

DATE: 2/05/2020

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00129540

**JEFFERSON PARISH**

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

VENDOR: EVERSAN, INC.

BUYER: MBUTTERY

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

4 Weeks from PO

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: N/A

NUMBER: N/A

NUMBER: N/A

NUMBER: N/A

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

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

FIRM NAME:  
EVERSAN, INC.

SIGNATURE:   
(Must be signed here)

TITLE: VP of Sales & Marketing

PRINT OR TYPE NAME:  
Nick Wilson

ADDRESS:  
34 Main Street

CITY, STATE:  
Whitesboro, NY

ZIP:  
13492

TELEPHONE:  
(315) 736-3967

FAX:  
(315) 736-4058

EMAIL ADDRESS:  
nwilson@eversan.com

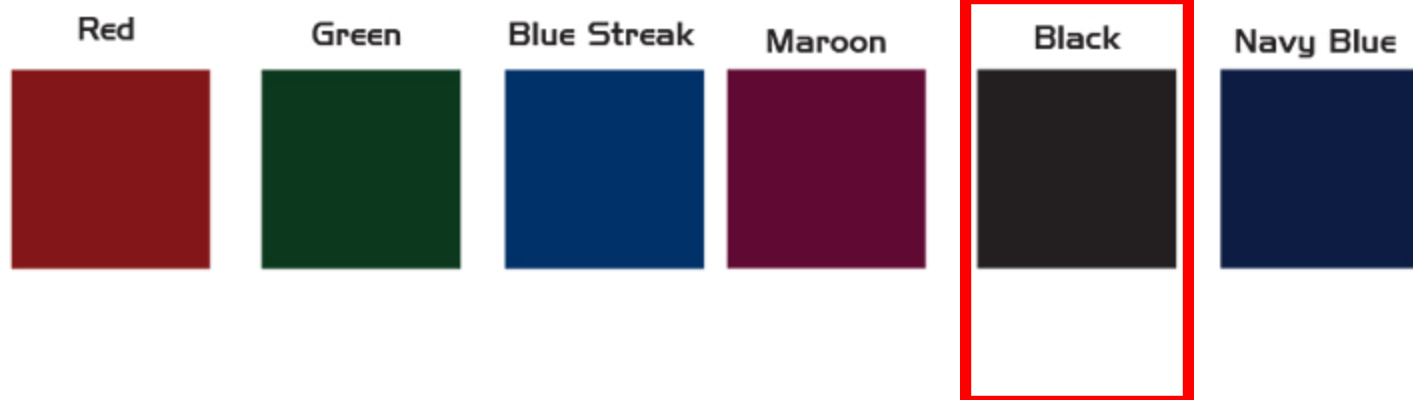
TOTAL PRICE OF ALL BID ITEMS: \$ 14,895.00

\*Eversan to provide march larger and less weight scoreboard systems

# SPONSOR PANEL TEXT HERE



## Scoreboard Colors



### Durable Control Console

When thinking about a portable scoreboard system you must consider the durability of the control console. Our stainless steel control console will withstand any environment that it encounters. Add one of our carrying cases and protect it even when not in use!

#### Features Include:

- Stainless steel control console
- LCD (liquid crystal display) prompts and displays data
- Real push button controls
- Number keypad
- Standard 110v AC

