

DATE: 1/30/2023
BID NO.: 50-00141029

INVITATION TO BID
THIS IS NOT AN ORDER

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

VENDOR: 27118 BLANK BID COPY VENDOR

BUYER: BBELLOW

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.

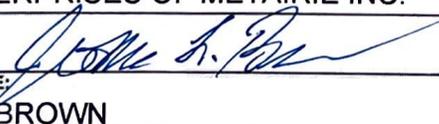
JEFFERSON PARISH is expecting all products to be new and all work to be done in workman-like manner, according to standard practices. Any deviations or alteration from the specifications must be indicated on the bid form for each item and upon request, product data for same must be submitted by the time specified by the Purchasing Department.

DELIVERY: FOB JEFFERSON PARISH	
INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES	Within 20 Days from Notice to Proceed
INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK	5 Days
INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK	5 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: _____
NUMBER: _____
NUMBER: _____
NUMBER: _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 660093

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: B&J ENTERPRISES OF METAIRIE INC.	
SIGNATURE: (Must be signed here) 	TITLE: VICE PRESIDENT
PRINT OR TYPE NAME: JEROME BROWN	
ADDRESS: 905 RUE ST. MICHAEL	
CITY, STATE: HAMMOND, LA	ZIP: 70403
TELEPHONE: (504)382-7454	FAX: ()
EMAIL ADDRESS: mjroofing2003@yahoo.com	

TOTAL PRICE OF ALL BID ITEMS: \$ 11,700.00

DATE: 1/30/2023

INVITATION TO BID FROM JEFFERSON PARISH - continued

Page: 6

BID NO.: 50-00141029

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>FURNISH LABOR, MATERIALS AND EQUIPMENT TO REPAIR GYM ROOF FOR JEFFERSON PARISH PARKS AND RECREATION DEPARTMENT</p> <p>0001 LITTLE FARMS ROOF- LABOR, MATERIALS AND EQUIPMENT TO REPAIR GYM ROOF</p> <p>LOCATED AT: LITTLE FARMS PLAYGROUND 10301 SOUTH PARK STREET RIVER RIDGE, LA 70123</p> <p>***PLEASE REVIEW THE ATTACHED BID*** SPECIFICATIONS</p>	\$11,700.00	\$11,700.00

State of



Louisiana

State Licensing Board for Contractors

This is to Certify that:

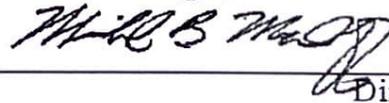
B & J ENTERPRISE OF METAIRIE, INC
905 Rue Saint Michael
Hammond, LA 70403

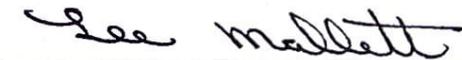
is duly licensed and entitled to practice the following classifications

SPECIALTY: ROOFING AND SHEET METAL, SIDING



Witness our hand and seal of the Board dated,
Baton Rouge, LA 22nd day of December 2022


Director


Chairman

Expiration Date: December 21, 2025

License No: 66093

This License Is Not Transferrable


Treasurer



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/18/2022

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 3rd Millennium Insurance & Financial Services, Inc 10001 Lake Forest Blvd. Suite 609 New Orleans LA 70127	CONTACT NAME: Josie Rama PHONE (A/C, No, Ext): (504) 245-1400 E-MAIL ADDRESS: serviceteam2@3rdmillennium-ins.com	FAX (A/C, No): (504) 246-2870
	INSURER(S) AFFORDING COVERAGE	
INSURED B & J Enterprise of Metairie, Inc. DBA MJ Roofing 7809 Airline Drive 305B Metairie LA	INSURER A: Obsidian Specialty Insurance Company	
	INSURER B: Amerisafe (American Interstate Insurance Company)	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: Master 22 23

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	SCB-GL-000002315	02/19/2022	02/19/2023	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000						
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 1,000,000
							Employee Benefits \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> 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 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		SVWCLA2820312019	07/29/2022	07/29/2023	<input checked="" type="checkbox"/> PER STATUTE <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

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

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

ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
	Independent Contractors/Subcontractors Sublim			
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
50,000				
Ref #	Description	Coverage Code	Form No.	Edition Date
	Self-Insured Retention(Per-Occurrence)			
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
5,000				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type

Named insured

B & J ENTERPRISE OF METAIRIE
905 RUE ST MICHAEL
HAMMOND, LA 70403

Policy number: 960084760

Underwritten by:
Progressive Paloverde Insurance Co
September 21, 2022
Policy Period: Jul 26, 2022 - Jul 26, 2023
Page 1 of 2

agent.progressive.com

Online Service

Make payments, check billing activity, print policy documents, update your policy or check the status of a claim.

1-504-469-9200

GENERAL AUTO SRV INC

Contact your agent for personalized service.

1-800-444-4487

For customer service if your agent is unavailable or to report a claim.

Commercial Auto Insurance Coverage Summary

This is your Declarations Page Your coverage has changed

Your coverage began the later of July 26, 2022 at 12:01 a.m. or the effective time shown on your application. This policy period ends on July 26, 2023 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (02/19). The contract is modified by forms 2852LA (02/19), 4852LA (02/19), 4881LA (02/19) and Z228 (01/11).

The named insured organization type is a corporation.

Progressive Paloverde Insurance Co is a stock company (NYSE:PGR).

Policy changes effective September 13, 2022

Changes processed on:	September 20, 2022 2:39 p.m.
Premium change:	-\$136.00
Changes:	Your EFT information changed. An Electronic Funds Transfer discount has been added to your policy. Your payment option was changed to Electronic Funds Transfer (EFT).

The changes shown above will not be effective prior to the time the changes were requested.

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$1,606
Bodily Injury Liability	\$25,000 each person/\$50,000 each accident		
Property Damage Liability	\$25,000 each accident		
Uninsured/Underinsured Motorist	\$25,000 each person/\$50,000 each accident		292
Uninsured Motorist Property Damage	Rejected		--
Medical Payments	Rejected		--
Comprehensive			436
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			658
See Auto Coverage Schedule	Limit of liability less deductible		
Total 12 month policy premium			\$2,992

Rated drivers

1. JEROME BROWN

Auto coverage schedule

1. **2013 FORD F350** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)
VIN: **1FT8X3B66DEA90135** Garaging Zip Code: 70403 Radius: 300 miles
Personal use: N Body type: Pickup Truck

Liability Premium	Liability Premium	UM/UIM Premium			
	\$1606	\$292			
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$500	\$436	\$500	\$658	\$2,992

Premium discount

Policy

960084760

Electronic Funds Transfer

Financial Security Requirement

If you do not keep your liability insurance in force during the entire registration period, your registering privileges will be subject to revocation. By law your insurance carrier is required to report specific termination information to the Commissioner of the Department of Public Safety and Corrections.

Company officers



Secretary

PGULS04W 037618 002 * 002 002