

DATE: 1/03/2023

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00140639

JEFFERSON PARISH

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

VENDOR: 27118 BLANK BID COPY 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 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

7 days

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

21 days

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

14 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: #1 1/9/2023 WC.

NUMBER: _____

NUMBER: _____

NUMBER: _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 35350

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

FIRM NAME:	
<u>Beacon Air Conditioning, Heating & Refrigeration, Inc.</u>	
SIGNATURE:	TITLE:
(Must be signed here) <u>Wendy Chatelain</u>	<u>Owner/Secretary-Treasurer</u>
PRINT OR TYPE NAME:	
<u>Wendy Chatelain</u>	
ADDRESS:	
<u>315 E. 3rd Street</u>	
CITY, STATE:	ZIP:
<u>Kenner, LA</u>	<u>70062</u>
TELEPHONE:	FAX:
<u>(504) 467-8698</u>	<u>(504) 466-4996</u>
EMAIL ADDRESS:	
<u>Wendy@beaconac.com</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 45,848.00

DATE: 1/03/2023

Page: 6

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00140639

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>LABOR & MATERIALS NECESSARY TO REMOVE, SUPPLY, & INSTALL OUTDOOR CONDENSING UNITS & INDOOR AIR HANDLERS FOR THE THE JEFFERSON PARISH DEPARTMENT OF COMMUNITY DEVELOPMENT</p> <p>0001- REMOVE, DISPOSE, FURNISH, AND INSTALL 4 OUTDOOR CONDENSING UNITS, 4 INDOOR AIR HANDLERS, DRAIN PANS, PLENUMS, AND THERMOSTATS, SPECS ATTACHED</p> <p>LOCATION: 4116 HESSMER AVENUE METAIRIE, LA 70002</p> <p>POINT OF CONTACT: RICHARD PEART 504.364.2675 SITE VISIT HOURS 08:00- 17:00</p> <p>or</p> <p>Shayne Perez @ 504-736-6036</p>	\$ 45,848.00	\$ 45,848.00



JEFFERSON PARISH

DEPARTMENT OF PURCHASING

CYNTHIA LEE SHENG
PARISH PRESIDENT

RENNY SIMNO
DIRECTOR

January 9, 2023

ADDENDUM # 1

Bid Number: 50-00140639

Receipt Date: January 11, 2023
Postponed to Date: N/A

Description of Bid: Labor & Materials Necessary to Remove, Supply, & Install Outdoor Condensing Units & Indoor Air Handlers for the Jefferson Parish Department of Community Development

REVISION:

- **QUESTION:** Please provide clarification on what is required for the maintenance warranty, i.e. monthly, quarterly, biannually, etc.? Also, does this include filters? Our suggestion would be to remove "maintenance work" from the bid specifications.

ANSWER: In section 11.0 remove maintenance and refrigerant from the warranty section

***** PLEASE SEE REVISED SPEC PAGE ATTACHED ******

*****REMEMBER TO ACKNOWLEDGE THIS ADDENDUM ON YOUR BID SUBMISSION. *****

Sincerely,

Shanna Folse, Buyer II
Jefferson Parish Purchasing Department

Bidders must acknowledge all addenda on the bid form. Bidder acknowledges receipt of this addendum on the bid form by indicating the addendum number listed above. Failure to list each addenda number on the bid form will result in bid rejection.

This addendum is a part of the contract documents and modifies the original bidding documents and specifications. The contents of this addendum shall be included in the contract documents. Changes made by this addendum shall take precedence over the documents of earlier date.

JOSEPH S. YENNI BUILDING - 1221 ELMWOOD PARK BLVD - SUITE 404 - JEFFERSON, LA 70123 - PO BOX 10242 JEFFERSON, LA 70181-0242
OFFICE 504.364-2678

GENERAL GOVERNMENT BUILDING - 200 DERBIGNY ST - SUITE 4400 - GRETNA, LA 70053 - PO BOX 9 - GRETNA - LA 70054
OFFICE 504.364.2678

EMAIL: PURCHASING@JEFFPARISH.NET

WEBSITE: WWW.JEFFPARISH.NET

SECTION 9.0 – PERMITS:

Bidder shall obtain any permits as required by the Jefferson Parish Department of Inspection and Code Enforcement. The bidder shall be responsible for the payment of these permits. All permits must be obtained before the start of any project requiring permits.

SECTION 10.0 - HOURS OF WORK:

The work that is to be performed shall be scheduled during normal working hours 7:00 a.m. – 5:00 p.m. Monday thru Friday. All work shall be scheduled seventy-two (72) hours in advance. The successful bidder may choose to work before or after normal building working hours to provide a safe work environment at no extra charge to Jefferson Parish.

SECTION - 11.0 - WARRANTY:

- Five-year parts, & labor warranty from the manufacturer.
- All warranty paperwork shall be submitted to the Department of General Services after the project.

SECTION 12.0 – LIQUIDATED DAMAGES:

Commencing on the fifteenth day following the notice to proceed until work is complete, liquidated damages will be assessed in the amount of \$300 per day.

SECTION 13.0 – START OF WORK CONFERENCE AND NOTICE TO PROCEED:

A “Start of Work Conference” shall be held between the successful bidder and the owner before any work commencing.

No work shall be performed until the successful bidder receives a written “Notice to Proceed” to begin work from the Department of General Services.

REVISED PER ADDENDUM #1



01-06-2023

Bid Bond in Accordance with Contract Specifications

SLA01067274

Beacon Air Conditioning, Heating & Refrigeration, Inc.