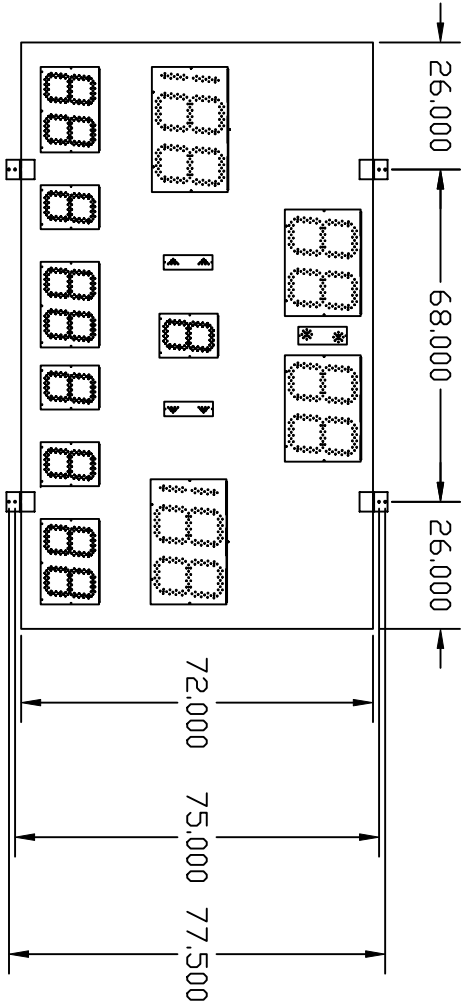
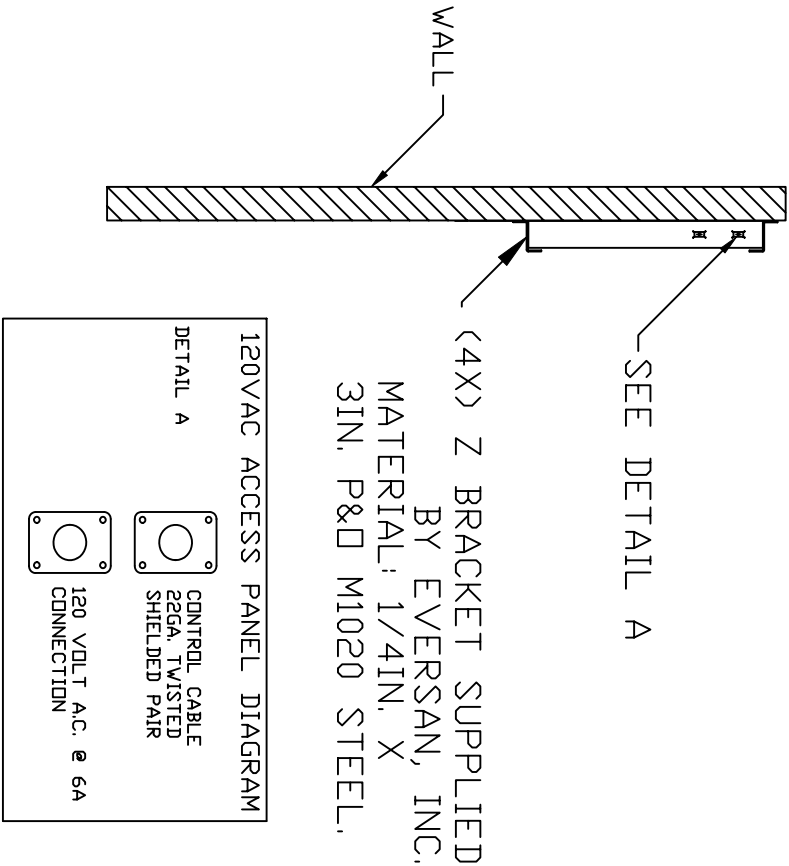


# 6755 INDOOR INSTALLATION

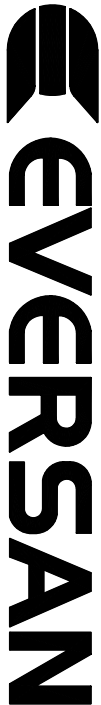
1. MOUNT TWO BOTTOM Z-BRACKETS USING CORRECT HARDWARE FOR THE WALL TYPE IN USE. EACH BRACKET HAS TWO 7/16" DIA. HOLES. 3/8" DIA. BOLTS SHOULD BE USED TO SECURE BRACKETS 68IN. APART ON CENTER. BE SURE BRACKETS ARE LEVEL AND IN LINE WITH EACH OTHER.
2. MEASURE UP 72 1/2" FROM THE FLAT PART OF THE BOTTOM Z-BRACKET (WHERE THE SCOREBOARD WILL SIT). THIS IS WHERE THE TOP Z-BRACKET WILL MEET THE SCOREBOARD. MOUNTING HOLES FOR THE TOP BRACKETS WILL 75" BETWEEN THE INSIDE HOLES AND 77.5" BETWEEN THE OUTSIDE HOLES. DRILL THE TOP Z-BRACKET MOUNTING HOLES 68" APART ON CENTER.

3. LIFT SCOREBOARD INTO BOTTOM Z-BRACKETS, USING SAFE LIFTING TECHNIQUES, AND SECURE WITH THE TOPZ-BRACKETS.

SIDE VIEW



SCOREBOARD SPECIFICATIONS:  
DIMENSIONS: 6FT H X 10FT L X 6IN D  
WEIGHT: 200LBS  
ELECTRICAL REQUIREMENT: 120VAC AT 6AMP  
DATA CABLE: 1-22GA TWISTED SHIELDED PAIR





EVERINC-01

SNORTHROP

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/13/2019

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 <b>Scalzo, Zogby, &amp; Wittig, Inc.</b> 120 Lomond Ct Utica, NY 13502	CONTACT NAME:		
	PHONE (A/C, No, Ext):	(315) 792-0000	FAX (A/C, No): (315) 792-4637
	E-MAIL ADDRESS:	info@szwinsurance.com	
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A :	Ohio Casualty Ins.Co.	24074
INSURED  <b>Eversan Incorporated</b> 34 Main Street Whitesboro, NY 13492	INSURER B :	American Fire & Casualty Co	24066
	INSURER C :		
	INSURER D :		
	INSURER E :		
	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"/> COMMERCIAL GENERAL LIABILITY			BKO58807190	5/2/2019	5/2/2020	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
	<input checked="" type="checkbox"/> Contractual Incl		MED EXP (Any one person) \$ 15,000				
	<input checked="" type="checkbox"/> XCU Included		PERSONAL & ADV INJURY \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			BAA58807190	5/2/2019	5/2/2020	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 checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident) \$				
			PROPERTY DAMAGE (Per accident) \$				
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			USO58807190	5/2/2019	5/2/2020	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 5,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

## CERTIFICATE HOLDER

## CANCELLATION

<b>Eversan Inc.</b> 34 Main Street Whitesboro, NY 13492	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 