

DATE: 10/25/2017

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00121400

JEFFERSON PARISH

PURCHASING DEPARTMENT
P.O. BOX 9
GRETN, 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 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

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

10 Days From Notice

10 Days From Notice

2 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:

NUMBER:

NUMBER:

NUMBER:

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

18364

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

FIRM NAME:	
<u>Advance Waterproofing Co., Inc.</u>	
SIGNATURE:	TITLE:
(Must be signed here) <u>[Signature]</u>	<u>President</u>
PRINT OR TYPE NAME:	
<u>Greg Compton</u>	
ADDRESS:	
<u>P.O. Box 1188</u>	
CITY, STATE:	ZIP:
<u>Gretna, LA 70054</u>	
TELEPHONE:	FAX:
<u>(504) 362-1843</u>	<u>(504) 365-0055</u>
EMAIL ADDRESS:	
<u>advancewaterproofingco@gmail.com</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 19,760.00

Page: 5

SEAAED BID

BID NO.: 50-00121400

[illegible]



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/1/2017

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 Terrebonne Insurance Agency, Inc. 4752 Hwy 311 Suite 112 Houma LA 70360		CONTACT NAME: Joel Martinsen PHONE (A/C No. Ext): (985) 851-3080 FAX (A/C No.): (985) 851-0304 E-MAIL ADDRESS: joel@terrebonneinsurance.com	
INSURED Advanced Waterproofing, Inc. P. O. Box 1188 Gretna LA 70054		INSURER(S) AFFORDING COVERAGE INSURER A: Axis Surplus Ins Co INSURER B: AIG Specialty Insurance Company INSURER C: LWCC INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CL1722327106

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						EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
		X	Y	LAGLN04890AX	2/28/2017	2/28/2018	MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
	OTHER:						
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS	X	Y	LAGLN04890AX	2/28/2017	2/28/2018	\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR						EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 2,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	X	Y	BE015223729	2/28/2017	2/28/2018	\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y	155108	3/1/2017	3/1/2018	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Contractor that does waterproofing work.

Coverage includes blanket waiver and blanket additional insured as required by written contract along with hired and nonowned auto coverage

Bid No: 50-00120185

Seal the North and South side of the breezeway entrance and "Z" Hallway for JP Juvenile Services

CERTIFICATE HOLDER

CANCELLATION

Jefferson Parish, its Districts Depts and Agencies under the direction of the Parish President and the Parish Council
1546-B Gretna Blvd
Harvey, LA 70058

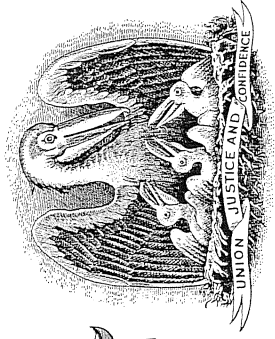
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Joel Martinsen/JOEL

© 1988-2014 ACORD CORPORATION. All rights reserved.

State of Louisiana



State Licensing Board for Contractors

This is to Certify that:

ADVANCE WATERPROOFING CO., INC.
P. O. Box 1188
Gretna, LA 70054

is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION; SPECIALTY: ROOFING AND SHEET METAL, SIDING; SPECIALTY:
WATERPROOFING, COATING, SEALING, CONCRETE/MASONRY REPAIR



Expiration Date: April 10, 2019

License No: 18364

Witness our hand and seal of the Board dated,
Baton Rouge, LA 13th day of April 2017

Will S. MacP Director

Lee Malott Chairman

Andy Duvall Treasurer

This License Is Not Transferrable