

DATE: 7/01/2019

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00127181

**JEFFERSON PARISH**

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

VENDOR:

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: Addendum #1

NUMBER: Addendum #2

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 65305

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

FIRM NAME: McCoy Group, LLC

SIGNATURE: *Millard McElwee* TITLE: Chief of Administration

PRINT OR TYPE NAME: Millard McElwee

ADDRESS: P. O. Box 1674

CITY, STATE: Slidell, LA ZIP: 70459

TELEPHONE: (985) 351 - 6547 FAX: (985) 261 - 2850

EMAIL ADDRESS: millardm@mccoygroupllc.com

TOTAL PRICE OF ALL BID ITEMS: \$ \$65,993.78

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00127181

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>ONE TIME PURCHASE OF LABOR, MATERIALS &amp; EQUIPMENT TO REMOVE AND REPLACE FENCE &amp; GATES FOR THE RECREATION DEPARTMENT</p> <p>0010 Furnish all material, labor and equipment necessary to remove and replace approximate 450 feet of 6 foot high chain link, (2) 4 foot walk gates, and (1) 20 foot drive gate at Harvard Walking track 2015 Harvard Ave, Terrytown, La 70056.</p> <p>SEE SPECS FOR ADDITIONAL INFORMATION</p>	\$65,993.78	\$65,993.78

LIMITED LIABILITY COMPANY  
CERTIFIED AUTHORIZATION

I, Melvin McElwee Jr., a Member of McCoy Group, LLC, a limited liability company organized and existing under the laws of the State of Louisiana, hereby certify: (i) that McCoy Group, LLC is managed by Members; (ii) that I am a Member of McCoy Group, LLC, and as such am empowered and authorized, on behalf of the LLC, to execute and deliver contracts and amendments thereto and am not prohibited or limited by the articles of organization from binding the LLC; and (iii) that I hereby authorize Millard McElwee to execute and deliver all documents required by the Jefferson Parish for the ONE TIME PURCHASE OF LABOR, MATERIALS & EQUIPMENT TO REMOVE AND REPLACE FENCE & GATES FOR THE RECREATION DEPARTMENT on behalf of myself and McCoy Group, LLC.

IN WITNESS WHEREOF, the undersigned has affixed his signature this 17<sup>th</sup> day of July 2019.

Print Name:   
Melvin McElwee  
(Member)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/04/2019

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).

<b>PRODUCER</b> EMERY & JAMES LTD 300 East Morris Ave  Hammond LA 70403		<b>CONTACT NAME:</b> Amanda Guth <b>PHONE (A/C, No, Ext):</b> (985) 345-0376 <b>FAX (A/C, No):</b> (985) 345-0444 <b>E-MAIL ADDRESS:</b> aguth@emeryjames.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> B&W - Crum & Forster Specialty Ins. Co.	<b>NAIC #</b> 44520
		<b>INSURER B:</b> PRO - Progressive Paloverde Ins Co	44695
		<b>INSURER C:</b> B&W - Evanston Insurance Company	35378
		<b>INSURER D:</b> Louisiana Workers Compensation Corporation	22350
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	
<b>INSURED</b> McCoy Group, LLC PO Box 1674  Slidell LA 70459			

**COVERAGES**

CERTIFICATE NUMBER: CL194507538

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	Y	Y	BAK43552-1	07/31/2018	07/31/2019	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input checked="" type="checkbox"/> PRIMARY & NONCONTRIBUTOR						MED EXP (Any one person)	\$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
B	<b>AUTOMOBILE LIABILITY</b>			07975732-1	02/10/2019	08/10/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XSMP1280519	04/22/2019	07/31/2019	EACH OCCURRENCE	\$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ 5,000,000
	DED RETENTION \$							\$
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	N/A	Y	167198-A	07/24/2018	07/24/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)**

Subject to policy terms, conditions, limits and exclusions: Certificate Holder is Added As Additional Insured As Regards to the Operations of the Named Insured on the General Liability Policy if Required By Written Contract. Rights of Subrogation Waived In Favor of Certificate Holder As Regards to General Liability and Workers Compensation As Required By Written Contract. (CG2010, CG2404, CG2037). Umbrella Policy underlying lines are General Liability, Commercial Auto, & Workers Compensation Policies.

**CERTIFICATE HOLDER****CANCELLATION**

The Parish of Jefferson Its Districts & agencies 1221 Elmwood Park Blvd.  Jefferson LA 70123	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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