

DATE: 10/05/2018

INVITATION TO BID
THIS IS NOT AN ORDER

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BID NO.: 50-00124340

JEFFERSON PARISH

PURCHASING DEPARTMENT
P.O. BOX 9
GRETN, 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

2 weeks

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

14 Days

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

7 Days

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) _____

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: <u>SGFlooring LLC</u>	
SIGNATURE: (Must be signed by authorized person) <u>[Signature]</u>	TITLE: <u>Owner</u>
PRINT OR TYPE NAME: <u>JUNIOR GATI</u>	
ADDRESS: <u>3759 HERALD ST</u>	
CITY, STATE: <u>New Orleans LA</u>	ZIP: <u>70131</u>
TELEPHONE: <u>(504) 952-7071</u>	FAX: <u>()</u>
EMAIL ADDRESS: <u>SGFlooring83@gmail.com</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 7210.00

DATE: 10/05/2018

INVITATION TO BID FROM JEFFERSON PARISH - continued

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BID NO.: 50-00124340

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>Sand and reseal Grandwood Floor at Terrytown Gym</p> <p>0010 To sand and reseal Grandwood Floor at Terrytown Gym, 641 Heritage Ave, Terrytown, LA 70056</p> <p>See attachment for scope of work ***</p>	<p>7,210.00 7,210.00</p>	<p>7,210.00</p>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/02/2018

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 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 Fitzwilliam Insurance Services, LLC 3112 Williams Blvd Kenner LA 70065-4549		CONTACT NAME: Fabiola Bermudez PHONE (A/C, No, Ext): (504) 469-9416 E-MAIL ADDRESS: fabiola@FitzwilliamInsurance.com FAX (A/C, No): (504) 469-9847	
INSURED SG FLOORING, LLC GATI, JUNIOR C 3759 HERALD ST NEW ORLEANS LA 70131-7123		INSURER(S) AFFORDING COVERAGE INSURER A: Lloyd's of London INSURER B: Progressive INSURER C: LC&I 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 SUBR INSD 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		LAL-0000013881-00	11/22/2017	11/22/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 500,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY		077585190	06/12/2018	12/12/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
C	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 type="checkbox"/> N/A	22129-18	01/08/2018	01/08/2019	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)

CERTIFICATE HOLDER

CANCELLATION

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
Fabiola Bermudez

FITZWILLIAM INS SERV
3112 WILLIAMS BLVD
KENNER, LA 70065
1-504-469-9416
LDI COI 271176 04 11

PROGRESSIVE
COMMERCIAL

Policy number: 07758519-0

Underwritten by:
Progressive Paloverde Insurance Co
June 15, 2018
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Certificate of Insurance

Certificate Holder	Insured	Agent
SG FLOORING, LLC 3759 HERALD ST NEW ORLEANS, LA 70131	SG FLOORING, LLC 3759 HERALD ST NEW ORLEANS, LA 70131	FITZWILLIAM INS SERV 3112 WILLIAMS BLVD KENNER, LA 70065

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Jun 12, 2018

Policy Expiration Date: Dec 12, 2018

Insurance coverage(s)

Limits

Bodily Injury/Property Damage

\$1,000,000 Combined Single Limit

Description of Location/Vehicles/Special Items

Scheduled autos only

2008 FORD ECONO/CLUB WGN 1FTNE24W38DA67679

Certificate number

16618A11519



Form 5241 LA (02/11)

SG Flooring LLC

Estimate

Estimate No: 533
Date: 08/23/2018

For: Jefferson Parish
Terrytown gym

Description	Quantity	Rate	Amount
Terrytown gym labor and material to Sand and seal gym floor	1	\$7,210.00	\$7,210.00
Subtotal			\$7,210.00
TAX 0%			\$0.00
Total			\$7,210.00
Total			\$7,210.00