

DATE: 2/04/2025

INVITATION TO BID  
THIS IS NOT AN ORDER

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BID NO.: 50-00147111

**JEFFERSON PARISH**

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

VENDOR: 27118 BLANK BID COPY VENDOR

PURCHASING SPECIALIST:  
SDUMAS

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

20

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

25

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

60

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) 780.36

<b>*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***</b>	
FIRM NAME: <u>Smitty's Electric, LLC</u>	
SIGNATURE: (Must be signed here)	TITLE: <u>VP Operations</u>
PRINT OR TYPE NAME: <u>Melvin M.L. McElwee, Sr.</u>	
ADDRESS: <u>P.O. Box 1085</u>	
CITY, STATE: <u>Independence, LA</u>	ZIP: <u>70443</u>
TELEPHONE: <u>(985) 974-0967</u>	FAX: <u>985 878-8580</u>
EMAIL ADDRESS: <u>smittyselectric@yahoo.com</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 48,927.12

DATE: 2/04/2025

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INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00147111

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>LABOR AND MATERIALS NECESSARY TO PERFORM REPAIRS AND BRING LIGHTING PROTECTION SYSTEM UP TO UL/LPI/NFPA STANDARDS FOR THE JEFFERSON PARISH LIBRARY DEPARTMENT</p> <p>0010 - Labor and Materials to perform repairs and bring lighting protection system at EBR up to UL/LPI/NFPA STANDARDS.</p> <p>*** SEE ATTACHED SPECS ***</p> <p>*****NOTE***** IF A SITE VISIT IS NEEDED PLEASE CONTACT OFFORD LANGSTON AT 504-457-4046 *****</p> <p>SITE LOCATION: 4747 W. NAPOLEON AVENUE METAIRIE, LA 70001</p>	\$ <u>48,927.12</u>	\$ <u>48,927.12</u>





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/06/2025

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> EMERY & JAMES LTD 300 East Morris Ave  Hammond LA 70403	<b>CONTACT NAME:</b> Caitlyn Carrier <b>PHONE (A/C, No, Ext):</b> (985) 345-0376 <b>E-MAIL ADDRESS:</b> caitlyn@emeryjames.com <b>FAX (A/C, No):</b> (985) 345-0444
<b>INSURED</b> Smitty's Electric, LLC P.O. Box 1086  Independence LA 70443	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Travelers Casualty & Surety Co. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

**COVERAGES** **CERTIFICATE NUMBER:** CL247912856 **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> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" 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	Y		BA-3Y629570	06/12/2024	06/12/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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 \$

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

Comprehensive and Collision Deductibles: \$1,000

## CERTIFICATE HOLDER

## CANCELLATION

Jefferson Parish Government 200 Derbigny Street  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 
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# CERTIFICATE OF INSURANCE

Date 2/6/2025

**Producer**

Millers Insurance Agency, Inc.  
370 East Railroad Ave.  
Independence, LA 70443

Phone: 985-878-2828

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies below.

## COMPANIES AFFORDING COVERAGE

Company Letter	A	NAUTILUS INSURANCE COMPANY
Company Letter	B	LWCC
Company Letter	C	
Company Letter	D	
Company Letter	E	

**Insured**

SMITTYS ELECTRIC, LLC  
PO BOX 1086  
Independence, LA 70443

### COVERAGES

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 herein is subject to all the terms, exclusions and conditions of such policies.

