

DATE: 8/17/2023

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00143144

JEFFERSON PARISH

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

VENDOR: 27118 BLANK BID COPY VENDOR

BUYER: JTRUELOVE

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

9/6/2023

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

7

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

7

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: #1

NUMBER: _____

NUMBER: _____

NUMBER: _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 32266

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: <u>RAY BROS. INC.</u>	
SIGNATURE: <u>Rowland Seal</u> (Must be signed here)	TITLE: <u>VICE PRESIDENT</u>
PRINT OR TYPE NAME: <u>Rowland SEAL</u>	
ADDRESS: <u>2801 FRENCHMEN ST</u>	
CITY, STATE: <u>NEW ORLEANS, LA</u>	ZIP: <u>70122</u>
TELEPHONE: <u>(504) 858-2473</u>	FAX: <u>()</u>
EMAIL ADDRESS: <u>Rowland@RayBrosInc.com</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 8,197.00

DATE: 8/17/2023

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INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00143144

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>Labor, Materials, and Equipment Necessary to Remove Existing Gutters and Replace with New Aluminum Gutter System at the Metairie Senior Center</p> <p>0010 - PROVIDE ALL LABOR, MATERIALS, EQUIPMENT AND ALL OTHER INCIDENTALS NECESSARY TO REMOVE AND PROPERLY DISPOSE OF THE EXISTING GUTTER SYSTEM AND SUPPLY AND INSTALL NEW ALUMINUM GUTTERS.</p> <p>LOCATION: METAIRIE SENIOR CENTER 265 NORTH CAUSEWAY BOULEVARD METAIRIE LA 70001</p> <p>PER THE ATTACHED SPECIFICATIONS</p> <p>SITE VISITS: CONTACT TOM LAWSON AT 504-364-2675, MONDAY THRU FRIDAY, 8:00 AM TO 3:00 PM.</p>	\$ 8,197.00	\$ 8,197.00

Client#: 51769

RAYBR3

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/27/2023

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Ross & Yerger Insurance, Inc. P.O. Box 1139 Jackson, MS 39215 601 948-2900		CONTACT NAME: PHONE (A/C, No, Ext): 601 948-2900 FAX (A/C, No): 6013553227 E-MAIL ADDRESS: dgoins@rossandyerger.com															
INSURED Ray Bros, Inc. 2801 Frenchmen St. New Orleans, LA 70122		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: National Union Fire Ins. Co.</td> <td>19445</td> </tr> <tr> <td>INSURER B: StarStone Specialty Ins. Co./CRC</td> <td>44776</td> </tr> <tr> <td>INSURER C: New Hampshire Ins. Co.</td> <td>23841</td> </tr> <tr> <td>INSURER D: Transguard Ins .Co. of America/IAT Insu</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: National Union Fire Ins. Co.	19445	INSURER B: StarStone Specialty Ins. Co./CRC	44776	INSURER C: New Hampshire Ins. Co.	23841	INSURER D: Transguard Ins .Co. of America/IAT Insu		INSURER E:		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 SUBR INSR 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 checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		4613993	08/01/2023	08/01/2024	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$25,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		9775978	08/01/2023	08/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		89000S230ALI	08/01/2023	08/01/2024	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	WC011569891	08/01/2023	08/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
D	Leased/Rented EQP		IMP4000075	08/01/2023	08/01/2024	\$250,000 Any One* \$500,000 AGG
D	Scheduled EQP		IMP4000075	08/01/2023	08/01/2024	Per Sched*

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

Blanket Additional Insured applies to General Liability and Automobile Liability when required by written contract. General Liability includes Products & Completed Operations and is Primary Non-Contributory for Additional Insured when required by written contract. Blanket Waiver of Subrogation applies to Workers Compensation, General Liability, and Automobile Liability when required by written contract.

*Equipment Deductibles: \$5,000 except \$25,000 Flood / \$25,000 Windstorm or Hail / 2% Cranes with \$25,000 Minimum. ALL policies are subject to policy terms, conditions, and exclusions.

CERTIFICATE HOLDER

CANCELLATION

116

Informational Certificate of Insurance
 2801 Frenchmen St
 New Orleans, LA 70122-3630

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

Dudley A. Wootley



State Licensing Board for Contractors

This is to Certify that:

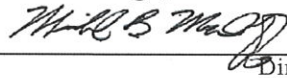
RAY BROS., INC.
2801 Frenchmen Street
New Orleans, LA 70122

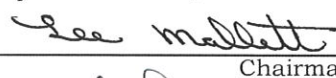
is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION; SPECIALTY: ROOFING AND SHEET METAL, SIDING



Witness our hand and seal of the Board dated,
Baton Rouge, LA 21st day of February 2022

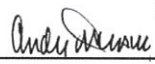

Director


Chairman

Expiration Date: February 20, 2025

License No: 32266

This License Is Not Transferrable


Treasurer