

DATE: 12/01/2017

BID NO.: 50-00121609

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

JEFFERSON PARISH

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

VENDOR: Irons Construction, LLP

BUYER: DNELSON

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 to be done in workman-like manner, according to standard practices. Any deviations or alteration from the specifications must be indicated on the bid form for each item and upon request, product data for same must be submitted by the time specified by the Purchasing Department.

DELIVERY: FOB JEFFERSON PARISH	
INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES	<u>12/29/17</u>
INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK	<u>14 days</u>
INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK	<u>5 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) 50789

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: <u>Courtney Irons dba Irons Construction, LLP</u>	
SIGNATURE: <u>Kali Irons</u> <small>(Must be signed here)</small>	TITLE: <u>Partner</u>
PRINT OR TYPE NAME: <u>Kali Irons</u>	
ADDRESS: <u>PO Box 494</u>	
CITY, STATE: <u>Luling, LA</u>	ZIP: <u>70070</u>
TELEPHONE: <u>504, 400 0375</u>	FAX: <u>855, 308 0830</u>
EMAIL ADDRESS: <u>info@ironsconstruction.biz</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 7,900.00
FOB Delivered

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00121609

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 PREP SLAB AND INSTALL COMMERCIAL GRADE VINYL AT THE TERRYTOWN OLD GOLDEN AGE CENTER FOR THE JEFFERSON PARISH DEPT. OF PARKS AND RECREATION</p> <p>0001-FURNISH LABOR AND MATERIAL TO PREP SLAB AND INSTALL APPROXIMATELY, 2,444 SQUARE FOOT OF COMMERCIAL GRADE VINYL AT THE TERRYTOWN OLD GOLDEN AGE CENTER</p> <p>LOCATION: TERRYTOWN OLD GOLDEN AGE CENTER 604 HERITAGE AVENUE TERRYTOWN, LA 70056.</p> <p>***** NO PRE-BID CONFERENCE WILL BE HELD FOR THIS PROJECT. *****</p> <p>IF A SITE VISIT IS NEEDED, PLEASE CONTACT JOHN DOYLE AT (504) 736-6999 MONDAY THROUGH FRIDAY BETWEEN THE HOURS OF 9:00 AM AND 2:00 PM *****</p> <p>BIDDERS MUST INSPECT SITE AND PERFORM THEIR OWN MEASUREMENTS TO DETERMINE THE PROPER QUANTITY OF MATERIALS AND EQUIPMENT REQUIRED TO COMPLETE THIS PROJECT FLOORING IS EARTHWERKS FLOORING RAPTURE PLANK COLOR: QUARTERED-SRP714</p>	<p>7,900 ^{u/job}</p>	<p>\$7,900.00</p> <p>FOB</p> <p>Delivered</p>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/18/2017

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).

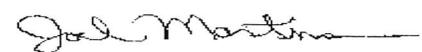
PRODUCER Terrebonne Insurance Agency, Inc. 4752 Hwy 311 Suite 112 Houma LA 70360	CONTACT NAME: Chris Breaux PHONE (A/C. No. Ext): (985)851-3080 FAX (A/C. No.): (985)851-0304 E-MAIL ADDRESS: chris@terrebonneinsurance.com																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Milwaukee Casualty Insurance</td> <td>26662</td> </tr> <tr> <td>INSURER B:</td> <td>HomeBuilders SIF</td> <td>LHBA</td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Milwaukee Casualty Insurance	26662	INSURER B:	HomeBuilders SIF	LHBA	INSURER C:			INSURER D:			INSURER E:			INSURER F:	
INSURER(S) AFFORDING COVERAGE		NAIC #																			
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INSURER C:																					
INSURER D:																					
INSURER E:																					
INSURER F:																					
INSURED Irons Construction LLP PO Box 494 Luling LA 70070																					

COVERAGES CERTIFICATE NUMBER: CL1781728824 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		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSD	WVD					
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MPP1017715 02	8/12/2017	8/12/2013	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	\$ 1,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
								\$
	AUTOMOBILE LIABILITY <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						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			17-17018	4/1/2017	4/1/2018	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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Bid# 50-00121609
 Prep Slab and Install Commercial Grade Vinyl at the Terrytown Old Golden Age Center

CERTIFICATE HOLDER The Jefferson Parish, its Districts Departments and Agencies under the direction of the Parish President and the Parish Council 200 Derbigny Street Ste. 4400 Gretna, LA 70053	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 Joel Martinsen/CHRIS 
---	--

Insurance Declaration Affidavit
Automotive

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF St. Charles

BEFORE ME, the undersigned authority, personally came and appeared, Kali J. Irons, (Affiant) who after being duly sworn, deposed and said that he/she is the fully authorized partner of Irons Construction, LP (Entity), the party who submitted a Proposal/Contract/Bid/RFP/SOQ No. 5000121609, to Jefferson Parish.

