

DATE: 10/25/2024

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00146724

JEFFERSON PARISH

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

VENDOR: 330 813

PURCHASING SPECIALIST:
RTRAN

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	<u>10 Days ARO</u>
INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK	<u>10 Days ARO</u>
INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK	<u>11 Days ARO</u>

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: 1 2
NUMBER: _____
NUMBER: _____
NUMBER: _____

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

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME:	
SIGNATURE: <u>Be The Light Decor</u>	TITLE:
(Must be signed here) <u>ff</u>	<u>Owner</u>
PRINT OR TYPE NAME:	
<u>Steven Hunter Eckers</u>	
ADDRESS:	
<u>389 Aspen Lane</u>	
CITY, STATE:	ZIP:
<u>Covington LA</u>	<u>70437</u>
TELEPHONE:	FAX:
<u>(504) 920-5321</u>	<u>()</u>
EMAIL ADDRESS:	
<u>Info @ be.the.light.decor.com</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 62,000 ^{1/100}

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00146724

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			<p>THREE (3) MONTHS CONTRACT TO SUPPLY, TEMPORARY INSTALLATION, AND REMOVAL OF HOLIDAY THEMED POLE DECORATIONS FOR THE JEFFERSON PARISH DEPARTMENT OF PARKWAYS</p> <p>THIS CONTRACT SHALL INCLUDE SUPPLY, TEMPORARY INSTALLATION AND REMOVEAL OF HOLIDAY THEMED POLE DECORATIONS FOR A PERIOD OF THREE (3) MONTHS. THE RENTAL POLE DECORATIONS SHALL BE TEMPORARILY INSTALLED AND CONNECTED TO THE EXISTING POLE MOUNTED ELECTRICAL OUTLETS LOCATED ON THE EXISTING WOOD UTILITY POLES ALONG AMES BOULEVARD IN MARRESO, LA.</p>		
1	50.00	EA	0010 SUPPLY, INSTALL, AND REMOVE TEMPORARY POLE DECORATIONS	\$ 1,100	\$ 55,000 ^{xx}
2	20.00	EA	0020 INSTALL AND REMOVE PARISH SUPPLIED POLE DECORATIONS	\$ 350	\$ 7,000
			<p>SITE VISIT CONTACT: BRYAN PARKS (504)349-5800</p>		



BETHEL-01

KKING

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/18/2024

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 Financial Assurance LLC 2450 Severn Avenue STE 215 Metairie, LA 70001	CONTACT NAME PHONE (AC, Ho, Ext) (504) 846-3500 FAX (AC, Ho) (504) 833-9010 E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE INSURER A: Burlington Insurance Company INSURER B: Employers Preferred Ins. Co. INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Be the Light Decor LLC 389 Aspen Ln Covington, LA 70433	

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.

INSTR	TYPE OF INSURANCE	ADDL INSD	SUBR WRD	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 GENL AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJEC <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X		760B002923	9/15/2024	9/15/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (E & contents) \$ 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
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X		760B002923	9/15/2024	9/15/2025	COMBINED SINGLE LIMIT (E & accident) \$ 1,000,000 BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ 1,000,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in LA) If yes describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	EIG5363844-00	9/15/2024	9/15/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The Jefferson Parish, its Districts, Departments and Agencies under the direction of the Parish President and the Parish Council (as additional insured under the Commercial General Liability and the Comprehensive Automobile Liability policies.)

CERTIFICATE HOLDER Jefferson Parish Purchasing Department General Government Building 200 Derbigny St. Suite 4400 Gretna, LA 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
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ACORD 25 (2016/03)

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