

ATTN: LFRANCIS

DATE: 2/13/2015
BID NO.: 50-00112455

INVITATION TO BID
THIS IS NOT AN ORDER

(6) PAGES INCLUDED.

Page: 4

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

VENDOR: _____

BUYER: LFRANCIS

Bids will be received until 11:00 AM, 2/20/2015 via fax: 504-364-2693 or via online at www.jeffparish.net

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 is to be done in a workman-like manner, according to standard practices. Any deviations or alterations from the specifications must be indicated and backup documentation supplied with your quotation.

DELIVERY: FOB JEFFERSON PARISH	
INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES	<u>3 WEEKS</u>
INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK	<u>10 DAYS</u>
INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK	<u>26 DAYS</u>

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: ADDENDUM #1
NUMBER: ADDENDUM #2
NUMBER: _____
NUMBER: _____

Includes: Smoke Detector
- Drains to Sewer

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 34465

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***		
FIRM NAME: <u>Star Service Inc.</u> <u>EXECUTIVE PROJECT SALES</u>		
SIGNATURE: <u>[Signature]</u> (Must be signed here)		TITLE:
PRINT OR TYPE NAME: <u>JERRY G Smith JR</u>		
ADDRESS: <u>112 Pimontal St</u>		
CITY, STATE: <u>St. Rose LA</u>		ZIP: <u>70087</u>
TELEPHONE: <u>(504) 443-7697</u>		FAX: <u>(504) 467-6041</u>
EMAIL ADDRESS: <u>JSmith@Star-Service.com</u>		

TOTAL PRICE OF ALL BID ITEMS: \$ 45,999.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00112455

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>LABOR, MATERIALS, AND EQUIPMENT TO FURNISH, REMOVE AND INSTALL 3 NEW PACKAGE UNITS</p> <p>0010 FURNISH AND INSTALL 3 NEW PACKAGE UNITS ON ROOM NO. 1 AND ROOM NO. 2 LOCATED AT:</p> <p>LITTLE FARMS PLAYGROUND 10301 SOUTH PARK ST. RIVER RIDGE, LA 70123</p> <p>FOR SITE VISIT CONTACT: JUSTIN MAYEUX 736-6999 EXT. 129</p> <p>REMOVE (3) EXISTING 3 TON PACKAGE UNITS TRANE MODEL NO. YCC036F1MOBC AND REPLACE WITH (3) NEW TRANE 3 TON PACKAGE UNITS 208/230, 1 PHASE, COOLING WITH GAS HEAT.</p> <p>INSTALLATION TO INCLUDE REMOVAL AND HAUL AWAY OF OLD EQUIPMENT, CONCRETE SLAB AND FENCING. REPLACEMENT (3) NEW 10 FOOT X 10 FOOT CONCRETE SLABS WITH PERIMETER PRIVACY FENCING AND ACCESS GATES. NEW UNITS TO BE MOUNTED ON SUITABLE METAL STANDS 30 INCH ABOVE SLAB ALSO TO INCLUDE ALL NECESSARY DUCT AND CONNECTIONS AND NEW ELECTRICAL DISCONNECTS.</p> <p>(SEE WORD DOCUMENT FOR MORE INFORMATION)</p>		

[Handwritten Signature]
2-24-15

CONTROL WIRE TO HOOK UP TO EXISTING THERMOSTAT. TO INCLUDE ALL PARTS, EQUIPMENT AND LABOR.

WIRE NUTS TO EXISTING THERMOSTATS.

REMOVE EXISTING DISCONNECT AND INSTALL NEW NEMA 3R SAFETY SWITCH TO MEET ELECTRICAL DEMAND OF NEW A/C UNIT.

PRINT ALL GAS LINES CHANGED OR TAMPERED WITH SAFETY YELLOW TO PROTECT AGAINST WEATHER.

CHANGE FILTER GRILL, SIZE FILTER TO UNIT SPECS FOR PROPER AIR FLOW.

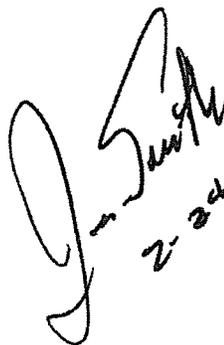
INSTALL 1 INCH DRAIN LINE, RUN TO PROPER DRAINAGE. FRENCH DRAINS NOT ACCEPTABLE.

