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272 KB

DATE: 8/12/2016

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00117403

JEFFERSON PARISH

PURCHASING DEPARTMENT
P.O. BOX 9
GRETN, 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.

DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

3-17

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

3-17

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

3-18

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: 2NUMBER: 3NUMBER: 4NUMBER: 5, 6, 10, 12, 13LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 60600

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
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) 465-5994</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 Served: <u>59 stores</u>
Address: <u>1301 Saint Mary Street</u>	
City/State/Zip: <u>Thibodaux</u>	Current or Past Client: <input checked="" type="checkbox"/>
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 & Sides</u>	Size of Area Served: <u>13 stores</u>
Address: <u>4961 River Road</u>	
City/State/Zip: <u>Hercher LA</u>	Current or Past Client: <input checked="" type="checkbox"/>
Contact Person: <u>Art Arnold</u>	Title: <u>Maint MGR. of All stores</u>
Telephone/Fax: <u>504-329-7840</u>	E-Mail: <u>Metairie02@NDHSE.com</u>
Company Name: <u>Cradle Cuisine</u>	Size of Area Served: <u>24-locations</u>
Address: <u>311 Decatur</u>	
City/State/Zip: <u>New Orleans</u>	Current or Past Client: <input checked="" type="checkbox"/>
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 Served: <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: <input checked="" type="checkbox"/>
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 Served: <u>156-locations</u>
Address: <u>1314 Hwy 00</u>	
City/State/Zip: <u>Defiance MO</u>	Current or Past Client: <input checked="" type="checkbox"/>
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

INVITATION TO BID FROM JEFFERSON PARISH - continued

Page: 5

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 & 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, GRETN, LA.</p>	150 ⁰⁰	900 ⁰⁰
2	6.00	EA	0020-MARRERO/HARVEY SENIOR CENTER 4470 7TH STREET, MARRERO, LA	150 ⁰⁰	900 ⁰⁰
3	6.00	EA	0030-METAIRIE SENIOR CENTER 265 N. CAUSEWAY BLVD., METAIRIE, LA	150 ⁰⁰	900 ⁰⁰
4	6.00	EA	0040-JEFFERSON PARISH CORRECTIONAL CENTER 100 DOLHONDE STREET, GRETN, LA	225 ⁰⁰	1350 ⁰⁰
5	6.00	EA	0050-EAST BANK HEALTH UNIT 111 N. CAUSEWAY, METAIRIE, LA	150 ⁰⁰	900 ⁰⁰
					4950 ⁰⁰

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: FS8

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

Firm Name: FIRE & SAFETY COMMODITIES

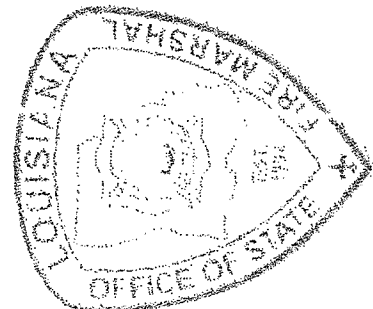
Doing Business As:

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 1/1/2017





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).

PRODUCER Marsh Sponsored Programs a service of Seabury & Smith, Inc. PO Box 14404 Des Moines, IA 50306-9686	CONTACT NAME:	
	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
INSURED Fire & Safety Commodities, Inc. 922 Industry Road Kenner, LA 70062	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Old Republic Insurance Company	
	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 RUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY					EACH OCCURRENCE
	COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>					MED EXP (Any one person)
						PERSONAL & ADV INJURY
						GENERAL AGGREGATE
	GENL AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COM/POP AGG
	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>					
A	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)
X	ANY AUTO					BODILY INJURY (Per person)
	ALL OWNED AUTOS					BODILY INJURY (Per accident)
	SCHEDULED AUTOS	X	L200889-16	01/03/2016	01/03/2017	PROPERTY DAMAGE (Per accident)
	HIRED AUTOS					
	NON-OWNED AUTOS					
	UMBRELLA LIAB					EACH OCCURRENCE
	EXCESS LIAB					AGGREGATE
	DEDUCTIBLE					
	RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU-TORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>				OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below					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)

GBBR: 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.

CERTIFICATE HOLDER

CANCELLATION

Purchasing Department 200 Derbigny Street, 4th Floor, Ste 400 Gretna, LA 70053	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

ACORD 25 (2009/09)

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Client#: 30648 FIRESAFE
ACORDTM 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).

PRODUCER Louisiana Companies 2201 West Congress Blvd. Lafayette, LA 70506-4203 337 233-3932		CONTACT NAME: Jennifer DuBois PHONE (A/C, No, Ext): 337 233-3932 FAX (A/C, No): 337-232-9120 E-MAIL ADDRESS: jdubois@lacompanies.com	
INSURED Fire & Safety Commodities, Inc. 922 Industry Road Kenner, LA 70062		INSURER(S) AFFORDING COVERAGE INSURER A: Gemini Insurance Co. NAIC # 10833 INSURER B: Evanston Insurance Company 35378 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	ADDITIONAL SUBR INSR 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 \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					MED EXP (Any one person) \$5,000
	<input checked="" type="checkbox"/> BI/PP Ded:25000					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"/> PROJECT <input type="checkbox"/> LOC					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"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
B	UMBRELLA LIAB	X X	XOBW6335616	01/03/2016	01/03/2017	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB					AGGREGATE \$1,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			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)

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)

CERTIFICATE HOLDER Purchasing Department 200 Derbigny Street, 4th Floor, Ste 400 Gretna, LA 70053	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 Annette Latidais
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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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297 KE

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

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

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

VENDOR: STATE FIRE LLC 258999

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.