Affiant further said:

- (1) That entity does not own automobiles or use automobiles in the furtherance of the services provided under the contract.
- (2) That if the entity obtains automobiles or begins to use automobiles in the furtherance of the services provided under the contract, affiant will notify Jefferson Parish and obtain the proper coverage.

Kali J. Irons
Signature of Affiant

Kali J. Irons
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 07th DAY OF December, 2017.

Jamie Coulon
Notary Public
Jamie Coulon 149517
Deputy Clerk of Court, St. Charles Parish, LA

Printed Name of Notary

149517
Notary/Bar Roll Number

My commission expires 6/30/2020

INSTRUMENT NOT PREPARED
BY THIS NOTARY PUBLIC,
ATTESTING TO SIGNATURES ONLY

PROGRESSIVE
P.O. BOX 31260
TAMPA, FL 33631



Policy Number: 53532284

Underwritten by:
Progressive Paloverde Insurance Co
November 8, 2017

Policy Period: Dec 6, 2017 - Jun 6, 2018

Page 1 of 3

1-800-776-4737

For customer service and claims service,
24 hours a day, 7 days a week.

COURTNEY IRONS
878 MAGNOLIA RIDGE ROAD
BOUTTE, LA 70039

Auto Insurance Coverage Summary

This is your Renewal Declarations Page

The coverages, limits and policy period shown apply only if you pay for this policy to renew.

Your coverage begins on December 6, 2017 at 12:01 a.m. This policy expires on June 6, 2018 at 12:01 a.m.

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle. The policy contract is form 9611D LA (09/15).

Progressive Paloverde Insurance Co is a stock company (NYSE: PGR).

Drivers and resident relatives

Additional information

Courtney Irons

Named insured

Kali K Irons

Erykah Joseph

Outline of coverage

2005 CHEVROLET SILVERADO C1500K1500 4 DOOR EXT CAB

VIN: 2GCEC19N351331846

Garaging ZIP Code: 70039

Primary use of the vehicle: Commute

	Deductible	Premium
Liability To Others		\$1,320
Bodily Injury Liability		
Limits: \$50,000 each person/\$100,000 each accident		
Property Damage Liability		
Limits: \$25,000 each accident		
Uninsured Motorist		265
Limits: \$50,000 each person/\$100,000 each accident		
Total premium for 2005 CHEVROLET		\$1,585

2012 GMC YUKON XL C1500/K1500 4 DOOR WAGON

VIN: **1GKS1KE09CR119373**

Garaging ZIP Code: 70039

Primary use of the vehicle: Commute

	Deductible	Premium
Liability To Others		\$1,265
Bodily Injury Liability		
Limits: \$50,000 each person/\$100,000 each accident		
Property Damage Liability		
Limits: \$25,000 each accident		
Uninsured Motorist		278
Limits: \$50,000 each person/\$100,000 each accident		
Comprehensive		97
Limits: Actual Cash Value	\$1,000	
Collision		366
Limits: Actual Cash Value	\$1,000	
Total premium for 2012 GMC		\$2,006

2010 MAZDA 3 4 DOOR SEDAN

VIN: **JM1BL1SFXA1173379**

Garaging ZIP Code: 70039

Primary use of the vehicle: Commute

Length of vehicle ownership when policy started or vehicle added: At least 1 month but less than 1 year

	Deductible	Premium
Liability To Others		\$1,301
Bodily Injury Liability		
Limits: \$50,000 each person/\$100,000 each accident		
Property Damage Liability		
Limits: \$25,000 each accident		
Uninsured Motorist		362
Limits: \$50,000 each person/\$100,000 each accident		
Total premium for 2010 MAZDA		\$1,663
Total 6 month policy premium		\$5,254.00

Premium discounts

Policy	
53532284	Electronic Funds Transfer (EFT), Home Owner / Rent with Renters Insurance, Online Quote, Multi-Car, Continuous Insurance: Diamond and Paperless
Driver	
Erykah Joseph	Minor Child

Lienholder information

Vehicle	Lienholder
2012 GMC YUKON XL C1500/K1500 1GKS1KE09CR119373	Total Choice Fcu Hahnville, LA 70057

Financial Security Requirement

If you do not keep your liability insurance in force during the entire registration period, your registering privileges will be subject to revocation. By law your insurance carrier is required to report specific termination information to the Commissioner of the Department of Public Safety and Corrections.

