

ALFRED CONNORSEN INC. OF LA  
1028 INDUSTRY CT  
KEMMER, CA 70062  
504 471 9448

JOHANNSEN PARISII  
PUBLISHING DEPT.

BID NO. - 50-00127812

LA CONTRACTOR'S LICENSE NO: 41018

9/6/19 - 11:00 AM



**BID/RFP RECEIPT**

Receipt of Bid/RFP Proposal No.

50-00137812

From:

Alfred Combs Inc. of LA

Company's Name

Person Received Bid:

B B. B. B.

Number of Envelopes/Boxes Received:

1 - Envelope

Jefferson Parish Purchasing Department  
200 Derbigny Street  
Suite 4400 - General Government Building  
Gretna, LA 70053

DATE: 8/21/2019

INVITATION TO BID  
THIS IS NOT AN ORDER

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BID NO.: 50-00127812

## JEFFERSON PARISH

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

VENDOR: ALFRED CONHAGEN INC. OF LA

BUYER: MBUTTERY

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 as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: N/A

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 41018

### \*\*\* ALL BIDDERS MUST COMPLETE SECTION BELOW \*\*\*

FIRM NAME:

ALFRED CONHAGEN INC. OF LA

SIGNATURE:

(Must be signed here)

Kyle Heidingsfelder

TITLE:

MECHANICAL ENGINEER

PRINT OR TYPE NAME:

KYLE HEIDINGSFELDER

ADDRESS:

1020 INDUSTRY ROAD

CITY, STATE:

KENNER, LA

ZIP:

70062

TELEPHONE:

(504) 471 9998

FAX:

(504) 471 9985

EMAIL ADDRESS:

KHEID@CONHAGEN.COM

TOTAL PRICE OF ALL BID ITEMS: \$ 17,000.00



DATE: 8/21/2019

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INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00127812

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	LPSM	<p>LABOR, MATERIALS &amp; EQUIPEMENT NECESSARY TO INSPECT, MEASURE AND PROVIDE DRAWINGS FOR TWO (2) REDUCTION GEARS AT WESTWEGO #2 PUMP STATION FOR THE DEPARTMENT OF DRAINAGE</p> <p>0010 - All Labor, Materials, and Equipment necessary for the measurement, inspections, and drawings for TWO (2) reduction gears at the Westwego #2 Pump Station.</p> <p>Mfr: Philadelphia Gear Model: 32 FP H.P. Rating: 760 Ratio: 3.22-1</p> <p>Address: 820 S. Laroussini St. Westwego, LA 70094</p> <p>Contact Person: Ben Lepine Phone #: (504)736-6759 Email: BLepine@jeffparish.net</p>	17,000.00	17,000.00

ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/28/2019

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 Couch Braunsdorf Insurance Group PO BOX 888 701 Martinsville Rd. Liberty Corner, NJ 07938-0888	CONTACT NAME:	
	PHONE (A/C, No, Ext): 800 223-5433	FAX (A/C, No): 908-580-1274
INSURED Alfred Conhagen Inc. of Louisiana 1020 Industry Road Kenner, LA 70062	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : National Union Fire Ins Co of Pittsburgh	
	INSURER B : StarStone National Insurance Company	
	INSURER C : The Princeton Excess & Surplus Lines In	
	INSURER D : New Hampshire Insurance Company	
INSURER E : Travelers Prop Cas Ins Co (Travelers)		
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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X X	GL5268136	04/01/2019	04/01/2020	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$25,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS	X X	CA4489625	04/01/2019	04/01/2020	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	X X	15469A188ALI	04/01/2019	04/01/2020	EACH OCCURRENCE \$5,000,000
C	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	X X	82A3FF000200401	04/01/2019	04/01/2020	AGGREGATE \$5,000,000 \$
D	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 N/A	WC015893622	04/01/2019	04/01/2020	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <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
E	Commercial Inland Marine		QT6603J996661TIL18	04/01/2019	04/01/2020	\$250,000 Contractors Eqpt, Leased or Rented items

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

\*\* Excess Liability Information \*\*

Insurer B (Starstone National Ins Co) 15469A177ALI Eff Date: 04/01/19 Exp Date: 04/01/20 is Primary,  
Insurer C (Princeton Excess & Surplus Lines Ins Co) 82A3FF00200401 Eff Date 04/01/19 Exp Date 04/01/20 is secondary  
(See Attached Descriptions)

## CERTIFICATE HOLDER

## CANCELLATION

Jefferson Parish  
200 Derbingny Street Ste 4400  
Gretna, LA 70054

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

*[Signature]*

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## DESCRIPTIONS (Continued from Page 1)

Excess Liability Each Occ Limit: \$5,000,000

Excess Liability Aggregate Limit: \$5,000,000

**\*\* Workers Comp Information \*\***

USLH ; Voluntary Compensation

U.S. Longshoremen & Harbor Workers Location #1 CA Type-Actual

U.S. Longshoremen & Harbor Workers TX Type-Actual

U.S. Longshoremen & Harbor Workers LA Type-Actual

U.S. Longshoremen & Harbor Workers FL Type-Actual

Alternate Employer Endorsement WC00301

Outer Continental Shelf Land Coverage End WC00109A (4/92)

Certificate holder is additional insured in accordance with the terms/conditions/exclusions of the policies.

Proof of Insurance