

DATE: 3/01/2024

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00144607

JEFFERSON PARISH

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

VENDOR: 27118 BLANK BID COPY VENDOR

PURCHASING SPECIALIST:
DMEVANS

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.

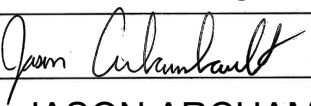
Acknowledge Receipt of Addenda: NUMBER: _____

NUMBER: _____

NUMBER: _____

NUMBER: _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 66093

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: B&J ENTERPRISE OF METAIRIE, INC	
SIGNATURE: (Must be signed here) 	TITLE: AGENT
PRINT OR TYPE NAME: JASON ARCHAMBAULT	
ADDRESS: 905 RUE ST. MICHAEL	
CITY, STATE: HAMMOND, LA	ZIP: 70403
TELEPHONE: (504)416-8552	FAX: (504)510-4292
EMAIL ADDRESS: JASON.MJROOFINGLA@GMAIL.COM	

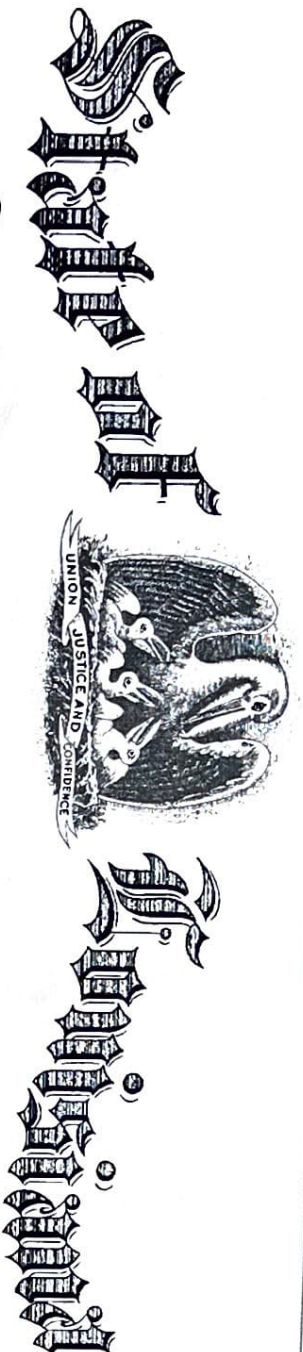
TOTAL PRICE OF ALL BID ITEMS: \$ 3,850.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00144607

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>FRUNISH LABORM MATERIAL AND EQUIPMENT TO REPAIR ROOF DAMAGE</p> <p>0001 JEFFERSON PLAYGROUND SHELTER ROOF REPAIR- INCLUDES ALL LABOR, MATERIALS AND EQUIPMENT NECESSARY TO PERFORM WORK STATED BELOW: INCLUDES REMOVAL OF DAMAGED HIP TRIM. INCLUDES INSTALLING NEW 24 GAUGE TRIM ON HIPS OF SHELTER ROOF- 9 DAMAGED HIPS. ***IDA DAMAGE*** JEFFERSON PLAYGROUND 4100 SOUTH DRIVE JEFFERSON, LA 70121 CONTACT: GERRY CONSTANT 504-349-5010 OFFICE</p>	\$ 3,850.00	\$ 3,850.00



State Licensing Board for Contractors

This is to Certify that:

B & J ENTERPRISE OF METAIRIE, INC
905 Rue Saint Michael
Hammond, LA 70403

is duly licensed and entitled to practice the following classifications

SPECIALTY: ROOFING AND SHEET METAL, SIDING



Expiration Date: December 21, 2025

License No: 66093

Witness our hand and seal of the Board dated,
Baton Rouge, LA 22nd day of December 2022

Willis MacP
Director

Lee M. Smith
Chairman

This License Is Not Transferable

Andy Newman
Treasurer

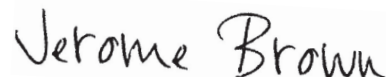
CORPORATE RESOLUTION
(OR SUBSTITUTE YOUR ENTITY'S LEGAL EQUIVALENT)

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF
B&J ENTERPRISE OF METAIRIE, INCORPORATED.

