

DATE: 3/23/2023

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00141695

JEFFERSON PARISH
PURCHASING DEPARTMENT
P.O. BOX 9
GRETNA, 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	<i>No More</i>
INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES	<i>30 Days from NTP</i>
INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK	<i>Day 1</i>
INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK	<i>3 Days</i>

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) 31284

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

FIRM NAME: <u>U.S. FENCE & GATE, INC.</u>	
SIGNATURE: <u>[Signature]</u> <small>(Must be signed here)</small>	TITLE: <u>Project Manager</u>
PRINT OR TYPE NAME: <u>JOSHUA KALENA</u>	
ADDRESS: <u>222 BUNKER RD.</u>	
CITY, STATE: <u>LAKE CHARLES, LA.</u>	ZIP: <u>70615</u>
TELEPHONE: <u>(337) 802-1661</u>	FAX: <u>(337) 433-5800</u>
EMAIL ADDRESS: <u>ustence1@gmail.com</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 14,350.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00141695

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 INSTALL NEW AND REMOVE DAMAGED GATE FOR JEFFERSON PARISH RECREATION DEPARTMENT</p> <p>0010 Furnish and install cantilever gate and removal of damaged gate</p> <p>Location:</p> <p>Johnny Jacobs Playground 5851 5th Ave. Marrero, LA 70072</p>	<p>\$ 14,350.⁰⁰</p>	<p>\$ 14,350.⁰⁰</p>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/28/2023

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 McElveen Insurance LLC 700 W. Prien Lake Road Ste 100 Lake Charles LA 70601	CONTACT NAME: Monica Broussard PHONE (A/C, No, Ext): 337-475-7441 E-MAIL ADDRESS: mbroussard@mcelveenins.com	FAX (A/C, No): 337-564-6934	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED U. S. Fence & Gate, Inc. P.O. Box 1926 Lake Charles LA 70602	USFENCE-01	INSURER A: National Trust Insurance Company	20141
		INSURER B: FCCI Insurance Company	10178
		INSURER C: Monroe Guaranty Insurance Company	32506
		INSURER D: AGCS Marine Insurance Company	22837
		INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 1445182343

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"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	GL100042871	4/1/2022	4/1/2023	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
								\$
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS	Y	Y	CA100012301	4/1/2022	4/1/2023	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"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y	Y	UMB100024043	4/1/2022	4/1/2023	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
B	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	WC0100068612	4/1/2022	4/1/2023	<input checked="" type="checkbox"/> PER STATUTE	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
D	Equipment Installation Floater			SML93087288	4/1/2022	4/1/2023	Rented Leased Item	100,000
							Rented Leased Limit	300,000
							Installation Limit	300,000

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

Blanket Additional Insured provided on General Liability including ongoing and completed operations (CGL084 10/13) and Auto Liability (CAU058 05/19) with a Blanket Waiver of Subrogation on General Liability, Auto Liability and Workers Compensation/Employers Liability as required by written contract. Coverage is primary and noncontributory on General Liability and Auto Liability as required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

Jefferson Parish Purchasing Department
 200 Derbigny St
 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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