

DATE: 5/01/2024

BID NO.: 50-00145156

INVITATION TO BID
THIS IS NOT AN ORDER

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JEFFERSON PARISH

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

VENDOR: 27118 BLANK BID COPY VENDOR

PURCHASING SPECIALIST:
BBELLOW

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

AT will Ready

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) _____

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

FIRM NAME:

Alfred Lunkin

SIGNATURE:

(Must be signed here)

Alfred Lunkin

TITLE:

Sales Manager

PRINT OR TYPE NAME:

Alfred Lunkin

ADDRESS:

1008 L and A Road

CITY, STATE:

Metairie, LA

ZIP:

70001

TELEPHONE:

(504) 835-1826

FAX:

()

EMAIL ADDRESS:

Alfred.Lunkin@whitecap.com

TOTAL PRICE OF ALL BID ITEMS: \$ 39,312 FOB Delivered

DATE: 5/01/2024

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INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00145156

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	4,200.00	EA	<p>ONE (1) YEAR CONTRACT TO SUPPLY CONCRETE AND/OR MOTOR MIX FOR THE JEFFERSON PARISH EASTBANK OR WESTBANK WAREHOUSE AS NEEDED</p> <p>0010 CONCRETE MIX, 80 LB BAG, 42 BAGS / PALLET, QUIKCRETE # 1101</p> <p>SK# 00-0481800</p> <p>ONE (1) YEAR CONTRACT TO SUPPLY CONCRETE AND/OR MOTOR MIX FOR THE JEFFERSON PARISH EASTBANK OR WESTBANK WAREHOUSE AS NEEDED</p>	<p>\$ 6.56</p> <p>FOB Delivered</p> <p>42 Bag min Delivery</p>	<p>\$27,552</p>
2	1,470.00	EA	<p>0020 CONCRETE, MOTOR MIX, 80 LB BAG, QUIKCRETE # 1102</p> <p>SK# 00-0481790</p> <p>DELIVER TO:</p> <p>JP WESTBANK WAREHOUSE 1500 RIVER PARK RD. BRIDGE CITY, LA 70094</p> <p>OR</p> <p>JP EASTBANK WAREHOUSE 4901 JEFFERSON HWY. JEFFERSON, LA 70121</p>	<p>\$ 8.00</p> <p>FOB Delivered</p> <p>42 Bag min Delivery</p>	<p>\$11,760</p>



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
01/16/2024

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 Aon Risk Services South, Inc. Atlanta GA Office 3550 Lenox Road NE Suite 1700 Atlanta GA 30326 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105 E-MAIL ADDRESS:														
INSURED White Cap Supply Holdings, LLC and its subsidiaries 6250 Brook Hollow Parkway, Ste 100 Norcross GA 30071 USA	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: National Union Fire Ins Co of Pittsburgh</td><td>19445</td></tr><tr><td>INSURER B: AIU Insurance Company</td><td>19399</td></tr><tr><td>INSURER C: ACE Property & Casualty Insurance Co.</td><td>20699</td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: National Union Fire Ins Co of Pittsburgh	19445	INSURER B: AIU Insurance Company	19399	INSURER C: ACE Property & Casualty Insurance Co.	20699	INSURER D:		INSURER E:		INSURER F:	
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INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES**CERTIFICATE NUMBER:** 570103601655**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.

Limits shown are as requested

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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			1729031	10/31/2023	10/31/2024	<table><tr><td>EACH OCCURRENCE</td><td>\$2,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$1,000,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$5,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$2,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$10,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$6,000,000</td></tr></table>	EACH OCCURRENCE	\$2,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000	MED EXP (Any one person)	\$5,000	PERSONAL & ADV INJURY	\$2,000,000	GENERAL AGGREGATE	\$10,000,000	PRODUCTS - COMP/OP AGG	\$6,000,000
EACH OCCURRENCE	\$2,000,000																		
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PRODUCTS - COMP/OP AGG	\$6,000,000																		
A	AUTOMOBILE LIABILITY <input checked="" 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			4594496 AOS 4594497 MA	10/31/2023	10/31/2024	<table><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$5,000,000</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>PIP - FL</td><td>\$10,000</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$5,000,000	BODILY INJURY (Per person)		BODILY INJURY (Per accident)		PROPERTY DAMAGE (Per accident)		PIP - FL	\$10,000		
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PROPERTY DAMAGE (Per accident)																			
PIP - FL	\$10,000																		
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION			XEUG72548553003	10/31/2023	10/31/2024	<table><tr><td>EACH OCCURRENCE</td><td>\$5,000,000</td></tr><tr><td>AGGREGATE</td><td>\$5,000,000</td></tr></table>	EACH OCCURRENCE	\$5,000,000	AGGREGATE	\$5,000,000								
EACH OCCURRENCE	\$5,000,000																		
AGGREGATE	\$5,000,000																		
B	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	WC049154473 AOS WC049154474 CA	10/31/2023	10/31/2024	<table><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER</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"/> OTHER		E.L. EACH ACCIDENT	\$1,000,000	E.L. DISEASE-EA EMPLOYEE	\$1,000,000	E.L. DISEASE-POLICY LIMIT	\$1,000,000				
<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER																			
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E.L. DISEASE-POLICY LIMIT	\$1,000,000																		

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

CERTIFICATE HOLDER**CANCELLATION**

White Cap Supply Holdings, LLC 6250 Brook Hollow Parkway, Ste. 100 Norcross GA 30071 USA	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p><i>Aon Risk Services South, Inc.</i></p>
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Holder Identifier :

Certificate No : 570103601655



ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY Aon Risk Services South, Inc.		NAMED INSURED White Cap Supply Holdings, LLC	
POLICY NUMBER See Certificate Number: 570103601655			
CARRIER See Certificate Number: 570103601655	NAIC CODE		
		EFFECTIVE DATE:	

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER		
INSURER		
INSURER		
INSURER		

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

[illegible]



ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY Aon Risk Services South, Inc.		NAMED INSURED White Cap Supply Holdings, LLC
POLICY NUMBER See Certificate Number: 570103601655		
CARRIER See Certificate Number: 570103601655	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Insured Continued:

White Cap Supply Holdings, LLC
 White Cap Supply Holdings II, LLC
 White Cap, L.P.
 Construction Supply Holdings, LLC
 Construction Supply Acquisition Parent, LLC
 Construction Supply Acquisition, LLC
 Ram Tool & Supply Co., LLC
 Ram Tool & Supply Co. of Texas, LLC
 Diamond Tool & Fasteners, LLC
 Brock White Company LLC
 Border Construction Specialties LLC
 Stetson Building Products LLC
 SBP Acquisition LLC
 CSG Corporate Acquisition, LLC
 CW-MA Holdings, Inc.
 Carter-Waters LLC
 Williams Equipment And Supply Company
 Williams Equipment And Supply Company of Louisiana
 All-Tex Supply, Inc.
 Titan Construction Supply, Inc.
 Best Materials, LLC
 Masonpro, Inc.
 Kenseal Construction Products, LLC
 White Cap Management, LLC
 White Cap, L.P. dba Tri-Supply and Equipment
 Valley Cash & Carry, Inc.
 White Cap, L.P. fka HD Supply Construction Supply, Ltd.
 White Cap Supply, L.P.
 Tri Boro Construction Supply
 Form Tech Holdings
 Reno Hardware and Supply Inc
 Brownco Mfg. & Sales, LLC.
 Construction Materials Inc.