

DATE: 5/14/2024

INVITATION TO BID
THIS IS NOT AN ORDER

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BID NO.: 50-00145288

JEFFERSON PARISH

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

VENDOR:

PURCHASING SPECIALIST:
MBUTTERY

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

3 June 2024

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

5 days

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

2 days

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) 78034

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME:	<u>Smitty's Electric, LLC</u>
SIGNATURE: (Must be signed here)	<u>Antoine L. Smith, Sr.</u> TITLE: <u>President</u>
PRINT OR TYPE NAME:	<u>Antoine L. Smith, Sr.</u>
ADDRESS:	<u>P.O. Box 1086</u>
CITY, STATE:	<u>Independence, LA</u> ZIP: <u>70443</u>
TELEPHONE:	<u>(985) 974-0967</u> FAX: <u>(985) 878-8580</u>
EMAIL ADDRESS:	<u>smittyselectric@yahoo.com</u>

TOTAL PRICE OF ALL BID ITEMS: \$ 4924.77

DATE: 5/14/2024

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INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00145288

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>Labor, Materials and Equipment Necessary to Provide and Install Cable, Conduit, Receptacle and breaker for the Jefferson Parish Community Justice Agency</p> <p>0010 RUN NEW CABLE, CONDUIT, INSTALL RECEPTACLE AND BREAKER IN THE COURTS</p> <p>JOB SITE: 1546 B GRETNA BLVD HARVEY, LA. 70058</p> <p>CONTACT PERSON: DONALD SPELL 364-3750 EXT. 87408</p>	\$ 1,924 ⁷⁷ / ₁₀₀	\$ 1,924 ⁷⁷ / ₁₀₀

State of Louisiana



State Licensing Board for Contractors

This is to Certify that:

SMITTY'S ELECTRIC, L.L.C.
PO Box 1086
Independence, LA 70443

is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION; COASTAL RESTORATION AND HABITAT ENHANCEMENT; ELECTRICAL;
HEAVY CONSTRUCTION; HIGHWAY, STREET AND BRIDGE CONSTRUCTION



Expiration Date: December 22, 2024

License No: 78034

Witness our hand and seal of the Board dated,
Baton Rouge, LA 22nd day of December 2023

Director

Chairman

Treasurer

This License Is Not Transferrable



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/16/2024

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 Miller's Insurance Agency, Inc. 370 E Railroad Ave. Independence LA 70443	CONTACT NAME: PHONE (A/C, No, Ext): 985-878-2828 FAX (A/C, No): 985-878-2286 E-MAIL ADDRESS: millersinsurance@aol.com
INSURED Smittys Electric, LLC PO BOX 1086 Independence LA 70443	INSURER(S) AFFORDING COVERAGE INSURER A: Nautilus Insurance Company INSURER B: LWCC INSURER C: INSURER D: INSURER E: INSURER F:

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 SUBR INSD 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 <input type="checkbox"/> Premises-operations <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	<input type="checkbox"/> <input type="checkbox"/>	NN1541916	05/25/2023	05/25/2024	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/OP AGG \$2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	<input type="checkbox"/> <input type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS	<input type="checkbox"/> <input type="checkbox"/>				EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMPLOYEE EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N <input checked="" type="checkbox"/> Y N/A	186179-A	02/09/2024	02/09/2025	<input 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)

Covers General liability coverage for electrical services for residential home contracting operations subject to terms and conditions of the policy.

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

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Bid Bond in Accordance with Contract Specifications

Be sure to refer to the actual bond documents referenced in the contract specifications for specific terms before completing this form.

PRINCIPAL NAME Smitty's Electric, LLC	PRINCIPAL ADDRESS P O Box 1086, 227 Martin Luther King Street, Independence, LA 70443
SURETY NAME The Gray Casualty & Surety Company	SURETY ADDRESS P.O. Box 6202, Metairie, LA 70009-6202
OBLIGEE NAME Jefferson Parish	OBLIGEE ADDRESS 200 Derbigny Street, Gretna, LA 70053

Bond Information

BID DATE 05/23/2024	CONTRACT ID 5000145288	CONTRACT VENDOR ID I9267L
PROJECT DESCRIPTION Labor, Materials and Equipment Necessary to Provide and Install Cable, Conduit, Receptacle and Breaker for the Jefferson Parish Community Justice Agency		
AMOUNT OF BID SECURITY 4%	AMOUNT OF BID SECURITY-SPELLED OUT Five Percent of the Amount Bid	
BOND ENTERED AND EXECUTED BY Randolph A. Brunson		ATTORNEY-IN-FACT SIGNATURE 

Know all men by these presents that The Gray Casualty & Surety Company, a Corporation duly organized under the laws of the State of Louisiana, are held and firmly bound unto the above owner/obligee by the transmission. The surety agrees to waive the statute of fraud defense and further agrees that the owner/obligee is a third party beneficiary of the waiver for the purposes of enforcing this bid bond.



