

INVITATION TO BID
THIS IS NOT AN ORDER

DATE: 11/20/2024

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BID NO.: 50-00146773

JEFFERSON PARISH

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

VENDOR: Southern Synergy, LLC

PURCHASING SPECIALIST:
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 _____

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) 48416

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: Southern Synergy, LLC	
SIGNATURE: (Must be signed here)	TITLE: CEO
PRINT OR TYPE NAME: Lam Nguyen	
ADDRESS: 1105 Bert St.	
CITY, STATE: LaPlace, LA	ZIP: 70068
TELEPHONE: (985) 359-9953	FAX: ()
EMAIL ADDRESS: southernsynergy@southernsynergylc.com	

TOTAL PRICE OF ALL BID ITEMS: \$ 17,500.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00146773

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>Labor, Materials and Equipment Necessary to Restripe the Ree Alario Parking Lot for the Parks and Recreation Department</p> <p>0001- REE ALARIO RE-STRIPE PARKING LOT</p> <p>LABOR, MATERIALS & EQUIPMENT TO COMPLETE JOB @ REE ALARIO CENTER 6900 SAINTS DRIVE METARIE, LA 70003</p> <p>SEE ATTACHED SPECIFICATIONS</p> <p>CONTACT: BRENT GRIFFIN 504-349-5000 OFFICE 504-419-4415 CELL</p>	\$ 17,500.00	\$ 17,500.00



SOUTSYN-01

JKNOBLAUCH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/21/2024

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 Cory, Tucker & Larowe, Inc. P. O. Box 6646 Metairie, LA 70009-6646		CONTACT NAME: PHONE (A/C, No, Ext): (504) 834-5080 FAX (A/C, No): (504) 835-7726 E-MAIL ADDRESS:		
INSURED Southern Synergy, LLC 1105 Bert St. LaPlace, LA 70068		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : Zurich American Insurance Company		16535
		INSURER B : Houston Specialty Insurance Company		12936
		INSURER C : Indian Harbor Insurance Company		36940
		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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X	X	GLO 0151524-06	2/1/2024	2/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	HSLR18-06555-06	2/1/2024	2/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	X	X	SXS005847103	2/1/2024	2/1/2025	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
A	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 N	N/A	WC 0151523-06	2/1/2024	2/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Excess Liability	X	X	SXS005847103	2/1/2024	2/1/2025	Ea. Occ. / Agg. 3,000,000

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

Bid No.: 50-00146773, Labor, Materials and Equipment Necessary to Restripe the Ree Alario Parking Lot for the Parks and Recreation Department

Jefferson Parish, its Districts Departments and Agencies under the direction of Parish President and the Parish Council are Additional Insureds regarding negligence of the contractor, Southern Synergy, Inc., for the Commercial General Liability and Commercial Automobile Liability policies, when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Jefferson Parish, its Districts Departments and Agencies
Jefferson Parish Purchasing Department
200 Derbigny Street, Suite 4400
Gretna, LA 70053

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

**ADDITIONAL REMARKS SCHEDULE**

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AGENCY Cory, Tucker & Larrowe, Inc.		NAMED INSURED Southern Synergy, LLC 1105 Bert St. LaPlace, LA 70068	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

ACORD 25 (Page 2)**Commercial General Liability includes:****Additional Insured when required by written contract.****Waiver of Subrogation when required by written contract.****Ongoing and Completed Operations****Automobile Liability Policy Includes:****Additional Insured when required by written contract.****Waiver of Subrogation when required by written contract.****Workers Compensation Policy includes:****Alternate Employer Endorsement, when required by written contract.****Waiver of Subrogation when required by written contract.****Excess Liability limit applies in excess of the scheduled underlying commercial general liability, automobile liability and employer liability limits and includes:****Additional Insured when required by written contract.****Waiver of Subrogation when required by written contract.****All policies include:****30-Day Notice of Cancellation when required by written contract.****Primary and Non-Contributory:****The General Liability and Automobile Liability insurance evidenced by this certificate shall be primary and non-contributory to any other insurance of the certificate holder.**