESSION SYSTEM FOR THE JEFFERSON PARISH EASTBANK DEPARTMENT OF PARKS & RECREATION

Jefferson Parish, its Districts Departments and Agencies under the direction of the Parish Presidnet and the Parish Council are listed as Additional Insured with regards to General Liability, Automobile liability, and Excess Liability where required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Jefferson Parish
Purchasing Department
Attn: Shanna Folse
200 Derbigny St., Ste. 4400
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

**ADDITIONAL REMARKS SCHEDULE**

Page 1 of 1

AGENCY Hub International Gulf South		License # 231432	NAMED INSURED Fire & Safety Commodities, Inc. 922 Industry Road Kenner, LA 70062
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Additional Coverages:**AUTOMOBILE:**

Blanket Additional Insured, where required by written contract.
Blanket Waiver of Subrogation, where required by written contract.
Primary Insurance Clause, where required by written contract.

GENERAL LIABILITY:

Blanket Additional Insured, where required by written contract.
Blanket Waiver of Subrogation, where required by written contract.
Primary and Non-Contributory, where required by written contract.
30 Day Notice of Cancellation, where required by written contract.

WORKERS COMPENSATION:

Blanket Waiver of Subrogation, where required by written contract.

UMBRELLA:

Follows Form to underlying policies.
Follows Form blanket additional insured as required by written contract
Follows Form blanket waiver of subrogation as required by written contract
Primary Insurance Clause, where required by written contract.

30 Day notice of cancellation, except 10 days for non payment of premium.