

DATE: 10/19/2016

Page: 5

BID NO.: 50-00117904

BID FORM
Non Public Works

All Public Work Projects are required to use the Louisiana Uniform Public Work Bid Form

c All prices must be held firm unless an escalation provision is requested in this bid. Jefferson Parish will allow one escalation during the term of the contract, which may not exceed the U.S. Bureau of Labor Statistics National Index for all Urban Consumers, unadjusted 12 month figure. The most recently published figure issued at the time an adjustment is requested will be used. A request must be made in writing by the vendor, and the escalation will only be applied to purchases made after the request is made.

Are you requesting an escalation provision?

YES _____ NO ✓

MAXIMUM ESCALATION PERCENTAGE REQUESTED _____%

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF 1/20/2017

For the purposes of comparison of bids when an escalation provision is requested, Jefferson Parish will apply the maximum escalation percentage quoted by the bidder to the period to which it is applied in the bid. The initial price and the escalation will be used to calculate the total bid price. It will be assumed, for comparison of prices only, that an equal amount of material or labor is purchased each month throughout the entire contract.

DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

11/27/16

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

63717

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: Diversified Elevator Service

ADDRESS: 297 st hwy 143

CITY, STATE: Millbrook AL ZIP: 36054

TELEPHONE: (334) 285-3863 FAX: (334)-285-6165

EMAIL ADDRESS: hunter@diversifiedelevator.net

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: I

NUMBER: _____

NUMBER: _____

NUMBER: _____

TOTAL PRICE OF ALL BID ITEMS: \$ \$359,424.00

AUTHORIZED SIGNATURE: Hunter Ziegler

Hunter Ziegler
Printed Name

TITLE: Service Manager

SIGNING INDICATES YOU HAVE READ AND COMPLY WITH THE INSTRUCTIONS AND CONDITIONS.

NOTE: All bids should be returned with the BID NUMBER and BID OPENING DATE indicated on the outside of the envelope submitted to the Purchasing Department.

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00117904

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	36.00	MO	LABOR, MATERIALS & EQUIPMENT NECESSARY TO PROVIDE A (3) YEAR CONTRACT FOR ALL MAINTENANCE & REPAIRS FOR ELEVATORS LOCATED IN VARIOUS LOCATIONS AS PER THE ATTACHED SPEC'S FOR GENERAL SERVICES.		
			0010-JEFFERSON PARISH THOMAS F. DONELON BUILDING, 200 DERBIGNY STREET, GRETN, LA		
			(3) OTIS TRACTION PASSENGER ELEVATORS: ELEVATOR NO. 3 - SERIAL NO. D76935 (LOBBY)	400.00	14,400.00
			ELEVATOR NO. 4 - SERIAL NO. D76938 (LOBBY)	400.00	14,400.00
			ELEVATOR NO. 5 - SERIAL NO. D76937 (LOBBY)	400.00	14,400.00
			(2) KONE TRACTION PASSENGER ELEVATORS: ELEVATOR NO. 1 - SERIAL NO. 20236057 (JUDGE)	400.00	14,400.00
2	36.00	MO	ELEVATOR NO. 2 - SERIAL NO. 20244086 (PRISONER)	400.00	14,400.00
			0020-JEFFERSON PARISH DISTRICT ATTORNEY BUILDING, 200 DERBIGNY STREET, GRETN, LA		
			(3) ELECTRIC PASSENGER ELEVATORS: ELEVATOR NO. 1 - SERIAL NO. S309-0969 (LOBBY)	272.00	9,792.00
			ELEVATOR NO. 2 - SERIAL NO. S309-0958 (LOBBY)	272.00	9,792.00
			ELEVATOR NO. 3 - SERIAL NO. S308-6308 (LOBBY)	272.00	9,792.00
3	36.00	MO	0030-JEFFERSON PARISH GENERAL GOVERNMENT BUILDING, 200 DERBIGNY STREET, GRETN, LA		
			(3) ELECTRIC PASSENGER ELEVATORS: ELEVATOR NO. 1 - SERIAL NO. 519029 (LOBBY)	272.00	9,792.00
			ELEVATOR NO. 2 - SERIAL NO. 519030 (LOBBY)	272.00	9,792.00
			ELEVATOR NO. 3 - SERIAL NO. 519031 (LOBBY)	272.00	9,792.00
4	36.00	MO	0040-JEFFERSON PARISH JOSEPH S. YENNI BUILDING, 1221 ELMWOOD PARK BLVD.,		
REVISED AS PER ADDENDUM # 1					

