

DATE: 11/08/2018

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00124680

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

VENDOR: \_\_\_\_\_

BUYER: DABRAHAM

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.

<b>DELIVERY: FOB JEFFERSON PARISH</b>	
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) 62175

<b>*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***</b>	
FIRM NAME: <u>TCE Electric Inc</u>	
SIGNATURE: (Must be signed here) <u>Tyrone R. Clark</u>	TITLE: <u>CEO</u>
PRINT OR TYPE NAME: <u>Tyrone R. Clark</u>	
ADDRESS: <u>3412 Woodcrest Dr. Ste B</u>	
CITY, STATE: <u>Baton Rouge, La</u>	ZIP: <u>70814</u>
TELEPHONE: <u>(225) 268-5465</u>	FAX: <u>(225) 273-7473</u>
EMAIL ADDRESS: <u>t.clarkenterprise@yahoo.com</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 3,156.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00124680

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>Reinstall sound masking system at new location</p> <p>0001 Remove existing, test and reinstall sound masking system at new office.</p> <p>Current location is: 5401 Jefferson Hwy, Suite C Jefferson, LA 70123</p> <p>New location is: 990 N. Corporate Drive, Elmwood Harrahan, LA 70123</p> <p>Contact person for questions and/or site visits:  David McClintock (504)736-8962 dmccclintock@jpoig.net</p>	<p><del>\$3,151.00</del></p>	<p><del>\$3,151.00</del></p>



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MMDDYYYY)  
10/15/18

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 SUBROGATIONS WAIVED, subject to the terms and conditions of the policy, certain policies may require endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER COMPLUS LTD PO Drawer 40418 Baton Rouge, LA 70835-0418	CONTACT NAME: William Ogden	FAX (AC.No): 888-222-5951	
	PHONE (AC.No.Ex): (225) 927-6365	E-MAIL ADDRESS: complus@hotmail.com	
INSURED T. Clark Enterprise, Inc. dba TCE Electric P.O. Box 41977 243 East Holly St., BR, LA 70819 Baton Rouge, LA 70835	INSURER(S) AFFORDING COVERAGE		NAIC#
	INSURER A: Crum & Forster Specialty Ins Co		
	INSURER B: LC&I		
	INSURER C:		
	INSURER D:		
	INSURER E:		

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.

NSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR NYVD	POLICY NUMBER	POLICY EFF (MMDDYYYY)	POLICY EXP (MMDDYYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			BAK-31636-2	7/16/18	7/16/19	EAC OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COM/PROPAGG \$ 2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS ONLY						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	EXCESS LIAB						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED RETENTION \$						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			25629-17	12/6/17	12/6/18	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
							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)

Electrical work (Statewide)  
License Board for Contractors-License No. 62175 (Electrical Work statewide)

CERTIFICATE HOLDER  MASTER COPY	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.
	AUTHORIZED REPRESENTATIVE  

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**Binder for State Farm Automobile Insurance**

**Applicant**

TYRONE R CLARK  
 4455 NOBLE CANE DR  
 BATON ROUGE, LA 70814-8042

**Agent**

DOUGLAS, STANLEY G  
 14635 S Harrells Ferry A  
 Rd, Suite 5B  
 BATON ROUGE, LA 70816  
 (225) 272-7777

**Vehicle**

Year: 2011  
 Make: CHEVROLET  
 Model: EXPRESS  
 Bodystyle: CARGO 2500 2WD  
 VIN: 1GCWGFCA8B1166728  
 Customized: No

**Lienholder**

STANDARD FINANCIAL  
 PO BOX 65144  
 BATON ROUGE, LA 70896-5144

The premium shown below must be in compliance with the Company's rules and rates and is subject to revision.

<b>Coverage Applied for:</b>	<b>Limits</b>	<b>Semi-Annual Premium</b>
BODILY INJURY AND PROPERTY DAMAGE LIABILITY	1M/1M/1M	\$2068.22
MEDICAL PAYMENTS COVERAGE	\$5000	\$77.09
COMPREHENSIVE \$1000 DEDUCTIBLE		\$173.11
COLLISION \$1000 DEDUCTIBLE		\$319.73
EMERGENCY ROAD SERVICE		\$16.56
	<b>Total</b>	\$2654.71
	<b>Total of 6 month premium</b>	\$2654.71
	<b>Payment received</b>	SFPP
	<b>Balance due</b>	SFPP

\* Denotes thousands

**Binder Effective Date:** August 31, 2018

STATE FARM FIRE AND CASUALTY COMPANY of Bloomington, Illinois, hereby binds coverage for the insurance applied for as of the requested effective date for a period of 60 days from such date, subject to all the terms and conditions of the applicable policy and endorsements in current use by such Company. Coverage under this binder will terminate (1) when the Declarations Page of a policy is issued to you or (2) when canceled in accordance with law.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

State of  Louisiana

State Licensing Board for Contractors

This is to Certify that:

T. CLARK ENTERPRISE, INC.  
P.O.Box 41977  
Baton Rouge, LA 70835-1977

is duly licensed and entitled to practice the following classifications

ELECTRICAL WORK (STATEWIDE)



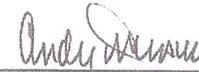
Witness our hand and seal of the Board dated,  
Baton Rouge, LA 25th day of October 2018



Director



Chairman



Treasurer

Expiration Date: August 21, 2019

License No:62175

This License Is Not Transferrable