

DATE: 11/20/2024

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00146773

JEFFERSON PARISH

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

VENDOR:

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

NA

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

21 DAYS

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

14 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: NA
NUMBER: _____
NUMBER: _____
NUMBER: _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 20299

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

FIRM NAME:

EMSCO PAYEMENT MAINT. & SUPPLY LLC

SIGNATURE:

(Must be signed here)

TITLE:

PRESIDENT

PRINT OR TYPE NAME:

SCOTT MONTEGUT

ADDRESS:

2249 KINGSTON ST.

CITY, STATE:

KENNER, LA

ZIP:

70062

TELEPHONE:

504 464-7795

FAX:

504-464-5656

EMAIL ADDRESS:

E2KING9@hotmail.com, pave1@bellsouth.net

TOTAL PRICE OF ALL BID ITEMS: \$ 3467.00

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 METARRIE, LA 70003</p> <p>SEE ATTACHED SPECIFICATIONS</p> <p>CONTACT: BRENT GRIFFIN 504-349-5000 OFFICE 504-419-4415 CELL</p>	\$ 3467 ⁰⁰	\$ 3467 ⁰⁰

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/13/2024

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Louisiana Companies 801 North Blvd. Baton Rouge, LA 70802 225 383-4761	CONTACT NAME: Hannah Kincaid	
	PHONE (A/C, No, Ext): 225 383-4761	FAX (A/C, No): 225-387-4336
INSURED EMSCO Pavement Maintenance & Supply, Inc 2249 Kingston Street Kenner, LA 70062	E-MAIL ADDRESS: Hannah.Kincaid@MarshMMA.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : American Casualty Co. of Reading, PA.	NAIC # 20427
	INSURER B : Continental Insurance Company	35289
	INSURER C : LUBA Casualty Insurance Company	12472
	INSURER D : Columbia Casualty Co.	31127
	INSURER E : Transportation Insurance Co.	20494
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 INSR	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 <input checked="" type="checkbox"/> PD Ded:5,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	5099622172	06/15/2024	06/15/2025	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
E	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	X	X	BUA1006089520	06/15/2024	06/15/2025	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$10,000	X	X	CUE2087915836	06/15/2024	06/15/2025	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		X	028000018850124	06/15/2024	06/15/2025	<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
D	Rented/Leased Equipment			C6081240138	06/15/2024	06/15/2025	\$25,000 Per Item \$50,000 Aggregate

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

Blanket additional insured in favor of certificate holder with respect to the general liability, auto liability and excess liability policies as required by written contract when executed prior to a loss, subject to policy terms, conditions and exclusions.

Additional insured provision on the general liability, auto liability and excess liability policies is (See Attached Descriptions)

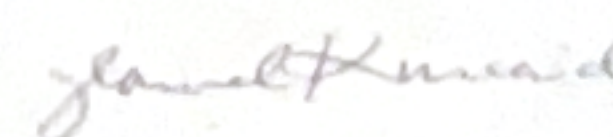
CERTIFICATE HOLDER

CANCELLATION

For Information Only

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



DESCRIPTIONS (Continued from Page 1)

primary and non-contributory as required by written contract executed prior to a loss, subject to policy terms, conditions and exclusions.

Blanket waiver of subrogation is provided in favor of certificate holder with respect to the workers compensation, general liability, auto liability and umbrella liability policies as required by written contract when executed prior to a loss, subject to policy terms, conditions and exclusions.

Excess liability policy follows form over underlying liability policies.