

BID FORM

TO: Lafourche Parish Water District No. 1
P. O. Box 399
Lockport, LA 70374

BID FOR: Proposal for Chemicals for Water
Treatment

The undersigned bidder hereby declares and represents that she/he; a) has carefully examined and understands the Bidding Documents, which include Notice to Bidders, Instructions to Bidders, Bid Form, and Detailed Specifications b) has not received, relied on, or based his bid on any verbal instructions contrary to the Bidding Documents or any addenda, c) hereby proposes to provide chemicals in strict accordance with the Bidding Documents prepared by: Lafourche Parish Water District No. 1 and dated: November 9, 2015.

Bidders must acknowledge all addenda. The Bidder acknowledges receipt of the following **ADDENDA**: (Enter the number the Designer has assigned to each of the addenda that the Bidder is acknowledging) _____

NAME OF BIDDER: F2 Industries, LLC

ADDRESS OF BIDDER: 423 C Smyrna Square Drive
Smyrna, TN 37167

NAME OF AUTHORIZED SIGNATORY OF BIDDER: William Ferrell, Jr

TITLE OF AUTHORIZED SIGNATORY OF BIDDER: Partner

SIGNATURE OF AUTHORIZED SIGNATORY OF BIDDER: 

PHONE NUMBER: 615-459-4620 or 877-828-1652

DATE: 12-3-15

NOTE: The accompanying Unit Price Form shall be used for all proposals and shall include delivered unit prices as explained in the Instructions to Bidders section of these contract documents.

BID FORM **UNIT PRICE FORM**

TO: Lafourche Parish Water District No. 1
P. O. Box 399
Lockport, LA 70374

BID FOR: Proposal for Chemicals for Water Treatment

UNIT PRICES: This form shall be used for bidding on Water Treatment Chemicals required by the Bidding Documents.
Amounts shall be stated in figures and only in figures, and shall provide delivered unit prices.

| | | | | |
|--------------|---------------------------------------------------------------------------------------------------------------------|------------------|------------|-----------------------------------------------------------------------------|
| DESCRIPTION: | Liquid Aluminum Sulfate for water treatment (NOTE: Bid price based on available Al₂O₃) | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | Delivery: Days required from receipt of Purchase Order to complete shipment |
| 1 | 650 | Dry Tons | /Dry Ton | |

| | | | | |
|--------------|-------------------------------------------------------------|------------------|------------|-----------------------------------------------------------------------------|
| DESCRIPTION: | Bagged Powdered Activated Carbon for water treatment | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | Delivery: Days required from receipt of Purchase Order to complete shipment |
| 2 | 40,000 | Pounds | /Pound | |

| | | | | |
|--------------|--------------------------------------------------------------------------|------------------|------------|-----------------------------------------------------------------------------|
| DESCRIPTION: | Liquid Chlorine for water treatment (one ton cylinder containers) | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | Delivery: Days required from receipt of Purchase Order to complete shipment |
| 3 | 200,000 | Pounds | /Pound | |

| | | | | |
|--------------|------------------------------------------------------------|------------------|------------|-----------------------------------------------------------------------------|
| DESCRIPTION: | Liquid Cationic Polyelectrolyte for water treatment | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | Delivery: Days required from receipt of Purchase Order to complete shipment |
| 4 | 250,000 | Pounds | /Pound | |

| | | | | |
|--------------|---------------------------------------------------------------------------------------------------------------------|------------------|------------|-----------------------------------------------------------------------------|
| DESCRIPTION: | Bulk Fluorosilicic Acid for water treatment (NOTE: Bid price on "AS IS" basis – See Detailed Specifications) | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | Delivery: Days required from receipt of Purchase Order to complete shipment |
| 5 | 120,000 | Pounds | /Pound | |

| | | | | |
|--------------|----------------------------------------------|------------------|------------|-----------------------------------------------------------------------------|
| DESCRIPTION: | Anhydrous Ammonia for water treatment | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | Delivery: Days required from receipt of Purchase Order to complete shipment |
| 6 | 50,000 | Pounds | /Pound | |

| | | | | |
|--------------|-----------------------------------------------------------|------------------|-----------------------|-----------------------------------------------------------------------------|
| DESCRIPTION: | 20% Liquid Sodium Permanganate for water treatment | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | Delivery: Days required from receipt of Purchase Order to complete shipment |
| 7 | 35,000 | Pounds | \$0.794 /Pound | F2SP-20 7-10 days ARO |

Wording for "DESCRIPTION" is to be provided by the Owner.

