

DATE: 2/05/2024

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00144454

**JEFFERSON PARISH**

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

VENDOR:

PURCHASING SPECIALIST:  
DREAMEY

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) 2587

|  |                          |
|--|--------------------------|
| *** ALL BIDDERS MUST COMPLETE SECTION BELOW ***  |                          |
| FIRM NAME: <u>Modern Flooring</u>                |                          |
| SIGNATURE:<br>(Must be signed here)              | TITLE: <u>Sales</u>      |
| PRINT OR TYPE NAME: <u>Donna Bailes</u>          |                          |
| ADDRESS: <u>3619 S Carrollton Ave</u>            |                          |
| CITY, STATE: <u>New Orleans La</u>               | ZIP: <u>70118</u>        |
| TELEPHONE: <u>504 915-9954</u>                   | FAX: <u>504 488-8917</u> |
| EMAIL ADDRESS: <u>dbailes@modernflooring.net</u> |                          |

TOTAL PRICE OF ALL BID ITEMS: \$ 2,170.00/xx

DATE: 2/05/2024

## INVITATION TO BID FROM JEFFERSON PARISH - continued

Page: 6

BID NO.: 50-00144454

SEALED BID

| ITEM<br>NUMBER | QUANTITY | U/M | DESCRIPTION OF ARTICLES   | UNIT PRICE<br>QUOTED   | TOTALS                 |
|----------------|----------|-----|---|------------------------|------------------------|
| 1              | 1.00     | JOB | <p>Labor, materials &amp; equipment necessary to pull up existing damaged vinyl tile prep and install new flooring and rubber base in the stairwell of the Thomas F. Donelon Building.</p> <p>0010 - FURNISH LABOR AND MATERIALS TO INSTALL THE FOLLOWING:</p> <ul style="list-style-type: none"><li>- PULL UP THE EXISTING DAMAGED VINYL TILE THAT IS STAINED DUE TO THE ROOF WORK</li><li>- SKIM PATCH THE SUBFLOOR TO PREP FOR THE NEW FLOORING</li><li>- INSTALL THE NEW VINYL TILE AND 4.5" RUBBER BASE</li></ul> <p>NEEDED TO REPLACE DAMAGED TILE ON TOP 3 LANDINGS IN THE STAIRWELL OF THE THOMAS F. DONELON BUILDING</p> | \$ 2170. <sup>80</sup> | \$ 2170. <sup>80</sup> |





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/18/2023

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).

|  |  |  |  |
|--|--|--|--|
| <b>PRODUCER</b><br>Stone Insurance, Inc.<br>111 Veterans Blvd, Suite 1420                              |  | <b>CONTACT NAME:</b> Lauren Tagesen<br><b>PHONE (A/C, No, Ext):</b> (504) 832-4161<br><b>E-MAIL ADDRESS:</b> lauren.tagesen@stone-insurance.com<br><b>FAX (A/C, No):</b> |  |
| <b>Metairie</b> LA 70005-3055  |  | <b>INSURER(S) AFFORDING COVERAGE</b>   |  |
| <b>INSURED</b><br>Modern Flooring & Interiors<br>3619 S. Carrollton Avenue<br><br>New Orleans LA 70118 |  | <b>INSURER A:</b> Travelers Indemnity of America   |  |
|  |  | <b>INSURER B:</b> Travelers Casualty Ins Co of America   |  |
|  |  | <b>INSURER C:</b> Travelers Property Casualty Co   |  |
|  |  | <b>INSURER D:</b>  |  |
|  |  | <b>INSURER E:</b>  |  |
|  |  | <b>INSURER F:</b>  |  |
|  |  | <b>NAIC #</b><br>25666   |  |
|  |  | 36161  |  |

**COVERAGES** **CERTIFICATE NUMBER:** 23-24 LIAB 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 INSD | SUBR WVD   | POLICY NUMBER         | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|-----------|--|-----------------------|-------------------------|-------------------------|--|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: |           |  | I-660-7F578781-TCT-23 | 04/09/2023              | 04/09/2024              | EACH OCCURRENCE \$ 1,000,000   |
|          |  |           | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 |                       |                         |                         |  |
|          |  |           | MED EXP (Any one person) \$ 5,000                    |                       |                         |                         |  |
|          |  |           | PERSONAL & ADV INJURY \$ 1,000,000                   |                       |                         |                         |  |
| B        | <input type="checkbox"/> AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY  |           |  | BA-8M832106-23-42-G   | 04/09/2023              | 04/09/2024              | 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<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$   |           |  | CUP-5F540525-23-42    | 04/09/2023              | 04/09/2024              | EACH OCCURRENCE \$ 2,000,000   |
|          |  |           | AGGREGATE \$ 2,000,000                               |                       |                         |                         |  |
|          |  |           | \$   |                       |                         |                         |  |
|          |  |           | \$   |                       |                         |                         |  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below<br>Y / N <input type="checkbox"/> N / A  |           | N / A  |                       |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
|          |  |           |  |                       |                         |                         | 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)

Blanket Additional Insured, Blanket Waiver of Subrogation, Blanket Primary/Non-Contributory when needed by written contract

## CERTIFICATE HOLDER

## CANCELLATION

SAMPLE

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





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/17/2023

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).

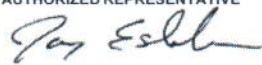
|  |   |                                    |
|--|---|------------------------------------|
| <b>PRODUCER</b><br>Arthur J. Gallagher Risk Management Services, LLC<br>111 Veterans Boulevard<br>Ste. 1130<br>Metairie LA 70112 | <b>CONTACT NAME:</b> Megan Matherne               |                                    |
|  | <b>PHONE (A/C, No, Ext):</b> 504-619-5061         | <b>FAX (A/C, No):</b> 504-587-0766 |
| <b>INSURED</b><br>Modern Flooring Inc<br>3619 S Carrollton Ave<br>New Orleans LA 70118   | <b>E-MAIL ADDRESS:</b> Megan_Matherne@ajg.com     |                                    |
|  | <b>INSURER(S) AFFORDING COVERAGE</b>              |                                    |
|  | <b>INSURER A:</b> LUBA Casualty Insurance Company |                                    |
|  | <b>INSURER B:</b>                                 |                                    |
|  | <b>INSURER C:</b>                                 |                                    |
|  | <b>INSURER D:</b>                                 |                                    |
| <b>INSURER E:</b>  |   |                                    |
| <b>INSURER F:</b>  |   |                                    |
| <b>NAIC #</b><br>12472   |   |                                    |

**COVERAGES** **CERTIFICATE NUMBER:** 1499252357 **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   |
|----------|---|--|----------|-----------------|-------------------------|-------------------------|--|
|          | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: |  |          |                 |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$ |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY   |  |          |                 |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                    |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br><br>DED <input type="checkbox"/> RETENTION \$   |  |          |                 |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N<br><input checked="" type="checkbox"/> Y | N/A      | 028000015226123 | 10/15/2023              | 10/15/2024              | X PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>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)

|   |  |
|---|--|
| <b>CERTIFICATE HOLDER</b><br><br>For insurance purpose only | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|---|--|

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