

DATE: 11/20/2023

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00143867

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

60 days from Date of PO.

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

60 days from Date of PO

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

2 Day

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) 21224

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

FIRM NAME:	
<u>Reynolds Industrial DBA: Catamaran Solutions</u>	
SIGNATURE:	TITLE:
(Must be signed here) <u>Chris Strickland</u>	<u>CEO</u>
PRINT OR TYPE NAME:	
<u>Chris Strickland</u>	
ADDRESS:	
<u>1425 Parpura Ave</u>	
CITY, STATE:	ZIP:
<u>Gonzales LA</u>	<u>70737</u>
TELEPHONE:	FAX:
<u>(601) 395-0044</u>	<u>()</u>
EMAIL ADDRESS:	
<u>piecie.woodard@cataus.com</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 10,754⁰⁰

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00143867

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>FURNISH LABOR, MATERIALS AND EQUIPMENT TO REMOVE EXISTING, PROVIDE AND INSTALL NEW MECO SHADES FOR EDITH S. LAWSON LIBRARY</p> <p>0001 - Provide and install twenty-three (23) new MechoShades</p> <p>LOCATION:</p> <p>EDITH S LAWSON LIBRARY 635 FOURTH STREET WESTWEGO, LA 70094</p> <p>Contact for Site Visit: Offord Langston Library Maint. Superintendent Ph: 504/838-1100 Ext. 2902 Hours: 8am-3pm Tues.-Fri.</p> <p>***AS PER BID SPECIFICATIONS***</p>	\$ 467. ⁵⁴	\$ 10,754. ⁰⁰

LOUISIANA AUTO INSURANCE IDENTIFICATION CARD



COMMERCIAL



PERSONAL

COMPANY NAIC NUMBER

12936

COMPANY AFFORDING COVERAGE (NAME & ADDRESS)

Houston Specialty Insurance Co

An insurer authorized to transact business in Louisiana has issued the Motor Vehicle Policy identified here on. The coverage provided by this policy meets the minimum liability insurance limits prescribed by law.

POLICY NUMBER

HSLR180675705

EFFECTIVE DATE

10/01/2023

EXPIRATION DATE

10/01/2024

YEAR

Fleet

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

NAME OF INSURED **Catamaran Solutions, Inc.**
142 Old Shreveport Road
Minden, LA 71055

**THIS CARD MUST BE CARRIED IN THE VEHICLE AT ALL TIMES
AS EVIDENCE OF INSURANCE**

SEE IMPORTANT NOTICE ON REVERSE SIDE

IMPORTANT NOTICE

La. R.S. 32:863.1 requires that an operator of a motor vehicle produce upon demand by a law enforcement officer documentation of motor vehicle security which is required to be maintained within the vehicle at all times.

Failure to comply may result in fines, revocation of registration privileges, and block against the renewal or issuance of a drivers license.

INSURANCE AGENT (NAME, ADDRESS & TELEPHONE NUMBER)

Cobbs, Allen & Hall, Inc.
115 Office Park Drive
Birmingham, AL 35223

(205) 414-8100

EXCLUDED DRIVERS

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/05/2023

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER USI Insurance Services, LLC 235 Magrath Darby Blvd Ste 325 Mount Pleasant, SC 29464 843 573-2600	<table border="1"> <tr> <td colspan="2">CONTACT NAME: Ross Obey</td> </tr> <tr> <td>PHONE (A/C, No, Ext): 843 573-2600</td> <td>FAX (A/C, No):</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: ross.obey@usi.com</td> </tr> <tr> <td colspan="2">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A: Indemnity Insurance Company of N A</td> <td>NAIC # 43575</td> </tr> <tr> <td>INSURER B: ACE Fire Underwriters Insurance Co.</td> <td>20702</td> </tr> <tr> <td>INSURER C: ACE American Insurance Company</td> <td>22667</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> </table>	CONTACT NAME: Ross Obey		PHONE (A/C, No, Ext): 843 573-2600	FAX (A/C, No):	E-MAIL ADDRESS: ross.obey@usi.com		INSURER(S) AFFORDING COVERAGE		INSURER A: Indemnity Insurance Company of N A	NAIC # 43575	INSURER B: ACE Fire Underwriters Insurance Co.	20702	INSURER C: ACE American Insurance Company	22667	INSURER D:		INSURER E:		INSURER F:	
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INSURED HKA Enterprises, LLC 337 Spartangreen Blvd Duncan, SC 29334																					

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS 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 RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	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	N/A	WLRC50667467 (AOS) SCFC50667522 (WI) WLRC50667613 (OR)	09/01/2023	09/01/2024	PER STATUTE 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

Jefferson Parish Library
 4747 West Napoleon Avenue
 Metairie, LA 70001-2310

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

Paula B Bulman



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/5/2023

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
Cobbs, Allen & Hall, Inc.
115 Office Park Drive
Birmingham AL 35223

License#: 79319
CATASOL-01

CONTACT NAME: Susan Gore

PHONE (A/C No, Ext): 205-874-1305

FAX (A/C, No):

E-MAIL ADDRESS: sgore@cobbsallen.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Crum & Forster Specialty Insurance Company

44520

INSURER B : Houston Specialty Insurance Co

12936

INSURER C : Travelers P&C of America

25674

INSURER D :

INSURER E :

INSURER F :

INSURED
Catamaran Solutions, Inc.
Reynolds Industrial Contractors, Inc.
See Addendum for Named Insured Schedule
142 Old Shreveport Road
Minden LA 71055

COVERAGES

CERTIFICATE NUMBER: 236631976

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 checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			EPK145302	10/1/2023	10/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			HSLR180675705	10/1/2023	10/1/2024	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"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			EFX123736	10/1/2023	10/1/2024	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
	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 <input type="checkbox"/>	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A C	Contractors Poll/Prof E&O Contractors Equipment			EPK145302 6309W368061	10/1/2023 10/1/2023	10/1/2024 10/1/2024	Pollution/E&O Any One Item 1,000,000 500,000

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

With respects to the above General Liability, Pollution, and Auto policy, the certificate holder will be considered as an additional insured (ongoing and completed operations) if required by written contract, on a Primary & Non-Contributory basis, subject to the endorsements' terms and conditions.

With respects to the above General Liability, Pollution, and Auto policy, the certificate holder will be provided a waiver of subrogation if required by written contract subject to the endorsements' terms and conditions.

The above Excess Liability policy is excess over, and follows form, to the above: GL Package and Auto policies subject to the Excess policy's terms, conditions and exclusions.

Contractors Equipment Coverage-
See Attached...

CERTIFICATE HOLDER

Jefferson Parish Library
4747 West Napoleon Avenue
Metairie LA 70001

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

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ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Cobbs, Allen & Hall, Inc.		NAMED INSURED Catamaran Solutions, Inc. Reynolds Industrial Contractors, Inc. See Addendum for Named Insured Schedule 142 Old Shreveport Road Minden LA 71055	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Scheduled Items: \$573,423;
 Unscheduled Owned Equipment: \$10,000, Max \$2,500 Any One Item,
 Leased or Rented- Unscheduled Equipment Owned by Others, Any One Item: \$500,000;
 Newly Acquired Contractors Equipment: \$250,000
 Deductible: \$2,500
 Valuation: Actual Cash Value

Named Insured Schedule includes:
 Catamaran Solutions Inc
 Catamaran Commercial Services Inc.
 Catamaran Union Services Inc
 Catamaran Industrial Services Inc
 Reynolds Industrial Contractors Inc.
 Catamaran Midstream, LLC
 Turnkey Commodities, LLC