Company officers

A handwritten signature in black ink, appearing to be 'MR' followed by a stylized flourish.

Secretary

DATE: 12/01/2017
BID NO.: 50-00121609

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

JEFFERSON PARISH
PURCHASING DEPARTMENT
P.O. BOX 9
GRETNA, LA, 70054-0009
504-364-2678

VENDOR

BUYER: DNELSON

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.

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DELIVERY: FOB JEFFERSON PARISH	
INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES	1702 weeks
INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK	7 DAYS
INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK	5 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) 46-1314 202

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: SG Flooring LLC	
SIGNATURE: <i>[Signature]</i>	TITLE: OWNER
PRINT OR TYPE NAME: JURIOR GATI	
ADDRESS: 3759 Herald st	
CITY, STATE: NEW ORLEANS LA	ZIP: 70131
TELEPHONE: 504 952-7071	FAX: ()
EMAIL ADDRESS: SGFlooring83@gmail.com	

TOTAL PRICE OF ALL BID ITEMS: \$ 9,206.80

DATE: 12/01/2017

INVITATION TO BID FROM JEFFERSON PARISH - continued

Page: 5

BID NO.: 60-00121660

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 PREP SLAB AND INSTALL COMMERCIAL GRADE VINYL AT THE TERRYTOWN OLD GOLDEN AGE CENTER FOR THE JEFFERSON PARISH DEPT. OF PARKS AND RECREATION</p> <p>0001 FURNISH LABOR AND MATERIAL TO PREP SLAB AND INSTALL APPROXIMATELY 2,444 SQUARE FOOT OF COMMERCIAL GRADE VINYL AT THE TERRYTOWN OLD GOLDEN AGE CENTER</p> <p>LOCATION: TERRYTOWN OLD GOLDEN AGE CENTER 604 HERITAGE AVENUE TERRYTOWN, LA 70066</p> <p>..... NO PRE-BID CONFERENCE WILL BE HELD FOR THIS PROJECT.</p> <p>IF A SITE VISIT IS NEEDED, PLEASE CONTACT JOHN DOYLE AT (504) 736-8898 MONDAY THROUGH FRIDAY BETWEEN THE HOURS OF 9:00 AM AND 2:00 PM</p> <p>.....</p> <p>BIDDERS MUST INSPECT SITE AND PERFORM THEIR OWN MEASUREMENTS TO DETERMINE THE PROPER QUANTITY OF MATERIALS AND EQUIPMENT REQUIRED TO COMPLETE THIS PROJECT. FLOORING IS EARTHWORKS FLOORING RAPTURE PLANK COLOR: QUARTERED-BRP714</p>	9,206.80	9,206.80

Insurance Declaration Affidavit
Automotive

AFFIDAVIT

STATE OF Louisiana
PARISH/COUNTY OF ORleans

BEFORE ME, the undersigned authority, personally came and appeared,
JUNIOR GATI, (Affiant) who after being duly sworn, deposed and said that he/she
is the fully authorized OWNER of SG Flooring LLC (Entity), the
party who submitted a Proposal/Contract/Bid/RFP/SOQ No. _____, to Jefferson Parish.

Affiant further said:

- (1) That entity does not own automobiles or use automobiles in the furtherance of the services provided under the contract.
- (2) That if the entity obtains automobiles or begins to use automobiles in the furtherance of the services provided under the contract, affiant will notify Jefferson Parish and obtain the proper coverage.

[Signature]
Signature of Affiant
JUNIOR GATI
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 4th DAY OF December 2017.

[Signature]
Notary Public

DARLENE Y HUDSON
Printed Name of Notary

41829
Notary/Bar Roll Number

My commission expires at death

DARLENE Y HUDSON
NOTARY PUBLIC, JEFFERSON PARISH, LA
MY COMMISSION EXPIRES AT DEATH

Updated: 05/28/14

Insurance Declaration Affidavit
Worker's Compensation

AFFIDAVIT

STATE OF LOUISIANA
PARISH/COUNTY OF ORLEANS

BEFORE ME, the undersigned authority, personally came and appeared, JUNIOR GATI, (Affiant) who after being duly sworn, deposed and said that he/she is the fully authorized OWNER of SG FLOORING LLC (Entity), the party who submitted a Proposal/Contract/Bid/RFP/SOQ No. _____, to Jefferson Parish.

Affiant further said:

- (1) That affiant has no employees in which Worker's Compensation Insurance is required pursuant to state law.
- (2) That if affiant hires employees such that they would be required under state law to obtain Worker's Compensation Insurance, affiant will notify Jefferson Parish and obtain the proper coverage.

