

DATE: 9/17/2020

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00132213

**JEFFERSON PARISH**

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

VENDOR: 27118 BLANK BID COPY VENDOR

BUYER: DABRAHAM

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.

<b>DELIVERY: FOB JEFFERSON PARISH</b>	
INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES	_____
INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK	_____
INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK	_____

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) \_\_\_\_\_

<b>*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***</b>	
FIRM NAME: <u>Acrylic Creations LLC</u>	
SIGNATURE: <u>Denis Teen</u> <small>(Must be signed here)</small>	TITLE: <u>Owner</u>
PRINT OR TYPE NAME: <u>Denis Teen</u>	
ADDRESS: <u>2637 Delaware Ave</u>	
CITY, STATE: <u>Kenner La</u>	ZIP: <u>70062</u>
TELEPHONE: <u>(504) 4661124</u>	FAX: <u>(504) 4661336</u>
EMAIL ADDRESS: <u>Denis@Acryliccreations.net</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 21600.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00132213

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	16.00	EA	<p>Labor, material, equipment necessary to provide and install clear lexan glass around the witness boxes of (16) courtrooms</p> <p>0001 Clear Lexan 3/8" - 3 pieces around the witness box with mounting clips</p> <p>Includes: Furnishing &amp; installation for 16 court rooms</p> <p>FOR QUESTIONS AND/OR SITE VISITS, PLEASE CONTACT:</p> <p>TIM HOSKINS @ 504-364-2675 THOSKINS@JEFFPARISH.NET</p>	1350.00	21600.00



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/31/2020

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 Riverlands Insurance Services, Inc. 492 W. 5th St LaPlace, LA 70068	CONTACT NAME: Bryan Castillo	FAX (A/C, No): 985-652-4039
	PHONE (A/C, No, Ext): 985-652-5505	
	E-MAIL ADDRESS: bcastillo@rivins.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Certain Underwriters at Lloyds	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

INSURED  
ACRYLIC CREATIONS, LLC  
2637 Delaware Ave  
Kenner, LA 70062

COVERAGES      CERTIFICATE NUMBER: 0000831202001      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			MIG34756	08/31/2020	08/31/2021	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
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	\$ 1,000,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS							\$
	<input type="checkbox"/> NON-OWNED AUTOS							\$
	<input type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$
	<input type="checkbox"/> OCCUR							\$
	<input type="checkbox"/> CLAIMS-MADE							\$
	DED						PER STATUTE	
	RETENTION \$						OTH-ER	
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						E.I. EACH ACCIDENT	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.I. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.I. DISEASE - POLICY LIMIT	\$

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

DOOR, WINDOW INSTALLATION  
FURNITURE / FIXTURES INSTALLATION

### CERTIFICATE HOLDER

Jefferson Parish Government  
Jefferson Parish General Government Building  
200 Derbigny Street, Suite 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

Bryan A. Castillo

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Insurance Declaration Affidavit  
Worker's Compensation

AFFIDAVIT

STATE OF Louisiana  
PARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared,  
Denis Teer, (Affiant) who after being duly sworn, deposed and said that he/she  
is the fully authorized Denis Teer of Acrylic Creations LLC (Entity), the  
party who submitted a Proposal/Contract/Bid/RFP/SOQ No. 50-00132213, 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.

Denis Teer  
Signature of Affiant

Denis Teer  
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME  
ON THE 23RD DAY OF SEPTEMBER, 2020.

Bryan A. Castillo  
Notary Public

BRYAN A. CASTILLO  
Printed Name of Notary

141813  
Notary/Bar Roll Number



My commission expires AT DEATH