

DATE: 5/02/2016

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00116502

## JEFFERSON PARISH

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

VENDOR: 27118 BLANK BID COPY VENDOR

BUYER: LFRANCIS

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 is to be done in a workman-like manner, according to standard practices. Any deviations or alterations from the specifications must be indicated and backup documentation supplied with your quotation.

## DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

10 days

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

10 days

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

2 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) 35350

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

FIRM NAME: Beacon a/c, Heating & Ref. Inc.	
SIGNATURE: (Must be signed here) Eugene Larroux	TITLE: Pres.
PRINT OR TYPE NAME: EUGENE LARROUX	
ADDRESS: 317 Third St	
CITY, STATE: Kenner La.	ZIP: 70062
TELEPHONE: 504 467-8698	FAX: 504 466 4996
EMAIL ADDRESS: merrick.beacon@bellsouth.net	

TOTAL PRICE OF ALL BID ITEMS: \$ 6,800.00

DATE: 5/02/2016

INVITATION TO BID FROM JEFFERSON PARISH - continued

Page: 5

BID NO.: 50-00116502

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	ONLY	<p>REMOVAL, DISPOSAL, REPLACEMENT, AND INSTALLATION OF A NEW AMERICAN STANDARD AIR HANDLER FOR THE JEFFERSON PARISH DEPARTMENT OF PUBLIC WORKS - SEWERAGE</p> <p>0010 - Labor, Materials, and Equipment to install one (1) American Standard Air Handler, Model No. TAM7A0A24, R-410A Freon, 14 Seer, 2 ton heat pump system with 5KW of electric heat, Condensing unit, Model No. 4A6H5024G, and Heat Strip, Model No. BAYEVAC05BK1</p> <p>SEE ATTACHED SPECIFICATIONS</p> <p>CONTACT: Ryan Boudreaux Bridge City Treatment Plant 1400 Highway 90 Bridge City, LA 70094 (504) 731-4490</p>	6,800 <sup>00</sup>	6,800 <sup>00</sup>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/3/2016

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).

<b>PRODUCER</b> Riverlands Insurance Services Inc. 492 West 5th Street  LaPlace LA 70068  <b>INSURED</b> Beacon Air Conditioning, Heating & Refrigeration, 317 E 3rd Street  Kenner LA 70062	<b>CONTACT NAME:</b> Kayla Williams <b>PHONE (A/C No. Ext.):</b> (985) 652-5505 <b>FAX (A/C No.):</b> (985) 652-4039 <b>E-MAIL ADDRESS:</b> kwilliams@rivins.com  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>INSURER(S) AFFORDING COVERAGE</b></td> <td style="width: 20%;"><b>NAIC #</b></td> </tr> <tr> <td><b>INSURER A:</b> America First</td> <td></td> </tr> <tr> <td><b>INSURER B:</b> Ohio Security Insurance Company</td> <td></td> </tr> <tr> <td><b>INSURER C:</b> Bridgefield Casualty Insurance Co</td> <td>10335</td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table>	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>	<b>INSURER A:</b> America First		<b>INSURER B:</b> Ohio Security Insurance Company		<b>INSURER C:</b> Bridgefield Casualty Insurance Co	10335	<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
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## COVERAGES

CERTIFICATE NUMBER: 16-17 w/excess

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:			BKS558178871	1/31/2016	1/31/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits \$ 25,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE			ES055818871	3/10/2016	1/31/2017	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	019803840	1/31/2016	1/31/2017	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Employment Practices Liab			BKS558178871	1/31/2016	1/31/2017	Each Claim 12,500 Aggregate 12,500

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

Bridge City Treatment Plant

BID # 50-00116502

General Aggregate Limit applies per project.

Cert Holder is listed as an additional insured and a Waiver of Subrogation is provided in favor of the certificate holder with respects to the GL policy.

Waiver of Subrogation is provided with respects to the WC as required by written contract.

## CERTIFICATE HOLDER

## CANCELLATION

THE PARISH OF JEFFERSON, ITS DISTRICTS,  
 DEPTS&AGENCIES UNDER THE DIRECTION OF  
 THE PARISH PRESIDENT&THE PARISH COUNCIL  
 Bridge City Treatment Plant  
 1400 Highway 90  
 Bridge City, LA 70094

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

Kayla Williams/KAYWIL

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# CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)  
05/03/2018

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<b>PRODUCER</b> Hylton S Pettit, Jr <b>State Farm</b> 2705 Florida Ave. Kenner, La 70062		<b>CONTACT NAME:</b> Hylton S Pettit Jr <b>PHONE (A/C, No. Ext):</b> 504-461-0171 <b>FAX (A/C, No.):</b> 504-461-0289 <b>E-MAIL ADDRESS:</b> hylton.pettit.b27x@statefarm.com	
		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: State Farm Mutual Automobile Insurance Company	<b>NAIC #</b> 28178
<b>INSURED</b> Beacon Air Cond Inc 317 E 3 Rd St Kenner, La 70062-7103		INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	N	N	211 0254-A12-18C	01/12/2016	07/12/2016	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 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 \$

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THE PARISH OF JEFFERSON, ITS DISTRICTS,  
 DEPARTMENTS AND AGENCIES UNDER THE DIRECTION  
 OF THE PARISH PRESIDENT AND THE PARISH COUNCIL  
 Bridge City Treatment Plant  
 1400 Highway 90 Bridge City, La 70094  
 BID # 50-00118502

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AUTHORIZED REPRESENTATIVE

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