

REVISED AS PER ADDENDUM # 1

DATE: 10/13/2022

Page 7

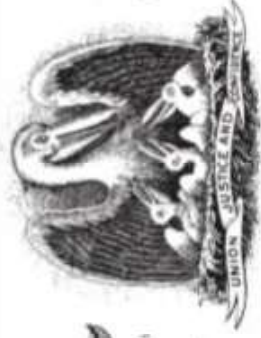
INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00139750

SEALED BID

| ITEM<br>NUMBER              | QUANTITY | U/M  | DESCRIPTION OF ARTICLES   | UNIT PRICE<br>QUOTED | TOTALS    |
|-----------------------------|----------|------|---|----------------------|-----------|
| 1                           | 1.00     | JOB  | <p>LABOR MATERIALS &amp; EQUIPMENT NECESSARY TO CLEAN PRESSURE WASH SEAL CAULK WATER - PROOF WET-GLAZE &amp; CLEAN INTERIOR AND EXTERIOR OF ALL WINDOWS AT DONELON BLDG FOR JEFFERSON PARISH GENERAL SERVICES.</p> <p>0010 - PROVIDE ALL LABOR, MATERIALS, DELIVERY, EQUIPMENT, AND ALL OTHER</p> <p>INCIDENTALS NECESSARY TO PRESSURE WASH, CLEAN, SEAL/CAULK/WATERPROOF, WET-GLAZE, AND CLEAN INTERIOR AND EXTERIOR OF ALL WINDOWS OF THE THOMAS F. DONELON BLDG. LOCATED AT 200 DERBIGNY STREET, GRETNA, LA 70053 PER THE ATTACHED SPECIFICATIONS</p> <p>NEEDED TO CLEAN AND WATERPROOF THE BUILDING TO PREVENT FUTURE LEAKS.</p> <p>CONTACT: J.P. GENERAL SERVICES<br/>ATTN: TIM HOSKINS<br/>200 DERBIGNY STREET<br/>GRETNA, LA 70053<br/>(504)364-3470</p> | \$ 92,500            | \$ 92,500 |
| 2                           | 1.00     | SQFT | <p>0020 - ANCILLARY WORK<br/>PROVIDE A COST PER SQUARE FOOT TO REPAIR ANY BRICK/MASONRY WORK AS DESCRIBED IN SECTION 8 OF THE SPECIFICATIONS. THIS IDENTIFIED COST WILL NOT BE PART OF THE BASE BID AND WILL NOT BE USED TO DETERMINE THE LOW BIDDER. THIS LINE ITEM WILL ONLY BE USED IF NEEDED.</p>   | \$ 18500             | \$ 18500  |
| REVISED AS PER ADDENDUM # 1 |          |      |   |                      |           |

# State of Louisiana



## State Licensing Board for Contractors

This is to Certify that:

VISIONAIRE CONSTRUCTION LLC  
4924 Trenton St  
Metairie, LA 70006

is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION



Expiration Date: September 13, 2023

License No: 74904

Witness our hand and seal of the Board dated,  
Baton Rouge, LA 13th day of September 2022

*Will S. McCoy*

Director

*Lee Malott*

Chairman

*Andy M... ..*

Treasurer

This License Is Not Transferrable





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/23/2022

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).

|   |  |  |  |
|---|--|--|--|
| <b>PRODUCER</b><br>BOTSAY INSURANCE NETWORK, INC.<br>3814 WILLIAMS BLVD STE 7<br><br>KENNER LA 70065-3063 |  | <b>CONTACT NAME:</b> Dawn Madere<br><b>PHONE (A/C, No, Ext):</b> (504) 443-4600<br><b>E-MAIL ADDRESS:</b> dmadere@botsaynotary.com<br><b>FAX (A/C, No):</b> (504) 443-1417 |  |
| <b>INSURED</b><br>VISIONARIE CONSTRUCTION LLC<br>3413 44th Street<br><br>Metairie LA 70001                |  | <b>INSURER(S) AFFORDING COVERAGE</b><br>INSURER A : Evanston Insurance Co<br>INSURER B :<br>INSURER C :<br>INSURER D :<br>INSURER E :<br>INSURER F :                       |  |

**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"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | X         | X        | 3AA542803     | 02/17/2022              | 02/17/2023              | EACH OCCURRENCE \$ 1,000,000   |
|          | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000   |           |          |               |                         |                         |  |
|          | MED EXP (Any one person) \$ 5000   |           |          |               |                         |                         |  |
|          | PERSONAL & ADV INJURY \$ 1,000,000   |           |          |               |                         |                         |  |
|          |  |           |          |               |                         |                         | GENERAL AGGREGATE \$ 2,000,000                                       |
|          |  |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG \$ 2,000,000                                  |
|          |  |           |          |               |                         |                         | \$   |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY  |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$                               |
|          |  |           |          |               |                         |                         | BODILY INJURY (Per person) \$  |
|          |  |           |          |               |                         |                         | BODILY INJURY (Per accident) \$                                      |
|          |  |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident) \$                                    |
|          |  |           |          |               |                         |                         | \$   |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$  |           |          |               |                         |                         | EACH OCCURRENCE \$   |
|          |  |           |          |               |                         |                         | AGGREGATE \$   |
|          |  |           |          |               |                         |                         | \$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below<br>Y/N <input type="checkbox"/> N/A  |           |          |               |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
|          |  |           |          |               |                         |                         | E.L. EACH ACCIDENT \$  |
|          |  |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE \$  |
|          |  |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT \$                                       |

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

Contractors- Executive Supervisors or Executive Superintendents

**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  |

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/27/22

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.

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|  |  |  |  |
|--|--|--|--|
| <b>PRODUCER</b><br><br><b>AMERICA'S COMMERCIAL AGENCY</b><br><b>5412 W Plano Parkway Ste 100</b><br><b>Plano, TX 75093</b> |  | <b>CONTACT NAME:</b><br><b>PHONE (A/C, No, Ext): (972)248-6064</b><br><b>FAX (A/C, No): 9724211776</b><br><b>E-MAIL ADDRESS: acaagency@sbcglobal.net</b> |  |
|  |  | <b>INSURER(S) AFFORDING COVERAGE</b>   |  |
|  |  | <b>INSURER A : MARKEL INSURANCE</b>  |  |
|  |  | <b>INSURER B :</b>   |  |
|  |  | <b>INSURER C :</b>   |  |
|  |  | <b>INSURER D :</b>   |  |
|  |  | <b>INSURER E :</b>   |  |
|  |  | <b>INSURER F :</b>   |  |

**INSURED**  
  
**VISIONAIRE CONSTRUCTION LLC**  
  
**3413 44TH STREET**  
**METAIRIE, LA 70001**

**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  |
|----------|--|--|----------|---------------|-------------------------|-------------------------|---|
|          | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |  |          |               |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$            |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                |  |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$   |  |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$  |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N<br><input checked="" type="checkbox"/> N | N/A      | WC042722-1    | 042722                  | 042723                  | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1000000<br>E.L. DISEASE - EA EMPLOYEE \$ 1000000<br>E.L. DISEASE - POLICY LIMIT \$ 1000000 |

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

**CERTIFICATE HOLDER****CANCELLATION**

**LOUISIANA STATE LICENSING BOARD FOR CONTRACTORS**  
**600 NORTH STREET**  
**BATON ROUGE LA 70802**

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

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