



CENTRALBIDDING
FROM CENTRAL AUCTION HOUSE

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Central Bidding Time: Thu November 15, 2018 2:02:05 PM GMT-6

Place a Bid for 5000124323 - FURNISH ALL LABOR, MATERIALS, AND EQUIPMENT NECESSARY TO UPGRADE THE UTILITY AND GENERATOR POWER SUPPLY THAT FEEDS INTO EXISTING FIRE PUMP AT THE EMERGENCY OPERATIONS AND COMMUNICATION CENTER

Please enter your best bid proposal for this project

Louisiana Contractor ID#

448

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

<input type="text"/>	<input type="text"/>
Walter J Barnes Electric Co Inc PO Box 10458 Jefferson LA 70181 LA License #448	
Misty Camardelle Jefferson Parish Purchasing Department 200 Derbigny St General Government Building Ste 4400	

Bid Bond #

SLA18359686

Jefferson Parish Vendor #:

63240

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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Central Auction House, LTD

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

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 X _____

MAXIMUM ESCALATION PERCENTAGE REQUESTED N/A %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF N/A.

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 12 weeks

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 448

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: Walter J Barnes Electric Co Inc

ADDRESS: 2324 Severn Ave Ste 200

CITY, STATE: Metairie LA ZIP: 70001

TELEPHONE: (504) 835-1756 FAX: (504) 834-2611

EMAIL ADDRESS: mellis@wjbe.com

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.

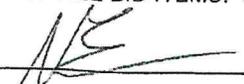
Acknowledge Receipt of Addenda: NUMBER: None

NUMBER: _____

NUMBER: _____

NUMBER: _____

TOTAL PRICE OF ALL BID ITEMS: \$ 140,400.00

AUTHORIZED SIGNATURE: 

Michael Ellis

Printed Name

TITLE: Executive Vice-President

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.: 50-00124323

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>FURNISH ALL LABOR, MATERIALS, AND EQUIPMENT NECESSARY TO UPGRADE THE UTILITY AND GENERATOR POWER SUPPLY THAT FEEDS INTO EXISTING FIRE PUMP AT THE JEFFERSON PARISH EOC</p> <p>0010 - UPGRADE THE UTILITY AND GENERATOR POWER SUPPLY THAT FEEDS INTO THE EXISTING FIRE PUMP AT THE EMERGENCY OPERATIONS AND COMMUNICATIONS CENTER LOCATED AT 910 3RD ST, GRETNA, LA 70053</p> <p>*SEE ATTACHED BID SPECIFICATIONS*</p>	140,400.00	140,400.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/26/2018

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 Marsh USA Inc. One Towne Square, Suite 1100 Southfield, MI 48076 Attn: DetroitGroupCaptive.certrequest@marsh.com 4952-GAW-18-19	CONTACT NAME: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____														
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Zurich American Insurance Company</td> <td>16535</td> </tr> <tr> <td>INSURER B : American Zurich Insurance Company</td> <td>40142</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Zurich American Insurance Company	16535	INSURER B : American Zurich Insurance Company	40142	INSURER C :		INSURER D :		INSURER E :		INSURER F :
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Zurich American Insurance Company	16535														
INSURER B : American Zurich Insurance Company	40142														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															
INSURED Waller J. Barnes Electric Co., Inc. 2324 Severn Avenue Metairie, LA 70001															

COVERAGES **CERTIFICATE NUMBER:** CHI-007212292-07 **REVISION NUMBER:** 0

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: _____			GLO 9809648-03	04/01/2018	04/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 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"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BAP 9809649-03	04/01/2018	04/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
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 <input checked="" type="checkbox"/> N	N/A	WC 9809647-03 Does not apply to the Monopolistic States (ND, OH, WA, and WY), Puerto Rico, or the Virgin Islands	04/01/2018	04/01/2019	<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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder continued: its Districts, Departments and Agencies under the direction of the Parish President and Parish Council Department of Engineering - Traffic Division The certificate holder is an additional insured on all policies except Workers? Compensation and is provided a Waiver of Subrogation, all if required by written contract. The above insurance policies shall be primary and noncontributory to any other insurance policies maintained by the certificate holder, if required by written contract.