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00117904

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
5	36.00	MO	JEFFERSON, LA		
			(4) ELECTRIC PASSENGER ELEVATORS: ELEVATOR NO. 1 - SERIAL NO. 652933 (LOBBY)	272.00	9,792.00
			ELEVATOR NO. 2 - SERIAL NO. 652932 (LOBBY)	272.00	9,792.00
			ELEVATOR NO. 3 - SERIAL NO. 652931 (LOBBY)	272.00	9,792.00
6	36.00	MO	ELEVATOR NO. 4 - SERIAL NO. 652930 (LOBBY)	272.00	9,792.00
			0050-METAIRIE SENIOR CENTER, 265 N. CAUSEWAY BLVD., METAIRIE, LA		
			ELEVATOR NO. 1 - DOVER HYDRAULIC ELEVATOR, SERIAL NO. E-71200 BATTERY LOWERING DEVICE	272.00	9,792.00
			0080-SALVADOR A. LIBERTO BUILDING, 200 HUEY P. LONG AVENUE, GRETN, LA		
7	36.00	MO	ELEVATOR NO. 1 - KONE HYDRAULIC ELEVATOR SERIAL #20212276 BATTERY LOWERING DEVICE	272.00	9,792.00
			0070-CENTRAL PLANT BUILDING, 960 1ST STREET, GRETN, LA		
			KONE HYDRAULIC ELEVATOR: ELEVATOR NO. 1 - SERIAL NO. 8008436080 BATTERY LOWERING DEVICE	272.00	9,792.00
			0080-PARKING GARAGE, 300 DERBIGNY STREET GRETN, LA		
8	36.00	MO	ELEVATOR NO. 1 - (EAST SIDE) KONE TRACTION ELEVATOR SERIAL NO. 20284826	400.00	14,400
			ELEVATOR NO. 2 - (EAST SIDE) KONE TRACTION ELEVATOR SERIAL NO. 20284827	400.00	14,400
			ELEVATOR NO. 3 - (WEST SIDE) KONE TRACTION ELEVATOR SERIAL NO. 20284828	400.00	14,400
			ELEVATOR NO. 4 (EAST SIDE) SCHINDLER ELEVATOR, TYPE-MPH-II-SS, CAR NO. 08342-01	400.00	14,400
REVISED AS PER ADDENDUM # 1					

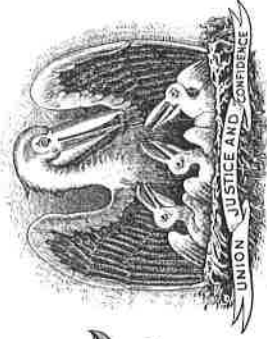
INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00117904

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
9	36.00	MO	BATTERY LOWERING DEVICE	272.00	9,792.00
			ELEVATOR NO. 5 (WEST SIDE) SCHINDLER ELEVATOR, TYPE-MPH-II-SS, CAR NO. 08343-01 BATTERY LOWERING DEVICE		
			0090-SECOND PARISH COURT, 100 HUEY P. LONG AVENUE, GRETN, LA		
			(6) HYDRAULIC PASSENGER ELEVATORS: ELEVATOR NO. 1 - SERIAL NO. 494873 (LOBBY)		
			ELEVATOR NO. 2 - SERIAL NO. 494874 (LOBBY)		
			ELEVATOR NO. 3 - SERIAL NO. 494875 (LOBBY) ELEVATOR NO. 4 - SERIAL NO. 494876 (LOBBY)		
			ELEVATOR NO. 5 - SERIAL NO. 494877 (PRISONER)		
10	36.00	MO	ELEVATOR NO. 6 - SERIAL NO. 494878 (JUDGE)	272.00	9,792.00
			0100-LOCAL HISTORY MUSEUM, 519 HUEY P. LONG AVENUE, GRETN, LA	272.00	9,792.00
			ELEVATOR NO. 1 - SCHINDLER HYDRAULIC ELEVATOR, SERIAL NO. E1301/01. BATTERY LOWERING DEVICE.		
			0110-Emergency Operations & Communicatloins Center -910 3rd Street, Gretna , La.		
			Elevator No. 1: Kone Traction Elevator (Lobby) Serial No.20288232		
			Elevator No. 2: Ambassador Food Service Dumbwaiter Elevator Serial No.WHI-702633		
			REVISED AS PER ADDENDUM # 1		

