

DATE: 12/01/2017

BID NO.: 50-00121603

INVITATION TO BID
THIS IS NOT AN ORDER

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JEFFERSON PARISH

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

VENDOR:

BUYER: DNELSON

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

30 days

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

30 days

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

30 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: _____

NUMBER: _____

NUMBER: _____

NUMBER: _____

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

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

FIRM NAME:

CORRECT DOOR INC.

SIGNATURE:

(Must be signed here)

TITLE:

President

PRINT OR TYPE NAME:

Danny Lewis

ADDRESS:

2 Sussex St.

CITY, STATE:

Kenner LA

ZIP:

70062

TELEPHONE:

(504) 465-2229

FAX:

(504) 466-4023

EMAIL ADDRESS:

danny @ correctdoor. com

TOTAL PRICE OF ALL BID ITEMS: \$ 3,760.00

DATE: 12/01/2017

INVITATION TO BID FROM JEFFERSON PARISH - continued

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BID NO.: 50-00121603

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>LABOR, MATERIALS AND EQUIPMENT NECESSARY FOR THE REMOVAL OF EXISTING DOOR AND INSTALL A NEW HOLLOW METAL DOORS FOR THE JEFFERSON PARISH DEPARTMENT OF PARKS AND RECREATION</p> <p>0010 Labor, material and equipment to install and remove doors located at:</p> <p>Jesse Owens Playground Meeting Room 11101 Newton St. River Ridge, LA 70123</p> <p>*****</p> <p>NO PRE-BID CONFERENCE WILL BE HELD FOR THIS PROJECT.</p> <p>*****</p> <p>IF A SITE VISIT IS NEEDED, PLEASE CONTACT JOHN DOYLE AT 504 736-6999 MONDAY THROUGH FRIDAY BETWEEN THE HOURS OF 9:00 AM AND 2:00 PM</p> <p>*****</p>	\$ 3760.00	\$3,760.00



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Central Bidding Time: Fri December 08, 2017 12:38:05 PM GMT-6

Place a Bid for 5000121603 REMOVAL OF EXISTING DOOR AND INSTALL NEW HOLLOW METAL DOORS

Please enter your best bid proposal for this project

Louisiana Contractor ID#

Enter all information required on the outside of the sealed envelope in the box below

<input type="text"/>	<input type="text"/>
<p>Correct Door Inc. 2 Sussex St Kenner, La 70062 (504) 465-2229</p> <p>Jesse Owens Playground Jeff parish Bid# 50-00121603</p>	

Bid Bond #

Jefferson Parish Vendor #:

Upload Attachment(s)

While this site accepts various file types, sizes and quantities, the preferred method for delivering all of the appropriate and required bid documents is one single scanned PDF file. Vendors submitting bids with multiple uploaded images/photos of bid responses are solely responsible for clarity. If uploaded images/documents are not legible, the bidder's submission will be rejected. Please note all requirements in this bid package for electronic bid submission.

Upload a file

Click the Upload button in order to upload bid related documents

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CERTIFICATE OF LIABILITY INSURANCE

CORRDOO-01

DEBI

DATE (MM/DD/YYYY)
06/16/2017

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 Eustis Insurance, Inc. 110 Veterans Memorial Boulevard Suite 200 Metairie, LA 70005	CONTACT NAME: PHONE (A/C No.): (504) 586-0440 FAX (A/C No.): (504) 565-5219 E-MAIL ADDRESS: info@eustis.com
INSURED Correct Door, Inc. Attn: Mr. Danny Lewis 2 Sussex St Kenner, LA 70062	INSURER(S) AFFORDING COVERAGE INSURER A: Axis Insurance Company INSURER B: Nat'l Union Fire Ins Co of PA INSURER C: Travelers Indemnity Co. of America 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	ADOL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	
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 checked="" type="checkbox"/> LOC OTHER:		AXSP-00298-00	06/19/2017	06/19/2018	
				LIMITS		
				EACH OCCURRENCE	\$ 1,000,000	
				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
				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	
					\$	
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRE AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY		AXSA-00298-00	06/19/2017	06/19/2018	
				COMBINED SINGLE LIMIT (Ea accident)		\$ 1,000,000
				BODILY INJURY (Per person)		\$
				BODILY INJURY (Per accident)		\$
				PROPERTY DAMAGE (Per accident)		\$
				\$		\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$ 10,000 <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> CLAIMS-VADE		EBU055409865	06/19/2017	06/19/2018	
				EACH OCCURRENCE	\$ 2,000,000	
				AGGREGATE	\$ 2,000,000	
					\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y N/A	UB-1J565331-17-42-G	06/26/2017	06/26/2018	
				<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	\$	
				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) Blanket coverage with a written contract in place subject to the conditions, exclusions, and definitions of the policies. Written contracts must be in place prior to a loss: General Liability form # CG2010 10/01- Additional Insured- Owners, Lessees or Contractors- Scheduled Person or Organization General Liability form # CG2037 10/01- Additional Insured- Owners, Lessees, or Contractors- Complete Operations SEE ATTACHED ACORD 101						

CERTIFICATE HOLDER	CANCELLATION
Jefferson Parish Oakdale Playground 709 S. Jaime Blvd. 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

ACORD 25 (2016/03)

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#133601

Form W-9 (Rev. November 2009) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification	Give form to the requester. Do not send to the IRS.
Name (as shown on your income tax return)		
Business name, if different from above Correct Door Inc.		
Check appropriate box <input type="checkbox"/> Individual <input type="checkbox"/> Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other		
Address (number, street, apt. or suite no.) 2 Sussex St.		
City, state, and ZIP code Kenner, LA 70062		
List current 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 Line 1 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.		
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. person (including a U.S. resident alien).		
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 4.)		
Sign Here	Signature of U.S. person	Date 11/18/10
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, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.		
U.S. person. 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.		
In 3 above, 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.		
Note. If 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.		
For federal tax purposes, you are considered a person if you are:		
• An individual who is a citizen or resident of the United States,		
• A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or		
• Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.		
Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partner's share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the 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 withholding on your share of partnership income.		
The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:		
• The U.S. owner of a disregarded entity and not the entity.		



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Central Bidding Time: Fri December 08, 2017 12:37:29 PM GMT-6

Location: **Kenner > Louisiana > USA**
Name: **Danny Lewis**
Email: **Danny@correctdoor.com**
Address: **2 Sussex St.**
Zip code: **70062**
Contact number: **+5044652229**
NIGP Codes: (Commodity code categories) **45055 - Locks, Key Blanks, and Locksmith Tools (Including Time Locks)**

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