

Page 3 of 3
O'Brien

Ray Bros Inc.

RECEIVED
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JEFFERSON PARK
PURCHASING

Bid # 50-00118016

DATE: 10/10/2016

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00118016

JEFFERSON PARISH

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

VENDOR: _____

BUYER: 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 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

11/28/16

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

30 days

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

35 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 as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: Addendum #1NUMBER: Addendum #2

NUMBER: _____

NUMBER: _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) #32266

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: <u>Ray Bros Inc</u>	
SIGNATURE: (Must be signed here) <u>Chris Breaux</u>	TITLE: <u>Estimator/Project Manager</u>
PRINT OR TYPE NAME: <u>Chris Breaux</u>	
ADDRESS: <u>2801 Frenchmen St.</u>	
CITY, STATE: <u>New Orleans, LA</u>	ZIP: <u>70122</u>
TELEPHONE: <u>504 945-8069</u>	FAX: <u>504 945-4488</u>
EMAIL ADDRESS: <u>Chris@raybrosinc.com</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 8,410

DATE: 10/10/2016

INVITATION TO BID FROM JEFFERSON PARISH - continued

Page: 5

BID NO.: 50-00118016

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>PROVIDE LABOR, MATERIALS & EQUIPMENT NECESSARY TO REPLACE THE GUTTERS AT THE JEFFERSON SENIOR CENTER BUILDING.</p> <p>0010-WE EXTEND THIS BID TO PROVIDE ALL LABOR, MATERIALS & EQUIPMENT NECESSARY TO REMOVE EXISTING GUTTERS AND DOWNSPOUTS & INSTALL NEW BIDDER SUPPLIED STEEL GUTTERS AND DOWNSPOUTS ON THE SECOND LEVEL OF THE: JEFFERSON SENIOR CENTER 4518 JEFFERSON HWY JEFFERSON, LA 70121</p>	\$8,410	\$8410

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/06/2016

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.

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 Ross & Yerger Insurance, Inc. P.O. Box 1139 Jackson, MS 39215 601 948-2900		CONTACT NAME: PHONE (A/C, No, Ext): 601 948-2900 FAX (A/C, No): 6013553227 E-MAIL ADDRESS:	
INSURED Ray Bros, Inc. 2801 Frenchmen St. New Orleans, LA 70122		INSURER(S) AFFORDING COVERAGE INSURER A: Monroe Guaranty Ins. Co./FCCI INSURER B: Torus National Ins. Co./Mathiso INSURER C: FCCI Insurance Company/FCCI INSURER D: American Interstate Ins.Co./Ame INSURER E: National Trust Ins. Co./FCCI 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	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <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			GL00185791	01/01/2016	01/01/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
E	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CA00317021	01/01/2016	01/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			UMB00226551	01/01/2016	01/01/2017	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	SVWCLA2462662016	01/01/2016	01/01/2017	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
B	Excess Liability			43571E160ALI	08/11/2016	01/01/2017	4,000,000 Occ 4,000,000 Agg

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

Blanket Waiver of Subrogation applies to General Liability, Auto Liability, and Workers Compensation when required by written contract. Blanket Additional Insured applies to General Liability and Auto Liability when required by written contract, and General Liability Blanket Additional Insured is Primary and Noncontributory when required by written contract. Per Project Aggregate is limited to \$5,000,000 for all projects. All above provisions are subject to policy terms, conditions, and exclusions.
 (See Attached Descriptions)

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 <i>Dwight A. Woodley</i>



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Contractor Information

Business Name **RAY BROS., INC.**

Mailing Address **2801 Frenchmen Street
New Orleans, LA 70122**

Phone Number **(504) 945-8069**

Fax Number **(504) 945-4488**

Email Address madonna@raybrosinc.com

Active Licenses

License Number **32266**

Type **Commercial License**

Status **LICENSED**

Effective **03/05/2015**

Expiration **02/20/2018**

First Issued **02/20/1997**

Classifications

Class	Qualifying Party	Parishes
BUILDING CONSTRUCTION	Gino Romano Ray	ALL
BUSINESS AND LAW	Gino Romano Ray	ALL
SPECIALTY: ROOFING AND SHEET METAL, SIDING	Gino Romano Ray	ALL

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