

DATE: 1/24/2020

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00129455

## JEFFERSON PARISH

PURCHASING DEPARTMENT  
P.O. BOX 9  
GRETN, 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

N/A

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

N/A

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

N/A

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: \_\_\_\_\_

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 35350

|  |                                 |
|--|---------------------------------|
| *** ALL BIDDERS MUST COMPLETE SECTION BELOW ***                    |                                 |
| FIRM NAME:<br><u>Beacon A/C, Heating &amp; Refrigeration, Inc.</u> |                                 |
| SIGNATURE:<br>(Must be signed here) <u>Wendy Chatelain</u>         | TITLE: <u>Owner / Secretary</u> |
| PRINT OR TYPE NAME:<br><u>Wendy Chatelain</u>                      |                                 |
| ADDRESS:<br><u>315 E. 3rd Street</u>                               |                                 |
| CITY, STATE:<br><u>Kenner, LA</u>                                  | ZIP: <u>70062</u>               |
| TELEPHONE:<br><u>(504) 467-8698</u>                                | FAX: <u>(504) 466-4996</u>      |
| EMAIL ADDRESS:<br><u>Wendy@beaconac.com</u>                        |                                 |

TOTAL PRICE OF ALL BID ITEMS: \$ 22,326.00

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00129455

SEALED BID

| ITEM<br>NUMBER | QUANTITY | U/M | DESCRIPTION OF ARTICLES   | UNIT PRICE<br>QUOTED | TOTALS   |
|----------------|----------|-----|---|----------------------|----------|
| 1              | 2.00     | YR  | <p>Two (2) contract to provide HVAC maintenance for the Streets Department</p> <p>0010 FALL MAINTENANCE - 1901 AMES BLVD<br/>One per year at this location.</p> <p>PERFORM ROUTINE MAINTENANCE AND INSPECTION OF HVAC EQUIPMENT (2) TIMES PER YEAR. INCLUDING LABOR, TEST EQUIPMENT, CLEANERS, ALL MAINTENANCE RELATED SUPPLIES AND TRAVEL TIME.</p> <p>SEE ATTACHED SPECS. AND LIST OF LOCATIONS.</p> <p>Note: (1) Fall &amp; (1) Spring Maintenance at each location for (2) years</p> <p>This is a new contract to start when awarded.</p> <p>FOR A SITE VISIT, PLEASE CALL:<br/>CHARLES COLOPY AT 250-5589<br/>CCOLOGY@JEFFPARISH.NET</p> | 1,350.00             | 2,700.00 |
| 2              | 2.00     | YR  | 0020 SPRING MAINTENANCE - 1901 AMES BLVD<br>One per year at this location   | 2,800.00             | 5,600.00 |
| 3              | 2.00     | YR  | 0030 FALL MAINTENANCE - 5701 BELLE TERRE<br>One per year at this location   | 150.00               | 300.00   |
| 4              | 2.00     | YR  | 0040 SPRING MAINTENANCE -<br>5701 BELLE TERRE<br><br>One per year at this location  | 250.00               | 500.00   |
| 5              | 2.00     | YR  | 0050 FALL MAINTENANCE - 1887 AMES BLVD<br>One per year at this location   | 800.00               | 1,600.00 |
| 6              | 2.00     | YR  | 0060 SPRING MAINTENANCE - 1887 AMES BLVD<br>One per year at this location   | 2,100.00             | 4,200.00 |
| 7              | 2.00     | YR  | 0070 FALL MAINTENANCE - 200 SHREWSBURY<br>One per year at this location   | 1,600.00             | 3,200.00 |
| 8              | 2.00     | YR  | 0080 SPRING MAINTENANCE - 200 SHREWSBURY<br>One per year at this location   | 2,000.00             | 4,000.00 |

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Page: 6

## INVITATION TO BID FROM JEFFERSON PARISH - continued

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SEALED BID

| ITEM<br>NUMBER | QUANTITY | U/M | DESCRIPTION OF ARTICLES                                       | UNIT PRICE<br>QUOTED | TOTALS |
|----------------|----------|-----|---|----------------------|--------|
| 9              | 1.00     | HR  | 0090 SERVICE REPAIR LABOR<br>FIRST TECHNICIAN M-F 8AM-2:30PM  | 105.00               | 105.00 |
| 10             | 1.00     | HR  | 0100 SERVICE REPAIR LABOR<br>SECOND TECHNICIAN M-F 8AM-2:30PM | 48.00                | 48.00  |
| 11             | 1.00     | LB  | 0110 REFRIGERANT R22  | 40.00                | 40.00  |
| 12             | 1.00     | LB  | 0120 REFRIGERANT R410A  | 18.00                | 18.00  |
| 13             | 1.00     | LB  | 0121 REFRIGERANT R438A  | 15.00                | 15.00  |
| 14             | 1.00     | EA  | 0122 PARTS AND MATERIALS                                      | 0                    | 0      |

