

DATE: 1/23/2024

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00144387

JEFFERSON PARISH

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

VENDOR:

PURCHASING SPECIALIST:
MBUTTERY

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

2 Weeks of Order

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

Within 14 days of NTP

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

2 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 by placing the addendum number 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) _____

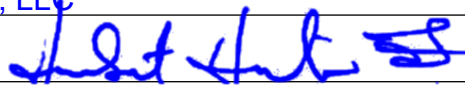
***** ALL BIDDERS MUST COMPLETE SECTION BELOW *****

FIRM NAME:

H3 Electric, LLC

SIGNATURE:

(Must be signed here)



TITLE:

Member

PRINT OR TYPE NAME:

Herbert W Hartman, III

ADDRESS:

500 N Starrett Rd.

CITY, STATE:

Metairie, LA

ZIP:

70003

TELEPHONE:

(504) 305-4304

FAX:

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EMAIL ADDRESS:

h3electricllc@gmail.com

TOTAL PRICE OF ALL BID ITEMS: \$ 4,572.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00144387

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>Labor, Materials and Equipment to Replace Obsolete Electrical Panel at the Eastbank Health Unit for the Department of General Services</p> <p>0010 - LABOR, MATERIALS, EQUIPMENT AND ALL OTHER INCIDENTAL TO FURNISH AND INSTALL THE FOLLOWING:</p> <ul style="list-style-type: none"> - (1) NEW SQ. D 54 CIRCUIT 225 AMP 120/208V MLO SURFACE MOUNT PANEL THIS PANEL SHALL BE MOUNTED SEMI-RECESSED ON CORRIDOR SIDE OF WALL BEHIND EXISTING PANEL - (48) 1 POLE 20AMP BREAKERS (6 SPACES REMAINING FOR FUTURE) - SPARE EMPTY STUB UPS FOR FUTURE CIRCUITS FROM THIS PANEL INTO CEILING SPACE ABOVE - ALL MISCELLANEOUS BRANCH CIRCUIT WIRING, TAP CONNECTORS ECT. TO EXTEND CIRCUITS AS NEEDED FROM THE OLD PANEL INTO NEW PANEL - REROUTE EXISTING FEEDER INTO NEW PANEL - PERFORM SELECTIVE DEMOLITION OF EXISTING PANEL CIRCUITRY, FEEDERS AND INTERIOR - 14 GAUGE SHEET METAL COVER ON EXISTING PANEL BOX WITH 1" OVERLAP ON WALL <p>NEEDED TO REPLACE AN OBSOLETE ELECTRICAL PANEL AT THE EASTBANK HEALTH UNIT</p> <p>REF 1227 24</p> <p>SITE VISIT CONTACT: LANGDON MICKENS - (504)364-3467</p> <p>JOB LOCATION: EASTBANK HEALTH UNIT 111 N. CAUSEWAY BLVD. METAIRIE, LA 70001</p>	\$ 4,572.00	\$4,572.00



H3ELE-1

OP ID: AM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/01/2024

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 Pointer Insurance Agency, LLC P. O. Box 1628 Mandeville,, LA 70470 Ashley Mayeux Johnson	985-334-4141	CONTACT NAME: Ashley Mayeux Johnson PHONE (A/C, No, Ext): 985-334-4141 FAX (A/C, No): 985-334-4137 E-MAIL ADDRESS: amj@pointer-insurance.com
INSURED H3 Electric LLC 226 23RD ST UNIT 8 Kenner, LA 70062		INSURER(S) AFFORDING COVERAGE INSURER A : American First/Liberty Insuran INSURER B : Progressive American Ins. Co. INSURER C : INSURER D : INSURER E : INSURER F :
		NAIC # 12696 10050

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 type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BLS64688848	04/15/2023	04/15/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			968052923	10/15/2023	04/15/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UM \$ 100,000
	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) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below			XWS64688848 USL&H INCLUDED	04/15/2023	04/15/2024	PER STATUTE <input checked="" 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)

Bid # #50-00144387

Jefferson Parish, its Districts Departments and Agencies under the direction of the Parish President and the Parish Council as additional insureds regarding negligence by the contractor for the Commercial General Liability and the Comprehensive Automobile Liability policies.

CERTIFICATE HOLDER

CANCELLATION

Jefferson Parish Purchasing Department
General Government Building
200 Derbigny Street, Suite 4400
Gretna, LA 70053

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