[Signature]
Signature of Affiant
JUNIOR GATI
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 4 DAY OF December, 2017

[Signature]
Notary Public

DARLENE Y HUDSON
Printed Name of Notary

41829
Notary/Bar Roll Number

My commission expires at death

STATE OF LOUISIANA
NOTARY PUBLIC, ST. TAMMANT PARISH, LA
MY COMMISSION EXPIRES AT DEATH

Updated: 03.28.14

Print

Notary Search - Detail

Name: MS. DARLENE Y. HUDSON
Address: 300 GAUSE BLVD. WEST
SLIDELL, LA 70460
Phone: (985) 966-5743
Phone 2: (985) 966-5743
Notary ID Number: 41829
Parish: ST. TAMMANY
Agency: N/A
Notary Type: Non Attorney
Status: Active
Commission Date: 02/17/1994
Oath Date: 02/10/1994
Surety Expiration Date: 02/07/2019
Annual Report Current: Yes

Notary Events

Suspension From: 04/19/2013 To: 04/25/2013

Deceased, Inactivated, Leave of Absence, Pre-Assessment Registration, Pre-Assessment Taken, Resigned, Retirement, and Revoked events are not available prior to February 11, 2012.

[Back to Search Results](#)

[New Search](#)

From: Benelli [mailto:benelli@chabos.net]
Subject: December 2, 2017 at 12:26 PM
To: ICE Carla Benelli [mailto:benelli@chabos.net]

Sent from Outlook for Windows 10



SG Flooring LLC

Estimate

Estimate No: 503
Date: 12/02/2017
Bid # 50-00121609

For: Jefferye Parish
4000 Ferguson garden size building

DESCRIPTION	Quantity	Rate	Amount
Furnish labor and materials to prep slab and install 2,444 Sq. Ft. of commercial grade vinyl plank	1	\$9,204.80	\$9,204.80
		Subtotal	\$9,204.80
		TAX 0%	\$0.00
		Total	\$9,204.80
	Total		\$9,206.80



1-800-458-3466

1 JUNIOR GATI
156 HERALD ST
NEW ORLEANS LA 70117 1100

Policy Number: 2003929705
Date of Notice: 5/31/2017
Named Insured: JUNIOR GATI

Policy Period: 7/5/2017 - 6/6/2018
12:01 A.M.

Policy Underwritten By:
Imperial Fire & Casualty Insurance Company
24 Hour Claim Reporting: 1-800-458-3466
For Policy Information: 1-877-458-3466
www.NationalGeneral.com

Your Agent:
Imperial Insurance Services, LLC
3117 Oakbank Blvd
Metairie LA 70002
(504) 885-8410

LA PERSONAL AUTO DECLARATIONS PAGE

Effective 5/31/2017 to 6/6/2018

Drivers and Household Residents

#1	Junior Gati	Driver Status	License #	Lic. State	Date of Birth	Gender	Marital Status	Driver Pts	Yrs. Licensed
	Rated Driver	Rated Driver	LA-42707	LA	3/13/1953	Male	Married	1	18
#2	Tania Oliveira	Driver Status	License #	Lic. State	Date of Birth	Gender	Marital Status	Driver Pts	Yrs. Licensed
	Rated Driver	Rated Driver	LA-43557	LA	2/16/1988	Female	Married	0	11

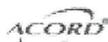
Insured Vehicle(s) and Schedule of Coverages

#1 2008 FORD ECONOLIN Usage: Pleasure/Commuter Garaging Location: 70117 1100	VIN: 1FTNE24AD1DAB1979-33548511 Original Cost New: \$25,055	
Coverages Provided	Limits / Deductibles	Premium
Bodily Injury	\$10,000 Each Person / \$30,000 Each Accident	\$350.00
Property Damage	\$25,000 Each Accident	\$150.00
	Total For This Vehicle	\$500.00
#2 2012 DODG RAM 2500 Usage: Pleasure/Commuter Garaging Location: 70117 1100	VIN: 3D100DAP1D1302782-31548047	
Coverages Provided	Limits / Deductibles	Premium
Bodily Injury	\$10,000 Each Person / \$30,000 Each Accident	\$394.00
Property Damage	\$25,000 Each Accident	\$171.00
	Total For This Vehicle	\$565.00
	Combined Vehicle Premium	\$1,065.00
	Policy Fee	\$41.00
	Total 6 Month Policy Premium	\$1,106.00

Discounts Applied
Policy Level

Age 14
15% Off Deductible
Exp. Coverage Transfer Discount

Surcharges Applied



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/04/2017

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.