State of Louisiana



State Licensing Board for Contractors

This is to Certify that:

DIVERSIFIED ELEVATOR SERVICE AND EQUIPMENT
COMPANY, INC.
297 State Hwy. 143
Millbrook, AL 36054

is duly licensed and entitled to practice the following classifications

SPECIALTY: ELEVATORS, DUMBWAITERS AND ESCALATORS



Witness our hand and seal of the Board dated,
Baton Rouge, LA 10th day of August 2016

Will B. McPhee Director

Lee M. Delt Chairman

Andy Delt Treasurer

Expiration Date: August 10, 2017

License No: 63717

This License Is Not Transferrable

Attachment "A"

CONTRACTOR'S REFERENCE LIST

Building Name -	VA Biloxi MS	Square Footage -	every building
Address -	400 veteran Avenue		
City & State -	Biloxi MS	ZIP -	39530
Contact Person -	Alan Bond	Title -	Contract Specialist
Telephone -	228-523-5721	Fax -	
Building Name -	VA NEW ORLEANS	Square Footage -	every building
Address -	1601 Perdido street		
City & State -	NEW ORLEANS LA	ZIP -	70433
Contact Person -	Sheryl Harris	Title -	Contract specialist
Telephone -	504-558-1428 ext 7578	Fax -	
Building Name -	Keesler AFB MS	Square Footage -	entire base
Address -			
City & State -	Biloxi MS	ZIP -	39530
Contact Person -	Robert Manter	Title -	Contract Specialist
Telephone -	228-943-9517	Fax -	
Building Name -	Eglin AFB	Square Footage -	entire base
Address -			
City & State -	Fort Walton Beach FL	ZIP -	32548
Contact Person -	Curtis Keefer	Title -	Contract specialist
Telephone -	850-882-5023	Fax -	
Building Name -	City of Montgomery	Square Footage -	Several building
Address -	Montgomery AL		
City & State -	Montgomery AL	ZIP -	36054
Contact Person -	Doug Jones	Title -	Project manager
Telephone -	334-850-5986	Fax -	

Non-Public Works Bid

AFFIDAVIT

STATE OF ALABAMA

PARISH/COUNTY OF Elmore

BEFORE ME, the undersigned authority, personally came and appeared: Hunter
Ziegler, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized Manager of Diversified Elevator (Entity),
the party who submitted a bid in response to Bid Number 50-117904, to the Parish of
Jefferson.

Affiant further said:

Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required
attachment):


Choice A _____ Attached hereto is a list of all campaign contributions, including
the date and amount of each contribution, made to current or
former elected officials of the Parish of Jefferson by Entity,
Affiant, and/or officers, directors and owners, including
employees, owning 25% or more of the Entity during the two-year
period immediately preceding the date of this affidavit or the
current term of the elected official, whichever is greater. Further,
Entity, Affiant, and/or Entity Owners have not made any
contributions to or in support of current or former members of the
Jefferson Parish Council or the Jefferson Parish President through
or in the name of another person or legal entity, either directly or
indirectly.

Choice B ✓ there are **NO** campaign contributions made which would require
disclosure under Choice A of this section.

Debt Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.

Choice B  _____ There are **NO** debts which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

[The remainder of this page is intentionally left blank.]

