

DATE: 5/07/2025

Page: 6

BID NO.: 50-00147877

BID FORM
Non Public Works

All Public Work Projects are required to use the Louisiana Uniform Public Work Bid Form

All prices must be held firm unless an escalation provision is requested in this bid. Jefferson Parish will allow one escalation during the term of the contract, which may not exceed the U.S. Bureau of Labor Statistics National Index for all Urban Consumers, unadjusted 12 month figure. The most recently published figure issued at the time an adjustment is requested will be used. A request must be made in writing by the vendor, and the escalation will only be applied to purchases made after the request is made.

Are you requesting an escalation provision?

YES _____ NO X _____

MAXIMUM ESCALATION PERCENTAGE REQUESTED 0 %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF Per Contract.

For the purposes of comparison of bids when an escalation provision is requested, Jefferson Parish will apply the maximum escalation percentage quoted by the bidder to the period to which it is applied in the bid. The initial price and the escalation will be used to calculate the total bid price. It will be assumed, for comparison of prices only, that an equal amount of material or labor is purchased each month throughout the entire contract.

DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

As Requested

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

N/A

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: Otwell's Trucking LLC

ADDRESS: 10387 River Road

CITY, STATE: Ama, LA

ZIP: 70031

TELEPHONE: (504) 491-9618

FAX: ()

EMAIL ADDRESS: john@otwellservices.com

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: _____

TOTAL PRICE OF ALL BID ITEMS: \$ 405,326.95

AUTHORIZED
SIGNATURE: _____

Steve Otwell

Printed Name

TITLE: Member

SIGNING INDICATES YOU HAVE READ AND COMPLY WITH THE INSTRUCTIONS AND CONDITIONS.

NOTE: All bids should be returned with the BID NUMBER and BID OPENING DATE indicated on the outside of the envelope submitted to the Purchasing Department.

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00147877

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			Two (2) Year Contract for the Supply of Pump River Sand and Batture Sand for the Jefferson Parish Public Works Department of Sewerage and All Agencies and Municipalities		
1	23,100.00	CUYD	0001 - Pump River Sand Delivered - East Bank	\$ 7.90	182,490.00 \$
			TWO (2) YEAR CONTRACT FOR THE SUPPLY OF PUMP RIVER SAND AND BATTURE SAND FOR THE JEFFERSON PARISH PUBLIC WORK DEPARTMENT SEWERAGE AND ALL AGENCIES AND MUNICIPALITIES		
2	190.00	CUYD	0002 - Pump River Sand Self-Hauled - East Bank	\$ 4.95	\$ 940.50
3	110.00	CUYD	0003 - Batture Sand for Planting Delivered - East Bank	\$ 12.75	\$ 1,402.50
4	1.00	CUYD	0004 - Batture Sand for Planting Self-Hauled - East Bank	\$ 9.50	\$ 9.50
5	26,000.00	CUYD	0005 - Pump River Sand Delivered - West Bank	\$ 7.95	206,700.00 \$
6	1.00	CUYD	0006 - Pump River Sand Self-Hauled - West Bank	\$ 4.95	\$ 4.95
7	1,020.00	CUYD	0007 - Batture Sand for Planting Delivered - West Bank	\$ 13.50	13,770.00 \$
8	1.00	CUYD	0008 - Batture Sand for Planting Self-Hauled - West Bank	\$ 9.50	\$ 9.50

APPENDIX A: The ensuing contract for this bid solicitation may be eligible for FEMA reimbursement. As such Appendix A will be applicable accordingly and shall be considered a part of the bid documents. All applicable certifications must be duly completed, signed prior to award. (50-00147877 – Two (2) Year Contract for the Supply of Pump River Sand and Batture Sand for the Jefferson Parish Public Works Department of Sewerage and All Agencies and Municipalities)

Anti-Lobbying Form

CERTIFICATION OF RESTRICTIONS ON LOBBYING

I, Steve Otwell (Member), hereby certify on
(name and title of bidder's official)

behalf of Otwell's Trucking LLC that:
(name of bidder)

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance is placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Executed this 16 day of May, 2025.

By [Signature]
(signature of authorized official)

Member
(title of authorized official)

APPENDIX A: The ensuing contract for this bid solicitation may be eligible for FEMA reimbursement. As such Appendix A will be applicable accordingly and shall be considered a part of the bid documents. All applicable certifications must be duly completed, signed prior to award. (50-00147877 – Two (2) Year Contract for the Supply of Pump River Sand and Batture Sand for the Jefferson Parish Public Works Department of Sewerage and All Agencies and Municipalities)

Debarment/Suspension Form

DEBARMENT/SUSPENSION CERTIFICATION

Debarment:

Federal Executive Order (E.O.) 12549 "Debarment" requires that all contractors receiving individual awards, using federal funds, and all subrecipients certify that the organization and its principals are not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency from doing business with the Federal Government. By signing this document you certify that your organization and its principals are not debarred. Failure to comply or attempts to edit this language may disqualify your bid. Information on debarment is available at the following websites: www.sam.gov and <https://acquisition.gov/far/index.html> see section 52.209-6.

