

DATE: 9/08/2015

INVITATION TO BID  
THIS IS NOT AN ORDER

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BID NO.: 50-00114413

**JEFFERSON PARISH**

PURCHASING DEPARTMENT  
P.O. BOX 9  
GRETNA, LA. 70054-0009  
504-364-2878

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

BUYER: LFRANCIS

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 is to be done in a workman-like manner, according to standard practices. Any deviations or alterations from the specifications must be indicated and backup documentation supplied with your quotation.

<b>DELIVERY: FOB JEFFERSON PARISH</b>	
INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES	<u>2 weeks</u>
INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK	<u>2 weeks</u>
INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK	<u>5 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 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) 35350

<b>*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***</b>	
FIRM NAME: <u>Beacon Air Conditioning Heating and Refrigeration</u>	
SIGNATURE: (Must be signed here) <u>Eugene Larroux</u>	TITLE: <u>Pres.</u>
PRINT OR TYPE NAME: <u>Eugene Larroux</u>	
ADDRESS: <u>317 East 3rd Street</u>	
CITY, STATE: <u>Kenner, LA</u>	ZIP: <u>70062</u>
TELEPHONE: <u>(504) 467-8698</u>	FAX: <u>(504) 466-4996</u>
EMAIL ADDRESS: <u>mmerrick.beacon@bellsouth.net</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 8,700.00

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INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00114413

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p><b>LABOR, MATERIALS, AND EQUIPMENT TO INSTALL (1) 4 TON GAS FURNACE FOR THE JEFFERSON PARISH DEPARTMENT OF PUBLIC WORKS ENGINEERING</b></p> <p>0001 Labor, Materials and Equipment necessary to remove and dispose of the existing unit. Furnish and install (1) 4 ton American Standard with 100,000 BTU gas furnace, horizontal slab coil, and 3 phase condensing unit.</p> <p>SEE ATTACHED SPECIFICATIONS</p> <p>TO BE INSTALLED AT THE ADMINISTRATIVE OFFICE AT DEPARTMENT OF ENGINEERING LOCATED AT 2100 DICKORY AVENUE, HARRAHAN</p>	<p>8,700<sup>00</sup></p>	<p>8,700<sup>00</sup></p>





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/11/2015

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).

<b>PRODUCER</b> Riverlands Insurance Services Inc. 13919 River Road, Suite 110 Luling LA 70070	<b>CONTACT NAME:</b> Brandi Lamonte <b>PHONE (A/C No. Ext):</b> (985) 331-2766 <b>FAX (A/C No.):</b> (985) 331-8210 <b>E-MAIL ADDRESS:</b> blamonte@rivins.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Beacon Air Conditioning, Heating & 317 E 3rd Street Kenner LA 70062	<b>INSURER A:</b> America First	
	<b>INSURER B:</b> Bridgefield Casualty Insurance 10335	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:** CL152309551                      **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 SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	GENERAL LIABILITY			55818871	1/31/2015	1/31/2016	EACH OCCURRENCE \$ 1,000,000			
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000			
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 15,000			
							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									
	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) \$			
							\$			
							\$			
	UMBRELLA LIAB						EACH OCCURRENCE \$			
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$			
							\$			
							\$			
	RETENTION \$									
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			0198-03840-0	1/31/2015	1/31/2016	WC STATUTORY LIMITS			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						N/A			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)  
Additional Insured & Waiver of Subrogation provided by General Liability coverage as per written contract. Waiver of Subrogation provided by Workers' Compensation coverage as per written contract.

BID # 50-00114413

<b>CERTIFICATE HOLDER</b>  The Parish Of Jefferson, Its Districts, Depts & Agencies Under The Direction Of The Parish President & The Parish Council Jefferson Parish Dept of Engineering 2100 Dickory Ave Harahan, LA 70123	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b>  Brandi Lamonte / BRALAM <i>Brandi Lamonte</i>



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