



Bid Number 50-137158

**Two (2) Year Contract to supply Purified Water, Single Serve Bottles to
the Department of Emergency Management**

BID DUE: February 2, 2022 AT 11:00 A.M.

ATTENTION VENDORS!!!

**Please review all pages and respond accordingly, complying with all provisions
in the technical specifications and Jefferson Parish Instructions for Bidders and
General Terms and Conditions. All bids must be received on the Purchasing
Department's eProcurement site, www.jeffparishbids.net, by the bid due date
and time. Late bids will not be accepted.**

**Jefferson Parish Purchasing Department
200 Derbigny Street
General Government Building, Suite 4400
Gretna, LA 70053**

Buyer Name: Doris Abraham

Buyer Email: DABRAHAM@jeffparish.net

Buyer Phone: 504-364-2690

DATE: 1/26/2022

INVITATION TO BID
THIS IS NOT AN ORDER

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BID NO.: 50-00137158

JEFFERSON PARISH

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

VENDOR: LA WATERS

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 _____

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 by placing the addendum number 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) _____

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: JS WATER ENTERPRISES dba LA WATERS	
SIGNATURE: (Must be signed here)	TITLE: PRESIDENT
PRINT OR TYPE NAME: JERRY A. SIMONEAUX	
ADDRESS: 5600 JEFFERSON HWY SUITE 216	
CITY, STATE: ELMWOOD, LA	ZIP: 70123
TELEPHONE: 504 473-1884	FAX: , N/A
EMAIL ADDRESS: jsimoneaux@drinklawaters.com	

TOTAL PRICE OF ALL BID ITEMS: \$ 5.99/c5

DATE: 1/26/2022

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INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00137158

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	910.00	CS	<p>Two (2) year contract to provide water to the Department of Emergency Management</p> <p>NESTLE PURE LIFE 0010 - KENTWOOD SPRINGS PURIFIED SINGLE SERVE WATER, 241.5 LITER PER CS.</p> <p>TWO YEAR CONTRACT FOR WATER SERVICE FOR THE EMERGENCY OPERATIONS AND COMMUNICATIONS CENTER (EOCC) FOR THE DEPARTMENT OF EMERGENCY MANAGEMENT.</p> <p>ALL ORDERS WILL BE ON AN AS NEEDED BASES</p> <p>SHIP TO: DEPARTMENT OF EMERGENCY MANAGEMENT 910 3RD STREET GRETN, LA 70053</p>	5.99/cs	
*			DELIVERY CHARGE	7.50 ea	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/03/21

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 CLASSIC INSURANCE AGENCY 4207 Williams Blvd Ste A Kenner, LA 70065	CONTACT NAME: TULIO MURILLO PHONE (A/C, No, Ext): (504)467-1453 E-MAIL: rmurillo50@aol.com ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: MARKEL INSURANCE INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	FAX (A/C, No): (504)467-2657 NAIC #
INSURED JS WATERS ENTERPRISES, LLC dba LA WATERS 5600 Jefferson Ave HARAHAN, LA 70123		

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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X	X	2AA346262	06/02/21	06/02/22	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	X	X	LA12103424	06/03/21	06/03/22	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
	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 <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 \$
B	COMMERCIAL CONTENT	X	X	2AA346262	06/02/21	06/02/22	\$50,000

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

WAREHOUSE

CERTIFICATE HOLDER SHALL BE LISTED AS **ADDITIONAL INSURED**, WITH A **WAIVER OF SUBROGATION**. THIS POLICY IS **PRIMARY AND NON CONTRIBUTORY**

CERTIFICATE HOLDER ELWMOOD DISTRIBUTION ASSOCIATES LLC P.O. Box 6401 Metairie, LA 70009	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 <i>Tulio Murillo Jr</i>
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Certificate of Insurance

Certificate Holder

JS WATER ENTRPRISES DBA
5600 JEFFERSON HWY STE.W-216
NEW ORLEANS, LA 70123

Insured

JS WATER ENTRPRISES DBA
LA WATERS
5600 JEFFERSON HWY STE.W-216
NEW ORLEANS, LA 70123

Agent/Surplus Lines Broker

CLASSIC INS AGENCY
4207 WILLIAMS BLVD #A
KENNER, LA 70065

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Sep 6, 2021

Policy Expiration Date: Sep 6, 2022

Insurance coverage(s)**Limits**

BODILY INJURY/PROPERTY DAMAGE

\$1,000,000 COMBINED SINGLE LIMIT

UNINSURED/UNDERINSURED MOTORIST

\$15,000/\$30,000

Description of Location/Vehicles/Special Items**Scheduled autos only**

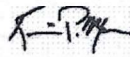
2009 HINO 338 5PVNV8JR694550397

COMPREHENSIVE
COLLISION\$1,000 DED
\$1,000 DED

Stated Amount \$13,477

Certificate number

02622NET358



Insurance Declaration
Workers Compensation

AFFIDAVIT

STATE OF Louisiana
PARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared,
Jerry Simoneaux, (Affiant) who after being duly sworn, deposed and said that
he/she is the fully authorized Agent of J.S. Water/La Waters
(Entity), the party who submitted a Proposal/Contract/Bid/RFP/SOQ No. 50-137158,
to Jefferson Parish.

Affiant further said:

- (1) That affiant has no employees in which Worker's Compensation Insurance is required pursuant to state law.
- (2) That if affiant hires employees such that they would be required under state law to obtain Worker's Compensation Insurance, affiant will notify Jefferson Parish and obtain the proper coverage.

[Signature]
Signature of Affiant

SWORN TO AND SUBSCRIBED
BEFORE ME ON THIS 2nd
DAY OF February, 20 22

[Signature]
NOTARY PUBLIC

JUAN M. HERNANDEZ
Notary Public
ID No. 49748
State of Louisiana
Commission Expires Upon Death

