

DATE: 11/22/2023

Page: 6

BID NO.: 50-00144005

BID FORM
Non Public Works

All Public Work Projects are required to use the Louisiana Uniform Public Work Bid Form

All prices must be held firm unless an escalation provision is requested in this bid. Jefferson Parish will allow one escalation during the term of the contract, which may not exceed the U.S. Bureau of Labor Statistics National Index for all Urban Consumers, unadjusted 12 month figure. The most recently published figure issued at the time an adjustment is requested will be used. A request must be made in writing by the vendor, and the escalation will only be applied to purchases made after the request is made.

Are you requesting an escalation provision?

YES _____ NO X

MAXIMUM ESCALATION PERCENTAGE REQUESTED 0 %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF 6/30/2024.

For the purposes of comparison of bids when an escalation provision is requested, Jefferson Parish will apply the maximum escalation percentage quoted by the bidder to the period to which it is applied in the bid. The initial price and the escalation will be used to calculate the total bid price. It will be assumed, for comparison of prices only, that an equal amount of material or labor is purchased each month throughout the entire contract.

DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

To be Determined

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable)

46890

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: United Restoration and Preservation, Inc.

ADDRESS: 5575 Oakdale Road SE, Suite 1A

CITY, STATE: Mableton, Georgia ZIP: 30126

TELEPHONE: (504) 427-6503 FAX: ()

EMAIL ADDRESS: Jamesm@urpinc.com

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: 1

NUMBER: NA

NUMBER: NA

NUMBER: NA

TOTAL PRICE OF ALL BID ITEMS: \$ 297,000.00

AUTHORIZED SIGNATURE: [Signature]

TITLE: Branch Manager

Chris Paradee

Printed Name

SIGNING INDICATES YOU HAVE READ AND COMPLY WITH THE INSTRUCTIONS AND CONDITIONS.

NOTE: All bids should be returned with the BID NUMBER and BID OPENING DATE indicated on the outside of the envelope submitted to the Purchasing Department.

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00144005

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 Clean and Seal Exterior of the Joseph Yenni Building for the Department of General Services</p> <p>0010 - PROVIDE ALL LABOR, MATERIALS, DELIVERY, EQUIPMENT, AND ALL OTHER INCIDENTALS NECESSARY TO CLEAN, SEAL, & RE-CAULK THE EXTERIOR WALLS AND CLEAN & WET-GLAZE THE EXTERIOR WINDOWS AT THE JEFFERSON PARISH JOSEPH S. YENNI BUILDING, LOCATED AT 1221 ELMWOOD PARK BLVD., JEFFERSON, LA 70123.</p> <p>*** PER THE ATTACHED SPECIFICATIONS ***</p>	\$ 297,000.00	\$ 297,000.00

CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF
UNITED RESTORATION AND PRESERVATION
INCORPORATED.

AT THE MEETING OF DIRECTORS OF UNITED RESTORATION AND PRESERVATION
INCORPORATED, DULY NOTICED AND HELD ON 12/15/2023,
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT
WAS:

RESOLVED THAT CHRIS PARADEE, BE AND IS HEREBY
APPOINTED, CONSTITUTED AND DESIGNATED AS AGENT AND ATTORNEY-IN-
FACT OF THE CORPORATION WITH FULL POWER AND AUTHORITY TO ACT ON
BEHALF OF THIS CORPORATION IN ALL NEGOTIATIONS, BIDDING, CONCERNS
AND TRANSACTIONS WITH THE PARISH OF JEFFERSON OR ANY OF ITS AGENCIES,
DEPARTMENTS, EMPLOYEES OR AGENTS, INCLUDING BUT NOT LIMITED TO, THE
EXECUTION OF ALL BIDS, PAPERS, DOCUMENTS, AFFIDAVITS, BONDS, SURETIES,
CONTRACTS AND ACTS AND TO RECEIVE ALL PURCHASE ORDERS AND NOTICES
ISSUED PURSUANT TO THE PROVISIONS OF ANY SUCH BID OR CONTRACT, THIS
CORPORATION HEREBY RATIFYING, APPROVING, CONFIRMING, AND ACCEPTING
EACH AND EVERY SUCH ACT PERFORMED BY SAID AGENT AND ATTORNEY-IN-
FACT.

