

DATE: 9/06/2018

INVITATION TO BID  
THIS IS NOT AN ORDER

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BID NO.: 50-00123997

**JEFFERSON PARISH**

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

VENDOR: 27118 BLANK BID COPY VENDOR

BUYER: CGASPER

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

2-4 WKS

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

1

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

1

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) 62513

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: MINER HOUSTON LTD	
SIGNATURE: (Must be signed here)	TITLE: SALES
PRINT OR TYPE NAME: GREG HUNTER	
ADDRESS: 850 SAMS AV	
CITY, STATE: HARAHAN, LA	ZIP: 70123
TELEPHONE: 504 734-1155	FAX: ( )
EMAIL ADDRESS: ghunter@minercorp.com	

TOTAL PRICE OF ALL BID ITEMS: \$ 1742.

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**INVITATION TO BID FROM JEFFERSON PARISH - continued**

**BID NO.: 50-00123997**

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>FURNISH &amp; INSTALL NEW MOTOR AND MOTOR COVER ON OVERHEAD GARAGE DOOR FOR JEFFERSON PARISH MARRERO TREATMENT PLANT</p> <p>0010 - LABOR, MATERIAL AND EQUIPMENT NECESSARY TO FURNISH AND INSTALL NEW MOTOR, MODEL GH501LU 1/2 HP, 115V SGL, AND MOTOR COVER ON THE OVERHEAD GARAGE DOOR AT THE MARRERO WASTEWATER TREATMENT PLANT.</p> <p>CONTACT: RON HUFFMAN MARRERO TREATMENT PLANT 6250 LAPALCO BLVD. MARRERO, LA 70072 (504)-349-5152</p> <p>FOR A SITE VISIT, SEE CONTACT ABOVE.</p>	\$1742.	\$1742.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/18/2018

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 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 Hylant - Toledo 811 Madison Ave. Toledo OH 43604	CONTACT NAME: Courtney Cox PHONE (A/C, No, Ext): 419-724-8725 E-MAIL ADDRESS: Courtney.Cox@hylant.com	FAX (A/C, No): 419-255-7557
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Travelers Prop Cas Co of Amer		25674
INSURER B: Charter Oak Fire Insurance Co		25615
INSURER C: Illinois Union Insurance Co		27960
INSURER D:		
INSURER E:		
INSURER F:		

## COVERAGES

CERTIFICATE NUMBER: 1101267665

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
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU Coverage <input checked="" type="checkbox"/> Contractual Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	Y6302J330306COF18	3/14/2018	3/14/2019	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 \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	Y8102J330306COF18	3/14/2018	3/14/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0	Y		YCUP2J330306TIL18	3/14/2018	3/14/2019	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
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 N	N/A	UB0K6392771814	3/14/2018	3/14/2019	<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
C	Pollution Liability			CPYG46613600002	3/8/2018	3/14/2019	Each Condition Limit \$ 2,000,000 Aggregate Limit \$ 2,000,000

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

Named Insureds on Policies Include:

Material Handling Services, LLC; IEMFS, Ltd.; Total Fleet Solutions, Ltd.; ABT Power Management, LLC; National Maintenance Services, LLC; Canadian Maintenance Services, LLC; Miner, Ltd.; Miner, Ltd. dba The Miner Corporation and its Affiliates; Miner Southwest, LLC; Miner El Paso, Ltd; Miner North Texas, Ltd.; Miner Florida, Ltd.; Miner Houston, Ltd.; Miner Central Texas, Ltd.; Miner Equipment, LLC; Miner Fleet Management Group, LLC; Miner Fleet Management Group, LLC, dba Metro Service Solutions; Miner Fleet Management Group, LLC, dba Metro Door; Nationwide Security & Building Services, LLC

Commercial general liability and automobile policies include a blanket additional insured on a primary and non-contributory basis where required by contract. Umbrella coverage includes additional insureds if provided in the underlying coverage. Umbrella policy is follow form. A separate \$10,000,000 General See Attached...

## CERTIFICATE HOLDER

## CANCELLATION

JEFFERSON PARISH PURCHASING DEPARTMENT  
200 DERBIGNY ST  
STE. 4400  
GRETN 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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**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY Hylant - Toledo		NAMED INSURED Material Handling Services, LLC 3235 Levis Commons Blvd. Perrysburg OH 43551
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Aggregate Limit applies on a Per Project basis when required by written contract. 30 days notice of cancellation applies to designated entities. Waiver of subrogation applies per the general liability, automobile and workers compensation policies when required by written contract. Entities listed below are included as additional insured when required by written contract.

JEFFERSON PARISH, ITS DISTRICTS DEPARTMENTS AND AGENCIES UNDER THE DIRECTION OF THE PARISH PRESIDENT AND THE PARISH COUNCIL

BID # 50-00123997