That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.



Signature of Affiant

Hunter Ziegler

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 22 DAY OF November, 2016



Notary Public

T. Ziegler

Printed Name of Notary

Notary/Bar Roll Number

My commission expires My Commission Expires 01/01/2020



ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/21/2016

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 Commercial Lines- 800-489-0105 Palomar Insurance Corporation 4525 Executive Park Drive, Ste 202 Montgomery, AL 36116	CONTACT NAME: Jan Wright PHONE (A/C, No, Ext): 334-409-3180 E-MAIL ADDRESS: janw@palomarins.com FAX (A/C, No): 334-323-0568														
INSURED Diversified Elevator Service and Equipment Co. Inc. 297 State Highway 143 Millbrook, AL 36054	<table border="1"> <tr> <td data-bbox="803 451 1404 514">INSURER(S) AFFORDING COVERAGE</td> <td data-bbox="1404 451 1536 514">NAIC #</td> </tr> <tr> <td data-bbox="803 514 1404 556">INSURER A: Hartford Underwriters Insurance</td> <td data-bbox="1404 514 1536 556">30104</td> </tr> <tr> <td data-bbox="803 556 1404 598">INSURER B: National Union Fire Ins Co of P</td> <td data-bbox="1404 556 1536 598">19445</td> </tr> <tr> <td data-bbox="803 598 1404 640">INSURER C:</td> <td data-bbox="1404 598 1536 640"></td> </tr> <tr> <td data-bbox="803 640 1404 682">INSURER D:</td> <td data-bbox="1404 640 1536 682"></td> </tr> <tr> <td data-bbox="803 682 1404 724">INSURER E:</td> <td data-bbox="1404 682 1536 724"></td> </tr> <tr> <td data-bbox="803 724 1404 766">INSURER F:</td> <td data-bbox="1404 724 1536 766"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Hartford Underwriters Insurance	30104	INSURER B: National Union Fire Ins Co of P	19445	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Hartford Underwriters Insurance	30104														
INSURER B: National Union Fire Ins Co of P	19445														
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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		13UENOJ6461	06/19/2016	06/19/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COM/OP AGG \$4,000,000 \$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$		EBU019660573	06/19/2016	06/19/2017	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
	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/A			PER STATUTE OTH-ER 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

CANCELLATION

Jefferson Parish Purchasing Department 200 Derbigny Street General Government Building 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 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/21/2016

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
York Risk Services Group
P.O. Box 2408
Birmingham, AL 35201

CONTACT NAME:
PHONE (A/C, No, Ext): 205-870-1448 **FAX (A/C, No):** 614-717-6371
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A :Midwest Employers Casualty Company	23612
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Diversified Elevator Service & Equipment Co., Inc.
297 State Highway 143
Millbrook, AL 36054

COVERAGES

CERTIFICATE NUMBER:HPBQ7W7J

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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	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 <input checked="" type="checkbox"/> N/A			PFMS110305 Coverage under the policy is limited to the MS, FL, GA & LA Workers' Compensation Act	01/01/2016	01/01/2017	X PER STATUTE <input type="checkbox"/> OTHER <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)

Ralph Ziegler is included under the Mississippi, Florida and Georgia workers' compensation coverage. Georgia added effective 6/28/2016 to Policy # PFMS110305. Louisiana added effective 10/27/2016 to Policy # PFMS110305. Bid # 50-117904

CERTIFICATE HOLDER

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

Cheryl Lynn Rowick



Document A310™ – 2010

Conforms with The American Institute of Architects AIA Document 310

Bid Bond

CONTRACTOR:

(Name, legal status and address)

Diversified Elevator Service & Equipment
Company, Inc.
297 State Highway 143
Millbrook, AL 36054

OWNER:

(Name, legal status and address)

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

SURETY:

(Name, legal status and principal place of business)

The Ohio Casualty Insurance Company
62 Maple Avenue
Keene, NH 03431

Mailing Address for Notices

The Ohio Casualty Insurance Company
Attention: Surety Claims Department
1001 4th Avenue, Suite 1700
Seattle, WA 98154

This document has important
legal consequences.
Consultation with an attorney is
encouraged with respect to its
completion or modification.

