

DATE: 11/09/2021

INVITATION TO BID  
THIS IS NOT AN ORDER

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BID NO.: 50-00136497

**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.

<b>DELIVERY: FOB JEFFERSON PARISH</b>	
INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES	Nov. 29, 2021
INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK	Dec. 6, 2021
INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK	Dec. 23, 2021

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: #1

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

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

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

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

<b>*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***</b>	
FIRM NAME: <u>DORION Equipment Sales, Inc</u>	
SIGNATURE: (Must be signed here)	TITLE:
<u>[Signature]</u>	
PRINT OR TYPE NAME: <u>George W. DORION President</u>	
ADDRESS: <u>132 PIN OAK DR</u>	
CITY, STATE: <u>Slidell LA</u>	ZIP: <u>70460</u>
TELEPHONE: <u>985-847-0082</u>	FAX: <u>504-450-8171</u>
EMAIL ADDRESS: <u>doriong@dorioneg.com</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 21,000 <sup>00</sup>

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INVITATION TO BID FROM JEFFERSON PARISH - continued

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BID NO.: 50-00136497

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>FURNISH ALL LABOR, MATERIAL AND EQUIPMENT NECESSARY TO COMPLETE ALL MAINTENANCE AND REPAIRS OF THE OUTSIDE CRANE AT WHITNEY/BARATARIA PUMP STATION FOR JEFFERSON PARISH DRAINAGE DEPARTMENT</p> <p>0010 MATERIAL, LABOR, AND EQUIPMENT NEEDED TO COMPLETE ALL MAINTENANCE AND REPAIRS OF THE OUTSIDE CRANE AT WHITNEY BARATARIA PUMPING STATION</p> <p>DELIVER TO: WHITNEY/BARATARIA P/S 1301 ENGINEERS RD BELLE CHASSE, LA 70037</p> <p>PLEASE SEE SPECIFICATION SHEETS</p>	<p>\$ 21,000<sup>00</sup></p>	<p>21,000<sup>00</sup></p>



DORIO-1

OP ID: CD

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/09/2021

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).

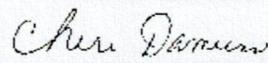
<b>PRODUCER</b> Lowry-Dunham, Case, & Vivien PO Box 430 Slidell, LA 70459-0430 Lowry-Dunham, Case & Vivien	<b>985-643-1234</b>	<b>CONTACT NAME:</b> A. Vernon Gagliano <b>PHONE (A/C, No, Ext):</b> 985-643-1234 <b>E-MAIL ADDRESS:</b> <b>FAX (A/C, No):</b> 985-646-0249
<b>INSURED</b> Dorion Equipment Sales, Inc. Mr. George Dorion P.O. Box 5219 Slidell, LA 70461	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> LA WORKERS COMP CORP	<b>NAIC #</b> 22350
	<b>INSURER B:</b> COLONY INSURANCE COMPANY	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER:** **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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<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:	Y	103GL000366209	04/10/2021	04/10/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		103GL000366209	04/10/2021	04/10/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
A	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 Y N/A	129501A	04/10/2021	04/10/2022	<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)  
**RE: Quote #50-000136497 Maintenance & Repairs of the outside Crane at Whitney/Barataria Pump Station**

<b>CERTIFICATE HOLDER</b> The Jefferson Parish, it's Districts Departments JEFFE99 and Agencies under the direction of the Parish President and the Parish Council 1221 Elmwood Park Blvd, Suite 907 Harahan, La 70123	<b>CANCELLATION</b> 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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**NOTEPAD**

**Dorion Equipment Sales, Inc.**  
INSURED'S NAME

**DORIO-1**  
**OP ID: CD**

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Date **11/09/2021**

George Dorion, Suzanne Dorion & Addam Dorion are all excluded from Workers Compensation

**NOTEPAD:**

HOLDER CODE **JEFFE99**  
INSURED'S NAME **Dorion Equipment Sales, Inc.**

**DORIO-1**  
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George Dorion, Suzanne Dorion & Addam Dorion are all excluded from Workers Compensation

The general liability provdes additional insured per form number CG2010 0413

The workers compensation policy provides a waiver of subrogation as required by written contract