

DATE: 5/19/2016

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00116663

**JEFFERSON PARISH**

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

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.

**DELIVERY: FOB JEFFERSON PARISH**

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

14 days

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

14 days

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

2 days

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

**\*\*\* ALL BIDDERS MUST COMPLETE SECTION BELOW \*\*\***

FIRM NAME:

Beacon AC, Heating & Ref. Inc.

SIGNATURE:

(Must be signed here)

Eugene Larroix

TITLE:

Pres.

PRINT OR TYPE NAME:

EUGENE LARROIX

ADDRESS:

317 THIRD ST.

CITY, STATE:

Kenner LA

ZIP:

70062

TELEPHONE:

(504) 467-8698

FAX:

(504) 466-4986

EMAIL ADDRESS:

merrickbeacon@bellsouth.net

TOTAL PRICE OF ALL BID ITEMS: \$ 3685.00

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00116663

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>REPLACEMENT OF CONDENSING UNIT FOR THE JEFFERSON PARISH DEPARTMENT OF JUVENILE SERVICES</p> <p>0010 REPLACE CONDEDSING UNIT FOR POD D</p> <p>THE SUCCESSFUL CONTRACTOR SHALL COVER THE FURNISHING OF LABOR, SUPERVISION, MATERIALS AND EQUIPMENT NECESSARY TO REMOVE AND DISPOSE OF EXISTING UNIT AND REPLACE THE POD "D" OUTDOOR 5-TON A/C CONDENSING UNIT WITH FERON R410.</p> <p>THE VENDOR SHALL RECOVER THE R-22 FERON, FLUSH SYSTEM AND RECHARGE SYSTEM WITH R410. BIDDERS MUST INSPECT AND EVALUATE THE SITE TO DETERMINE THE PROPER EQUIPMENT NEEDED TO PERFORM THE JOB.</p> <p>EQUIPMENT:</p> <p>1-AMERICAN STANDARD-M#4TTA3060D300C 3-PHASE, 208/230 VOLTS 1-LOW AMBIENT KIT FERON 410A 1-FLUSH KIT 1-VACUUM AND RECHARGE THE SYSTEM 1-EXPANSION VALVE OEM 1-SIGHT GLASS</p> <p>PERMITS:</p> <p>THE CONTRACTOR SHALL OBTAIN ANY AND ALL PERMITS REQUIRED BY JEFFERSON PARISH DEPARTMENT OF INSPECTION AND CODE ENFORCEMENT AND THE CITY OF GRETNA (IF APPLICABLE)</p> <p>THE CONTRACTOR SHALL ALSO BE RESPONSIBLE FOR PAYMENT OF THESE PERMITS.ALL PERMITS MUST BE OBTAINED PRIOR TO MTHE START OF THE PROJECT.</p> <p>WARRANTY:</p> <p>5 YEARS CONDENSER 1 YEAR PARTS AND LABOR</p> <p>CONTACT:</p> <p>LUIS CAMPOS,ASSISTANT PROPERTY MANGER, A T 364-3750 EXT.243,OR MALCOLM FREDERICKS AT 364-2860 FOR APPOINTMENTS BETWEEN THE HOURS O 8:00 AM AND 3:PM, MONDAY THROUGH FRIDAY.</p>	3685. <sup>00</sup>	3685. <sup>00</sup>



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/29/2016

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. 492 West 5th Street  LaPlace LA 70068		<b>CONTACT NAME:</b> Kayla Williams <b>PHONE (A/C No. Ext):</b> (985) 652-5505 <b>FAX (A/C No.):</b> (985) 652-4039 <b>E-MAIL:</b> kwilliams@rivins.com <b>ADDRESS:</b>	
<b>INSURED</b> Beacon Air Conditioning, Heating & Refrigeration, 317 E 3rd Street  Kenner LA 70062		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> America First <b>INSURER B:</b> Bridgefield Casualty Insurance Co 10335 <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b> 16-17 COI	<b>REVISION NUMBER:</b>
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	ADD/SUB/INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		55818871	1/31/2016	1/31/2017	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
						MED EXP (Any one person) \$ 15,000
						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COM/PROP AGG \$ 2,000,000
	OTHER:					Employee Benefits \$ 25,000
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED RETENTION \$					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N				PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	0198-03840-0	1/31/2016	1/31/2017	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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Complete Certificate Holder: THE PARISH OF JEFFERSON, ITS DISTRICTS, DEPARTMENTS AND AGENCIES UNDER THE DIRECTION OF THE PARISH PRESIDENT AND THE PARISH COUNCIL DEPARTMENT OF GENERAL SERVICES RESOLUTION NUMBER 121027

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.

CN# 55-13652

<b>CERTIFICATE HOLDER</b> mdufrene@jeffparish.net  THE PARISH OF JEFFERSON, ITS DISTRICTS DEPARTMENTS AND AGENCIES 200 DERBIGNY STREET Ste. 3300 Gretna, LA 70053	<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>  Kayla Williams/KAYWIL
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/22/2015

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 this 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 <b>State Farm</b> Hylton S Petit, Jr 2705 Florida Ave. Kenner, La 70062	CONTACT NAME Hylton S Petit Jr PHONE (504) 461-0171 FAX (504) 461-0289 E-MAIL hylton.petit.b27x@statefarm.com INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Mutual Automobile Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Beacon Air Cond Inc 317 E 3 Rd St Kenner, La 70062-7103	NAIC # 28178

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	COVERAGE	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	N N	098 9278-F13-18F	12/13/2015	06/13/2016	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/REMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - FA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CN # 55-13652

HVAC Air Cooled Chiller Systems - Labor Only

CERTIFICATE HOLDER The Parish of Jefferson, Its Districts, Departments & Agencies Under the Direction of the Parish President & the Parish Council Department of General Services 200 Derbigny Street, Suite 3300 Gretna, La 70053 Resolution Number 121027	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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