

Parish of Livingston

www.livingstonparishla.gov



RANDY DELATTE
LIVINGSTON PARISH PRESIDENT

BID NOTICE

***Sealed bids** will be received by the Livingston Parish Government at the Livingston Parish Government Purchasing Office, located on the 2nd floor of the Livingston Parish Health Unit, 29261 South Frost Road, Livingston, Louisiana 70754 (mailing address PO Box 427, Livingston, LA 70754) until **Tuesday, March 26, 2024 at 2:00 p.m. (CST)**. The bids will be publicly opened and read aloud for the following:*

ASPHALT COATED ARCH CULVERTS

TO BE DELIVERED & STOCKPILED AT THE FOLLOWING LOCATION:

LIVINGSTON PARISH DPW
28325 CHARLEY WATTS RD
LIVINGSTON, LA 70754

Bids are to be submitted for a twelve (12) month period. And, **awarded on an all or none type basis**.

Upon approval by the Livingston Parish Council, **the bidder with the most items, at the lowest price**, will be awarded the bid from the date of the Council's approval, for a (12) month period.

Requirement: Minimum order will NOT be required for delivery. Delivery of material must be made within fifteen (15) working days from the date of the purchase order. If the delivery cannot be made within fifteen (15) working days, the original purchase order issued will be canceled, and a new purchase order will be issued to the next lowest bidder.

Bidding Documents may be obtained at the Livingston Parish Government Purchasing Department located on the 2nd floor of the Livingston Parish Health Unit, 29261 South Frost Road, Livingston, Louisiana 70754. Electronic Bids are accepted at Central Bidding. Central Bidding can be accessed at <http://www.centrauctionhouse.com>. Bidding Documents are available at Central Bidding. For questions related to the electronic bidding process, please call Central Bidding at 225-810-4814.

The lowest responsive bidder that is awarded the bid must have a minimum of \$300,000 of General Liability Insurance and Workmen's Compensation Insurance. A copy of the insurance must be sent to Livingston Parish Government before vendor can deliver the material.

Livingston Parish Government reserves the right to deem bid(s) non-responsive if vendor cannot comply with this requirement.

Livingston Parish Government reserves the right to disqualify any Bid, Response to a Request for Qualifications, or Request for Proposals if it is determined that the submitting business entity is not in good standing with the Louisiana Secretary of State or is not authorized to do business in the State of Louisiana.

In accordance with R.S. 38:2214(B), Livingston Parish Government reserves the right to reject any and all bids for just cause.

LIVINGSTON PARISH GOVERNMENT
RANDY DELATTE, PARISH PRESIDENT

LP NEWS -

Please publish 3/7/2024, 3/14/2024, 3/21/2024

CULVERTS Arched Asphalt Coated						
Line	CULVERTS & BANDS	DIA	GA	Size	Unit Price	10 C Bands EA
1	Arched Asphalt Coated Culvert	15" Diameter	16 ga	17" x 13"	28.25 <i>fr</i>	91.40
2	Arched Asphalt Coated Culvert	18" Diameter	16 ga	21" x 15"	35.72 <i>fr</i>	115.50
3	Arched Asphalt Coated Culvert	24" Diameter	16 ga	28" x 20"	45.15 <i>fr</i>	145.95
4	Arched Asphalt Coated Culvert	30" Diameter	14 ga	35" x 24"	69.15 <i>fr</i>	223.60
5	Arched Asphalt Coated Culvert	36" Diameter	14 ga	42" x 29"	81.76 <i>fr</i>	264.35
6	Arched Asphalt Coated Culvert	42" Diameter	14 ga	49" x 33"	103.45 <i>fr</i>	334.40
7	Arched Asphalt Coated Culvert	48" Diameter	12 ga	57" x 38"	168.60 <i>fr</i>	505.80
8	Arched Asphalt Coated Culvert	54" Diameter	12 ga	60" x 46"	192.58 <i>fr</i>	577.75
9	Arched Asphalt Coated Culvert	60" Diameter	12 ga	66" x 51"	249.40 <i>fr</i>	748.20
10	Arched Asphalt Coated Culvert	66" Diameter	12 ga	73" x 55"	280.00 <i>fr</i>	840.15
11	Arched Asphalt Coated Culvert	72" Diameter	12 ga	81" x 59"	317.05 <i>fr</i>	951.25
12	Arched Asphalt Coated Culvert	78" Diameter	12 ga	87" x 63"	343.35 <i>fr</i>	1030.05
13	Arched Asphalt Coated Culvert	84" Diameter	12 ga	95" x 67"	383.23 <i>fr</i>	1149.70
14	Arched Asphalt Coated Culvert	90" Diameter	12 ga	103" x 71"	408.80 <i>fr</i>	1226.45
15	Arched Asphalt Coated Culvert	96" Diameter	12 ga	112" x 75"	486.73 <i>fr</i>	1460.20
16	Arched Asphalt Coated Culvert	102" Diameter	12 ga	117" x 79"	516.93 <i>fr</i>	1550.80
NOTE: ITEMS BID ARE TO BE FURNISHED AT PRICES INDICATED FOR A (12) MONTH PERIOD.						

