

DATE: 9/27/2018

INVITATION TO BID
THIS IS NOT AN ORDER

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BID NO.: 50-00124322

JEFFERSON PARISH

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

VENDOR: _____

BUYER: DABRAHAM

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: _____
 NUMBER: _____
 NUMBER: _____
 NUMBER: _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 556681

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: <u>CLASSIC HARDWOOD FLOORS, LLC</u>	
SIGNATURE: (Must be signed here)	TITLE: <u>CO-OWNER</u>
PRINT OR TYPE NAME: <u>MARIO R. MATAMOROS</u>	
ADDRESS: <u>15612 JENSEN ST, STE J</u>	
CITY, STATE: <u>HARRAHAN, LA</u>	ZIP: <u>70123</u>
TELEPHONE: <u>504 267-5417</u>	FAX: <u>504 267-3371</u>
EMAIL ADDRESS: <u>CLASSICHARDWOODFLOORSNOLA@YAHOO.COM</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 10,556⁰⁰

DATE: 9/27/2018

INVITATION TO BID FROM JEFFERSON PARISH - continued

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BID NO.: 50-00124322

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>Labor, material and equipment to stencil, paint, buff and recoat gym floor for the Department of Recreation</p> <p>0010 Labor, Equipment and Material Needed To Stencil and Paint with 2 coats of MFMA Approved Oil Modified Gym Finish</p> <p>Location: Jefferson Playground Gym 4100 South Drive Jefferson, LA 70121</p> <p>Contact: Brad Roth 504-736-7014</p> <p>See attached specifications ***</p>	\$10,556 ⁰⁰	\$10,556 ⁰⁰



CERTIFICATE OF LIABILITY INSURANCE

DATE: (MM/DD/YYYY)
10/5/2018

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 CLASSIC INSURANCE AGENCY 4207 Williams Blvd Ste A Kenner, LA 70065		CONTACT NAME: Tulio Murillo PHONE (A/C, No, Ext): (504) 467-1453 FAX (A/C, No): (504) 467-2657 E-MAIL ADDRESS: tmurillo50@aol.com	
INSURED CLASSIC HARDWOOD FLOORS, LLC PO BOX 1479, MARIO 985-778-6201 5612 JENSEN ST STE J, HARRAHAN 70123 LAPLACE, LA 70069 PH: 985-778-6201		INSURER(S) AFFORDING COVERAGE INSURER A: LLOYDS OF LONDON INSURER B: LC&I SIF INSURER C: INSURER D: INSURER E: INSURER F:	

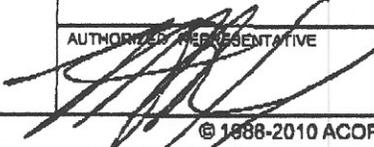
COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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.

INBR LTR	TYPE OF INSURANCE	ADOL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> 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			LAL-0001555	11/05/17	11/05/18	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
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NM) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	12229-18	12/21/17	12/21/18	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER 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 (Attach ACORD 101. Additional Remarks Schedule, if more space is required)

JOB DESCRIPTION: EQUIPMENT FLOATER

CERTIFICATE HOLDER	CANCELLATION
JEFFERSON PLAYGROUND GYMNASIUM 4100 SOUTH DR, JEFFERSON, LA. 70121	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 

State Farm Mutual Automobile Insurance Company
4700 S Providence
Columbia, MO 65217



AT1
MATAMOROS, STEVEN
2216 W CANTERBURY DR
LA PLACE LA 70068-1607

A-2177 A

AUTO RENEWAL

PREMIUM PAID: \$1,521.54

DO NOT PAY.

Your premium is billed through the State Farm Payment Plan

State Farm Payment Plan Number: 1033656222

Your State Farm Agent

MIA DELOUISE

Office: 504-739-7979

Address: 5638 JEFFERSON HWY
NEW ORLEANS, LA 70123-5111

If you have a new or different car, have added any drivers, or have moved, please contact your agent.

Thank you for choosing State Farm.

Policy Number: 315 5670-D07-18A
Policy Period: October 7, 2018 to April 7, 2019

Vehicle:
2006 FORD E250

Principal Driver:
STEVEN MATAMOROS

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund

transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

Policy Number: 315 5670-D07-18A
Prepared August 30, 2018
1004583

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Life's about more than insurance.

So are we. We'll always be there with protection if something goes wrong, but we're also *here to help life go right.*TM

Talk to your State Farm[®] agent.

Principal Driver & Assigned Drivers

For each automobile, the **Principal Driver** is the individual who most frequently drives it. Each driver is designated as an **Assigned Driver** on the household automobile that he or she most frequently drives.

Your premium may be influenced by the information shown for these drivers.

IMPORTANT NOTICE REGARDING YOUR PREMIUM

State Farm works hard to offer you the best combination of price, service, and protection. The amount you pay for automobile insurance is determined by many factors such as the coverages you have, where you live, the kind of car you drive, how your car is used, who drives the car, and information from consumer reports.

You have the right to request, no more than once during a 12-month period, that your policy be re-rated using a current credit-based insurance score. Re-rating could result in a lower rate, no change in rate, or a higher rate.

COVERAGE AND LIMITS See your policy for an explanation of these coverages.

A	Liability		
	Bodily Injury 1,000,000/1,000,000		
	Property Damage 1,000,000		\$1,399.10
H	Emergency Road Service		\$5.63
U	Uninsured Motor Vehicle		
	Bodily Injury 25,000/50,000		\$109.83
U1	Uninsured Motor Vehicle		
	Property Damage 25,000		\$6.98
Total Premium			\$1,521.54

If any coverage you carry is changed to give broader protection with no additional premium charge, we will give

you the broader protection without issuing a new policy, starting on the date we adopt the broader protection.

DISCOUNTS These adjustments have already been applied to your premium.

Multicar	✓
Total Discounts	\$348.19

SURCHARGES AND DISCOUNTS

AUTOMOBILE RATING PLAN - Applies to private passenger cars only.

Accident-Free Discount - Once your policy has been in force for at least three years with no chargeable accidents, you may qualify for our Accident-Free Discount. Once you qualify, this discount applies as long as there are no chargeable accidents, and may even increase over time.

Good Driving Discount - Newer policyholders who do not yet qualify for our Accident-Free Discount (available after three years with no chargeable accidents) may already be receiving a Good Driving Discount. This discount continues to apply until your policy qualifies for the Accident-Free Discount as long as there are no chargeable accidents and no new drivers. If you add new drivers, they must also qualify in order for your Good Driving Discount to continue.

(continued on next page)