

BID DOCUMENTS

PROJECT: Furnish Labor, Materials, Equipment to Replace Three (3) Flat Roofs at the West Bank Health Unit at 1855 Ames Blvd., Marrero, La. 70072 for the Jefferson Parish Department of General Services

PROJECT NO: 50-00141534

TO: Jefferson Parish, Purchasing Dept.,
P.O. Box 9
Gretna, Louisiana 70054-0009

BIDDER: Roofing Solutions, L.L.C
37302 Commerce Lane,
Prairieville, LA 70769

LICENSE #: 44196

BID TIME AND DATE: April 27th, 2023 @ 02:00 AM

DATE: 3/22/2023

Page: 6

BID NO.: 50-00141534

BID FORM
Non Public Works

All Public Work Projects are required to use the Louisiana Uniform Public Work Bid Form

All prices must be held firm unless an escalation provision is requested in this bid. Jefferson Parish will allow one escalation during the term of the contract, which may not exceed the U.S. Bureau of Labor Statistics National Index for all Urban Consumers, unadjusted 12 month figure. The most recently published figure issued at the time an adjustment is requested will be used. A request must be made in writing by the vendor, and the escalation will only be applied to purchases made after the request is made.

Are you requesting an escalation provision?

YES _____ NO X

MAXIMUM ESCALATION PERCENTAGE REQUESTED N/A %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF 30 Days.

For the purposes of comparison of bids when an escalation provision is requested, Jefferson Parish will apply the maximum escalation percentage quoted by the bidder to the period to which it is applied in the bid. The initial price and the escalation will be used to calculate the total bid price. It will be assumed, for comparison of prices only, that an equal amount of material or labor is purchased each month throughout the entire contract.

DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

45 days after NTP

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

44196

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: Roofing Solutions, L.L.C.

ADDRESS: 37302 Commerce Lane,

CITY, STATE: Prairie ville, Louisiana ZIP: 70769

TELEPHONE: (225) 744-3912 FAX: (225) 744-0037

EMAIL ADDRESS: estimating@roofingsolutionsla.com

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: 01

NUMBER: _____

NUMBER: _____

NUMBER: _____

TOTAL PRICE OF ALL BID ITEMS: \$ _____

AUTHORIZED
SIGNATURE: 

Tupac de La Cruz

Printed Name

TITLE: Authorized Representative

SIGNING INDICATES YOU HAVE READ AND COMPLY WITH THE INSTRUCTIONS AND CONDITIONS.

NOTE: All bids should be returned with the BID NUMBER and BID OPENING DATE indicated on the outside of the envelope submitted to the Purchasing Department.

DATE: 3/22/2023

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INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00141534

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>FURNISH LABOR, MATERIALS AND EQUIPMENT NECESSARY TO REPLACE THREE (3) FLAT ROOFS AT THE WEST BANK HEALTH UNIT AT 1855 AMES BLVD- MARRERO, LA. 70072 FOR THE JEFFERSON PAR DEPT OF GENERAL SVCS</p> <p>ROOF REPLACEMENT - WESTBANK HEALTH UNIT DEPARTMENT OF GENERAL SERVICES</p> <p>0010 - LABOR, MATERIALS AND EQUIPMENT NECESSARY TO REPLACE THREE (3) FLAT ROOFS AT THE FOLLOWING LOCATION:</p> <p>WESTBANK HEALTH UNIT 1855 AMES BOULEVARD MARRERO, LA 70072</p> <p>***** SEND ALL QUESTIONS AND EMAILS TO CHRISTY CALMETTE AT CCOMEAX@JEFFPARISH.NET *****</p>	\$ 92,370.00	\$ 92,370.00

CORPORATE RESOLUTION

BE IT RESOLVED by the Board of Directors of
Roofing Solutions, L.L.C. in a meeting duly assembled,
that Tupac de La Cruz (Name), Authorized Representative(Title),
of the Corporation, be, and he is hereby authorized, empowered and
directed for and on behalf of the Corporation to negotiate for and sign
any and all bid proposals and/or contracts which this Corporation might
enter into for the furnishing of services for the Corporation under such terms,
conditions and stipulates, and for such consideration as he might deem to be in
the best interest of the Corporation.

