

DATE: 12/01/2017

BID NO.: 50-00121609

INVITATION TO BID
THIS IS NOT AN ORDER

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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

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:

Courtney Irons dba Irons Construction, LLP

SIGNATURE:

(Must be signed here)

Kali Irons

TITLE:

Partner

PRINT OR TYPE NAME:

Kali Irons

ADDRESS:

PO Box 494

CITY, STATE:

Luling, LA

ZIP:

70070

TELEPHONE:

504 400 0375

FAX:

855 308 0830

EMAIL ADDRESS:

info@ironsconstruction.biz

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

FOB Delivered

DATE: 12/01/2017

INVITATION TO BID FROM JEFFERSON PARISH - continued

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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>7,900.00/job</p> | <p>\$7,900.00</p> <p>FOR Delivered</p> |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/17/2017

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 Terrebonne Insurance Agency, Inc. 4752 Hwy 311 Suite 112 Houma LA 70360 | | CONTACT NAME: Chris Breau PHONE (A/C, No, Ext): (985)851-3080 E-MAIL ADDRESS: chris@terrebonneinsurance.com FAX (A/C, No): (985)851-0304 | |
| INSURED Irons Construction LLP 737 Paul Maillard Road Ste. D Luling LA 70070 | | INSURER(S) AFFORDING COVERAGE INSURER A: Milwaukee Casualty Insurance Company 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 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"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | Y | | MPP1017715 02 | 08/12/2017 | 08/12/2018 | 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"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <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 EXCESS LIAB DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> | | | | | | 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 | N/A | | 17-17018 | 04/01/2017 | 04/01/2018 | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
| | 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)

Jefferson parish, its districts departments and agencies under the direction of the parish president and the parish council
Bid# 5000121332 shall be listed as additional insureds.

CERTIFICATE HOLDER**CANCELLATION**

Department of General Services
1221 Elmwood Park Blvd

Jefferson

LA 70123

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

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 17th 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