

DATE: 4/15/2016

INVITATION TO BID
THIS IS NOT AN ORDER

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BID NO.: 50-00116344

JEFFERSON PARISH

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

VENDOR:

BUYER: LFRANCIS

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

30 Days

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

30 Days

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

30 Days

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) _____

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: CORRECT DOOR INC	
SIGNATURE: (Must be signed here)	TITLE: President
PRINT OR TYPE NAME: Danny Lewis	
ADDRESS: 2 Sussex St.	
CITY, STATE: Kenner LA	ZIP: 70062
TELEPHONE: (504) 465-2224	FAX: (504) 466-4023
EMAIL ADDRESS: danny@correctdoor.com	

TOTAL PRICE OF ALL BID ITEMS: \$ 4,216.00

DATE: 4/15/2016

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INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00116344

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	ONLY	<p>REMOVAL OAND REPLACEMENT OF TWO DOORS ON THE EASTBANK RECREATION WAREHOUSE FOR THE JEFFERSON PARISH DEPARTMENT OF PARKS AND RECREATION</p> <p>0001-Labor and Material to remove and replace two doors on East Bank Recreation Warehouse located at 6925 Saints Drive Metairie, La 70003 2-Hollow metal doors are to fit existing frames , 2 Full Mortise continuous hinge 780-224HD X 83 inches x Clear, 2 Von Duprin exit devices 98L X 996L-R-V, 2 Rim Cylinders housings 12E72SR2RP621,2 Construction core KEY1CC7AGREEN, 2 Construction operating keys 1A2A2KS531KS 682, 2 Cormax final cores, 2 Hold open closers dorma 8916 x SDST X 689, 2 Thresholds, 2 Sweeps 98V.</p> <p>Needed for warehouse front and sidewalk thru doors. CONTACT JOHN DOYLE AT 736-6989 EXT.203</p> <p>PRE-BID CONFERENCE: LOCATION: EASTBANK RECREATIONAL WAREHOUSE 6925 SAINTS DRIVE METAIRIE, LA 70003 DATE&TIME:APRIL 26, 2016 FOR 10AM</p>	\$4,216.00	\$4,216.00

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CERTIFICATE OF LIABILITY INSURANCE

CORRDOO-01

DE

DATE (MM/DD/YYYY)
6/30/2015

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
Eustis Insurance, Inc.
110 Veterans Memorial Boulevard
Suite 200
Metairie, LA 70005

REVISED

CONTACT
NAME:
PHONE (A/C, No, Ext): (504) 586-0440 FAX: (504) 565-5219
E-MAIL ADDRESS: info@eustis.com

INSURED
Correct Door, Inc.
2 Sussex St.
Kenner, LA 70062

INSURER(S) AFFORDING COVERAGE NAIC #
INSURER A: State National Insurance Company 12831
INSURER B: Nat'l Union Fire Ins Co of PA 19445
INSURER C: Travelers Indemnity Company 25658
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	ADD'L SUBR INSD - WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		XNDP-01712-00	06/19/2015	06/19/2016	EACH OCCURRENCE \$ 1,000.0 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100.0 MED EXP (Any one person) \$ 5.0 PERSONAL & ADV INJURY \$ 1,000.0 GENERAL AGGREGATE \$ 2,000.0 PRODUCTS - COMP/OP AGG \$ 2,000.0 OTHER \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO JECT <input checked="" type="checkbox"/> LOC					
	OTHER:					
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS HIRED AUTOS		XNDA-01712-00	06/19/2015	06/19/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000.0 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		BE046157687	06/19/2015	06/19/2016	EACH OCCURRENCE \$ 2,000.0 AGGREGATE \$ 2,000.0 DED RETENTION \$
C	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 checked="" type="checkbox"/> Y <input type="checkbox"/> N/A	UB-0G45641-4-15	06/26/2015	06/26/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000.0 E.L. DISEASE - EA EMPLOYEE \$ 1,000.0 E.L. DISEASE - POLICY LIMIT \$ 1,000.0

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

06/30/15 PM 12:12

CERTIFICATE HOLDER**CANCELLATION**

Jefferson Parish Purchasing Department
P.O. Box 9
Gretna, LA 70054-0009

AUTHORIZED REPRESENTATIVE

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