

DATE: 1/30/2024

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00144436

**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

March 7, 2024

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

One (1)

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

One (1)

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:

NOLA Protection Group, LLC.

SIGNATURE:

(Must be signed here)

[Signature]

TITLE:

Member

PRINT OR TYPE NAME:

Frank Quinn

ADDRESS:

3817 Spencer St.

CITY, STATE:

Harvey, LA

ZIP:

70058

TELEPHONE:

(504) 577-2323

FAX:

( )

EMAIL ADDRESS:

frank@nolaprotection.com

TOTAL PRICE OF ALL BID ITEMS: \$ 4650.00

DATE: 1/30/2024

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## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00144436

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	EA	FURNISH LABOR, MATERIALS AND EQUIPMENT TO PROVIDE AND INSTALL MULTI ZONE WALK-THROUGH METAL DETECTOR FOR JEFFERSON PARISH GENERAL SERVICES  0010 - PZ-0985 HI-PE PLUS MULTI ZONE WALK-THROUGH METAL DETECTOR	\$ 3750. <sup>00</sup>	\$
2	1.00	EA	PANEL VERSION, COMPLETE WITH FOUR MULTI ZONE DISPLAY BARS PROGRAMMABLE AS PACING LIGHTS AND/OR 60 LOCALIZATION ZONES, LOW VOLTAGE DC POWER, RS-232 COMMUNICATION, ANTI- TAMPER ON/OFF SWITCH  0020 - INSTALLATION FOR HIPE PLUS/PZ - UNIT - INSTALLATION  AND OPERATOR ORIENTATION	\$ 600. <sup>00</sup>	\$
3	1.00	EA	0030 - SHIPPING & HANDLING  REF 1260 24  PLEASE DELIVER TO:  JEFFERSON PARISH GENERAL SERVICES CENTRAL PLANT 960 1ST STREET GRETNA, LA 70053	\$ 300. <sup>00</sup>	\$ 4650. <sup>00</sup>

## Additional Requirements for Bid

### #3 Business Licenses

#### Jefferson Parish OCC License

**FOR PUBLIC DISPLAY - NOT TRANSFERABLE**  
ISSUED BY  
SHERIFF AND EX-OFFICIO TAX COLLECTOR-JEFFERSON PARISH, LOUISIANA

## 2023 Occupational License Tax

**License # 882871471**  
**Account # 11256236**

**Location Address**  
3817 SPENCER ST  
HARVEY, LA

**Business Class 561612**  
Security Guards and Patrol Services

**License Class 1740**  
Retail Mdlse/Service Rental, etc.

Tax	Interest	Penalty	Other	Total	Payment
\$6,200.00	\$0.00	\$0.00	\$0.00	\$6,200.00	\$6,200.00

**JOSEPH P. LOPINTO, III**  
SHERIFF & TAX COLLECTOR

**Gregory A. Ruppert, Director**  
Bureau of Revenue and Taxation

Pursuant to Jefferson Parish Code of Ordinances Chapter 35, Article VI, Section 35-153, the issuance of this occupational license to the person or firm named hereon is a receipt for payment of said tax and entitles the recipient to operate a business at the location shown, provided said business is operated within the confines of the application thereof, and does not violate any parish or state criminal, health, or zoning laws. This license will expire December 31, 2023.

**RENEWAL APPLICATIONS ARE DUE PRIOR TO MARCH 1.**

*Louisiana State Board of Private Security Examiners License*



**#5. We have visited the site and evaluated our ability to perform prior to bid submission .**

**#6 We agree to keep jobsite free and clear of all debris daily and upon completion of the contract. We also agree to exercise precaution at all times to safeguard the welfare of JEFFERSON PARISH and the general public.**

## #10 INSURANCE

## 2024 NOLA PROTECTION SAMPLE COI



NOLAPRO-01

RDIODENE

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/29/2024

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> Blumberg and Associates, Inc. 8560 Jefferson Highway Baton Rouge, LA 70809	<b>CONTACT</b> NAME: PHONE (A/C, No, Ext): (225) 767-1442 FAX (A/C, No): (225) 767-0806 E-MAIL ADDRESS:														
<b>INSURED</b>  Nola Protection Group, LLC 3817 Spencer St Harvey, LA 70058	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Summit Specialty Insurance Company</td> <td>16889</td> </tr> <tr> <td>INSURER B: Am GUARD Insurance</td> <td>42390</td> </tr> <tr> <td>INSURER C: LUBA Workers Compensation</td> <td>12472</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Summit Specialty Insurance Company	16889	INSURER B: Am GUARD Insurance	42390	INSURER C: LUBA Workers Compensation	12472	INSURER D:		INSURER E:		INSURER F:	
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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 INSUR 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 checked="" type="checkbox"/> ERRORS & OMISSIONS  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		RNWL OF: SCGL005000097000	1/26/2024	1/26/2025	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 - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		NOAU477349	7/1/2023	7/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		RNWL OF: SXCS005000029700	1/26/2024	1/26/2025	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ Aggregate \$ 4,000,000
C	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 Y N/A	028000022451123	3/1/2023	3/1/2024	<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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 General liability includes the following forms that are attached hereto:

CG2010 04/13 Additional Insured  
 CG2037 12/19 Additional Insured  
 CG2404 12/19 Waiver of Subrogation

Automobile liability includes the following forms that are attached hereto:  
 SEE ATTACHED ACORD 101

<b>CERTIFICATE HOLDER</b>  Viacom/CBS 1575 North Gower St. Los Angeles, CA 90028	<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 
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ACORD 25 (2016/03)

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**#13 Freight charges are included in the total cost outlined. The item is considered to be FOB Delivered.**

End of Packet