

DATE: 6/13/2019

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00126924

**JEFFERSON PARISH**  
PURCHASING DEPARTMENT  
P.O. BOX 9  
GRETN, LA. 70054-0009  
504-364-2678

VENDOR: **Star Glass, LLC**

BUYER: SFOLSE

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

N/A

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

Upon NTP

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

2 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: 0

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

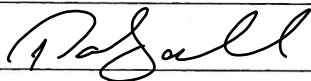
NUMBER: \_\_\_\_\_

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

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 59105

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

FIRM NAME: **Star Glass, LLC**

SIGNATURE:   
(Must be signed here)

TITLE: **Vice President**

PRINT OR TYPE NAME: **Patrick Schwall**

ADDRESS: **1000 Westbank Expressway**

CITY, STATE: **Metairie, LA**

ZIP: **70053**

TELEPHONE: **504-368-8826**

FAX: **(504-367-5802**

EMAIL ADDRESS: **bids@starglassllc.com**

TOTAL PRICE OF ALL BID ITEMS: \$ 1,245.00

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00126924

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	LABOR & MATERIALS TO RELOCATE EXISTING SINGLE DOOR STOREFRONT FOR THE JEFFERSON PARISH EASTBANK DEPARTMENT OF GENERAL SERVICES.  0010-PROVIDE ALL LABOR, MATERIALS, EQUIPMENT AND ALL ASSOCIATED ITEMS NEEDED TO REMOVE ONE (1) EXISTING SINGLE DOOR STOREFRONT WITH TWO (2) SIDELITES FROM SUITE 502 AND REINSTALL THE REMOVED STOREFRONT AT THE:  JOSEPH S. YENNI BUILDING 1221 ELMWOOD PARK BOULEVARD, FROM SUITE 502 TO SUITE 501 JEFFERSON, LA 70123  ***PLEASE SEE ATTACHED SPECIFICATIONS***	1,245.00	1,245.00





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/10/2019

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).

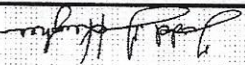
<b>PRODUCER</b> State Farm MEYERS, THELMA 501 WHITNEY AVE GRETNLA LA 70056-2844		<b>INSURED</b> STAR AUTO GLASS INC 1000 WESTBANK EXPY GRETNLA LA 70063-6029	
<b>CONTACT</b> MEYERS, THELMA PHONE: 504-366-1155 FAX: 504-366-1455 E-MAIL: THELMA.C.MEYERS@STATEFARM.COM ADDRESS: INSURERS) AFFORDING COVERAGE INSURER A: State Farm Mutual Automobile Insurance Company NAC # 25176		<b>INSURER F:</b>  <b>INSURER E:</b>  <b>INSURER D:</b>  <b>INSURER C:</b>  <b>INSURER B:</b>  <b>INSURER A:</b>	

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.

TYPE OF INSURANCE	ADOL SUBR	INSUR NUMBER	POLICY EFF	POLICY EXP	LIMITS
COMMERCIAL GENERAL LIABILITY					
GEN'L AGGREGATE LIMIT APPLIES PER:					
OTHER					
POLICY					
LOC					
ANY AUTO					
SCHEDULED					
OWNED					
AUTOS ONLY					
HIRE					
NON-OWNED					
AUTOS ONLY					
UMBRELLA LIAB					
EXCESS LIAB					
CLAIMS-MADE					
OCUR					
WORKERS COMPENSATION					
AND EMPLOYERS' LIABILITY					
ANY PROPRIETARY/EXECUTIVE					
OFFICER/EMPLOYEE EXCLUDED?					
(Mandatory in NH)					
DESCRIPTION OF OPERATIONS BELOW					
DESCRIPTION OF OPERATIONS					
78073 - Chase Bank - Parc Fontaine Branch					
MAPP, LLC and CBRE c/o JPMC are to be listed as additional insured					
Waiver of subrogation applies per subcontract agreement					

<b>CERTIFICATE HOLDER</b>		<b>CANCELLATION</b>	
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>Thelma Meyers</i> LA 70001	
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Gretna 1100 Westbank Expressway Star Auto Glass, Inc.		LA 70053
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 

