

DATE: 7/02/2024

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00145600

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

N/A

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

N/A

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

N/A

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) 35350

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

FIRM NAME:

Beacon Air Conditioning, Heating & Refrigeration, Inc.

SIGNATURE:

(Must be signed here)

Wendy Chatelain

TITLE:

Owner/Secretary-Treasurer

PRINT OR TYPE NAME:

Wendy Chatelain

ADDRESS:

315 E. 3rd Street

CITY, STATE:

Kenner, LA

ZIP:

70062

TELEPHONE:

(504) 467-8698

FAX:

()

EMAIL ADDRESS:

Wendy@beaconac.com

TOTAL PRICE OF ALL BID ITEMS: \$ 7,740.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00145600

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	6.00	JOB	<p>TWO (2) YEAR CONTRACT TO PROVIDE HVAC SYSTEMS MAINTENANCE AND REPAIR FOR THE JEFFERSON PAIRSH DEPARTMENT OF PUBLIC WORKS</p> <p>0010- SCHEDULE AND SERVICE FOR FOUR (4) AIR CONDITIONING AND HEATING SYSTEMS</p> <p>FOUR (4) TIMES PER YEAR FOR A ROUTINE QUARTERLY MAINTENANCE AND INSPECTION TO INCLUDE, LABOR, MATERIALS CLEANERS AND PARTS IN COST FOR THE FOLLOWING, BUT NOT LIMITED TO:</p> <ul style="list-style-type: none"> -INSPECT UNIT FOR PROPER REFRIGERANT LEVEL AND ADJUST ACCORDINGLY -CLEAN DRAIN LINES AND VACUUM DEBRIS IN CONDENSATE PANS -CLEAN EVAPORATOR COILS -INSPECT BELTS AND REPLACE AS NEEDED -CHECK DUCT WORK FOR AIR LEAKS AND SEAL IF NEEDED -REPLACE AIR FILTERS 	\$ 450.00	\$ 3,900.00
2	2.00	JOB	<p>0020- SCHEDULE ANNUAL MAINTENANCE AND INSPECTIONS TO INCLUDE LABOR, MATERIALS, CLEANERS, AND PARTS IN COST ON TWO (2) SCHEDULE ANNUAL MAINTENANCE AND AIR CONDITIONING AND HEATING SYSTEMS FOR THE FOLLOWING BUT NOT LIMITED TO:</p> <ul style="list-style-type: none"> -CLEAN DRAIN LINES AND VACUUM DEBRIS FROM CONDENSATE PANS -CLEANS CONDENSER COILS INSIDE AND OUTSIDE OF UNIT -CLEAN EVAPORATOR COILS -LUBRICATE MOTORS -INSPECT BELTS AND REPLACE IF NEEDED -CHECK DUCT WORK FOR AIR LEAKS AND SEAL IF NEEDED -CHECK REFRIGERANT LEVEL AND ADJUST IF NECESSARY -CHECK HEATER/AC OPERATION -CHECK SAFETY CONTROLS AND CONTROL BOX -CHECK THERMOSTATS AND RESET AS NEEDED -CHECK WIRING AND ELECTRICAL COMPONENTS AND REPAIR AS NECESSARY -REPLACE ALL AIR FILTERS -CLEAN DUCTS AND COVERS AS NEEDED 	\$ 950.00	\$ 1,900.00
3	1.00	LB	0030- REFRIGERANT PER POUND	\$ 45.00	\$ 45.00 (410-A)
4	16.00	HR	<p>0040- HOURLY RATE PER 1ST TECHNICIAN SERVICE/LABOR FOR ALL SERVICE WORK</p> <p>NOT INCLUDED IN THE MAINTENANCE.</p>	\$ 115.00	\$ 1,840.00
5	1.00	HR	0050- HOURLY RATE FOR 2ND TECHNICIAN SERVICE/LABOR FOR ALL SERVICE WORK NOT	\$ 55.00	\$ 55.00