I, Lautaro de La Cruz (Name), Secretary of
Roofing Solutions, L.L.C. do hereby certify that the above
and foregoing is a true and correct copy of a Resolution unanimously
adopted at a meeting of the Board of Directors of said Corporation held
on the day 5th of January, 2023, at which meeting all members
of the Board of Directors were present and voted thereon and that said Resolution
has been spread upon the minute books of the Corporation, and same is now in full
force and effect.

WITNESS MY SIGNATURE this 27th day of April 2023, at

Roofing Solutions, L.L.C.



Managing Member



04-21-2023

Bid Bond in Accordance with Contract Specifications

SLA04211635

Roofing Solutions, LLC

Bond Number

Principal Name

37302 Commerce Lane, Prairieville, LA, 70769, US

Principal Address

Principal Signature

Jefferson Parish

200 Derbigny Street, Gretna, LA, 70053, US

Owner/Obligee Name

Owner/Obligee Address

Bond Information

04-27-2023

Bid Date

Philadelphia Indemnity Insurance

Company
Surety

209554

Contractor Vendor ID Number

50-00141534

Contract ID Number

Furnish Labor, Materials, Equipment to Replace Three (3) Flat Roofs at the West Bank Health Unit at 1855 Ames Blvd., Marrero, La. 70072 for the Jefferson Parish Department of General Services

Description of Job

Five Percent of Total Amount Bid

Amount of Bid Security

Bid Security Maximum

5%

Bid Security Percentage

Mary C Turner

Attorney-in-Fact

Surety Bond Brokers of LA Inc.

Bond Entered and Executed By

Primary Agency

Attorney-In-Fact Signature

Know all men by these presents that Philadelphia Indemnity Insurance Company, a Corporation duly organized under the laws of the State of PA, are held and firmly bound unto the above owner/obligee by the transmission. The surety agrees to waive the statute of Fraud defense and further agrees that the owner/obligee is a third party beneficiary of the waiver for the purposes of enforcing this bid bond.



Non-Public Works Bid Affidavit Instructions

- Affidavit is supplied as a courtesy to Affiants, but it is the responsibility of the affiant to insure the affidavit they submit to Jefferson Parish complies, in both form and content, with federal, state and parish laws.
- Affidavit must be signed by an authorized representative of the entity or the affidavit will not be accepted.
- Affidavit must be notarized or the affidavit will not be accepted.
- Notary must sign name, print name, and include bar/notary number, or the affidavit will not be accepted.
- Affiant **MUST** select either A or B when required or the affidavit will not be accepted.
- Affiants who select choice A must include an attachment or the affidavit will not be accepted.
- If both choice A and B are selected, the affidavit will not be accepted.
- Affidavit marked N/A will not be accepted.
- It is the responsibility of the Affiant to submit a new affidavit if any additional campaign contributions are made after the affidavit is executed but prior to the time the council acts on the matter.

Instruction sheet may be omitted when submitting the affidavit

Non-Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF East Baton Rouge

BEFORE ME, the undersigned authority, personally came and appeared: _____
Tupac de La Cruz, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized Representative of Roofing Solutions, L.L.C. (Entity),
the party who submitted a bid in response to Bid Number 50-00141534, to the Parish of
Jefferson.

Affiant further said:

Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all campaign contributions, including the date and amount of each contribution, made to current or former elected officials of the Parish of Jefferson by Entity, Affiant, and/or officers, directors and owners, including employees, owning 25% or more of the Entity during the two-year period immediately preceding the date of this affidavit or the current term of the elected official, whichever is greater. Further, Entity, Affiant, and/or Entity Owners have not made any contributions to or in support of current or former members of the Jefferson Parish Council or the Jefferson Parish President through or in the name of another person or legal entity, either directly or indirectly.

