

DATE: 4/29/2024

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00145159

**JEFFERSON PARISH**

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

VENDOR: 27118 BLANK BID COPY VENDOR

PURCHASING SPECIALIST:  
RTRAN

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) \_\_\_\_\_

68353

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

FIRM NAME:	
LAND CRAFT DESIGN BUILD LLC.	
SIGNATURE:	TITLE:
(Must be signed here)	MEMBER/OWNER
PRINT OR TYPE NAME:	
BYRON J POKUE.	
ADDRESS:	
645 BROWN AVE.	
CITY, STATE:	ZIP:
HARVEY, LA	70058
TELEPHONE:	FAX:
(504) 259.2790	( )
EMAIL ADDRESS:	
BYRON @ LANDCRAFTDB.COM	

TOTAL PRICE OF ALL BID ITEMS: \$ 19,255.00

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00145159

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>LABOR, MATERIALS AND EQUIPMENT NEEDED TO UPDATE THE TIER GARDEN AT LEFT SIDE ENTRANCE OF THE GENERAL GOVERNMENT COMPLEX</p> <p>0010 - ALL LABOR, MATERIALS, AND EQUIPMENT NEEDED TO UPDATE THE TIER GARDEN ON THE LEFT SIDE ENTRANCE THE GENERAL GOVERNMENT COMPLEX</p> <p>THIS JOB WILL CONSIST OF THE FOLLOWING:</p> <p>*REMOVAL OF EXISTING PLANT MATERIALS LOCATED IN THE LOWER FOUR TIERS OF THE TIERED GARDEN IN FRONT LEFT OF COURTHOUSE ENTRANCE - EXISTING PLANT MATERIALS AND TREES ON TOP LEVEL OF TIERED GARDEN TO REMAIN</p> <p>*INSTALL GRADE SCREENED TOPSOIL TO PREP AREA FOR NEW INSTALLATIONS</p> <p>*INSTALLATION OF THE FOLLOWING:</p> <p>-(102) DWARF INDIAN HAWTHORN, 3 GAL</p> <p>-(56) POPCORN DRIFT ROSE, 3 GAL</p> <p>-(56) CORAL DRIFT ROSE, 3 GAL</p> <p>-(22) KNOCKOUT ROSES, 3 GAL</p> <p>-(16) LITTLE LIME HYDRANGEA, 3 GAL</p> <p>- FRESH MULCH SURROUNDING NEW PLANT MATERIALS</p> <p>SERVICE LOCATION: GS CENTRAL PLANT 960 FIRST ST. GRETN, LA 70053</p> <p>SITE VISIT CONTACT: RONALD GAUDET 504-364-2698</p>	\$ 19,255.00	\$ 19,255.00



LANDCRA-01

RHELWIG

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/19/2023

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 <b>Paulin Insurance Associates, LLC</b> 4405 N I10 Service Road W, Ste 200 Metairie, LA 70006	CONTACT NAME: PHONE (A/C, No, Ext): <b>+504 3021275</b> E-MAIL ADDRESS: <b>cpaulin@paulinins.com</b> FAX (A/C, No): <b>+504 3012927</b>
	INSURER(S) AFFORDING COVERAGE INSURER A : <b>Hartford Fire Insurance Company</b>
INSURED  <b>Land Craft Design Build, LLC</b> 645 Brown Ave Harvey, LA 70058	INSURER B : INSURER C : 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"/> PRO-JECT <input type="checkbox"/> LOC OTHER: <b>Business Liability General Aggre</b>			43SBMAT5W2S	9/22/2023	9/22/2024	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b> MED EXP (Any one person) \$ <b>10,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input 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			43SBMAT5W2S	9/22/2023	9/22/2024	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ <b>10,000</b>			43SBMAT5W2S	9/22/2023	9/22/2024	EACH OCCURRENCE \$ <b>1,000,000</b> AGGREGATE \$ Umbrella Covera \$ <b>1,000,000</b>
A	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	43WECAT9AFT	9/22/2023	9/22/2024	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>

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

## CERTIFICATE HOLDER

## CANCELLATION

For Information Purposes Only  
For Verification please call our office

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