

DATE: 10/26/2017

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00121332

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	<u>12/4/17</u>
INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK	<u>16 calendar days</u>
INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK	<u>4 days</u>

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) 50789

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: <u>Irons Construction, LP</u>	
SIGNATURE: <u>Kali Irons</u> (Must be signed here)	TITLE: <u>partner</u>
PRINT OR TYPE NAME: <u>Kali Irons</u>	
ADDRESS: <u>PO Box 494</u>	
CITY, STATE: <u>Luling, LA 70070</u>	ZIP: _____
TELEPHONE: <u>(504) 400 0375</u>	FAX: <u>(985) 308-0830</u>
EMAIL ADDRESS: <u>info@ironsconstruction.biz</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 1,900.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00121332

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>REMOVE/FURNISH AND INSTALL CERAMIC FLOOR AND BASEBOARD AT JEFFERSON PARISH WATER DEPT. EB UTILITY BILLING, STE. 103 JEFFERSON, LA</p> <p>0010 CERAMIC FLOOR AND BASEBOARD (18 X 18-HEATHLAND/HEDGEWOOD) (SUITE 103 REMODEL)</p> <p>WATER DEPT.-EB UTILITY BILL-ERIC ROMAIN</p> <p>A PRE-BID CONFERENCE IS SCHEDULED BELOW: DATE: THURSDAY, NOVEMBER 9, 2017 TIME: 9:30 A.M. LOCATION: JEFFERSON PARISH EAST BANK UTILITY BILLING 1221 ELMWOOD PK. BLVD., SUITE 103 JEFFERSON, LA 70123</p> <p>CONTACT: ERIC ROMAIN (504) 736-6036 DESTINY BRATTON (504) 736-6714</p> <p>LABOR, MATERIAL AND EQUIPMENT NECESSARY TO FURNISH AND INSTALL CERAMIC FLOORING AND BASEBOARDS. JOB WILL ALSO INCLUDE REMOVAL OF OLD TILE FLOOR AND INSTALLATION OF NEW CERAMIC TILE FLOOR.</p> <p>SEE ATTACHED SPECIFICATIONS.</p>	<p>\$ 1,900.00</p>	<p>\$ 1,900.00</p>

Insurance Declaration Affidavit
Automotive

AFFIDAVIT

STATE OF Louisiana
PARISH/COUNTY OF St. Charles

BEFORE ME, the undersigned authority, personally came and appeared,
Kali Irons, (Affiant) who after being duly sworn, deposed and said that he/she
is the fully authorized partner of Irons Construction, LLP (Entity), the
party who submitted a Proposal/Contract/Bid/RFP/SOQ No. 5000121332, to Jefferson Parish.

Affiant further said:

- (1) That entity does not own automobiles or use automobiles in the furtherance of the services provided under the contract.
- (2) That if the entity obtains automobiles or begins to use automobiles in the furtherance of the services provided under the contract, affiant will notify Jefferson Parish and obtain the proper coverage.

Kali Irons
Signature of Affiant

Kali Irons
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 10th DAY OF Nov., 2017.

Brenda M. Folse
Notary Public

 Brenda M. Folse
Printed Name of Notary

My Commission Expires at death.
Notary/Bar Roll Number

My commission expires _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/17/2017

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 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 Terrebonne Insurance Agency, Inc. 4752 Hwy 311 Suite 112 Houma LA 70360	CONTACT NAME: Chris Breaux PHONE (A/C, No, Ext): (985)851-3080 E-MAIL ADDRESS: chris@terrebonneinsurance.com	FAX (A/C, No): (985)851-0304
	INSURER(S) AFFORDING COVERAGE	
INSURED Irons Construction LLP 737 Paul Maillard Road Ste. D Luling LA 70070	INSURER A: Milwaukee Casualty Insurance Company	NAIC # 26662
	INSURER B: HomeBuilders SIF	LHBA
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL1781728824 **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			MPP1017715 02	08/12/2017	08/12/2018	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	AUTOMOBILE LIABILITY <input 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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			17-17018	04/01/2017	04/01/2018	<input 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)

CERTIFICATE HOLDER**CANCELLATION**

Proof of Insurance *****

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

Joel Martin