

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	<u>10</u>
INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK	<u>10</u>
INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK	<u>10</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 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: <u>Advance Waterproofing Co, Inc.</u>	
SIGNATURE: <u>[Signature]</u> (Must be signed here)	TITLE: <u>owner/President</u>
PRINT OR TYPE NAME: <u>Greg Kempton</u>	
ADDRESS: <u>P.O. Box 1188</u>	
CITY, STATE: <u>Gretna, LA</u>	ZIP: <u>70054</u>
TELEPHONE: <u>504, 415-6528</u>	FAX: <u>504-365-0055</u>
EMAIL ADDRESS: <u>advancewaterproofingco@gmail.com</u>	

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

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 Lisa Corcoran

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
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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		NAIC #
INSURED Advance Waterproofing, Inc. P.O. Box 1188 Gretna LA 70054	INSURER A: Kinsale Insurance Company		
	INSURER B: LWCC		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

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

[Signature]

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

State Farm Mutual Automobile Ins. Co. State Farm Fire and Casualty Co.

PO Box 2368 Bloomington IL 61702-2368
INSURED **KEMPTON, GREGORY** 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
TERRYTOWN, LA 70056
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 Veh
D Comprehensive	S Death, Dismemberment and Loss of Sight	UNOC Use of Nonowned Cars
G Collision	U Uninsured Motor Vehicle	Z Loss of Earnings
H Emergency Road Service		

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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