

DATE: 6/07/2024

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00145478

JEFFERSON PARISH

PURCHASING DEPARTMENT
P.O. BOX 9
GRETNA, 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	<u>8/1/24</u>
INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK	<u>14</u>
INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK	<u>14</u>

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) 60059

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: <u>LLJ Environmental Construction, LLC</u>	
SIGNATURE: (Must be signed here) <u>Joy Gros</u>	TITLE: <u>Manager Member</u>
PRINT OR TYPE NAME: <u>Joy Gros</u>	
ADDRESS: <u>PO Box 805</u>	
CITY, STATE: <u>Harvey, LA</u>	ZIP: <u>70059</u>
TELEPHONE: <u>504 309-7304</u>	FAX: <u>504 309-7306</u>
EMAIL ADDRESS: <u>jpgros@lljenvironmental.com</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 26,750.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00145478

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>FURNISH LABOR, MATERIALS AND EQUIPMENT TO REMOVE OLD CARPET, PREP FLOORS AND PROVIDE AND INSTALL NEW TILE</p> <p>0010 DEMO OLD CARPET,PREP FLOORS,PROVIDE AND INSTALL NEW TILE</p> <p>SCOPE OF WORK: PROVIDE & INSTALL: 756SF INERTIA SPECKLED-HAMMERED FINISH 24 X 24 CAULK ALL BORDERS</p> <p>BOSTIC-ROLL COAT WITH MOISTURE COATING 2 COATS PATCH COVE BASE-4" WITH TOE; COLOR:TBD</p> <p>PREP FLOORS FOR MOISTURE BARRIER PRODUCT DEMO EXISTINF CARPET MOVE FURNITURE</p> <p>JOB SITE: 1550 GRETNA BLVD HARVEY, LA 70058</p>	<p>\$ 26,750.⁰⁰</p>	<p>\$ 26,750.⁰⁰</p>



State Licensing Board for Contractors

This is to Certify that:

LLJ ENVIRONMENTAL CONSTRUCTION LLC
Po Box 805
Harvey, LA 70059

is duly licensed and entitled to practice the following classifications

ASBESTOS REMOVAL AND ABATEMENT; BUILDING CONSTRUCTION; LEAD BASED PAINT ABATEMENT AND REMOVAL; LIMITED SPECIALTY SERVICES; RIGGING, HOUSE MOVING, WRECKING AND DISMANTLING



Witness our hand and seal of the Board dated,
Baton Rouge, LA 16th day of May 2024

Director

Chairman

Treasurer

Expiration Date: May 15, 2027

License No:60059

This License Is Not Transferrable



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/7/2024

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 Insurance Underwriters, Ltd. P. O. Box 6738 Metairie LA 70009 License#: 150655 LLJENVI-01	CONTACT NAME: Jonathan Landry PHONE (A/C. No. Ext): 504-620-1795 E-MAIL ADDRESS: jclandry@iulins.com	FAX (A/C. No.): 504-620-1779	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED LLJ Environmental Construction, LLC P.O. Box 805 Harvey LA 70059	INSURER A: Crum & Forster Specialty Insurance Company		44520
	INSURER B: American Interstate Insurance		31895
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES

CERTIFICATE NUMBER: 2075165109

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 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"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	EPK140010	6/7/2024	6/7/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/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			EPK140010	6/7/2024	6/7/2025	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	EFX-123072	6/7/2024	6/7/2025	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ \$
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	AVWCLA3281092024	6/7/2024	6/7/2025	<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
A	Professional			EPK140010	6/7/2024	6/7/2025	Aggregate 1,000,000
A	Pollution			EPK140010	6/7/2024	6/7/2025	Aggregate 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Additional insured wording provided in regards to the General Liability Policy via form SPE0209-0115 and SPE0208-0115.
 Waiver of Subrogation wording provided in regards to the General Liability Policy via form SPE0214-0115.
 Additional insured wording provided in regards to the Hired & Non-Owned Auto coverage under the General Liability Policy via form SPE0209-0115 and SPE0208-0115.
 Waiver of Subrogation wording provided in regards to the Workers Compensation Policy via form WC 00 03 13.

CERTIFICATE HOLDER**CANCELLATION**

Sample

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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