

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
GRETN, 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

12/29/17

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

14 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) 50789

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***

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

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

FOB Delivered

DATE: 12/01/2017

INVITATION TO BID FROM JEFFERSON PARISH - continued

Page: 5

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>	7,900 w/job	\$7,900.00 FOB Delivered



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	
INSURED Irons Construction LLP PO Box 494 Luling LA 70070		INSURER(S) AFFORDING COVERAGE INSURER A: Milwaukee Casualty Insurance INSURER B: HomeBuilders SIF INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 26662 LHBA	

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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		MPP1017715 02	8/12/2017	8/12/2013	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	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				
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 1,000,000
	OTHER:					\$
	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) \$
						\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y <input type="checkbox"/> N	17-17018	4/1/2017	4/1/2018	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	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 (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**CANCELLATION**

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

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 01st 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



COURTNEY IRONS
878 MAGNOLIA RIDGE ROAD
BOUTTE, LA 70039

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.

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 WAGONVIN: **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 SEDANVIN: **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. [unclear]' followed by a stylized flourish.

Secretary

DATE: 12/01/2017

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00121609

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

VENDOR

BUYER: DNELSON

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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:	TITLE: OWNER
(Must be signed here)	
PRINT OR TYPE NAME:	JURIOR GATI
ADDRESS:	3759 Herald st
CITY, STATE:	NEW ORLEANS LA
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.: 60-00121669

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) 736-8998 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 EARTHWORKS FLOORING RAPTURE PLANK COLOR: QUARTERED-SRP714</p>	9,206.80	9,206.80

Insurance Declaration Affidavit
Automotive

AFFIDAVIT

STATE OF LouisianaPARISH/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.

Notary Public

[Signature]
DARLENE Y HUDSON
 Printed Name of Notary

41829
 Notary/Bar Roll Number

My commission expires at death

DARLENE Y. HUDSON
 Notary Public, State of Louisiana, 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 Flooding 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

NOTARY PUBLIC - LOUISIANA
NOTARY PUBLIC - ST. TAMMANY PARISH, LA
MY COMMISSION EXPIRES AT DEATH

Updated: 01.22.14

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@benelli-ibc.com
Subject:
Date: December 2, 2017 at 12:26 PM
To: ICE Carla Benelli carla@benelli-ibc.com

Sent from Mail for Windows 10

SG Flooring LLC

Estimate

Expenditure 2007	5429
Share	55.23.20.97

Bid # 50-00121609

Description	Quantity	Rate	Amount
Expend labor and materials to grasp slab and install 2-8x8 Sq. Ft. of commercial grade vinyl plank	1	\$8,204.80	\$8,204.80
	Subtotal		\$8,204.80
	Tax 0%		\$0.00
	Total		\$8,204.80
	Total		\$8,204.80



1000 Poydras Street, Suite 2000

1000 Poydras
1000 Poydras St
New Orleans, LA 70112-1000

Policy Number
2003929705
Named Insured
JUNIOR C GATI

Date of Notice
5/31/2017

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

Policy Underwritten By
Imperial Fire & Casualty Insurance Company
24 Hour Claim Reporting: 1-800-468-3466
For Policy Information: 1-877-468-3466
www.NationalGeneral.com

Your Agent
Imperial Insurance Services, LLC
3112 Oaklawn Blvd
Metairie, LA 70002
(504) 885-8410

LA PERSONAL AUTO DECLARATIONS PAGE

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

Drivers and Household Residents

#	Driver Status	License #	Lic. State	Date of Birth	Gender	Marital Status	Driver Pts	Yrs. Licensed
#1	Junior C Gati Parent Driver	LA-42707	LA	8/13/1953	Male	Married	0	16
#2	Tania Oliveira Driver/Neighbor -Rented Driver	LA-43357	LA	2/16/1980	Female	Married	0	11

