

DATE: 1/19/2024

INVITATION TO BID
THIS IS NOT AN ORDER

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BID NO.: 50-00144316

JEFFERSON PARISH

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

VENDOR: DAIOMS FIRST CHOICE COFFEE SERVICES

PURCHASING SPECIALIST:
MBUTTERY

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 _____

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK _____

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK _____

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) _____

***** ALL BIDDERS MUST COMPLETE SECTION BELOW *****

FIRM NAME: <u>DAIOMS FIRST CHOICE COFFEE SERVICES</u>	
SIGNATURE: <u>[Signature]</u> (Must be signed here)	TITLE: <u>BRANCH MANAGER</u>
PRINT OR TYPE NAME: <u>DANIEL KERNE</u>	
ADDRESS: <u>5701 CRAWFORD ST. SUITE A</u>	
CITY, STATE: <u>HARRAHAN, LOUISIANA</u>	ZIP: <u>70123</u>
TELEPHONE: <u>(504) 818-0966</u>	FAX: <u>()</u>
EMAIL ADDRESS: <u>DANIEL.KERNE@DAIOMSUSA.COM</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 8,883.85

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INVITATION TO BID FROM JEFFERSON PARISH - continued

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BID NO.: 50-00144316

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	50.00	CS	<p>Two (2) Year Contract to Provide Coffee Service for the Jefferson Parish Jury Assembly Room</p> <p>0010 Coffee, Decaffeinated 36 Individual packages per case. 2.5 per pk</p> <p>New Orleans Blend</p> <p>Two (2) year coffee service contract to include a three (3) burner electric coffee maker with direct access to waterline.</p> <p>Jefferson Parish Jury Assembly Room. Dept of the 24th JDC 200 Derbigny St Suite 1200 Thomas F Donelon Bldg Gretna La 70053</p> <p>Vendor to contact office on monthly basis for order placement. Invoices can be sent to above address or emailed to pthomassie@jpcclerkofcourt.us Contact Person is Pamela Thomassie 504-364-3987</p>	\$ 42.10	\$ 2,105
2	60.00	CS	<p>0020 Coffee Whole Bean and Ground Regular 25% Chicory. 36 individual packages per case. 2.5 oz per pk.</p> <p>New Orleans Chicory.</p>	\$ 56.99	\$ 3,419.40
3	30.00	CS	<p>0030 Milk Evaporated and Condensed creamer 24 - 11 oz of powdered creamer per case.</p>	\$ 62.00	\$ 1,860
4	35.00	BX	0040 Stirrers 1000 per box	\$ 2.85	\$ 99.75
5	30.00	CS	0050 Sugar Packets-Individual Packets of Sugar 2000 1/10 oz packets per case.	\$ 25.99	\$ 779.70
6	40.00	CS	0060 Artificial Sweetners 400 Packets per Case	\$ 9.65	\$ 386
7	30.00	BX	0070 Tea, Instant 100 Individual Bags per box, Luzianne	\$ 7.80	\$ 234
8	1.00	EA	0080 Coffeemaker, 3 burner electric Direct access to water line. Urns.	\$ N/c	\$ N/c

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INVITATION TO BID FROM JEFFERSON PARISH - continued

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BID NO.: 50-00144316

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			Loaner included for duration of contract ***This is a no charge item.***		



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/02/2023

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 MARSH USA, LLC 540 W. Madison Chicago, IL 60661		CONTACT NAME: Marsh U.S. Operations PHONE (A/C, No, Ext): 866-966-4664 E-MAIL ADDRESS: Chicago.CertRequest@marsh.com FAX (A/C, No): 212-948-0770	
CN10277444-STND-GAWUP-23- FCS OakB Amber -		INSURER(S) AFFORDING COVERAGE INSURER A : Mitsui Sumitomo Insurance Co. Of America INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	
INSURED Daiohs USA, Inc. DBA: First Choice Coffee Services DBA: Blue Tiger Coffee 1 S 660 Midwest Road, Suite 120 Oakbrook Terrace, IL 60181		NAIC # 20362	

COVERAGES	CERTIFICATE NUMBER: CHI-010411250-03	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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			PKG3127434	11/01/2023	11/01/2024	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
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			BVR8407011	11/01/2023	11/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			UMB5700846	11/01/2023	11/01/2024	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
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	N/A	WCP9115434 (IL,AR,AZ,CA,CO,CT,FL,GA,IA,KS,KY,LA,MD,MI,MN,MO,NC,NH,NV,NM,OK,OR,RI,TX,VA) WCP9115435 (WI,MA,NY,PA,WI)	11/01/2023	11/01/2024	<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)
Evidence of Insurance

CERTIFICATE HOLDER

JP JURY ASSEMBLY RM, DEPT
OF THE 24TH JDC
200 DERBIGNY ST, #1200
GRETN, LA 70053

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

Marsh Risk & Insurance Services

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