

DATE: 11/21/2017

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00121662

## JEFFERSON PARISH

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

VENDOR: 27118 BLANK BID COPY VENDOR

BUYER: CGASPER

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

N/A

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

7 days

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

7 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) 12344

<b>*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***</b>	
FIRM NAME: ARC MECHANICAL CONTRACTORS, INC.	
SIGNATURE: (Must be signed here)	TITLE: PRESIDENT
PRINT OR TYPE NAME: CHESTER A. CABIRAC	
ADDRESS: PO BOX 6720	
CITY, STATE: SLIDELL, LA 70469-6720	ZIP: 
TELEPHONE: (985) 661-9191	FAX: (985) 661-9169
EMAIL ADDRESS: arcmechanical@bellsouth.net	

TOTAL PRICE OF ALL BID ITEMS: \$ 1,375.00

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00121662

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>INSPECTION OF FIVE (5) BACK FLOW PREVENTERS INCLUDING FILING, TESTING, AND ANNUAL INSPECTION AT JEFFERSON PARISH LAFRENIERE PARK.</p> <p>0001 Back Flow Preventer Testing Services. Labor, material and equipment necessary to perform backflow preventer testing services and inspection of five (5) backflow preventers to include filing, testing and annual inspection at the following location:</p> <p>Jefferson Parish Recreation Department Lafreniere Park 3000 Downs Blvd. Metairie, LA 70003</p> <p>Contact: Jerry Savarese Phone: (504) 838-4389</p> <p>For a site visit, see contact above.</p>	<del>\$1,375<sup>00</sup></del>	<del>\$1,375<sup>00</sup></del>

Office:  
985-661-9191  
Fax:  
985-661-9169



LA State Contractors  
License # 12344  
Email:  
arcmechanical  
@bellsouth.net

#### CORPORATE RESOLUTION

EXCERPT FROM THE MINUTES OF THE BOARD OF DIRECTORS OF ARC  
MECHANICAL CONTRACTORS, INCORPORATED. A CORPORATION INCORPORATED  
IN THE STATE OF LOUISIANA IN 1978.

AT THE MEETING OF DIRECTORS OF ARC MECHANICAL CONTRACTORS, INCORPORATED DULY  
NOTICED AND HELD ON DECEMBER 5, 2017 A QUORUM BEING THERE PRESENT, ON MOTION  
DULY MADE AND SECONDED, IT WAS;

RESOLVED, THAT CHESTER A. CABIRAC, BE AND IS HEREBY APPOINTED, CONSTITUTED, AND  
DESIGNATED AS AGENT AND ATTORNEY-IN-FACT OF THE CORPORATION WITH FULL POWER AND  
AUTHORITY TO ACT ON BEHALF OF THIS CORPORATION IN ALL NEGOTIATIONS, BIDDING,  
CONCERNS, AND TRANSACTIONS WITH JEFFERSON PARISH OR ANY OF ITS AGENCIES,  
DEPARTMENTS, EMPLOYEES, OR AGENTS, INCLUDING BUT NOT LIMITED TO, THE EXECUTION OF  
ALL BIDS, PAPERS, DOCUMENTS, AFFIDAVITS, BONDS, SURETIES, CONTRACTS AND ACTS, AND TO  
RECEIVE AND RECEIPT THEREFORE ALL PURCHASE ORDERS AND NOTICES ISSUED PURSUANT TO  
THE PROVISIONS OF ANY SUCH BID OR CONTRACT, THIS CORPORATION HEREBY RATIFYING,  
APPROVING, CONFIRMING, AND ACCEPTING EACH AND EVERY SUCH ACT PERFORMED BY SAID  
AGENT AND ATTORNEY-IN-FACT.

I HEREBY CERTIFY THAT THE FOREGOING  
TO BE A TRUE AND CORRECT COPY OF AN  
EXCERPT OF THE MINUTES OF THE ABOVE  
DATED MEETING OF THE BOARD OF  
DIRECTORS OF SAID CORPORATION, AND  
THE SAME HAS NOT BEEN REVOKED OR  
RESCINDED.

  
\_\_\_\_\_  
PRESIDENT

12/5/2017  
\_\_\_\_\_  
DATE

APPROVED:

  
\_\_\_\_\_  
SECRETARY/TREASURER



# CERTIFICATE OF LIABILITY INSURANCE

ARCME-1

OP ID: CY

DATE (MM/DD/YYYY)

09/13/2017

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 Stiel Insurance Services of New Orleans, Inc. 433 Metairie Road Suite #520 Metairie, LA 70005 Louis Martello	CONTACT NAME: Louis Martello PHONE (A/C, No, Ext): 504-832-5733 E-MAIL ADDRESS: lmartello@stielinsurance.com FAX (A/C, No): 504-831-3604
INSURED ARC Mechanical Contractors Inc Mr. Chester Cabirac P O Box 6720 Slidell, LA 70469	INSURER(S) AFFORDING COVERAGE INSURER A: American Casualty Co of 20427 INSURER B: Continental Insurance Co. of 42625 INSURER C: Continental Casualty Company 20443 INSURER D: Columbia Casualty Co. 31127 INSURER E: INSURER F:

## 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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		C1015152154	08/23/2017	08/23/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
D	<input checked="" type="checkbox"/> Pollution		CBS6042957162	08/23/2017	08/23/2018	MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Pollution \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					
A	<input checked="" type="checkbox"/> 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		C2058039895	08/23/2017	08/23/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10000		C2078422473	08/23/2017	08/23/2018	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	Y/N N/A	WC131456473 USL&H	08/23/2017	08/23/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Eqpt		C1015152154	08/23/2017	08/23/2018	2500-Ded 125,000

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

Certificate holder to read: THE PARISH OF JEFFERSON, ITS DISTRICTS, DEPARTMENTS AND AGENCIES UNDER THE DIRECTION OF THE PARISH PRESIDENT AND THE PARISH COUNCIL DEPARTMENT OF GENERAL SERVICES.

## CERTIFICATE HOLDER

## CANCELLATION

JEFFE17

The Parish of Jefferson, Its  
Districts, Departments and  
Agencies  
200 Derbingy Street Ste3300  
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

*Louis E Martello*

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