

BID REJECTION FORM

Bid number: 50-00126295

Vendor Name: Paramount Homes, LLC dba Paramount Waterproofing Solutions

Reasons for

Rejection: Invalid bid bond. Bid bond number the vendor provided with
their online bid submittal could not be verified.

REVIEWED BY:

Buyer Name: _____ Date: _____

Chief Buyer: _____ Date: _____



CENTRALBIDDING
FROM CENTRAL AUCTION HOUSE

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Central Bidding Time: Tue Jun 18 2019 14:06:08 GMT-0500 (Central Daylight Time)

Place a Bid for 5000126295 LABOR, MATERIALS AND EQUIPMENT NECESSARY TO REPAIR EXISTING CERAMIC FLOORS AND CINDER BLOCK WALLS IN SHOWER AREA

Please enter your best bid proposal for this project

Louisiana Contractor ID#

57693

Enter all information required on the outside of the sealed envelope in the box below

Bid: 5000126295 LABOR, MATERIALS AND EQUIPMENT NECESSARY TO REPAIR EXISTING CERAMIC FLOORS AND CINDER BLOCK WALLS IN SHOWER AREA.

Bid Bond #

1001133044-3

Jefferson Parish Vendor #:

263606

Upload Attachment(s)

While this site accepts various file types, sizes and quantities, the preferred method for delivering all of the appropriate and required bid documents is one single scanned PDF file. Vendors submitting bids with multiple uploaded images/photos of bid responses are solely responsible for clarity. If uploaded images/documents are not legible, the bidder's submission will be rejected. Please note all requirements in this bid package for electronic bid submission.

Upload a file

Click the Upload button in order to upload bid related documents

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- [Register](#) - [Contact Us](#) - [Renew/Upgrade Membership](#)



Central Auction House, LTD



Jefferson Parish - Brenda Campos

Bond Number 1001133044-3 was Not Found

Enter Bond Number:



DATE: 5/13/2019

Page: 5

BID NO.: 50-00126295

BID FORM
Non Public Works

All Public Work Projects are required to use the Louisiana Uniform Public Work Bid Form

All prices must be held firm unless an escalation provision is requested in this bid. Jefferson Parish will allow one escalation during the term of the contract, which may not exceed the U.S. Bureau of Labor Statistics National Index for all Urban Consumers, unadjusted 12 month figure. The most recently published figure issued at the time an adjustment is requested will be used. A request must be made in writing by the vendor, and the escalation will only be applied to purchases made after the request is made.

Are you requesting an escalation provision?

YES _____ NO ☒

MAXIMUM ESCALATION PERCENTAGE REQUESTED n/a %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF Dec 31/19

For the purposes of comparison of bids when an escalation provision is requested, Jefferson Parish will apply the maximum escalation percentage quoted by the bidder to the period to which it is applied in the bid. The initial price and the escalation will be used to calculate the total bid price. It will be assumed, for comparison of prices only, that an equal amount of material or labor is purchased each month throughout the entire contract.

DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

July 15/19

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

57693

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME:

Paramount Homes LLC DBA
Paramount Waterproofing Solutions

ADDRESS:

6221 S Claiborne Ave. #618

CITY, STATE:

New Orleans LA

ZIP:

70125

TELEPHONE:

504 723 4112

FAX: ()

EMAIL ADDRESS:

Sandy@waterproofingnda.com

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:

N/A

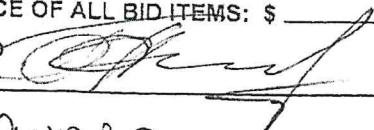
NUMBER:

NUMBER:

NUMBER:

TOTAL PRICE OF ALL BID ITEMS: \$

AUTHORIZED
SIGNATURE:



Albert Bikhbulatov

Printed Name

TITLE:

Owner

SIGNING INDICATES YOU HAVE READ AND COMPLY WITH THE INSTRUCTIONS AND CONDITIONS.

DATE: 5/13/2019

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INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00126295

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	LABOR, MATERIALS & EQUIPMENT NECESSARY TO PREPARE, REPAIR, CLEAN & COAT THE EXISTING CERAMIC FLOORS & CINDER BLOCK WALLS IN THE SHOWER AREAS IN THE SOUTH WING OF THE JP CORRECTIONAL CENTER 0001 - LABOR, MATERIALS AND EQUIPMENT NECESSARY TO PROVIDE PREPARATION, REPAIRING, CLEANING AND COATING OF THE EXISTING CERAMIC FLOORS AND CINDER BLOCK WALLS OF THE SHOWER AREAS IN THE SOUTH WING OF THE JEFFERSON PARISH CORRECTION- AL CENTER, LOCATED AT 10 DOLHONDE ST., GRETNAL, LA 70053.	\$154,000 ⁰⁰	\$154,000 ⁰⁰

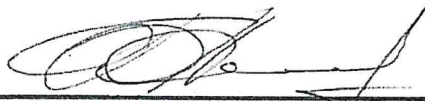
CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF
Paramant Homes LLC dba Paramant Water proofing solutions
INCORPORATED.