Any singular reference to
Contractor, Surety, Owner or
other party shall be considered
plural where applicable.

BOND AMOUNT: Five percent of the amount bid

PROJECT:

(Name, location or address, and Project number, if any)

Bid No 50-117904; 3 Year Maintenance & Repairs Contract for Elevators in Various Locations for Jefferson
Parish General Services

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed and sealed this 22nd day of November, 2016.


(Witness)

Diversified Elevator Service & Equipment Company, Inc.

(Principal)

(Seal)

(Title) President

The Ohio Casualty Insurance Company

(Surety)

(Title) Francis Ware, Attorney-in-Fact



THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS PRINTED ON RED BACKGROUND.

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Certificate No. 7029289

American Fire and Casualty Company
The Ohio Casualty Insurance Company

Liberty Mutual Insurance Company
West American Insurance Company

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That American Fire & Casualty Company and The Ohio Casualty Insurance Company are corporations duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Debra Sanders; Donald L. Milam; Francis Ware; James H. Barber Jr; Natalie L. Fowler

all of the city of Montgomery, state of AL each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 19th day of June, 2015.



American Fire and Casualty Company
The Ohio Casualty Insurance Company
Liberty Mutual Insurance Company
West American Insurance Company

By:

David M. Carey

David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 19th day of June, 2015, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of American Fire and Casualty Company, Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.



COMMONWEALTH OF PENNSYLVANIA

Notarial Seal
Teresa Pastella, Notary Public
Plymouth Twp., Montgomery County
My Commission Expires March 28, 2017

Member, Pennsylvania Association of Notaries

By:

Teresa Pastella

Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of American Fire and Casualty Company, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS – Section 12. Power of Attorney. Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts – SECTION 5. Surety Bonds and Undertakings. Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Gregory W. Davenport, the undersigned, Assistant Secretary, of American Fire and Casualty Company, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 22nd day of November, 2014.



By:

Gregory W. Davenport

Gregory W. Davenport, Assistant Secretary

To confirm the validity of this Power of Attorney call
1-610-832-8240 between 9:00 am and 4:30 pm EST on any business day.

Not valid for mortgage, note, loan, letter of credit,
currency rate, interest rate or residual value guarantees.

Diversified Elevator employees assigned to contract

If awarded the elevator service contract Diversified Elevator Service will use elevator service technician Jeff Combe to perform the service. He currently services all of the elevators located at the new VA New Orleans Facility. Jeff has been in the elevator industry for over 10 years and is in good standing with the elevator union.

If additional help is required, we will send either Josh Phillips or Leroy Phillips to help. Each individual has over 15 years of experience and is in good standing with the local elevator union.

All of our mechanics have completed the 5 years of elevator schooling and elevator apprenticeship programs in order to become an elevator mechanic.

**Request for Taxpayer
Identification Number and Certification**

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) <u>Diversified Elevator Service & Equipment Company, Inc.</u>	
	Business name/disregarded entity name, if different from above <u>SAME as above</u>	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____	
	Address (number, street, and apt. or suite no.) <u>297 St Hwy 143</u> City, state, and ZIP code <u>Millbrook AL 36054</u>	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3. Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.	Social security number [][]-[][]-[][][][][][][] Employer identification number <u>63-0980131</u>
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Part II Certification Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person (defined below), and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.	Sign Here Signature of U.S. person ▶ <u>[Signature]</u> Date ▶ <u>11/22/16</u>
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General Instructions Section references are to the Internal Revenue Code unless otherwise noted. Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9 . Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page. Purpose of Form A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to: 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued), 2. Certify that you are not subject to backup withholding, or 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the	withholding tax on foreign partners' share of effectively connected income, and 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9. Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are: • An individual who is a U.S. citizen or U.S. resident alien, • A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, • An estate (other than a foreign estate), or • A domestic trust (as defined in Regulations section 301.7701-7). Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.
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