

DATE: 10/07/2024

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00146147

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

8 Week Lead Time

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

1 week once supplies received

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

1 week

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: addendum #1 dated 10/09/2024

NUMBER: _____

NUMBER: _____

NUMBER: _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 55529

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: AHG Services,LLC	
SIGNATURE: (Must be signed here)	TITLE: Principal
PRINT OR TYPE NAME: Douglas A. Guthans	
ADDRESS: 2225 Piedmont Street	
CITY, STATE: Kenner, LA	ZIP: 70062
TELEPHONE: (504) 267-3800	FAX: (504) 267-3801
EMAIL ADDRESS: dguthans@ahgservicesllc.com	

TOTAL PRICE OF ALL BID ITEMS: \$ 22,054.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00146147

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			FURNISH LABOR, MATERIALS AND EQUIPMENT TO SUPPLY AND INSTALL ONE CU-2 15 TON CONDENSER UNIT FOR JEFFERSON PARISH PUBLIC WORKS		
1	1.00	EA	0001 - CU-2 15 ton condenser unit	\$ 18,814.00	\$ 18,814.00
2	36.00	HR	0002 - Labor Unit is running at half capacity and not cooling bldg. Location: Jefferson Parish Public Works-Rheem Bldg 4901 Jefferson Hwy Jefferson, La. 70121 ***As per Bid Specifications***	\$ 90.00	\$ 3,240.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/11/2024

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	CONTACT NAME: Jonathan Landry	FAX (A/C, No): 504-620-1779	
	PHONE (A/C, No, Ext): 504-620-1795	E-MAIL ADDRESS: jclandry@iulins.com	
INSURED AHG Services, LLC 2225 Piedmont Street Kenner LA 70062	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Phoenix Insurance Company		25623
	INSURER B: Charter Oak Fire Insurance Co.		25615
	INSURER C: Travelers Property Casualty		25674
	INSURER D: LUBA		12472
	INSURER E: American Zurich Insurance Co		40142
INSURER F:			

License#: 150655
AHG SERV-01**COVERAGES****CERTIFICATE NUMBER:** 436311045**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	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"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	4TC08293B742PHX24	4/10/2024	4/10/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY	Y	Y	BA9M063347242SG	4/10/2024	4/10/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y	Y	CUP3K417649242S	4/10/2024	4/10/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ \$
D	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/A	027000300871124	4/10/2024	4/10/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	Equipment			EC11501022	4/10/2024	4/10/2025	Rented/Leased Equip 250,000

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

General Liability:
Designated Project(s) General Aggregate Limit (CG D2 11 01 04).
Blanket Additional Insured as required by written contract (CG D2 46 04 19) (Includes Products-Completed Operations If Required By Contract).
Blanket Primary and Non-Contributory Insurance if Required by Written Contract (CG T1 00 02 19).
Blanket/Designated 30 Day Notice of Cancellation (IL T4 05 05 19).
XTend Endorsement for Contractors form CG D3 16 02 19 includes the following:
Blanket Waiver of Subrogation as required by written contract.
Blanket Additional Insured Governmental Entities as required by written contract.
See Attached...

CERTIFICATE HOLDER**CANCELLATION**

Jefferson Parish
Purchasing Department
200 Derbigny Street
Suite 4400
Gretna LA 70053
USA

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

© 1988-2015 ACORD CORPORATION. All rights reserved.



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Insurance Underwriters, Ltd.		NAMED INSURED AHG Services, LLC 2225 Piedmont Street Kenner LA 70062	
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

Auto Liability:

Business Auto Extension Endorsement Louisiana form CA F1 06 02 15 includes the following: Blanket Additional Insured as required by written contract.
Blanket Waiver of Subrogation as required by written contract.
Blanket Additional Insured-Primary and Non-Contributory as required by written contract (CA T4 99 02 16).
Blanket 30 Day Notice of Cancellation (IL T4 05).

Worker's Compensation:

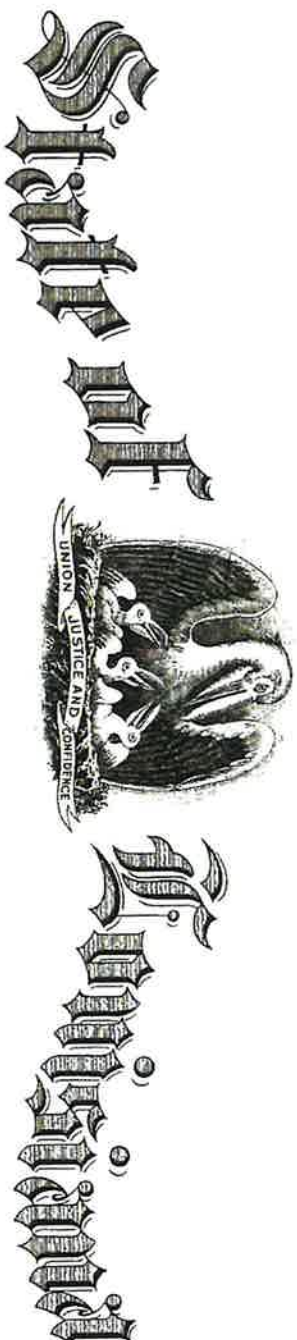
Blanket Waiver of Subrogation Where Required by Written Contract (WC 00 03 13).
Blanket Alternate Employer Endorsement Where Required by Written Contract (WC 00 03 01 A).
Blanket 30 DNOC as per form (WC 99 03 02).
Officers Excluded: Douglas Guthans

Excess Follow-Form and Umbrella Liability:

Policy Follows Form on underlying policies.
Underlying Policies: General Liability, Auto Liability, Worker's Compensation

BID 5000131357 – Two (2) year labor contract for troubleshooting and repairing various makes and models of (HVAC) heating, ventilation and air conditioning systems equipment for various buildings for the Jefferson Parish Eastbank Consolidated Fire Department

For: 5000146147 Furnish Labor, Materials and Equipment to Supply and Install One CU-2 15 Ton Condenser Unit for Jefferson Parish Public Works



State Licensing Board for Contractors

This is to Certify that:
AHG SERVICES, L.L.C.
2225 Piedmont Street
Kenner, LA 70062

is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION; HEAVY CONSTRUCTION; MECHANICAL WORK (STATEWIDE); MUNICIPAL
AND PUBLIC WORKS CONSTRUCTION; PLUMBING (STATEWIDE); SPECIALTY: STEAM AND HOT WATER
HEATING IN BUILDINGS OR PLANTS



Expiration Date: June 1, 2025

License No: 55529

Witness our hand and seal of the Board dated,
Baton Rouge, LA 2nd day of June 2022

Will S. MacP

Director

Lee M. Abbott

Chairman

This License Is Not Transferrable

Andy Sklar

Treasurer