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PRODUCER Fitzwilliam Insurance Services, LLC 3112 Williams Blvd Kenner, LA 70065-4549		CONTACT Name: Fabiola Bermudez Phone: (504) 469-9416 Fax: (504) 469-9847 E-Mail: fbabiola@fzwilliaminsurance.com Address:	
INSURED NU FLOORING, LLC GAIL JUNGSH C 1759 HERALD ST NEW ORLEANS, LA 70111-7123		INSURERS AFFORDING COVERAGE INSURER A: Lloyd's of London INSURER B: LCAI 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.

PK#	TYPE OF INSURANCE	ADD. SUBR	ADD. COND	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN. AGGREGATE LIMIT APPLICABLE PER POLICY <input checked="" type="checkbox"/>			LAL 0000013801400	11/22/2017	11/22/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 100,000 MED EXP (Any One Person) \$ 500,000 PERSONAL & ADVERTISING \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY DELETED AUTOS NON-OWNED AUTOS ONLY						OWNED SINGLE (W/100% SE ASSUMED) \$ RENTAL INJURY (PER ASSUMED) \$ BODILY INJURY (PER ASSUMED) \$ PROPERTY DAMAGE (PER ASSUMED) \$
	<input type="checkbox"/> EXCESS LIAB CLAIMS MADE						EACH OCCURRENCE \$ AGGREGATE \$
D	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS LIABILITY AN INFORMATIONAL PARTIAL EXECUTIVE OFFICER MEMBER OF ILLINOIS (if yes, describe under DESCRIPTIONS OF OPERATIONS below)			22129-17	01/08/2017	01/08/2018	T1. EACH ACCIDENT \$ 100,000 T2. DISEASE - EA EMPLOYEE \$ 100,000 T3. DISEASE - INDUCLY LIMIT \$ 100,000

DESCRIPTION OF OPERATIONS (LOCATIONS / VEHICLES) (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Floor Installation
 bid for 50-00121609-The Parish of Jefferson Its Districts, Departments and Agencies under the direction of the parish president and parish council as additional insureds.

CERTIFICATE HOLDER Jefferson Parish Recreation Department Old Terrytown Golden Age Center 504 Heritage Ave Terrytown, LA 70066	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 Fabiola Bermudez
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ACORD 25 (2016/03)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/25/2017

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 Fitzwilliam Insurance Services, LLC 3112 Williams Blvd Kenner LA 70065-4549		CONTACT NAME: Fabiola Bermudez PHONE (A/C, No, Ext): (504) 469-9416 FAX (A/C, No): (504) 469-9847 E-MAIL ADDRESS: fabiola@FitzwilliamInsurance.com	
INSURED SG FLOORING, LLC GATI, JUNIOR C 3759 HERALD ST NEW ORLEANS LA 70131-7123		INSURER(S) AFFORDING COVERAGE INSURER A: Lloyds of London INSURER B: LC&I 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	ADDL. SUBR INSD. W/D	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y	LAL-000013881-00	11/22/2017	11/22/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 500,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input 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					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR CLAIMS-MADE <input type="checkbox"/> DED. <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	22129-17	01/08/2017	01/08/2018	PER STATUTE OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 100,000

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

Bid No: 50-00120587-The Parish of Jefferson. Its Districts, Departments and Agencies under the direction of the parish president and parish council as additional insureds.

CERTIFICATE HOLDER Jefferson Parish Recreation Department Terrytown Playground 641 Heritage Ave Terrytown, LA 70056	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 Fabiola Bermudez
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/30/2017

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 Fitzwilliam Insurance Services, LLC 3112 Williams Blvd Kenner LA 70065-4549		CONTACT NAME: Fabiola Bermudez PHONE (A/C, No, Ext): (504) 469-9416 FAX (A/C, No): (504) 469-9847 E-MAIL ADDRESS: fabiola@FitzwilliamInsurance.com	
INSURED SG FLOORING, LLC GATI, JUNIOR C 3759 HERALD ST NEW ORLEANS LA 70131-7123		INSURER(S) AFFORDING COVERAGE INSURER A : Lloyds of London INSURER B : LC&I 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	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		Y	LAL-0000013881-00	11/22/2017	11/22/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 500,000 PERSONAL & ADY INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input 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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	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 type="checkbox"/>	22129-17	01/08/2017	01/08/2018	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 100,000

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

Floor Installation

Bid No: 50-00121528-The Parish of Jefferson. Its Districts, Departments and Agencies under the direction of the parish president and parish council as additional insureds.

CERTIFICATE HOLDER Jefferson Parish Recreation Department Old Terrytown Golden Age Center 604 Heritage Ave Terrytown, LA 70056	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 Fabiola Bermudez
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