

DATE: 9/13/2017

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00121028

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 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

3 weeks

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

3 weeks

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) 60869

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

FIRM NAME:

R. Seibert Construction L.L.C.

SIGNATURE:

(Must be signed here)

Randall J. Seibert Jr. 9/22/17

TITLE:

owner/agent

PRINT OR TYPE NAME:

Randall J. Seibert Jr.

ADDRESS:

208 St. Bernard Parkway

CITY, STATE:

St. Bernard, La.

ZIP:

70085

TELEPHONE:

(504) 421-4044

FAX:

(504) 609-2322

EMAIL ADDRESS:

rjseibertjr@gmail.com

TOTAL PRICE OF ALL BID ITEMS: \$ 4,500.00

DATE: 9/13/2017

INVITATION TO BID FROM JEFFERSON PARISH - continued

Page: 5

BID NO.: 50-00121028

SEALED BID

| ITEM NUMBER | QUANTITY | U/M | DESCRIPTION OF ARTICLES | UNIT PRICE QUOTED | TOTALS |
|----------------|----------|-----|---|----------------------|------------|
| 1 | 1.00 | JOB | <p>REMOVE/FURNISH/INSTALL THREE SPEAKERS AT HARVEY PLAYGROUND.</p> <p>0010 Labor, material and equipment necessary to remove three (3) existing speakers. Furnish and install three (3) new Atlas FS12T-94 speakers, Atlas sound 12" FS Series arena horn with 90 X 40 degree dispersion or equal. Also includes wiring, connectors and mounting equipment in stainless steel.</p> <p>Location: Harvey Playground 2240 Alamo St. Harvey, LA 70058</p> <p>Contact: Anthony Richard Ph: (504) 349-5000 Ext. 112</p> <p>For a site visit, see contact above.</p> | \$4,500.00 | \$4,500.00 |

Randall J. Leht Jr. 9/22/17

208 St. Bernard Parkway, St. Bernard, LA 70085
State License #: 60869

Office/Fax: (504) 609-2322

| | |
|--|----------------|
| Job Name: <i>Remove/Furnish/Install Speakers</i> | Job Location: |
| Submit to: | Address: |
| Attn: | <i>9-22-17</i> |

| | Cost |
|---|------|
| This is to state that I, Randall J. Seibert Jr. has the authority to sign any and all paperwork or documents that pertain to R. Seibert Construction L.L.C. | |
| I am the Owner, and an Agent, as listed by Louisiana Secretary of State. | |
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| | |
| TOTAL | |

Signature: Randall J. Deib Jr. Date: 9-22-17



VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)

5/19/17

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.

This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose.

| | | |
|---|--|--|
| PRODUCER State Farm Mel Malone State Farm 1401 East Judge Perez Dr. Chalmette, LA 70043 | CONTACT NAME: Ehren Malone | FAX (A/C, No): 504-279-7468 |
| | PHONE (A/C, No, Ext): 504-279-7464 | E-MAIL ADDRESS: ehren@melmalone.com |
| INSURED R Seibert Construction LLC 208 Saint Bernard Parkway St. Bernard, LA 70085-5427 | PRODUCER CUSTOMER ID #: | |
| | INSURER(S) AFFORDING COVERAGE | |
| | INSURER A: State Farm Mutual Automobile Insurance Company | NAIC # 25178 |
| | INSURER B: | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |

DESCRIPTION OF VEHICLE OR EQUIPMENT

| | | | | |
|---------------------|-----------------------------------|----------------------|--------------------------------------|---|
| YEAR 2017 | MAKE / MANUFACTURER Ram | MODEL 2500 | BODY TYPE | VEHICLE IDENTIFICATION NUMBER 3C6UR5JJ7HG710670 |
| DESCRIPTION | | | VEHICLE/EQUIPMENT VALUE \$ | SERIAL NUMBER |

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) 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 POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).

| INSR LTR | ADD'L INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS | |
|----------|-------------|---|------------------|------------------------------------|-------------------------------------|--|--------------|
| | | <input checked="" type="checkbox"/> VEHICLE LIABILITY | 263 9174-F11-18C | 6/11/17 | 12/11/2017 | COMBINED SINGLE LIMIT | \$ |
| | | | | | | BODILY INJURY (Per person) | \$ 1,000,000 |
| | | | | | | BODILY INJURY (Per accident) | \$ 1,000,000 |
| | | | | | | PROPERTY DAMAGE | \$ 1,000,000 |
| | | GENERAL LIABILITY | | | | EACH OCCURENCE | \$ |
| | | <input type="checkbox"/> OCCURENCE | | | | GENERAL AGGREGATE | \$ |
| | | <input type="checkbox"/> CLAIMS MADE | | | | | \$ |
| INSR LTR | LOSS PAYEE | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS / DEDUCTIBLE | |
| | | <input checked="" type="checkbox"/> VEH COLLISION LOSS | 263 9174-F11-18C | 6/11/2017 | 12/11/2017 | <input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT | \$ LIMIT |
| | | | | | | <input type="checkbox"/> STATED AMT | \$ 250 DED |
| | | <input checked="" type="checkbox"/> VEH COMP <input type="checkbox"/> VEH OTC | | 6/11/2017 | 12/11/2017 | <input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT | \$ LIMIT |
| | | | | | | <input type="checkbox"/> STATED AMT | \$ 100 DED |
| | | EQUIPMENT | | | | <input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT | \$ LIMIT |
| | | <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD | | | | <input type="checkbox"/> RC <input type="checkbox"/> STATED AMT | \$ DED |
| | | <input type="checkbox"/> SPECIAL | | | | | |

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ADDITIONAL INTEREST

CANCELLATION

Select one of the following:

- ☐ The additional interest described below has been added to the policy(ies) listed herein by policy number(s).
☐ A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

VEHICLE / EQUIPMENT INTEREST: ☐ LEASED ☐ FINANCED

DESCRIPTION OF THE ADDITIONAL INTEREST

NAME AND ADDRESS OF ADDITIONAL INTEREST

State of Louisiana, Office of Juvenile Justice
7919 Independence Blvd.
Baton Rouge, LA 70806

☐ ADDITIONAL INSURED ☐ LOSS PAYEE
☐ LENDER'S LOSS PAYEE

LOAN / LEASE NUMBER

AUTHORIZED REPRESENTATIVE

Mel Malone / *elbm*

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RSEIB-1

OP ID: SP

DATE (MM/DD/YYYY)

04/10/2017

CERTIFICATE OF LIABILITY INSURANCE

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 Morrison Insurance Agency, Inc 4444 York Street, Suite 201 Metairie, LA 70001 Bob Boggio | | 504-888-9393 | | CONTACT NAME: Bob Boggio | | PHONE (A/C, No, Ext): 504-888-9393 | | FAX (A/C, No): 504-888-9996 | |
| | | | | E-MAIL ADDRESS: bboggio@morrison-ins.com | | | | | |
| | | | | INSURER(S) AFFORDING COVERAGE | | | | | |
| | | | | INSURER A: LWCC | | | | | |
| | | | | INSURER B: Atain Specialty Insurance Comp | | | | | |
| | | | | 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 |
|----------|---|------------------------------|----------|--|-------------------------|-------------------------|--|
| B | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | X | X | CIP276604 BLKT ADD'L INSURED BLKT WAIVER OF SUBROGATIO | 04/10/2017 | 04/10/2018 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N <input type="checkbox"/> | N/A | 117418B BLKT WAIVER OF SUBROGATIO | 04/10/2017 | 04/10/2018 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 |

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

CERTIFICATE HOLDER

CANCELLATION

SAMPLE1

SAMPLE

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE