

## BID DOCUMENTS

PROJECT: Labor, Materials and Equipment Needed to perform roof  
Repairs at the Jefferson Parish Westbank Regional Library  
2751 Manhattan Blvd,  
Harvey, Louisiana 70058

PROJECT NO: 50-00144656

TO: Jefferson Parish  
Purchasing Department  
P.O. Box 9  
Gretna, Louisiana 70054-0009

BIDDER: Roofing Solutions, L.L.C  
17260 Jefferson Hwy, Ste D  
Baton Rouge, LA 70817

LICENSE #: 44196

BID TIME AND DATE: March 28<sup>th</sup>, 2024 @ 11:00 AM

DATE: 3/21/2024

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00144656

**JEFFERSON PARISH**

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

VENDOR: 27118 BLANK BID COPY VENDOR

PURCHASING SPECIALIST:  
SFOLSE

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

30 Days NTP

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

30 Days NTP

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

30 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 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) 44196

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

FIRM NAME:

Roofing Solutions, L.L.C.

Managing Member

SIGNATURE:

(Must be signed here)

TITLE:

PRINT OR TYPE NAME:

Tupac de la Cruz

ADDRESS:

17260 Jefferson Hwy, Ste D

CITY, STATE:

Baton Rouge, Louisiana

ZIP:

70817

TELEPHONE:

(225)744.3912

FAX:

(225)612.7135

EMAIL ADDRESS:

estimating@roofingsolutionsla.com

TOTAL PRICE OF ALL BID ITEMS: \$ 18,950.00

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00144656

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>LABOR, MATERIALS AND EQUIPMENT NEEDED TO PERFORM ROOF REPAIRS AT THE JEFFERSON PARISH WESTBANK REGIONAL LIBRARY</p> <p>0010 - Material, Equipment and Labor To Preform the following scope of work :</p> <p>1. Clean all metal coping seams and joints. 2. Apply new Terra Cotta sealant to all coping metal seams and joints. 3. Provide 40' manlift for access. 4. On SBS flat roof make two seam repairs that are open. 5. Re seal scupper at flat roof. 6. Seal flat roof base flashing at one wall approx. 20' 7. Seal cap sheet membrane in a 12' area that has deteriorated.</p> <p>Excluding: electrical, mechanical, plumbing, unseen damages,</p> <p>Including: Manlift</p> <p>Job Location : Westabnk Regional Library 2751 Manhattan Blvd. Harvey LA 70058</p>	\$ 18,950.00	\$ 18,950.00

# CORPORATE RESOLUTION

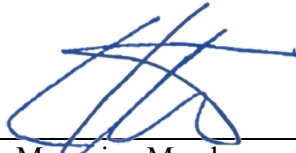
BE IT RESOLVED by the Board of Directors of  
Roofing Solutions, L.L.C. in a meeting duly assembled,  
that Tupac de La Cruz (Name), Managing Member(Title),  
of the Corporation, be, and she is hereby authorized, empowered and  
directed for and on behalf of the Corporation to negotiate for and sign  
any and all bid proposals and/or contracts which this Corporation might  
enter into for the furnishing of services for the Corporation under such terms,  
conditions and stipulates, and for such consideration as he might deem to be in  
the best interest of the Corporation.

\*\*\*\*\*

I, Lautaro de La Cruz (Name), Secretary of  
Roofing Solutions, L.L.C. do hereby certify that the above  
and foregoing is a true and correct copy of a Resolution unanimously  
adopted at a meeting of the Board of Directors of said Corporation held  
on the day 3rd of January, 2024, at which meeting all members  
of the Board of Directors were present and voted thereon and that said Resolution  
has been spread upon the minute books of the Corporation, and same is now in full  
force and effect.

WITNESS MY SIGNATURE this 28th day of March 2024, at

Roofing Solutions, L.L.C.



\_\_\_\_\_  
Managing Member



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/28/2023

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).

<b>PRODUCER</b> Cadence Insurance, A Gallagher Company 4041 Essen Lane, Suite 400 Baton Rouge LA 70809	<b>CONTACT</b> NAME: Cheryl Ann Boudreaux PHONE (A/C, No, Ext): 225-336-3245 E-MAIL ADDRESS: cheryl.boudreaux@cadenceinsurance.com FAX (A/C, No): 225-336-4536														
<b>INSURED</b> Roofing Solutions, LLC; Roofing Solutions of Louisiana LLC 17260 Jefferson Hwy Baton Rouge LA 70817	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Gray Insurance Company</td><td>36307</td></tr><tr><td>INSURER B: XL Specialty Insurance Company</td><td>37885</td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Gray Insurance Company	36307	INSURER B: XL Specialty Insurance Company	37885	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER F:															

**COVERAGES****CERTIFICATE NUMBER:** 950398087**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CG 00 01 04 13 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			XSGL100195	1/1/2024	1/1/2027	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 \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			XSAL100212	1/1/2024	1/1/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			GXS100326	1/1/2024	1/1/2025	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	XSWC100190	1/1/2024	1/1/2027	<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
B	Rented Leased Equipment Scheduled Equipment			UM00062215MA24A	1/1/2024	1/1/2025	\$150,000 per item \$195,245 \$150,000 per occ Deductible \$1,000

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

Subject to policy terms, conditions and exclusions; the certificate holder shall be considered an Additional Insured on a Primary and Non-Contributory basis on General Liability (additional insured form includes Ongoing and Completed Operations), Automobile Liability and Excess policies with a Waiver of Subrogation granted in their favor on General Liability, Automobile Liability, Workers' Compensation and Excess policies when required by written contract, but only to the extent of the Named Insured's obligation to indemnify, defend and/or hold harmless the certificate holder as required by written contract.