CANCELLATION		CERTIFICATE HOLDER	
General Liability policy includes Blanket Additional Insured and Waiver of Subrogation when required by written contract or agreement.			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)			
B WORKERS COMPENSATION RETENTION \$ 10,000 EXCESS LIAB CLAIMS-MADE OCCUR UMBRELLA LIAB CLAIMS-MADE OCCUR AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS NON-OWNED AUTOS HIRE ONLY SCHEDULED AUTOS OTHER:			
A COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO LOC OTHER:			
TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER (MM/DD/YYYY) POLICY EFF (MM/DD/YYYY) LIMITS			
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS IS TO CERTIFY THAT THE POLICIES LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD.			
REVISION NUMBER:			

PRODUCER Stone Insurance, Inc. 111 Veterans Blvd, Suite 1420 LA 70005-3055		CERTIFICATE NUMBER: 19-20 GL-XS	
INSURED Star Glass Inc., DBA: Star Auto Glass Inc. 1000 Westbank Expressway Gretna LA 70053		REVISION NUMBER:	
INSURER A: RSUI Covington INSURER B: Lloyds of London INSURER C: INSURER D: INSURER E: INSURER F:		CONTACT NAME: Cathlene Hughes PHONE: (504) 832-4161 FAX: (504) 835-6657 E-MAIL: cathy.hughes@stone-insurance.com ADDRESS:	
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 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).	
DATE (MM/DD/YYYY) 04/23/2019		CERTIFICATE OF LIABILITY INSURANCE	





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/1/2019

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.

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PRODUCER SUNZ Insurance Solutions, LLC ID: (Canal HR, Inc.)

c/o Canal HR, Inc.  
2955 Ridge Lake Drive, Ste 112  
Metairie, LA 70002

INSURED  
Star Auto Glass Inc  
1000 Westbank Expressway  
Gretna LA 70053

## COVERAGES

CERTIFICATE NUMBER: 48443726

## REVISION NUMBER:

INSURER F:	
INSURER E:	
INSURER D:	
INSURER C:	
INSURER B:	
INSURER A: United Wisconsin Insurance Company	29157
INSURER(S) AFFORDING COVERAGE	NAIC #
Address: patrick@canalhr.com	
PHONE (A/C, No. Ext): 507-837-8680	
FAX (A/C, No.):	
NAME: Patrick Wadkins	
CONTACT	

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	TYPE OF INSURANCE	ADL SUBR	INDS	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY							
	GEN'L AGGREGATE LIMIT APPLIES PER:							
	POLICY							
	OTHER:							
	ANY AUTO							
	SCHEDULED							
	AUTOS ONLY							
	NON-OWNED							
	AUTOS ONLY							
	UMBRELLA LIAB							
	EXCESS LIAB							
	CLAIMS-MADE							
	RETENTION \$							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?							
	(Mandatory in NH)							
	DESCRIPTION OF OPERATIONS below							
	E.L. EACH ACCIDENT							\$1,000,000
	E.L. DISEASE - EA EMPLOYEE							\$1,000,000
	E.L. DISEASE - POLICY LIMIT							\$1,000,000

## CERTIFICATE HOLDER

## CANCELLATION

901	Star Auto Glass Inc 1000 Westbank Expressway Gretna LA 70053
AUTHORIZED REPRESENTATIVE	Rick Leonard

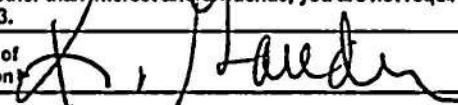
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## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Star Auto Glass, Inc.</b>	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)	
	5 Address (number, street, and apt. or suite no.) <b>1000 Westbank Expressway</b>	Requester's name and address (optional)
	6 City, state, and ZIP code <b>Gretna, LA 70053</b>	
	7 List account number(s) here (optional)	

<b>Part I Taxpayer Identification Number (TIN)</b>	
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.	
Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.	
Social security number [ ][ ] - [ ][ ] - [ ][ ][ ][ ] OR Employer identification number [ 7 ] [ 2 ] - [ 1 ] [ 3 ] [ 2 ] [ 2 ] [ 8 ] [ 0 ] [ 3 ]	

<b>Part II Certification</b>	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and	
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and	
3. I am a U.S. citizen or other U.S. person (defined below); and	
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.	
Sign Here	Signature of U.S. person  Date ▶

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.  
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.