

BID DOCUMENTS

PROJECT: Furnish Labor, Materials, Equipment to Remove and Replace Roof for
Jefferson Parish Recreation Department

PROJECT NO: 50-00142138

TO: Jefferson Parish, Purchasing Dept.,
P.O. Box 9
Gretna, Louisiana 70054-0009

BIDDER: Roofing Solutions, L.L.C
17260 Jefferson Hwy, Ste D,
Baton Rouge, LA 70817

LICENSE #: 44196

BID TIME AND DATE: May 23rd, 2023 @ 11:00 AM

DATE: 5/17/2023

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00142138

JEFFERSON PARISH

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

VENDOR: 27118 BLANK BID COPY VENDOR

BUYER: BBELLOW

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>60 days from NTP</u>
INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK	<u>60 days from NTP</u>
INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK	<u>10 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 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: 01
NUMBER: _____
NUMBER: _____
NUMBER: _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 44196

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: <u>Roofing Solutions, L.L.C.</u>	
SIGNATURE: (Must be signed here)	TITLE: <u>Authorized Representative</u>
PRINT OR TYPE NAME: <u>Tupac de La Cruz</u>	
ADDRESS: <u>17260 Jefferson Hwy, Ste D,</u>	
CITY, STATE: <u>Baton Rouge, Louisiana</u>	ZIP: <u>70817</u>
TELEPHONE: <u>(225) 744-3912</u>	FAX: <u>(225) 744-0037</u>
EMAIL ADDRESS: <u>estimating@roofingsolutionsla.com</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 29,850.00

DATE: 5/17/2023

Page: 6

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00142138

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>FURNISH LABOR, MATERIALS, AND EQUIPMENT TO REMOVE AND REPLACE ROOF FOR JEFFERSON PARISH RECREATION DEPARTMENT</p> <p>0010 Mike Miley Concession Roof</p> <p>Labor, material and equipment to remove, dispose of off-site, and then replace the items below.</p> <p>Wood Fascia Plywood Soffit Soffit Vents Drip Edge Roof Sheathing Asphalt Shingle Roof Covering **Any required painting by Jefferson Parish **</p> <p>Location: Mike Miley Playground Pony Concession Stand 6716 W. Metairie Avenue Metairie, LA 70003</p> <p>**PLEASE REVIEW BID SPECIFICATIONS*</p>	\$ 29,850.00	\$ 29,850.00

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.

Tupac de La Cruz, Authorized Representative
(Name and Title of bidder's official)

Roofing Solutions, L.L.C.
(Name of bidder/company)

17260 Jefferson Hwy, Ste D
(Address)

Baton Rouge, LA 70817
(Address)

PHONE 225-744-3912 FAX 225-744-0037

EMAIL estimating@roofingsolutionsla.com



Signature 05/23/23 Date

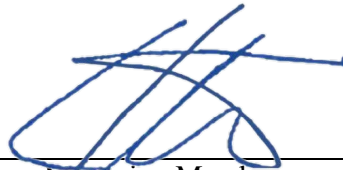
CORPORATE RESOLUTION

BE IT RESOLVED by the Board of Directors of
Roofing Solutions, L.L.C. in a meeting duly assembled,
that Tupac de La Cruz (Name), Authorized Representative(Title),
of the Corporation, be, and he is hereby authorized, empowered and
directed for and on behalf of the Corporation to negotiate for and sign
any and all bid proposals and/or contracts which this Corporation might
enter into for the furnishing of services for the Corporation under such terms,
conditions and stipulates, and for such consideration as he might deem to be in
the best interest of the Corporation.

I, Lautaro de La Cruz (Name), Secretary of
Roofing Solutions, L.L.C. do hereby certify that the above
and foregoing is a true and correct copy of a Resolution unanimously
adopted at a meeting of the Board of Directors of said Corporation held
on the day 5th of January, 2023, at which meeting all members
of the Board of Directors were present and voted thereon and that said Resolution
has been spread upon the minute books of the Corporation, and same is now in full
force and effect.

WITNESS MY SIGNATURE this 23rd day of May 2023, at

Roofing Solutions, L.L.C.



Managing Member



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/4/2023

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).

PRODUCER Cadence Insurance (formerly BXS Insurance) 4041 Essen Lane, Suite 400 Baton Rouge LA 70809	CONTACT NAME: Cheryl Ann Boudreaux PHONE (A/C, No, Ext): 225-336-3245 E-MAIL ADDRESS: cheryl.boudreaux@cadenceinsurance.com FAX (A/C, No): 225-336-4536														
INSURED Roofing Solutions, LLC 17260 Jefferson Hwy Baton Rouge LA 70817	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Gray Insurance Company</td><td>36307</td></tr><tr><td>INSURER B: XL Specialty Insurance Company</td><td>37885</td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Gray Insurance Company	36307	INSURER B: XL Specialty Insurance Company	37885	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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COVERAGES

CERTIFICATE NUMBER: 934165015

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 <input checked="" type="checkbox"/> CG 00 01 04 13 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:			XSGL100005	1/1/2021	1/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			XSAL100005	1/1/2021	1/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			GXS100224	1/1/2023	1/1/2024	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
A	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"/> N	N/A	XSWC100004	1/1/2021	1/1/2024	<input checked="" 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
B	Rented Leased Equipment Scheduled Equipment			UM00062215MA23A	1/1/2023	1/1/2024	\$150,000 per item \$195,245 \$150,000 per occ Deductible \$1,000

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

Subject to policy terms, conditions and exclusions; the certificate holder shall be considered an Additional Insured on a Primary and Non-Contributory basis on General Liability (additional insured form includes Ongoing and Completed Operations), Automobile Liability and Excess policies with a Waiver of Subrogation granted in their favor on General Liability, Automobile Liability, Workers' Compensation and Excess policies when required by written contract, but only to the extent of the Named Insured's obligation to indemnify, defend and/or hold harmless the certificate holder as required by written contract.