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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.

DELIVERY: FOB JEFFERSON PARISH

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

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

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
1	6.00	EA	<p>Labor, materials & 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 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 504-364-3461 FOR APPONTMENTS BETWEEN THE HOURS OF 7:00 AM AND 4:00 OM, 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 ⁰⁰	900 ⁰⁰
2	6.00	EA	0020-MARRERO/HARVEY SENIOR CENTER 4470 7TH STREET, MARRERO, LA	150 ⁰⁰	900 ⁰⁰
3	6.00	EA	0030-METAIRIE SENIOR CENTER 265 N. CAUSEWAY BLVD., METAIRIE, LA	150 ⁰⁰	900 ⁰⁰
4	6.00	EA	0040-JEFFERSON PARISH CORRECTIONAL CENTER 100 DOLHONDE STREET, GRETNA, LA	325 ⁰⁰	1950 ⁰⁰
5	6.00	EA	0050-EAST BANK HEALTH UNIT 111 N. CAUSEWAY, METAIRIE, LA	150 ⁰⁰	900 ⁰⁰

Attachment "A"

CONTRACTOR'S REFERENCE LIST

Company Name: <u>Jefferson Parish School Board</u>		Size of Area Serviced: <u>84 Kitchen Hood Sys.</u>
Address: <u>4600 River Road</u>		
City/State/Zip: <u>MARRERO, LA. 70072</u>	Current or Past Client: <u>Current</u>	
Contact Person: <u>REBECCA DAW</u>	Title: <u>Purchasing</u>	
Telephone/Fax: <u>504-349-7719</u>	E-Mail: <u>REBECCA.DAW@JPPSS.RID.LA.US</u>	
Company Name: <u>Orleans Parish School Board</u>		Size of Area Serviced: <u>31 Kitchen Hood Sys.</u>
Address: <u>3520 General De Gaulle Drive</u>		
City/State/Zip: <u>NEW ORLEANS, LOUISIANA 70114</u>	Current or Past Client: <u>Current</u>	
Contact Person: <u>BRENT WASHINGTON</u>	Title: <u>Purchasing</u>	
Telephone/Fax: <u>504-304-5645</u>	E-Mail: <u>BRENT.WASHINGTON@SOULANCA.COM</u>	
Company Name: <u>BROTHERS FOOD MART</u>		Size of Area Serviced: <u>45 Kitchen Hood Sys.</u>
Address: <u>1600 Manhattan Blvd.</u>		
City/State/Zip: <u>HARVEY, LOUISIANA 70058</u>	Current or Past Client: <u>Current</u>	
Contact Person: <u>RAOUF MUSTAF</u>	Title: <u>OWNER</u>	
Telephone/Fax: <u>504-368-0909</u>	E-Mail: <u>RAOUF@brother-food-mart.com</u>	
Company Name: <u>RED HAWK FIRE & SECURITY</u>		Size of Area Serviced: <u>200 clients</u>
Address: <u>3303 Tulane Ave.</u>		
City/State/Zip: <u>NEW ORLEANS, LOUISIANA 70119</u>	Current or Past Client: <u>Current</u>	
Contact Person: <u>GARY MATHEWS</u>	Title: <u>Purchasing</u>	
Telephone/Fax: <u>504-821-9125</u>	E-Mail: <u>gary.mathews@redhawk-us.com</u>	
Company Name: <u>AIDS SYSTEMS LLC</u>		Size of Area Serviced: <u>Southwest, Louisiana</u>
Address: <u>30 Veterans Blvd.</u>		
City/State/Zip: <u>Kenner, Louisiana 70062</u>	Current or Past Client: <u>Current</u>	
Contact Person: <u>TERRY CASANOVA</u>	Title: <u>Sales</u>	
Telephone/Fax: <u>504-236-9622</u>	E-Mail: <u>info@aidssystemslc.com</u>	



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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PRODUCER Insurance Solutions of America 925 West State Road 434, Ste 201 Winter Springs FL 32708		CONTACT NAME: PHONE (A/C, No, Ext): 407-332-0033 FAX (A/C, No): 407-332-0030 E-MAIL: certs@isolutions1.com ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Gotham Insurance Company	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 MED. 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 (Ea. accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY 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	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 E. EACH ACCIDENT \$1,000,000 E. DISEASE - EA EMPLOYEE \$1,000,000 E. 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.

CERTIFICATE HOLDER

State Fire, LLC 5612 4th Street Marrero LA 70072	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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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:

5612 4TH STREET

Mailing Address:

SUITE A

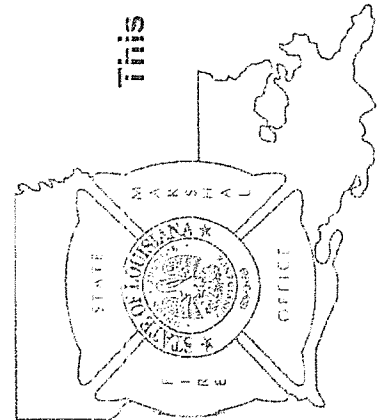
MARRERO, LA 70072-

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