

DATE: 9/28/2016

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00117697

JEFFERSON PARISH

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

VENDOR: 27118 BLANK BID COPY VENDOR

BUYER: CGasper

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 weeks

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

4 weeks

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: _____

NUMBER: _____

NUMBER: _____

NUMBER: _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 35350

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: <u>Beacon Air Conditioning Heating & Refrigeration Inc</u>	
SIGNATURE: (Must be signed here) <u>Eugene Laroux</u>	TITLE: <u>Pres.</u>
PRINT OR TYPE NAME: <u>EUGENE LARROUX</u>	
ADDRESS: <u>317 E. 3rd Street</u>	
CITY, STATE: <u>Kenner, LA</u>	ZIP: <u>70062</u>
TELEPHONE: <u>(504) 467-8698</u>	FAX: <u>(504) 466-4996</u>
EMAIL ADDRESS: <u>merrick.beacon@bellsouth.net</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 12,250.00

DATE: 9/28/2016

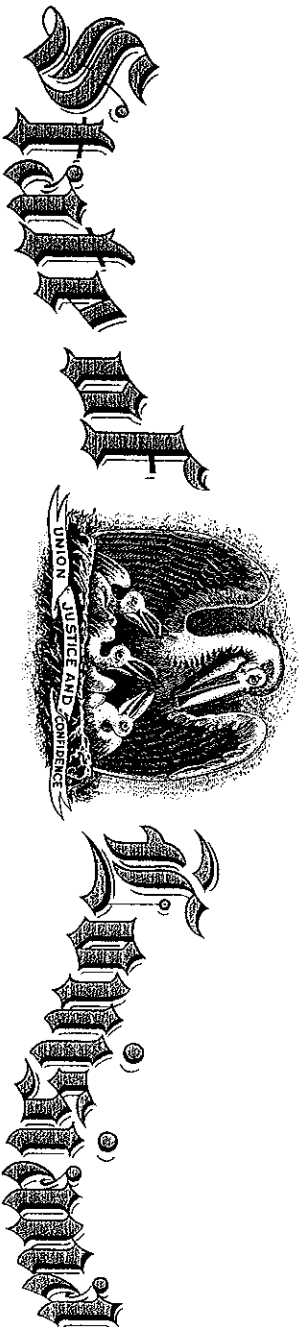
Page: 5

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00117697

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	EA	<p>REMOVE/FURNISH/INSTALL NEW 3.5 TON CONDENSER AND ELECTRIC AIR HANDLER UNIT</p> <p>0010-LABOR, MATERIAL AND EQUIPMENT NECESSARY TO REMOVE OLD UNIT AND FURNISH AND INSTALL ONE (1) NEW 3.5 TON CONDENSER AND ONE ELECTRIC AIR HANDLER UNIT.</p> <p>MANDATORY PRE-BID CONFERENCE BELOW: DATE: THURSDAY, OCTOBER 6, 2016 TIME: 10:00 A.M. LOCATION: JP HUMAN AUTHORITY BUILDING 5001 WESTBANK EXPRESSWAY MARRERO, LA 70072 CONTACT: TONDA WHITE PH: (504) 364-2675</p> <p>WE EXTEND THIS BID TO PROVIDE LABOR, MATERIAL AND EQUIPMENT NECESSARY TO REMOVE AND PROPERLY DISPOSE ONE (1) EXISTING AMERICAN STANDARD CONDENSER MODEL #TTA042A300A0 SERIAL D06252601 AND ALL ASSOCIATED MATERIAL AND ONE (1) EXISTING AMERICAN STANDARD AIR HANDLER MODEL #TWA742A140A0 SERIAL C51487972 AND ASSOCIATED MATERIALS. THEN, FURNISH AND INSTALL ONE (1) NEW 3.5 TON AMERICAN STANDARD/TRANE MODEL #4TTA3042D3000C OR OWNER REVIEWED AND APPROVED EQUAL CONDENSING UNIT AND ONE (1) NEW 3.5 TON AMERICAN STANDARD/TRANE MODEL #TEM3A0C42S41SA OR OWNER REVIEWED AND APPROVED EQUAL AIR HANDLER UNIT AT THE JEFFERSON PARISH HUMAN AUTHORITY BUILDING LOCATED AT 5001 WESTBANK EXPRESSWAY, MARRERO, LA 70072.</p>	12,250 ⁰⁰	12,250 ⁰⁰



State Licensing Board for Contractors

This is to Certify that:

BEACON AIR CONDITIONING, HEATING AND
REFRIGERATION, INC.
317 Third Street
Kenner, LA 70062

is duly licensed and entitled to practice the following classifications

MECHANICAL WORK (STATEWIDE)

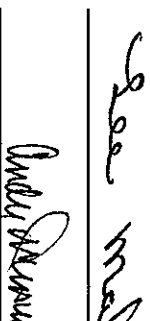


Expiration Date: July 15, 2018

License No: 35350

Witness our hand and seal of the Board dated,
Baton Rouge, LA 16th day of July 2015


Director


Chairman

This License Is Not Transferrable


Treasurer

Jefferson Parish
Inspection and Code Enforcement
Regulatory Inspection's Division

Active Gas # 000943

This is to certify that **Eugene Larroux**
having qualified in accordance with Jefferson Parish Ordinances is hereby granted
authorization to engage in the above field as authorized by law.

