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DATE: 8/12/2016  
BID NO.: 50-00117403

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 4

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

VENDOR:

BUYER: DREAMEY

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.

<b>DELIVERY: FOB JEFFERSON PARISH</b>	
INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES	<u>3-17</u>
INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK	<u>3-17</u>
INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK	<u>3-18</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 as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: 2  
NUMBER: 3  
NUMBER: 4  
NUMBER: 5, 6, 10, 12, 13

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 60600

<b>*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***</b>	
FIRM NAME: <u>Fire + safety Commodities</u>	
SIGNATURE: (Must be signed here) <u>Clint Wilson</u>	TITLE: <u>Inspection Manager</u>
PRINT OR TYPE NAME: <u>Clint Wilson</u>	
ADDRESS: <u>922 Industry Rd</u>	
CITY, STATE: <u>Kenner LA</u>	ZIP: <u>70062</u>
TELEPHONE: <u>(504) 465-5991</u>	FAX: <u>(504) 465-5998</u>
EMAIL ADDRESS: <u>Clinte fire safety inc .net</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 4950.00

Attachment "A"

CONTRACTOR'S REFERENCE LIST

Company Name: <u>ROUSES</u>	Size of Area Serviced: <u>59 stores</u>
Address: <u>1301 Saint Mary Street</u>	
City/State/Zip: <u>Thibodaux</u>	Current or Past Client:
Contact Person: <u>Ferrel Alleman</u>	Title: <u>Supervisor of All Stores</u>
Telephone/Fax: <u>985-209-0714</u>	E-Mail: <u>Ferrel.alleman@rouses.com</u>
Company Name: <u>New Orleans Hamburger + Sedor</u>	Size of Area Serviced: <u>13 stores</u>
Address: <u>4961 River Road</u>	
City/State/Zip: <u>Hercher LA</u>	Current or Past Client:
Contact Person: <u>Art Arnold</u>	Title: <u>Maint MGR. of All Stores</u>
Telephone/Fax: <u>504-329-7840</u>	E-Mail: <u>Metairie.02@NDHSE.com</u>
Company Name: <u>Cradle Cuisine</u>	Size of Area Serviced: <u>24-locations</u>
Address: <u>311 Decatur</u>	
City/State/Zip: <u>New Orleans</u>	Current or Past Client:
Contact Person: <u>Jeff Roberts</u>	Title: <u>Manager of All Locations</u>
Telephone/Fax: <u>504-586-2074</u>	E-Mail: <u>Jeff@CradleCuisine.com</u>
Company Name: <u>AFC Corp.</u>	Size of Area Serviced: <u>29-locations</u>
Address: <u>400 perimeter Terrace Ste 1000 Atlanta GA</u>	
City/State/Zip: <u>Atlanta GA</u>	Current or Past Client:
Contact Person: <u>Sally Peter</u>	Title: <u>GM</u>
Telephone/Fax: <u>404-459-8590 Ext 4883</u>	E-Mail: <u>sallypeter@afcsouthatlantaglobal.com</u>
Company Name: <u>Aic Alternatives in Eng.</u>	Size of Area Serviced: <u>156-locations</u>
Address: <u>1314 Hwy 00</u>	
City/State/Zip: <u>Defiance MO</u>	Current or Past Client:
Contact Person: <u>Diane Dickheiser</u>	Title: <u>Service Manager</u>
Telephone/Fax: <u>636-398-5255</u>	E-Mail: <u>diane.dickheiser@aicfirst.com</u>