All quantities are estimated. The contractor will be paid based upon actual quantities as verified by the Owner.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/3/2015

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 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 Geny Insurance Group, LLC 992 Davidson Dr., Ste 108 Nashville TN 37205-1051 | | CONTACT NAME: Melissa Beaulieu PHONE (A/C, No, Ext): (615) 356-3212 FAX (A/C, No): (615) 356-5915 E-MAIL ADDRESS: melissa@genyinsurance.com | | | | | | | | | | | | | | | | | | | | | | |
|----------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------|--|--------|------------|-----------------------------|-------|------------|--|--|------------|--|--|------------|--|--|------------|--|--|------------|--|--|
| INSURED F2 Industries, LLC 5543 Edmondson Pike, #156 Nashville TN 37211 | | <table border="1"><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Autowners Insurance Company</td><td>32700</td></tr><tr><td>INSURER B:</td><td></td><td></td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table> | | INSURER(S) AFFORDING COVERAGE | | NAIC # | INSURER A: | Autowners Insurance Company | 32700 | INSURER B: | | | INSURER C: | | | INSURER D: | | | INSURER E: | | | INSURER F: | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # | | | | | | | | | | | | | | | | | | | | | | |
| INSURER A: | Autowners Insurance Company | 32700 | | | | | | | | | | | | | | | | | | | | | | |
| INSURER B: | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER C: | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | | | | | | | | | | |

COVERAGES

CERTIFICATE NUMBER: 15-16 Master Cert

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 |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ |
| A | <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS | X | Y | 4830256300 | 2/1/2015 | 2/1/2016 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist BI split limit \$ 1,000,000 |
| | UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$ | | | | | | EACH OCCURRENCE \$ 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 | Y | 03038724 | 2/1/2015 | 2/1/2016 | <input checked="" type="checkbox"/> WC STATU-TORY LIMITS <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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER IS NAMED AS ADDITIONAL INSURED UNDER AUTOMOBILE LIABILITY. WAIVER OF SUBROGATION APPLIES IN FAVOR OF CERTIFICATE HOLDER UNDER AUTOMOBILE LIABILITY AND WORKERS COMPENSATION.

CERTIFICATE HOLDER**CANCELLATION**

Lafourche Parish Water
District No. 1
P.O. Box 399
Lockport, LA 70374

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

Brian Drury/MB



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
12/02/2015

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| PRODUCER LEHMER INSURANCE AGENCY 224 1 st AVENUE, SOUTH FRANKLIN, TN 37064-2214 PH 615-791-4400 FAX 615-791-4458 | | THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. | |
| INSURED F2 INDUSTRIES, LLC 423 C SMYRNA SQUARE DRIVE SMYRNA, TN 37167 | | INSURERS AFFORDING COVERAGE | NAIC # |
| | | INSURER A: NAUTILUS INSURANCE COMPANY | 17370 |
| | | INSURER B: | |
| | | INSURER C: | |
| | | INSURER D: | |
| | | INSURER E: | |

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR/ADD'L LTR INSR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A X | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | GLP 200141904 | 02/11/2015 | 02/11/2016 | EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 RETROACTIVE DATE: 2/11/02 |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$ |
| | EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | | | | <input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| A | OTHER PRODUCTS POLLUTION COVERAGE | GLP 200141904 | 02/11/2015 | 02/11/2016 | \$2,000,000 EACH OCCURRENCE |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CHEMICAL MANUFACTURER/WHOLESALE DISTRIBUTION

CERTIFICATE HOLDER IS NAMED AS ADDITIONAL INSURED

- ADDITIONAL INSURED - VENDORS ENDORSEMENT CG 20 15 APPLIES WITH RESPECT TO GENERAL LIABILITY POLICY.

WAIVER OF SUBROGATION ENDORSEMENT IN FAVOR OF THE CERTIFICATE HOLDER WITH RESPECT TO GENERAL LIABILITY POLICY

CERTIFICATE HOLDER

CANCELLATION

LAFORCHE PARISH WATER
 DISTRICT NO. 1
 PO BOX 399
 LOCKPORT, LA 70374

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Kirk Lehmer