Issue Date: 1/1/2016

Expiration Date: 12/31/2016



Gasfitter Section Chief

THIS LICENSE IS NOT TRANSFERABLE

Jefferson Parish
Inspection and Code Enforcement
Regulatory Inspection's Division

Active Mechanical # 000693

This is to certify that **Eugene Larroux**
having qualified in accordance with Jefferson Parish Ordinances is hereby granted
authorization to engage in the above field as authorized by law.

Issue Date: 1/1/2016

Expiration Date: 12/31/2016



Mechanical Section Chief

THIS LICENSE IS NOT TRANSFERABLE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/11/2016

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 State Farm Hylton S Petit, Jr 2705 Florida Ave. Kenner, La 70062		CONTACT NAME: Hylton S Petit Jr PHONE (A/C No. Ext): 504-461-0171 E-MAIL ADDRESS: hylton.petit.b27x@statefarm.com FAX (A/C No.): 504-461-0289	
INSURED Beacon Air Cond Inc 317 E 3 Rd St Kenner, La 70062-7103		INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Mutual Automobile Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 26178	

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	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 OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Eq occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Eq accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS	N	N	098-9278-F13-18F	06/13/2016	12/13/2016	\$ \$ 1,000,000 \$ 1,000,000 \$ 1,000,000
	UMBRELLA LIAB EXCESS LIAB DED <input type="checkbox"/> RETENTIONS <input type="checkbox"/>						EACH OCCURRENCE AGGREGATE
	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	N/A				PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT

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

CERTIFICATE HOLDER

THE PARISH OF JEFFERSON, ITS DISTRICTS,
DEPARTMENTS AND AGENCIES UNDER THE DIRECTION
OF THE PARISH PRESIDENT AND THE PARISH COUNCIL
JP Human Authority Building
5001 Westbank Expressway Marrero, La 70072
Bid # 50-00117697

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



CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER Riverlands Insurance Services Inc. 492 West 5th Street LaPlace LA 70068		CONTACT NAME: Kayla Williams PHONE (A/C, No, Ext): (985) 652-5505 E-MAIL ADDRESS: kwilliams@rivins.com FAX (A/C, No): (985) 652-4039	
INSURED Beacon Air Conditioning, Heating & Refrigeration, 317 E 3rd Street Kenner LA 70062		INSURER(S) AFFORDING COVERAGE INSURER A: America First INSURER B: Ohio Security Insurance Company INSURER C: Bridgefield Casualty Insurance Co INSURER D: INSURER E: INSURER F:	
		NAIC # 10335	

COVERAGES

CERTIFICATE NUMBER: 16-17 w/excess

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		BKS558178871	1/31/2016	1/31/2017	EACH OCCURRENCE \$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
						MED EXP (Any one person) \$ 15,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2,000,000
	OTHER:					PRODUCTS - COMP/OP AGG \$ 2,000,000
						Employee Benefits \$ 25,000
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR					EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		ES055818871	3/10/2016	1/31/2017	AGGREGATE \$ 5,000,000
	DED <input type="checkbox"/> RETENTION \$					\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	019803840	1/31/2016	1/31/2017	E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
A	Employment Practices Liab		BK8558178871	1/31/2016	1/31/2017	E.L. DISEASE - POLICY LIMIT \$ 1,000,000
						Each Claim 12,500
						Aggregate 12,500

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

Bid Number 50-00117697: JP Human Authority Building

General Aggregate Limit applies per project.

Cert Holder is listed as an additional insured and a Waiver of Subrogation is provided in favor of the certificate holder with respects to the GL policy.

Waiver of Subrogation is provided with respects to the WC as required by written contract.

CERTIFICATE HOLDER

CANCELLATION

The Parish Of Jefferson, Its Districts,
Depts&Agencies Under the Direction of
the Parish President&the Parish Council
JP Human Authority Building
5001 Westbank Expressway
Marrero, LA 70072

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

Kayla Williams/KAYWIL

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


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PRODUCER State Farm 	Hylton S Petit, Jr 2705 Florida Ave. Kenner, La 70062	CONTACT NAME: Hylton S Petit Jr PHONE (A/C, No, Ext): 504-461-0171 E-MAIL ADDRESS: hylton.petit.b27x@statefarm.com	FAX (A/C, No): 504-461-0289	
	INSURER(S) AFFORDING COVERAGE		NAIC #	
INSURED	Beacon Air Cond Inc 317 E 3 Rd St Kenner, La 70062-7103	INSURER A: State Farm Mutual Automobile Insurance Company		25178
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

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

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INSTR	TYPE OF INSURANCE	ADDL SUBR INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	N	N	098-9278-F13-18F	06/13/2016	12/13/2016	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NM) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

THE PARISH OF JEFFERSON, ITS DISTRICTS,
DEPARTMENTS AND AGENCIES UNDER THE DIRECTION
OF THE PARISH PRESIDENT AND THE PARISH COUNCIL
JP Human Authority Building
5001 Westbank Expressway Marrero, La 70072
Bld # 50-00117697

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