Loburns Supply
 8010 Florida Blvd East
 Denham Springs, LA 70726
 Mark Tate mtate@loburns.com
 202-7808
Mark Tate



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/19/2024

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 FEDERATED MUTUAL INSURANCE COMPANY HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55060		CONTACT NAME: CLIENT CONTACT CENTER PHONE (A/C, Ho, Ext): 888-333-4949 FAX (A/C, Ho): 507-446-4664 E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM		
INSURED COBURN SUPPLY CO. INC. PO BOX 2177 BEAUMONT, TX 77704-2177		INSURERS AFFORDING COVERAGE		NAIC #
		INSURER A: FEDERATED MUTUAL INSURANCE COMPANY		13935
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
INSURER F:				

COVERAGES

CERTIFICATE NUMBER: 315

REVISION NUMBER: 0

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	N	N	6130819	11/01/2023	11/01/2024	EACH OCCURRENCE \$1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000						
	MED EXP (Any one person) EXCLUDED						
	PERSONAL & ADV INJURY \$1,000,000						
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:				GENERAL AGGREGATE \$2,000,000			
				PRODUCTS & COMP/OP AGG \$2,000,000			
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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	N	N	6130819	11/01/2023	11/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	BODILY INJURY (Per Person)						
	BODILY INJURY (Per Accident)						
	PROPERTY DAMAGE (Per Accident)						
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	N	N	6130821	11/01/2023	11/01/2024	EACH OCCURRENCE \$10,000,000
	AGGREGATE \$10,000,000						
	DED RETENTION						
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/A				PER STATUTE OTHER
							E.L. EACH ACCIDENT
							E.L. DISEASE EA EMPLOYEE
							E.L. DISEASE - POLICY LIMIT

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

SECONDARY POLICY(S)

Business Auto N N 6130820 11/01/2023 11/01/2024 COMB SINGLE LIM-EA ACC \$1,000,000

CERTIFICATE HOLDER352-422-0
LIVINGSTON PARISH DPW
PO BOX 427
LIVINGSTON, LA 70754-0427

315 0

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

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/18/2024

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PRODUCER J. S. Edwards & Sherlock Insurance Agency, LLP P. O. Box 22237 Beaumont, TX 77720	CONTACT NAME: Ginny Johnson	
	PHONE (A/C, No, Ext): 409 832-7736	FAX (A/C, No): 409-833-1721
	E-MAIL ADDRESS: genny@edwardsandsherlock.com	
INSURED Coburn Supply Co Inc P O Box 2177 Beaumont, TX 77704	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Travelers Casualty Ins. Co. of America	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	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 OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input 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						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 DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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		N/A	UB7R1700642351K	11/01/2023	11/01/2024	<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)

CERTIFICATE HOLDER

CANCELLATION

Livingston Parish DPW
28325 Charley Watts Rd.
Livingston, LA 70754

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AUTHORIZED REPRESENTATIVE

Craig Sherlock

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