Your signature certifies that neither you nor your principal is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

Steve Otwell (Member)

(Name and Title of bidder's official)

Otwell's Trucking LLC

(Name of bidder/company)

10387 River Road

(Address)

Ama, LA 70031

(Address)

PHONE 504-491-9618

FAX _____

EMAIL john@otwellservices.com

 Signature

5/16/25

Date

CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF
Otwell's Trucking LLC
INCORPORATED.

AT THE MEETING OF DIRECTORS OF Otwell's Trucking LLC
INCORPORATED, DULY NOTICED AND HELD ON January 1 2025,
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT
WAS:

RESOLVED THAT Steve Otwell, 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 PARISH OF JEFFERSON 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 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

1/1/2025

DATE

Non-Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: Steve Otwell
_____, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized Member of Otwell's Trucking LLC (Entity),
the party who submitted a bid in response to Bid Number 50-00147877, to the Parish of
Jefferson.

Affiant further said:

Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all campaign contributions, including the date and amount of each contribution, made to current or former elected officials of the Parish of Jefferson by Entity, Affiant, and/or officers, directors and owners, including employees, owning 25% or more of the Entity during the two-year period immediately preceding the date of this affidavit or the current term of the elected official, whichever is greater. Further, Entity, Affiant, and/or Entity Owners have not made any contributions to or in support of current or former members of the Jefferson Parish Council or the Jefferson Parish President through or in the name of another person or legal entity, either directly or indirectly.

Choice B X there are **NO** campaign contributions made which would require disclosure under Choice A of this section.

Debt Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.

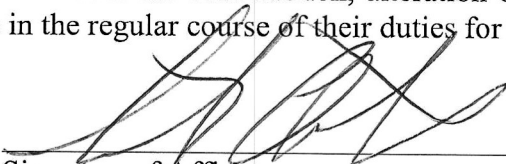
Choice B X There are **NO** debts which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

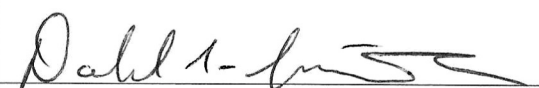
[The remainder of this page is intentionally left blank.]

That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.


Signature of Affiant

Steve Otwell
Printed Name of Affiant

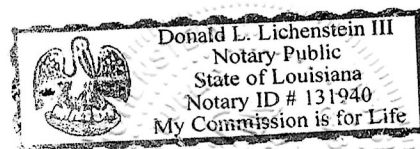
SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 15th DAY OF May, 2025


Notary Public

Donald L Lichenstein III
Printed Name of Notary

131940
Notary/Bar Roll Number

My commission expires When I do.



Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) OtwellsTrucking LLC		
	2 Business name/disregarded entity name, if different from above.		
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) S Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions)	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)	
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>		
	5 Address (number, street, and apt. or suite no.). See instructions. 10387 River Road	Requester's name and address (optional)	
6 City, state, and ZIP code Ama, LA 70031			
7 List account number(s) here (optional)			

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
			-						
or									
Employer identification number									
8	0	-	0	9	7	7	1	3	9

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person <i>Patricia D. Phangue</i>	Date <i>1/1/25</i>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



OTWETRU-01

JGUIDRY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/19/2025

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 License # 231432 Hub International Gulf South 3861 Ambassador Caffery Parkway Suite 550 Lafayette, LA 70503	CONTACT NAME: Janie Guidry PHONE (A/C, No, Ext): (337) 262-7207 FAX (A/C, No): E-MAIL ADDRESS: janie.guidry@hubinternational.com
INSURED Ottwell's Trucking LLC Ottwell Services LLC 10387 River Road Ama, LA 70031	INSURER(S) AFFORDING COVERAGE INSURER A : Scottsdale Insurance Company 41297 INSURER B : Lloyd's of London 15792 INSURER C : LUBA Casualty Insurance Company 12472 INSURER D : XL Specialty Insurance Company 37885 INSURER E : Travelers Property Casualty Company of America 25674 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 checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			CPS8151176	2/11/2025	7/18/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 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 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			TCC-LA00057724	7/18/2024	7/18/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 25,000			OTTR2024070263	7/20/2024	7/18/2025	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
C	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	N/A	028000022700124	9/16/2024	9/16/2025	<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
D	Motor Truck Cargo			UM00096627MA24A	7/18/2024	7/18/2025	Limit Per Power Unit 1,000,000
E	Equipment Floater			QT-660-7S242155-TIL-24	7/18/2024	7/18/2025	Total Insured Value 1,045,172

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
\$1,000,000 Motor Truck Cargo Limit with \$10,000 Deductible Applies to:

