

DATE: 10/07/2019

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00128368

JEFFERSON PARISH

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

VENDOR:

BUYER: DABRAHAM

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

3 weeks

2 weeks

1 week

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: — 0 —

NUMBER: _____

NUMBER: _____

NUMBER: _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) #1014

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

FIRM NAME: Crasco Glass & Mirror CO

SIGNATURE: [Signature]
(Must be signed here)

TITLE: Estimator

PRINT OR TYPE NAME: Kemp Gordon

ADDRESS: 2308 Tulane Ave

CITY, STATE: New Orleans LA

ZIP: 70119

TELEPHONE: 504 581-2620

FAX: 504 588-2989

EMAIL ADDRESS: kemp@sonwalls.com

TOTAL PRICE OF ALL BID ITEMS: \$ 5296.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00128368

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>Labor, material, equipment necessary to remove existing and replace with new glass panels</p> <p>0010 - GLASS PANEL REPLACEMENT DISTRICT ATTORNEY'S OFFICE BUILDING DEPARTMENT OF GENERAL SERVICES</p> <p>WE EXTEND THIS BID TO COVER ALL LABOR, MATERIALS, EQUIPMENT AND NECESSARY ESSENTIALS TO REMOVE AND PROPERLY DISPOSE OF SIX (6) EXISTING GLASS PANELS AND SUPPLY AND INSTALL SIX (6) NEW GLASS PANELS LOCATED ON THE 1ST AND 3RD FLOOR OF THE DISTRICT ATTORNEY'S OFFICE BLDG., PER THE ATTACHED SPECIFICATIONS AT THE FOLLOWING LOCATION:</p> <p>DISTRICT ATTORNEY'S OFFICE BUILDING 100 DERBIGNY STREET GRETN, LA 70053</p> <p>FOR SITE VISIT, PLEASE CONTACT: TOM LAWSON, ASSISTANT PROPERTY MANAGER AT 504-364-2675</p>	\$5,996.00	\$5,996.00



CERTIFICATE OF LIABILITY INSURANCE

SOUWA-1

OP ID: MO

DATE (MM/DD/YYYY)

08/29/2019

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 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
Brown & Brown of Louisiana
New Orleans Office
1515 Poydras Street, Ste 1150
New Orleans, LA 70112
Alexandra D'Andrea, CIC

CONTACT NAME: **Monica Gonzales**
PHONE (A/C, No, Ext): **504-293-4115** FAX (A/C, No): **504-586-8600**
E-MAIL ADDRESS: **mgonzales@bbgulfstates.com**

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: **LUBA CASUALTY INS CO**

12472

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED **Crasto Glass & Mirror Co Inc**
P. O. Box 19143
New Orleans, LA 70179

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 SUBR INSD 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					EACH OCCURRENCE \$
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
						MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$
						PRODUCTS - COMP/OP AGG \$
						\$
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	OTHER:					
	AUTOMOBILE LIABILITY					
	<input type="checkbox"/> ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED	RETENTION \$				\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	X	08/31/2019	08/31/2020	X PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y	N/A			E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					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)

Blanket Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

Jefferson Parish
200 Derbigny St, Suite 4400
Gretna, LA 70053

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



SOUTWAL-01

HJORDAN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/17/2019

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
Gillis, Ellis & Baker, Inc.
1615 Poydras Street Suite 700
New Orleans, LA 70112

CONTACT NAME: **Holly Jordan**
PHONE (A/C, No, Ext): **(504) 619-5058** FAX (A/C, No): **(504) 587-0766**
E-MAIL ADDRESS: **hazurdia@gillis.com**

INSURED

Crasto Glass & Mirror Co., Inc.
P. O. Box 19904
New Orleans, LA 70179

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Gemini Insurance Company	10833
INSURER B: Travelers Indemnity of Conn.	25682
INSURER C: Western World Insurance Company	13196
INSURER D: James River Insurance Company	12203
INSURER E:	
INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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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			VGGP004476	10/1/2019	10/1/2020	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
							MED EXP (Any one person) \$ 10,000
							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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
	OTHER:						
B	AUTOMOBILE LIABILITY			BA2371N54019SEL	10/1/2019	10/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
C	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			GLX1001962-00	10/15/2019	10/1/2020	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 5,000,000
	DED RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
D	Excess Liability			000962940	10/15/2019	10/1/2020	E.L. DISEASE - POLICY LIMIT \$
							2nd Layer- Agg./Occ. 5,000,000

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

CERTIFICATE HOLDER

Jefferson Parish, its Districts Depts. and Agencies
Purchasing Dept.
200 Derbigny Street, Suite 4400
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

R. Parker Ellis

Kemp Gordon
% Crasto Glass + Mirror Co
2308 Tulane Ave
New Orleans LA 70119

Jefferson Parish
East Bank Purchase
1221 Elmwood St
Jefferson Parish

Bid # 50-00128368
Bid Date - 10/18/19 11:00 AM
Contractors License # 1014

Recd. 10/18/19
At: 11:00 Am
Doris

BID/RFP RECEIPT

Receipt of Bid/RFP Proposal No. 50-128368

From: Crasto Alan & Son

Company's Name

Person Received Bid: Kidney Duffey

Number of Envelopes/Boxes Received: 1

Jefferson Parish Purchasing Department
1221 Elmwood Park Blvd.
Suite 404 – Yenni Bldg.
Jefferson, LA 70121

RECEIVED
2019 OCT 17 PM 1:40
JEFFERSON PARISH
PURCHASING