

DATE: 4/15/2021

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00134286

JEFFERSON PARISH

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

VENDOR: Coastal Fire Protection L.L.C.

BUYER: DABRAHAM

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

N/A

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

N/A

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

N/A

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) 35950

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

FIRM NAME: Coastal Fire Protection L.L.C.

SIGNATURE:

(Must be signed here)



TITLE:

President

PRINT OR TYPE NAME:

C. Frederick Mentz

ADDRESS:

200 L and A Road, Suite B

CITY, STATE:

Metairie LA

ZIP:

70001

TELEPHONE:

(504) 838-1265

FAX:

(504) 838-1271

EMAIL ADDRESS:

fmentz@coastalfire.com

TOTAL PRICE OF ALL BID ITEMS: \$ 21,960.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00134286

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	42.00	EA	Three (3) year contract to perform semi-annual fire suppression system testing for the Department of General Services		
			0010 - FIRE SUPPRESSION SYSTEM TESTING THREE (3) YEAR CONTRACT (GGB, DONELON, DA & YENNI BUILDINGS) DEPARTMENT OF GENERAL SERVICES CONTRACT START: 7-9-21 ** WE EXTEND THIS BID TO PROVIDE A THREE (3) YEAR CONTRACT FOR LABOR, MATERIALS, DELIVERY, EQUIPMENT, AND ALL OTHER INCIDENTALS NECESSARY TO PERFORM SEMI-ANNUAL FIRE SUPPRESSION SYSTEM TESTING PER THE ATTACHED SPECIFICATIONS. ***BELOW IS THE FIRST ITEM TO BE BID*** SEMI-ANNUAL TESTING OF SEVEN (7) FIRE SUPPRESSION SYSTEMS LOCATED AT: GENERAL GOVERNMENT BUILDING 200 DERBIGNY STREET GRETN, LA 70053	\$280.00	\$11,760.00
2	6.00	EA	0020 - SEMI-ANNUAL TEST OF ONE (1) FIRE SUPPRESSION SYSTEM LOCATED AT:		
			THOMAS F. DONELON BUILDING 200 DERBIGNY STREET GRETN, LA 70053	\$280.00	\$1,680.00
3	6.00	EA	0030 - SEMI-ANNUAL TEST OF ONE (1) FIRE SUPPRESSION SYSTEM LOCATED AT:		
			DISTRICT ATTORNEY'S OFFICE BUILDING 100 DERBIGNY STREET GRETN, LA 70053	\$280.00	\$1,680.00
4	18.00	EA	0040 - SEMI-ANNUAL TEST OF THREE (3) FIRE SUPPRESSION SYSTEMS AT:		
			JOSEPH S. YENNI BUILDING 1221 ELMWOOD PARK BOULEVARD JEFFERSON, LA 70123	\$380.00	\$6,840.00

CERTIFICATE OF AUTHORITY OF MANAGER OF
LIMITED LIABILITY COMPANY

In accordance with the terms of the Articles of Organization and Operating Agreement, as amended of **COASTAL FIRE PROTECTION, L.L.C.** (the "Company"), a Louisiana limited liability company, **CHARLES FREDERICK MENTZ** hereby certifies that he is the sole Manager of the Company and that **CHARLES FREDERICK MENTZ**, as Manager of the Company is specifically authorized to act on behalf of the Company as follows:

- (i) To enter into, execute and carry out any and all agreements, leases, contracts, documents, certifications, and instruments necessary or convenient in connection with managing the affairs of this Company;
- (ii) To bring, prosecute, defend, settle, compromise and dismiss actions at law or in equity;
- (iii) To open checking, savings or other deposit accounts and to sign any checks or wire authorizations in connection therewith and to enter into any checking, savings or other deposit contracts related thereto;
- (iv) To contract on behalf of the Company including the employment of employees and/or hiring independent contractors, and to delegate to such persons the duty to manage or supervise any of the assets or operations of the Company;
- (v) To do and perform all such other things as may be in furtherance of the Company's purpose and necessary or appropriate to the conduct of its business.

As the certifying official of the Company, I do hereby certify that **CHARLES FREDERICK MENTZ**, is the sole Manager of the Company, that the above is an authentic authorization and certification of this Company and that **CHARLES FREDERICK MENTZ** is authorized to act on behalf of the Company, including but not limited to the authority to take the actions referred to in La. R.S. 12:1318(B).

Executed at New Orleans, Louisiana, as of October 27, 2010.



CHARLES FREDERICK MENTZ

Louisiana State Fire Marshal
Life Safety and Property Protection Licensing & Registration Division
Certificate of Firm Registration

The below named firm is hereby certified by and registered with the Office of State Fire Marshal pursuant to L.R.S. 40:1664 ET SEQ. of Life Safety & Property Protection systems:

License Number: **FI1108**

Endorsements: **Fixed Fire Suppression**

Firm Name: **COASTAL FIRE PROTECTION LLC**

Doing Business As:

