

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:

(Must be signed here)



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	ONE TIME PURCHASE OF LABOR, MATERIALS & EQUIPMENT TO REMOVE AND REPLACE FENCE & GATES FOR THE RECREATION DEPARTMENT 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. SEE SPECS FOR ADDITIONAL INFORMATION	\$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 17th 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).

PRODUCER EMERY & JAMES LTD 300 East Morris Ave Hammond LA 70403	CONTACT NAME: Amanda Guth PHONE (A/C, No, Ext): (985) 345-0376 E-MAIL ADDRESS: aguth@emeryjames.com FAX (A/C, No): (985) 345-0444																					
INSURED McCoy Group, LLC PO Box 1674 Slidell LA 70459	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>B&W - Crum & Forster Specialty Ins. Co.</td><td>44520</td></tr><tr><td>INSURER B:</td><td>PRO - Progressive Paloverde Ins Co</td><td>44695</td></tr><tr><td>INSURER C:</td><td>B&W - Evanston Insurance Company</td><td>35378</td></tr><tr><td>INSURER D:</td><td>Louisiana Workers Compensation Corporation</td><td>22350</td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	B&W - Crum & Forster Specialty Ins. Co.	44520	INSURER B:	PRO - Progressive Paloverde Ins Co	44695	INSURER C:	B&W - Evanston Insurance Company	35378	INSURER D:	Louisiana Workers Compensation Corporation	22350	INSURER E:			INSURER F:		
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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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PRIMARY&NONCONTRIBUTOR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	BAK43552-1	07/31/2018	07/31/2019	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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			07975732-1	02/10/2019	08/10/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$			XSMP1280519	04/22/2019	07/31/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
D	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 checked="" type="checkbox"/> Y	N/A	167198-A	07/24/2018	07/24/2019	<input checked="" type="checkbox"/> PER STATUTE 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)

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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