

DATE: 3/26/2015

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00112875

JEFFERSON PARISH

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

VENDOR: 27118 BLANK BID COPY VENDOR

BUYER: DMEVANS

Bids will be received until 11:00 AM, 4/10/2015 via fax: 504-364-2693 or via online at www.jeffparish.net

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 is to be done in a workman-like manner, according to standard practices. Any deviations or alterations from the specifications must be indicated and backup documentation supplied with your quotation.

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: Addendum #1 3/26/2015
NUMBER: Addendum #2 4/21/2015
NUMBER: _____
NUMBER: _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 35350

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: <u>Beacon Air Conditioning Heating + Refrigeration</u>	
SIGNATURE: (Must be signed here) <u>Eugene Larroux</u>	TITLE: <u>Pres.</u>
PRINT OR TYPE NAME: <u>Eugene Larroux</u>	
ADDRESS: <u>317 E 3rd St.</u>	
CITY, STATE: <u>Kenner, LA</u>	ZIP: <u>70062</u>
TELEPHONE: <u>(504) 467-8698</u>	FAX: <u>(504) 466-4996</u>
EMAIL ADDRESS: <u>merrickbeacon@bellsouth.net</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 16,250⁰⁰

DATE: 3/26/2015

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INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00112875

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	ONLY	<p>FURNISH AND INSTALL ONE AIR CONDITIONER UNIT AN ALL OF ITS COMPONENTS</p> <p>0010 Furnish labor, materials and equip ment necessary to perform the following: Remove and dispose of existing 10 Ton Trane system from building. All refri- gerant shall be recovered as per EPA guidelines. Furnish and install (1)One Air Conditioner Unit and all of its components stated in the attached specs.</p> <p>Unit will be placed at: Eastbank Drainage 4901 Jefferson Hwy Suite D Jefferson, La 70121</p> <p>Contact Richard Davis 736-8764 For any questions and for Delivery status .</p> <p>specifications and Insurance requirement are attached</p>	16,250 ⁰⁰	16,250 ⁰⁰



WWW.JEFFPARISH.NET

JOHN F. YOUNG, JR.
PARISH PRESIDENTJEFFERSON PARISH
DEPARTMENT OF PURCHASING

March 26, 2015

BRENDA J. CAMPOS
DIRECTORADDENDUM NO.1

Bid No.: 50-00112875

Bid Opening Date: April 10, 2015
Extended Bid Opening Date: N/AFor: FURNISH AND INSTALL ONE AIR CONDITIONER UNIT AND ALL OF ITS COMPONENTSClarification of Specifications:

- ADDITIONAL REQUIREMENTS FOR THIS BID: CONTRACTOR MUST HOLD CURRENT APPLICABLE (ELECTRICAL) JEFFERSON PARISH LICENSES WITH THE DEPARTMENT OF INSPECTION AND CODE ENFORCEMENT. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PAYMENT OF THESE PERMITS. ALL PERMITS MUST BE OBTAINED PRIOR TO THE START OF THE PROJECT. CONTRACTOR MUST ALSO HOLD ANY AND ALL APPLICABLE FEDERAL AND STATE LICENSES. CONTRACTOR SHALL BE RESPONSIBLE FOR THE PAYMENT OF THESE PERMITS AND SHALL OBTAIN THEM PRIOR TO THE START OF THE PROJECT.

Sincerely,

A handwritten signature in cursive script, reading "Donna M. Evans".

Donna M. Evans, Buyer I
Jefferson Parish Purchasing Department

Bidders must acknowledge all addenda on the bid form. Bidder acknowledges receipt of this addendum on the bid form as indicated. Failure to do so will result in bid rejection.

This addendum is a part of the contract documents and modifies the original bidding documents and specifications. The contents of this addendum shall be included in the contract documents. Changes made by this addendum shall take precedence over the documents of earlier date.

A handwritten signature in cursive script, reading "Eugene Sanouf".



