

DATE: 11/01/2023

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00143763

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 _____

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK _____

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK _____

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: NONE
NUMBER: NONE
NUMBER: NONE
NUMBER: NONE

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 564662

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: Classic Hardwood Floors, LLC	
SIGNATURE: (Must be signed here)	TITLE: Co-owner
PRINT OR TYPE NAME: Mario Matamoros	
ADDRESS: 5816 Plauche St.	
CITY, STATE: Harahan, LA	ZIP: 70123
TELEPHONE: (504)267-5417	FAX: (504)267-3371
EMAIL ADDRESS: classichardwoodfloorsnola@yahoo.com	

TOTAL PRICE OF ALL BID ITEMS: \$ \$10,506.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00143763

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	EA	<p>FURNISH LABOR, MATERIALS AND EQUIPMENT TO REFINISH GYM FLOOR FOR JEFFERSON PARISH PARKS AND RECREATION</p> <p>0001-JEFFERSON PLAYGROUND GYMNASIUM FLOOR RECOAT MACHINE BUFF, VACUUM, TACK AND APPLY TWO COATS MFMA APPROVED OIL MODIFIED POLYURETHANE FINISH EXISTING GYM FLOOR</p> <p>LOCATION:</p> <p>JEFFERSON PLAYGROUND 4100 SOUTH DRIVE JEFFERSON, LA 70121</p> <p>***AS PER BID SPECIFICATIONS***</p>	₹ 8,056.00	₹ 8,056.00
2	1.00	EA	Labor and Materials for Repairs to Water Damaged Existing Gym Floor (approx. 76 SF) as per Onsite Inspection	\$2,450.00	\$2,450.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/21/23

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 CLASSIC INSURANCE AGENCY 4207 Williams Blvd Ste A Kenner, LA 70065		CONTACT NAME: Tulio Murillo PHONE (A/C, No, Ext): (504) 467-1453 FAX (A/C, No): (504) 467-2657 E-MAIL ADDRESS: rmurillo50@aol.com															
INSURED CLASSIC HARDWOOD FLOORS, LLC 5816 PLAUCHE ST HARAHAN, LA 70123 985-778-6201 504-669-3544		<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC#</th></tr></thead><tbody><tr><td>INSURER A: CRUM & FORSTER SPECIALTY INS.</td><td></td></tr><tr><td>INSURER B: LC&I SIF</td><td></td></tr><tr><td>INSURER C: PROGRESSIVE INS. CO</td><td></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></tbody></table>		INSURER(S) AFFORDING COVERAGE	NAIC#	INSURER A: CRUM & FORSTER SPECIALTY INS.		INSURER B: LC&I SIF		INSURER C: PROGRESSIVE INS. CO		INSURER D:		INSURER E:		INSURER F:	
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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	GENERAL LIABILITY	X		BAS14591-1	11/05/22	11/05/23	EACH OCCURRENCE \$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000	
							PERSONAL & ADV INJURY \$ 1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							GENERAL AGGREGATE \$ 2,000,000	
C	AUTOMOBILE LIABILITY	X		957104399	04/01/23	04/01/24	PRODUCTS - COMP/OP AGG \$ 2,000,000	
	ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$ 500,000	
	ALL OWNED AUTOS						BODILY INJURY (Per person) \$ 500,000	
	HIRED AUTOS						BODILY INJURY (Per accident) \$ 500,000	
SCHEDULED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident) \$ 500,000	
	UMBRELLA LIAB							
	EXCESS LIAB						OCCUR	EACH OCCURRENCE \$
							CLAIMS-MADE	AGGREGATE \$
	DED						RETENTION \$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	12229-22	12/21/22	12/21/23	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						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

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

classichardwoodfloorsnola@yahoo

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