

DATE: 12/09/2024

BID NO.: 50-00146878

**JEFFERSON PARISH**

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

VENDOR: 27118 BLANK BID COPY VENDOR

PURCHASING SPECIALIST:  
SDUMAS

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: \_\_\_\_\_

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

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

**\*\*\* ALL BIDDERS MUST COMPLETE SECTION BELOW \*\*\***

FIRM NAME:

Daiohs First Choice Coffee Services

SIGNATURE:

(Must be signed here)



TITLE:

New Orleans Branch Manager

PRINT OR TYPE NAME:

Daniel Kerne

ADDRESS:

5701 Crawford St, Suite A

CITY, STATE:

Harahan, Louisiana

ZIP:

70123

TELEPHONE:

(504) 818-0966

FAX:

( )

EMAIL ADDRESS:

daniel.kerne@daiohsusa.com

TOTAL PRICE OF ALL BID ITEMS: \$ 6,999

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00146878

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	60.00	BX	<p>TWO(2) YEAR CONTRACT TO PROVIDE COFFEE SERVICE FOR THE JEFFERSON PARISH FIRE TRAINING CENTER</p> <p>0010 PJ'3 FRENCH ROAST, 36/2.5 OZ PER BOX, DARK ROAST &amp; CHICORY</p> <p>TWO(2) YEAR CONTRACT FOR COFFEE SERVICE FOR THE FIRE TRAINING CENTER.</p> <p>THE FOLLOWING EQUIPMENT WILL BE PROVIDED AT NO CHARGE:</p> <p>1. NEWCO 3 BURNER AUTOMATIC COFFEE BREWER 2. TWO GLASS DECANTERS 3. COFFEE FILTERS, ENOUGH FOR EACH BOX</p>	\$ 69.55	\$ 4,173
2	70.00	BX	0020 CARNATION ORIGINAL CREAMER, LIQUID, 180 PACKETS PER BOX	\$ 22.60	\$ 1,582
3	20.00	BX	<p>0030 CARNATION FLAVORED CREAMER, LIQUID ALL FLAVORS, 50 CT PER BOX</p> <p>FLAVORS TO INCLUDE: FRENCH VANILLIA, HAZELNUT, IRISH CREME, CAFE MOCHA, VANILLA CARAMEL, AND SUGAR FREE FRENCH VANILLA.</p>	\$ 9.10	\$ 182
4	180.00	EA	0040 SUGAR CANISTERS 16 Oz	\$ 2.50	\$ 450
5	80.00	EA	0050 CREAM CANISTERS 11 OZ	\$ 2.60	\$ 208
6	10.00	BX	0060 SPLENDA SUGAR SUBSTITUTE 400 COUNT BOX	\$ 26.95	\$ 269.50
7	10.00	BX	0070 STIR STICKS PLASTIC, 1000 COUNT BOX	\$ 3.50	\$ 35
8	10.00	BX	0080 SWEET N LOW SUGAR SUBSTITUTE 400 COUNT PER BOX	\$ 9.95	\$ 99.50





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/10/2024

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).

<b>PRODUCER</b> MARSH USA, LLC 155 N. Wacker, Suite 1200 Chicago, IL 60606	<b>CONTACT NAME:</b> Marsh   U.S. Operations <b>PHONE (A/C, No, Ext):</b> 866-966-4664 <b>E-MAIL ADDRESS:</b> Chicago.CertRequest@marsh.com <b>FAX (A/C, No):</b> 212-948-0770
CN102774444-Stndc-GAWUP-24-25	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Mitsui Sumitomo Insurance Co. Of America <b>INSURER B:</b> N/A <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b> Daiohs USA, Inc. DBA: First Choice Coffee Services Blue Tiger Coffee 1 S 660 Midwest Road, Suite 120 Oakbrook Terrace, IL 60181	<b>NAIC #</b> 20362 N/A

**COVERAGES**      **CERTIFICATE NUMBER:** CHI-010839030-01      **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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			PKG3127434	11/01/2024	11/01/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <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			BVR8407011	11/01/2024	11/01/2025	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"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			UMB5700846	11/01/2024	11/01/2025	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WCP9115434 (IL,AR,AZ,CA,CO,CT,FL,GA,IA,KS,KY,LA,MD,MI,MN,MO,NC,NH,NV,NM,NY,OK,OR,RI,TX,VA) WCP9115435 (PA,WI)	11/01/2024 11/01/2024	11/01/2025 11/01/2025	<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

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

<b>CERTIFICATE HOLDER</b> Jefferson Parish Fire Training Center 3321 River Road Westwego, LA 70094	<b>CANCELLATION</b> 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  Marsh USA LLC
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