

DATE: 2/09/2021

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00133525

JEFFERSON PARISH

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

Star Glass, LLC

VENDOR: ~~27118 BLANK BID COPY VENDOR~~

BUYER: RSCOTT

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	4-6 Weeks _____
INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK	2 Days After Delivery _____
INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK	1 Week _____

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.

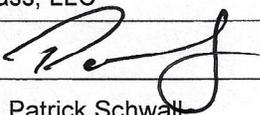
Acknowledge Receipt of Addenda: NUMBER: N/A

NUMBER: _____

NUMBER: _____

NUMBER: _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 59105

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: Star Glass, LLC	
SIGNATURE:  (Must be signed here)	TITLE: Vice President
PRINT OR TYPE NAME: Patrick Schwall	
ADDRESS: 1000 Westbank Expressway	
CITY, STATE: Gretna, LA	ZIP: 70053
TELEPHONE: (504) 368-8826	FAX: (504) 367-5802
EMAIL ADDRESS: bids@starglassllc.com	

TOTAL PRICE OF ALL BID ITEMS: \$ 25,946.00

DATE: 2/09/2021

INVITATION TO BID FROM JEFFERSON PARISH - continued

Page: 6

BID NO.: 50-00133525

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>Labor, materials and necessary essentials to remove and install new doors for the Jefferson Parish Recreation Department</p> <p>0010 Provide and install frames, doors, and hardware at MLKing Playground, 2400 Lester St, Harvey, La 70058</p> <p>Buildings See specs attached</p>	25,946.00	25,946.00

SPECIFICATIONS

Section 1.0 – Pre-Bid Conference:

A Pre-Bid Conference will not be necessary.

Section 2.0 – Scope:

We extend this proposal to cover all labor, materials, and necessary essentials to remove and haul away existing door and replace with a new custom frame and door

Section 3.0 – Quantities/Inspection:

Bidders must inspect the site and perform their own measurements in order to determine the proper quantity of materials and equipment required to complete this project. All measurements given in these specifications are informational only.

Section 4.0 – Bid Specifications:

The successful bidder shall supply all labor, materials, and necessary essentials to perform the following at **MLKing Playground, 2400 Lester St, Harvey, La 70058** as described

A. Front Entrance:

1. Remove and haul away existing doors and frame from area
2. 1 Custom frame, Steel, 16 gauge, Masonry, 4 inch Header, Galvanized, Welded, Primed
3. 2 Custom Doors, Steel, 16 Gauge, Polystyrene core, Galvanized and Primed.
4. 1 Dorma Number 9500 Mortise Exit Device, Grade 1, Heavy Duty, Stainless Steel. Must be as stated to match existing system.
5. 1 Dorma Number 9400 SVR Exit device, Grade 1, Heavy Duty, Stainless Steel. Must be as stated to match existing system.
6. 1 Dorma Number YR08 Escutcheon Lever Trims, Stainless Steel. Must be as stated to match existing system.
7. 1 Best Number 1E74-C4 Cylinder Housing. Must be as stated to match existing system.
8. 1 Best Number 1CC7A2 Construction Cores w/Control and Construction Keys. Must be as stated to match existing system.
9. 1 Dorma No. 565 Open Back Strike. Must be as stated to match existing system.
10. 2 Dorma Number 8916SPAT Closers, Super Arm, Thumb Turn Hold Open. Must be as stated to match existing system.
11. 2 Hager Number 780-224HD Continuous Hinges, Full Mortise, Clear. Must be as stated to match existing system.

12. 2 Hager Number 190S Kick Plates, 8 Inch Height, Stainless Steel. Must be as stated to match existing system.
13. 1 NGP Number LFRA 100 Door Vision, ¼ Inch Tempered Safety Glass
14. 1 NGP Number 425 Aluminum Threshold, ADA Compliant. Must be as stated to match existing system
15. 2 NGP Number 101V Sweeps, Drip, Clear. Must be as stated to match existing system
16. 1 NGP Number 160V Weather Stripping. Must be as stated to match existing system
17. Install New Frame, Door and Hardware. Finish coat to be done by others.

