

09/25/2015 15:04 Jefferson Parish Purchasing

(FAX) 504-364-2693

P.005/009

DATE: 9/25/2015

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00114584

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

VENDOR:

BUYER: LFRANCIS

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 is to be done in a workman-like manner, according to standard practices. Any deviations or alterations from the specifications must be indicated and backup documentation supplied with your quotation.

DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

6 weeks

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

6 weeks

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

8 weeks

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) _____

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

FIRM NAME:

DIAL ONE HOUSE OF DOORS

SIGNATURE:

(Must be signed here)

TITLE:

ESTIMATOR

PRINT OR TYPE NAME:

JEFFREY C. MAUMUS

ADDRESS:

850 SAMS AV.

CITY, STATE:

ELMWOOD, LA

ZIP:

70123

TELEPHONE:

(504) 734-1155

FAX:

(504) 733-5246

EMAIL ADDRESS:

jmaumus@minercorp.comTOTAL PRICE OF ALL BID ITEMS: \$ 24,680.00

09/25/2015 15:04 Jefferson Parish Purchasing

(FAX) 504-364-2693

P.006/009

DATE: 9/25/2015

Page: 5

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00114684

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>LABOR, MATERIALS, AND EQUIPMENT TO REMOVE EXISTING AND INSTALL ONE NEW FIBERGLASS DOOR, HARDWARE, AND KEY CYLINDERS TO CURRENT KEYING SYSTEM JEFFERSON PARISH DEPARTMENT OF SEWERAGE</p> <p>0010 - Labor, Materials, and Equipment to Remove Existing and Install One New Fiberglass Door, Hardware, and Key Cylinders to Current Keying System Throughout the Harvey Wastewater Treatment Plant According to the Attached Specifications</p> <p>Contact: Rodney Blanchard Harvey Treatment Plant 2343 Pallet St. Harvey, LA (504) 364-2888 275-8481</p>	24,680 ⁰⁰	24,680 ⁰⁰

Q U O T A T I O N

DIAL ONE HOUSE OF DOORS
850 SAMS AVENUE
HARAHAN, LOUISIANA 70123
(504)/734-1155

BILL TO: 9406027
JEFFERSON PARISH DEPT. FINANCE
P O BOX 9

SERVICE LOCATION:
HARVEY WW TREATMENT PLANT QUOTE #: 8813
2343 PAILET AV

DATE: 10/02/15

GRETNA LA 70054 0000
(504) 999-9999
(504) 000-0000

HARVEY LA 70058 0000
(504) 364-2888
(504) 000-0000

ACCOUNT # SALESMAN
9406028 407

WE ARE PLEASED TO QUOTE YOU ON THE FOLLOWING:
FURNISH AND INSTALL FIBERGLASS DOOR AND VARIOUS
HARDWARE AROUND FACILITY.
CONTACT: RODNEY BLANCHARD 275-8481
JP BID#: 50-00114584

QUANTITY	ITEM #	DESCRIPTION	UNIT PRICE	AMOUNT
1	NS	3/0X7/0 FIBERGLASS DOOR	1850.00	1850.00
0		**LHR MESKER LOCS**	.00	.00
1	NS	HARDWARE (SEE SCHEDULE)	17550.00	17550.00
40	L	LABOR	129.00	5160.00
10	KA	KEY ALIKE	12.00	120.00

ACCEPTED BY: _____

DATE: _____

SUBTOTAL	SALES TAX	FREIGHT	MISC. CHG.	QUOTATION TOTAL
24680.00	.00	.00	.00	24680.00

OP ID: AM



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 12/10/2014

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 Morrison Insurance Agency, Inc 4444 York Street, Suite 201 Metairie, LA 70001 Brewster G. Stalter, II		CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL: ADDRESS: PRODUCER CUSTOMER ID #: HOUSE-4															
INSURED HOUSE OF DOORS, INC dba Dial One House of Doors 850 Sams Ave Harahan, LA 70123		INSURER(S) AFFORDING COVERAGE <table border="1"> <thead> <tr> <th>INSURER</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Northfield Insurance Company</td> <td>27987</td> </tr> <tr> <td>INSURER B: RSUI Indemnity</td> <td>22314</td> </tr> <tr> <td>INSURER C: Gemini Insurance Co</td> <td>10833</td> </tr> <tr> <td>INSURER D: Bridgefield Casualty Ins. Co.</td> <td>10335</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER	NAIC #	INSURER A: Northfield Insurance Company	27987	INSURER B: RSUI Indemnity	22314	INSURER C: Gemini Insurance Co	10833	INSURER D: Bridgefield Casualty Ins. Co.	10335	INSURER E:		INSURER F:	
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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 INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			WH004987	08/01/2014	08/01/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Eg. occurrences) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ excluded
	<input checked="" type="checkbox"/> Contractual						PERSONAL & ADV INJURY \$ 1,000,000
A	Liability INCL.			WH004987	08/01/2014	08/01/2015	GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COM/OP AGG \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
C	AUTOMOBILE LIABILITY			PEL0008410	08/01/2014	08/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (PER ACCIDENT) \$
C	<input checked="" type="checkbox"/> HIRED AUTOS			PEL0008410	08/01/2014	08/01/2015	\$
C	<input checked="" type="checkbox"/> NON-OWNED AUTOS			PEL0008410	08/01/2014	08/01/2015	\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			NHA068585	08/01/2014	08/01/2015	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 6,000,000
	<input type="checkbox"/> DEDUCTIBLE						\$
	<input type="checkbox"/> RETENTION \$						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			0198-07123	01/01/2015	01/01/2016	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						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 IS LISTED AS AN ADDITIONAL INSURED AND GRANTED A WAIVER OF SUBROGATION AS PER WRITTEN CONTRACT.

CERTIFICATE HOLDER

CANCELLATION

MASTER1 Master Certificate 850 SAMS AVE HARAHAN, 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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Dial One House of Doors

850 Sams Avenue
Harahan, LA 70123

facsimile transmittal sheet

to:		from: Jeff Maumus Hollow Metal Estimator
LANIEL FRANCIS		
company:		date: 10/2/15 1000AM
JEFF PARISH PURCHASING DPT.		
fax number:		sender's direct number:
504-364-2693		504-734-1155 ext. 114
total no. of pages including cover:	5	
re:		fax number:
BID # 50-00114584		504-733-5246
		jeff@dialonehouseofdoors.com