CO. Ltr	General Liability	Policy Number	Effective Date	Expiration Date	Liability Limit in Thousands	
					Each Occurrence	Aggregate
<span style="border: 1px solid black; padding: 1px;">A</span>	<input checked="" type="checkbox"/> Comprehensive Form <input type="checkbox"/> Premises/Operations <input type="checkbox"/> Underground Explosion/Collapse Hazard	<span style="border: 1px solid black; padding: 1px;">NN1691998</span>	<span style="border: 1px solid black; padding: 1px;">5/25/2024</span>	<span style="border: 1px solid black; padding: 1px;">5/25/2025</span>		
					Bodily Injury	<span style="border: 1px solid black; padding: 1px;">1,000,000</span> <span style="border: 1px solid black; padding: 1px;">2,000,000</span>
<span style="border: 1px solid black; padding: 1px;">A</span>	<input checked="" type="checkbox"/> Products/ Completed Operations <input type="checkbox"/> Contractual <input type="checkbox"/> Independant Contractors <input type="checkbox"/> Broad Form Property Damage <input type="checkbox"/> Personal Injury	<span style="border: 1px solid black; padding: 1px;">NN1691998</span>	<span style="border: 1px solid black; padding: 1px;">5/25/2024</span>	<span style="border: 1px solid black; padding: 1px;">5/25/2025</span>	Property Damage	<span style="border: 1px solid black; padding: 1px;">1,000,000</span> <span style="border: 1px solid black; padding: 1px;">2,000,000</span>
					BI + PD Combined	<span style="border: 1px solid black; padding: 1px;">1,000,000</span> <span style="border: 1px solid black; padding: 1px;">2,000,000</span>
					Personal Property	<span style="border: 1px solid black; padding: 1px;"></span>
					Bodily Injury (Per Person)	<span style="border: 1px solid black; padding: 1px;"></span>
					Bodily Injury (Per Accident)	<span style="border: 1px solid black; padding: 1px;"></span>
					Property Damage	<span style="border: 1px solid black; padding: 1px;"></span>
					BI + PD Combined	<span style="border: 1px solid black; padding: 1px;"></span>
					BI + PD Combined	<span style="border: 1px solid black; padding: 1px;"></span> <span style="border: 1px solid black; padding: 1px;"></span>
					Statutory (Each Accident)	<span style="border: 1px solid black; padding: 1px;">1,000,000</span>
					(Disease-Policy Limit)	<span style="border: 1px solid black; padding: 1px;">1,000,000</span>
					(Disease-Each Employee)	<span style="border: 1px solid black; padding: 1px;">1,000,000</span>

CO. Ltr	Automobile Liability	Policy Number	Effective Date	Expiration Date	Liability Limit in Thousands	
					Each Occurrence	Aggregate
<span style="border: 1px solid black; padding: 1px;">B</span>	<input checked="" type="checkbox"/> Comprehensive Form <input type="checkbox"/> Premises/Operations <input type="checkbox"/> Underground Explosion/Collapse Hazard	<span style="border: 1px solid black; padding: 1px;">6716462</span>	<span style="border: 1px solid black; padding: 1px;">2/9/2024</span>	<span style="border: 1px solid black; padding: 1px;">2/9/2025</span>		
					Bodily Injury	<span style="border: 1px solid black; padding: 1px;">1,000,000</span> <span style="border: 1px solid black; padding: 1px;">2,000,000</span>
					Property Damage	<span style="border: 1px solid black; padding: 1px;">1,000,000</span> <span style="border: 1px solid black; padding: 1px;">2,000,000</span>
					BI + PD Combined	<span style="border: 1px solid black; padding: 1px;">1,000,000</span> <span style="border: 1px solid black; padding: 1px;">2,000,000</span>
					Personal Property	<span style="border: 1px solid black; padding: 1px;"></span>
					Bodily Injury (Per Person)	<span style="border: 1px solid black; padding: 1px;"></span>
					Bodily Injury (Per Accident)	<span style="border: 1px solid black; padding: 1px;"></span>
					Property Damage	<span style="border: 1px solid black; padding: 1px;"></span>
					BI + PD Combined	<span style="border: 1px solid black; padding: 1px;"></span>
					BI + PD Combined	<span style="border: 1px solid black; padding: 1px;"></span> <span style="border: 1px solid black; padding: 1px;"></span>
					Statutory (Each Accident)	<span style="border: 1px solid black; padding: 1px;">1,000,000</span>
					(Disease-Policy Limit)	<span style="border: 1px solid black; padding: 1px;">1,000,000</span>
					(Disease-Each Employee)	<span style="border: 1px solid black; padding: 1px;">1,000,000</span>

**Description of Operations/Locations/Vehicles/Special Items**

Covers General Liability Coverage for residential home improvement and contracting operations subject to terms and conditions of policy.

**CERTIFICATE HOLDER**

JEFFERSON PARISH GOVERNMENT  
200 DERBIGNY STREET  
GRETN, LA. 70053

**CANCELLATION**

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative

*Randy P. Barta*