AT THE MEETING OF DIRECTORS OF Paramant Homes LLC
INCORPORATED, DULY NOTICED AND HELD ON Jan 1/12,
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT
WAS:

RESOLVED. THAT Albert Bikhulakov, BE AND IS HEREBY
APPOINTED, CONSTITUTED AND DESIGNATED AS 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 WITH THE PARISH OF JEFFERSON OR 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 THEREFOR 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

June 12/12

DATE

Non-Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF JEFFERSON

BEFORE ME, the undersigned authority, personally came and appeared: Albert
Bikbulatov, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized owner of Paramount Homes LLC (Entity),
the party who submitted a bid in response to Bid Number 5000, to the Parish of
Jefferson. waterproofing solutions
1262915

Affiant further said:

Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all campaign contributions, including the date and amount of each contribution, made to current or former elected officials of the Parish of Jefferson by Entity, Affiant, and/or officers, directors and owners, including employees, owning 25% or more of the Entity during the two-year period immediately preceding the date of this affidavit or the current term of the elected official, whichever is greater. Further, Entity, Affiant, and/or Entity Owners have not made any contributions to or in support of current or former members of the Jefferson Parish Council or the Jefferson Parish President through or in the name of another person or legal entity, either directly or indirectly.

Choice B ✓ there are NO campaign contributions made which would require disclosure under Choice A of this section.

Debt Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.

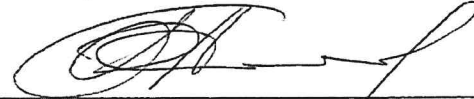
Choice B ✓ There are NO debts which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

[The remainder of this page is intentionally left blank.]

That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.



Signature of Affiant

Albert Bikbulatov

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 18th DAY OF June, 2019.



Notary Public

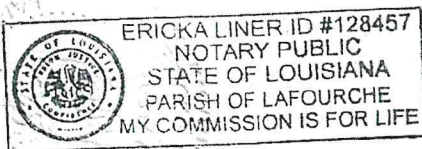
Ericka Liner

Printed Name of Notary

128457

Notary/Bar Roll Number

My commission expires with Life.



[Print](#)

Notary Search - Detail

Name: MS. ERICKA LINER
Address: 510 N. CEDAR STREET
LOCKPORT, LA 70374
Phone: (985) 852-5375
Phone 2: (985) 532-9082
Notary ID Number: 128457
Parish: LAFOURCHE with STATEWIDE JURISDICTION
Agency: N/A
Notary Type: Non Attorney
Status: Active
Commission Date: 08/20/2013
Oath Date: 08/14/2013
Surety Expiration Date: 08/08/2023
Annual Report Current: Yes

[Back to Search Results](#)[New Search](#)



PARAM-2

OP ID: JN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/18/2019

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 Fontenelle & Goodreau Ins. LLC 3748 N Causeway Blvd, Ste. 300 Metairie, LA 70002 Jody O. Fox, CIC, ACSR, CPIA		504-454-8939		CONTACT NAME: Jody O. Fox, CIC, ACSR, CPIA PHONE (A/C, No, Ext): 504-454-8939 FAX (A/C, No): 504-454-8979 E-MAIL ADDRESS: jodyf@fandgins.com	
INSURED Paramount Homes LLC DBA Paramount Waterproofing Soluti 6221 S Claiborne Ave #618 New Orleans, LA 70125				INSURER(S) AFFORDING COVERAGE INSURER A: Western World Insurance Co. INSURER B: LA Workers' Compensation Corp INSURER C: INSURER D: INSURER E: INSURER F:	
				NAIC # 22350	

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 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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			NPP8564376	03/01/2019	03/01/2020	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 OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	155229	03/01/2019	03/01/2020	<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

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

General Liability includes a Blanket Additional Insured endorsement as required by written contract.

CERTIFICATE HOLDER

JEFFESS

Jefferson Parish
its Districts Dept. & Agencies
J. P. General Government Bldg
200 Derbigny Street, Ste. 3300
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

PROGRESSIVE

06/18/2019

Policy number: 020484846

Underwritten by: 32 - Progressive Paloverde Insurance Co.

Certificate of Insurance

Certificate Holder Additional Insured	Insured	Agent
JEFFERSON PARISH IT'S DISTRICT DEPARTMENTS AND AGENCIES UNDER THE DIRECTION OF THE PARISH PRESIDENT AND THE PARISH COUNSEL BID#: 5000126295 200 DERBIGNY ST STE 4400 GRETN, LA 70053	PARAMOUNT HOMES LLC 6221 S CLAIBORNE AVE NEW ORLEANS, LA 70125	PROG COMMERCIAL PO BOX 94739 CLEVELAND, OH 44101 (800) 895-2886

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date:	Policy Expiration Date:
02/07/2019	02/07/2020

Insurance coverage(s)	Limits
Bodily Injury/Property Damage	\$1,000,000 Combined Single Limit
Uninsured/Underinsured Motorist	\$15,000/\$30,000

**Request for Taxpayer
Identification Number and Certification**

Give Form to the
requester. Do not
send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See specific instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Paramount Homes LLC dba Paramount Waterproofing Solutions	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. 6221 S Claiborne Avenue, #618	Requester's name and address (optional)
6 City, state, and ZIP code New Orleans LA 70125	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.


Social security number								
			-					
or								
Employer identification number								
4	5		-	4	2	3	5	4
								0

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶ 	Date ▶ May 24/19
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What Is backup withholding*, later.