22,326.00





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/28/2020

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>Riverlands Insurance Services Inc.<br>492 West 5th Street<br><br>LaPlace LA 70068                |  | <b>CONTACT NAME:</b> Kayla Landry<br><b>PHONE (A/C, No, Ext):</b> (985) 652-5505 <b>FAX (A/C, No):</b> (985) 652-4039<br><b>E-MAIL ADDRESS:</b> klandry@rivins.com  |  |
| <b>INSURED</b><br>Beacon Air Conditioning, Heating & Refrigeration, Inc.<br>315 E 3rd Street<br><br>Kenner LA 70062 |  | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> Ohio Security Insurance Company <b>NAIC #</b> 24082<br><b>INSURER B:</b> Bridgefield Casualty Insurance Co <b>10335</b><br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |  |

**COVERAGES** **CERTIFICATE NUMBER:** 19-20 **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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: |  |  | BKS1959087358 | 10/29/2019              | 10/29/2020                          | EACH OCCURRENCE \$ 1,000,000  |
|          |  |  | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 |               |                         |                                     |   |
|          |  |  | MED EXP (Any one person) \$ 15,000                     |               |                         |                                     |   |
|          |  |  | PERSONAL & ADV INJURY \$ 1,000,000                     |               |                         |                                     |   |
|          |  |  |  |               |                         | GENERAL AGGREGATE \$ 2,000,000      |   |
|          |  |  |  |               |                         | PRODUCTS - COMP/OP AGG \$ 2,000,000 |   |
|          |  |  |  |               |                         | Employee Benefits \$ 1,000,000      |   |
| A        | <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  |  |  | USO1959087358 | 10/29/2019              | 10/29/2020                          | COMBINED SINGLE LIMIT (Ea accident) \$  |
|          |  |  | BODILY INJURY (Per person) \$                          |               |                         |                                     |   |
|          |  |  | BODILY INJURY (Per accident) \$                        |               |                         |                                     |   |
|          |  |  | PROPERTY DAMAGE (Per accident) \$                      |               |                         |                                     |   |
| A        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000  |  |  | 196-47488     | 10/29/2019              | 10/29/2020                          | EACH OCCURRENCE \$ 5,000,000  |
|          |  |  | AGGREGATE \$ 5,000,000                                 |               |                         |                                     |   |
|          |  |  | \$   |               |                         |                                     |   |
|          |  |  | \$   |               |                         |                                     |   |
| B        | <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 checked="" type="checkbox"/> Y <input type="checkbox"/> N/A  |  |  | 196-47488     | 10/29/2019              | 10/29/2020                          | <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 |  |               |                         |                                     |   |
| A        | Employment Practices Liability   |  |  | BKS1855818871 | 10/29/2019              | 10/29/2020                          | Each Claim 12,500<br>Aggregate 12,500   |

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

Bid # 50-00129455

General Aggregate Limit applies per project. Cert Holder is listed as an additional insured and a Waiver of Subrogation is provided in favor of the certificate holder with respects to the GL policy. Waiver of Subrogation is provided with respects to the WC as required by written contract.

## CERTIFICATE HOLDER

## CANCELLATION

|   |  |
|---|--|
| The Parish of Jefferson<br>1901 Ames Blvd<br><br>Marrero LA 70072 | <b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b><br><br><b>AUTHORIZED REPRESENTATIVE</b><br><br><i>Kayla Williams</i> |
|---|--|

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AGENCY CUSTOMER ID: 00029524

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_ of \_\_\_\_

|   |                  |  |
|---|------------------|--|
| <b>AGENCY</b><br>Riverlands Insurance Services Inc. |                  | <b>NAMED INSURED</b><br>Beacon Air Conditioning, Heating & Refrigeration, Inc. |
| <b>POLICY NUMBER</b>                                |                  |  |
| <b>CARRIER</b>                                      | <b>NAIC CODE</b> | <b>EFFECTIVE DATE:</b>   |

### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

The full certificate holder is

THE PARISH OF JEFFERSON, ITS DISTRICTS, DEPARTMENTS AND AGENCIES  
 UNDER THE DIRECTION OF THE PARISH PRESIDENT AND THE PARISH COUNCIL

Bid # 50-00129455

For Department:

Jefferson Parish Streets Department

For Following Locations:

1901 Ames Blvd. Marrero, LA 70072

5701 Belle Terre Rd. Marrero, LA 70072

1887 Ames Blvd. Marrero, LA 70072

200 Shrewsbury Rd. Jefferson, LA 70121




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|   |   |  |
|---|---|--|
| PRODUCER<br> | Hylton S Petit, Jr<br>2705 Florida Ave.<br>Kenner, La 70062   | CONTACT NAME: Hylton S Petit Jr<br>PHONE (A/C, No, Ext): 504-461-0171<br>E-MAIL ADDRESS: hylton.petit.b27x@statefarm.com<br>FAX (A/C, No): 504-461-0289          |
|   |   | INSURER(S) AFFORDING COVERAGE<br>INSURER A: State Farm Mutual Automobile Insurance Company<br>INSURER B:<br>INSURER C:<br>INSURER D:<br>INSURER E:<br>INSURER F: |
| INSURED   | Beacon Air Cond Inc<br>317 E 3 Rd St<br>Kenner, La 70062-7103 | NAIC #<br>25178  |

## 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   |
|----------|---|-----------|----------|------------------|-------------------------|-------------------------|--|
|          | COMMERCIAL GENERAL LIABILITY<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>\$ |
| A        | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS          | Y         | N        | 098 9278-F13-18R | 12/13/2019              | 06/13/2020              | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$ 1,000,000<br>BODILY INJURY (Per accident) \$ 1,000,000<br>PROPERTY DAMAGE (Per accident) \$ 1,000,000<br>\$      |
|          | UMBRELLA LIAB <input type="checkbox"/> OCCUR<br>EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$   |           |          |                  |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N       | N/A      |                  |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                         |

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

## CERTIFICATE HOLDER

THE PARISH OF JEFFERSON, ITS DISTRICTS,  
DEPARTMENTS AND AGENCIES UNDER THE DIRECTION  
OF THE PARISH PRESIDENT AND THE PARISH COUNCIL  
200 Derbigny St.,  
Gretna, La 70053

BID # 50-00129455

## 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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|   |   |
|---|---|
| <b>PRODUCER</b><br><br><br>Hylton S Petit, Jr<br>2705 Florida Ave.<br>Kenner, La 70062 | <b>CONTACT NAME:</b> Hylton S Petit Jr<br><b>PHONE (A/C, No, Ext):</b> 504-461-0171<br><b>FAX (A/C, No):</b> 504-461-0289<br><b>E-MAIL ADDRESS:</b> hylton.petit.b27x@statefarm.com                               |
|   | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> State Farm Mutual Automobile Insurance Company<br><b>INSURER B:</b><br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |
| <b>INSURED</b><br>Beacon Air Cond Inc<br>317 E 3 Rd St<br>Kenner, La 70062-7103   | <b>NAIC #</b><br>25178  |

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|----------|--|----------------|-----|------------------|-------------------------|-------------------------|--|
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|          | <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 \$<br>AGGREGATE \$<br>\$   |
|          | <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            | N/A |                  |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                         |

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

## CERTIFICATE HOLDER

Jefferson Parish Streets Departments  
1901 Ames Blvd  
Marrero, La 70072

BID # 50-00129455

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AUTHORIZED REPRESENTATIVE



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|   |   |
|---|---|
| <b>PRODUCER</b><br><br><br>Hylton S Petit, Jr<br>2705 Florida Ave.<br>Kenner, La 70062 | <b>CONTACT NAME:</b> Hylton S Petit Jr<br><b>PHONE (A/C, No, Ext):</b> 504-461-0171<br><b>FAX (A/C, No):</b> 504-461-0289<br><b>E-MAIL ADDRESS:</b> hylton.petit.b27x@statefarm.com                               |
|   | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> State Farm Mutual Automobile Insurance Company<br><b>INSURER B:</b><br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |
| <b>INSURED</b><br>Beacon Air Cond Inc<br>317 E 3 Rd St<br>Kenner, La 70062-7103   | <b>NAIC #</b><br>25178  |

