



ROOF TECHNOLOGIES, INC.

P.O. Box 1328, Harvey, LA 70059

(504) 366-9283 • FAX (504) 364-6413

Submitted By:

Roof Technologies, Inc.

631 Manhattan Blvd. / P.O. Box 1328

Harvey, LA 70058 / Harvey, LA 70059

Louisiana Contractor's License #: 26099

Jefferson Parish Vendor #: 32411

Submitted To:

Jefferson Parish Purchasing Department

Jefferson Parish General Government Building

200 Derbigny St., Suite 4400 / P.O. Box 9

Gretna, LA 70053 / Gretna, LA 70054-0009



Submitted For:

Remove Existing Build Up Roof
And Install Insulation and TPO Roof
Fabricate and Install a New 24 Gauge
Painted Steel Drip Edge on Perimeter
Bid No. 50-00123912

Bid Due Date & Time:

Thursday, August 23, 2018

11:00 AM

SEALED BID ENCLOSED

DATE: 8/16/2018

INVITATION TO BID
THIS IS NOT AN ORDER

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BID NO.: 50-00123912

JEFFERSON PARISH

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

VENDOR: 27118 BLANK BID COPY VENDOR

BUYER: DMEVANS

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	9/10/18
INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK	7 days
INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK	14 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: N/A

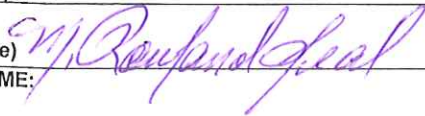
NUMBER: _____

NUMBER: _____

NUMBER: _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 26099

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

FIRM NAME:	
Roof Technologies, Inc.	
SIGNATURE: (Must be signed here)	TITLE:
	Executive Vice-President
PRINT OR TYPE NAME:	
M. Rowland Seal	
ADDRESS:	
631 Manhattan Blvd	
CITY, STATE:	ZIP:
Harvey, LA	70058
TELEPHONE:	FAX:
(504) 366-9283	(504) 364-6411
EMAIL ADDRESS:	
larry@rooftech-no.com	

TOTAL PRICE OF ALL BID ITEMS: \$ 8,500.00

DATE: 8/16/2018

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INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00123912

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>FURNISH LABOR, MATERIALS AND EQUIPMENT TO REMOVE EXISTING BUILD UP ROOF AND INSTALL INSULATION AND TPO ROOF. FABRICATE AND INSTALL A NEW 24 GAUGE PAINTED STEEL DRIP EDGE ON PERIMETER</p> <p>0010 Labor, Material and Equipment Needed To Remove And Install A Roof At:</p> <p>Jefferson Playground Track Pressbox 4100 South Drive Jefferson, LA 70121</p> <p>Contact: Kyle Beske 504-736-6999</p>	\$8,500.00	\$8,500.00



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RESOLUTION OF THE BOARD OF DIRECTORS

Be it resolved by the Board of Directors of Roof Technologies, Inc., domiciled in the City of Harvey, Louisiana, that M. Rowland Seal is hereby authorized and empowered to execute any and all contracts of whatever kind on behalf of Corporation.

CERTIFICATE

I, Manuel Gutierrez III, Secretary / Treasurer of Roof Technologies, Inc., do hereby certify that the foregoing resolution is a true and exact copy unanimously adopted by the Board of Directors of Roof Technologies, Inc., at a meeting thereof legally held on the 3rd day of January, 2018; that said resolution is duly entered into the records of said corporation; that it has not been rescinded or modified and that it is now in full force and effect.

In testimony whereof, I have hereunto set my hand and the seal of said corporation this
____ 22nd ____ day of ____ August ____, 2018.

A handwritten signature in blue ink, appearing to read "Manuel Gutierrez III", is written over a horizontal line.

Manuel Gutierrez, III
Secretary / Treasurer



State Licensing Board for Contractors

This is to Certify that:

ROOF TECHNOLOGIES, INC.
P. O. Box 1328
Harvey, LA 70059

is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION; SPECIALTY: ROOFING AND SHEET METAL, SIDING



Expiration Date: February 19, 2021

License No: 26099

This License is Not Transferrable

Witness our hand and seal of the Board dated,
Baton Rouge, LA 20th day of February 2018

Michael S. MacCoy
Director

Lee M. Mott
Chairman

Andy Newman
Treasurer



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/18/2018

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	CONTACT NAME:
Frank H. Furman, Inc.	PHONE (A/C No, Ext): 800-344-4838
1314 East Atlantic Blvd.	FAX (A/C, No): (954) 943-5417
P. O. Box 1927	E-MAIL ADDRESS:
Pompano Beach FL 33061	INSURER(S) AFFORDING COVERAGE
INSURED	INSURER A: National Fire Ins of Hartford
Roof Technologies Inc	INSURER B: American Guarantee & Liability Ins
P O Box 1328	INSURER C: American Casualty Co of Reading PA
Harvey LA 70059	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 <input checked="" type="checkbox"/> Contractual Liab Incl <input checked="" type="checkbox"/> XCU Hazard Incl GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			5092135192	5/1/2018	5/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			5092135189	5/1/2018	5/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			AUC925940811 Umbrella is follow form of the GL, AL and EL	5/1/2018	5/1/2019	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
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	N/A	5092135208	5/1/2018	5/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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)

CERTIFICATE HOLDER

CANCELLATION

"For Bidding Purposes Only"

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

Dirk DeJong/JC

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