CERTIFICATE HOLDER The Parish of Jefferson, 1221 Elmwood Park Blvd., Suite 802 Jefferson, LA 70123	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 of Marsh USA Inc. John C Hurley
--	--



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/28/2018

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 Arthur J. Gallagher Risk Management Services, Inc. 111 Veterans Blvd., Suite 1130 Metairie LA 70005	CONTACT NAME: William Hughs PHONE (A/C. No., Ext.): 504-888-1100 E-MAIL ADDRESS: William_Hughs@AJG.com	FAX (A/C. No.): 504-888-1299
	INSURER(S) AFFORDING COVERAGE	
INSURED Walter J Barnes Electric Co. Inc P. O. Box 10458 Jefferson LA 70181-0458	INSURER A: National Union Fire Insurance Co of LA	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 88969984 **REVISION NUMBER:**

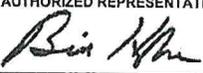
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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"/> PRO-JECT <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 - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A X	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000			BE027548011	4/1/2018	4/1/2019	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)

The Umbrella Policy is excess of the underlying coverages, pursuant to and subject to the policy terms, definitions, conditions and exclusions Policy includes Additional Insured Endorsement Primary and Non Contributory, Form # 86395 (08/04)

See Attached...

CERTIFICATE HOLDER The Jefferson Parish, its Districts Departments and Agencies under the direction of the Parish Council Department of Sewerage 1221 Elmwood Park Blvd Jefferson LA 70123	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 
---	--

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Arthur J. Gallagher Risk Management Services, Inc.		NAMED INSURED Walter J Barnes Electric Co. Inc P. O. Box 10458 Jefferson LA 70181-0458	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Underlying Policy Information:

Policy Period:
April 1, 2018 to April 1, 2019

Issuing Companies:
Zurich American Insurance Company (Auto/General Liability)
American Zurich Insurance Company (Workers' Compensation)

Policy Number (s):
Auto - BAP 9809649-03
General Liability - 9809648-03
Workers Compensation - 9809647-03
Bid # 50-00118099

Non-Public Works Bid

AFFIDAVIT

COPY

STATE OF LOUISIANA

PARISH/COUNTY OF JEFFERSON

BEFORE ME, the undersigned authority, personally came and appeared: _____

Michael Ellis, (Affiant) who after being by me duly sworn, deposed and said that
Executive Walter J Barnes
he/she is the fully authorized Vice-President of Electric Co Inc (Entity),

the party who submitted a bid in response to Bid Number 50-00124323, 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 x 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 x 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.]

COPY

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.

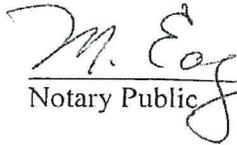


Signature of Affiant

Michael Ellis

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 15th DAY OF Mar, 2018.



Notary Public

MICHELE EAGAN
NOTARY PUBLIC No. 67484
Parish of Jefferson, State of Louisiana
My Commission is Issued for Life.

Printed Name of Notary

Notary/Bar Roll Number

My commission expires _____.

Print

Notary Search - Detail

Name: MS. MICHELE EAGAN
Address: 1102 ROOSEVELT BLVD.
KENNER, LA 70062
Phone: (504) 464-5776
Phone 2: (504) 234-0729
Notary ID Number: 67484
Parish: JEFFERSON with STATEWIDE JURISDICTION
Agency: N/A
Notary Type: Non Attorney
Status: Active
Commission Date: 02/12/2003
Oath Date: 01/27/2003
Surety Expiration Date: None
Annual Report Current: Yes

Notary Events

Suspension From: 04/13/2012 To: 08/02/2012

Deceased, Inactivated, Leave of Absence, Pre-Assessment Registration, Pre-Assessment Taken, Resigned, Retirement, and Revoked events are not available prior to February 11, 2012.

