

DATE: 5/17/2018

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00123185

JEFFERSON PARISH

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

VENDOR: Courtney Irons dba Irons Construction, LLP

BUYER: MOVALLE

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

6/18/2018 FOB Delivered

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

10 days

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

7 days

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) 50789

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

FIRM NAME: Courtney Irons dba Irons Construction, LLP	
SIGNATURE: (Must be signed here) Kali Irons	TITLE: partner
PRINT OR TYPE NAME: Kali Irons	
ADDRESS: PO Box 494	
CITY, STATE: Luling, LA	ZIP: 70070
TELEPHONE: (504) 400 0375	FAX: (985) 308 0830
EMAIL ADDRESS: info@ironconstruction.biz	

TOTAL PRICE OF ALL BID ITEMS: \$ 5292.00

FOB Delivered

DATE: 5/17/2018

INVITATION TO BID FROM JEFFERSON PARISH - continued

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BID NO.: 50-00123185

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 REMOVE AND INSTALL FLOOR AT THE CAUSEWAY HEAD START CENTER</p> <p>0001CAU - VENDOR TO FURNISH LABOR, MATERIALS AND EQUIPMENT NECESSARY TO REMOVE EXISTING FLOOR AND FURNISH AND INSTALL NEW FLOOR, PER THE ATTACHED SPECIFICATIONS.</p> <p>Location: Jeffcap Causeway Head Start 3420 N. Causeway, Suite B Metairie, LA 70002</p>	<p>5292.00</p> <p>FUB</p>	<p>5292.00</p> <p>Delivered</p>

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.

Kali Irons, Partner

(Name and Title of bidder's official)

Courtney Irons dba Irons Construction, LLP

(Name of bidder/company)

PO Box 494

(Address)

Luling, LA 70070

(Address)

PHONE 504 400 0375 FAX 1-844-512-8913

EMAIL info@ironconstruction.biz

Kali Irons

Signature

5/30/18

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/29/2018

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 Terrebonne Insurance Agency, Inc. 4752 Hwy 311 Suite 112 Houma LA 70360		CONTACT NAME: Chris Breaux PHONE (A/C, No, Ext): (985) 851-3080 FAX (A/C, No): (985) 851-0304 E-MAIL ADDRESS: chris@terrebonneinsurance.com	
INSURED Irons Construction LLP PO Box 494 Luling LA 70070		INSURER(S) AFFORDING COVERAGE INSURER A: Milwaukee Casualty Insurance NAIC # 26662 INSURER B: HomeBuilders SIF LHBA INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CL1832930770

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			MPP1017715 02	8/12/2017	8/12/2018	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000
	OTHER:						GENERAL AGGREGATE \$ 1,000,000
							PRODUCTS - COMP/OP AGG \$ 1,000,000
							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> CLAIMS-MADE					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			18-17018	4/1/2018	4/1/2019	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N					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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

ironsconstruction@yahoo.co

CANCELLATION

Proof of Insurance

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

Joel Martinsen/CHRIS

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HOMEBUILDERS

— SELF INSURERS FUND —

WORKERS COMPENSATION COVERAGE DECLARATIONS LOUISIANA HOME BUILDERS ASSOCIATION SELF INSURERS FUND 03/03/2018

Item 1. This is to certify that

IRONS CONSTRUCTION LLP
PO BOX 494
LULING, LA 70070

Policy No:18-17018

Agent:000076

Period:04/01/2018 - 04/01/2019

Pay Plan:Monthly

EL Limits:1,000,000/1,000,000/1,000,000

FEIN:XXXXX1352

*has been certified and approved as a member of the LHBA-Self Insurers Fund
and has all benefits and protection of the Louisiana Workers Compensation Act.*

Item 2. Classification of Operation	Code Number	Estimated Total Payroll	Rate per \$100	Estimated Premium
Tile-Ceramic/Stone/Terrazzo-Inside	5348	6,262	\$7.78	\$487
Carpentry-Cabinet Inst/Floor/Trim	5437	0	\$11.60	\$0
Carpentry-Priv.Res.- 1 or 2 Family	5645	1,551	\$15.09	\$234
Manual Premium				\$2,000
Increased Employers Liability Limits		1.40%		\$150
Adjustment		0.00%		\$0
Subject Premium				\$2,150
Experience Modification		0.98		
Standard Premium				\$2,150
Adjustment Factor		1.00		
Premium Discount		0.00%		
Total Estimated Annual Premium				\$2,150
Total Fees Billed				\$0
Expense Constant				\$200
10 % Escrow Deposit Balance Due (Minimum \$500)				\$0
Balance Due (Including Expense Constant and Fees)				\$200

This policy includes the following forms and endorsements:
As written and endorsed.

Coverage is subject to a minimum premium of: \$2,150 (subject to applicable adjustment factors)

To report a claim, please
call: 1-(877)-542-2743 or
(225)-387-0286.



Terrebonne Insurance Agency Inc.

Insurance Declaration Affidavit
Automotive

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Saint Charles

BEFORE ME, the undersigned authority, personally came and appeared,
Kali J. Irons, (Affiant) who after being duly sworn, deposed and said that he/she
is the fully authorized partner of Irons Construction, LLP (Entity), the
party who submitted a Proposal/Contract/Bid/RFP/SOQ No. 50-0023185, to Jefferson Parish.

Affiant further said:

- (1) That entity does not own automobiles or use automobiles in the furtherance of the services provided under the contract.
- (2) That if the entity obtains automobiles or begins to use automobiles in the furtherance of the services provided under the contract, affiant will notify Jefferson Parish and obtain the proper coverage.

Kali J. Irons
Signature of Affiant

Kali J. Irons
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 31st DAY OF May, 2018.

Brenda M. Folse
Notary Public

 OFFICIAL SEAL
BRENDA M. FOLSE
NOTARY PUBLIC, No. 80954
STATE OF LOUISIANA

My Commission Expires at death.
Notary/Bar Roll Number

My commission expires _____