DATE: 8/12/2016

Page: 5

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00117403

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	6.00	EA	<p>Labor, materials &amp; equipment necessary to provide a three (3) year contract to perform required testing on various hood suppression systems for Jefferson Parish Dept. of General Services.</p> <p>0010-HOOD SUPPRESSION SYSTEM TESTING- LOCAL HISTORY MUSEUM, MARRERO/HARVEY</p> <p>SENIOR CENTER, METAIRIE SENIOR CENTER, EASTBANK HEALTH UNIT, JEFFERSON PARISH CORRECTIONAL CENTER, AND GENERAL SERVICES, AS PER THE ATTACHED SPECIFICATIONS.</p> <p>TO VIEW JOB SITES, CONTACT CHRIS FRAZIER AT 504-384-3461 FOR APPOINTMENTS BETWEEN THE HOURS OF 7:00 AM AND 4:00 PM, MONDAY THRU FRIDAY.</p> <p>*****BELOW IS FIRST ITEM TO BID*****</p> <p>LOCAL HISTORY MUSEUM 519 HUEY P. LONG AVENUE, GRETNA, LA.</p>	150 <sup>00</sup>	900 <sup>00</sup>
2	6.00	EA	<p>0020-MARRERO/HARVEY SENIOR CENTER 4470 7TH STREET, MARRERO, LA</p>	150 <sup>00</sup>	900 <sup>00</sup>
3	6.00	EA	<p>0030-METAIRIE SENIOR CENTER 265 N. CAUSEWAY BLVD., METAIRIE, LA</p>	150 <sup>00</sup>	900 <sup>00</sup>
4	6.00	EA	<p>0040-JEFFERSON PARISH CORRECTIONAL CENTER</p> <p>100 DOLHONDE STREET, GRETNA, LA</p>	225 <sup>00</sup>	1350 <sup>00</sup>
5	6.00	EA	<p>0050-EAST BANK HEALTH UNIT 111 N. CAUSEWAY, METAIRIE, LA</p>	150 <sup>00</sup>	900 <sup>00</sup>
					4950 <sup>00</sup>

**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:** F58

**Endorsements:** Pre-Engineered, Fire Extinguishers & Hoses, DOT Hydrostatic Testing

**Firm Name:** FIRE & SAFETY COMMODITIES

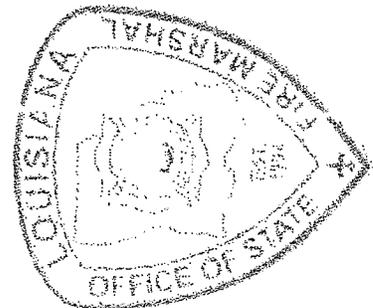
**Doing Business As:**

**Mailing Address:** 922 INDUSTRY RD  
 KENNER, LA 70062

**Physical Location:** 922 INDUSTRY RD  
 KENNER, LA 70062

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

**This License was issued on 1/23/2012 and will expire on 10/1/2017**





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/04/2015

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 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> Marsh Sponsored Programs a service of Seabury & Smith, Inc. PO Box 14404 Des Moines, IA 50306-9686	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 1-877-320-9393      FAX (A/C, No): 515-365-0895 E-MAIL ADDRESS: riskmanagement@marshpm.com PRODUCER CUSTOMER ID #: Vendor ID: 31459	
	<b>INSURER(S) AFFORDING COVERAGE</b> NAIC # INSURER A: Old Republic Insurance Company      24147 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

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	ADDL INSR	RUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X		L200889-16	01/03/2016	01/03/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**      GBR: 1N41  
 Policy provides protection for any & all operations/jobs performed by the named insured where required by written contract. Certificate holder is an Additional Insured where required by written contract. Waiver of Subrogation included where required by written contract. Insurance is primary and non-contributory.

<b>CERTIFICATE HOLDER</b>  Purchasing Department  200 Derbigny Street, 4th Floor, Ste 400 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.  AUTHORIZED REPRESENTATIVE
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Client#: 30648 FIRESAFE

