

DATE: 4/19/2024

INVITATION TO BID
THIS IS NOT AN ORDER

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BID NO.: 50-00144916

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 _____

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:

Sharp Testing Services, Inc.

SIGNATURE:

(Must be signed here)

TITLE:

President

PRINT OR TYPE NAME:

Stephen Sharp

ADDRESS:

9506 Miller Road

CITY, STATE:

Magnolia TX

ZIP:

77354

TELEPHONE:

(832) 722-7765

FAX:

(888) 984 3984

EMAIL ADDRESS:

sssharp@sharp-testing.com

TOTAL PRICE OF ALL BID ITEMS: \$ 43,444.50

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INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00144916

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	43,300.00	FT	<p>TWO (2) YEAR CONTRACT FOR ANNUAL HYDROSTATIC HOSE TESTING AT THE JEFFERSON PARISH EAST BANK CONSOLIDATED FIRE DEPARTMENT</p> <p>0010 HYDROSTATIC HOSE TESTING - ANNUALLY 1-3/4" HOSE</p> <p>TESTING LOCATION: FIRE TRAINING CENTER 3221 RIVER ROAD BRIDGE CITY, LA 70094</p> <p>TWO (2) YEAR CONTRACT FOR ANNUAL HYDROSTATIC HOSE TESTING AT THE JEFFERSON PARISH EAST BANK CONSOLIDATED FIRE DEPARTMENT</p>	\$.33	\$ 14289.00
2	32,200.00	FT	<p>0020 HYDROSTATIC HOSE TESTING - ANNUALLY 2-1/2" HOSE</p>	\$.33	\$ 10626.00
3	56,150.00	FT	<p>0030 HYDROSTATIC HOSE TESTING - ANNUALLY 4" HOSE</p> <p>***AS PER BID SPECIFICATIONS***</p>	\$.33	\$ 18529.50



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/18/2024

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		CONTACT	
Ellard Insurance Agency, LLC		NAME: Certificates Ellard Insurance	
PO Box 1898		PHONE (A/C, No, Ext): (281) 479-6444	FAX (A/C, No): (281) 929-0816
		E-MAIL: certificates@ellardinsurance.com	
		ADDRESS:	
Deer Park TX 77536		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Admiral Insurance Co	
		INSURER B: National Liability & Fire Insurance Co	
		INSURER C: Texas Mutual Insurance Co	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED		NAIC #	
Sharp Testing Services Inc		24856	
9506 Miller Rd		20052	
Magnolia TX 77354-3434		22945	

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	Y	Y	CA000044964-03	04/01/2024	04/01/2025	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input checked="" type="checkbox"/> Deductible BIPD Combined						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> Deductible Pmsl & Adv Injury						PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						Deductible per occur \$ 5,000
B	AUTOMOBILE LIABILITY	Y	Y	73APS11528	01/03/2024	01/03/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			GX000005343-03	04/01/2024	04/01/2025	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 1,000,000
	DED RETENTION \$						EBLIA \$ 000,000 / 2,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	0001256802	08/12/2023	08/12/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

See ACORD 101

CERTIFICATE HOLDER

Jefferson Parrish

200 Derbigny St Ste 4400

Purchasing Department

Gretna 70053

CANCELLATION

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

Ellard

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