Mailing Address: **200 L & A ROAD, SUITE B**

METAIRIE, LA 70001

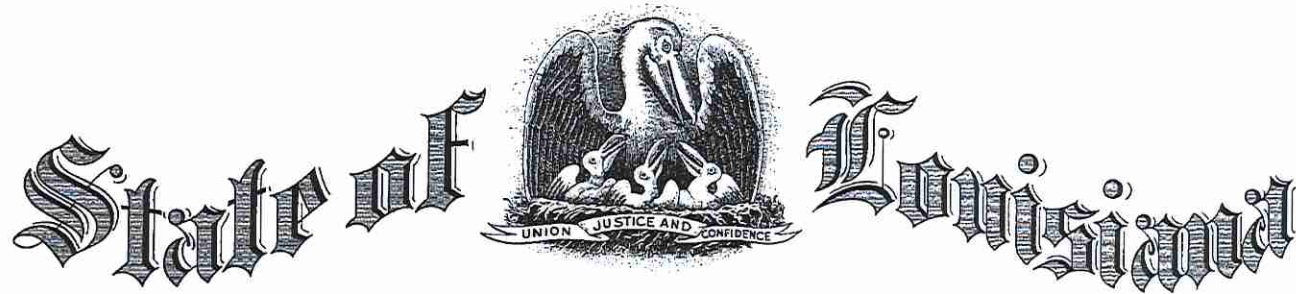
Physical Location: **200 L & A ROAD, SUITE B**

METAIRIE, LA 70001

This license is not transferable and may be revoked or suspended with cause.

This License was issued on 6/1/2020 and will expire on 6/1/2021





State Licensing Board for Contractors

This is to Certify that:

COASTAL FIRE PROTECTION, L.L.C.
200 L & A Road, Suite B
Metairie, LA 70001

is duly licensed and entitled to practice the following classifications

SPECIALTY: FIRE ALARMS; SPECIALTY: FIRE SPRINKLER WORK; SPECIALTY: FIRE SUPPRESSION;
SPECIALTY: SECURITY



Witness our hand and seal of the Board dated,
Baton Rouge, LA 19th day of November 2018

Director

Chairman

Treasurer

Expiration Date: November 18, 2021

License No:35950

This License Is Not Transferrable

Louisiana State Fire Marshal
Life Safety and Property Protection Licensing & Registration Division
Certificate of Firm Registration

The below named firm is hereby certified by and registered with the Office of State Fire Marshal pursuant to L.R.S. 40:1664 ET SEQ. of Life Safety & Property Protection systems:

License Number: ***F582***

Endorsements: ***Fire Sprinkler, Fire Alarm, Security***

Firm Name: ***COASTAL FIRE PROTECTION LLC***

Doing Business As:

Mailing Address: ***200 L & A ROAD SUITE B***
 METAIRIE, LA 70001

Physical Location: ***200 L & A ROAD SUITE B***
 METAIRIE, LA 70001

This license is not transferable and may be revoked or suspended with cause.

This License was issued on 5/1/2020 and will expire on 5/1/2021



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/31/2020

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).

PRODUCER Bowen, Miclette & Britt of Louisiana, LLC 1100 Poydras, Suite 1250 New Orleans LA 70163	CONTACT NAME: Staci Dufresne PHONE (A/C, No, Ext): (504) 599-8800 E-MAIL ADDRESS: sdufresne@bmbinc.com FAX (A/C, No): (504) 599-8801
INSURED Coastal Fire Protection, L.L.C. 200 L & A Road Metairie LA 70001	COASTALFIR INSURER(S) AFFORDING COVERAGE INSURER A: Associated Industries Ins Co, Inc. INSURER B: Travelers Casualty Ins Co of America INSURER C: Louisiana Workers Compensation Corp INSURER D: INSURER E: INSURER F:
	NAIC # 23140 19046 22350

COVERAGES**CERTIFICATE NUMBER:** 2106879475**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 checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	AES102925503	1/1/2021	1/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Y	Y	BA3L1727912142G	1/1/2021	1/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	EXA105534903	1/1/2021	1/1/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N N N/A		Y	109741	1/1/2021	1/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTHER incl. USL&H E.L. EACH ACCIDENT \$ 1,000,000 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)

The following policy provisions and/or endorsements form part of the policies of insurance represented by this certificate of insurance. The terms contained in the policies and/or endorsements supersede the representations made herein. Electronic copies of the policy provisions and/or endorsements listed below are available by emailing: certificates@bmbinc.com

When required by written contract, those parties listed in said contract, including the Certificate Holder, are added as an additional insured with respect to the General Liability, including ongoing and completed operations, Auto Liability, and Excess Liability as afforded by the policy and/or endorsements.

When required by written contract, waiver of subrogation is granted with respect to the General Liability, Auto Liability, Workers Compensation and Excess See Attached...

CERTIFICATE HOLDER**CANCELLATION**

Jefferson Parish Department of Jeff Cap Bid #50-125790 1221 Elmwood Pk. Jefferson LA 70123	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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**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY Bowen, Miclette & Britt of Louisiana, LLC		NAMED INSURED Coastal Fire Protection, L.L.C. 200 L & A Road Metairie LA 70001
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Liability to those parties listed in said contract, including the Certificate Holder.

The General Liability and Excess Liability certified herein is primary and non-contributory to other insurance available, but only to the extent required by written contract.

Certificate Holder includes: Jefferson Parish, its Districts Departments and Agencies under the direction of the Parish President and the Parish Council
RE: Bid #50-125790

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
All persons or organizations where required by written contract.	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations
All persons or organizations where required by written contract.	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".