B. Men's Bathroom Exterior Entrance

1. Remove and haul away existing doors from area
2. 1 Custom Door, Steel, 16 Gauge, Polystyrene Core, Galvanized, Primed.
3. 1 Best Number 45H-7R-15J626 Mortise Lock, Escutcheon, Classroom, 626. Must be as stated to match existing system
4. 1 Best Number 1E74-C4 Cylinder Housings. Must be as stated to match existing system.
5. 1 Best Number 1CC7A2 Construction Core w/Control and Construction Keys. Must be as stated to match existing system.
6. 1 Best Cormax 7 Pin Final Core, Keyed to Current System. Must be as stated to match existing system.
7. 1 Dorma Number 8916PH Closer, Regular Mounted, Hold Open, 689. Must be as stated to match existing system.
8. 1 Hager Number 780-224HD Continuous Hinge, Full Mortise, Clear. Must be as stated to match existing system.
9. 1 Hager Number 190S Kick Plate, 8 Inch Height, Stainless Steel. Must be as stated to match existing system.
10. 1 Hager Number 342D Latch Guard, Stainless Steel. Must be as stated to match existing system.
11. 1 NGP Number 425 Aluminum Threshold, ADA Compliant, must be as stated to match existing system
12. 1 NGP Number 101V Sweep, Drip, Clear. Must be as stated to match existing system
13. 1 NGP Number 1060V Weather stripping, clear. Must be as stated to match existing system
14. Install New Door and Hardware. Finish coat to be done by others.

C. Women's Bathroom, Exterior Entrance

1. Remove and haul away existing doors from area
2. 1 Custom Frame, Steel, 16 Gauge, Masonry, 4 Inch Header, Galvanized, Primed.
3. 1 Custom Door, Steel, 16 Gauge, Polystyrene Core, Galvanized, Primed.
4. 1 Best Number 45H-7R-15J626 Mortise Lock, Escutcheon, Classroom, 626. Must be as stated to match existing system

5. 1 Best Number 1E74-C4 Cylinder Housings. Must be as stated to match existing system.
6. 1 Best Number 1CC7A2 Construction Core w/Control and Construction Keys. Must be as stated to match existing system.
7. 1 Best Cormax 7 Pin Final Core, Keyed to Current System. Must be as stated to match existing system.
8. 1 Dorma Number 8916PH Closer, Regular Mounted, Hold Open, 689. Must be as stated to match existing system.
9. 1 Hager Number 780-224HD Continuous Hinge, Full Mortise, Clear. Must be as stated to match existing system.
10. 1 Hager Number 190S Kick Plate, 8 Inch Height, Stainless Steel. Must be as stated to match existing system.
11. 1 Hager Number 342D Latch Guard, Stainless Steel. Must be as stated to match existing system.
12. 1 NGP Number 425 Aluminum Threshold, ADA Compliant, must be as stated to match existing system
13. 1 NGP Number 101V Sweep, Drip, Clear. Must be as stated to match existing system
14. 1 NGP number 1060V Weather stripping, clear. Must be as stated to match existing system
15. Install New Frame, Door and Hardware. Finish coat to be done by others.

D. Rear Exterior Exit

1. Remove and haul away existing frame, and door from area
2. 1 Custom Frame, Steel, 16 gauge, Masonry, 4 inch Header, Galvanized, Welded, Primed
3. 1 Custom Doors, Steel, 16 Gauge, Polystyrene core, Galvanized and Primed.
4. 1 Dorma Number 9300 Rim Exit Device, Grade 1, Heavy Duty, Stainless Steel. Must be as stated to match existing system.
5. 1 Dorma Number YR08 Escutcheon Lever Trims, Stainless Steel. Must be as stated to match existing system.
6. 1 Best Number 1E74-C4 Cylinder Housing. Must be as stated to match existing system.
7. 1 Best Number 1CC7A2 Construction Cores w/Control and Construction Keys. Must be as stated to match existing system.
8. 1 Best Cormax 7 Pin Final Core, Keyed to Current System. Must be as stated to match existing system.
9. 1 Dorma Number 8916SPAT Closer, Super Arm, Thumb Turn Hold Open. Must be as stated to match existing system.
10. 1 Hager Number 780-224HD Continuous Hinges, Full Mortise, Clear. Must be as stated to match existing system
11. 1 Hager Number 190S Kick Plate, 8 Inch Height, Stainless Steel. Must be as stated to match existing system