MINIMUM ONE YEAR WARRANTY PARTS AND LABOR FROM CONTRACTOR. MANUFACTURER WARRANTY 5 YEARS OR MORE ON COMPRESSOR, 10 YEAR ON HEAT EXCHANGER.

INSPECTIONS, PERMITS OR BONDS TO BE INCLUDED AND RESPONSIBLE BY CONTRACTOR.

ALL FINAL CONNECTIONS OF GAS, ELECTRIC AND DRAINAGE ARE TO BE DONE AS PER LOCAL CODES.

GROUNDS AND GENERAL WORK AREAS NEED TO BE LEFT IN PRE-WORK CONDITIONS AND BROOM SWEPT.


2-24-15



**JEFFERSON PARISH
DEPARTMENT OF PURCHASING**

WWW.JEFFPARISH.NET

JOHN F. YOUNG, JR.
PARISH PRESIDENT

BRENDA J. CAMPOS
DIRECTOR

February 19, 2015

ADDENDUM NO.2

Bid No.: 50-00112455

**Bid Opening Date: February 13, 2015
Bid Extension Date: February 24, 2015**

For: Furnish and Install 3 New Package Units

Clarification of Specifications:

- INSTALLATION TO INCLUDE REMOVAL AND HAUL AWAY OF OLD EQUIPMENT, CONCRETE SLAB AND FENCING. REPLACEMENT (3) NEW 10 FOOT X 10 FOOT CONCRETE SLABS WITH PERIMETER PRIVACY FENCING AND ACCESS GATES. NEW UNITS TO BE MOUNTED ON SUITABLE METAL STANDS 30 INCH ABOVE SLAB. ALSO TO INCLUDE ALL NECESSARY DUCT AND CONNECTIONS AND NEW ELECTRICAL DISCONNECTS.

Sincerely,

Laniel L. Francis, Buyer II
Jefferson Parish Purchasing Department

Bidders must acknowledge all addenda on the bid form. Bidder acknowledges receipt of this addendum on the bid form as indicated. Failure to do so will result in bid rejection.

This addendum is a part of the contract documents and modifies the original bidding documents and specifications. The contents of this addendum shall be included in the contract documents. Changes made by this addendum shall take precedence over the documents of earlier date.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/29/2014

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 MARSH USA, INC. ATTN: RAFFLES - FAX 248-945-5650 ONE TOWNE SQUARE, SUITE 1100 SOUTHFIELD, MI 48076 00283-00283-NORLE-14/15	CONTACT NAME: _____	
	PHONE (A/G. No. Ext): _____	FAX (A/G. No.): _____
E-MAIL ADDRESS: _____		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: American Zurich Insurance Company		40142
INSURER B: Zurich American Insurance Company		16535
INSURER C: _____		
INSURER D: _____		
INSURER E: _____		
INSURER F: _____		

COVERAGES **CERTIFICATE NUMBER:** CHI-005050268-01 **REVISION NUMBER:** 1

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	ADDITIONAL SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY <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 checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC	X	GL03486809-10	04/01/2014	04/01/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		BAP3486808-10	04/01/2014	04/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 \$ _____
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	WC3486807-10	04/01/2014	04/01/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 WHITNEY BANK AND G & E REAL ESTATE MANAGEMENT SERVICES, INC. ARE NAMED AS ADDITIONAL INSURED FOR GENERAL LIABILITY ONLY WHERE REQUIRED BY WRITTEN CONTRACT OR WRITTEN AGREEMENT PER POLICY TERMS AND CONDITIONS. WORKERS' COMPENSATION DOES NOT APPLY TO MONOPOLISTIC STATES (ND, OH, WA, AND WY), PUERTO RICO OR THE VIRGIN ISLANDS.

CERTIFICATE HOLDER**CANCELLATION**

G & E REAL ESTATE MANAGEMENT SERVICES, INC., ATTN: DAVID LAWSON
 125 PARK AVE
 NEW YORK, NY 10017

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
 of Marsh USA Inc.

John C Hurley

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Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) Star Service, Inc.		
	Business name/disregarded entity name, if different from above		
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input checked="" 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) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____	
	Address (number, street, and apt. or suite no.) 117 Pintail Street	Requester's name and address (optional)	
	City, state, and ZIP code St. Rose, LA 70087	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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									
5	2	-	2	0	3	3	0	7	3

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below), and
4. 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 on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶ <u>2/23/2015</u>
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General Instructions

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

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.