

DATE: 3/11/2025

INVITATION TO BID
THIS IS NOT AN ORDER

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BID NO.: 50-00147504

JEFFERSON PARISH

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

VENDOR: 27118 BLANK BID COPY VENDOR

PURCHASING SPECIALIST:
RTRAN

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

3-24-25

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

7

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

7

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) 32266

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: <u>RAY BROS INC</u>	
SIGNATURE: <u>Rowland Seal</u> (Must be signed here)	TITLE: <u>Vice President</u>
PRINT OR TYPE NAME: <u>Rowland Seal</u>	
ADDRESS: <u>2801 FRENCHMEN ST.</u>	
CITY, STATE: <u>NEW ORLEANS, LA.</u>	ZIP: <u>70122</u>
TELEPHONE: <u>(504) 858-2473</u>	FAX: <u>()</u>
EMAIL ADDRESS: <u>Rowland@Raybrosinc.com</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 7,231.00

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INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00147504

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>LABOR, MATERIALS, AND EQUIPMENT NEEDED TO INSTALL NEW ROOF FOR THE PRESS BOX/ ANOUNCER BOOTH BUILDING AT JEFFERSON PLAYGROUND</p> <p>0001 JEFFERSON PLAYGROUND PRESS BOX ROOF LABOR, MATERIAL & EQUIPMMENT TO INSTALL A NEW ROOF ON THE PRESS BOX/ANNOUNCER BOOTH BUILDING AT JEFFERSON PLAYGROUND</p> <p>SERVICE LOCATION: JEFFERSON PLAYGROUND 4100 SOUTH DRIVE METAIRIE, LA 70121</p> <p>SITE VISIT CONTACT: BRENT GRIFFIN 504-349-5000 OFFICE 504-419-4415 CELL</p>	\$ 7,231. ⁰⁰	\$ 7,231. ⁰⁰

Debarment/Suspension Form

DEBARMENT/SUSPENSION CERTIFICATION

Debarment:

Federal Executive Order (E.O.) 12549 "Debarment" requires that all contractors receiving individual awards, using federal funds, and all subrecipients certify that the organization and its principals are not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency from doing business with the Federal Government. By signing this document you certify that your organization and its principals are not debarred. Failure to comply or attempts to edit this language may disqualify your bid. Information on debarment is available at the following websites: www.sam.gov and <https://acquisition.gov/far/index.html> see section 52.209-6.

Your signature certifies that neither you nor your principal is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

Rowland Seal Vice President
(Name and Title of bidder's official)

RAY BROS, INC
(Name of bidder/company)

2801 FRENCHMEN ST.
(Address)
NEW ORLEANS, LA. 70122
(Address)

PHONE 504-858-2473 FAX _____

EMAIL Rowland@Raybrosinc.com

Rowland Seal Signature 03/13/2025 Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/31/2024

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 Ross & Yerger Insurance, Inc. 100 Vision Drive, Suite 100 Jackson MS 39211		CONTACT NAME: PHONE (A/C, No, Ext): 601-948-2900 FAX (A/C, No): 601-355-3227 E-MAIL ADDRESS: dgoins@rossandyerger.com		
INSURED Ray Bros, Inc. 2801 Frenchmen St. New Orleans LA 70122		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : National Union Fire Ins Co of Pittsb		19445
		INSURER B : StarStone Specialty Ins Co		44776
		INSURER C : New Hampshire Ins Co		23841
		INSURER D : Transguard Ins Co Of Amer Inc		28886
		INSURER E :		
INSURER F :				

COVERAGES

CERTIFICATE NUMBER: 1229413339

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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		4613993	8/1/2024	8/1/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRE NON-OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			9775978	8/1/2024	8/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			89000S241ALI	8/1/2024	8/1/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ \$
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 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N/A		N/A	WC011569891	8/1/2024	8/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
D	Leased/Rented EQP SCHED Equipment			IMP400007502	8/1/2024	8/1/2025	\$250,000 Any One* Per SCHED on file*

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

Blanket Additional Insured with Primary & Non-Contributory applies to General Liability and Automobile Liability when required by written contract. General Liability includes Products & Completed Operations for Additional Insured when required by written contract. Blanket Waiver of Subrogation applies to Workers Compensation, General Liability, and Automobile Liability when required by written contract. Excess Liability is Follow-Form.

*Equipment Deductibles: \$5,000 except \$25,000 Flood / \$25,000 Windstorm or Hail / 2% Cranes with \$25,000 Minimum.

Malinda Ray Is Excluded Officer on Workers Comp. ALL policies are subject to policy terms, conditions, and exclusions.

Project: Jefferson Parish Bid No.- 50-00142314 Labor, materials and equipment necessary to fabricate & install new downspout extensions. Seal metal apron enclosures custom color match at the Fire Station # 19 for Jefferson Parish General Services. The Jefferson Parish, its Districts Departments and Agencies under the direction of the Parish President and the Parish Council as additional insureds when required by written contract.

CERTIFICATE HOLDER**CANCELLATION**Ray Bros, Inc
Information Purposes

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



State Licensing Board for Contractors

This is to Certify that:

RAY BROS., INC.
2801 Frenchmen Street
New Orleans, LA 70122

is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION; SPECIALTY: ROOFING AND SHEET METAL, SIDING



Witness our hand and seal of the Board dated,
Baton Rouge, LA 21st day of February 2022

Will B. McQuinn
Director

Lee Mallett
Chairman

Andy Demme
Treasurer

Expiration Date: February 20, 2025

License No: 32266

This License Is Not Transferrable