- 12.1 Hager Number 342D Latch Guard, Stainless Steel. Must be as stated to match existing system
- 13.1 NGP Number 425 Aluminum Threshold, ADA Compliant. Must be as stated to match existing system
- 14.1 NGP Number 101V Sweep, Drip, Clear. Must be as stated to match existing system
- 15.1 NGP Number 160V Weather Stripping. Must be as stated to match existing system
16. Install New Frame, Door and Hardware. Finish coat to be done by others.

- All work to be done in workmanlike manner.
- Also, any and all damage incurred during process of job will be contractor's responsibility.
- Job site is MLKing Playground, 2400 Lester St, Harvey, La 70058, as described
- To view jobsite, or set up an appointment, please contact Steve Williams 504-349-7224. SCWilliams@Jeffparish.net, or Brandon Collins 504 -349-7206, BCollins@jeffparish.net.

Section 5.0 – Cleaning Area and Safety:

Contractor must perform daily housekeeping on work area and removal of job debris

Section 6.0 – Pre-Construction Conference and Notice to Proceed:

A Pre-Installation Conference shall be held between the successful bidder and the owner before any work commences.

Section 7.0 – Construction Term

Upon receiving a notice to proceed, the Bidder agrees that all work shall be completed as follows: Vendor agrees to commence actual physical work on the site with an adequate force and equipment within 10 days from the date of Notice of Proceed. All work shall be substantially completed in **NINETY (90)** consecutive calendar days from date of Notice to Proceed.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/18/2021

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).

PRODUCER State Farm MEYERS, THELMA 501 WHITNEY AVE GRETNA LA 70058-2844	CONTACT NAME: MEYERS, THELMA PHONE (A/C, No, Ext): 504-366-1155 FAX (A/C, No): 504-366-1455 EMAIL ADDRESS: THELMA.C.MEYERS.MB00Q@STATEFARM.COM
	INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Mutual Automobile Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

INSURED

STAR AUTO GLASS INC
 1000 WESTBANK EXPY
 GRETNA LA 70053-5629

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 INSR (INSR LTR)	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 OTHER:					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	Y	334 4279-C26-18C-9ZZ	09/26/2020	09/26/2021	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 \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	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 OTH-ER 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)

BID # 5000133525 ML King Playground
Jefferson Parish, its Districts, Departments and Agencies under direction of the Parish President and Parish Council

CERTIFICATE HOLDER Jefferson Parish 2400 Lester St Harvey LA 70058	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
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/17/2021

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).

PRODUCER SUNZ Insurance Solutions, LLC ID: (Canal HR, Inc.) c/o Canal HR, Inc. 2955 Ridge Lake Drive, Ste 112 Metairie, LA 70002	CONTACT NAME: Patrik Wadkins PHONE (A/C, No, Ext): 507-837-8680 E-MAIL ADDRESS: patrik@canalhr.com FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE INSURER A: United Wisconsin Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

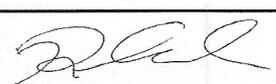
COVERAGES **CERTIFICATE NUMBER:** 60180299 **REVISION NUMBER:**

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 OTHER:						EACH OCCURRENCE	\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
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 N/A			WC548-00131-020-SZ	4/1/2020	4/1/2021	<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)

Coverage provided for all co-employees but not subcontractors of: Star Auto Glass, Inc.
 Client Effective: 4/1/2019
 BID # 5000133525
 JEFFERSON PARISH, ITS DISTRICTS DEPARTMENTS & AGENCIES UNDER DIRECTION OF THE PARISH PRESIDENT & THE PARISH COUNCIL

CERTIFICATE HOLDER 901 JEFFERSON PARISH ML KING PLAY GROUND 2400 LESTER ST HARVEY LA 70058	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  Rick Leonard
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