

DATE: 5/27/2020

INVITATION TO BID  
THIS IS NOT AN ORDER

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BID NO.: 50-00130344

## JEFFERSON PARISH

PURCHASING DEPARTMENT  
P.O. BOX 9  
GRETN, LA. 70054-0009  
504-364-2678VENDOR: R. Seibert Construction L.L.C.

BUYER: DABRAHAM

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

14 days

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

14 days

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

14 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:

#1 - 5/7/20

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

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

60869

## \*\*\* ALL BIDDERS MUST COMPLETE SECTION BELOW \*\*\*

FIRM NAME: R. Seibert Construction L.L.C.SIGNATURE: Randall J. Seibert Sr.

TITLE:

owner/agentPRINT OR TYPE NAME: Randall J. Seibert Sr.ADDRESS: 208 St. Bernard ParkwayCITY, STATE: St. Bernard, La.

ZIP:

700850TELEPHONE: (504) 421-4044

FAX:

XEMAIL ADDRESS: rjseibertjr@gmail.comTOTAL PRICE OF ALL BID ITEMS: \$ 7,200.00


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## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00130344

SEALED BID

| ITEM<br>NUMBER   | QUANTITY | U/M | DESCRIPTION OF ARTICLES  | UNIT PRICE<br>QUOTED | TOTALS            |
|--|----------|-----|--|----------------------|-------------------|
| 1  | 1.00     | JOB | <p>Supply and install a wooden deck and patio cover.</p> <p>0010 - LUMP SUM BID FOR LABOR, MATERIALS &amp; EQUIPMENT NECESSARY FOR IMPROVEMENTS TO THE WHITNEY BARATARIA RESIDENT HOUSE:</p> <p>-BUILD A 17' X 21' WOODEN DECK<br/>-PROVIDE AND INSTALL A 16' X 20' WHITE, ALUMINUM PATIO COVER</p> <p>***SPECIFICATIONS ATTACHED***</p> <p>SERVICE LOCATION:<br/>WHITNEY BARATARIA RESIDENT HOUSE<br/>1301 ENGINEERS ROAD<br/>BELLE CHASSE LA 70037</p> | <u>\$7,200.00</u>    | <u>\$7,200.00</u> |
|  |          |     |  |                      |                   |

State License #: 60869

Office/Fax: (504) 609-2322

|  |               |
|--|---------------|
| Job Name: <i>Install a wooden Deck &amp; Patio<br/>Cover @ Whiskey Barataria</i> | Job Location: |
| Submit to: <i>Resident House</i>   | Address:      |
| Attn: <i>Bldg # 50-00130344</i>  |               |

[illegible]

Signature:

Richard J. Roberts Sr.

Date:

5/29/20





# VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)  
12/19/2019

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.

This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose.

|   |  |   |  |
|---|--|---|--|
| <b>PRODUCER</b><br><b>State Farm</b><br>Mel Malone State Farm<br>1401 East Judge Perez Dr.<br>Chalmette, LA 70043 |  | <b>CONTACT</b><br>NAME: Etren Malone<br>PHONE (A/C, No, Ext): 504-279-3276<br>FAX (A/C, No): 504-279-7468<br>E-MAIL ADDRESS: ehren@melmalone.com<br>PRODUCER CUSTOMER ID #: |  |
| <b>INSURED</b><br>R. SEIBERT CONSTRUCTION LLC.<br>208 SAINT BERNARD PKWY<br>SAINT BERNARD, LA 70085-5427          |  | <b>INSURER(S) AFFORDING COVERAGE</b><br>INSURER A: State Farm Mutual Automobile Insurance Company<br>INSURER B:<br>INSURER C:<br>INSURER D:<br>INSURER E:                   |  |
|   |  | NAIC #<br>25178   |  |

## DESCRIPTION OF VEHICLE OR EQUIPMENT

|              |                            |               |                               |  |
|--------------|----------------------------|---------------|-------------------------------|--|
| YEAR<br>2017 | MAKE / MANUFACTURER<br>RAM | MODEL<br>2500 | BODY TYPE<br>PICK UP          | VEHICLE IDENTIFICATION NUMBER<br>3C6UR5JJ7HG710670 |
| DESCRIPTION  |                            |               | VEHICLE/EQUIPMENT VALUE<br>\$ | SERIAL NUMBER                                      |

## COVERAGES

### CERTIFICATE NUMBER:

### REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) 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 POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).

| INSR LTR | ADDT LTR   | TYPE OF INSURANCE   | POLICY NUMBER     | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS   |
|----------|------------|---|-------------------|------------------------------------|-------------------------------------|--|
|          |            | <input checked="" type="checkbox"/> VEHICLE LIABILITY   | 2639174-F11-18G   | 12/11/2019                         | 12/11/2020                          | COMBINED SINGLE LIMIT \$<br>BODILY INJURY (Per person) \$ 1000000<br>BODILY INJURY (Per accident) \$ 1000000<br>PROPERTY DAMAGE \$ 1000000           |
|          |            | <input type="checkbox"/> GENERAL LIABILITY  |                   |                                    |                                     | EACH OCCURENCE \$<br>GENERAL AGGREGATE \$  |
|          |            | <input type="checkbox"/> OCCURRENCE   |                   |                                    |                                     |  |
|          |            | <input type="checkbox"/> CLAIMS MADE  |                   |                                    |                                     |  |
| INSR LTR | LOSS PAYEE | TYPE OF INSURANCE   | POLICY NUMBER     | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS / DEDUCTIBLE  |
|          |            | <input checked="" type="checkbox"/> VEH COLLISION LOSS  | 263 9174- F11-18G | 12/11/2019                         | 12/11/2020                          | <input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT \$ LIMIT<br><input type="checkbox"/> <input type="checkbox"/> STATED AMT \$ 250 DED |
|          |            | <input checked="" type="checkbox"/> VEH COMP <input type="checkbox"/> VEH OTC   | 263 9174-F11-18G  | 12/11/2019                         | 12/11/2020                          | <input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT \$ LIMIT<br><input type="checkbox"/> <input type="checkbox"/> STATED AMT \$ 100 DED |
|          |            | <b>EQUIPMENT</b><br><input type="checkbox"/> BASIC <input type="checkbox"/> BROAD<br><input type="checkbox"/> SPECIAL |                   |                                    |                                     | <input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT \$ LIMIT<br><input type="checkbox"/> RC <input type="checkbox"/> STATED AMT \$ DED  |

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

## ADDITIONAL INTEREST

Select one of the following:  
☐ The additional interest described below has been added to the policy(ies) listed herein by policy number(s)  
☐ A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s)

VEHICLE / EQUIPMENT INTEREST: ☐ LEASED ☐ FINANCED

NAME AND ADDRESS OF ADDITIONAL INTEREST

## 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.

### DESCRIPTION OF THE ADDITIONAL INTEREST

☒ ADDITIONAL INSURED ☐ LOSS PAYEE  
☐ LENDER'S LOSS PAYEE

LOAN / LEASE NUMBER

AUTHORIZED REPRESENTATIVE

*Mel Malone / PBL*

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## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Randall J. Seibert Jr. DBA R. Seibert Construction LLC

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:

☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Exempt payee

☐ Other (see instructions) ▶

Address (number, street, and apt. or suite no.)

208 St. Bernard Pkwy

City, state, and ZIP code

St. Bernard LA 70085

Requester's name and address (optional)

List account 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 the "Name" line 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

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Employer identification number

27-2499943

### Part II 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 ▶

Randall J. Seibert Jr.

Date ▶

5/29/20

### 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.