**Leased/Rented Equipment:**

Certificate Holder shall be considered an Additional Insured and Loss Payee with respect to leased/rented equipment when required by written contract for any single piece of equipment not valued of \$150,000.  
See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

MASTER CERTIFICATE

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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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_

**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY Cadence Insurance, A Gallagher Company		NAMED INSURED Roofing Solutions, LLC; Roofing Solutions of Louisiana LLC 17260 Jefferson Hwy Baton Rouge LA 70817	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

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

Subject to policy terms and conditions, Loss Payee shall receive the amount the Insured is obligated to pay for direct physical loss or damage to Contractor's equipment by reason of their assumption of liability in a written contract or written agreement executed prior to the loss or damage for Contractor's equipment that you lease or rent, but no more than the replacement cost of the damaged item.

30 Day Notice of Cancellation is provided in respects to General Liability, Auto Liability, Workers Compensation and Excess policies if required by written contract.

Excess policy is follow form in respects to General Liability, Auto Liability, and Workers Compensation; except exclusions for Sudden & Accidental Pollution, Punitive damages, Underground Resources and Equipment, and silica on the General Liability policy.

**WORKERS COMPENSATION:**

1/1/2024-25 NON-FL WORKERS COMPENSATION (INCLUDES AL, CO, MS, AND TX)

POLICY# GWC100369

LIMITS: \$1ML/\$1ML/\$1ML

LOUISIANA POLICY IS REFERENCED ABOVE

**WORKERS COMPENSATION:**

1/1/2024-1/1/2025 FL WORKERS COMPENSATION

POLICY# GWC100370

LIMITS: \$1ML/\$1ML/\$1ML

OTHER STATES REFERENCED ABOVE

REFER TO ATTACHED PDF PAGE 3 FOR ADDITIONAL COVERAGES THAT ARE INCLUDED ON THESE POLICIES.

**THE GRAY INSURANCE COMPANY**

**The below coverages apply if the corresponding policy number is indicated on the previous page.**

**A. Commercial General Liability**

General Liability Policy Includes:

Blanket Waiver of Subrogation when required by written contract.

Blanket Additional Insured when required by written contract.

Primary Insurance Wording Included when required by written contract.

Broad Form Property Damage Liability including Explosion, Collapse and Underground (XCU).

Premises/Operations

Products/Completed Operations

Contractual Liability

Sudden and Accidental Pollution Liability

Occurrence Form

Personal Injury

"In Rem" Endorsement

Cross Liability

Severability of Interests Provision

"Action Over" Claims

Independent Contractors coverage for work sublet

Vessel Liability - Watercraft exclusion has been modified by the vessels endorsement on scheduled equipment.

General Aggregate applies per project or equivalent.

**B. Automobile Liability Policy Includes:**

Blanket Waiver of Subrogation when required by written contract.

Blanket Additional Insured when required by written contract.

**C. Workers Compensation Policy Includes:**

Blanket Waiver of Subrogation when required by written contract.

U.S. Longshoremen's and Harbor Workers Compensation Act Coverage

Outer Continental Shelf Land Act

Jones Act (including Transportation, Wages, Maintenance, and Cure),

Death on the High Seas Act & General Maritime Law.

Maritime Employers Liability Limit: \$1,000,000

Voluntary Compensation Endorsement

Other States Insurance

Alternate Employer/Borrowed Servant Endorsement

"In Rem" Endorsement

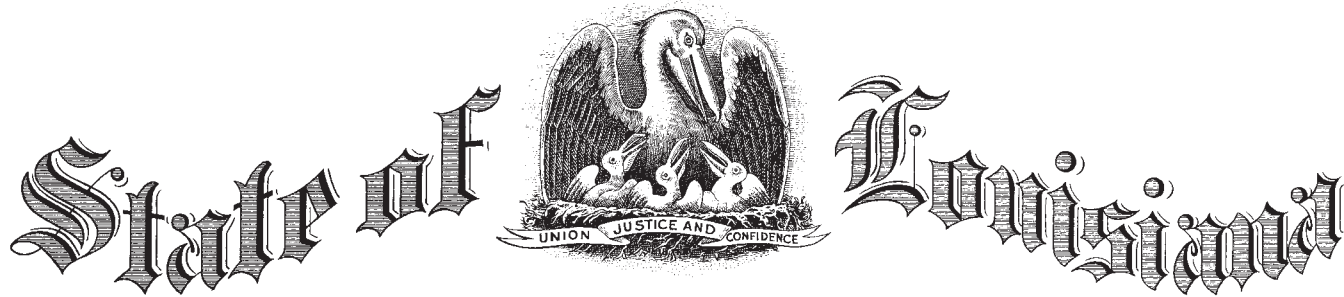
Gulf of Mexico Territorial Extension

**D. Excess Liability Policy Includes:**

Coverage is excess of the Auto Liability, General Liability, Employers Liability, & Maritime Employers Liability policies

Blanket Waiver of Subrogation when required by written contract.

Blanket Additional Insured when required by written contract.



## State Licensing Board for Contractors

This is to Certify that:

is duly licensed and entitled to practice the following classifications



Expiration Date:

License No:

Witness our hand and seal of the Board dated,  
Baton Rouge, LA                      day of

WLB M. B. M. J.  
Director

See Mallett  
Chairman

Andy D. D.  
Treasurer

This License Is Not Transferrable