



Submitted By:

Roof Technologies, Inc.
631 Manhattan Blvd. / P.O. Box 1328
Harvey, LA 70058 / Harvey, LA 70059
Louisiana Contractor's License #: 26099

Submitted To:

Jefferson Parish General Government Building
Purchasing Department
200 Derbigny St.
Suite 4400
Gretna, La. 70053

Project:

Labor, Materials and Equipment to remove a roof
at Delta Playground
Proposal No. 50-00112736

Bid Date & Time

Tuesday, March 24th, 2015
11:00AM

FAX BID ENCLOSED

DATE: 3/13/2015

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00112736

JEFFERSON PARISH

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

VENDOR: ROOF TECHNOLOGIES, INC.

BUYER: LFRANCIS

Bids will be received until 11:00 AM, 3/24/2015 via fax: 504-364-2693 or via online at www.jeffparish.net

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

4.1.15

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

7


INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

10

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: NA
NUMBER: _____
NUMBER: _____
NUMBER: _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 26099

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: ROOF TECHNOLOGIES, INC.	
SIGNATURE: (Must be signed here) 	TITLE: EXECUTIVE VICE PRESIDENT
PRINT OR TYPE NAME: M. ROWLAND SEAL	
ADDRESS: 631 MANHATTAN BLVD	
CITY, STATE: HARVEY, LA.	ZIP: 70058
TELEPHONE: 504-366-9283	FAX: 504-364-6413
EMAIL ADDRESS: LARRY@ROOFTECH-NO.COM	

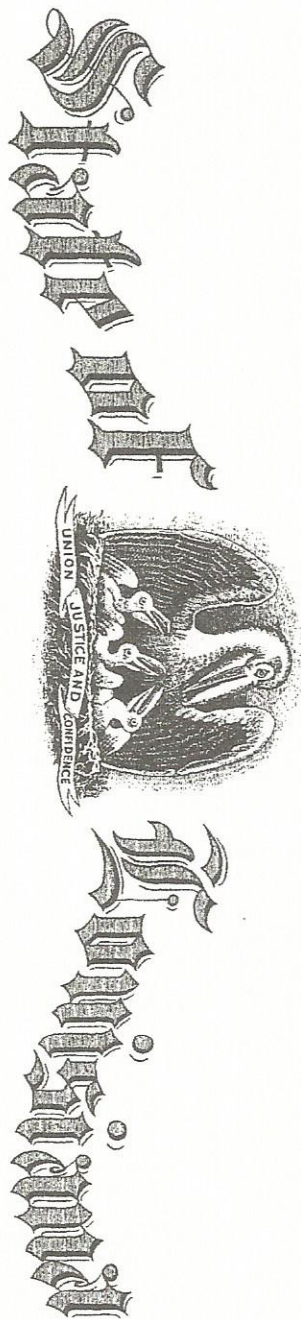
TOTAL PRICE OF ALL BID ITEMS: \$ 15,000.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00112736

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>ROOF REPLACEMENT AT DELTA PLAYGROUND</p> <p>0010 REPLACE ROOF LOCATED AT:</p> <p>DELTA PLAYGROUND FRONT BUILDING OF GYM 8301 W. METAIRIE AVE. METAIRIE, LA 70003</p> <p>TO VISIT JOB SITE CONTACT: KYLE BESKE - 736-6999 EXT. 127</p> <p>BID TO INCLUDE ALL EQUIPMENT MATERIALS, LABOR AND ALL NECESSARY PERMITS AND LICENSES.</p> <p>THE CONTRACTOR SHALL PROMPTLY REMOVE FROM THE JOB SITES AND DEBRIS, SURPLUS AND WASTE MATERIALS, EMPTY CRATES AND CARTONS RESULTING FROM WORK.</p> <p>ALL WORK IS TO BE DONE IN A WORKMANLIKE MANNER. ANY DAMAGE IS TO BE REPAIRED.</p> <p>(SEE WORD DOCUMENT FOR MORE INFORMATION)</p>	15,000.00	15,000.00



State Licensing Board for Contractors

This is to Certify that:

ROOF TECHNOLOGIES, INC.
P. O. Box 1328
Harvey, LA 70059

is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION; SPECIALTY: ROOFING AND SHEET METAL, SIDING

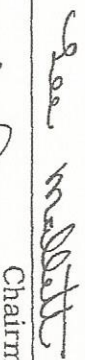


Expiration Date: February 19, 2018

License No: 26099

Witness our hand and seal of the Board dated,
Baton Rouge, LA 20th day of February 2015


Director


Chairman

This License Is Not Transferable


Secretary-Treasurer

RESOLUTION OF THE BOARD OF DIRECTORS

Be it resolved by the Board of Directors of Roof Technologies, Inc., domiciled in the City of Harvey, Louisiana, that M. Rowland Seal is hereby authorized and empowered to execute any and all contracts of whatever kind on behalf of Corporation.

CERTIFICATE

I, Manuel G. Gutierrez III, Secretary / Treasurer of Roof Technologies, Inc., do hereby certify that the foregoing resolution is a true and exact copy unanimously adopted by the Board of Directors of Roof Technologies, Inc., at a meeting thereof legally held on the 5th day of January, 2015; that said resolution is duly entered into the records of said corporation; that it has not been rescinded or modified and that it is now in full force and effect.

In testimony whereof, I have hereunto set my hand and the seal of said corporation this
24 day of March, 2015.



Manuel G. Gutierrez, III
Secretary / Treasurer



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/22/2014

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 Frank H. Furman, Inc. 1314 East Atlantic Blvd. P. O. Box 1927 Pompano Beach FL 33061	CONTACT NAME: PHONE (A/C No. Ext): 800-344-4838 E-MAIL ADDRESS: FAX (A/C No): (954) 943-5417														
INSURED Roof Technologies Inc P O Box 1328 Harvey LA 70059	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A National Fire Ins of Hartford</td><td>20478</td></tr><tr><td>INSURER B American Guarantee & Liability</td><td>26247</td></tr><tr><td>INSURER C American Casualty Co of Reading</td><td>20427</td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A National Fire Ins of Hartford	20478	INSURER B American Guarantee & Liability	26247	INSURER C American Casualty Co of Reading	20427	INSURER D:		INSURER E:		INSURER F:	
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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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			5092129375	5/1/2014	5/1/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> Contractual Liability						PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> XCU Hazards Included						GENERAL AGGREGATE \$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
A	AUTOMOBILE LIABILITY			5092129361	5/1/2014	5/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			AUC925940807	5/1/2014	5/1/2015	EACH OCCURRENCE \$ 10,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 10,000,000
	DED RETENTION \$						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			5092129389	5/1/2014	5/1/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input checked="" type="checkbox"/> 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**CANCELLATION**

"For Bidding Purposes Only"

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

Dirk DeJong/JC