

DATE: 5/02/2023

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00142073

JEFFERSON PARISH

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

VENDOR: Advance Waterproofing Co, Inc.

BUYER: LCARONIA

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

10

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

10

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

10

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)

18364

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

FIRM NAME:

Advance Waterproofing Co, Inc.

SIGNATURE:

(Must be signed here)

Greg Kempton

TITLE:

owner/President

PRINT OR TYPE NAME:

Greg Kempton

ADDRESS:

P.O. Box 1188

CITY, STATE:

Gretna, LA

ZIP:

70054

TELEPHONE:

504, 415-6528

FAX:

504-365-0055

EMAIL ADDRESS:

advancewaterproofingco@gmail.com

TOTAL PRICE OF ALL BID ITEMS: \$ 18,900

DATE: 5/02/2023

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INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00142073

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>Labor Materials, Equipment, Transportation and All Other Incidentals to Clean and Pressure Wash the Parking Lot, Sidewalks, curb stops and concrete light poles bases a the Joseph S. Yenni Buildi</p> <p>0010 - PROVIDE ALL LABOR, MATERIALS, EQUIPMENT, TRANSPORTATION, AND ALL OTHER INCIDENTALS NECESSARY TO CLEAN AND PRESSURE WASH PARKING LOT, SIDEWALKS, CURB STOPS, AND CONCRETE LIGHT POLE BASES PER THE ATTACHED SPECIFICATIONS.</p> <p>LOCATION: JOSEPH S. YENNI BUILDING 1221 ELMWOOD PARK BLVD JEFFERSON, LA 70123</p>	\$ 18,900	\$ 18,900

Advance Waterproofing Co., Inc.

P.O. Box 1188, Gretna, LA 70054
504-362-1843 Office 504-365-0055 Fax
advancewaterproofingco@gmail.com
Louisiana State License #18364

Proposal

Date	
5/16/2023	22-1224

Name/Billing Address:

Jefferson Parish
Purchasing Dept.
P.O. Box 9
Gretna, LA 70054-0009
Attn: Buyer 1 Lisa Caron

Project Address:

JOSEPH S. YENNI BUILDING
1221 ELMWOOD PARK BLVD
JEFFERSON, LA 70123

Terms

Qty	Description	Class	Amount
	Labor Materials, Equipment, Transportation and All Other Incidentals to Clean and Pressure Wash the Parking Lot, Side walks, curb stops and concrete light poles bases at the Joseph S. Yenni Building		18,900.00
*Advance Waterproofing will provide all labor and materials necessary to complete work. *Advance Waterproofing will remove and haul away all job related debris.			
Total			\$18,900.00

Greg Kempton - President

Date

All materials are guaranteed to be as specified. All work to be completed in a good workman like manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements are contingent upon strikes, accidents or delays beyond our control. Owner is to carry fire, tornado and other necessary insurance. Our workers are covered by Workman's Compensation Insurance. Note: in the event of nonpayment owner is to be responsible for all collection costs and attorney fees. Interest will be assessed after 30 days at 1.5% per month. Nonpayment voids all warranties.

Acceptance of Proposal - The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do work as specified. Payment will be made as outlined above.

Print Name / Title

Total Amount Approved

Signature

Date of Acceptance



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/08/2023

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 Terrebonne Insurance Agency, Inc. 210 Mystic Blvd Houma LA 70360	CONTACT NAME: Customer Service PHONE (A/C, No, Ext): (985) 851-3080 FAX (A/C, No): (985) 851-0304 E-MAIL ADDRESS: service@terrebonneinsurance.com INSURER(S) AFFORDING COVERAGE INSURER A: Kinsale Insurance Company INSURER B: LWCC INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Advance Waterproofing, Inc. P.O. Box 1188 Gretna LA 70054	NAIC #

COVERAGES

CERTIFICATE NUMBER: CL2322845597

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			01000817253	02/28/2023	02/28/2024	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ Excluded				
			PERSONAL & ADV INJURY \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO		BODILY INJURY (Per person) \$				
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per accident) \$				
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		PROPERTY DAMAGE (Per accident) \$				
A	UMBRELLA LIAB			0100081728-3	02/28/2023	02/28/2024	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR	AGGREGATE \$ 2,000,000				
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> CLAIMS-MADE	\$				
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			155108	03/01/2023	03/01/2024	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input checked="" type="checkbox"/> N	E.L. EACH ACCIDENT \$ 1,000,000				
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	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)

Waterproofing

*See next page

CERTIFICATE HOLDER

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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State Farm®
Providing Insurance and Financial Services

PO Box 2368
Bloomington IL 61702-2368



Attached as requested are your replacement insurance identification cards. If the attached cards are not accepted by a law enforcement agency or your Department of Motor Vehicle office, please contact your agent to receive additional assistance.

Thank you for choosing State Farm for your insurance needs.

IMPORTANT - IDENTIFICATION CARDS STATE FARM

State Farm		LOUISIANA AUTO INSURANCE IDENTIFICATION CARD	
	<input checked="" type="checkbox"/> State Farm Mutual Automobile Ins. Co.	<input type="checkbox"/> State Farm Fire and Casualty Co.	
PO Box 2368 INSURED KEMPTON, GREGORY		Bloomington IL 61702-2368 MUTL VOL	
POLICY NUMBER 110 4769-C14-18G		RENEWAL EFF.	
YR 2016 MAKE FORD		MAR 14 2023 TO SEP 14 2023	
MODEL F150	VIN 1FTEW1CP6GFC55469		
AGENT CLIFF ROBICHEAUX INS AGCY INC		1975-A8C	
PHONE (504)263-1959		NAIC # 25178	
A			
EXCLUDED DRIVER(S) N/A			
THIS CARD MUST BE CARRIED IN THE VEHICLE AT ALL TIMES AS EVIDENCE OF LIABILITY INSURANCE.			

State Farm	An insurer authorized to transact business in Louisiana has issued the Motor Vehicle Policy identified hereon. The coverage provided by this policy meets the minimum liability insurance limits prescribed by law.
IMPORTANT NOTICE	
La. R.S. 32:863.1 requires that an operator of a motor vehicle produce upon demand by a law enforcement officer documentation of motor vehicle security which is required to be maintained within the vehicle at all times. Failure to comply may result in fines, revocation of registration privileges and block against the renewal or issuance of a driver's license. Promptly notify your agent, log on to statefarm.com®, or use the State Farm mobile app to file a claim.	
For EMERGENCY ROAD SERVICE use the State Farm mobile app, log on to statefarm.com, or call 1-877-627-5757. EXAMINE POLICY EXCLUSIONS CAREFULLY. THIS FORM DOES NOT CONSTITUTE ANY PART OF YOUR INSURANCE POLICY.	
How to identify your coverage. See policy for full name and definition	
A Liability	L Physical Damage U1 Uninsured Motor Vehicle PD
C Medical Payments	R1 Car Rental and Travel Expenses UEO Economic Only Uninsured Mtr
D Comprehensive	S Death, Dismemberment and Veh
G Collision	Loss of Sight UNOC Use of Nonowned Cars
H Emergency Road Service U	Uninsured Motor Vehicle Z Loss of Earnings

KEEP A CARD IN YOUR CAR.

THIS CARD IS INVALID IF THE POLICY FOR WHICH IT WAS ISSUED LAPSES OR IS TERMINATED.

KEEP YOUR CURRENT CARD UNTIL THE EFFECTIVE DATE OF THIS CARD.

Louisiana requires that this card be carried in the vehicle at all times as evidence of insurance.

Emergency Road Service information is located on your insurance card.

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