

DATE: 11/21/2024

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00146739

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

21-28 Days

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

21-28 Days

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

21-28 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 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) 37819

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

FIRM NAME:

Hahn Enterprises, Inc.

SIGNATURE:

(Must be signed here)

[Signature]

TITLE:

President

PRINT OR TYPE NAME:

Tania Hahn

ADDRESS:

P.O. Box 19495

CITY, STATE:

New Orleans, LA

ZIP:

70179

TELEPHONE:

(504) 488-3536

FAX:

(504) 488-3506

EMAIL ADDRESS:

tania.hahn-enterprises.comTOTAL PRICE OF ALL BID ITEMS: \$ 5,766.00

DATE: 11/21/2024

Page: 6

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00146739

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	4.00	EA	<p>PURCHASE OF TIP N' ROLL BLEACHERS FOR JEFFERSON PARISH RECREATION DEPARTMENT</p> <p>0001- 3 ROW 8' TIP N' ROLL BLEACHER DBL FB. BUYER TO INSTALL.</p> <p>DELIVER: EASTBANK JPRD WAREHOUSE 6925 SAINTS DRIVE METAIRIE, LA 70003</p>	\$ 1441.50	\$ 5766.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/14/2024

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 Eustis Insurance & Benefits, a Marsh & McLennan Agency LLC Company 830 W. Causeway Approach Mandeville LA 70471	CONTACT NAME: Stacey Booth PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: stacey.booth@marshmma.com																					
INSURED Hahn Enterprises, Inc. P. O. Box 19495 New Orleans LA 70179	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td colspan="2">INSURER A : LUBA Casualty Insurance Company</td><td>12472</td></tr><tr><td colspan="2">INSURER B : Houston Specialty Insurance Company</td><td>12936</td></tr><tr><td colspan="2">INSURER C : Great American E&S Insurance Company</td><td>37532</td></tr><tr><td colspan="2">INSURER D : Associated Industries Insurance Co, Inc</td><td>23140</td></tr><tr><td colspan="2">INSURER E :</td><td></td></tr><tr><td colspan="2">INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A : LUBA Casualty Insurance Company		12472	INSURER B : Houston Specialty Insurance Company		12936	INSURER C : Great American E&S Insurance Company		37532	INSURER D : Associated Industries Insurance Co, Inc		23140	INSURER E :			INSURER F :		
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COVERAGES**CERTIFICATE NUMBER:** 1443171020**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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
D	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Per proj agg <input checked="" type="checkbox"/> Capped at 5 mill GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		AES1232079	2/16/2024	2/16/2025	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 Deductible \$ 10,000
B	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		HSLR180667905	2/16/2024	2/16/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		XSE82133902	2/16/2024	2/16/2025	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ \$
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	028000016578124	2/16/2024	2/16/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
This certificate has been issued in accordance with LA HB 476 ACT No. 278 enacted 8-1-2016

Additional Insured form #CG2010 & #CG2037 & #CG2038 edition 04/13 applies to the General Liability policy.
Waiver of subrogation form #CG2404 edition 05/09 applies to the General Liability policy.
Primary & Non-Contributory General Liability form #NXGL009 edition 08/09.
Notice of cancellation form #IL990053 edition 11/17 applies to the General Liability policy.

Additional Insured form #AI CA 00 01 edition 03/01 applies to the Automobile Liability policy.
See Attached...

CERTIFICATE HOLDER**CANCELLATION**

Jefferson Parish Department of Purchasing 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
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AGENCY CUSTOMER ID: _____

LOC #: _____

**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY Eustis Insurance & Benefits,		NAMED INSURED Hahn Enterprises, Inc. P. O. Box 19495 New Orleans LA 70179
POLICY NUMBER		
CARRIER	NAIC CODE	
EFFECTIVE DATE:		

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Waiver of subrogation form #CA 04 44 edition 10/13 applies to the Automobile Liability policy.

30-day Notice of Cancellation form 30DNOC edition 03/10 applies to the Automobile Liability policy.

Waiver of subrogation form #WC 00 03 13 edition 4/84 applies to the Workers Compensation policy.

The General Liability policy includes a blanket additional insured and additional insured-completed operations endorsement to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status.

The General Liability policy contains an endorsement with "Primary and Non-Contributory" wording that may apply only when there is a written contract between the named insured and the certificate holder that requires such wording.

The General Liability policy contains a blanket waiver of subrogation endorsement that may apply only when there is a written contract between the named insured and the certificate holder that requires such wording.

The Automobile Liability policy contains language that provides additional insured status to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status.

The Automobile liability policy includes waiver of subrogation wording that may apply only when there is a written contract between the named insured and the certificate holder that requires such wording.

The Worker's Compensation policy includes a waiver of subrogation endorsement that may apply only when there is a written contract between the named insured and the certificate holder that requires such wording.