Choice B X there are **NO** campaign contributions made which would require disclosure under Choice A of this section.

Debt Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.


Choice B X There are **NO** debts which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

[The remainder of this page is intentionally left blank.]

That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.



Signature of Affiant

Tupac de la Cruz

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 25th DAY OF April, 2023

Beverly S. Summers

Notary Public

BEVERLY S. SUMMERS

Printed Name of Notary

128290

Notary/Bar Roll Number

My commission expires Life.

Beverly S Summers
LA Notary ID #128290
My Commission is for Life



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/4/2023

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 Cadence Insurance (formerly BXS Insurance) 4041 Essen Lane, Suite 400 Baton Rouge LA 70809	CONTACT NAME: Cheryl Ann Boudreaux PHONE (A/C, No, Ext): 225-336-3245 FAX (A/C, No): 225-336-4536 E-MAIL ADDRESS: cheryl.boudreaux@cadenceinsurance.com														
INSURED Roofing Solutions, LLC 17260 Jefferson Hwy Baton Rouge LA 70817	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : Gray Insurance Company</td><td>36307</td></tr><tr><td>INSURER B : XL Specialty Insurance Company</td><td>37885</td></tr><tr><td>INSURER C :</td><td></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></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Gray Insurance Company	36307	INSURER B : XL Specialty Insurance Company	37885	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER E :															
INSURER F :															

COVERAGES**CERTIFICATE NUMBER:** 934165015**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 INSD	SUBR 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 <input checked="" type="checkbox"/> CG 00 01 04 13 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			XSGL100005	1/1/2021	1/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			XSAL100005	1/1/2021	1/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			GXS100224	1/1/2023	1/1/2024	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
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 checked="" type="checkbox"/> N	N/A	XSWC100004	1/1/2021	1/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Rented Leased Equipment Scheduled Equipment			UM00062215MA23A	1/1/2023	1/1/2024	\$150,000 per item \$195,245 \$150,000 per occ Deductible \$1,000

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

Subject to policy terms, conditions and exclusions; the certificate holder shall be considered an Additional Insured on a Primary and Non-Contributory basis on General Liability (additional insured form includes Ongoing and Completed Operations), Automobile Liability and Excess policies with a Waiver of Subrogation granted in their favor on General Liability, Automobile Liability, Workers' Compensation and Excess policies when required by written contract, but only to the extent of the Named Insured's obligation to indemnify, defend and/or hold harmless the certificate holder as required by written contract.

Leased/Rented Equipment:

Certificate Holder shown is Additional Insured and Loss Payee with respect to leased/rented equipment when required by written contract.

See Attached...

CERTIFICATE HOLDER**CANCELLATION**

SAMPLE

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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AGENCY CUSTOMER ID: _____

LOC #: _____

**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY Cadence Insurance (formerly BXS Insurance)		NAMED INSURED Roofing Solutions, LLC 17260 Jefferson Hwy Baton Rouge LA 70817
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Subject to policy terms and conditions, Loss Payee shall receive the amount the Insured is obligated to pay for direct physical loss or damage to Contractor's equipment by reason of their assumption of liability in a written contract or written agreement executed prior to the loss or damage for Contractor's equipment that you lease or rent, but no more than the replacement cost of the damaged item.

30 Day Notice of Cancellation is provided in respects to General Liability, Auto Liability, Workers Compensation and Excess policies if required by written contract.

Excess policy is follow form in respects to General Liability, Auto Liability, and Workers Compensation; except exclusions for Sudden & Accidental Pollution, Punitive damages, Underground Resources and Equipment, and silica on the General Liability policy.

WORKERS COMPENSATION:

1/1/2023-24 NON-FL WORKERS COMPENSATION (INCLUDES AL, AZ, CO, MS, AND TX)

POLICY# GWC100006

LIMITS: \$1ML/\$1ML/\$1ML

LOUISIANA POLICY IS REFERENCED ABOVE

REFER TO ATTACHED PDF PAGE 3 FOR ADDITIONAL COVERAGES THAT ARE INCLUDED ON THESE POLICIES.

