EBE Fence Company
LA LIC #19252
1800 Huey P Long Surt C
Gretny, LA 70053

Laby Noterials & Equipment Pression & Provide & Figuration Fine With Southeast Gregorial for Department Gregorian Fine 1/26/2013 (1/26/2019) @ 11:00am

Jesserson Partsh Purchasing 200 Derbigny St., suite 4400 Gretna, LA 70053

BID/RFP RECEIPT

Receipt of Bid/RFP Proposal No.

Suite 4400 – General Government Building Jefferson Parish Purchasing Department 200 Derbigny Street Gretna, LA 70053

Number of Envelopes/Boxes Received: Person Received Bid

LO:01树

Company's Name

PURCHASING JEFFERSON PARISH

5818 MON 18

tence

DATE: 10/24/2019

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00128613

JEFFERSON PARISH

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

| | 504-364-2678 |
|---------|-----------------|
| VENDOR: | BUYER: MBUTTERY |
| | |

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.

| Į | DELIVERY: FOB JEFFERSON PARISH | |
|---|--|----|
| | INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES | 25 |
| | INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK | 5 |
| | INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK | 20 |
| | | |

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: | 1 | | |
|---------------------------------|-----------|------------------------|-------|--|
| | NUMBER: | 2 | | |
| | NUMBER: | 3 | | |
| | NUMBER: _ | | | |
| LOUISIANA CONTRAC | TOR'S LI | CENSE NO.: (if applica | able) | |
| | | | | |

| *** ALL BIDDERS MUST COMPLETE SECTION BELOW *** | | | | | | | | |
|---|-----------------------------|-----------------|--|--|--|--|--|--|
| FIRM NAME: EBEJFENGE CO. INC. | | | | | | | | |
| SIGNATURE: | (/. A) V/ | TITLE: | | | | | | |
| (Must be signed here) | the less we | President | | | | | | |
| PRINT OR TYPE NAME: | | | | | | | | |
| | Ellis E. Bu | rown | | | | | | |
| ADDRESS: | 10.0 | Λ | | | | | | |
| | 1800 Hoey P. | Long Ave Ste C | | | | | | |
| CITY, STATE: | 0 1 | ZIP: | | | | | | |
| | Covetna, LA | 70053 | | | | | | |
| TELEPHONE: | | FAX: | | | | | | |
| Say | 822-1678 | 5041827-0947 | | | | | | |
| EMAIL ADDRESS: | 1 | | | | | | | |
| | ebe-ence@ | msn, com | | | | | | |
| • | TOTAL PRICE OF ALL BID ITEI | ms: \$ 7861. FO | | | | | | |

DATE: 10/24/2019

INVITATION TO BID FROM JEFFERSON PARISH - continued

Page: 5

BID NO.: 50-00128613

SEALED BID

| ITEM NUMBER | QUANTITY | U/M | DESCRIPTION OF ARTICLES | UNIT PRICE QUOTED | TOTALS |
|----------------|----------|-----|---|----------------------|----------|
| | | | LABOR, MATERIALS AND EQUIPMENT NECESSARY TO INSTALL ALUMI GUARD BELMONT WITH GATE FOR THE DEPARTMENT OF RECREATION | QOOTED | |
| 1 | 1.00 | JOB | 0100 Fencing for Little Farms Tot Lot 10301 South Park St. River Ridge, LA 70123 To Install 5 feet high Alumi Guard Belmont with 5 ft walk gate or equal. Job consits of approximately 164 feet. Fence to be Black Vendor will be responsible for exact measurements Contact: Gary Schmidt 504-736-6999 | 7,861,00 | 7,861,00 |
| | | | | | |
| - | | | | | |
| | | | | , | |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/24/2018

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).

