


ERNEST N. MORIAL
CONVENTION CENTER
Exhibits

VIII. EXHIBITS

All Proposals shall be submitted on the forms provided herein this Section. Failure to complete all forms and applicable exhibits in the quantities specified will result in Proposals being deemed non-responsive and not eligible for Contract Award.

Exhibit No. 1: Contract Relationship

Exhibit No. 2: Scope of Work including all Technical Specifications, Drawings, Photos, and Diagrams.

Exhibit No. 3: Proposal forms utilized to submit Proposer's offer in accordance with terms, conditions and scope of work outlined.

Exhibit No. 4: Project Schedule.

Exhibit No. 5: Insurance Certificate to be submitted by apparent low bidder at the time the Notice of Award is signed.

Exhibit No. 6: Name of Firm for Subcontract/Joint Venture.

Exhibit No. 7: Data and Confidentiality Agreement.

Exhibit No. 8: Bid Bond in the amount of five percent (5%) of Bidder's total bid.

Exhibit No. 9: Copy of Contractor's Current and up-to-date Louisiana State Contractor's License.

Exhibit No. 10: Corporate Resolution or other approved documentation shall be submitted with bid.

Exhibit No. 11: Additional Proposer Data to be furnished at Proposer's option.



New Orleans
ERNEST N. MORIAL
CONVENTION CENTER
Exhibits

Exhibit No. 1: Contract Relationship:

The Contract shall be between The Ernest N. Morial New Orleans Exhibition Hall Authority (“the Authority”) a political subdivision of the State of Louisiana. New Orleans Public Facility Management, Inc. (“NOPFMI”) a quasi-public body that is charged with the responsibility of managing the Ernest N. Morial Convention Center-New Orleans (“ENMCCNO”) on a day-to-day basis. NOPFMI and the Authority are referred to herein collectively as “Owner” and the Successful Contractor. The Owner and Contractor may be referred to collectively as the “Parties”.

 *New Orleans*
ERNEST N. MORIAL
CONVENTION CENTER
Exhibits

Exhibit No. 2: Scope of Work

The Scope of this Project consists of the furnishing and installation of sheet metal ductwork, exhaust fans and grilles in the attic above the Conference Auditorium as Ceiling Space Humidity Remediation.

Work shall be scheduled as allowed according to the most recent Event Schedule.

Work shall be performed as per the attached plans and specifications prepared Associated Design Group, Inc.


New Orleans
ERNEST N. MORIAL
CONVENTION CENTER
Exhibits

Exhibit No. 3: Proposal Forms

Page 1 of 3

PROPOSAL

DATE: _____

Ernest N. Morial New Orleans
Exhibition Hall Authority
900 Convention Center Blvd.
New Orleans, Louisiana 70130

Gentlemen:

(I) (We) _____
(PRINT OR TYPE NAME OF COMPANY SUBMITTING PROPOSAL)

do hereby declare that (I) (we) have carefully examined the Proposal Documents prepared by the Ernest N. Morial Convention Center--New Orleans for the Ernest N. Morial New Orleans Exhibition Hall Authority (Owner) for the **AUDITORIUM CEILING SPACE HUMIDITY REMEDIATION** and that (I) (we) have carefully examined the job site premises and have a clear understanding of the said documents and premises. (I) (We) hereby propose to furnish all tools, machinery, equipment, labor, materials, services, and other means of construction outlined in the Contract and Proposal Documents, necessary for completing all work specified on this Proposal Form.

Base Bid:

Shall include all labor, supervision, tools, equipment, materials, supplies, and other means necessary for the **AUDITORIUM CEILING SPACE HUMIDITY REMEDIATION** as specified herein.

\$ _____ *(figures).*
_____ *(words).*

TOTAL BID PRICE (BASE BID):

\$ _____ *(figures).*
_____ *(words).*

(I) (We) agree, if awarded the contract, (I) (We) will commence and execute work within the timeframe outlined in the Contract and Bid Documents.


ERNEST N. MORIAL
CONVENTION CENTER

PROPOSAL

(I) (We) agree, if awarded the Contract, (I) (we) will commence and execute work within time frames outlined in the Contract and Proposal Documents.

The undersigned hereby designates the office to which the "Notice of Award" and Contract may be mailed:

PROPOSER'S NAME: _____
(Print or Type Name of Individual Preparing Proposal)

COMPANY NAME: _____

COMPANY ADDRESS: _____

STATE OF
INCORPORATION: _____
(If Applicable)

PHONE NO.: () _____

FAX NO.: () _____

It is clearly understood that (my) (our) Proposal may be withdrawn at any time prior to the scheduled time of Proposal opening, or any authorized postponement thereof, provided that the Owner receives (my) (our) written request for such withdrawal prior to Proposal Opening or any authorized postponement thereof.