**THE GRAY INSURANCE COMPANY
THE GRAY CASUALTY & SURETY COMPANY**

GENERAL POWER OF ATTORNEY

KNOW ALL BY THESE PRESENTS, THAT The Gray Insurance Company and The Gray Casualty & Surety Company, corporations duly organized and existing under the laws of Louisiana, and having their principal offices in Metairie, Louisiana, do hereby make, constitute, and appoint: Randolph A. Brunson

on behalf of each of the Companies named above its true and lawful Attorney(s)-in-Fact, to make, execute, seal and deliver, for and on its behalf and as its deed, bonds, or other writings obligatory in the nature of a bond, as surety, contracts of suretyship as are or may be required or permitted by law, regulation, contract or otherwise, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed the amount of \$15,000,000.00.

Surety Bond Number: SLA0523423092
Principal: Smitty's Electric, LLC
Obligee: Jefferson Parish

This Power of Attorney is granted and is signed by facsimile under and by the authority of the following Resolutions adopted by the Boards of Directors of both The Gray Insurance Company and The Gray Casualty & Surety Company at meetings duly called and held on the 26th day of June, 2003.

"RESOLVED, that the President, Executive Vice President, any Vice President, or the Secretary be and each or any of them hereby is authorized to execute a power of Attorney qualifying the attorney named in the given Power of Attorney to execute on behalf of the Company bonds, undertakings, and all contracts of surety, and that each or any of them is hereby authorized to attest to the execution of such Power of Attorney, and to attach the seal of the Company; and it is

FURTHER RESOLVED, that the signature of such officers and the seal of the Company may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be binding upon the Company now and in the future when so affixed with regard to any bond, undertaking or contract of surety to which it is attached.

IN WITNESS WHEREOF, The Gray Insurance Company and The Gray Casualty & Surety Company have caused their official seals to be hereinto affixed, and these presents to be signed by their authorized officers this 28th day of October, 2021.



By:

Michael T. Gray

Michael T. Gray
President
The Gray Insurance Company

Cullen S. Piske

Cullen S. Piske
President
The Gray Casualty & Surety Company



State of Louisiana

ss:

Parish of Jefferson

On this 28th day of October, 2021, before me, a Notary Public, personally appeared Michael T. Gray, President of The Gray Insurance Company, and Cullen S. Piske, President of The Gray Casualty & Surety Company, personally known to me, being duly sworn, acknowledged that they signed the above Power of Attorney and affixed the seals of the companies as officers of, and acknowledged said instrument to be the voluntary act and deed, of their companies.



Leigh Anne Henican
Notary Public
Notary ID No. 92653
Orleans Parish, Louisiana

Leigh Anne Henican

Leigh Anne Henican
Notary Public, Parish of Orleans State of Louisiana
My Commission is for Life

I, Mark S. Manguno, Secretary of The Gray Insurance Company, do hereby certify that the above and forgoing is a true and correct copy of a Power of Attorney given by the companies, which is still in full force and effect. IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Company this 05/23/2024.

Mark S. Manguno

I, Leigh Anne Henican, Secretary of The Gray Casualty & Surety Company, do hereby certify that the above and forgoing is a true and correct copy of a Power of Attorney given by the companies, which is still in full force and effect. IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Company this 05/23/2024.