| 1 | PODII | CER. | uorsei | nent | s). | | | | | | |
|--|--------------------------------------|--|---------|---------------------|----------------------------------|---|--|----------------------------|--|-----------|--------------------------|
| PRODUCER CONTACT Ashley Hebert NAME: NAME: | | | | | | | | | | | |
| O'Connor Insurance Group, LLC | | | | | | | PHONE (A/C, No. Ext): (504) 262-8900 FAX (A/C, No.): | | | | |
| | | Severn Ave | | | | | E-MAIL ADDRESS: ahebert@oconnoragency.net | | | | |
| 1 | | e 208 | | | | | | | ORDING COVERAGE | | T |
| - | | | 70003 | L | | INSU | RERA:FCCI | | | | NAIC# |
| | ISUREI | | | | | | | | Insurance Co | | 10178 |
| | | Fence Co., Inc. | | | | | | | Insurance Co | | 20141 |
| 2 | 024 | Bayou Rd. | | | | | | casualty | insurance Co | | 12472 |
| | | | | | | 200000000000000000000000000000000000000 | RER D: | | | | |
| N | ew C | Orleans LA | 70116 | 5 | | | RERE: | | - | | |
| _ | - | RAGES | ERTIF | ICAT | E NUMBER:CL1812407 | 7721 | RER F: | | DEMOION AND TO | | |
| | THIS | IS TO CERTIFY THAT THE POLICE | IES OF | INICLI | DANOE HOTER BELLEVILLE | | N ISSUED TO | THE INCHES | REVISION NUMBER: | | - |
| ı | CERT | CATED. NOTWITHSTANDING ANY TIFICATE MAY BE ISSUED OR MA LUSIONS AND CONDITIONS OF SU | V DED | TAIN | THE MICHIGAN | OI AI | AL COMILY | I OK OTHER | DUCUMENT WITH RESPE | CT TO | WHICH THIS THE TERMS. |
| INS | R | TYPE OF INSURANCE | ADD | LISUBE | रा | BEEN | WEDOCED BI | PAID CLAIMS | • | | |
| | Х | | INS | DWVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY | POLICY EXP (MM/DD/YYYY) | LIMI | TS | |
| A | | CLAIMS-MADE X OCCUR | | | | | | | EACH OCCURRENCE | \$ | 1,000,000 |
| | | OCCUR A OCCUR | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 100,000 |
| | | | - | | GL 0018625-03 | | 1/19/2018 | 1/19/2019 | MED EXP (Any one person) | \$ | 5,000 |
| | GEI | N'L AGGREGATE LIMIT APPLIES PER: | - | | | | 1 | | PERSONAL & ADV INJURY | \$ | 1,000,000 |
| | X | PRO- | | | | | 1 | 1 | GENERAL AGGREGATE | \$ | 2,000,000 |
| | | | | | | 1 1 | | PRODUCTS - COMP/OP AGG | s | 2,000,000 | |
| | Δ117 | OTHER: TOMOBILE LIABILITY | - | - | | | | | | \$ | |
| | X | | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | 1,000,000 |
| A | A | ALL OWNED SCHEDULED AUTOS | | | | | 1 | 1 | BODILY INJURY (Per person) | \$ | |
| | \vdash | | | | CA 100010097-02 | | 1/19/2018 | 1/19/2019 | BODILY INJURY (Per accident) | \$ | |
| | \vdash | HIRED AUTOS AUTOS | | l i | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | +=+ | | | | | | | | Uninsured motorist combined | \$ | 1,000,000 |
| | X | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | | |
| В | \vdash | EXCESS LIAB CLAIMS-MAI | E | 1 1 | | | | | AGGREGATE | \$ | 4,000,000 |
| | - | DED X RETENTION\$ 10,00 | 0 | | UMB0022775-03 | | 1/19/2018 | 1/19/2019 | AGGREGATE | \$ | 4,000,000 |
| | AND | KERS COMPENSATION EMPLOYERS' LIABILITY | | | | | | | x PER OTH- STATUTE ER | \$ | |
| | ANY | PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED? | 71 | | | | | | | | |
| C (Mandatory in NH) If yes, describe under | | | ۱۳٬۸ | N/A 028000015261117 | | | 11/21/2017 | 17/21/2018 | E.L. EACH ACCIDENT | \$ | 1,000,000 |
| | DESC | RIPTION OF OPERATIONS below | | | | | ,, | | E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT | | 1,000,000 |
| | | | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 1,000,000 |
| | | | | | | - 1 | 1 | 1 | | | |
| | | | | | | | l | | | | |
| ES | CRIPTIC | ON OF OPERATIONS / LOCATIONS / VEHI | CLES (A | CORD | 101, Additional Remarks Schedule | e, may be | e attached if mon | e snace is requir | ad) | | |
| | | | | | | -,, S. | o attached il illoli | e space is requir | ea) | | 1 |
| | | | | | | | | | | | 1 |
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| ER | TIFIC | CATE HOLDER | | | | | | | | | 1 |
| | | | | | (| CANC | ELLATION | | | | |
| | | | | | | cuon | | | | | |
| | I | nsured's Copy | | | | THE | EXPIRATION | HE ABOVE DE | SCRIBED POLICIES BE CA REOF, NOTICE WILL BI | NCELLE | D BEFORE |
| | F | or Information Purpo | ses | Onl | y | ACCO | RDANCE WITH | H THE POLICY | PROVISIONS. | = DELI | VERED IN |
| | | _ | | | | | | | | | |
| | | | | | A | UTHORE | ZED REPRESENT | TATIVE | | | |
| | | | | | | | | | | | _ |
| - | J "Joey" O'Connor, II Jank A. Olim = | | | | | | | | | | |
| | | | | | | | 0.400 | | | | |

CORPORATE RESOLUTION

| AT | THE N | MEETI | NG OF | DIRECT | ORS O | FEBE | FENCE | COMPAN | Y INCORP | ORATED, |
|----|-------|-------|--------|---------|-------|-------|-------|--------|----------|---------|
| ON | MOTI | ON DU | ILY MA | ADE AND | SECO | NDED. | IT WA | S: | | |

RESOLVED, THAT LIFE LIFE MOVED, BE AND IS HEREBY APPOINTED, CONSTITUTED AND DESIGNATED AS PRESIDENT, AGENT AND ATTORNEY-IN-FACT OF THE CORPORATION WITH FULL POWER AND AUTHORITY TO ACT ON BEHALF OF THIS CORPORATION IN ALL NEGOTIATIONS, BIDDING, CONCERNS AND TRANSACTIONS AND ANY OF ITS AGENCIES, DEPARTMENTS, EMPLOYEES OR AGENTS, INCLUDING BUT NOT LIMITED TO, THE EXECUTION OF ALL BIDS, PAPERS, DOCUMENTS, AFFIDAVITS, BONDS, SURETIES, CONTRACTS AND ACTS AND TO RECEIVE AND RECEIPT THEREFORE ALL PURCHASE ORDERS AND NOTICES ISSUED PURSUANT TO THE PROVISIONS OF ANY SUCH BID OR CONTRACT, THIS CORPORATION HEREBY RATIFYING, APPROVING, CONFIRMING AND ACCEPTING EACH AND EVERY SUCH ACT PERFORMED BY SAID AGENT AND ATTORNEY-IN-FACT.

I HEREBY CERTIFY THE FOREGOING TO BE A TRUE AND CORRECT COPY OF AN EXCERPT OF THE MINUTES OF THE ABOVE DATED MEETING OF THE BOARD OF DIRECTORS OF SAID CORPORATION, AND THE SAME HAS NOT BEEN REVOKED OR RESCINDED,

SECRETARY-TREASURER

DATE