Leased/Rented Equipment:

Certificate Holder shown is Additional Insured and Loss Payee with respect to leased/rented equipment when required by written contract.

See Attached...

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

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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Cadence Insurance (formerly BXS Insurance)		NAMED INSURED Roofing Solutions, LLC 17260 Jefferson Hwy Baton Rouge LA 70817	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Subject to policy terms and conditions, Loss Payee shall receive the amount the Insured is obligated to pay for direct physical loss or damage to Contractor's equipment by reason of their assumption of liability in a written contract or written agreement executed prior to the loss or damage for Contractor's equipment that you lease or rent, but no more than the replacement cost of the damaged item.

30 Day Notice of Cancellation is provided in respects to General Liability, Auto Liability, Workers Compensation and Excess policies if required by written contract.

Excess policy is follow form in respects to General Liability, Auto Liability, and Workers Compensation; except exclusions for Sudden & Accidental Pollution, Punitive damages, Underground Resources and Equipment, and silica on the General Liability policy.

WORKERS COMPENSATION:

1/1/2023-24 NON-FL WORKERS COMPENSATION (INCLUDES AL, AZ, CO, MS, AND TX)

POLICY# GWC100006

LIMITS: \$1ML/\$1ML/\$1ML

LOUISIANA POLICY IS REFERENCED ABOVE

REFER TO ATTACHED PDF PAGE 3 FOR ADDITIONAL COVERAGES THAT ARE INCLUDED ON THESE POLICIES.

THE GRAY INSURANCE COMPANY

The below coverages apply if the corresponding policy number is indicated on the previous page.

A. Commercial General Liability

General Liability Policy Includes:

Blanket Waiver of Subrogation when required by written contract.

Blanket Additional Insured when required by written contract.

Primary Insurance Wording Included when required by written contract.

Broad Form Property Damage Liability including Explosion, Collapse and Underground (XCU).

Premises/Operations

Products/Completed Operations

Contractual Liability

Sudden and Accidental Pollution Liability

Occurrence Form

Personal Injury

"In Rem" Endorsement

Cross Liability

Severability of Interests Provision

"Action Over" Claims

Independent Contractors coverage for work sublet

Vessel Liability - Watercraft exclusion has been modified by the vessels endorsement on scheduled equipment.

General Aggregate applies per project or equivalent.

B. Automobile Liability Policy Includes:

Blanket Waiver of Subrogation when required by written contract.

Blanket Additional Insured when required by written contract.

C. Workers Compensation Policy Includes:

Blanket Waiver of Subrogation when required by written contract.

U.S. Longshoremen's and Harbor Workers Compensation Act Coverage

Outer Continental Shelf Land Act

Jones Act (including Transportation, Wages, Maintenance, and Cure),

Death on the High Seas Act & General Maritime Law.

Maritime Employers Liability Limit: \$1,000,000

Voluntary Compensation Endorsement

Other States Insurance

Alternate Employer/Borrowed Servant Endorsement

"In Rem" Endorsement

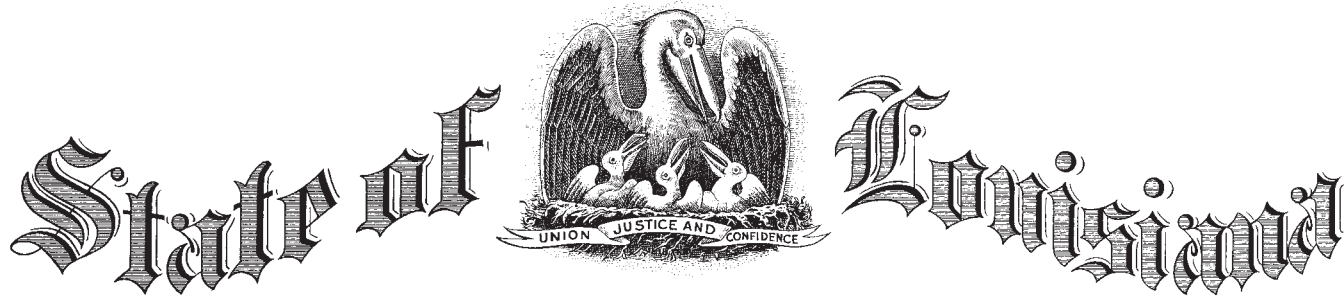
Gulf of Mexico Territorial Extension

D. Excess Liability Policy Includes:

Coverage is excess of the Auto Liability, General Liability, Employers Liability, & Maritime Employers Liability policies

Blanket Waiver of Subrogation when required by written contract.

Blanket Additional Insured when required by written contract.



State Licensing Board for Contractors

This is to Certify that:

is duly licensed and entitled to practice the following classifications



Expiration Date:

License No:

Witness our hand and seal of the Board dated,
Baton Rouge, LA day of

W. B. M. M.
Director

See Mallett
Chairman

Andy D. D.
Treasurer

This License Is Not Transferrable