

Christofless + Mirva Co
3308 Talbott Ave.
New Orleans LA 70119

RECEIVED
2011 MAR -2 AM 10:08
JEFFERSON PARISH
PURCHASING

Jefferson Parish Purchasing, Dept.
280 Derbigny St. Suite #4400
Metairie LA 70053

Bid # 50-00122183
Contractors Lic # 1014

BID/RFP RECEIPT

Receipt of Bid/RFP Proposal No. 50-122183

From: Greater Atlanta Braves

Company's Name

Person Received Bid:

Shirley Strickland

Number of Envelopes/Boxes Received: 1

Jefferson Parish Purchasing Department

1221 Elmwood Park Blvd.

Suite 404 – Yenni Bldg.

Jefferson, LA 70121

RECEIVED
2010 MAR -2 AM 10:08
JEFFERSON PARISH
PURCHASING

DATE: 2/16/2018

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00122183

JEFFERSON PARISH

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

VENDOR:

BUYER: SFOLSE

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

2 weeks
10 days
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: 0-

NUMBER: _____

NUMBER: _____

NUMBER: _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) #1014

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: <u>CRISTO GLASS & MIRONCO</u>	
SIGNATURE: (Must be signed here) <u>Kemp Gordon</u>	TITLE: <u>Estimator</u>
PRINT OR TYPE NAME: <u>Kemp Gordon</u>	
ADDRESS: <u>2308 Tulane Ave.</u>	
CITY, STATE: <u>New Orleans LA</u>	ZIP: <u>70119</u>
TELEPHONE: <u>504 581-2620</u>	FAX: <u>504 588-2989</u>
EMAIL ADDRESS: <u>kemp@swalls.com</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 2,972.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00122183

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	UNIT	<p>LABOR & MATERIALS TO SUPPLY & INSTALL 1 STOREFRONT WINDOW FOR THE JEFFERSON PARISH DEPARTMENT OF CODE ENFORCEMENT</p> <p>0010-STOREFRONT WINDOW INSTALLATION INSPECTION AND CODE ENFORCEMENT.</p> <p>WE EXTEND THIS BID TO PROVIDE LABOR, MATERIALS, DELIVERY, EQUIPMENT, AND ALL OTHER INCIDENTALS NECESSARY TO INSTALL ONE (1) STOREFRONT SERVICE WINDOW FOR:</p> <p>INSPECTION AND CODE ENFORCEMENT 400 MAPLE STREET HARVEY, LA 70058</p> <p>AS PER THE ATTACHED SPECIFICATIONS.</p> <p>***** TO SET UP A SITE VISIT, PLEASE CONTACT FRED CARRERAS @ 504-364-2675 OR EMAIL @ FCARRERAS@JEFFPARISH.NET *****</p>	\$2,972.00	\$2,972.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/13/2017

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).

PRODUCER Gillis, Ellis & Baker, Inc. 1615 Poydras Street Suite 700 New Orleans LA 70112-1298	CONTACT NAME: Holly Azurdia PHONE (A/C, No, Ext): (504) 581-3334 E-MAIL: hazurdia@gillis.com ADDRESS: FAX (A/C, No): (504) 587-0766														
INSURED Crasto Glass and Mirror Company, Inc. P. O. Box 19904 New Orleans LA 70179	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Gemini Insurance Co</td><td>10833</td></tr><tr><td>INSURER B: Travelers Indemnity of Conn.</td><td>25682</td></tr><tr><td>INSURER C: National Union Fire Ins Co of</td><td>19445</td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Gemini Insurance Co	10833	INSURER B: Travelers Indemnity of Conn.	25682	INSURER C: National Union Fire Ins Co of	19445	INSURER D:		INSURER E:		INSURER F:	
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INSURER F:															

COVERAGES **CERTIFICATE NUMBER:** 2017 Crasto Master **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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		VGGP002900	10/1/2017	10/1/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 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	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS		BA2371N54017SEL	10/1/2017	10/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTIONS 10,000		BE037734961	10/1/2017	10/1/2018	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
	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				PER STATUTE 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)
Certificate holder includes The Parish of Jefferson, its Districts, Departments and Agencies under the direction of the Parish President and the Parish Council. Blanket Additional Insured endorsements included on general liability and auto liability policies, as required by written contract.

CERTIFICATE HOLDER Jefferson Parish General Services Dept. 200 Derbigny Street Suite 4400 Gretna, 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 R Parke Ellis CPCU/HB <i>R Parke Ellis</i>
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SOUWA-1

OP ID: MO

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/13/2017

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PRODUCER Brown & Brown of Louisiana New Orleans Office 1515 Poydras Street, Ste 1150 New Orleans, LA 70112 Mark A. Pennebaker	CONTACT NAME: Mark A. Pennebaker PHONE (A/C, No, Ext): 504-586-1000 FAX (A/C, No): 504-586-8600 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A : LUBA CASUALTY INS CO INSURER B : INSURER C : INSURER D : INSURER E : INSURER F : NAIC # 12472
INSURED Southern Walls & Windows, Inc. Crasto Glass & Mirror Co., Inc. P. O. Box 19143 New Orleans, LA 70179	

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO						BODILY INJURY (Per person) \$
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>	N/A	X	028000020685117	08/31/2017	08/31/2018
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

Blanket Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Jefferson Parish
200 Derbigny St, Suite 4400
Gretna, LA 70053

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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