

BID/RFP RECEIPT

Receipt of Bid/RFP Proposal No. 50-125847

From: Vector

Company's Name

Person Received Bid: AT

Number of Envelopes/Boxes Received: ①

Jefferson Parish Purchasing Department
Temporary Location:
Paul D. Connick Sr., Emergency Operations & Communications Center
910 3rd Street,
Gretna, LA 70053

19 MAR 25 11:05:07

Vector Sales Inc. / Surge Electric

Bid# 50-00125842

Labor & Material to remove supply & install a
new rooftop a/c unit. for Jefferson Parish WB

Park & Recreation Dept.

LA # 63307

DATE: 3/12/2019

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00125842

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

VENDOR: 2

BUYER: SFOLSE

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: _____

NUMBER: _____

NUMBER: _____

NUMBER: _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 63307

***** ALL BIDDERS MUST COMPLETE SECTION BELOW *****

FIRM NAME:

Vector Sales Inc. / Surge Electric

SIGNATURE:

(Must be signed here)

John Allen

TITLE:

State Rep.

PRINT OR TYPE NAME:

John Allen

ADDRESS:

2052 Dallas Dr.

CITY, STATE:

Baton Rouge, LA

ZIP:

70806

TELEPHONE:

(225) 939-5253

FAX:

()

EMAIL ADDRESS:

jc @ vector sales inc .com

TOTAL PRICE OF ALL BID ITEMS: \$ 14,980.-

DATE: 3/12/2019

Page: 5

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00125842

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	LABOR & MATERIALS TO REMOVE, SUPPLY AND INSTALL A NEW ROOFTOP A/C UNIT FOR THE WESTBANK PARKS & RECREATION DEPARTMENT 0010 Remove and replace existing rooftop a/c-heat unit and accessories at: WAGGAMAN PLAYGROUND 516 DANDELION STREET WAGGAMAN, LA 70094 ***PLEASE SEE ATTACHED SPECIFICATIONS***	1	14,980.-



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/22/2019

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	THE BRUNT GROUP, INC. 629 RUE DES ETOILES CARENCRO, LA 70520-5634	CONTACT NAME	JANET ABADIE		
		PHONE (A/C, No, Ext):	337-886-9431	FAX (A/C, No):	337-886-9028
		E-MAIL ADDRESS:			
		INSURER(S) AFFORDING COVERAGE	NAIC #		
		INSURER A:	STONETRUST COMMERCIAL INSURANCE CO		
		INSURER B:			
		INSURER C:			
		INSURER D:			
		INSURER E:			
		INSURER F:			

COVERAGES	CERTIFICATE NUMBER:	107189	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.				

SR	TR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
		GENERAL LIABILITY						
		<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
		<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
								MED EXP (Any one person) \$
								PERSONAL & ADV INJURY \$
								GENERAL AGGREGATE \$
		GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
		AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
		<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
		<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
		<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
		<input type="checkbox"/> SCHEDULED AUTOS						\$
		<input type="checkbox"/> NON-OWNED AUTOS						
		UMBRELLA LIAB						EACH OCCURRENCE \$
		<input type="checkbox"/> OCCUR						AGGREGATE \$
		EXCESS LIAB						\$
		<input type="checkbox"/> CLAIMS-MADE						
		DED						
		RETENTION \$						
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X WC STATU-TORY LIMITS OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 1,000,000
		If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
								E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

RISK IS A MANUFACTURERS REP OF COMMERCIAL HEATING AND A/C VENTS & LARGE CEILING FANS AND ALSO DOES INSTALLATION OF SAME.

JEFFERSON PARISH, ITS DISTRICT DEPARTMENTS AND AGENCIES UNDER THE DIRECTION OF THE PARISH PRESIDENT AND THE PARISH COUNCIL.

IID # 50-00125842

CERTIFICATE HOLDER	CANCELLATION
JEFFERSON PARISH WB PARKS AND RECREATION DEPT. 7437 LAPALCO BLVD MARRERO, LA. 70072	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 OF THE BRUNT GROUP, INC. <i>Charles Brunt</i>




CERTIFICATE OF LIABILITY INSURANCE

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03/22/2019

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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  Carl Morrow Agency 8480 Bluebonnet Blvd. Ste. C Baton Rouge, LA 70810	CONTACT NAME: Jeannie PHONE (A/C, No, Ext): 225-767-3540 E-MAIL ADDRESS: jeannie@carlmorrow.net	FAX (A/C, No): 225-769-1654	
	INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Mutual Automobile Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		NAIC # 25178
INSURED Vector Sales, Inc 2052 Dallas Dr Baton Rouge, LA 70806			

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
	AUTOMOBILE LIABILITY <input checked="" 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	Y		343 1267-D20-18 215 2444-D03-18D	04/20/2018 04/03/2018	10/20/2018 10/03/2018	COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$ 500,000
							BODILY INJURY (Per accident)	\$ 500,000
							PROPERTY DAMAGE (Per accident)	\$ 100,000
								\$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB						EACH OCCURRENCE	\$ 2,000,000
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	Y		98-CV-7236-1			AGGREGATE	\$ 2,000,000
	DED <input type="checkbox"/> RETENTION \$							\$
	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 type="checkbox"/>	N/A				PER STATUTE	OTH-ER
							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)

Additional Insured : "Jefferson Parish, its District Departments and Agencies under the direction of the Parish President and the Parish Council."
Bid #50-00125842

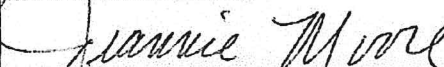
CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Jefferson Parish WB Parks and Recreation Dept.
7437 Lapalco Blvd.
Marrero, LA 70072

AUTHORIZED REPRESENTATIVE



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CERTIFICATE OF LIABILITY INSURANCE

VECTO-1

OP ID: MP

DATE (MM/DD/YYYY)

03/25/2019

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PRODUCER
Insurance Associates
of Baton Rouge LLC
4041 Government St.
Baton Rouge, LA 70806
Megan Bowman

CONTACT NAME: Gary Navo

PHONE (A/C, No, Ext): 225-408-3333

FAX (A/C, No): 225-408-1410

E-MAIL ADDRESS: garyn@insurancebr.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: AmTrust Insurance Co.

524126

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED
Vector Sales, Inc
Surge Electric, LLC
2052 Dallas Dr
Baton Rouge, LA 70806

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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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	X		KPP1022898--02	08/06/2018	08/06/2019	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	OTHER:						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						
	RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				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)

Jefferson Parish, Its District Departments and Agencies under the direction of the Parish President and the Parish Council. Bid # 50-00125842

CERTIFICATE HOLDER

Jefferson Parish WB
Parks and Recreation
7437 Lapalco Blvd
Marrero, LA 70072

CANCELLATION

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AUTHORIZED REPRESENTATIVE
Megan Bowman

Megan Bowman