[Back to Search Results](#) [New Search](#)



Powering Your Vision

Walter J Barnes Electric Co Inc | 2324 Severn Ave | Metairie, Louisiana 7001
(o) 504.835.1756 | (f) 504.834.2611 | info@wjbe.com | www.wjbe.com

**RESOLUTION OF THE BOARD OF DIRECTORS
of
WALTER J BARNES ELECTRIC CO INC**

I, Michael H Ellis, Secretary of Walter J Barnes Electric Co., Inc. (the "Corporation"), hereby certify that the following is a true copy of resolutions duly adopted by the Board of Directors of the Corporation at a meeting held on 5 February 2018 at which a quorum was present and acting throughout.

WHEREAS, the Corporation desired to authorize officers to sign any and all bids, proposals, and contracts for and on behalf of the Corporation;

NOW THEREFORE, BE IT RESOLVED, that WILLIAM C ELLIS III, DONALD G ELLIS JR, and MICHAEL H ELLIS are hereby authorized to sign any and all bids, proposals, and contracts for and on behalf of the Corporation, effective as of 5 February 2018.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Corporation on the 5th day of February 2018.



Secretary (Michael Ellis)



William C Ellis III



Donald G Ellis Jr

SEAL



CENTRALBIDDING
FROM CENTRAL AUCTION HOUSE

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Central Bidding Time: Thu November 15, 2018 2:01:46 PM GMT-6

Location: **Jefferson > Louisiana > USA**

Name: **Michael Ellis**

Email: **estimating@wjbe.com**

Address: **PO Box 10458**

Zip code: **70181**

Contact number: **+5048351756**

Official Company/Business Name: **Walter J Barnes Electric Co Inc**

Is your company/organization registered as a Disadvantaged Business Enterprise (DBE)?: **No**

Is your company owned by a female?: **No**

Is your company owned by a minority?: **No**

Contractor's License Number/Certificate of Responsibility Requirement Number::

NIGP Codes: (Commodity code categories) **28029 - Communications/Telecommunications Cable and Wire**

28030 - Control Cables and Wires, Solid and Stranded, Single and Multiconductor (Up to

600V, for use in Boiler Controls, Fire Alarms, Motors, etc.)

28509 - Cabinets, Electrical Service Entrance

34016 - Fire Alarm Systems, Power Sirens, and Controls

91438 - Electrical

91484 - Trade Services, Construction (Not Otherwise Classified)

92531 - Electrical Engineering (Incl. Cogeneration Design Services)

99050 - Installation of Security and Alarm Equipment

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Central Auction House, LTD

📍 2525 Quail Drive, Baton Rouge, 70808 📞 (225) 765-2301 🗨️ Text-To-Verify: 1 (855) 999-7896 

Louisiana State Licensing Board for Contractors

Contractor Information

Business Name WALTER J. BARNES ELECTRIC CO., INC. 
Mailing Address P. O. Box 10458
 Jefferson, LA 70181
Phone Number (504) 835-1756
Fax Number (000) 000-0000
Website http://null

Active Licenses

License Number 448 
Type Commercial License
Status LICENSED
Effective 01/31/2016
Expiration 01/30/2019
First Issued 01/30/1957

Classifications

Class	Qualifying Party	Parishes
BUILDING CONSTRUCTION	W. Conner Ellis Jr.	ALL
BUSINESS AND LAW	William C. Ellis III	ALL
ELECTRICAL WORK (STATEWIDE) 	W. Conner Ellis Jr.	ALL
ELECTRICAL WORK (STATEWIDE)	William C. Ellis III	ALL
MUNICIPAL AND PUBLIC WORKS CONSTRUCTION	W. Conner Ellis Jr.	ALL
SPECIALTY: INSTRUMENTATION AND CALIBRATION	W. Conner Ellis Jr.	ALL
SPECIALTY: TELECOMMUNICATIONS	W. Conner Ellis Jr.	ALL
SPECIALTY: TOWER CONSTRUCTION	W. Conner Ellis Jr.	ALL



Jefferson Parish - Brenda Campos

Bond Number: SLA18359686

Contractor Information

Principal: Walter J Barnes Electric Co Inc. 504-835-1756
Address: PO Box 10458 Jefferson Louisiana 70181 United States
Contractor's State Vendor ID Number: 63240