I HEREBY CERTIFY THE FOREGOING TO BE
A TRUE AND CORRECT COPY OF AN
EXCERPT OF THE MINUTES OF THE ABOVE
DATED MEETING OF THE BOARD OF
DIRECTORS OF SAID CORPORATION, AND
THE SAME HAS NOT BEEN REVOKED OR
RESCINDED.



SECRETARY-TREASURER

12/15/2023

DATE

Non-Public Works Bid

AFFIDAVIT

STATE OF Georgia

PARISH/COUNTY OF Cobb

BEFORE ME, the undersigned authority, personally came and appeared: Chris
Paradee, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized Manager of UNITED RESTORATION AND PRESERVATION (Entity),
the party who submitted a bid in response to Bid Number _____, to the Parish of
Jefferson.

Affiant further said:

Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required
attachment):

Choice A _____ Attached hereto is a list of all campaign contributions, including
the date and amount of each contribution, made to current or
former elected officials of the Parish of Jefferson by Entity,
Affiant, and/or officers, directors and owners, including
employees, owning 25% or more of the Entity during the two-year
period immediately preceding the date of this affidavit or the
current term of the elected official, whichever is greater. Further,
Entity, Affiant, and/or Entity Owners have not made any
contributions to or in support of current or former members of the
Jefferson Parish Council or the Jefferson Parish President through
or in the name of another person or legal entity, either directly or
indirectly.

Choice B X there are NO campaign contributions made which would require
disclosure under Choice A of this section.

Debt Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.

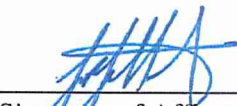
Choice B X There are NO debts which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

[The remainder of this page is intentionally left blank.]

That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.



Signature of Affiant

J. JAILLET

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 15 DAY OF December, 2023.

Ashli Duggar

Notary Public

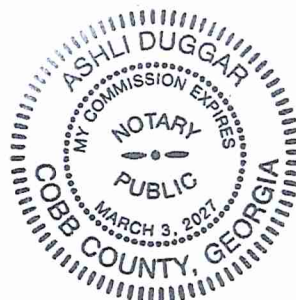
Ashli Duggar

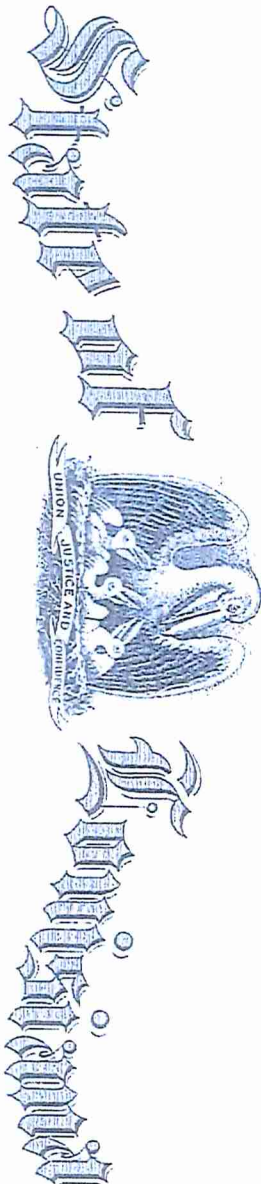
Printed Name of Notary

W-00591665

Notary/Bar Roll Number

My commission expires March 3, 2027.





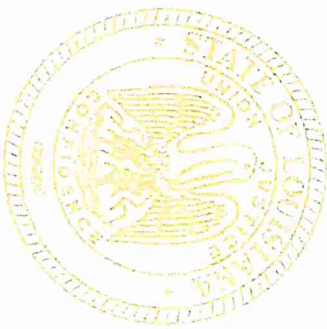
State Licensing Board for Contractors

This is to Verify that:

UNITED RESTORATION AND PRESERVATION, INC.
5575 Oakdale Rd Suite 1A
Mableton, GA 30126

is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION; SPECIALTY: JOINT INSTALLATION, SEALING AND RE-SEALING; SPECIALTY:
WATERPROOFING, COATING, SEALING, CONCRETE/MASONRY REPAIR



