

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
GRETNA, 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 | <u>4 weeks</u> |
| INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK | <u>4 weeks</u> |
| INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK | <u>2 days</u> |

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 LAROUX</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

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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> | <p>12,250⁰⁰</p> | <p>12,250⁰⁰</p> |

STATE OF LOUISIANA

State Licensing Board for Contractors

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

This is to Certify that:
is duly licensed and entitled to practice the following classifications

MECHANICAL WORK (STATEWIDE)

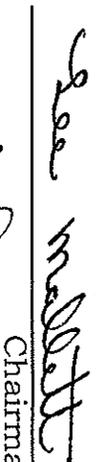


Expiration Date: July 15, 2018

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 | FAX (A/C No.): 504-461-0289 | |
| | PHONE (A/C No. Ext): 504-461-0171 | E-MAIL ADDRESS: hylton.petit.b27x@statefarm.com | |
| INSURED Beacon Air Cond Inc 317 E 3 Rd St Kenner, La 70062-7103 | INSURER(B) AFFORDING COVERAGE | | NAIC # |
| | INSURER A: State Farm Mutual Automobile Insurance Company | | 26178 |
| | INSURER B: | | |
| | INSURER C: | | |
| | INSURER D: | | |
| | 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 | ADOL | SUBR | 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 | | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Eq occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | | | | |
| A | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS | N | N | 098-9278-F13-18F | 06/13/2016 | 12/13/2016 | COMBINED SINGLE LIMIT (Eq accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 |
| | UMBRELLA LIAB EXCESS LIAB DED RETENTIONS | | | | | | 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 OTHER 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

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

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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 FAX (A/C, No): (985) 652-4039 E-MAIL ADDRESS: kwilliams@rivins.com | |
| 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 | | BK8558178871 | 1/31/2016 | 1/31/2017 | EACH OCCURRENCE \$ 1,000,000 |
| | GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 |
| | <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS | <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits \$ 25,000 |
| B | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE | | ES055818871 | 3/10/2016 | 1/31/2017 | EACH OCCURRENCE \$ 5,000,000 |
| | <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | | | | | AGGREGATE \$ 5,000,000 |
| C | 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 | 019803840 | 1/31/2016 | 1/31/2017 | PER STATUTE 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 |
| A | Employment Practices Liab | | BK8558178871 | 1/31/2016 | 1/31/2017 | 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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CERTIFICATE OF LIABILITY INSURANCE

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10/11/2016

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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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| INSR LTR | TYPE OF INSURANCE | ADDL SUBR INSD | 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 (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ |
| A | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED 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"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | 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 OTH-ER 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 |
|---|---|