JEFFERSON PARISH
DEPARTMENT OF PURCHASING

WWW.JEFFPARISH.NET

JOHN F. YOUNG, JR.
PARISH PRESIDENT

BRENDA J. CAMPOS
DIRECTOR

April 2, 2015

ADDENDUM #2

Bid No.: 50-00112875

Bid Opening Date: April 10, 2015

For: Furnish and install one air conditional unit and all of its components

Correction from addendum #1 – Instruction number 3 was added to the required instructions. This instruction states if there are any permits required by Jefferson Parish Inspection and Code Enforcement, it is the contractor's responsibility to obtain and all fees must be incurred in the bid response price.

Correction to the Louisiana State Contractors License requirement added per addendum #1 – Instruction number 4 was added to the required instructions. The license category was stated as electrical, which is incorrect.

Correct required license category is: MECHANICAL WORK and/or AIR CONDITIONING WORK, VENTILATION, REFRIGERATION, AND DUCT WORK and/or HEAT, AIR CONDITIONING, VENTILATION, DUCT WORK, AND REFRIGERATION.

Sincerely,

A handwritten signature in cursive script, appearing to read "Donna M Evans".

Donna M Evans, Buyer I

Jefferson Parish Purchasing Department

Bidders must acknowledge all addenda on the bid form. Bidder acknowledges receipt of this addendum on the bid form as indicated. Failure to do so will result in bid rejection.

This addendum is a part of the contract documents and modifies the original bidding documents and specifications. The contents of this addendum shall be included in the contract documents. Changes made by this addendum shall take precedence over the documents of earlier date.

A handwritten signature in cursive script, appearing to read "Eugene Laroche Pres".

Updated: April 2, 2015



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/27/2015

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	Hylton S Petit Jr StateFarm 2705 Florida Avenue Kenner, LA 70062	CONTACT NAME: Hylton S Petit Jr PHONE (AC, No, Ext): 504-461-0171 FAX (AC, No): 504-461-0289 E-MAIL: hylton.petit.b27x@statefarm.com ADDRESS: hylton.petit.b27x@statefarm.com
INSURED	Beacon Air Cond inc 317 E 3rd St Kenner, LA 70062-7173	INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Mutual Automobile Insurance Company NAIC # 25178 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.

WSR LTR	TYPE OF INSURANCE	ADOL SUBR INSD RVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PROP AGG \$
	GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO <input type="checkbox"/> ECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:					
A	AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>	N N	211 0254 A12 18B	01/12/2015	07/12/2015	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>					EACH OCCURRENCE \$ AGGREGATE \$
	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 <input type="checkbox"/>				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

The Parish of Jefferson, Its Districts, Departments and Agencies Under the Direction of the Parish President and the Parish Council
Eastbank Drainage
4901 Jefferson Hwy Suite d
Jefferson, LA 70121 BID#50-00112875

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

Hylton S Petit Jr

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/27/2015

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. 13919 River Road, Suite 110 Luling LA 70070		CONTACT NAME: Brandi Lamonte PHONE (A/C, No, Ext): (985) 331-2766 E-MAIL ADDRESS: blamonte@rivins.com FAX (A/C, No): (985) 331-8210																						
INSURED Beacon Air Conditioning, Heating & 317 E 3rd Street Kenner LA 70062		<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>America First</td><td></td></tr><tr><td>INSURER B:</td><td>Bridgefield Casualty Insurance</td><td>10335</td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	America First		INSURER B:	Bridgefield Casualty Insurance	10335	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURER F:																								

COVERAGES **CERTIFICATE NUMBER:** CL152309551 **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY			55818871	1/31/2015	1/31/2016	EACH OCCURRENCE	\$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 15,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ 1,000,000	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
								\$	
	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						EACH OCCURRENCE	\$	
	EXCESS LIAB	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$	
	DED	RETENTION \$						\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			0198-03840-0	1/31/2015	1/31/2016	WC STATUTORY LIMITS	OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
BID # 50-00112875

Additional Insured & Waiver of Subrogation provided by General Liability coverage as per written contract. Waiver of Subrogation provided by Workers' Compensation coverage as per written contract.

CERTIFICATE HOLDER

The Parish of Jefferson, Its Districts, De and Agencies under the Direction of the Parish President and the Parish Council
Eastbank Drainage
4901 Jefferson Hwy Suite D
Jefferson, LA 70121

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AUTHORIZED REPRESENTATIVE

Brandi Lamonte/BRALAM