Expiration Date: January 28, 2024

License No: 46890

Witness our hand and seal of the Board dated,
Baton Rouge, LA 29th day of January 2021

Willis MacP
Director

Joe Mallett
Chairman

This License Is Not Transferrable

Andy McNamee
Treasurer



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/9/2024

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 Sterling Seacrest Pritchard, Inc. 2500 Cumberland Parkway Suite 400 Atlanta GA 30339	CONTACT NAME: Corinthia Steinbauer PHONE (A/C, No, Ext): 6785382890 E-MAIL ADDRESS: csteinbauer@sspins.com FAX (A/C, No): 404-261-5440												
INSURED United Restoration & Preservation, Inc. URP Investments Inc.; United R&P Inc. 5575 Oakdale Rd SE Ste 1A Mableton GA 30126	INSURER(S) AFFORDING COVERAGE <table><tr><td>INSURER A: Bridgefield Casualty Insurance</td><td>NAIC # 10335</td></tr><tr><td>INSURER B: Travelers Casualty Ins. Co of</td><td>19046</td></tr><tr><td>INSURER C: Westchester Surplus Lines</td><td>10172</td></tr><tr><td>INSURER D: HOMESITE INS CO OF FL</td><td>11156</td></tr><tr><td>INSURER E: AXIS Surplus Insurance Company</td><td>26620</td></tr><tr><td>INSURER F: Endurance American Insurance Co</td><td>10641</td></tr></table>	INSURER A: Bridgefield Casualty Insurance	NAIC # 10335	INSURER B: Travelers Casualty Ins. Co of	19046	INSURER C: Westchester Surplus Lines	10172	INSURER D: HOMESITE INS CO OF FL	11156	INSURER E: AXIS Surplus Insurance Company	26620	INSURER F: Endurance American Insurance Co	10641
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COVERAGES**CERTIFICATE NUMBER:** 1869857076**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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		CGL-144927074-02	1/1/2024	1/1/2025	<table><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td>PER PROJECT AGG</td><td>\$ 6,000,000</td></tr></table>	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	PER PROJECT AGG	\$ 6,000,000
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PRODUCTS - COMP/OP AGG	\$ 2,000,000																			
PER PROJECT AGG	\$ 6,000,000																			
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input 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		BA0P004985	1/1/2024	1/1/2025	<table><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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	\$																			
E	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0		P-001-000788515-03	1/1/2024	1/1/2025	<table><tr><td>EACH OCCURRENCE</td><td>\$ 5,000,000</td></tr><tr><td>AGGREGATE</td><td>\$ 5,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 5,000,000	AGGREGATE	\$ 5,000,000		\$								
EACH OCCURRENCE	\$ 5,000,000																			
AGGREGATE	\$ 5,000,000																			
	\$																			
A	<input checked="" type="checkbox"/> 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 / A		0196-47769	1/1/2024	1/1/2025	<table><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td></tr></table>	<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						
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E.L. DISEASE - POLICY LIMIT	\$ 1,000,000																			
C F	Pollution Liability \$5M xs \$5M Excess Liability		G71476170 006 ELD30002664003	1/1/2024 1/1/2024	1/1/2025 1/1/2025	<table><tr><td>Aggregate Limit Occ/Agg</td><td>4,000,000 \$5M/\$5M</td></tr></table>	Aggregate Limit Occ/Agg	4,000,000 \$5M/\$5M												
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Cyber Liability Insured by Hudson Excess Insurance Company; Policy # CYB-1004635-04; Effective 1/1/2024 - 1/1/2025; \$2,000,000 Each Claim/Aggregate

Additional insured on the General Liability policy as per attached form CG 20 12 12 19.

Waiver of Subrogation is included in favor of Certificate Holder for General Liability as per attached form CG 34 18 12 19.

Waiver of Subrogation is included in favor of Certificate Holder for Workers Compensation as per attached form WC 00 03 13 4-84.

General Liability coverage provided for additional insured is primary and non-contributory with respect to any similar insurance held by the additional insured to the extent provided via form CG 20 01 04 13.

re: Bid Number 50-00144005

CERTIFICATE HOLDER**CANCELLATION**

Jefferson Parish Purchasing Department 200 Derbigny Street General Government Building, 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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