Power Unit
VIN: 1XPCP4EX6LD658388

Trailer
VIN: 4U3J05333KL017602
SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

CANCELLATION

Insured Copy

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



ADDITIONAL REMARKS SCHEDULE

Page 1 of 2

AGENCY Hub International Gulf South		License # 231432	NAMED INSURED Otwell's Trucking LLC Otwell Services LLC 10387 River Road Ama, LA 70031
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:
Flip Axle
VIN: 4U3500510HL016926

POLICY INFORMATION CONTINUED:

\$1MM EXCESS LIABILITY:

Carrier: Lloyds of London
POL# TCC-LA000577245
Eff: 7/18/2024-2025
Limit: \$1,000,000 Excess
Type: Occurrence

AUTO PHYSICAL DAMAGE POLICY

Carrier: Lloyds of London
POL# PD071820240001
Eff: 7/18/2024-2025
Total Insured Value: \$8,413,089

FORMS & ENDORSEMENTS:

GENERAL LIABILITY POLICY INCLUDES:

Designated Construction Project General Aggregate Limit - \$5MM Cap
Blanket Additional Insured as Required by Written Contract
Blanket Waiver of Subrogation as Required by Written Contract
Primary Non-Contributory as Required by Written Contract
30 Day Notice of Cancellation / 10 Days for Non-Payment of Premium
Contractual Liability where required by written contract

AUTO LIABILITY POLICY INCLUDES:

Blanket Additional Insured as Required by Written Contract - CA 20 48 10 13
Blanket Waiver of Subrogation as Required by Written Contract - CA 04 44 10 13
Primary Non-Contributory as Required by Written Contract - CA 04 50 11 16
30 Day Notice of Cancellation / 10 Days for Non-Payment of Premium Where Required by Written Contract
Hired & Non-Owned Auto Coverage
MCS90 / BCM91X
Trailer Interchange Limit: \$100,000

\$1MM EXCESS LIABILITY INCLUDES:

Underlying Policies: General Liability, Auto Liability, Employers Liability
Follows Form

\$3MM x \$1MM EXCESS LIABILITY INCLUDES:

Underlying Policies: General Liability and Employers Liability
Follows Form

WORKER'S COMPENSATION POLICY INCLUDES:

Blanket Waiver of Subrogation Where Required by a Written Contract
Blanket Alternate Employer Where Required by a Written Contract
Blanket 30 Day Notice of Cancellation Where Required by a Written Contract
Part III applies to the following states: AL, AR, MS, OK, TN, TX



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Hub International Gulf South		License # 231432	NAMED INSURED Otwell's Trucking LLC Otwell Services LLC 10387 River Road Ama, LA 70031
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

MOTOR TRUCK CARGO POLICY INCLUDES:

\$500,000 Limit For All Vehicles (Excluding Dumping Operations)

\$200,000 Contingent Limit For All Vehicles (Excluding Dumping Operations)

Deductible: \$2,500; Except \$5,000 For Items Valued Over \$250,000

EQUIPMENT FLOATER POLICY INCLUDES:

\$250,000 Leased/Rented CCC Limit

AUTO PHYSICAL DAMAGE POLICY INCLUDES:

30 Day Notice of Cancellation and 10 Days for Non-Payment of Premium Where Required by Written Contract

Deductible: \$3,000 Or 3% Of Declared Value (Whichever is Greater); Except \$10,000 For Dump Trucks While Loading And Unloading



Louisiana
**SECRETARY
OF STATE**
MARCIA LANDRY

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Name	Type	City	Status
OTWELL'S TRUCKING LLC	Limited Liability Company	AMA	Active

Previous Names

Business: OTWELL'S TRUCKING LLC

Charter Number: 42052086K

Registration Date: 10/27/2015

Domicile Address

10387 RIVER ROAD

AMA, LA 70031

Mailing Address

10387 RIVER ROAD

AMA, LA 70031

Status

Status: Active

Annual Report Status: In Good Standing

File Date: 10/27/2015

Last Report Filed: 10/9/2024

Type: Limited Liability Company

Registered Agent(s)

Agent: STEVEN OTWELL

Address 1: 10387 RIVER ROAD

City, State, Zip: AMA, LA 70031

**Appointment
Date:** 10/27/2015

Agent: CARY BURELLE

Address 1: 115 CHOCTAW DRIVE

City, State, Zip: LULING, LA 70070

**Appointment
Date:** 7/23/2021

Officer(s)

Additional Officers: No

Officer: STEVEN OTWELL
Title: Member
Address 1: 10387 RIVER ROAD
City, State, Zip: AMA, LA 70031

Officer: CARY BURELLE
Title: Member
Address 1: 115 CHOCTAW DRIVE
City, State, Zip: LULING, LA 70070

Amendments on File (2)

Description	Date
Domestic LLC Agent/Domicile Change	7/23/2021
Appointing, Change, or Resign of Officer	7/27/2021

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