

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.

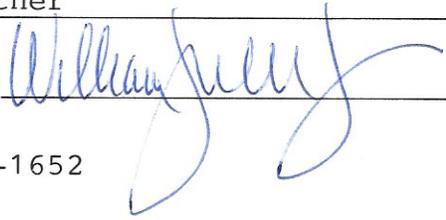
Bidders must acknowledge all addenda. The Bidder acknowledges receipt of the following **ADDENDA:** (Enter the number the Designer has assigned to each of the addenda that the Bidder is acknowledging) _____

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		
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 SUBR INSR	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	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" 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"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED 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		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 Lafourche Parish Water District No. 1 P.O. Box 399 Lockport, LA 70374	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 Brian Drury/MB 
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CERTIFICATE OF LIABILITY INSURANCE

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

PRODUCER
LEHMER INSURANCE AGENCY
224 1st AVENUE, SOUTH
FRANKLIN, TN 37064-2214
PH 615-791-4400 FAX 615-791-4458

INSURED
F2 INDUSTRIES, LLC
423 C SMYRNA SQUARE DRIVE
SMYRNA, TN 37167

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.

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
	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