Leigh Anne Henican



Auto coverage schedule

1. **2021 CHEVROLET SILVERADO** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)
 VIN: **1GC4YTEY1MF112934** Garaging Zip Code: 70443 Radius: 300 miles
 Personal use: Y Body type: Pickup Truck

Liability Premium	Liability Premium	UM/UIM Premium	Med Pay Premium	
	\$4780	\$139	\$17	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium
	\$1,000	\$376	\$1,000	\$2702
Other Coverages Premium	Rental Limit	Rental Premium	Roadside Deductible	Roadside Premium
	\$30 per day Max \$900	\$40	\$0	\$7
				Auto Total
				\$8,061

Vehicle questions

Is this vehicle used for business, personal or both? Business and Personal

2. **2015 FORD TRANSIT** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)
 VIN: **1FTSW2CG1FKB15361** Garaging Zip Code: 70443 Radius: 300 miles
 Personal use: N Body type: Cargo Van

Liability Premium	Liability Premium	UM/UIM Premium	Med Pay Premium	
	\$3368	\$174	\$21	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium
	\$1,000	\$150	\$1,000	\$1306
Other Coverages Premium	Rental Limit	Rental Premium	Roadside Deductible	Roadside Premium
	\$30 per day Max \$900	\$40	\$0	\$18
				Auto Total
				\$5,077

Vehicle questions

Is this vehicle used for business, personal or both? Business

Financial responsibility information

Name	Age	Date of birth
Home address		
Antoine Smith	65	12/29/1958
227 Martin Luther King Jr. Street Independence, LA 70443		

Is Antoine Smith involved in the daily operation of the business? Yes

Business information

Business	Other Business
Electrician	
Business Structure	Employer ID Number (EIN)
Corporation	26-1317304

Do you have a USDOT Number? No

If a USDOT Number is obtained in the future, it must be provided to Progressive.

Additional policy questions

Do you currently have other coverages for your business? NONE

Driving history

Please review the following information carefully because driving history is used to determine your rate. All accidents are considered at-fault and chargeable unless the accident is under an applicable payment threshold or we receive additional information from you or another source that proves the accident was not-at-fault. We obtain driving history from the following sources:

- Your application (APP)
- Motor Vehicle Reports and/or court data (MVR) - provided by a consumer reporting agency
- Comprehensive Loss Underwriting Exchange (CLUE) - provided by a consumer reporting agency

Driver and Description	Date	Source/Consumer reporting agency
Antoine Smith		
At Fault Accident	06/01/2021	CLUE/LexisNexis
Antoine Smith		
Persl Acc from UM/UIM Bodily Injury - No Charge	10/26/2022	CLUE/LexisNexis
Joseph Montgomery		
At Fault Accident	07/15/2019	CLUE/LexisNexis
Joseph Montgomery		
At Fault Accident	10/16/2021	CLUE/LexisNexis
Joseph Montgomery		
Speeding	10/20/2022	MVR/LexisNexis

Outline of coverage

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle.

Description	Limits	Deductible	Premium
Liability To Others			\$8,148
Bodily Injury Liability	\$50,000 each person/\$100,000 each accident		
Property Damage Liability	\$25,000 each accident		
Uninsured/Underinsured Motorist	\$50,000 each person/\$100,000 each accident		313
Uninsured Motorist Property Damage	Rejected		
Medical Payments	\$500 each person		38
Comprehensive			526
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			4,008
See Auto Coverage Schedule	Limit of liability less deductible		
Rental Reimbursement			80
See Auto Coverage Schedule			
Roadside Assistance			25
See Auto Coverage Schedule	Limit of liability less deductible		
Total 6 month policy premium			\$13,138

Application for Insurance

Please review, sign where
indicated, and return

Policy number: 980356644Named Insured:
Smitty's Electric, LLC
April 24, 2024
Page 1 of 6**Policy and premium information for policy number 980356644**

Insurance company:	Progressive Paloverde Insurance Co PO Box 94739 Cleveland, OH 44101
Agent:	BRANDON SCHANZBACH EMERY & JAMES LTD 300 E MORRIS AVE HAMMOND, LA 70403 41773 1-985-345-0376
Named Insured:	Smitty's Electric, LLC PO Box 1086 independence, LA 70443 Primary e-mail address: smittyselectric@yahoo.com Primary Phone Number: 1-334-449-5056
Financial responsibility vendor:	Experian 1-888-397-3742
Policy period:	Apr 24, 2024 - Oct 24, 2024
Effective date and time:	Apr 24, 2024 at 11:42AM ET
Total policy premium:	\$13,138.00
Initial payment required:	\$6,569.00
Initial payment received:	\$6,569.00
Payment plan:	2 Pay, 50% DP, Qrtly

Rated drivers

The insured declares that no persons other than those listed in this application are expected to operate, even occasionally, the vehicle(s) described in this application.

Name	Date of birth	Driver's License number	State	Points	Additional information
Antoine Smith	12/29/1958	*****6222	LA	3	
Joseph Montgomery	09/20/1996	*****2665	LA	4	