DATE: 7/02/2024

Page: 7

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00145600

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
6	1.00	EA	<p>INCLUDED IN THE MAINTENANCE.</p> <p>0060- NON-BIDDABLE ITEM- PARTS, THIS IS FOR ANY PARTS REQUIRED TO REPAIR HVAC UNITS AS PART OF THIS CONTRACT WITH DEPARTMENT APPROVED QUOTE (UP TO \$3,000.00 EACH).</p> <p>SERVICE LOCATION: PUBLIC WORKS EASTBANK WAREHOUSE 4901 JEFFERSON HIGHWAY, SUITE C JEFFERSON, LA 70121</p> <p>SITE VISIT CONTACT: GERALD LOHNER - (504)731-4648 ROBERT FORTENBERRY - (504)731-4652</p> <p>****LOUISIANA STATE CONTRACTORS LICENSE IS REQUIRED FOR THIS CONTRACT**** TYPE: COMMERCIAL LICENSE CLASS: MECHANICAL WORK (STATEWIDE)</p> <p>UNITS TO BE SERVICE:</p> <p>MODEL TTA 0906400AA SIN 16335KHKTA W/AIR HANDLER MODEL TWE 060A400CA SIN N483KDJ5H W/AIR HANDLER MODEL TWE 180B400CA SIN N404J806H W/AIR HANDLER MODEL TTA 090G400AA SIN 16246WIHYA W/AIR HANDLER</p>	\$ 0.00	\$ 0.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/30/2023

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 Riverlands Insurance Services Inc. 492 West 5th Street LaPlace LA 70068		CONTACT NAME: Brittney Jacob PHONE (A/C No. Ext): (985) 652-5505 FAX (A/C No.): (985) 652-4039 E-MAIL ADDRESS: bjacob@rivins.com	
INSURED Beacon Air Conditioning, Heating & Refrigeration, Inc. 315 E 3rd Street Kenner LA 70062		INSURER(S) AFFORDING COVERAGE INSURER A: Nautilus Insurance Company INSURER B: Scottsdale Insurance Company INSURER C: LUBA Casualty Insurance Company INSURER D: INSURER E: INSURER F:	
		NAIC # 17370 41297 12472	

COVERAGES

CERTIFICATE NUMBER: 23-24 Master

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	NN1594318	10/29/2023	10/29/2024	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
	AUTOMOBILE LIABILITY <input 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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED \$ RETENTION \$	Y	Y	CXS4011804	10/29/2023	10/29/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	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	N/A	Y	TBA - Quote #028000522449123	10/29/2023	10/29/2024

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

Full Certificate Holder - Jefferson Parish, its Districts, Departments and Agencies under the direction of the Parish President and the Parish Council. The certificate holder is Additional Insured on a Primary & Non-Contributory basis in favor of the certificate holder as required by written contract with respects to the General Liability policy. Waiver of Subrogation is provided in favor of the certificate holder as required by written contract with respects to the General Liability & Workers' Compensation policies. The Excess Liability policy goes over the General Liability & Employer's Liability policies and is follow-form.

CERTIFICATE HOLDER

Jefferson Parish Purchasing Dept.
200 Derbigny St.
Suite 4400
Gretna LA 70053

CANCELLATION

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

Brittney Jacob

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/31/2024

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  Hylton S Petit, Jr 2705 Florida Ave Kenner, La 70062	CONTACT NAME: Hylton S Petit, Jr PHONE (A/C, No, Ext): 504-461-0171 FAX (A/C, No): 504-461-0289 E-MAIL ADDRESS: hylton.petit.b27x@statefarm.com																					
INSURED Beacon A/C, Heating & Refrigeration, Inc. 315 E 3RD St Kenner, la 70062-7103	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A :</td><td>State Farm Mutual Automobile Insurance Company</td><td>25178</td></tr><tr><td>INSURER B :</td><td><input checked="" type="checkbox"/></td><td></td></tr><tr><td>INSURER C :</td><td><input checked="" type="checkbox"/></td><td></td></tr><tr><td>INSURER D :</td><td><input checked="" type="checkbox"/></td><td></td></tr><tr><td>INSURER E :</td><td><input checked="" type="checkbox"/></td><td></td></tr><tr><td>INSURER F :</td><td><input checked="" type="checkbox"/></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	State Farm Mutual Automobile Insurance Company	25178	INSURER B :	<input checked="" type="checkbox"/>		INSURER C :	<input checked="" type="checkbox"/>		INSURER D :	<input checked="" type="checkbox"/>		INSURER E :	<input checked="" type="checkbox"/>		INSURER F :	<input checked="" type="checkbox"/>	
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	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				PER STATUTE OTH-ER 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)

CERTIFICATE HOLDER**CANCELLATION**

THE JEFFERSON PARISH, ITS DISTRICTS, DEPARTMENTS AND AGENCIES UNDER THE DIRECTION OF THE PARISH PRESIDENT & THE PARISH COUNCIL
200 DERBIGNY ST., GRETN, 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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