Insured Vehicle(s) and Schedule of Coverages

Vehicle Description	VIN	Original Cost New	Limits / Deductibles	Premium
#1 2008 FORD ECONOLIN Usage: Pleasure/Commuter Garaging Location: 70134-1712 Coverages Provided Bodily Injury Property Damage	VIN: 1FTNE21A0DAB1979-03348511 Original Cost New: \$25,055	\$25,055	\$10,000 Each Person / \$30,000 Each Accident \$25,000 Each Accident Total For This Vehicle	\$330.00 \$150.00 \$540.00
#2 2012 DODGE RAM 2500 Usage: Pleasure/Commuter Garaging Location: 70134-1712 Coverages Provided Bodily Injury Property Damage	VIN: 1D4HJ2AP1B1302082-01543040	\$31,470	\$10,000 Each Person / \$30,000 Each Accident \$25,000 Each Accident Total For This Vehicle	\$394.00 \$114.00 \$550.00
Combined Vehicle Premium			\$1,090.00	
Policy Fee			\$41.00	
Total 6 Month Policy Premium			\$1,139.00	

Discounts Applied

Policy Level

Age/Exp
MVR - 1 Year Exclusion
Prop. Damage/Territorial 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.

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 70055-4549		CONTACT NAME: Fabiola Bermudez PHONE: (504) 469-9416 FAX: (504) 469-9847 EMAIL: fabiola@fzwilliamsinsurance.com ADDRESS:	
INSURER(S) AFFORDING COVERAGE Lloyd's of London		NAIC #	
INSURED MUFLOORING, LLC GATE LUNAR C 1759 HERALD ST NEW ORLEANS, LA 70111-7123		INSURER A: 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.

RISK TYPE	TYPE OF INSURANCE	ADD. SUBS. ADD. NO.	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000
						MED EXP (Any one person) \$ 500,000
	<input type="checkbox"/> GEN. AGGREGATE LIMIT APPLICABLE PER		LAL 0000013801-00	11/22/2017	11/22/2018	PERSONAL & ADJ INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY					GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> OTHER					PRODUCTS - COMPROP AGG \$ 2,000,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Per accident) \$
	<input type="checkbox"/> ANY AUTO					POOLY INJURY (Per person) \$
	<input type="checkbox"/> OWNED					POOLY INJURY (Per accident) \$
	<input type="checkbox"/> AUTOES ONLY					PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED					
	<input type="checkbox"/> AUTOES ONLY					
	<input type="checkbox"/> LARGE AREA LOSS					EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB.					AGGREGATE \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS LIABILITY					PER STATUTE \$
	<input type="checkbox"/> AN EMPLOYER/OWNER/EXECUTIVE OFFICER/OWNER/EMPLOYEE		22129-17	01/08/2017	01/08/2018	E.I. EACH ACCIDENT \$ 100,000
	<input type="checkbox"/> If yes, describe under					E.I. DISEASE - EA EMPLOYEE \$ 100,000
	<input type="checkbox"/> DESCRIPTION OF OPERATIONS below					E.I. 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

first for 50-00121509-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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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: fabiola@FitzwilliamInsurance.com 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 R/S/D, 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	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 & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER					GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COM/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRE AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB EXCESS LIAB					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"/> N/A	22129-17	01/08/2017	01/08/2018	PER STATUTE <input type="checkbox"/> OTHER <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: 50-00120587-The Parish of Jefferson. Its Districts, Departments and Agencies under the direction of the parish president and parish council as additional insureds.

CERTIFICATE HOLDERJefferson 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



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		CONTACT NAME: Fabiola Bermudez	
Fitzwilliam Insurance Services, LLC		PHONE (A/C, No, Ext): (504) 469-9416	FAX (A/C, No): (504) 469-9847
3112 Williams Blvd		E-MAIL: fabiola@FitzwilliamInsurance.com	
Kenner		INSURER(S) AFFORDING COVERAGE	
LA 70065-4549		INSURER A: Lloyds of London	
INSURED		INSURER B: LC&I	
SG FLOORING, LLC		INSURER C:	
GATI, JUNIOR C		INSURER D:	
3759 HERALD ST		INSURER E:	
NEW ORLEANS		INSURER F:	
LA 70131-7123			

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			LAL-0000013881-00	11/22/2017	11/22/2018	EACH OCCURRENCE: \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 500,000				
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		PERSONAL & ADY INJURY \$ 1,000,000				
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO						BODILY INJURY (Per person) \$
	OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	SCHEDULED AUTOS NON-OWNED AUTOS ONLY						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
	RETENTION \$						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			22129-17	01/08/2017	01/08/2018	PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	OTH-ER				
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	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

CANCELLATION

Jefferson Parish Recreation Department
Old Terrytown Golden Age Center
604 Heritage Ave
Terrytown, LA 70056

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