

DATE: 2/21/2025

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00147386

## JEFFERSON PARISH

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

VENDOR: 27118 BLANK BID COPY VENDOR

PURCHASING SPECIALIST:  
SDUMAS

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 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: \_\_\_\_\_

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

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

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

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

<b>*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***</b>	
FIRM NAME: <u>W.J.S. Enterprises Inc</u>	
SIGNATURE: (Must be signed here) <u>Chris R Hosch</u>	TITLE: <u>Vice President</u>
PRINT OR TYPE NAME: <u>Chris R Hosch</u>	
ADDRESS: <u>5700 Crawford street suite H HARAHAN LA 70121</u>	
CITY, STATE:	ZIP: <u>70121</u>
TELEPHONE: <u>(504) 837-5666</u>	FAX: <u>( )</u>
EMAIL ADDRESS: <u>ChrisHosch@WJSEnterprises.com</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 5,310.00

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00147386

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	12.00	MO	<p>ONE (1) YEAR MAINTENANCE CONTRACT FOR TWO (2) PRINTERS FOR THE JEFFERSON PARISH MANAGEMENT INFORMATION SYSTEMS DEPARTMENT</p> <p>0010 - Maintenance and support for one Cannon Imagerunner</p> <p>Advance IRA8595i printers. Serial Number: SWA01144</p> <p>Maintenance to include two preventative maintenance services per year and all parts, labor, toner, fuser units and feeding wheels. Preventative maintenance can be coincident with service calls. Average print count per printer will be less than 75,000 per month.</p> <p>Printer # 1 Imagerunner Advance IRA8505i Main Engine (POS) - SWA01144 - Equipment ID EQ23247 Paper Deck Unit - E1 SN - SZC01346 Booklet Finisher-X1 SN - SYB00880 Puncher Unit - BF1 SN - DXE17307</p>	\$ 221.25	\$ 2,655.00
2	1.00	EA	<p>0020 - Click Count Charge</p> <p>Charge per print over 75,000 per month</p> <p>per copy machine</p>	\$ .0059	\$ .0059
3	12.00	MO	<p>0030 - Maintenance and support for one Cannon Imagerunner</p> <p>Advance IRA8595i printers. Serial Number: SWA01171</p> <p>Maintenance to include one preventative maintenance services per year and all parts, labor, toner, fuser units and feeding wheels. Preventative maintenance can be coincident with service calls. Average print count per printer will be less than 75,000 per month.</p> <p>Printer # 2 Imagerunner Advance IRA8505i Main Engine (POS) - SWA01171 - Equipment ID EQ23248 Paper Deck Unit - E1 SN - SZC01345 Booklet Finisher - X1 SN - SYB00868 Puncher Unit - BF1</p>	\$ 221.25	\$ 2,655.00
4	1.00	EA	<p>0040 - Click Count Charge</p> <p>Charge per print over 75,000 per month</p> <p>per copy machine</p>	\$ .0059	\$ .0059



WJSN-1

OP ID: CY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/28/2024

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).

<b>PRODUCER</b> Stiel Insurance Services of New Orleans, Inc. 2450 Severn Avenue Suite #110 Metairie, LA 70001 Louis Martello, Jr.	504-832-5733	<b>CONTACT NAME:</b> Louis Martello, Jr. <b>PHONE (A/C, No, Ext):</b> 504-832-5733 <b>FAX (A/C, No):</b> 504-831-3604 <b>E-MAIL ADDRESS:</b> lmartello@stielinsurance.com														
<b>INSURED</b> W J S Enterprises Inc. 759 Hill Street Jefferson, LA 70121		<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : LA Workers' Compensation Corp.</td><td>22350</td></tr><tr><td>INSURER B : Travelers Insurance Cos</td><td>25674</td></tr><tr><td>INSURER C : Scottsdale Insurance Company</td><td>41297</td></tr><tr><td>INSURER D : Nautilus Insurance Co.</td><td>17370</td></tr><tr><td>INSURER E : Vantapro Specialty</td><td>44768</td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : LA Workers' Compensation Corp.	22350	INSURER B : Travelers Insurance Cos	25674	INSURER C : Scottsdale Insurance Company	41297	INSURER D : Nautilus Insurance Co.	17370	INSURER E : Vantapro Specialty	44768	INSURER F :	
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## 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
D	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		Y	NN1663176	04/01/2024	04/01/2025	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 \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included
E	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		Y	5087-1352-00	04/01/2024	04/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			CXS4021392	04/01/2024	04/01/2025	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	Y 151035D	04/01/2024	04/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	<b>Equipment Floater</b>			QT6602587L925TIL24	04/01/2024	04/01/2025	Copy Machines \$ 150,000

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

Office Machines: Installation, Inspection, Adjustment or Repair for bid# 50-00117573. Umbrella is excess over The General Liability, Auto Liability and Worker's Compensation. The Parish of Jefferson, its Districts, Departments, Agencies and Employees under the direction of the Parish President and the Parish Council.

## CERTIFICATE HOLDER

JEFFE14

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

## 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

ACORD 25 (2016/03)

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