## 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>COMBINED SINGLE LIMIT (Ea accident) \$ |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS          | N         | N        | 098 9278-F13-18R | 12/13/2019              | 06/13/2020              | BODILY INJURY (Per person) \$ 1,000,000<br>BODILY INJURY (Per accident) \$ 1,000,000<br>PROPERTY DAMAGE (Per accident) \$ 1,000,000  |
|          | <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 \$<br>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  | Y/N       | N/A      |                  |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |

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

## CERTIFICATE HOLDER

Jefferson Parish Streets Departments  
1887 Ames Blvd  
Marrero, La 70072

BID # 50-00129455

## 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)  
01/28/2020

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).

|   |  |                                    |
|---|--|------------------------------------|
| <b>PRODUCER</b><br><br><br>Hylton S Petit, Jr<br>2705 Florida Ave.<br>Kenner, La 70062 | <b>CONTACT NAME:</b> Hylton S Petit Jr                           |                                    |
|   | <b>PHONE (A/C, No, Ext):</b> 504-461-0171                        | <b>FAX (A/C, No):</b> 504-461-0289 |
|   | <b>E-MAIL ADDRESS:</b> hylton.petit.b27x@statefarm.com           |                                    |
|   | <b>INSURER(S) AFFORDING COVERAGE</b>                             |                                    |
|   | <b>INSURER A:</b> State Farm Mutual Automobile Insurance Company | <b>NAIC #</b> 25178                |
| <b>INSURED</b><br>Beacon Air Cond Inc<br>317 E 3 Rd St<br>Kenner, La 70062-7103   | <b>INSURER B:</b>  |                                    |
|   | <b>INSURER C:</b>  |                                    |
|   | <b>INSURER D:</b>  |                                    |
|   | <b>INSURER E:</b>  |                                    |
|   | <b>INSURER F:</b>  |                                    |
|   |  |                                    |

## 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   |
|----------|--|-----------|----------|------------------|-------------------------|-------------------------|--|
|          | <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>\$ |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS          | N         | N        | 098 9278-F13-18R | 12/13/2019              | 06/13/2020              | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$ 1,000,000<br>BODILY INJURY (Per accident) \$ 1,000,000<br>PROPERTY DAMAGE (Per accident) \$ 1,000,000<br>\$      |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br><br>DED <input type="checkbox"/> RETENTION \$  |           |          |                  |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |
|          | <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       | N/A      |                  |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                         |

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

## CERTIFICATE HOLDER

Jefferson Parish Streets Departments  
5701 Belle Terre Rd  
Marrero, La 70072

BID# 50-00129455

## 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)  
01/28/2020

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|  |   |
|--|---|
| <b>PRODUCER</b><br><br><br>Hylton S Petit, Jr<br>2705 Florida Ave.<br>Kenner, La 70062 | <b>CONTACT NAME:</b> Hylton S Petit Jr<br><b>PHONE (A/C, No, Ext):</b> 504-461-0171<br><b>FAX (A/C, No):</b> 504-461-0289<br><b>E-MAIL ADDRESS:</b> hylton.petit.b27x@statefarm.com |
|  | <b>INSURER(S) AFFORDING COVERAGE</b><br>INSURER A: State Farm Mutual Automobile Insurance Company<br>INSURER B:<br>INSURER C:<br>INSURER D:<br>INSURER E:<br>INSURER F:             |
| <b>INSURED</b><br>Beacon Air Cond Inc<br>317 E 3 Rd St<br>Kenner, La 70062-7103  | <b>NAIC #</b><br>25178  |

## COVERAGES

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REVISION NUMBER:

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| INSR LTR | TYPE OF INSURANCE  | ADDL SUBR INSD 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>COMBINED SINGLE LIMIT (Ea accident) \$ |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS          | N N                                 | 098 9278-F13-18R | 12/13/2019              | 06/13/2020              | BODILY INJURY (Per person) \$ 1,000,000<br>BODILY INJURY (Per accident) \$ 1,000,000<br>PROPERTY DAMAGE (Per accident) \$ 1,000,000  |
|          | <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 \$   |
|          | <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 type="checkbox"/> N/A |                  |                         |                         | PER STATUTE OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |

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

## CERTIFICATE HOLDER

Jefferson Parish Streets Departments  
200 Shrewsbury Rd  
Jefferson, La 70121

BID# 5D-00129455

## 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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