Bond Number

Principal Name

315 E 3rd Street, Kenner, LA, 70062, US

Principal Address

Principal Signature

Jefferson Parish

200 Derbigny Street, Gretna, LA, 70053, US

Owner/Obligee Name

Owner/Obligee Address

Bond Information

01-11-2023

The Gray Casualty & Surety Company

22976

Bid Date

Surety

Contractor Vendor ID Number

50-00140639

Contract ID Number

Remove/Supply/Install Outdoor Condensing Units & Indoor Air Handlers for JP Dept Community Development (4116 Hessmer Ave)

Description of Job

5% of amount bid

Amount of Bid Security

Bid Security Maximum

5%

Bid Security Percentage

David B Tidmore

Attorney-in-Fact

T&T Agency, LLC

Bond Entered and Executed By

Primary Agency

Attorney-In-Fact Signature

Know all men by these presents that The Gray Casualty & Surety Company, a Corporation duly organized under the laws of the State of LA, are held and firmly bound unto the above owner/obligee by the transmission. The surety agrees to waive the statute of Fraud defense and further agrees that the owner/obligee is a third party beneficiary of the waiver for the purposes of enforcing this bid bond.



Bond Execution Confirmation To Contractor

Surety 2000 <info@surety2000.com>

via bnc3.mailjet.com

Fri 1/6/2023 10:26 AM

To: Wendy Chatelain <wendy@beaconac.com>

1 attachments (350 KB)

Bond PDF;



Bond Execution Notice

Dear Wendy Chatelain,

Bond has been successfully executed by T&T Agency, LLC and is ready to be submitted for verification.

Please check your bond for accuracy before submittal. Click the link below to view the details of your bond.

<https://dashboard.surety2000.com/#/bond/659037>

Kind regards,

The Surety2000 Team

1-800-660-3263

help@surety2000.com

Debarment/Suspension Form

DEBARMENT/SUSPENSION CERTIFICATION

Debarment:

Federal Executive Order (E.O.) 12549 "Debarment" requires that all contractors receiving individual awards, using federal funds, and all subrecipients certify that the organization and its principals are not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency from doing business with the Federal Government. By signing this document you certify that your organization and its principals are not debarred. Failure to comply or attempts to edit this language may disqualify your bid. Information on debarment is available at the following websites: www.sam.gov and <https://acquisition.gov/far/index.html> see section 52.209-6.

Your signature certifies that neither you nor your principal is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

Wendy Chatelain - Owner / Secretary
(Name and Title of bidder's official)

Beacon Air Conditioning, Heating & Refrigeration, Inc.
(Name of bidder/company)

315 E. 3rd Street
(Address)

Kenner, LA 70062
(Address)

PHONE 504-467-8698 FAX 504-466-4996

EMAIL Wendy@beaconac.com

Wendy Chatelain Signature 11/11/2023 Date



State Licensing Board for Contractors

This is to Certify that:

BEACON AIR CONDITIONING, HEATING AND REFRIGERATION,
INC.
315 E. 3rd Street
Kenner, LA 70062

is duly licensed and entitled to practice the following classifications

MECHANICAL WORK (STATEWIDE)



Expiration Date: July 15, 2023

License No: 35350

Witness our hand and seal of the Board dated,
Baton Rouge, LA 16th day of July 2020

Director

Chairman

Treasurer

This License Is Not Transferrable



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/28/2022

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).

PRODUCER Riverlands Insurance Services Inc. 492 West 5th Street LaPlace LA 70068	CONTACT Kattie Troxler, CISR, CIC PHONE (A/C, No, Ext): (985) 652-5505 FAX (A/C, No): (985) 652-4039 E-MAIL ADDRESS: ktroxler@rivins.com																					
INSURED Beacon Air Conditioning, Heating & Refrigeration, Inc. 315 E 3rd Street Kenner LA 70062	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Wesco Insurance Company</td><td>25011</td></tr><tr><td>INSURER B:</td><td>Technology Insurance Co, Inc.</td><td>42376</td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Wesco Insurance Company	25011	INSURER B:	Technology Insurance Co, Inc.	42376	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURER E:																						
INSURER F:																						

COVERAGES**CERTIFICATE NUMBER:** 22-23 Master**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	WPP1931637 01	10/29/2022	10/29/2023	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 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ 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 type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y	Y	WUM1849930 02	10/29/2022	10/29/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	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/A	TWC4156632	10/29/2022	10/29/2023	<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
A	Employee Benefits Liability			WPP1931637 01	10/29/2022	10/29/2023	Each Employee Limit \$1,000,000 Aggregate Limit \$2,000,000 Retro Date 08/15/2018

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

The General Liability policy includes Blanket Additional Insured and Blanket Waiver of Subrogation as required by written contract. The Umbrella policy goes over the General Liability and Workers Compensation policies and is follow form.

CERTIFICATE HOLDER**CANCELLATION**

The Jefferson Parish, its districts departments & agencies under the direction of the Parish
President & Parish Council

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*Kattie B. Troxler*

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/10/2023

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).

PRODUCER  Hylton Petit Jr 2705 Florida Avenue Kenner LA 700625416		CONTACT NAME: Hylton Petit Jr PHONE (A/C, No, Ext): 504-461-0171 FAX (A/C, No): E-MAIL: ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A : State Farm Mutual Automobile Insurance Company	
		INSURER B :	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

INSURED BEACON A/C, HEATING & REFRIGERATION INC 315 E 3RD ST KENNER LA 70062-7103		CERTIFICATE NUMBER:		REVISION NUMBER:	
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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	ADD INSD	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	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 OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			370 6777-A09-18S	01/09/2023	07/09/2023	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1000000 BODILY INJURY (Per accident) \$ 1000000 PROPERTY DAMAGE (Per accident) \$ 1000000 \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER**CANCELLATION**

FOR VERIFICATION PURPOSES

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

This form was system-generated on January 10, 2023.

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