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/30/2015

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 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> Louisiana Companies 2201 West Congress Blvd. Lafayette, LA 70506-4203 337 233-3932	<b>CONTACT NAME:</b> Jennifer DuBois <b>PHONE (A/C, No, Ext):</b> 337 233-3932 <b>FAX (A/C, No):</b> 337-232-9120 <b>E-MAIL ADDRESS:</b> jdubois@lacompanies.com														
<b>INSURED</b> Fire & Safety Commodities, Inc. 922 Industry Road Kenner, LA 70062	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : Gemini Insurance Co.</td> <td style="text-align: center;">10833</td> </tr> <tr> <td>INSURER B : Evanston Insurance Company</td> <td style="text-align: center;">35378</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 : Gemini Insurance Co.	10833	INSURER B : Evanston Insurance Company	35378	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR NSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X	X	VIGP017277	01/03/2016	01/03/2017	EACH OCCURRENCE <span style="float: right;">\$1,000,000</span>
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PD Ded:25000  GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJ <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence) <span style="float: right;">\$50,000</span> MED EXP (Any one person) <span style="float: right;">\$5,000</span> PERSONAL & ADV INJURY <span style="float: right;">\$1,000,000</span> GENERAL AGGREGATE <span style="float: right;">\$2,000,000</span> PRODUCTS - COMPI/OP AGG <span style="float: right;">\$2,000,000</span> COMBINED SINGLE LIMIT (Ea accident) <span style="float: right;">\$</span> BODILY INJURY (Per person) <span style="float: right;">\$</span> BODILY INJURY (Per accident) <span style="float: right;">\$</span> PROPERTY DAMAGE (Per accident) <span style="float: right;">\$</span>
B	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE	X	X	XOBW6335616	01/03/2016	01/03/2017	EACH OCCURRENCE <span style="float: right;">\$1,000,000</span>
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						AGGREGATE <span style="float: right;">\$1,000,000</span> WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT <span style="float: right;">\$</span> E.L. DISEASE - EA EMPLOYEE <span style="float: right;">\$</span> E.L. DISEASE - POLICY LIMIT <span style="float: right;">\$</span>

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

**\*\*\*GENERAL LIABILITY\*\*\***

Blanket Additional Insured (form: CG 2037 and CG 2033), Primary and Non-Contributory endorsement, and Blanket Waiver of Subrogation (form: CG 2404) in favor of the Certificate holder, where required by written contract, subject to the terms and conditions of the policy.

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b>  Purchasing Department 200 Derbigny Street, 4th Floor, Ste 400 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.  AUTHORIZED REPRESENTATIVE  <i>Annette Laticluis</i>
--	--

**DESCRIPTIONS (Continued from Page 1)**

**\*\*\*UMBRELLA LIABILITY\*\*\***  
Follow Form.

Thirty (30) day Notice of Cancellation, except 10 days for nonpayment of premium as required by written contract executed prior to a loss, subject to policy terms, conditions and exclusions.



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8/30/2016 8:41 AM

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DATE: 8/12/2016  
BID NO.: 50-00117403

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 4

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

BUYER: DREAMEY

VENDOR: STATE FIRE LLC 258999

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.

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<b>DELIVERY: FOB JEFFERSON PARISH</b>	
INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES	1 Day
INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK	1 Day
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 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) F1473

<b>*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***</b>	
FIRM NAME: STATE FIRE LLC	
SIGNATURE: (Must be signed here) <i>D Weinberg</i>	TITLE: Sales Representative
PRINT OR TYPE NAME: Don Weinberg	
ADDRESS: 1415 4th Street	
CITY, STATE: Westwego Louisiana	ZIP: 70094
TELEPHONE: 504 756-2344	FAX: (504)
EMAIL ADDRESS: don.statefire@hotmail.com	

TOTAL PRICE OF ALL BID ITEMS: \$ 5,550.00

DATE: 8/12/2016

Page: 5

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00117403

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
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2	6.00	EA	0020-MARRERO/HARVEY SENIOR CENTER 4470 7TH STREET, MARRERO, LA	150 <sup>00</sup>	900 <sup>00</sup>
3	6.00	EA	0030-METAIRIE SENIOR CENTER 265 N. CAUSEWAY BLVD., METAIRIE, LA	150 <sup>00</sup>	900 <sup>00</sup>
4	6.00	EA	0040-JEFFERSON PARISH CORRECTIONAL CENTER  100 DOLHONDE STREET, GRETNA, LA	325 <sup>00</sup>	1950 <sup>00</sup>
5	6.00	EA	0050-EAST BANK HEALTH UNIT 111 N. CAUSEWAY, METAIRIE, LA	150 <sup>00</sup>	900 <sup>00</sup>

