

DATE: 2/23/2021

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00133690

**JEFFERSON PARISH**

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

VENDOR: 145860

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

3-20-21

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

14

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

14

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) 39034

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: D.L. DAIGLE & Co, LLC	
SIGNATURE: (Must be signed here)	TITLE:
<i>D.L. Daigle</i>	member
PRINT OR TYPE NAME: D.L. DAIGLE	
ADDRESS: 2233 PIED MONT Street	
CITY, STATE:	ZIP:
Kenner, LA	70062
TELEPHONE:	FAX:
(504) 466-3515	(504) 466-3315
EMAIL ADDRESS: DOUGDAIGLE@DLDAIGLE.COM	

TOTAL PRICE OF ALL BID ITEMS: \$ 16,275.00

DATE: 2/23/2021

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## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00133690

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>Labor, material, equipment necessary to repair sink, re-route/install waste line etc. for the Department of Juvenile Services</p> <p>0010 REPAIR SINK IN KITCHEN</p> <p>BREAKOUT AND REMOVE A SMALL SECTION OF THE EXISTING BLOCK WALL BEHIND THE HAND SINK IN THE KITCHEN AREA AND ALSO BEHIND THE LAVATORY IN THE KITCHEN RESTROOM</p> <p>REROUTE/INSTALL A NEW 2" CAST IRON WASTE LINE FROM HAND SINK THROUGH THE EXISTING A/C RETURN AIR SPACE.</p> <p>CONNECT NEW WASTE LINE TO EXISTING CAST STACK INSIDE OF CHASE WALL</p> <p>REPAIR BLOCK WALLS AND PAINT TO MATCH THE EXISTING WALLS.</p> <p>SEAL RETURN AIR SPACE AS REQUIRED.</p> <p>ALL WORK TO BE PERFORMED DURING NORMAL BUSINESS HOURS.</p> <p>JOB SITE IS: JUVENILE SERVICES 1550 GRETNA BLVD. HARVEY, LA 70058</p> <p>CONTACT PERSON: DONALD SPELL 364-3750 EXT 87408</p>	16,275.-	16,275.-





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/31/2020

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).

<b>PRODUCER</b> Stone Insurance, Inc. 111 Veterans Blvd, Suite 1420  Metairie LA 70005-3055		<b>CONTACT NAME:</b> Janet Jimenez <b>PHONE (A/C, No, Ext):</b> (504) 832-4161 <b>FAX (A/C, No):</b> (504) 835-6657 <b>E-MAIL ADDRESS:</b> jan.jimenez@stone-insurance.com																						
<b>INSURED</b>  D. L. Daigle & Co. LLC 2233 Piedmont Street  Kenner LA 70062		<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Western World Insurance Co</td><td>13196</td></tr><tr><td>INSURER B:</td><td>American Automobile Insurance Company</td><td>21849</td></tr><tr><td>INSURER C:</td><td>Scottsdale Ins. Co.</td><td>41297</td></tr><tr><td>INSURER D:</td><td>LCTA Casualty Insurance Co</td><td>15778</td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Western World Insurance Co	13196	INSURER B:	American Automobile Insurance Company	21849	INSURER C:	Scottsdale Ins. Co.	41297	INSURER D:	LCTA Casualty Insurance Co	15778	INSURER E:			INSURER F:		
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**COVERAGES** **CERTIFICATE NUMBER:** 2020/21 **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:			NPP8551030	03/27/2020	03/27/2021	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 \$ 1,000,000
	<input checked="" type="checkbox"/> 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			DLAU174580	03/27/2020	03/27/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			XBS0129517	03/27/2020	03/27/2021	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> 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"/> Y	N/A	WC1-021657-120	03/27/2020	03/27/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.I. EACH ACCIDENT \$ 1,000,000 E.I. DISEASE - EA EMPLOYEE \$ 1,000,000 E.I. DISEASE - POLICY LIMIT \$ 1,000,000
C	Installation Floater			CPS3200684	03/27/2020	03/27/2021	Any One Location 150,000 Temporary Location 125,00 Transit 125,000

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

Blanket Additional Insured with Primary/Non-Contributory wording, Waiver of Subrogation, Per Project Aggregate coverages in General Liability and Blanket Additional Insured and Waiver of Subrogation in Auto- if required by written contract. Blanket Waiver of Subrogation in Workers Compensation-if required by contract.

## CERTIFICATE HOLDER

## CANCELLATION

INSURANCE INFORMATION FOR BID PURPOSES

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

P.L. Daigle & Co., LLC  
2233 Piedmont Street  
Kenner, LA 70062  
Contractor # 39034  
Vendor # 145860

Se Gordon Parish Purchasing Dept.

VIA: Centralbidding.com

Bid No: 50-00133690

Date: 3/4/2021