It is further understood that (my) (our) Proposal may not be withdrawn until ninety (90) calendar days after the date of the Proposal Opening, if notice is not received until after Proposals are opened.

(My) (Our) Proposal is made with the understanding that the Owner reserves the right to reject all Proposals or any part of any Proposals that is not complete or in compliance with the terms and conditions set forth in the Proposal Documents or for reasons relating to budgetary restraints and/or scope of work reductions.

Alternate Proposals, if any, will be awarded in the order of their priority listing and in accordance with budgetary restraints.


ERNEST N. MORIAL
CONVENTION CENTER

Exhibits

PROPOSAL

Page 3 of 3

ADDENDUM RECEIPT

(I) (We) acknowledge receipt of the following addenda and have included their provisions in (my) (our) Proposal. (If none, write in none or N/A in each blank).

- | | |
|---------------------------------|---------------------------------|
| 1. Addendum No. ____ Date _____ | 4. Addendum No. ____ Date _____ |
| 2. Addendum No. ____ Date _____ | 5. Addendum No. ____ Date _____ |
| 3. Addendum No. ____ Date _____ | 6. Addendum No. ____ Date _____ |

If awarded the Contract, the undersigned agrees to obtain and deliver to the Owner, prior to Contract signing, a Labor and Material Bond (if applicable) for fifty percent (50%) of the Contract amount (Total Bid Price). In the event the Contract amount is increased by Change Order the undersigned agrees to obtain and deliver to the Owner riders to said Bonds covering Contract amount increases.

If awarded the Contract, the undersigned agrees to record the above-mentioned Bond(s) (if applicable) and Contract for public record with the Recorder of Mortgages in Orleans Parish. Final payment shall be made on Owner's receipt of a Clear Lien and Privilege Certificate from the undersigned as issued by the Recorder of Mortgages for Orleans Parish and upon completion of any punch list items.

My Louisiana State Contractor's License Number (Mechanical Classification) is:

_____.

The undersigned certifies that the required licenses are current and in good standing as required by the laws of the State of Louisiana.

Respectfully submitted: {Print or Type}

Company Name: _____

Company Address: _____

BY: _____ SIGNATURE : _____

TITLE: _____

DATE: _____



New Orleans
ERNEST N. MORIAL
CONVENTION CENTER

Exhibits

NOTE:

If Proposer is a corporation, write state of incorporation beneath signature, and if a partnership, give full name of all partners.

Proposals by corporations or Limited Liability Companies (LLC's) must be executed in the corporate name by the President or Vice President or other authorized corporate officer or agent. All Proposals must be accompanied by a corporate resolution, or other documentation acceptable to the Owner, which establishes that the corporate representative has the authority to bind the corporation. The Owner reserves the right to request and obtain such additional documentation as the Owner deems necessary.

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CONVENTION CENTER

Exhibits

Exhibit No. 4: Project Schedule



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Exhibits

Exhibit No. 5: Insurance Requirements.

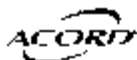
- A. Comprehensive general liability or commercial general liability insurance with limits of at least \$1,000,000.00 each occurrence/\$2,000,000 aggregate, with broad form comprehensive general liability endorsement including coverage for premises and operations, independent contractors, products/completed operations, personal injury (with employee and contractual exclusion deleted) broad form contractual coverage, and broad form property damage.
- B. Worker's Compensation and Employer's Liability Insurance, which shall cover Contractor and its employees for liabilities arising under all applicable Workers' Compensation laws limits based on statutory limits from State of Louisiana.
- C. Property insurance coverage with respect to all property brought onto the premises by Contractor, owned or maintained by Contractor within ENMCCNO.
- D. Comprehensive Motor Vehicle Liability Insurance shall be provided with the limits of not less than \$500,000 for all injuries and/or deaths resulting from any one occurrence. The limit of liability for property damage shall not be less than \$500,000 for each occurrence. Such insurance shall include coverage for loading and unloading hazards.

New Orleans

ERNEST N. MORIAL

CONVENTION CENTER

Exhibits



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY):

PRODUCER Certificate # Delivery/Installation	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED	INSURERS AFFORDING COVERAGE
	INSURER A: Insurance Company INSURER B: Insurance Company INSURER C: Insurance Company INSURER D: Insurance Company INSURER E: Insurance Company
	NAIC #

COVERAGES
 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 IN ANY MANNER. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS BELOW MAY HAVE BEEN REDUCED BY PAID CLAIMS.