## Attachment "A"

## CONTRACTOR'S REFERENCE LIST

Company Name: Jefferson Parish School Board	Size of Area Serviced: 84 Kitchen Hood Sys.
Address: 4600 River Road	
City/State/Zip: Marrero, LA. 70072	Current or Past Client: Current
Contact Person: Rebecca Daw	Title: Purchasing
Telephone/Fax: 504-349-7719	E-Mail: REBECCA.DAW@JPPSS.RID.LA.US
Company Name: Orleans Parish School Board	Size of Area Serviced: 31 Kitchen Hood Sys.
Address: 3520 General De Gaulle Drive	
City/State/Zip: New Orleans, Louisiana 70114	Current or Past Client: Current
Contact Person: Brent Washington	Title: Purchasing
Telephone/Fax: 504-304-5645	E-Mail: BRENT.WASHINGTON@SOVANDA.COM
Company Name: Brothers Food Mart	Size of Area Serviced: 45 Kitchen Hood Sys.
Address: 1600 Manhattan Blvd.	
City/State/Zip: Harvey, Louisiana 70058	Current or Past Client: Current
Contact Person: Raouf Mustaf	Title: OWNER
Telephone/Fax: 504-368-0909	E-Mail: Raouf@brotherfoodmart.com
Company Name: Red Hawk Fire & Security	Size of Area Serviced: 200 clients
Address: 3303 Tulane Ave.	
City/State/Zip: New Orleans, Louisiana 70119	Current or Past Client: Current
Contact Person: Gary Mathas	Title: Purchasing
Telephone/Fax: 504-821-9125	E-Mail: gary.mathas@redhawk.us.com
Company Name: ADS Systems LLC	Size of Area Serviced: Southeast, Louisiana
Address: 30 Veterans Blvd.	
City/State/Zip: Kenner, Louisiana 70062	Current or Past Client: Current
Contact Person: Terry Casanova	Title: Sales
Telephone/Fax: 504-236-9622	E-Mail: info@adssystemslc.com



**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
5/18/2016

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.

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<b>PRODUCER</b> Insurance Solutions of America 925 West State Road 434, Ste 201 Winter Springs FL 32708		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 407-332-0033 E-MAIL ADDRESS: certs@isolutions1.com FAX (A/C, No): 407-332-0030	
<b>INSURED</b> State Fire LLC 5612 4th St. Suite A Marrero LA 70072		<b>INSURER(S) AFFORDING COVERAGE</b>	
STATFIR-01		INSURER A: Gotham Insurance Company	NAIC # 25569
		INSURER B: National Union Fire Insurance Co. o	19445
		INSURER C: Bridgefield Casualty Ins. Co.	10335
		INSURER D: Allstate Insurance Company	19232
		INSURER E:	
		INSURER F:	

**COVERAGES**      **CERTIFICATE NUMBER:** 1098889087      **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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY E (P) (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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC OTHER:		GL2015FSC00452	9/18/2015	9/18/2016	EACH OCCURRENCE	\$1,000,000
						DAMAGE TO RENTED PREMISES (Ea. occurrence)	\$100,000
						MEB. EXP (Any one person)	\$5,000
						PERSONAL & ADV. INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
						PRODUCTS - COMP/CP AGG	\$2,000,000
							\$
D	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		648273764 00	3/16/2016	3/16/2017	COMBINED SINGLE LIMIT (Per accident)	\$1,000,000
						FAMILY INJURY (Per person)	\$
						FAMILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  DED    RETENTIONS		EBU015542727	9/18/2015	9/18/2016	EACH OCCURRENCE	\$1,000,000
						AGGREGATE	\$1,000,000
							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N <input type="checkbox"/> N/A	0196-39036-0	5/16/2016	5/16/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E1. EACH ACCIDENT	\$1,000,000
						E2. DISEASE - EA EMPLOYEE	\$1,000,000
						E3. DISEASE - POLICY LIMIT	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Certificate is subject to all policy limits, conditions and exclusions.

<b>CERTIFICATE HOLDER</b>  State Fire, LLC 5612 4th Street Marrero LA 70072	<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.  AUTHORIZED REPRESENTATIVE: 
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*Louisiana State Fire Marshal*  
*Life Safety and Property Protection Licensing & Registration Division*  
Annual Fee Receipt

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: **F 1473**

Endorsements:  
**PRE-ENGINEERED  
 FIRE EXTINGUISHERS**

Firm Name: **STATE FIRE LLC**

Doing Business As:

Mailing Address: **5612 4TH STREET**

**SUITE A  
 MARRERO, LA 70072-**

Physical Location: **5612 4TH STREET**

**SUITE A  
 MARRERO, LA 70072-**

This receipt was issued on 02/26/2014. The next fee is due on 03/01/2015.

*State Fire Marshal – H “Butch” Browning*

