

DATE: 11/16/2021

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00136545

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

4-1-22

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

N/A

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

N/A

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 by placing the addendum number as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: _____

NUMBER: _____

NUMBER: _____

NUMBER: _____

FIRE MARSHAL
CF13

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 03634

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

FIRM NAME:

PINNACLE ELEVATOR

SIGNATURE:

(Must be signed here)

[Signature]

TITLE:

SERVICE MANAGER

PRINT OR TYPE NAME:

DARRIN LOUP

ADDRESS:

2201 GREENWOOD ST

CITY, STATE:

Kenner LA.

ZIP:

70062

TELEPHONE:

504 229-5510

FAX:

()

EMAIL ADDRESS:

DLOUP@PINNACLE-ELEVATOR.COM

TOTAL PRICE OF ALL BID ITEMS: \$ 7,860 ANNUALLY

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00136545

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	24.00	MO	<p>A two (2) year contract to provide full maintenance, service and repairs to five (5) elevators at various locations for the Jefferson Parish Recreation Department</p> <p>0100 ELEVATOR MAINTENANCE AND REPAIRS</p> <p>This proposal is to provide all labor, materials, and equipment necessary to provide full maintenance, services, and repairs for five(5) Jefferson Parish Recreation Department elevators as described in the attached bid documents</p> <p>Eastbank Recreation (Main Office) 6921 Saints Drive Metairie, LA 70003</p> <p>CONTRACT START: 4-1-2022 **</p>		
2	24.00	MO	<p>0200 Elevator Maintenance and Repairs</p> <p>Jefferson Playground Gym 4100 South Drive Jefferson, LA 70121</p>	131	1,572
3	24.00	MO	<p>0300 Elevator Maintenance and Repairs</p> <p>Pontiff Playground Gym 1521 Palm Street Metairie, LA 70001</p>	131	1,572
4	24.00	MO	<p>0400 Elevator Maintenance and Repairs</p> <p>Terrytown Playground Gym 641 Heritage Avenue Terrytown, LA 70056</p>	131	1,572
5	24.00	MO	<p>0500 Elevator Maintenance and Repairs</p> <p>Kings Grant Gym 3805 15th Street Harvey, LA 70058</p> <p>FOR SITE VISITS, CONTACT:</p>	131	1,572

DATE: 11/16/2021

INVITATION TO BID FROM JEFFERSON PARISH - continued

Page: 7

BID NO.: 50-00136545

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			EASTBANK LOCATIONS (504) 736-6999 SCOTT MUHOBERAC DANA MCNALLY WESTBANK LOCATIONS (504)349-5000 BRANDON COLLINS DAVID FRAZIER TONY RICHARD		

BENEFICIAL INS AGY
519 W ST BERNARD HWY
CHALMETTE, LA 70043

528307 7280 1 MB 0.485 PGULS01K 027 007280
Named insured

PINNACLE ELEVATOR LLC
592 TANAGER DR
MANDEVILLE, LA 70448



PROGRESSIVE
COMMERCIAL

Policy number: 03822910-6

Underwritten by:
Progressive Paloverde Insurance Co
October 9, 2021
Policy Period: Jun 16, 2021 - Dec 16, 2021
Page 1 of 4

progressiveagent.com

Online Service

Make payments, check billing activity, print policy documents, or check the status of a claim.

1-504-277-8000

BENEFICIAL INS AGY

Contact your agent for personalized service.

1-800-444-4487

For customer service if your agent is unavailable or to report a claim.

Commercial Auto Insurance Coverage Summary

This is your Declarations Page
Your coverage has changed

Your coverage began on June 16, 2021 at 12:01 a.m. This policy expires on December 16, 2021 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (02/19). The contract is modified by forms Z442 (02/19), 1198 (01/04), 8610 (02/19), 4852LA (02/19), 4881LA (02/19) and Z228 (01/11).

The named insured organization type is a corporation.

Progressive Paloverde Insurance Co is a stock company (NYSE:PGR).

Policy changes effective October 8, 2021

Premium change:	\$0.00
Changes:	The additional insured information has changed.

The changes shown above will not be effective prior to the time the changes were requested.