NO. OF LTR.	ALLU. AMOUNT	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/YYYY)	POLICY EXPIRATION DATE (MM/YYYY)	LIMITS
	<input type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LMT APPL'D PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PERIOD <input type="checkbox"/> LOC				BODILY INJURY PER \$1,000,000 DAMAGE TO RENTED PREMISES (PER OCCASION) \$50,000 MED EXP (PER OCCASION) \$5,000 PERSONAL & ADV INJURY \$1,000,000 SOLERA AGGREGATE* \$2,000,000 PRODUCTS COMP/OPSS \$1,000,000 \$
	<input type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> BI - OWNED AUTO <input type="checkbox"/> BI - RENTED AUTO <input checked="" type="checkbox"/> BI - HIJACKED <input checked="" type="checkbox"/> BI - NON-OWNED AUTO <input type="checkbox"/> BI - OTHER				COVERED SINGLE AUTO (Each Occurrence) \$100,000 BODILY INJURY (Per Person) \$ BODILY INJURY (Per Occurrence) \$ PROPERTY DAMAGE (Per Occurrence) \$
	<input type="checkbox"/>	DAMAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> BI - OWNED AUTO <input type="checkbox"/> BI - RENTED AUTO <input type="checkbox"/> BI - HIJACKED <input type="checkbox"/> BI - NON-OWNED AUTO <input type="checkbox"/> BI - OTHER				AUTO ONLY - EACH OCCURRNT \$ OTHER THAN AUTO ONLY \$ AUTO ONLY \$
	<input type="checkbox"/>	EXCESS UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> BI - OWNED AUTO <input type="checkbox"/> BI - RENTED AUTO <input type="checkbox"/> BI - HIJACKED <input type="checkbox"/> BI - NON-OWNED AUTO <input type="checkbox"/> BI - OTHER	NA			BODILY INJURY PER \$ AGGREGATE \$ \$ \$
	<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETORS WITH EMPLOYERS THE OPERATOR OF THE LINES SPECIAL PROVISIONS APPLY				<input checked="" type="checkbox"/> NON-FATAL PERIODIC UNITS <input type="checkbox"/> OTHER \$100,000 EL DISEASE - EACH EMPLOYEE \$100,000 EL DISEASE - POLICY LIMIT \$500,000
	<input type="checkbox"/>	OTHER				

Description of operations, locations, vehicles, exclusions added by endorsement or special provisions
 Certificate holder named as additional insured will be added to all policies except the Workers Compensation Policy. All listed policies will waive rights of subrogation against Certificate holder.

CERTIFICATE HOLDER New Orleans Public Facility Management, Inc. 638 Canal Street, New Orleans, Louisiana 70112 CEO of New Orleans	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY UPON ANY AND ALL THE INSURER, ITS AGENTS AND REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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New Orleans
ERNEST N. MORIAL
CONVENTION CENTER

Exhibits

Exhibit No. 6: Name of Firm for Subcontract/Joint Venture shall be attached to this page.

The logo features a fleur-de-lis symbol on the left, followed by the text "New Orleans" in a cursive font. Below this, "ERNEST N. MORIAL" is written in a bold, sans-serif font, and "CONVENTION CENTER" is written in a larger, bold, sans-serif font. The text is centered and separated by horizontal lines.

Exhibits

Exhibit No. 7: Signed Data and Confidentiality Agreement shall be attached to this page.

The Seller agrees by signature below that any financial, personal, technical and other data and information relating to the Buyer's operation which it deems confidential by the Buyer and made available to the Seller in order to carry out this Agreement, or which becomes available to the Seller in carrying out this Agreement shall be protected by the Seller from unauthorized use and disclosure.

Signature

Date

Name

Title



New Orleans
ERNEST N. MORIAL
CONVENTION CENTER

Exhibits

Exhibit No. 8: Bid Bond in the amount of five percent (5%) of Proposer's total bid shall be attached to this page.



New Orleans
ERNEST N. MORIAL
CONVENTION CENTER

Exhibits

Exhibit No. 9: Current and up-to-date copy of Proposer's State Contractor's License Mechanical Classification shall be attached to this page.



New Orleans
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CONVENTION CENTER

Exhibits

Exhibit No. 10: Corporate Resolution or other documentation acceptable to the Owner which establishes that the Proposer's Representative have the authority to bind the Corporation shall be attached to this page.



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CONVENTION CENTER

Exhibits

Exhibit No. 11: Additional Proposers Data to be furnished at Proposer's option shall be attached to this page.