Owner/Obligee Information

Bond Form: Bid Bond in accordance with Contract Specifications
Owner / Obligee: Jefferson Parish
Address: 200 Derbigny Street Gretna Louisiana 70053 United States

Bond Information

Surety: Hartford Fire Insurance Company
Rider Present: [Click here to view](#)
Amount of Bid Security: Five Percent of the Amount Bid
Contract ID Number: 50-00124323

Description of Job: FURNISH ALL LABOR, MATERIALS, AND EQUIPMENT NECESSARY TO UPGRADE THE UTILITY AND GENERATOR POWER SUPPLY THAT FEEDS INTO EXISTING FIRE PUMP AT THE EMERGENCY OPERATIONS AND COMMUNICATION CENTER

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Primary Agency:

Arthur J. Gallagher Risk Management Services
Power of Attorney Limited to: Unlimited
Executed

Executed By:

Kathleen L. Berni - 11/6/2018 3:42:35 PM ET
Phone: 504-888-1100
Email: sue_viola@ajg.com

Know all men by these presents that Hartford Fire Insurance Company, a Corporation duly organized under the laws of the State of Connecticut, are held and firmly bound unto the above owner/obligee by this transmission. The surety agrees to waive the Statute of Fraud defense and further agrees that the owner/obligee is a third party beneficiary of the waiver for the purposes of enforcing this bid bond.





Bond Number: SLA18359686

Contractor Information

Principal: Walter J Barnes Electric Co Inc.

Address: PO Box 10458 Jefferson Louisiana 70181 United States

Owner/Obligee Information

Bond Form: Bid Bond in accordance with Contract Specifications

Owner/Obligee: Jefferson Parish

Address: 200 Derbigny Street Gretna Louisiana 70053 United States

Bond Information

Surety: Hartford Fire Insurance Company

Bid Date: 11/15/2018

Estimated Contract Price: \$150,000.00

Time For Completion:

Liquidated Damages:

Estimated Work On Hand:

Amount of Bid Security: Five Percent of the Amount Bid

Contract # or IFB #: 50-00124323

Description of Job: FURNISH ALL LABOR, MATERIALS, AND EQUIPMENT NECESSARY TO UPGRADE THE UTILITY AND GENERATOR POWER SUPPLY THAT FEEDS INTO EXISTING FIRE PUMP AT THE EMERGENCY OPERATIONS AND COMMUNICATION CENTER

Job Breakdown:

Electronic Bidding Information

Bid Security Percentage: 5

Bid Security Maximum:

Owner Assigned Contractor Number:63240

Primary Agency:

Arthur J. Gallagher Risk Management Services

Power of Attorney Limited to: Unlimited

Executed

Entered By: Kathleen L. Berni - 11/6/2018 3:42:21 PM ET

Approved & Executed By:

Kathleen L. Berni

Kathleen L. Berni (Signed: 06-Nov-2018 03:42 PM EST (UTC-05:00))

Signature Information

Know all men by these presents that Hartford Fire Insurance Company, a Corporation duly organized under the laws of the State of Connecticut, are held and firmly bound unto the above owner/obligee by this transmission. The surety agrees to waive the Statute of Fraud defense and further agrees that the owner/obligee is a third party beneficiary of the waiver for the purposes of enforcing this bid bond.

© S2000, Inc.

Document ID: [S2000-1000977547](#)

63240

Form **W-9**
(Rev. October 2007)
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)
WALTER J. BARNES ELECTRIC CO., INC.

Business name, if different from above

Check appropriate box: Individual/Sole proprietor Corporation Partnership
 Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ Exempt payee
 Other (see instructions) ▶

Address (number, street, and apt. or suite no.)
P.O. BOX 10458

City, state, and ZIP code
JEFFERSON, LA 70181

Requester's name and address (optional)

List account number(s) here (optional)

11 FEB 07 14:36:43

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 *How to get a TIN* 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	
OR	
Employer identification number	
72	0537910

Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below).

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 *Patricia Hanner* Patricia Hanner
Office Manager Date ▶ *1/27/11*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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.

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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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.

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.

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 on any foreign partners' 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,