

DATE: 3/25/2024

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00144723

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

M-F 7-3

2-3 day  
lead time

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

M/A

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

M/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:

State Block Inc

SIGNATURE:

(Must be signed here)

Dwayne D. Arcain

TITLE:

Vice Pres.

PRINT OR TYPE NAME:

Dwayne Arcain

ADDRESS:

3615 Lausac ST

CITY, STATE:

Metairie, LA

ZIP:

70001

TELEPHONE:

(504) 834-8626

FAX:

(504) 834 8628

EMAIL ADDRESS:

Dwayne@StateBlock.com

TOTAL PRICE OF ALL BID ITEMS: \$ 10,590.80

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00144723

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	600.00	EA	<p>TWO (2) YEAR CONTRACT FOR THE SUPPLY OF CONCRETE BLOCKS ON WOOD PALLETS FOR THE DEPARTMENT OF PUBLIC WORKS AND ALL JEFFERSON PARISH DISTRICTS, AGENCIES AND MUNICIPALITIES, ON AN AS NEEDED BASIS.</p> <p>0001 - Concrete Blocks 7-5/8 inch x 7-5/8 inch x 7-5/8 inch</p> <p>Two (2) Year Contract for the Supply of Concrete Blocks on Wood Pallets for the Department of Public Works and ALL Jefferson Parish Districts, Agencies and Municipalities, on an as needed basis.</p>	\$ 1.51	\$ 900.00
2	3,160.00	EA	<p>0002 - Concrete Blocks 7-5/8 inch x 7-5/8 inch x 15-5/8 inch</p>	\$ 2.78	\$ 8,784.80
3	36.00	EA	<p>0003 - Wood Pallets - 48 X 48</p> <p>REFUNDABLE if Returned in GOOD Condition (RETURNED AT THE TIME OF DELIVERY IF AVAILABLE.)</p> <p>***AS PER BID SPECIFICATIONS***</p>	\$ 25.60	\$ 900.00

THESE SPECIFICATIONS ARE FOR A TWO (2) YEAR SUPPLY OF CONCRETE BLOCKS  
FOR ALL DISTRICTS OF THE DEPARTMENT OF PUBLIC WORKS.

1.0 General

1.1. The quantities of concrete blocks shown on the proposal forms are estimated quantities to be used for bid purpose only. Vendor is not to consider these quantities as firm quantities to be purchased in said period by Parish.

1.2. All concrete blocks are to be delivered to the districts Westbank Warehouse located at 6250 Lapalco Blvd., Marrero, and the district's Eastbank Warehouse located at 4901 Jefferson Highway, Jefferson, La. between the hours of 8:00 a.m. and 3:00 p.m. Monday through Friday of the Parish work week. Vendor is responsible for transportation costs

2.0 Concrete Block Specifications

2.1 Concrete Blocks 7-5/8" x 7-5/8" x 7-5/8" *DMT*

2.1.1 All blocks shall be double ended, carry a 2-hour fire rating, and conform to ASTM specification C-90 (~~500~~ minimum shipment).

2.2 Concrete Blocks 7-5/8" x 7-5/8" x 15-5/8" *DMT*

2.2.1 All blocks shall be double ended, carry 4-hour fire rating, and conform to ASTM specification C-90 (~~500~~ minimum shipment).



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/26/2024

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**  
Eustis Insurance & Benefits, a  
Marsh & McLennan Agency LLC Co  
830 W. Causway Approach  
Mandeville LA 70471

**INSURED**  
State Block, Inc.  
PO Box 642  
Metairie LA 70004

STATEBLOCK

<b>CONTACT</b> Veronica Stierwald		<b>NAME:</b>	
<b>PHONE</b> (No. Ext): 504-586-0440		<b>FAX</b> (No.):	
<b>EMAIL</b>			
<b>Address:</b> Veronica.Stierwald@marshmma.com			
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>	
<b>INSURER A:</b> Charter Oak Fire Insurance Company		25615	
<b>INSURER B:</b> Travelers Property Casually Insurance C		36161	
<b>INSURER C:</b> LUBA Casualty Insurance Company		12472	
<b>INSURER D:</b>			
<b>INSURER E:</b>			
<b>INSURER F:</b>			

## COVERAGES

CERTIFICATE NUMBER: 1950308738

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	ADDITIONAL SUBROGATION	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> 1,000 PD DED. <input checked="" type="checkbox"/> CERT TRIA INCL. GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. <input type="checkbox"/> JECT <input type="checkbox"/> LOC OTHER:		6608W907179	10/1/2023	10/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP ACG \$ 2,000,000 EMP BEN LIAB \$ 1,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED <input type="checkbox"/> SCHEDULED AUTOS ONLY <input type="checkbox"/> AUTOS HIRED <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY <input checked="" type="checkbox"/> \$1000 PD DED		CUP8W907260	10/1/2023	10/1/2024	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
C	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		027000300482123	10/1/2023	10/1/2024	<input checked="" type="checkbox"/> PER STATUTE <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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**NAMED INSUREDS ON POLICY:**  
State Block, Inc.; R & D Management Company, Inc.

LOCATION: 3615 Lausatz St., Buildings 1-4, Metairie, LA. 70001

Additional Insured form #CG D4 58 02 19 applies to the General Liability policy.  
Waiver of subrogation form #CG D4 58 02 19 applies to the General Liability policy.  
Primary & Non-Contributory General Liability form #CG T1 00 02 19 applies to the General Liability policy.  
See Attached...

## CERTIFICATE HOLDER

Sample

## 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

AGENCY CUSTOMER ID: STATEBLOCK

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Eustis Insurance & Benefits, a		NAMED INSURED State Block, Inc. PO Box 642 Metairie LA 70004	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

The General Liability policy includes a blanket additional insured endorsement to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status.

The General Liability policy contains an endorsement with "Primary and Non-Contributory" wording that may apply only when there is a written contract between the named insured and the certificate holder that requires such wording.

The General Liability policy contains a blanket waiver of subrogation endorsement that may apply only when there is a written contract between the named insured and the certificate holder that requires such wording.

Waiver of subrogation form #CA F 1 06 02 15 applies to the Automobile Liability policy.

The Automobile liability policy includes waiver of subrogation wording that may apply only when there is a written contract between the named insured and the certificate holder that requires such wording.

Waiver of subrogation form WC0001313 (04/84) applies to the Workers Compensation policy.

The Worker's Compensation policy includes a waiver of subrogation endorsement that may apply only when there is a written contract between the named insured and the certificate holder that requires such wording.