

DATE: 9/13/2021

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00135806

JEFFERSON PARISH

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

VENDOR: 27118 BLANK BID COPY VENDOR

BUYER: BBELLOW

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

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

3 days once unit in

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

1 day

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: _____

NUMBER: _____

NUMBER: _____

NUMBER: _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 55529

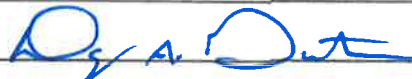
***** ALL BIDDERS MUST COMPLETE SECTION BELOW *****

FIRM NAME:

AHG Services, LLC

SIGNATURE:

(Must be signed here)



TITLE:

Principal

PRINT OR TYPE NAME:

Douglas A. Guthans

ADDRESS:

2225 Piedmont Street

CITY, STATE:

Kenner, LA

ZIP:

70062

TELEPHONE:

(504) 267-3800

FAX:

(504) 267-3801

EMAIL ADDRESS:

dguthans@shgservicesllc.com

TOTAL PRICE OF ALL BID ITEMS: \$ 3,078.00

DATE: 9/14/2021

INVITATION TO BID FROM JEFFERSON PARISH - continued

Page: 6

BID NO.: 50-00135806

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>FURNISH LABOR, MATERIALS AND EQUIPMENT TO REMOVE AND REPLACE CONDENSER UNIT FOR JEFFERSON PARISH PARKS AND RECREATION</p> <p>0010 To remove and replace Estelle Playground Gym A/C unit. See specs attached.</p> <p>PLEASE SEE ATTACHED SPECIFICATION SHEETS</p>	\$3,078.00	\$3,078.00

State of Louisiana



State Licensing Board for Contractors

This is to Certify that:

AHG SERVICES, L.L.C.
2225 Piedmont Street
Kenner, LA 70062

is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION; HEAVY CONSTRUCTION; MECHANICAL WORK (STATEWIDE); MUNICIPAL
AND PUBLIC WORKS CONSTRUCTION; PLUMBING (STATEWIDE); SPECIALTY: STEAM AND HOT WATER
HEATING IN BUILDINGS OR PLANTS



Expiration Date: June 1, 2022

License No: 55529

Witness our hand and seal of the Board dated,
Baton Rouge, LA 2nd day of June 2019

Will B. May

Director

See Mallett

Chairman

Andy Dumas

Treasurer

This License Is Not Transferrable

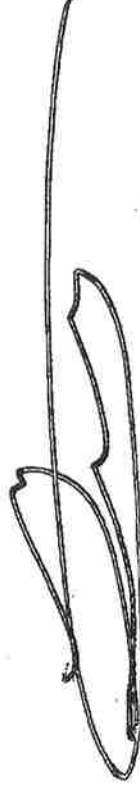
Jefferson Parish
Inspection and Code Enforcement
Regulatory Inspection's Division

Active Mechanical # 60764

This is to certify that **DOUGLAS GUTHANS**
having qualified in accordance with Jefferson Parish Ordinances is hereby granted
authorization to engage in the above field as authorized by law.

Issue Date: 1/1/2021

Expiration Date: 12/31/2021



Mechanical Section Chief

THIS LICENSE IS NOT TRANSFERABLE



AHGSERV-01

CESTEP

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/15/2021

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 License # 150655
Insurance Underwriters, Ltd.
P. O. Box 6738
Metairie, LA 70009

CONTACT NAME: Jonathan Landry, CIC, CRA

PHONE (A/C, No, Ext): (504) 620-1795

FAX (A/C, No): (504) 620-1779

E-MAIL ADDRESS: jclandry@iulins.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Travelers Indemnity of America

25666

INSURER B : Phoenix Insurance Company

25623

INSURER C : Travelers Property Casualty

25674

INSURER D : LUBA

12472

INSURER E :

INSURER F :

INSURED

AHG Services, LLC.
2225 Piedmont Street
Kenner, LA 70062

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	4TCO8293B742TIA21	4/10/2021	4/10/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 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 type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	BA9M063347212SG	4/10/2021	4/10/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	X	X	CUP3K417649212S	4/10/2021	4/10/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
D	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 Y	N/A	027300452	4/10/2021	4/10/2022	<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

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

Bid Number 50-00135806: Furnish Labor, Materials And Equipment To Remove And Replace Condenser Unit
For Jefferson Parish Parks And Recreation

CERTIFICATE HOLDER

CANCELLATION

Jefferson Parish Purchasing Department
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



ADDITIONAL REMARKS SCHEDULE

AGENCY Insurance Underwriters, Ltd.	License # 150655	NAMED INSURED AHG Services, LLC. 2225 Piedmont Street Kenner, LA 70062
POLICY NUMBER SEE PAGE 1		
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

21-22 Additional Information

Policy forms included but not limited to holders when required by written contract subject to policy terms, conditions, and exclusions prior to any incident that could result in a claim:

General Liability Policy 4T-CO-8293B742-TIA-21, 04/10/21 to 04/10/22:

Designated Project(s) General Aggregate Limit per form CG D2 11 01 04

Blanket Additional Insured per form CG D2 46 04 19 (Includes Products-Completed Operations If Required By Contract)

Blanket Waiver of Subrogation per form CG D3 16 02 19 XTend Endorsement for Contractors

Blanket Additional Insured Governmental Entities - Permits or Authorizations Relating to Operations per form CG D3 16 02 19 XTend Endorsement for Contractors

Blanket Primary and Non-Contributory Insurance if Required by Written Contract per form CG T1 00 02 19

Auto Liability Policy BA-9M063347-21-2S-G, 04/10/21 to 04/10/22

Blanket Additional Insured per form CA F1 06 02 15 Business Auto Extension Endorsement - Louisiana

Blanket Waiver of Subrogation per form CA F1 06 02 15 Business Auto Extension Endorsement - Louisiana

Blanket Additional Insured-Primary and Non-Contributory per form CA T4 99 02 16 & CA T8 02 04 21

Loss Payable Clause per form CA T4 45 04 09 (Loss payee on file for loss to a covered auto, as interest may appear)

Additional Insured (Lessor): Any lessor of a "leased auto" under a leasing or rental agreement of less than 6 months per form CA T4 52 02 16 Short Term Hired Auto - Additional Insured and Loss Payee

Worker's Compensation Policy 027000300452121, 04/10/21-04/10/22

Blanket 30 DNOC as per form WC 99 03 02

Blanket Waiver of Subrogation Where Required by Written Contract as per form WC 00 03 13

Blanket Alternate Employer Endorsement Where Required by Written Contract per forms WC 00 03 01 A

Officers Excluded: Douglas Guthans

Excess Follow-Form and Umbrella Liability Insurance Policy, Policy CUP-3K417649-21-2S, 04/10/21-04/14/22

Underlying Policies:

General Liability Policy 4T-CO-8293B742-TIA-21, 04/10/21 to 04/10/22

Auto Liability Policy BA-9M063347-21-2S-G, 04/10/21 to 04/10/22

Worker's Compensation Policy 027000300452121, 04/10/21-04/10/22