THE GRAY INSURANCE COMPANY

The below coverages apply if the corresponding policy number is indicated on the previous page.

A. Commercial General Liability

General Liability Policy Includes:

Blanket Waiver of Subrogation when required by written contract.

Blanket Additional Insured when required by written contract.

Primary Insurance Wording Included when required by written contract.

Broad Form Property Damage Liability including Explosion, Collapse and Underground (XCU).

Premises/Operations

Products/Completed Operations

Contractual Liability

Sudden and Accidental Pollution Liability

Occurrence Form

Personal Injury

"In Rem" Endorsement

Cross Liability

Severability of Interests Provision

"Action Over" Claims

Independent Contractors coverage for work sublet

Vessel Liability - Watercraft exclusion has been modified by the vessels endorsement on scheduled equipment.

General Aggregate applies per project or equivalent.

B. Automobile Liability Policy Includes:

Blanket Waiver of Subrogation when required by written contract.

Blanket Additional Insured when required by written contract.

C. Workers Compensation Policy Includes:

Blanket Waiver of Subrogation when required by written contract.

U.S. Longshoremen's and Harbor Workers Compensation Act Coverage

Outer Continental Shelf Land Act

Jones Act (including Transportation, Wages, Maintenance, and Cure),

Death on the High Seas Act & General Maritime Law.

Maritime Employers Liability Limit: \$1,000,000

Voluntary Compensation Endorsement

Other States Insurance

Alternate Employer/Borrowed Servant Endorsement

"In Rem" Endorsement

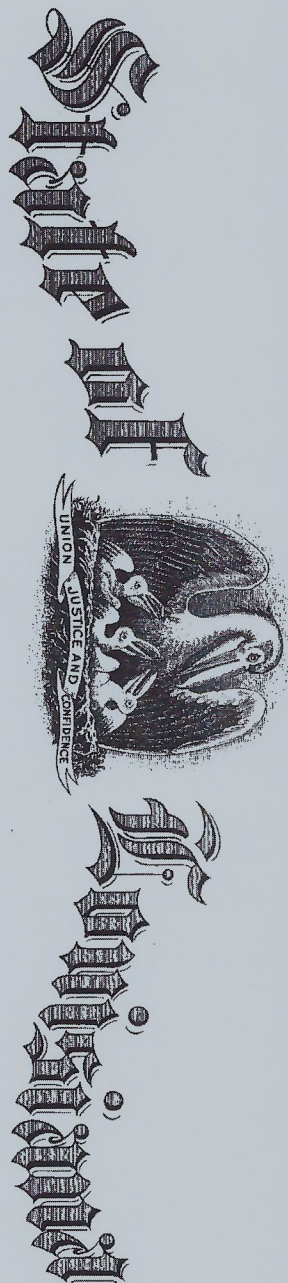
Gulf of Mexico Territorial Extension

D. Excess Liability Policy Includes:

Coverage is excess of the Auto Liability, General Liability, Employers Liability, & Maritime Employers Liability policies

Blanket Waiver of Subrogation when required by written contract.

Blanket Additional Insured when required by written contract.



State Licensing Board for Contractors

This is to Certify that:

ROOFING SOLUTIONS, L.L.C.
37302 Commerce Ln.
Prairieville, LA 70769

is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION; HEAVY CONSTRUCTION; MECHANICAL; SPECIALTY: ROOFING AND SHEET
METAL, SIDING; SPECIALTY: WATERPROOFING, COATING, SEALING, CONCRETE/MASONRY REPAIR



Expiration Date: October 25, 2023

License No: 44196

Witness our hand and seal of the Board dated,
Baton Rouge, LA 26th day of October 2022

W. S. MacP

Director

See M. D. L.

Chairman

This License Is Not Transferable

Andy D. M.

Treasurer