AT THE MEETING OF THE DIRECTORS OF B&J ENTERPRISE OF METAIRIE,
INCORPORATED, DULY NOTICED AND HELD ON MARCH 20, 2023, A
QUORUM BEING PRESENT, ON MOTION DULY MADE AND SECONDED. IT WAS:

RESOLVED. THAT JASON ARCHAMBAULT, BE AND IS HEREBY APPOINTED,
CONSTITUTED AND DESIGNATED AS AGENT AND ATTORNEY-IN-FACT OF THE
CORPORATION WITH FULL POWER AND AUTHORITY TO ACT ON BEHALF OF THIS
CORPORATION IN ALL NEGOTIATIONS, BIDDING, CONCERNS AND TRANSACTIONS
WITH THE CITY OF KENNER OR ANY OF ITS AGENCIES, DEPARTMENTS, EMPLOYEES
OR AGENTS, INCLUDING BUT NOT LIMITED TO, THE EXECUTION OF ALL BIDS,
PAPERS, DOCUMENTS, AFFIDAVITS, BONDS, SURETIES, CONTRACTS AND ACTS AND
TO RECEIVE AND RECEIPT THEREFOR ALL PURCHASE ORDERS AND NOTICES ISSUED
PURSUANT TO THE PROVISIONS OF ANY SUCH BID OR CONTRACT, THIS
CORPORATION HEREBY RATIFYING, APPROVING, CONFIRMING AND ACCEPTING
EACH AND EVERY SUCH ACT PERFORMED BY SAID AGENT AND ATTORNEY-IN-FACT.

I HEREBY CERTIFY THE FOREGOING TO
BE A TRUE AND CORRECT COPY OF AN
EXCERPT OF THE MINUTES OF THE
ABOVE DATED MEETING OF THE BOARD
OF DIRECTORS OF SAID CORPORATION,
AND THE SAME HAS NOT BEEN
REVOKED OR RESCINDED.



SECRETARY-TREASURER

JEROME BROWN

DATE: 3/20/2023



B&JENT-S01

TPAYNE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/7/2024

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 Houchens Insurance Group 109 International Drive, Suite 101 Franklin, TN 37067	CONTACT NAME: Theresa Payne, CISR, CRIS, TRIP, MLIS, QPIS, PCIA	
	PHONE (A/C, No, Ext): (270) 781-2084 4429 FAX (A/C, No): (270) 843-8808	
	E-MAIL ADDRESS: tpayne@higusa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Obsidian Specialty Insurance Company	16871
INSURED B & J Enterprise Of Metairie, Inc. 905 Rue St. Michael St Hammond, LA 70403	INSURER B : Silver Oak Casualty, Inc.	26869
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

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 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 type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			SCBGL000044885	2/19/2024	2/19/2025	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 OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <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 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below			SVWCLA3197332023	7/29/2023	7/29/2024	<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

Evidence of Insurance for Insured B & J Enterprise Of Metairie, Inc. 905 Rue St. Michael St Hammond, LA 70403	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

**Insurance Declaration Affidavit
Automotive**

AFFIDAVIT

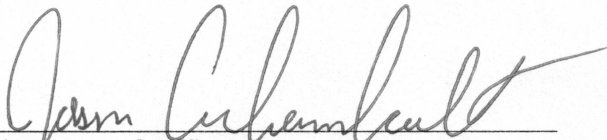
STATE OF LOUISIANA

PARISH/COUNTY OF JEFFERSON

BEFORE ME, the undersigned authority, personally came and appeared,
JASON ARCHAMBAULT, (Affiant) who after being duly sworn, deposed and said that he/she
is the fully authorized AGENT of B&J ENTERPRISE OF METAIRE, INC. (Entity), the
party who submitted a Proposal/Contract/Bid/RFP/SOQ No. 50-00144607, to Jefferson Parish.

Affiant further said:

- (1) That entity does not own automobiles or use automobiles in the furtherance of the services provided under the contract.
- (2) That if the entity obtains automobiles or begins to use automobiles in the furtherance of the services provided under the contract, affiant will notify Jefferson Parish and obtain the proper coverage.



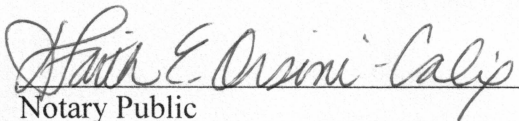
Signature of Affiant

JASON ARCHAMBAULT

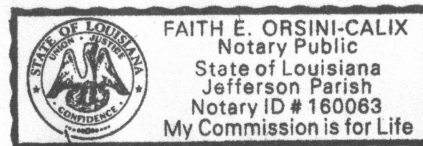
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 7 DAY OF MARCH, 2024.



Notary Public



FAITH E. ORSINI-CALIX

Printed Name of Notary

160063

Notary/Bar Roll Number

My commission expires for life

