

DATE: 5/10/2023

Page: 6

BID NO.: 50-00142116

BID FORM
Non Public Works

All Public Work Projects are required to use the Louisiana Uniform Public Work Bid Form

All prices must be held firm unless an escalation provision is requested in this bid. Jefferson Parish will allow one escalation during the term of the contract, which may not exceed the U.S. Bureau of Labor Statistics National Index for all Urban Consumers, unadjusted 12 month figure. The most recently published figure issued at the time an adjustment is requested will be used. A request must be made in writing by the vendor, and the escalation will only be applied to purchases made after the request is made.

Are you requesting an escalation provision?

YES _____ NO X

MAXIMUM ESCALATION PERCENTAGE REQUESTED 0 %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF 07-31-23

For the purposes of comparison of bids when an escalation provision is requested, Jefferson Parish will apply the maximum escalation percentage quoted by the bidder to the period to which it is applied in the bid. The initial price and the escalation will be used to calculate the total bid price. It will be assumed, for comparison of prices only, that an equal amount of material or labor is purchased each month throughout the entire contract.

DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

WITHIN CONTRACT SPECS

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 70275

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: Jet Set II LLC

ADDRESS: PO Box 14742

CITY, STATE: Tallahassee, FL ZIP: 32308

TELEPHONE: (850) 443-4363 FAX: ()

EMAIL ADDRESS: jwilcox@jetsetcompany.com

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: _____

TOTAL PRICE OF ALL BID ITEMS: \$ \$168,611.50

AUTHORIZED SIGNATURE: [Signature]

TITLE: AMBR

Jim Wilcox
Printed Name

DATE: 5/10/2023

Page 7

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00142116

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>Labor & Materials needed to apply an Elastomeric Roof Coating System on The Jefferson Parish Performing Arts Center</p> <p>0010 - ROOF COATING INSTALLATION JEFFERSON PERFORMING ARTS CENTER</p> <p>DEPARTMENT OF GENERAL SERVICES</p> <p>INSTALLATION OF ELASTOMERIC ROOF COATING SYSTEM OVER THE EXISTING ROOFS OF THE:</p> <p>JEFFERSON PERFORMING ARTS CENTER 6400 AIRLINE DRIVE METAIRIE, LA 70003</p> <p>ALL PREPARATION AND INSTALLATION SHALL FOLLOW MANUFACTURER GUIDELINES AND INSTRUCTIONS.</p>	\$ <u>168,472</u>	\$ <u>168,472</u>
2	1.00	SQFT	<p>0020 - ANCILLARY WORK PROVIDE A COST PER SQUARE FOOT TO REMOVE, REPAIR AND REPLACE WATER-DAMAGED ROOFING MATERIALS DESCRIBED IN SECTION 10 OF THE SPECIFICATIONS.</p> <p>***** THIS IDENTIFIED COST WILL NOT BE PART OF THE BASE BID AND WILL NOT BE USED TO DETERMINE THE LOW BIDDER. THIS LINE ITEM WILL ONLY BE USED IF NEEDED. *****</p>	\$ <u>14.50</u>	\$ <u>14.50</u>
3	1.00	EA	<p>0030 - ANCILLARY WORK PROVIDE A COST PER ROOF DRAIN TO REMOVE AND REPLACE DAMAGED ROOF DRAINS. ROOFING DRAINS ARE DESCRIBED IN SECTION 9.0 OF THE SPECIFICATIONS.</p> <p>***** THIS IDENTIFIED COST WILL NOT BE PART OF THE BASE BID AND WILL NOT BE USED TO DETERMINE THE LOW BIDDER. THIS LINE ITEM WILL ONLY BE USED IF NEEDED. *****</p> <p>***PLEASE SEE ATTACHED SPECIFICATIONS***</p>	\$ <u>125.</u>	\$ <u>125.</u>
<p>Total: \$ <u>168,611.50</u></p>					

Non-Public Works Bid

AFFIDAVIT

STATE OF Delaware

PARISH/COUNTY OF New Castle

BEFORE ME, the undersigned authority, personally came and appeared. James
Witay, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized AMBR of JTS 11, LLC (Entity),
the party who submitted a bid in response to Bid Number 50-00142116 to the Parish of
Jefferson.

Affiant further said:

Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all campaign contributions, including the date and amount of each contribution, made to current or former elected officials of the Parish of Jefferson by Entity, Affiant, and/or officers, directors and owners, including employees, owning 25% or more of the Entity during the two-year period immediately preceding the date of this affidavit or the current term of the elected official, whichever is greater. Further, Entity, Affiant, and/or Entity Owners have not made any contributions to or in support of current or former members of the Jefferson Parish Council or the Jefferson Parish President through or in the name of another person or legal entity, either directly or indirectly.

Choice B there are **NO** campaign contributions made which would require disclosure under Choice A of this section.

Debt Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.

Choice B There are **NO** debts which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

[The remainder of this page is intentionally left blank.]

That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.

[Signature]
Signature of Affiant *As AUB2 Just Sec 1, EK*
James E. Noy
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 6th DAY OF June, 2023.

[Signature]
Notary Public
Justin Earl Branam
Printed Name of Notary
20191112000022
Notary/Bar Roll Number
My commission expires 11/12/23.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/24/2023

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		CONTACT NAME: David Dion	
Florian Insurance, Inc.		PHONE (A/C No. Ext): (727) 868-9450	FAX (A/C, No): (727) 861-1316
12839 US Highway 19		E-MAIL ADDRESS: dave@florianinsurancefl.com	
Hudson FL 34667		INSURER(S) AFFORDING COVERAGE	
		INSURER A: SOUTHERN-OWNERS INSURANCE CO	NAIC # 10190
INSURED		INSURER B: AUTO-OWNERS INS CO 18988	
JET SET II, LLC		INSURER C:	
2700 WELAUNEE BLVD		INSURER D:	
UNIT 301		INSURER E:	
TALLAHASSEE FL 32308		INSURER F:	

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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		X	20375008	03/14/2023	03/14/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input 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 <input type="checkbox"/> AUTOS ONLY		X	5437393800	03/13/2023	03/13/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

JANITORIAL
 BID # 50-142073
 DEPARTMENT OF GENERAL SERVICES - GENERAL GOVERNMENT BUILDING JEFFERSON PARISH, ITS DISTRICTS DEPARTMENTS AND AGENCIES UNDER THE DIRECTION OF THE PARISH PRESIDENT AND THE PARISH COUNCIL AS ADDITIONSL INSUREDS REGARDING NEGLIGENCE BY THE CONTRACTOR FOR THE COMMERCIAL GENERAL LIABILITY AND THE COMPRENSIVE AUTOMOBILE LIABILITY POLICIES

CERTIFICATE HOLDER**CANCELLATION**

JEFFERSON PARISH DEPARTMENT OF GENERAL SERVICES 200 DERBIGNY ST - SUITE 3300 GRETNA LA 70053	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 
---	---

© 1988-2015 ACORD CORPORATION. All rights reserved.