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$5,392
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Any Auto Legal Liability To Others			160
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Uninsured/Underinsured Motorist	Rejected		--
Uninsured Motorist Property Damage	Rejected		--
Comprehensive			58
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			199
See Auto Coverage Schedule	Limit of liability less deductible		
Subtotal policy premium			\$5,809
Fees			200
Total 6 month policy premium and fees			\$6,009

Number of Employees: (0-10)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/12/2021

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
Hub International Northeast Limited
One Bridge Plaza North
Suite 445
Fort Lee NJ 07024

CONTACT
NAME: Jennifer Tomic
PHONE
(A/C, No, Ext): 201-585-6500 FAX
(A/C, No): (201) 585-6590
E-MAIL
ADDRESS: info@hubinternational.com

INSURED
Pinnacle Elevator, LLC
592 Tanager Drive
Mandeville LA 70448

PINNELE-03

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Great American Insurance Company	16691
INSURER B:	National Union Fire Insurance Company of Pittsburg	19445
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 2027145765

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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		GLP132470304	6/14/2021	6/14/2022	<table><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 300,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 10,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 4,000,000</td></tr><tr><td>PRODUCTS - COM/OP AGG</td><td>\$ 4,000,000</td></tr><tr><td>Max Annual Aggregate</td><td>\$ 10,000,000</td></tr><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	MED EXP (Any one person)	\$ 10,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 4,000,000	PRODUCTS - COM/OP AGG	\$ 4,000,000	Max Annual Aggregate	\$ 10,000,000	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$
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B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$		EBU038258707	6/14/2021	6/14/2022	<table><tr><td>EACH OCCURRENCE</td><td>\$ 5,000,000</td></tr><tr><td>AGGREGATE</td><td>\$ 5,000,000</td></tr><tr><td>Products - Comp/Op AGG</td><td>\$ 5,000,000</td></tr><tr><td>PER STATUTE</td><td>OTH-ER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 5,000,000	AGGREGATE	\$ 5,000,000	Products - Comp/Op AGG	\$ 5,000,000	PER STATUTE	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$										
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E.L. DISEASE - POLICY LIMIT	\$																													
	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																												

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

CERTIFICATE HOLDER**CANCELLATION**

Evidences of insurance

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/9/2021

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PRODUCER Beneficial Insurance Agency, Inc. 519 W St Bernard Hwy Chalmette, LA 70043	504-277-8000	CONTACT NAME: Greg Reinhard PHONE (A/C, No, Ext): 504-277-8000 FAX (A/C, No): E-MAIL: info@beneficialins.com ADDRESS:	INSURER(S) AFFORDING COVERAGE INSURER A: IWCC INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 22350
INSURED Pinnacle Elevator LLC 592 Tanager Dr Mandeville, LA 70448				

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

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input 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					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	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					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	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	156727	06/15/2021	06/15/2022	<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)

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 <i>Greg Reinhard</i>

Louisiana State Fire Marshal
Life Safety and Property Protection Licensing & Registration Division
Certificate of Firm Registration

The below named firm is hereby certified by and registered with the Office of State Fire Marshal pursuant to L.R.S. 40:1664 ET SEQ. of Life Safety & Property Protection systems:

License Number: CF13

Endorsements: CONVEYANCE DEVICE MECHANIC

Firm Name: PINNACLE ELEVATOR

Doing Business As:

Mailing Address: 2201 GREENWOOD ST.
KENNER, LA 70062

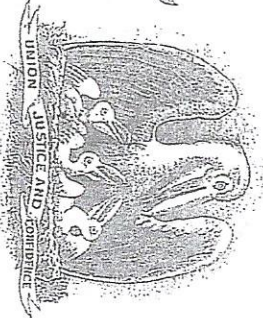
Physical Location: 2201 GREENWOOD ST.
KENNER, LA 70062

This license is not transferable and may be revoked or suspended with cause.

This License was issued on 8/19/2021 and will expire on 8/1/2022



Seal of the State



State Licensing Board for Contractors

It is to Verify that:

PINNACLE ELEVATOR LLC
592 Tanager Dr.
Mandeville, LA 70448

is duly licensed and entitled to practice the following classifications:

SPECIALTY: ELEVATORS, DUMBWATERS AND ESCALATORS



Expiration Date: June 18, 2023

License No: 63634

This License Is Not Transferrable

Witness our hand and seal of the Board dated,
Baton Rouge, LA 19th day of June 2020

W. S. Mac
Director

W. S. Mac
Chairman

W. S. Mac
Treasurer